Program Name:

Save Print

Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program

FY 2015 Annual/Final Progress Report Template: Part 2
Breastfeeding Support

Last updated: February 2016

Instructions for Using this Template

Provide the information below for this Best Practice if you have selected it for FY 2015. Further template instructions and information are provided on the *FY 2015 Annual Progress Report Template: Part 1.* **Ensure that you are using the current version of Adobe Reader[1] to complete these templates.**

The Annual Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

Section 1: Program Identifiers

1. Program Name:
2. Grant NO. (use number found on current NoA):
3. Name of person completing template:
   A. Email address:
   B. Phone number:

Section 2: Target Population and Goal

4. Target Population:
5. Goal:

[1] Adobe Reader download URL: http://get.adobe.com/reader/otherversions/

Program Name:

Section 3: SMART Objectives

List all objectives for this Best Practice. If there are more than 7 objectives, number (starting with 8) and list them in Section 7 of this template.

A. Objective #	B. Objective (from FY 2015 Best Practice template)	C. Briefly Explain Progress Made
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Program Name:

Section 4: Required Key Measures

In order to report SDPI outcomes to IHS headquarters, Congress, and others, all grantees must provide data for Required Key Measures for each Best Practice selected in FY 2015.

For an example of how to report the following information in this section, please reference Appendix B, Table 1 in ANY of the 2011 IHS Diabetes Best Practice[2] documents.

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
1. The number of Baby Friendly Hospital Initiative steps implemented in hospital/clinic within grantee specified time period.	Select Select	as of	as of	
Percent of babies in the target population with **documented breastfeeding choice** at the ages listed below within grantee specified time period. 2. birth	Select Select	as of	as of	
3. two months	Select	as of	as of	
4. four months	Select	as of	as of	
5. six months	Select	as of	as of	
6. one year	Select	as of	as of	
7. Percent of babies in the target population **exclusively breastfed at birth** within grantee specified time period.	Select Select	as of	as of	
Percent of babies in the target population **mostly or exclusively breastfed** at the following ages listed below within grantee specified time period. 8. two months	Select Select	as of	as of	
9. six months	Select	as of	as of	
10. nine months	Select	as of	as of	
11. one year	Select	as of	as of	

[2] 2011 Best Practices: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBestPracticesTabbed

Program Name:

Section 5: Additional Measures

Report up to 5 additional measures based on the following criteria:

- Utilized the most grant funding
- Devoted the most program time
- Resulted in the most significant improvement from previous reporting

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Final value for FY 2015 and date	E. Data Source (where did these values come from)
1.	Select Select	as of	as of	
2.	Select Select	as of	as of	
3.	Select Select	as of	as of	
4.	Select Select	as of	as of	
5.	Select Select	as of	as of	

Program Name:

Section 6: Major Activities

List major activities completed, the objective that the major activity corresponds to (reference the objective # from Section 3 of this template), and the timeline or date the activity was completed.

A. Major Activities (from FY 2015 Best Practice template)	B. Objective #	C. Timeline/Date Activity was Completed
1.	Select Select	
2.	Select Select	
3.	Select Select	
4.	Select Select	
5.	Select Select	
6.	Select Select	
7.	Select Select	
8.	Select Select	
9.	Select Select	
10.	Select Select	

Program Name:

Section 7: Other Information

1. Describe any major challenges you encountered in implementing this Best Practice.

   A. How have you overcome these challenges?

2. If you have any further information to add regarding this Best Practice for FY 2015, such as additional objectives, measures or activities, add it here. **If you do not have any further information to provide, you may leave this item blank.**

Program Name:

You have completed Part 2 of your FY 2015 Annual Progress Report. Next Steps:

1. Ensure that you have completed Part 1 of the FY 2015 Annual Progress Report[3].
2. If there are activities outside of Best Practices, document those using the Other Activities template.
3. **Review** your report for completeness and accuracy.
4. **Save** this document on your computer for your records.
5. **Report** on all selected Best Practices for FY 2015
6. **Submit your completed report (Part 1 and 2)** – attached as PDF documents on GrantSolutions under Grant Notes.
7. **Notify** Your Area Diabetes Consultant[4] that the report has been submitted on GrantSolutions.

Note: Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.

The Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

[3] FY 2015 Annual Progress Report URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq

[4] ADC Directory URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory