



2018 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant No: <u>20190104</u>

Organization / Agency Information

Organization/Agency Name: Project Concern International		
Physical Address: 5151 Murphy Canyon Road, Suite 320 San Diego, CA 92123		
Mailing Address: 5151 Murphy Canyon Road, Suite 320 San Diego CA 92123		
CEO or Director: Ms Carrie Hessler-Radelet, President and CEO		
Phone: (858) 279-9690 (202) 662-8928 ext. 600	Fax:	Email: chessler@pciglobal.org
Contact Person: Uli Imhoff Heine, Director, Strategic Engagement		
Phone: (858) 279-9690	Fax:	Email: uheine@pciglobal.org
Web Site Address: http://www.pciglobal.org		Tax ID: 95-2248462

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: Dignidad III			Amount of Grant Requested: \$50,000
Total Organization Budget: \$67,326,000	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 89%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 7.4%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 11%
Purpose of Grant Request (one sentence): To improve reproductive, maternal, newborn, child and adolescent health in Huehuetenango, Guatemala through quality clinical services and family-centered outreach and education.			
Program Start Date (Month and Year): 1/2/2019		Program End Date (Month and Year): 12/31/2019	
Gimbel Grants Received: List Year(s) and Award Amount(s) 2014 - \$25,000 2015 - \$50,000 2017 - \$40,063			

Signatures

Board President / Chair: (Print name and Title) Robert F. Sullivan	Signature: 	Date: 12/13/2018
Executive Director/President: (Print name and Title) Carrie Hessler-Radelet	Signature: 	Date: 12/13/2018



**2018 S. L. Gimbel
Foundation Fund
Grant Application**

Internal Use Only:
Grant No: _____

Organization / Agency Information

Organization/Agency Name: Project Concern International		
Physical Address: 5151 Murphy Canyon Road, Suite 320 San Diego, CA 92123		
Mailing Address: 5151 Murphy Canyon Road, Suite 320 San Diego CA 92123		
CEO or Director & Title: Ms Carrie Hessler-Radelet, President and CEO		
Phone: (858) 279-9690 (202) 662-8928 ext. 600	Fax:	Email: chessler@pciglobal.org
Contact Person & Title: Uli Imhoff Heine, Director, Strategic Engagement		
Phone: (858) 279-9690	Fax:	Email: uheine@pciglobal.org
Web Site Address: http://www.pciglobal.org		Tax ID: 95-2248462

Program / Grant Information

Program Area: Health

Program/Project Name: Dignidad III			Amount of Grant Requested: \$50,000
Total Organization Budget: \$67,326,000	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 89%	Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100): 7.4%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 11%
Purpose of Grant Request (one sentence): To improve reproductive, maternal, newborn, child and adolescent health in Huehuetenango, Guatemala through quality clinical services and family-centered outreach and education.			
Program Start Date (Month and Year): 1/2/2019		Program End Date (Month and Year): 12/31/2019	
Gimbel Grants Received: List Year(s) and Award Amount(s) 2017 - \$40,063 2015 - \$50,000 2014 - \$25,000			

2018 S.L. Gimbel Foundation Fund APPLICATION

Narrative

I. Organization Background

Project Concern International (PCI) is a non-governmental organization on a mission to empower people to enhance health, end hunger, overcome hardship, and advance women and girls. After the life-changing experience of saving the lives of two small children while volunteering at a community medical clinic in Tijuana, Dr. James Turpin founded PCI to achieve his vision of a world where the most vulnerable people have the power to lift themselves out of poverty and create healthy, productive lives for themselves and their communities. Remaining true to that vision, PCI partners at the local level and mobilizes vulnerable communities to find sustainable solutions to the health, nutrition, and livelihood challenges they face. For almost six decades, PCI has strived for sustained and transformational impact through community-led, integrated solutions to some of the world's most pressing problems.

Organizational Accomplishments:

PCI is proud of many significant accomplishments in its work empowering vulnerable people over the past three years. In addition to the success of the reproductive, maternal, newborn, and child health (RMNCH) program supported by the S.L. Gimbel Foundation Fund in Guatemala, for example, PCI's California Border Healthy Start program has also had success increasing access into early prenatal care by 24% for low-income women and improving their mental health by 40-60%. Healthy Start provides a continuum of care for families until children turn two. Based on that success, PCI was asked to mentor other four other Healthy Start programs in AZ, TX and NM.

PCI has also achieved remarkable results through its Women Empowered (WE) initiative. WE members form groups to save money, develop financial literacy, make loans to one another, invest in income-generating activities, and develop confidence and agency. There are over 500,000 participants in 35,000 WE groups across 12 countries who've saved over \$ 5.1 million and loaned over \$4.3. Members of WE groups have experienced a 16% reduction in poverty, a 15% increase in their ability to feed their families, and a 17% increase in making household decisions.

PCI partners with the U.S. Department of Agriculture to serve more than 280,000 meals every school day to vulnerable children in Guatemala, Nicaragua and Tanzania, increasing school attendance and improving literacy rates. To ensure sustainability, PCI helps communities establish PTAs, form partnerships with farmers to procure fresh fruits and vegetables, and create WE groups so mothers can earn and save the money needed to send their children to school.

In India, the Bill & Melinda Gates Foundation recently highlighted PCI's work with women and families in Bihar improving health outcomes around intra-conceptional care and early childhood nutrition, hygiene and sanitation through outreach education and group-based social/economic empowerment programs.

Program Activities:

In Guatemala, PCI has partnered with communities in the rural highlands for four decades, implementing programs designed to empower and promote the health and nutritional status of vulnerable, indigenous families with a focus on women of reproductive age (WRA), including adolescents, in the Department of Huehuetenango. In 2000, PCI initiated the *Casa Materna* (Mother's House) program in Huehuetenango, where maternal and infant mortality rates remain tragically high

and an estimated 25% of births are to female adolescents 10-19 years of age (Huehuetenango Health District, 2012). For 18 years, the program has provided high quality and respectful life-saving services through its maternal waiting home, post-partum in-patient facility, out-patient services (e.g. prenatal care, medical evaluations, and family planning counseling), community outreach, and more recently, its teen-friendly space, which provides confidential sexual and reproductive health (SRH) counseling and services to adolescents. *Casa Materna* works closely with the Ministry of Health (MoH) to improve birth outcomes and is adjacent to and provides supportive services for the MoH departmental hospital. Since it began, the program has directly benefited more than 85,000 vulnerable women, adolescents, and their families, increased the survival of low birth weight (LBW) and pre-mature newborns, and contributed directly to a reduction in maternal deaths, including the achievement of zero maternal deaths in the municipality of Todos Santos (2011 & 2013).

Between Spring of 2016 and 2018, *Casa Materna* provided: outpatient consultations to 5,920 patients; beds for 2,275 women receiving prenatal, feeding, delivery care; Kangaroo Mother Care instruction for 148 pre-term/low-birth-weight newborns (provided by their mother, father, or relative); pap smears for 1,085 patients; family planning trainings for 1,086 families; pelvic, breast, obstetric ultrasounds, and amniotic fluid assessments for 822 patients; teen pregnancy prevention education to teenagers, parents, and teachers in 20 schools.

