



**Program Research for Strengthening Services
PROGRESS**

GPO-A-00-08-00001-00

Year 2

July 1, 2009–June 30, 2010

Annual Report

&

Year 3

July 1, 2010–June 30, 2011

Workplan



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Organization of This Annual Report and Workplan

For the first time, PROGRESS is submitting a combined Annual Report (Year 2) and Workplan (Year 3). Data for this report was generated through the FHI Electronic Information System (EIS). This report is organized as follows:

Introduction:

This section of the report will provide an overview of PROGRESS activities. It also includes selected research and research utilization accomplishments from PROGRESS Year 2, along with a list of publications completed.

Activity Annual Reports and Workplans by Legacy Areas:

The main body of this document consists of activity descriptions summarizing all of PROGRESS's program accomplishments (July 1, 2009 – June 30, 2010), as well as plans for the July 1, 2010 – June 30, 2011 period for all new and on-going activities. This section comprises the main annual report and workplan descriptions by activity. This report is organized by legacy area headings. Within the legacy areas, an effort has been made to group activity reports in a logical order so those that address similar or sequential activities appear together. Each activity description provided in this report includes information on activity status, country(ies) of implementation, period of performance, estimated LOSP, FHI technical monitor, objectives, description, collaborating agencies and subawardees, cumulative accomplishments, accomplishments from the last six months (January – June 2010), and a Year 3 Workplan for all ongoing and new activities. Research activities include an estimated life of subproject budget (LOSP). Activities with an annual budget (e.g. M&E, RU TA or funded with Field Support) include funding through FY11.

In Year 3, two new activities have been added under Core funding, respectively, the WHO Collaborative Research on Implants (continuation from CRTU); and Population and Reproductive Health Leadership (PRH), all other new activities will be funded through Field Support.

Travel:

This section of the report details all completed travel for July 1, 2009 – June 30, 2010.

Financial:

The budget and mortgage table in the back lists expenditures by legacy and activity, for the July 1, 2009 – June 30, 2010 period; and a workplan budget, by legacy and activity, for the reporting year July 1, 2010 – June 30, 2011.

The total proposed budget for the FY11 workplan is \$13,476,213: Core: \$8,298,187; NIH: \$1,027,787I and FS \$4,036,279, with the remaining FS covering the July – September period.

Introduction

The U.S. Agency for International Development (USAID) awarded PROGRESS (Program Research for Strengthening Services) to FHI on June 18, 2008. PROGRESS is a five-year Leader with Associates cooperative agreement. The goal of PROGRESS is to improve access to family planning among underserved populations through research and research utilization. To achieve this goal, PROGRESS developed a work plan consisting of four “legacy areas.”

The legacy areas comprise the key organizing structure for identifying and implementing activities, monitoring performance, and assessing achievement of desired outcomes. This Annual Report and Workplan describes activities under each of the legacy areas:

1. Maximizing human resources by task-shifting and addressing medical barriers to family planning services
2. Expanding service delivery options within and beyond the health sector
3. Expanding the family planning method mix for home, community, and lower-level provider use
4. Increasing in-country capacity for research and research utilization

The first three are the principal components that need to be addressed to ensure access to services: the people who provide the services, the service delivery systems, and the contraceptive methods themselves. Building capacity for research and research utilization is the foundation on which these three essential components depend to identify, evaluate, and scale up improvements. In addition there is a section on Cross Cutting activities, M&E and Program Management.

Summary of PROGRESS Activities

During this reporting period, seventy (70) activities were fully or partially funded by PROGRESS. Of these, 49 are ongoing, eight (8) were completed, four (4) put on hold and nine (9) canceled.

Field Support funding increased from \$1,837,848 (1) in Year 2 to an expected \$4,450,000 for Year 3. The USAID Missions in Uganda, Kenya, Senegal, and the Africa Bureau provided field support in Year 3 for the first time.

The table of contents lists the activities by Legacy Area; the table below groups the activities by country or region of implementation.

¹ Includes Madagascar FS/CRTU transfer

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Highlights of Research and Research Utilization Accomplishments

PROGRESS has seen a number of achievements in Year 2. Some of these have been widely disseminated and are well-known by PROGRESS's partners, but other notable achievements have been less widely discussed and disseminated. Noted below is a selection of PROGRESS's well-known and lesser-known achievements from Year 2.

In Year 1, PROGRESS, along with USAID and the World Health Organization (WHO) convened a Technical Consultation on Expanding Access to Injectable Contraceptives. This was followed in Year 2 by the development of a brief summarizing the Technical Consultation conclusions. Working with USAID's Jeff Spieler, PROGRESS coordinated endorsements of this brief by large international medical associations and family planning organizations. An **expanded endorsements Technical Consultation Brief** was finalized and launched in June 2010, with endorsements from the International Confederation of Midwives, International Council of Nurses, International Federation of Gynecology and Obstetrics (FIGO), International Planned Parenthood Federation, Marie Stopes International, United Nations Population Fund (UNFPA), and the World Bank, in addition to the original endorsements from USAID, WHO, and FHI.

The Tanzania Ministry for Health and Social Welfare, PROGRESS, and a number of other collaborators were proud to announce the **launch of the Tanzania National Family Planning Costed Implementation Program (NFPCIP)** on March 30, 2010. This effort had begun in 2009, when the Ministry of Health and Social Welfare (MoHSW) engaged FHI/PROGRESS to serve as the secretariat for the development of the NFPCIP. The NFPCIP emphasizes five strategic action areas for implementation: contraceptive security, capacity building, service delivery, health systems management, and advocacy. The plan includes cost estimates for each of the five areas, using a forecasting approach, for each of the next five years. The two priority areas are contraceptive security and integrated service delivery of family planning in all aspects of the health sector, including HIV/AIDS, immunization services, postnatal care, and post abortion care.

PROGRESS's growing **collaboration with the East, Central, and Southern African Health Community (ECSA-HC)** has been another highlight of Year 2. In February 2010, ECSA worked with PROGRESS to convene more than 30 Ministry of Health officials from Kenya, Lesotho, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe in Kampala for a workshop to learn about the latest developments in community-based family planning, share country experiences, and develop workplans to help expand community-based access to family planning. The workshop was held prior to the 50th ECSA-HC Health Ministers' Conference.

The November 2009 **International Conference on FP (ICFP) in Kampala** is an exciting milestone for the international family planning world, and PROGRESS was proud to play a key role in the planning of the conference, during the meeting, and in follow-on work. PROGRESS participated in the planning process for Day 3 of the conference, which

focused on “research to action,” and specifically, how the findings from the Kampala conference might be utilized following the meeting. At the meeting, PROGRESS assembled information for the key “pearls” identified by FHI President Ward Cates at the beginning of Day 3 in the plenary. Then, after the meeting, Bill Finger led the development of the report “Family Planning for Health and Development: Actions for Change,” working with the Implementing Best Practices Initiative secretariat at WHO. The five action areas in the report are based on the “pearls” from the conference and input from other IBP organizations.

One of the most exciting PROGRESS research studies concerns the use of mobile technologies in family planning service delivery. The **Mobile for Reproductive Health (m4RH)** activity has developed a set of messages addressing a range of family planning methods that users can access via their mobile phones, the first such product in the world. In April 2010, PROGRESS launched the messaging system in Kenya, with an evaluation methodology. The low-cost approach has the potential of improving correct use, uptake, and continuation of chosen methods. Already, this activity is getting a great deal of traction. Formative findings were presented at the Sex::Tech conference in February 2010 and as part of the Strengthening Health Outcomes through the Private Sector (SHOPS) on-line conference in May. And Text to Change, the technology partner for the project, included the m4RH activity in their presentations at the NIH-support mHealth Summit and the World Bank mHealth meeting, both in October 2009.

For the study in Zambia on the feasibility of using community-based distribution agents (CBDAs) to provide DMPA, PROGRESS and ChildFund/Zambia developed a **draft training curriculum for community-based delivery of injectable contraception**. The training curriculum was developed by expanding the draft module “Injectables for Community Health Workers” which is part of the Family Planning Training Resource Package (FPTRP), into a full training curriculum and integrating key sessions from the 2005 Zambia Ministry of Health training curriculum for CBDAs. The new curriculum was used to train 40 CBDAs in the Mumbwa and Luangwa districts for the study. The draft curriculum is now posted on the Knowledge for Health website, functioning already as a potential global resource, to be used along with the FPTRP.

In Senegal, PROGRESS had a small amount of core funds in Year 2 to conduct research utilization and capacity building. The success of that initial investment led to new field support funds from the USAID Mission for PROGRESS Year 3. One significant accomplishment was a change in the national family planning policy. PROGRESS worked with the Senegalese Division of Reproductive Health (DSR) to revise a “lettre circulaire” (policy memo) that updated the current national family planning policy to several aspects of the 2008 WHO Medical Eligibility Criteria for Contraceptive Use (MEC). The DSR approved disseminating the policy memo along with a packet of job aids including the FHI-developed DMPA screening checklist, DMPA reinjection checklist, and WHO MEC Quick Reference Chart. Further work on **updating Senegalese family planning policies and procedures** will be undertaken in PROGRESS Year 3.

The PROGRESS project was able to use its successes to **leverage funds** from a number of different sources in Year 2. Three examples are below:

- In February 2010, a **Memorandum of Understanding (MoU) between UNFPA and FHI/Rwanda** was signed to support funding for the Barriers to Expanded Contraceptive Use in Rwanda study (FCO 890007). UNFPA agreed to contribute US \$10,000 to the implementation of the study.
- In May, the WHO supported the editing, **printing, and shipment of the Kampala “Actions for Change” report**. The funds (\$6,250) allowed for the dissemination of this publication produced primarily with the support of PROGRESS.
- Regarding the Acceptability of Depo-SubQ in Uniject study, the Bill and Melinda Gates Foundation, via PATH, has indicated its willingness to pay for a third study site. Initially, the study was planned for two countries: Malawi (with PROGRESS core funds) and Senegal (with PROGRESS core and field support funds). At the Depo-SubQ Integrated Introduction Planning Meeting in May 2010, partners raised concerns about the limitations of having data from only one or two countries. Responding to this concern, the Gates Foundation and PATH have planned for an award to FHI of \$500,000 to support a third country for data collection. This additional funding will also allow FHI to conduct focus group discussions with end-users who receive Depo-SubQ in Uniject from community-based providers. The additional data will also allow FHI and PATH to provide the Gates Foundation, USAID, and others with a more comprehensive assessment of the “value proposition” for Depo-SubQ in Uniject.

Year 2 PROGRESS Publications

During PROGRESS’s Year 2, two articles were published in peer-review journals and 10 other publications were completed, with most of these 10 disseminated electronically. The list below starts with the two journal articles supported by PROGRESS, followed by seven briefs and reports, one curriculum, and two publications for which PROGRESS staff supported the development of the publication, but for which FHI is not listed as an author.