II. Project Information:

A) Statement of Need

Access to quality reproductive, maternal, newborn, child and adolescent (RMNCHA) healthcare is not equal across or within countries. According to the World Health Organization (WHO), nearly 800 women die every day from preventable causes related to pregnancy and childbirth, with 99% of those deaths occurring in developing countries. Maternal mortality rates are closely connected to socioeconomic status, cultural norms, and geography. Women who are poorer, less educated, and live in more remote areas are less likely to receive prenatal care or have skilled attendants at their deliveries, increasing their risk of maternal death and disability and their babies' risk of low birth-weight and infant mortality.

In Guatemala, 40,000 women died in childbirth between 2008 and 2012. Huehuetenango, a department of the rural western highlands of the country, has a high neonatal mortality rate and one of the highest maternal mortality rates in Latin America (338/100,000: Curamericas/Guatemala, 2015). Only 10% of the population of Huehuetenango currently accesses medical care. High levels of poverty, chronic malnutrition, ethnic disparities, gender inequities, low rates of institutional delivery, limited health services and inadequate sexual/reproductive health education all contribute to poor birth outcomes in the region.

Moreover, Guatemala has one of the largest adolescent populations and one of the highest adolescent fertility rates in Latin America and the Caribbean. These high rates of adolescent pregnancy with their attendant increase in risk factors, including maternal and neonatal death, postpartum hemorrhage, low birth-weight pre-term delivery, also contribute to poor birth outcomes in the region. Most adolescents lack access to comprehensive sexual/reproductive health (SRH) education and services, including safe and supportive spaces to discuss, address, and mitigate the major risk factors for poor SRH outcomes. 46% of poor, rural women in Guatemala have sex before the age of 18 (often outside of stable marital unions), but only 39% of sexually active, never-married adolescents age 15–19 use a contraceptive

method. (IPPF, 2012; Guttmacher, 2014) In Huehuetenango in particular, more than 1 in 4 adolescent girls have experienced a pregnancy (ENSMI, 2014-5).

The risk factors faced by adolescents - the majority of whom come from rural, poor/extremely poor, and indigenous households - are interconnected and include early sexual debut and marriage, low secondary school attendance/high illiteracy, and a high prevalence of sexual and physical victimization, depression, and substance abuse (WHO, 2014; Ruether et al., 2016). These risk factors contribute directly to high rates of early pregnancy, the transmission of sexually transmitted infections (STIs), and the perpetuation of poverty and rampant sexual and physical violence (PSI, 2016).

Inhibitive sociocultural barriers and parents' lack of adequate SRH education themselves, mean that the need for RMNCAH information and support are often not met in the home. Hence, adolescents lack access to the care they need and the knowledge, self-esteem, and self-efficacy to make good decisions and adopt healthy practices that would significantly impact their present and future well-being (Guttmacher, 2014).

B) Project Description

Building on the success, innovative approaches and lessons learned from *Casa Materna* programs and the *Dignidad I* and *II* projects that were previously supported by the S.L. Gimbel Foundation Fund, the project will strengthen the quality and breadth of care at *Casa Materna* (including a range of clinical, counseling and education services and the capacity to identify and refer high-risk pregnancies to the national hospital) and improve RMNCAH outcomes by expanding outreach education, counseling and services in the community.

The project will provide RMNCAH education, counseling and services to 3,800 women of reproductive age reached through services at *Casa Materna* and community outreach activities. Through community outreach, and peer-group training, the project will also provide education, counseling and services to 1,000 adolescents between the ages of 10-19 (male and female) to encourage them to adopt healthy SRH behaviors. The project will strengthen access to RMNCAH education by training 75 facilitators (including 60 local school teachers and 15 Food for Education/*Educamos* facilitators) to mobilize school-based youth groups and train youth leaders, other teachers, and parents to provide and/or support SRH education using participatory, evidence-based methodologies that build self-efficacy, challenge harmful gender norms and practices, empower adolescents to adopt healthy SRH behaviors. To encourage a whole-family approach and facilitate access to RMNCAH information and services for women, men and adolescents, the project will also train 210 parents with a special focus on male engagement.

PCI will work closely with the Ministry of Health and the Ministry of Education to coordinate activities and will leverage the *Educamos* Food for Education project PCI implements with local schools and the U.S. Department of Agriculture to multiply the reach, impact and sustainability of the project. Through teacher training, PCI will reach 30% more schools than it was able to reach in the previous project (30 schools compared to 20). Training the *Educamos* facilitators on RMNCAH curricula through this project means they will be armed with this knowledge when serving the 294 schools in PCI's *Educamos*/Food for Education program.

This project uses the innovative approach of cascading peer-led social and behavior change, an evidence-based method for delivering and scaling SRH messages that draws on the credibility young people have with their peers and leverages the power of role modeling for adoption of positive behaviors (Greene et al., 2015).

Additionally, innovative interventions designed to engage men in RMNCAH align with a growing body of literature on the benefits of male engagement for pregnancy and STI prevention, violence reduction, and transforming gender norms (Greene et al., 2015; UNFPA, 2014; Barker et al. 2012). This gender-synchronized approach also creates male role models to address the unique SRH needs of boys. Leveraging PCI's existing program platforms and empowering teachers and *Educamos* facilitators will multiply the impact and sustainability of this effective, community-focused strategy that builds knowledge and self-efficacy and advances gender equality, healthy communication, and relationship-building among adolescents and their key influencers (parents, teachers, and healthcare workers), a proven protective factor for youth health and wellbeing (Svenemyr, 2012; WHO, 2004).

C) Project Goal, Objectives, Activities & Expected Outcomes

Project Goal:

Improve RMNCAH in Huehuetenango, Guatemala by strengthening the quality of, access to, and utilization of age-appropriate education, counseling, and services for 3,800 women of reproductive age, 1,000 adolescents (male and female), 210 parents, 60 school teachers, and 15 *Educamos* facilitators (5,085 people total).

Project Objectives:

Provide RMNCAH education, counseling and services to 3,800 women of reproductive age and 1,000 adolescents (male and female) and strengthen access to RMNCAH information by training 75 facilitators (60 teachers and 15 *Educamos* facilitators) to mobilize youth groups for SRH education and, using a specific curriculum to encourage male involvement, engaging 210 parents to facilitate access to RMNCAH information and support for their families and communities. (5,085 people total)

Project Activities:

Through the following range of activities, this grant will strengthen the quality and increase the breadth of *Casa Materna's* preventative, youth-friendly and age-appropriate RMNCAH and SRH education and services - including the capacity to identify, monitor, accompany, and refer high-risk pregnancies to the National Hospital - and it will expand the depth and reach of comprehensive SRH education among adolescents in 30 schools (including continuing activities at 20 schools targeted in *Dignidad II* plus 10 new schools).

1 Leveraging the *Educamos* Food for Education program PCI implements with local schools and the U.S. Department of Agriculture, PCI will organize 24 school/community fairs to **provide healthy SRH and gender equality messaging, and SRH counseling, and to** promote interest, awareness, self-care and utilization of RMNCAH services **available at *Casa Materna* for adolescents, women of reproductive age, and their families.** Youth groups mobilized around SRH education in *Dignidad II*, **and new groups, teachers/facilitators and parents organized and educated under this grant** will be engaged as health promoters at these outreach events.

2 PCI will develop, validate and train staff on three new protocols for providing quality healthcare and monitoring services at *Casa Materna*. PCI will train Casa staff to implement the protocols, strengthening their capacity to provide high-quality, age-appropriate health services (including family planning, STI and cervical cancer screening and treatment, newborn care, postpartum care, care of the low-birth-weight/pre-term baby, **youth-friendly SRH counseling and services**) and referrals to families seeking care. **Family planning includes birth spacing education and overviews of available access to services which include inpatient/outpatient information on accessing**

free family planning methods, including oral or injectable contraceptives, condoms, voluntary surgical sterilization (tubal ligation and vasectomy). The training will include information on providing trauma-informed counseling for people who have a history of sexual abuse. Casa Materna staff offers individualized service as well as group education at the Casa Materna facility and through community outreach activities.

3 The project will reach 1,000 adolescents with SRH education through multiple outreach vehicles, including the school/community fairs mentioned above. *Casa Materna* staff will train 15 *Educamos* (PCI Food for Education) facilitators to use age-appropriate, participatory, evidence-based methodologies that build self-efficacy, challenge harmful gender norms and practices, empower adolescents to adopt healthy SRH behaviors and raise awareness of *Casa Materna's* youth services. **Training will also include facilitation, mentoring, and advocacy skills.** Using similar methodologies, additional youth groups will be mobilized by 60 teachers trained in the fifth project activity. Based on learnings from *Dignidad II*, the SRH curriculum in this project will include 3-4 additional sessions to ensure the knowledge and skills learned in the SRH education are retained. The teen-friendly space opened in the previous *Dignidad* project will continue to provide education and counseling services to adolescents, and the Casa's youth services will also be promoted at school/community fairs.

4 *Casa Materna* staff and the *Educamos* facilitators, once they are trained on the SRH curriculum and train-the-trainer facilitation techniques, will provide training to 60 teachers from area schools and strengthen their capacity to mobilize youth groups, foster positive peer dynamics and use community outreach strategies to provide adolescents with training that empowers them to adopt better attitudes and practices related to SRH **and become aware of Casa Materna's youth-friendly SRH counseling and services. This SRH education will be facilitated in classroom or small group settings, through community outreach, at public health fairs, and through individual attention. PCI will provide support for teachers and facilitators as they mobilize and work with youth groups youth leaders.**

5 **Through individual counseling, community outreach and small group settings,** project staff, school teachers and/or *Educamos* facilitators will provide RMNCAH education to 210 parents that encourages them to promote appropriate care-seeking and caretaking with family and community members and provide and/or support SRH education to their families and communities. This activity will leverage the male engagement strategies proven in PCI's USAID-funded PAISANO food security program to mobilize men as partners in MNCH and SRH education. This work will help close the cycle in coverage and utilize a whole-family approach to health. To educate fathers, the project will employ a specific curriculum designed to shift gender norms and open discussion between men that encourages them to consider the important role they play in the health of their families. Specific topics covered in PAISANO that will be adapted for use in this context, and in interactions with male adolescents in the project, include: creating a new vision of the family; analyzing partner workloads and reducing gender-based job divisions; the role of men in family health, nutrition and family planning; and elevating women as joint decisionmakers in the family.

Expected Outcomes:

PCI will reach 5,085 vulnerable people, including 3,800 WRA, 1,000 adolescents, 60 educators, 15 *Educamos* facilitators and 210 parents, with quality RMNCAH education, counseling and services

that result in improved knowledge, attitudes and practices of 1) women of reproductive age, 2) adolescents 3) teachers and 4) parents (including fathers) participating in training or services.

Increased capacity of *Casa Materna* staff to provide quality care, education and referrals to clients using standardized protocols.

Increased teacher/facilitator understanding of positive peer dynamics and mobilization strategies for peer group formation and community outreach.

Evaluation:

The project is monitored using a data capture software (Mobenzi) to track activities and generate reports on the number of WRA, adolescents, teachers and parents (both mothers and fathers) reached by the MNCH and SRH education and outreach activities. Project staff perform monthly monitoring of activities to track progress in reaching 5,085 people with MNCH/SRH education, identify and resolve issues in project quality and implementation, and make improvements to the project as needed.

Baseline and endline measurements will assess:

- Changes in knowledge, behavior and attitudes around SRH topics of adolescents participating in training;
- Client satisfaction with the services received at *Casa Materna*;
- Changes in knowledge of SRH topics among teachers and confidence levels of participating teachers to deliver and facilitate discussions of SRH with adolescent groups and individuals;
- Changes on knowledge of key MNCH and SRH topics among parents and key actions to support women and adolescents' health care needs among fathers, specifically.

D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.

To take advantage of the full school year, this project will run from January 2, 2019 to December 31, 2019 (adjustable). Activities will occur along the following timeline:

1. Organize 24 school/community fairs to promote interest, awareness, self-care and utilization of RMNCAH services will occur in Q1 and Q2 to serve 3,800 WRA throughout the project.
2. Development, validation and implementation of three protocols for providing health care and monitoring quality of services at *Casa Materna* will occur in Q1 and Q2 to serve 3,800 WRA throughout the project.
3. Enhancing knowledge of 1,000 adolescents to help them adopt better attitudes and practices related to SRH will occur in Q1, Q2 and Q3.
4. Train 60 school teachers and 15 *Educamos* facilitators on SRH to provide continuing education to school children will occur in Q1, Q2 and Q3.

5. Train 210 parents on RMNCAHand gender topics will occur in Q1, Q2, Q3 and Q4.

E) Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

This grant will serve 5,085 people directly, including 3,800 WRA, 1,000 adolescents, 60 educators, 15 *Educamos* facilitators and 210 parents in Huehuetenango, Guatemala.

F) Projects in the Community

How does this project relate to other existing projects in the community? Who else in the community is providing this service or has a similar project? Who are your community partners (if any)? How are you utilizing volunteers?

PCI has a large complementary portfolio of programs in Guatemala and many of the women and their families who access *Casa Materna* services further benefit from infant/child growth monitoring, nutritional enhancement, livelihood interventions and school feeding programs. Specifically, PCI is improving enrollment, attendance and educational achievement of children and adolescents in 294 primary schools in 6 municipalities, through *Educamos* its USDA Food for Education program. Since 2010, in partnership with communities PCI has worked with community volunteers to improve school infrastructure such as latrines so that girls have privacy and feel safe, built the capacity of parent councils, and promoted reading and other contests to improve educational achievement and student retention. PCI has established relationships with the Ministry of Health, the Ministry of Education, local women's associations, civil society organizations and other large non-governmental organizations working in the area. Hundreds of volunteers work with PCI, including midwives who reach vulnerable women in remote communities and youth who volunteer to lead peer groups.

G) Use of Grant Funds

How will you use the grant funds?

Funds will be used to support the staff responsible for implementing and managing project activities, including the *Casa Materna* Coordinator and primary physician, auxiliary nurses and administrator, and to cover program expenses related to training and community outreach activities, clinical and education services.

III. Project Future

A) Sustainability

Private foundations and individual donors remain a critical funding component for *Casa Materna*. PCI is exploring grants & other sources of funding (private donors, cause-marketing, social media influencers, inkind) to support the important work of the Casa. The program collects modest fees for service covering 20-25% of annual expenses. Significant cost reductions are generated as hundreds of traditional birth attendants, former clients and youth volunteers support outreach activities. PCI leverages the resources and infrastructure of larger projects to gain cost-savings and efficiencies for Casa's clinical, education and outreach services and increase

the reach of its programming. *Dignidad III* will expand reach without incurring additional costs by leveraging a large food security program. Educating teachers, parents and the next generation of community leaders on RMNCAH, while engaging men and boys, ensures sustainable positive impact.