1. Stanback J, Spieler J, Shah I, Finger W, Technical Consultation Participants. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. *Contraception*, March 2010; 81(3):181-4.
2. Lopez LM, Hiller JE, Grimes DA. Postpartum education for contraception: a systematic review. *Obstetrical & Gynecological Survey*, May 2010. 65(5): 325-31.
3. L’Engle K, Vadhat H. Mobile Phone Interventions for Reproductive Health (m4RH): Testing the Feasibility of Text Messaging to Improve Family Planning (FHI library M2009-58)

4. FHI and MCHIP. Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health [technical brief]. 2010. (FHI library M2010-34)
5. FHI. Integration of Family Planning into Immunization Services in Zambia: Promoting Connections between Reproductive and Child Health Promotion Efforts [technical brief]. 2010. (FHI library M2009-56)
6. FHI, Ceforep, Ministry of Health and Prevention/Division of Reproductive Health, ChildFund-Senegal. Documentation du processus de l'offre initiale de pilules (OIP) par les matrones des cases de santé: Rapport Final (Assessment of initial distribution of pills by matrones in health huts in Senegal: final report). Senegal. April 2010. (FHI library M2010-39)
7. WHO, USAID, FHI. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. June 2010. (FHI library M2010-42)
8. Solo J, Stephenson P, et al. An Investigation of integration: assumptions and evidence about integrated FP-MNCH services in developing country programs. Unpublished paper. October 2009.
9. Malkin M, East Central Southern Africa Health Community (ECSA). Implementing the HMC Resolution on Task Shifting – Focus on Injectables: Evidence Review and Development of Country Workplans, 12-13 February 2010, Workshop Report. (FHI library M2010-47)
10. FHI, ChildFund International, USAID. Training for Community-Based Delivery of Injectable Contraceptives (Zambia curriculum). 2009. (FHI library M2009-57)
11. USAID, WHO, UNFPA, IBP. Family Planning and Development: Actions for Change. 2010. (FHI drafted the report; FHI library M2010-40)
12. The United Republic of Tanzania; Ministry of Health and Social Welfare. National Family Planning Costed Implementation Program 2010-2015. Tanzania. 2010. (FHI participated in drafting; FHI library M2010-41)

In addition, the first edition of *Works in PROGRESS*, a quarterly e-newsletter, was disseminated. Also, the PROGRESS section of www.fhi.org was launched with a “shortcut” to our homepage (www.fhi.org/progress). Five pages on global technical leadership issues and two pages on country-level activities were launched.

Legacy Area 1: Maximize Human Resources through Task-Shifting and Addressing Medical Barriers

The focus on task-shifting within the PROGRESS project is evident in the breadth of activities in Legacy Area 1. The section on Legacy Area 1 starts with country-specific studies addressing issues related to community based access to injectables. The activity in Rwanda is completed; a study in Zambia is in the implementation/data collection stage; and the first of the pair of studies in Malawi (on health surveillance assistants) is finishing up with the second planned to start in Year 3. The next group of descriptions covers studies focusing on the providers who are affected by task-shifting. Research utilization activities close-out this section, including two global activities as well as two Year 3 Field Support-funded activities in Kenya and Tanzania.

Rapid Assessment Prior to the Introduction of CBD of DMPA in Rwanda

Status: Complete Projected End Date: 12/31/2009

Country(s): Rwanda

Funding Source Core: \$25,078

FCO
890025

Approved
5/28/2009

Closure
12/31/2009

Tech Monitor
J. Wesson

Objective(s): To support the Ministry of Health's Family Planning Technical Working Group (FPTWG) in conducting a rapid assessment to examine the feasibility of implementing community-based distribution (CBD) of DMPA injectable contraceptives.

Description: In 2008, the FPTWG developed a protocol for a rapid assessment of the feasibility of CBD of DMPA. The assessment protocol was approved by the Rwanda National Ethics Committee. Since it is not an FHI protocol, it was not reviewed by the PHSC. Each member of the FPTWG, including FHI, was requested to contribute to the budget for the assessment. FHI's role is to cover the cost of the consultant chosen by the FPTWG to conduct the assessment. In addition, the technical monitor will take part in the review of the results and creation of recommendations for next steps.

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early support for this subproject was funded under FCO 890011 Rwanda Focus Country Program Implementation.
- FHI/Rwanda worked with the Family Planning Technical Working Group (FPTWG) to develop a protocol for the rapid assessment.
- The contract with the consultant was signed in May 2009.
- Utilizing resources donated by other members of the FPTWG, fieldwork for the assessment commenced in June 2009.
- The working group presented the protocol for review to the Rwanda National Ethics Committee. It was approved in July 2009.
- A draft of the final report was presented to the FPTWG in September 2009, and the final version was approved by the FPTWG in October 2009.
- J. Wesson was invited by the MOH to take part in a three-day workshop in October 2009 to create implementation plans and tools needed for the introduction of community-based distribution of condoms, standard days method, oral contraceptive pills and DMPA in three districts.

Findings and Outcomes:

- FHI had limited influence in the design of the assessment, since it was created by a sub-committee of the FPTWG at a time when no FHI researcher was available to participate. Overall, the study found that, with training, most stakeholders (district management, providers, and community members) believe that community health workers would be capable of providing DMPA to their clients. However, it was clear that stakeholders must be convinced of the quality of training that community health workers receive before they are willing to accept this service. Community health workers were also generally in favor of adding this service to their work, as long as they receive good training.

CBD of DMPA: A Pilot Study of Child Fund Zambia's CBD Programs

Status: Ongoing Projected End Date: 12/31/2011

Country(s): Zambia

Funding Source: Core: \$693,076

FCO
890017

Approved
2/4/2009

Closure

Tech Monitor
D. Chin-Quee

Objective(s): 1) To assess the impact, feasibility, safety, acceptability and client satisfaction with community-based distribution (CBD) of DMPA in Zambia; and 2) to document and evaluate the potential costs of introducing community-based distribution of DMPA.