The continued operation of *Casa Materna* for 18 years is a significant accomplishment which reflects PCI's emphasis on sustainable impact. The Casa has proven to be an invaluable resource for the community, needed more than ever, given funding cuts to Guatemala's MoH. A \$50,000 grant from the S.L. Gimbel Foundation Fund will have a significant impact on the health and well-being of thousands of marginalized families.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

The Board of Directors oversees PCI's business affairs and leadership and links us to prospective donors and the business community. The board has 7 standing committees and decisions are passed during meetings if a quorum is met and then by a majority vote in favor.

B) Management

Describe the qualifications of key personnel/staff responsible for the project.

PCI's Guatemala Country Director, Pascale Wagner, and the Huehuetenango Regional Director, Balmaria Gutierrez, are responsible for overseeing all project activities. Both have extensive experience in community organization and program management. Ms. Gutierrez also oversees USDA programming described earlier and will ensure close coordination and linkages of these projects in the target communities. Dr. Susana Anton, MD, *Casa Materna* Coordinator has years of service at the MoH, specifically in the areas of MNCH and supervisory positions at the National Hospital in Huehuentenango. Mary Pat Kieffer, PCI's Senior Director for Health, will provide oversight from PCI headquarters.

2018 S.L. Gimbel Foundation APPLICATION

Organization Name:

Project Concern International Guatemala

V. Project Budget and Narrative (Do not delete these instructions on your completed form).

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below.

Requested line items should be limited to Ten (10) line items. The less the better.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
 - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.
- 4) Line Item Description should be **no more than two lines**; otherwise, it will get cut off. Additional descriptions should be included in the Budget Narrative.

Line Item Request	Line Item Description (Maximum two lines)	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Coordinator & Administrator	\$8.33/hr X 24 hr/week X 48 weeks; \$3.86/hr X18 hr/week X 48 weeks	15182		12,931	28,113
Auxiliary Nurses	\$2.83 /hr X20 hr/week X48 weeks x 3 persons	5,600	5,600	8,150	19,350
Maintenance and Cook Staff	\$2.29 /hr X12 hr/week X48 weeks X 2 persons	2875		2,638	5,513
Director & Technical Facilitators	8 hr/week \$17/hour X 48 weeks; 8 hr/week \$12.49/hour X 3 weeks		11023	0	11,023
Local Benefits	Total Salary Costs of \$23,719.68 X 45% Benefits	5936	12190	10,674	28,800
Meetings & Youth Groups	10 meetings for local stakeholders x \$65/meeting=\$650; Fairs=\$1,500	7500	7500	2,150	17,150
Casa Materna Facility Costs	medicines, cleaning materials, fuel, telephone, utilities, etc.	15000		5,123	20,123
Administrative Costs/Overhead	PCI's Administrative Costs	2058	13537	8,333.35	23929
TOTALS:		\$ 36,185	\$ 67,816	\$ 50,000	\$ 154,002

B) Narrative: The budget narrative is the justification of “how” and/or “why” a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

The Casa Materna Coordinator is responsible for quality medical attention to patients, she trains and supervises the auxiliary nurses, and is responsible for the overall coordination with the National Hospital and the overall management of Casa Materna. She plans and coordinates activities with local partners and health centers. 24 hours/week X \$8.33/hour X 48 weeks = \$9,596.

The Casa Materna Administrator is responsible for the day to day operations of Casa Materna, including supply inventory and procurement, the supervision of the Reception, Maintenance and kitchen area as well as the bookkeeping for the Casa's operations. 18 hours/week X \$3.86 hour X 48 weeks = \$3,335.

The Auxiliary Nurses are responsible for the attention to outpatients and inpatients 24 hour aday. They take patients to the National Hospital when ready to deliver, keep patients charts updated and follow up on cases they refer to the Hospital. 20 hours/week X \$2.83/ hour X 48 weeks x 3 Nurses = \$8,150.

The Maintenance Staff is responsible for the cleanliness of the facilities, laundry and the overall upkeeping and housekeeping of Casa Materna. 15 hours/week X \$2.29/hour X 48 weeks X 2 people.

Regional Director, Balmaria Gutierrez is responsible for coordinating all project activities and has extensive experience in community organization and program management. 8 hours/week \$17/hour X 48 weeks = \$6,528 + 15 Technical Facilitators leveraged time at 8 hours/week \$12.49/hour X 3 weeks= \$4,495. To be supported by PCI and from other funders.

Benefits are calculated at 45% of local salaries as required by Guatemalan law and PCI policy. \$23,719.68 X 45% = \$10,674. Support from other funders includes Benefits for the Regional Director and Head Nurse calculated at \$40,280 x 45%= \$18,126.

10 meetings for local stakeholders x \$65/meeting for food, drinks, snacks =\$650; Educational health fair will focus on promotion of SRH knowledge, healthy behaviors, and Casa Materna's youth-friendly services = \$1,500; =\$2,150.

Casa Materna Facility Costs are estimated at \$20,123 total. Costs funded by Gimble include: Generic pharmaceuticals as perscribed to patients based on needs. Average annual cost for Gimbel = \$500; Cleaning materials for the Casa Materna for washing clothes, bedding, patient rooms and medical offices is estimated \$60 per month for 12 months =\$720; General supplies includes folders, notebooks, and other office supplies for doctors and administrative staff. Average cost is estimated at \$50 per month for 12 months =\$600; Fuel costs at an average of 20 gallons per month x \$3.75 per gallon =\$900; Per Diem for field is estimated based on number of visits per month at \$10.65 per visit x 4 people = \$511.2; Telephone costs are estimated at \$15 per month for 12 months = \$180; Electricity costs are estimated at \$25 per month for 12 months =\$300; Water is estimated to cost \$20 per month for 12 months =\$240; Internet is estimated to cost \$20 per month for 12 months =\$240; Building repairs are estimated to cost \$18 per month for 12 months =\$216; Photocopying costs are estimated to cost \$18 per month for 12 months =\$216.

PCI's indirect costs are calculated at 24.94% of total direct program costs. The total indirect costs this project will incur is estimated at \$23,929. PCI is including 20% or \$8,333 per Gimbel application guidance and will seek additional funders to cover the remaining \$15,596 needed to cover this project.