Description: In order to improve the method mix and preserve access to contraception for women in rural Mumbwa and Luangwa, FHI will work with ChildFund Zambia (formerly Christian Children's Fund) to add injectable contraception to the pills and condoms that CBD agents already provide. A subset of 40 ChildFund Zambia's CBD agents will be selected to undergo training in safe injectable provision--and their clients will be followed for 12 months--to assess impact, feasibility, safety, acceptability, and client satisfaction with community-based DMPA services. In addition, the costs of introducing DMPA to the CBD program will be determined in order to inform discussions and decisions about scale-up of CBD provision of DMPA, not only by ChildFund Zambia but also by other key Zambian NGOs.

Subgrantee(s): ChildFund International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Stanback began discussions with staff from the U.S. headquarters of the Christian Children's Fund (now ChildFund) in July 2008 about their CBD program in Zambia. This followed an MOH request that pilot research be conducted on CBD of DMPA.
- Stanback provided technical assistance on ChildFund's draft pilot study protocol for CBD of injectables.
- Stanback and Maggwa visited ChildFund field sites in Zambia (November 2008).
- Dawn Chin-Quee was assigned as the technical monitor in December 2008, and started work on the protocol.
- The USAID Mission approved the concept paper for this study in March 2009.
- In April 2009, Chin-Quee and Crystal Dreisbach (RU partner) initiated planning for a stakeholder meeting in Lusaka to obtain stakeholder buy-in and input on the study protocol from the MoH, other NGOs, professional medical associations and others.
- A draft study protocol was submitted to USAID/W and ChildFund Zambia in May 2009, with the caveat that the study design and implementation plans could change after feedback from the stakeholders.
- The stakeholder meeting, hosted by the MoH, was held in July and shaped the development of the protocol.
- The protocol was finalized and submitted for internal review in September 2009 and was approved by USAID/W. It was approved by the local IRB in November.
- FHI and ChildFund Zambia developed a draft training curriculum for this pilot by expanding the 2009 draft DMPA module from the FP Training Resource Package (FTRP) into a full training curriculum and integrating key sessions from the 2005 Zambia MoH training curriculum for CBDs.

- Chin-Quee and Dreisbach traveled to Lusaka to conduct a training of trainers (TOT) in November 2009 and to meet with and orient the newly-hired study coordinator based at the offices of FHI/Zambia's Prevention, Care and Treatment (ZPCT) Program.
- During the week of December 14th, trainers from ChildFund, the MoH, and the study coordinator carried out classroom training of 20 ChildFund CBD agents in Luangwa District. A two-week clinic-based practicum was scheduled to follow their classroom training.

Past Six Months:

- In January 2010, 20 CBD agents from Mumbwa underwent classroom training and a two-week clinical practicum on injectable provision.
- In separate graduation ceremonies in their respective districts, the 40 CBD agents from Mumbwa and Luangwa were presented to the community as trained providers who can safely administer DMPA.
- Data collection began in February 2010.
- FHI/NC provided the implementing agency with technical assistance on commodities management.
- The study coordinator made monthly monitoring trips to both pilot districts
- Monthly team calls between FHI/NC, FHI/Zambia and the implementing partner were conducted to discuss and resolve emerging issues.

Year 3 Workplan:

- Service delivery and data collection will be ongoing and are expected to continue for a 12-month period through February 2011.
- Periodic updates to the national Family Planning Technical Working Group (FPTWG), local IRB and USAID/Zambia mission will be ongoing.
- Targeted advocacy efforts will be made to remove the clinic visit requirement for clients of CBDs from the national FP guidelines, or to obtain a special waiver for exception to this policy for purposes of the pilot.
- Dreisbach and her FHI/Zambia counterpart will present preliminary study findings and experiences at the August 2010 ECSACON conference in Lusaka.
- Chin-Quee will travel to Lusaka between October and November 2010 to train data collectors who will interview all 40 CBD agents and a subset of DMPA acceptors. The interviews will be conducted in staggered fashion between November 2010 and January 2011.
- At the conclusion of data collection in February 2011, data cleaning and analysis will commence. Study data will be analyzed and results disseminated to stakeholder groups and written up into a final report or possible article for publication.

Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants (HSAs) in Malawi

Status: Complete

Projected End Date: 9/30/2010

Country(s): Malawi

Funding Source: FS:\$207,000

FCO	Approved	Closure	Tech Monitor
892005	9/22/2009	6/30/2010	K. Katz

Objective(s): 1) To assess the functioning of the Health Surveillance Assistants (HSAs) DMPA program training, supervision, supply systems and coordination with other community- and facility-based family planning services; 2) to assess aspects of the service delivery environment, including accessibility and the quality of DMPA services provided by HSAs; and 3) to assess service utilization outputs such as increases in the number of modern contraceptive users, method mix and source in program areas, and HSA DMPA client re-injection and continuation rates.

Note: In Malawi, community-based distribution agents (CBDAs) provide condoms and oral contraceptives and HSAs in the pilot provide condoms and DMPA. There is concern that this separation of services may be inconvenient for providers and clients. Therefore, the objectives were revised to include an assessment of coordination between HSAs and CBDAs, and between HSAs and facility or clinic-based providers.

Description: The Malawi Ministry of Health endorsed a pilot program of provision of DMPA by HSAs in March of 2008. The program was created to address high unmet need for contraception in rural areas through increasing community-based access to injectable contraceptives. HSAs comprise nearly one-third of all health staff. The community-based care they provide comprises approximately two-thirds of primary health care services in Malawi. The decision to train this lowest level cadre in the public health system to provide DMPA represented the culmination of several years of policy debate. USAID/Malawi selected FHI to provide an independent evaluation of the program in order to help the Ministry of Health (MOH) decide whether and how to scale-up the HSA DMPA program.

This post-test cross-sectional evaluation study will assess aspects of program operation, the service delivery environment and service utilization in 4 of the 9 districts where the program was implemented. Information about service utilization and DMPA stock-outs will be gathered from service statistics in all 9 pilot districts. Information to meet the objectives of the evaluation will be gathered from structured interviews with 40 HSAs, 20 HSA supervisors, and 120 clients. Service records and statistics and key informant interviews with higher level management figures will also be utilized.

The evaluation team has worked closely with stakeholders including the MOH and program implementers (Management Sciences for Health and Adventist Health Service) to ensure that the evaluation will provide information that will allow the Ministry to determine whether and how to scale-up the pilot program of provision of injectable contraceptives by HSAs. Results of the evaluation will be disseminated to district health officials throughout Malawi and to government and NGO leaders who seek to increase community-based access to DMPA.

Collaborating Agency(s): Adventist Health Services (AHS); Management Sciences for Health (MSH)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted in August 2009.

- The evaluation protocol was approved by USAID/W and submitted for ethical review to FHI's PHSC in December of 2009.

Past Six Months:

- Data collection forms were approved in January 2010.
- The protocol was submitted and approved by an ethical review committee in Malawi in February 2010.
- The training of the data collection team took place in February.
- Data collection was completed in March 2010.
- Data entry and cleaning took place in April/May.
- Key informant interviews took place in February/March 2010.
- Key informant summaries were received in June 2010.
- Data analysis and dissemination presentation preparation took place in June 2010.

Year 3 Workplan:

- Using funds from FCO 890038, the results of the evaluation will be disseminated in Malawi on July 8, 2010. Presentations and a research brief to be distributed at the dissemination meeting will be completed the first week of July.
- The final report will be completed and reviewed in August 2010.

Assessing Community-Based Distribution of DMPA by NGO Volunteers in Malawi

Status: Ongoing *Projected End Date: 9/30/2011*

Country(s): Malawi

Funding Source: Core: \$448,588

FCO
890038

Approved
7/2/2009

Closure

Tech Monitor
D Chin-Queue

Objective(s): 1) To assess the functioning of community-based distribution agent (CBDA) DMPA training, supervision and supply systems; 2) to assess aspects of the service delivery environment, including accessibility and the quality of DMPA services provided by CBDAs; 3) to assess service utilization outputs such as increases in the number of modern contraceptive users, changes in method mix and source in program areas, and CBDA DMPA client re-injection and continuation rates; and 4) to examine the incremental cost-effectiveness of adding DMPA to the repertoire of contraceptive methods offered by CBDAs.

Description: Unmet need for contraception remains high in Malawi, particularly in rural areas where the majority of women live. According to the 2004 Malawi DHS, injectable contraception is the most preferred method of family planning. Malawi's newly revised Sexual and Reproductive Health and Rights (SRHR) Policy calls for broadening the range of family planning methods at the community level and states that "Injectable contraceptives shall be available through the community-based delivery system using appropriately trained providers". The identity of the type of community-based providers of DMPA is not specified in the policy. The Malawi Ministry of Health implemented a pilot program of community-based provision of DMPA by Health Surveillance Assistants (HSAs) in March of 2008. (See FCO 892005.) The study described here will explore an additional avenue of distribution found to be safe and effective in other settings – provision of DMPA by CBDAs affiliated with nongovernmental organizations

(NGOs). This study will assess the feasibility of increasing access to DMPA through trained volunteer CBDAs working with Adventist Health Services (AHS).

Collaborating Agency(s): Adventist Health Services (AHS)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted in August 2009.
- The Ministry of Health asked that this study take place after the February evaluation of a pilot program to distribute DMPA through Health Surveillance Assistants (HSAs) in Malawi (FCO 892005).
- Protocol development will proceed after dissemination of results for the HSA evaluation.

Past Six Months:

- E. Jackson met with Adventist Health Services to discuss planning for the study in February 2010.

Year 3 Workplan:

- A protocol describing the proposed study will be developed in August 2010 after the dissemination meeting of the HSA study results in July 2010.
- Data collection forms will be developed in August/September 2010.
- PHSC submission will take place in September 2010 and local IRB submission will be in November.
- Data collection training will take place after local IRB approval. Data collection is planned for March 2011.
- Data cleaning and analysis will begin in March/April 2011.
- Results will be finalized in June 2011 and a dissemination meeting will occur in July 2011.

Assessing the Current and Potential Contributions of Community Health Workers to Family Planning

Status: On Hold *Projected End Date: 9/30/2011*

Country(s): Kenya

Funding Source: Core (\$308,702)

FCO
890075

Approved
12/22/2009

Closure

Tech Monitor
P Feldblum

Objective(s): To determine whether Community Health Workers (CHWs) have integrated family planning into their work loads, and the potential for adding or increasing family planning services in their work.

Description: Many governments and development partners see CHWs as a solution to human resource challenges in the health care system. CHWs, who are usually employed by the Ministry of Health, often have a year of health training and a secondary school education, which sets them apart from volunteer CBD agents. In some countries, CHWs already provide re-supply methods and refer women for long- and short-term family planning, while other countries have not yet added FP to their work load. One concern with asking CHWs to provide or to increase their provision of FP is that they may be too busy providing other health services in clinics or in the community. Data on how busy these CHWs are, what skills they may have or need, and how they are employed and

remunerated are scanty or lacking. A better understanding of how task shifting will affect health care services in clinics is also needed.

PROGRESS will conduct this assessment in Kenya in locations where FHI is implementing the APHIA II project. It will consist of an observational study of CHW activities and interactions. We will ascertain the following: 1) number, type and length of CHW contacts made in a typical day; 2) services provided during these contacts; 3) length of time that CHWs spend working including time spent with clients and travel time; 4) cost of services provided by CHWs; and 5) worker motivations and incentives to remain engaged in these positions.