2018 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Government (USDA, USAID, DOD, CDC, HHS, OFDA)	\$47,000,000
Foundations (Eleanor Crook; Hilton Foundation; BMGF; Harbourton; etc.)	\$5,896,795
Individual Contributions	\$4,000,000
	\$
	\$
	\$
	\$
	\$

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
USAID - Government	\$ 25,000,000	TBD
Foundation - Anonymous	\$ 200,000	1/2019
Women United for Change	\$ 5,000	5/2019
Anonymous Donor	\$ 25,000	1/2019
	\$	
	\$	

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$3,288,876	5.1 %	Program Fees	\$	%
Fundraising/Special Events	\$ see contribution	%	Interest Income	\$	%
Corp/Foundation Grants	\$4,752,258	7.4 %	Other:	\$970,297	15.1 %
Government Grants	\$46,354,706	72.2 %	Other:	\$143,634	0.2 %

Notes:

2018 S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Project Concern International

Most Current Fiscal Year (Dates): From October 1, 2016 To: September 30, 2017

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$ 64,719,220	\$ 57,736,924	\$ 4,836,747	\$ 2,145,549

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising, (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
64,719,220	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	57,736,924 %	4,836,747 %	2,145,549 %

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization’s <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
9 %	7 %	2 %

If the differential is above (+) or below (-) 10%, provide an explanation:

2017 S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$ 5,721,772	\$ 11,348,945	12,572,647	1.4

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$ 378,000	\$ 129,000

Notes:



Project Concern International
Fiscal Year 2018 -Organizational Budget
in '000

	<u>Total</u>
REVENUE	
HIV/AIDS	8,674
Disease Prevention	5,067
Repro Maternal Newborn Child Health	13,074
Food Nutrition and Livelihood Security	26,027
HA/DRR	8,516
Gender Focused Programming and other	5,967
Total Projected REVENUE	<u>\$ 67,326</u>
EXPENSES, Program Activities by Country	
Botswana	2,478
Ethiopia	2,383
Guatemala	7,166
India	5,359
Kenya	392
Malawi	6,892
Mexico	79
Nicaragua	3,579
Tanzania	7,947
United States Border Program	2,302
Zambia	3,403
Multi-Country	14,193
Program Support	3,473
Sub-Total Expenses, Program Activities	<u>\$ 59,645</u>
EXPENSES, Other	
Public Accountability, Marketing and R&D	1,213
Fundraising	1,067
Management and General	5,296
Sub-Total Other Expenses	<u>\$ 7,575</u>
Total Projected EXPENSES	<u>\$ 67,220</u>
Projected Net Income	<u>\$ 106</u>

SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
	20 17	20 18	
Income			
Individual Contributions	3,288,676 -	4,000,000 -	22%
Corporate Contributions	-	-	-
Foundation Grants	4,752,258 -	5,898,795 -	24%
Government Contributions	46,354,706 -	45,071,993 -	-3%
Other Earned Income	143,634 -	150,539 -	5%
Other Unearned Income	9,702,987 -	12,388,888 -	28%
Interest & Dividend Income	-	-	-
Total Income	64,242,461 -	67,508,315 -	5%
Expenditures			
Personnel			
Salary CEO	286,478 -	356,000 -	23%
Salary Assistant	-	-	-
Payroll Taxes	-	-	-
Insurance - Workers' Comp	-	-	-
Insurance - Health	-	-	-
Payroll Services	-	-	-
Retirement	-	-	-
Total Personnel	286,478 -	356,000 -	23%
General Program/Administrative			
Bank/Investment Fee	-	-	-
Publications	-	-	-
Conferences & Meetings	-	-	-
Mileage	-	-	-
Audit & Accounting	-	-	-
Program Consultants	-	-	-
Insurance Expense	-	-	-
Telephone Expense - Land Lines	-	-	-
DSL & Internet	-	-	-
Website	-	-	-
Office Supplies	-	-	-
Postage & Delivery	-	-	-
Printing & Copying	-	-	-
Miscellaneous	-	-	-
Total General Program/Administrative	6,279,828 -	5,000,000 -	-20%
Total Expenditures	65,218,437 -	66,000,000 -	1%
Revenue Less Expense	* -873,976 -	1,506,315 -	27%

* Carrying over temporarily unrestricted assets from previous years brings FY17 Revenue less Expenses to \$378,000.

PROGRAM "DIGNIDAD II" FINAL REPORT

CASA MATERNA-PCI GUATEMALA

GIMBEL FOUNDATION FUND

Improving the quality of, and access to Maternal, Newborn and Child Health and youth-friendly Sexual and Reproductive Health education and services



1. Organization name: **Project Concern International -PCI-**
2. Grant # **20170382**
3. Grant Period: **August 1, 2017 – July 31, 2018**
4. Location of Services (City and State): **Huehuetenango, Guatemala**
5. Name and Title of person completing evaluation.
Pascale Wagner, Country Director, PCI-Guatemala
6. Phone Number: (502) 4003 8356
7. Email address: pwagner@pciglobal.org

8. Total number of clients served through this grant funding:

Thanks to the funds granted by the S. L. GIMBEL Foundation, the PCI Guatemala program DIGNIDAD II implemented under PCI's Casa Materna served **5,410** direct beneficiaries. Sexual and Reproductive Health (SRH) trainings were conducted for youth, parents and students from 20 schools in the rural municipalities of San Pedro Soloma and Santa Cruz Barillas. Multi-stakeholder collaborations included staff from the Ministry of Public Health and Social Welfare (MSPAS), PTAs, and NGOs.

Direct beneficiaries of Program Dignidad II:

- 635 teens trained in the SRH modules including the youth leaders who replicated the trainings in 20 schools.
- 58 teachers trained in the SRH modules.
- 73 parents trained in the SRH modules.
- 25 staff from the Huehuetenango Regional Hospital trained in topics including domestic violence, the roadmap to reporting and violence against women.
- 714 participants (students and parents) gathered and interacted at the Youth Fairs organized in collaboration with other local NGOs and public institutions. Participants learned about topics including teen pregnancy prevention, the life project, teen food and nutrition security, the pillars of food and nutrition security, environmental health, responsible teens, leadership and self-esteem, assertive communication, home garden implementation and prevention of STIs.
- 333 youth utilized space at PCI's Casa Materna to frequently receive information on SRH.
- 20 Parents Associations PA (PTA's) training on the "Life Project", with the purpose of raising awareness on the issue and facilitating program implementation in the target schools.

Casa Materna Direct Services:

- 934 women were housed at Casa Materna to receive care, control and follow up on cases of obstetric risk during their pregnancy. They all had successful births, and 7% returned to Casa Materna for post-partum care.
- 1,297 Women of Reproductive Age (WRA) received pre and post-natal ambulatory care and services.
- 940 youth received consultation sessions and were referred to health services for follow up care.
- 333 parents were trained in the Kangaroo Mother Care (KMC) method.
- 68 newborns received KMC at the hospital and at Casa Materna.

9. Describe the project's key outcomes and results based on the goals and objectives.

OBJECTIVE 1: Improved quality of age-appropriate, respectful, and accessible MNCH care and SRH education, counseling and other services provided at Casa Materna and the National Hospital by providing trainings to a minimum of 10 Casa Materna and 20 Hospital staff.

Expected Outcome 1.1: Increased capacity of a minimum of 10 Casa Materna and 20 National Hospital staff to provide high quality, age-appropriate in/out-patient MNCH services and youth-friendly SRH counseling and services to 4,252 WRA and adolescents in Huehuetenango.