We will consider a combination of data collection methods, including time-motion studies, standardized interviews, and observations of client encounters. We will work to create a simple, flexible data collection tool that will be applicable at multiple sites.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FCO 890075 was assigned to this subproject in December 2009.

Past Six Months:

- The concept paper was finalized and approved by USAID/W in January 2010.
- FHI/NC and FHI/NBO staff nearly finalized the study protocol.
- This activity was put on hold pending availability of funds.

Year 3 Workplan:

- If funds become available, the study protocol will be written and submitted for review, approval will be obtained the local IRB and PHSC, the intervention will be planned, and the data collection will begin.

Community Health Worker Motivation: Understanding the Motivational Impact of Key Programmatic Elements as Determinants of Retention and Performance

Status: Ongoing

Projected End Date: 9/30/2011 Study No.: 10223

Country(s): Uganda

Funding Source: Core: \$347,809

FCO
890052

Approved
8/3/2009

Closure

Tech Monitor
A Brunie

Objective(s): 1) To review and characterize current and possible programmatic components that have the potential to affect CHW motivation; 2) to develop and test a methodology for identifying combinations of motivational determinants with maximum impact on CHW performance; and 3) to produce information to support the design of strategies by exploring and documenting how CHWs react to key programmatic elements in specified contexts.

Note: Objectives were revised in December 2009 from the original Workplan concept and again in April 2010 after key informants interviews were conducted to ensure broader relevance of the study.

Description: Little evidence is available on how to retain CHWs and sustain their performance at acceptable levels. These issues tie into the larger investigation of CHW motivation. This study aims to explore the impact of programmatic components on CHWs' motivation and to produce evidence to inform the development of effective strategies. It will be divided into two components: a survey incorporating a discrete choice experiment (DCE) and qualitative research. A stakeholder meeting

will serve to support the design of the DCE and mobilize partners. The DCE will be implemented as part of a cross-sectional survey of active CHWs in CBD programs in Uganda. The survey will be administered by trained field workers in two study districts and by NGO extension workers in other participating districts. The results will supply a relative importance ranking among a limited range of specified factors that can be used to support programmatic prioritization.

The qualitative work will entail in-depth interviews (IDIs) with a subset of active CHWs in the two study districts, and with former CHWs who have dropped out over the last two years. IDIs will enhance understanding of the value attached by CHWs to programmatic factors, and provide richer contextual information on other barriers and facilitators to motivation.

It is anticipated that 300 survey interviews will be completed, as well as 25 IDIs with active CHWs and 10 with former CHWs. Results from the two techniques will be compared. Neither technique is considered the gold standard for identifying underlying motivational determinants. However, it is reasoned that DCE will offer program managers more direct and specific operational guidance.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper for the study was developed and submitted to USAID on December 14, 2009.

Past Six Months:

- A reconnaissance trip was made to Uganda in January 2010.
- The literature review was completed by March 2010.
- Key informant interviews with managers from a range of organizations working with CHWs were conducted to ensure broader relevance of the study in March and April 2010.
- The study protocol was approved internally on June 15, 2010 and submitted to USAID.

Year 3 Workplan:

- A revised protocol will be submitted to USAID for final approval.
- Data collection instruments and informed consent forms will be drafted and submitted for technical review by September 15, 2010.
- These documents will be translated in September 2010.
- Documents for ethics approval by PHSC and the local IRB will be prepared and submitted by October 2010.
- A trip will be carried out in late October/early November 2010 to conduct a stakeholder meetings, train data collectors, pre-test data collection instruments, and initiate data collection.
- A local partner will be identified to oversee the implementation of data collection activities and a subagreement will be developed by the end of October.
- Data collection will take place between November and January 2011.
- The survey and in-depth interview data will be cleaned and analyzed by the end of April 2011.
- An initial report will be prepared by the end of April 2011.
- A trip will be made to Uganda to disseminate results and concretize recommendations in April 2011.
- Final report and publications will be prepared and submitted by June 2011.

Increasing the Sustainability of Community-Based Distribution of Family Planning Programs through Micro-Credit

Status: *Canceled* Projected End Date: 3/31/2010

Country(s): Tanzania

Funding Source: Core: \$420

FCO	Approved	Closure	Tech Monitor
890079	1/12/2010	3/31/2010	J Stanback

Description: This FCO was initially opened for a study approved in the PROGRESS Year 2 Workplan Addendum (December 2009). The original study was titled, Family Planning Outreach by Clinic-Based Community Health Workers. It was canceled shortly after it was approved.

A Year 3 concept, Increasing the Sustainability of Community-Based Distribution of Family Planning Programs through Micro-Credit, was proposed as a replacement study for a mid-year 2 start. It was determined, however, that there were not sufficient funds available and this study was also canceled.

The FCO was closed in March 2010.

Continuation Rates and User Patterns among Women who Initiate DMPA, Pills, and the Standard Days Method through CBD Programs

Status: *Cancelled* Projected End Date: 12/31/2011

Country(s): Kenya

Funding Source: Core: \$18,195

FCO	Approved	Closure	Tech Monitor
890065	11/12/2009	6/30/2010	D McCarraher

Objective(s): The goal of this study is to examine patterns of use and continuation among women who initiate DMPA, pills, or the standard days method (SDM) through a community based distribution (CBD) program. The specific objectives include: 1) to report the number of new contraceptive users where CBD agents provide SDM, pills, and injectable contraceptives; 2) to characterize user dynamics and the reasons for observed contraceptive behavior (i.e., method continuation, switching, and discontinuation) among CBD clients initiating either DMPA, pills, or SDM; and 3) to evaluate the performance of CBD agents offering DMPA and SDM, in particular the CBD agents ability to: a) administer the method according to service delivery standards/guidelines; b) provide accurate information on the method; and c) possess and communicate to clients accurate information on method side effects and ways to manage them.