- * 10 staff from Casa Materna improved their skills on age-appropriate neonatal and postpartum care, with focus on premature and low weight newborns, Kangaroo Mother Care, Exclusive Breastfeeding and pregnancy prevention.
- * 25 staff from the Huehuetenango National Hospital (HNN) and other health districts from the MSPAS in Soloma, Barillas and Huehuetenango City strengthened their skills on domestic violence, roadmap to reporting and violence against women. These trainings were organized in collaboration with the Child and Youth Court and were led by a social worker from the MSPAS.
- * 4,853 youth and women of reproductive age (WRA) received information and quality counseling services on SRH at Casa Materna (934 inpatients and 2,237 outpatients) using the teen-friendly spaces (333), information and trainings on SRH (635) and participants in the Youth Fairs (714).
- * 10 staff from Casa Materna with improved capacity of providing counseling and SRH services to youth with focus on family counseling and youth with history of sexual abuse; these capacities make the staff more aware of the issue of children and youth and can promote responsible decision making among the youth and provide them with knowledge to create a life plan.
- * 89 staff from the HNN improved their capacities on counseling and SRH services. The training was provided by Casa Materna and the MSPAS. The participants in the trainings represent the following institutions: the Huehuetenango North-South Health Center, the HNN mental health unit, the HNN clinic for violence, the Huehuetenango Health Directorate, the child and youth court, University of San Carlos -USAC-, the Social Protection Institute (IPS in Spanish), the Comprehensive Maternal and Newborn Health Centers (CAIMI in Spanish) from Soloma, the Barillas District Hospital, the Attorney General's Office, the Education Regional Office, the Rafael Landivar University, the Municipal Office for the Protection of Children and Youth, the Sexual and Reproductive Health Observatory (OSAR in Spanish), the Mariano Galvez University, the Municipal Youth Organization and World Vision.
- * 934 inpatients at Casa Materna received services and care; 230 (25%) of these inpatients are minors. While it is concerning that 32 of these patients are within the ages of 10-15 years, these adolescents would likely not have received services at all if this program at Casa Materna had not existed and been accepted by the community.

OBJECTIVE 2: Improved gender-equitable attitudes and increased SRH knowledge and demand for and utilization of MNCH care and youth-friendly SRH counseling and services at Casa Materna among 4,252 WRA and adolescents, 40 teachers and 60 parents in 20 schools in San Pedro Soloma and Santa Cruz Barillas.

Expected outcome 2.1 Increased utilization of youth-friendly and age-appropriate MNCH and SRH counseling and services at Casa Materna among a minimum of 3,550 WRA and 702 adolescents (4,252 total) in San Pedro Soloma and Santa Cruz Barillas.

- A total of 4,853 WRAs and teens have increased their knowledge of SRH at Casa Materna, at school, at the municipalities and through activities in the youth fairs and the teen-friendly spaces in Huehuetenango, Soloma and Barillas.
- PCI worked in collaboration with the Ministry of Education (MINEDUC in Spanish) to implement the program in 20 schools in Soloma and Barillas (10 schools in each municipality); the sites were chosen based on their high rates of teen pregnancies. 91% of the population in these municipalities are from the Maya Q'anjob'al ethnicity. The program reached the goal of 20 schools served. For serving the population in Barillas, the program hired the women's association A'qab'al, with extensive experience in the subject matter; A'qab'al's staff also speaks the local language. For Soloma, the program hired a consultant with experience in SRH for youth.
- 2 staff from Casa Materna and 6 from A'qab'al received training on the modules of youth and adolescence, sexuality and sexual and reproductive health; this staff has increased their capacity to provide teen-friendly counseling on SRH for the program participants. The staff also took a certificate program on sexual and reproductive rights as part of the human rights, organized by the Youth Sexual and Reproductive Health Observatory (OSAR in Spanish).
- Staff from Casa Materna and A'qab'al greatly exceeded the goals for the trainings on SRH, using participatory techniques, for 93 youth leaders and facilitators (goal: 71), 58 teachers (goal: 40) and 73 PTA members (goal: 60).
- The leader students successfully replicated the trainings with 20 youth groups (1 per school), 10 in San Pedro Soloma and 10 in Barillas.
 - After the successful experience at Casa Materna and in past programs, PCI expanded to work with other relevant institutions to use the manual: "Training methodology for adolescence and youth, sexuality and sexual and reproductive health and reproductive rights, with focus on HIV prevention and gender equality" for training. The training modules include: leadership and guidance skills, gender equality, youth sexual and reproductive health, the roadmap to reporting.
 - The replication of the trainings was designed following the guidelines of the sexual and reproductive health program of the MSPAS, with the respective adaptation to the local culture and context. The youth collaborated with their teachers to organize the replication workshops at the school level. The 4 modules planned were covered in 3 training workshops. The participants were students of the ages between 10 and 15 years from fourth, fifth and sixth grades. The goal of 20 schools receiving replica workshops was covered. The students and teachers were highly interested in the topic, with a total of 635 participants in these workshops.
- The program organized 3 youth fairs in Soloma, Barillas and Huehuetenango, with 714 participants total: 663 youth and 51 parents.

- The program implemented 3 teen-friendly spaces: 1 in Soloma (in the CAIMI), 1 in Barillas in the Municipal Hospital, and 1 in Casa Materna in Huehuetenango. These spaces are an age-appropriate physical location with audiovisual equipment, a library, tables and chairs and are used to provide specific and private counseling for youth requiring SRH services. To date, 333 teens have used the spaces for counseling. The students using the teen-friendly spaces are from elementary and secondary education.
- The program promoted these teen-friendly spaces in 20 high schools in Huehuetenango, broadcasted radio spots and partnered with the private sector to promote the spaces on billboards located in key spots around the city. The program also produced and distributed promotional posters in the 20 schools covered.

The following is a summary table of indicators and outcomes of the program DIGNIDAD II.

Project Goal – Dignidad II (Dignity): Improving the quality of and access to MNCH/SRH services for women of reproductive age, with a focus on adolescent girls in Huehuetenango, Guatemala

Objectives	Outcomes	Indicators	Target	Achieved	
				No.	%
Improved quality of age-appropriate, respectful, and accessible MNCH care and SRH education, counseling and other services provided at Casa Materna and the National Hospital by providing trainings to a min. 10 Casa Materna and 20 Hospital staff.	1.1. Increased capacity of a min. of 10 Casa Materna and 20 National Hospital staff to provide high quality, age-appropriate in/out-patient MNCH services and youth-friendly SRH counseling and services to 4,252 WRA and adolescents in Huehuetenango.	10 staff from Casa Materna strengthen their skills on age-appropriate neonatal and postpartum care, with focus on premature and low weight newborns, Kangaroo Mother Care method, Exclusive Breastfeeding and pregnancy prevention.	10	10	100%
		Trainings to 20 staff from National Hospital and other MSPAS staff on the MSPAS guidelines on age appropriate care with focus on high quality and respectful care.	20	25	125%
		Trainings to 10 staff from Casa Materna on counseling and special SRH services for youth with focus on family counseling and youth with history of sexual abuse.	10	10	100%
		Trainings to 20 staff from the National Hospital on counseling and special SRH services for youth with focus on family counseling and youth with history of sexual abuse.	20	89	445%