Description: This study will be conducted with a CBD program in the Tharaka District of Kenya. DMPA was added to the method mix of this CBD program under the CRTU in August 2009. A time-series cohort design study will be employed in this study. The study will be purely descriptive;

women will be enrolled into the study over an eight-month period. During the first four months, women initiating either DMPA or contraceptive pills will be enrolled into the study. After the CBD agents are trained to provide SDM, enrollment will continue for another four months, during which time women electing DMPA, contraceptive pills, or SDM will be enrolled into the study. Regardless of when they are enrolled, clients will be interviewed at baseline and at 12 months. Clients will also be interviewed if they switch or discontinue methods between the baseline and twelve month interviews. The baseline interviews will contain basic socio-demographic characteristics, previous contraceptive use, knowledge about their current method, partner support for method use, experiences with side effects and injection morbidity, and reasons for method discontinuation and switching. Given the small size of the CBD program in Tharaka District, random selection of CBD clients might not be possible. However, if program data suggest sufficient client caseload, a random numbers table will be used to select clients served by each CBD agent. At least half of the CBD workers will be interviewed to assess their capacity to provide DMPA, contraceptive pills, and SDM according to the guidelines/standards established by the program. These will be one-time interviews conducted at the end of the study period (the 12 month follow-up period).

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The FCO was opened in November 2009 and McCarraher was assigned as the technical monitor.
- Preliminary discussions with RU staff led to selecting a CBD program in the Tharaka District of Kenya as the study site.
- A concept paper was written in December 2009 and approved by USAID in January 2010.

Past Six Months:

- The study protocol was drafted.
- In February 2010, this study was put on-hold pending availability of funds.

Expanding Community-Based Family Planning: Global Guidance and Technical Assistance

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

Funding Source: Core: \$819,470

FCO
890080

Approved
1/13/2010

Closure

Tech Monitor
K Krueger

Objective(s): 1) To provide global technical leadership (GTL) on community-based family planning (CBFP); and 2) To facilitate institutionalization and scale up of best practices for strengthening community-based family planning and expanding access to a broader range of contraceptive methods at the community level, including injectables (CBA2I) at the global, regional, and country levels.

Description: This activity supports work to expand access to FP at the community level, focusing on three areas included in the USAID/W “high-impact intervention” list: injectables, LAPMs, and pharmacies/drug shops. The lessons learned through the CRTU in promoting CBA2I provide an important springboard for promoting greater access to injectables and other methods through CBFP systems. One goal for this subproject identified with USAID is “to have CBA2I mainstreamed

into FP programs in a supportive and well-resourced policy and programmatic environment." We can expand lessons learned in this process of mainstreaming CBA2I to broader access to other methods through CBFP systems.

GTL activities will focus on increasing knowledge of CBFP evidence among stakeholders and supporting groups interested in adopting these practices, focusing first on CBA2I and then on LAPMs and pharmacies/drug shops and other private sector systems. Activities include synthesizing evidence and programmatic experience; incorporating lessons learned into new and existing tools and programs; coordination of information sharing and leadership in communities of practice; and building the capacity of organizations and individuals to advocate for, implement, and evaluate CBA2I and other approaches within CBFP. Target audiences for GTL include MoH officials, donors, USAID technical officers, WHO, UNFPA, IPPF, Marie Stopes, implementers, civil societies, advocacy groups, and professional associations such as FIGO and International Council of Nurses.

Work in the CBFP arena will leverage FHI's collaboration with the East, Central and Southern African Health Community (ECSA) (FCO 890043). Together the two organizations are working toward a common goal of increasing CBA to family planning (FP) through a set of activities, one of which is advocating for task shifting in FP, including CBA2I. This activity will contribute to supporting select ECSA member countries as they implement CBA2I workplans and as they seek to expand CBFP following the ECSA CBFP assessment and follow-on activities.

Country-level activities are comprised of technical assistance (TA) to in-country partners to help initiate and strengthen efforts to introduce and scale up CBFP activities, focusing initially on CBA2I and then utilizing these lessons for other CBFP approaches. Priority TA will go to countries in which PROGRESS has dedicated Research Utilization (RU) funds such as Tanzania and Rwanda, and five ECSA member countries (Kenya, Uganda, Tanzania, Malawi and Zambia). Other countries may be selected for TA, in coordination with the PROGRESS management team and USAID. Depending on country needs and resources, support to countries will be provided at one of three levels - from minimal virtual TA (e.g. sharing of electronic resources) to more intensive TA such as support for implementing CBA2I.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Please see FCO 113108 for similar work conducted under the CRTU prior to January 2010.

Past Six Months:

- The FCO was opened in Jan 2010.
- An FHI-USAID retreat was held in Jan 2010 to develop a long-term vision and strategies, with initial priority on CBA2I activities.
- A policy memo was written for USAID/W to send to Mission HPN officers that urged them to consider CBA2I.
- Abstracts were accepted and presentations were made at the June 2010 Women Deliver and the Global Health Council conferences. Abstracts were also submitted to ECSACON and APHA.
- Electronic resources were shared with partners in Rwanda, Liberia, Togo, Benin, Haiti, Kenya, Uganda, Tanzania, Malawi, Zimbabwe, Lesotho and Zambia.
- The Reinjection Job Aid for CHWs was revised to incorporate field input. The DMPA checklist within the Advocacy Kit was updated to reflect current WHO guidance.
- TA was provided to JSI's Study on Supply Chain Management for Community Health Distributors/CHWs.
- A presentation was developed for USAID/W to present at ESD's March 2010 FP-MNCH Best Practices Conference. CBA2I advocacy materials were distributed to 60 participants.