Objectives	Outcomes	Indicators	Target	Achieved	
				No.	%
2. Improved gender-equitable attitudes and increased SRH knowledge and demand for and utilization of MNCH care and youth-friendly SRH counseling and services at Casa Materna among 4,252 WRA and adolescents, 40 teachers and 60 parents in 10 schools each (20 total) in San Pedro Soloma and Santa Cruz Barillas.	2.1. Increased utilization of youth-friendly MNCH, counseling and SRH services at Casa Materna 2.2.	Training provided in gender equality, comprehensive SRH education, and facilitation, leadership, and mentoring skills to 40 teachers and 60 parents in 10 schools in Santa Cruz Barillas and 10 schools in San Pedro Soloma	100	131	131%
		Training provided in gender equality, comprehensive SRH education, and facilitation, leadership, and mentoring skills to 71 youth group leaders in 10 schools in Santa Cruz Barillas and 10 schools in San Pedro Soloma	71	93	131%
		Action-oriented trainings provided to 10 advanced youth group leaders, 20 teachers, and 20 local NGO staff trained under Dignidad I in gender equality, SRH education, facilitation, mentoring, and advocacy skills, focused on leadership capacity of CSOs, sustainability, and outreach to hard-to-reach/out-of-school adolescents	50	80	160%
		Support and capacity building provided to 20 school-based youth groups of 8-19 members each, in 10 new schools in San Pedro Soloma, 2 new schools and 8 established groups in Santa Cruz Barillas	20	20	100%
		Age and sex appropriate, culturally-sensitive, participatory, and comprehensive SRH and life-skills education provided to 20 youth groups.	20	20	100%
		Youth health fairs targeting a min. of 702 adolescents and 60 parents organized at Casa Materna and 1 each in Santa Cruz Barillas and San Pedro Soloma in coordination with MoE, MoH, and PCI staff to disseminate healthy SRH messages, provide SRH counseling, and promote Casa's teen-friendly space.	762	714	94%
		Teen-friendly space at Casa Materna promoted at a min. of 20 local schools, health posts, and through community radio spots.	20	20	100%

Source: PCI's Monitoring and Evaluation

10. Please, describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & objectives.

- a) During the months of April and May, the teachers went on a nationwide strike, which interfered with the trainings and youth fairs planned at the target schools; the strike forced the program to reschedule those activities.
- b) In the rural areas, gender inequality is a social issue, where the man usually takes the leadership and the power and diminishes the participation of women. Women generally don't share their opinions in the presence of men.
- c) The illiteracy of many parents is a barrier to using the educational material for evaluation purposes (pre and post-test for each training); historically women have had less access to education.
- d) Most mothers served by Casa Materna speak primarily the Q'anjob'al language, and as such communication and the delivery of effective educational content has been a challenge.
- e) Creating materials for low literacy communities were difficult to cover within the limited program funds.

11. How did the organization overcome and/or address the challenges and obstacles?

- a) After the teachers strike halted the program activities, program staff worked with the school principals to reschedule the trainings and youth fairs to avoid programming delays.
- b) The program supported gender equality as a cross-cutting component, inviting both women and men to participate and striving to incorporate women and have them participate by valuing their opinions and answering their questions. This is a topic that needs to be further promoted among the programs because of the high levels of machismo in the rural communities.
- c) To address the parent's literacy challenges, the program staff utilized audiovisual materials and games designed for the whole family. Program staff and teachers conducted individual interviews with the parents to assist in filling out pre and post-tests.
- d) To overcome the language barrier, the program hired the association A'qab'al to work in the municipality of Barillas and the staff from MSPAS who speak the local language supported the program in Soloma.
- e) The program tapped into the creativity of the youth leaders to create cost-effective educational materials.

12. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

- The teachers were very interested and enthusiastic about the program. The leader students had more participants in their trainings than planned; and included students even from fourth and fifth grades in the trainings (originally the workshops were for sixth-grade students). This enthusiasm and engagement of younger adolescents was important for trying to sustain these efforts.
- The students who led the trainings took ownership of their role as leaders for promoting sexual and reproductive health among their peers. They showed high interest in leading the workshops and effectively raised their own questions for discussion because they thought the other students would have the same questions. The students used their creativity to produce innovative materials for their workshops and played games that improved the instruction process with their peers.
- The program coordinated with the municipality of Huehuetenango and the private sector for the promotion of the teen-friendly space at Casa Materna through billboards on key spots around the city and radio spots.

- The youth fairs were designed using a participatory approach. Many local organizations working in the area got involved and had booths with information on key topics. The participating institutions and training topics included: MSPAS - teen pregnancy prevention and life project; the food and nutrition security secretariat (SESAN) - teen food and nutrition security; National Institute of Forests - environmental health; University of San Carlos of Guatemala (USAC) - responsible teens; Ecodevelopment and conservation foundation (FUNDAECO) - leadership and self-esteem; Municipal Offices of Child and Youth Protection - assertive communication; Ministry of Agriculture, Livestock and Food (MAGA) - implementation of home gardens; Association Pro Family (APROFAM) - teen pregnancy prevention; Huehuetenango Military Base - STI prevention; and Mariano Galvez University (UMG) - relaxation.
- The inter-institutional coordination resulted in support from different sectors with expertise on critical issues of importance. The child and youth courts contributed with trainings on the inter-institutional roadmap of comprehensive attention to victims of sexual violence and/or abuse; the MSPAS supported with the life plan, self-esteem and leadership trainings, as well as the comprehensive roadmap to care for pregnancies of girls under 14 years old; the Pan American Social Marketing Organization (PASMO) supported in reproducing materials for the life plan training (the Life Train Method).
- As a result of the implementation of the module of the roadmap to reporting sexual violence and/or abuse, the program organized a forum with staff from the child and youth courts and the MSPAS; there was an exchange of knowledge and experiences regarding the issue of teen pregnancies and how to proceed following the respective legal guidelines.

13. Briefly describe the impact this grant has had on the organization and community served.

Support in reducing the mother-infant mortality rate. During the reporting period, a total of 934 pregnant women presenting high obstetric risk had successful births by receiving timely medical care, food and the necessary care to reduce their risk levels; 25% of the beneficiary women are under 18 years old. These women come from families with limited financial resources and generally from rural areas where the hospital can only help during birth.

Promotion of behavior changes in participants. The leader students showed interest in the issue and led their own replica workshops utilizing innovative materials and games. The teachers also showed interest in the topic, extending the participation to students from 4th to 6th grades.

Continuity of the trainings. The teachers will adopt the methodology utilized during the trainings for their own instruction. Staff from the Ministry of Education requested PCI to expand the coverage to other schools arguing that other youth from rural communities don't have access to health services, family planning and information on sexual and reproductive health, which results in a higher number of teen pregnancies, especially of minors.

Annex 1 includes a list of the schools covered and Annex 2 includes pictures of the main activities.

14. Please provide a narrative on how the funds were used to fulfill grant objectives.

A detailed financial report is attached to the narrative report (Annex 3).

15. Please relate a success story.

The Department of Huehuetenango has the highest rates of births from minors in Guatemala, and much of this can be attributed to lack of access to health services and information on sexual and reproductive health in the area. The global fertility rate for Huehuetenango is 3.8, while the national average rate is

3.1, the gross birth rate is also high compared to the national rate: 32.8 for Huehuetenango and 25.8 nationwide. Nearly 25% of pregnant women in Huehuetenango are under 20 years of age. MSPAS does not have a policy for massive information that is accessible to teens in rural areas far from the municipalities.

PCI had success in promoting the youth fair model. The coordination with other institutions resulted in more interest in participating with informational booths with topics related to the program and other related topics. Groups of teachers and students took turns to learn from the different booths. The program promoted behavior changes among the participants: parents, students and teachers who became aware of the issue and helped reduce teen pregnancies, especially among minors.

Some comments from the participants in the youth fairs include:

- "These events motivate the institutions to get together and help reduce teen pregnancies and is an opportunity to make them visible to the society."
- "It's great that PCI implements this type of programs for the students to have access to information on topics that are hardly covered at home and in the communities."
- "These workshops bring more information and knowledge to parents on how to communicate with their kids."
- "Nobody had talked to us about that before."
- "The students were interested in the topic because, as teachers, it's hard for us to cover those topics in class". "We need more time to talk about those topics."

18. Which category best describes the organization. Please choose only one.

PCI is an international organization working in public health, development and humanitarian assistance, with the goal of improving the health in communities around the world. PCI is an organization registered in the United States, with operations in 13 countries around the globe, including Guatemala.

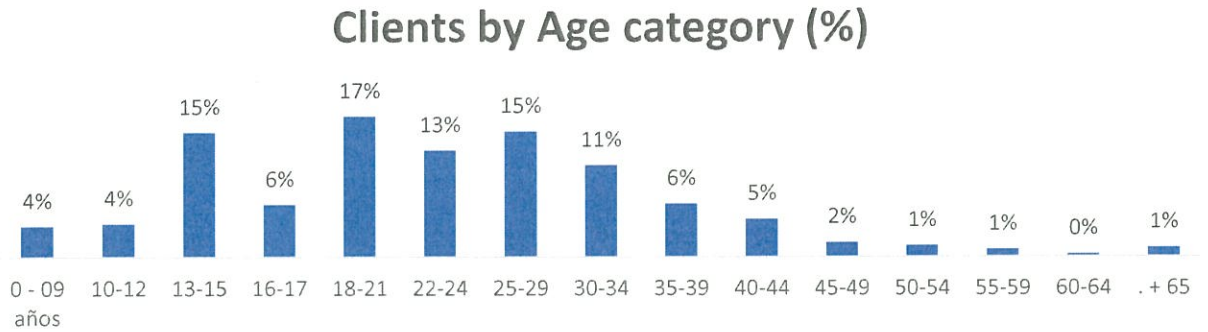
19. What is the organization's primary program area of interest?

From the available choices in the original funding proposal, PCI's primary area of interest is Health.

20. Approximate percentage of clients served through grant in each ethnic group category. Total must equal 100%

Soloma and Barillas comprise a majority of population of the Maya Q'anjob'al ethnicity. Soloma has a 96.40% of indigenous population and 3.60% are mestizos; while in Barillas, 86% of the population is indigenous and 14% is mestizo.

21. Approximate percentage of clients served from grant funds in each age category.



The chart includes the beneficiaries from Casa Materna and teens from the 20 elementary schools. Participants in the youth fairs are not included.

22. Approximate percentage of clients served with disabilities from grant funds.

0%

23. Approximate percentage of clients served in each economic group.

72% of the teens are living in poverty; 7.8% of the students live in extreme poverty.

24. Approximate percentage of clients served from grant funds in each population category.

70% of students come from rural areas and 30% come from urban areas.

ANNEX 1

Schools served by the program Dignidad II

No.	Schools from Barillas	Schools from Soloma
1	Escuela Oficial Rural Mixta La Florida	Escuela Oficial Rural Mixta Ixnanconop
2	Escuela Oficial Rural Mixta Manantial Carretera	Escuela Oficial Rural Mixta Najab
3	Escuela Oficial Rural Mixta Palestina	Escuela Oficial Rural Mixta San Francisco
4	Escuela Oficial Rural Mixta Yulacheque	Escuela Oficial Rural Mixta Ixtiapoc
5	Escuela Oficial Rural Mixta Nuca	Escuela Oficial Rural Mixta Cotzan
6	Escuela Oficial Rural Mixta Buena Vista Nuca	Escuela Oficial Rural Mixta Yacxap JM
7	Escuela Oficial Rural Mixta Las Brisas	Escuela Oficial Rural Mixta Pueblo Nuevo
8	Escuela Oficial Rural Mixta El Quetzal	Escuela Oficial Rural Mixta San Felipe Yulichal
9	Escuela Oficial Rural Mixta San Carlos Las Brisas	Escuela Oficial Rural Mixta Tejera
10	Escuela Oficial Urbana Mixta Oscar González Recinos	Escuela Oficial Rural Mixta Yaxanlac

ANNEX 2

Pictures of the main activities of the program Dignidad II

TRAININGS AT CASA MATERNA, HUEHUETENANGO



TRAININGS TO STAFF FROM MSPAS AND REGIONAL COORDINATOR FOR CHILD AND YOUTH PROTECTION FROM SOLOMA, BARILLAS AND HUEHUETENANGO

Trainings in Barillas



Trainings in San Pedro Soloma



YOUTH FAIR HUEHUETENANGO



YOUTH FAIR SAN PEDRO SOLOMA



TEEN-FRIENDLY SPACE IN CASA MATERNA, HUEHUETENANGO



TEEN-FRIENDLY SPACES SAN PEDRO SOLOMA



REPLICATIONS FROM LEADER STUDENTS



ANNEX 3
Financial Report

Cost Category	Projected Budget*	Actual Grant Fund Expenses	Budget Narrative
Salaries & Benefits	\$22,694	\$29,719	Local Salaries and Benefits for the Casa Materna Coordinator, Administrator, Auxiliary Nurses, Maintenance Staff
Program Cost	\$17,369	\$10,345	Food for patients, Medical Supplies, Trainings, Office Supplies, Fuel, Per Diem for field visits, Telephone, Electricity, Water, Internet at the Casa Materna, Photocopying & Printers, Building Repairs & Maintenance
Equipment	\$-	\$-	There was no equipment purchased under this award.
Total	\$40,063	\$40,064	All funds have been expended under this award.

* PCI utilized support from other funders to cover portions of operational and programmatic costs (such as materials for meetings/youth group fairs and maintenance facility costs) in order to reprogram cost savings for the increased level of effort of Casa Materna program staff required to serve the increased number of beneficiaries received between August 1, 2017-July 31, 2018.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	519,324.	519,324.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,285,420.	8,285,420.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,345,822.	204,961.	1,140,861.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,376,406.	14,989,088.	1,024,974.	1,362,344.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	854,100.	646,622.	123,794.	81,684.
9 Other employee benefits	4,146,259.	3,752,876.	242,514.	150,869.
10 Payroll taxes	1,031,821.	778,662.	151,996.	101,163.
11 Fees for services (non-employees):				
a Management	3,595,087.	3,162,583.	257,510.	174,994.
b Legal	85,236.	84,132.	1,104.	
c Accounting	233,309.	61,409.	171,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	914,830.	914,830.		
12 Advertising and promotion	264,806.	200,263.	10,475.	54,068.
13 Office expenses	1,302,504.	1,198,795.	99,470.	4,239.
14 Information technology	847,248.	359,341.	442,912.	44,995.
15 Royalties				
16 Occupancy	1,506,246.	924,039.	580,969.	1,238.
17 Travel	3,137,824.	2,857,673.	181,235.	98,916.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	175,528.	133,009.	26,456.	16,063.
20 Interest	4,667.		4,667.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,647.		42,647.	
23 Insurance	193,019.	120,405.	72,614.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O.)				
a IN-KIND GOODS	9,480,662.	9,480,662.		
b PROGRAM SUPPLIES	4,815,565.	4,815,413.	65.	87.
c TRAINING	2,732,925.	2,719,812.	9,888.	3,225.
d OFFICE SUPPLIES	693,782.	643,619.	47,596.	2,567.
e All other expenses	1,134,183.	881,986.	203,100.	49,097.
25 Total functional expenses. Add lines 1 through 24e	64,719,220.	57,736,924.	4,836,747.	2,145,549.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check box if following 501(c)(3) (ASC 990-720)

Form 990 (2016)