- Exploratory calls were held with USAID/W and Missions in Benin and Liberia in March.
- An article entitled, "Provision of DMPA by community-health workers: What the evidence shows" was submitted to the journal *Contraception* (See also FCO 890010).
- Input was provided to K4Health CBFP toolkit and CBA2I webpage in April.
- A map of Africa showing CBA2I coverage was updated.
- A new edition of the Technical Consultation policy brief was developed with expanded endorsements (see also FCO 890010).
- Input from key informants was obtained for identifying additional CBA2I tools needed, beyond what is available.
- A proposal to publish the Uganda scale-up work was developed and awarded by FHI's Scientific and Technology Working Group.

Year 3 Workplan:

- PROGRESS will draw on approaches used with CBA2I to expand GTL and country TA to other aspects of CBFP, such as exploring the need to assemble a resource package on CBFP/LAPM and CBFP/pharmacies and drug shops.
- Existing and to-be-developed resources on CBA2I will be assembled, packaged, and disseminated as part of the process of institutionalizing this practice among global, regional and country partners (what some have called the "CBA2I toolkit"; title to be determined). Topics covered in this strategic resources package include training guidance, M&E plans and tools, how to interpret results, costing, and lessons learned from recent pilots. Joint sponsorship will be emphasized to help ensure global buy-in of the packaging of these resources.
- Staff will develop a tool to be used with policy-makers to show the value of making injectables more accessible (working title, "action tool," to be revised).
- FHI will continue to provide input to the K4Health CBFP toolkit and CBA2I pages.
- Staff will collect and synthesize costing data and resources for use by new and ongoing projects.
- New findings from ongoing FHI activities in Kenya, Zambia, Malawi, Tanzania, and Uganda will be documented. Staff will adapt resources from these activities, as well as experiences from other organizations, as part of the resource packaging and dissemination process.
- Utilization of the resource package will be promoted through the global organizations that signed the Technical Consultation brief and potentially through regional training organizations.
- PROGRESS will help facilitate a small advocacy and leadership group annually in collaboration with USAID.
- A capacity building workshop to expand and strengthen method choice within CBFP with targeted bi-laterals, CAs, or service delivery groups to develop new 'expert implementers' will be explored.
- CBA2I will be promoted through international and regional strategic opportunities (e.g., GHC, Women Deliver, ECSA, IBP, etc).
- Staff will provide coordinated TA to targeted PROGRESS countries to strengthen CBFP: Kenya, Uganda, Malawi, Tanzania, and Zambia. Efforts will be coordinated with other activities in these countries to ensure maximum synergies.
- Virtual assistance and electronic technical tools through the strategic resource package (i.e., "toolkit") will continue to be provided to other countries as requested to help facilitate utilization of global evidence and tools.

Family Planning Training Resource Package (and the Injectables for Community Health Workers Module)

Status: Ongoing Projected End Date: 6/30/2011

Country(s): Worldwide

Funding Source: Core: \$248,152

FCO
890041

Approved
7/9/2009

Closure

Tech Monitor
I Yacobson

Objective(s): 1) To support the development of a training module on Progestin-Only Injectable Contraceptives for Community Health Workers; and 2) To support the completion of the Family Planning Training Resource Package. Note: The second objective was added and the title changed when additional funding was secured in August 2010.

Description: This subproject was originally envisioned as support to print a training module on Progestin-Only Injectable Contraceptives for Community Health Workers (CHWs), one of about 20 modules in a Family Planning Training Resource Package (FPTRP). FHI has led a consortium of agencies, including USAID, WHO, and other partners, in developing this comprehensive training package that synthesizes best practices and job aids in one uniform resource. USAID supported this overall effort initially through the CRTU (see FCO 113128). As this PROGRESS subproject evolved over the course of Year 2, the team decided that rather than printing, the funds would be better used to support revisions and finalization of the Injectables for CHWs module, based on field-testing under PROGRESS and CRTU activities in Zambia and Nigeria. In Year 3, additional funds were secured under PROGRESS and the objectives and title were expanded to include support for completion of the entire FPTRP. PROGRESS will be able to utilize the Injectables for CHWs module, as well as the entire FP Training Resource Package to complement its broad RU work in supporting best practices (see FCO 890003). Dissemination of the complete set of FPTRP materials is not covered under PROGRESS. Once development is completed, the entire contents of the resource package will be organized and indexed with technical assistance from the Knowledge for Health Web IT team and with financial support from FHI's partnership with K4Health.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- While no funds were charged to this FCO in the time period July - December 2009, work on the Injectables for CHWs module was done under the CRTU FCO 113128. Under that FCO, a module was drafted.
- Under CRTU FCO 113152, the module was field tested in Nigeria.
- Under PROGRESS FCO 890017, the DMPA module was expanded into a full training curriculum for use in Zambia.
- With support from PROGRESS FCO 890017, the Injectables for CHWs module was revised based on feedback from the field testing in Nigeria and Zambia and finalized.

Past Six Months:

- The Injectables for CHWs module was revised based on feedback from field testing in Nigeria and Zambia and finalized.
- FHI also coordinated with PATH on use of the FPTRP CBA2I materials as the base to which additional components needed for training CHWs to provide injections of Depo-SubQ in Uniject will be added.

Year 3 Workplan:

- All curriculum components will be developed for male and female sterilization, barrier methods, lactational amenorrhea method or LAM with the Institute for Reproductive Health (IRH), TwoDay Method (with IRH), emergency contraceptive pills, FP counseling for clinicians and CHWs (collaborating with WHO on the Decision-Making Tool for CHWs).
- FHI will develop remaining curriculum components (e.g., session plans, case studies, roles plays, and knowledge and/or skill assessments) for combined oral contraceptives for CHWs and injectables for clinicians.
- FHI will assemble curriculum components to support core knowledge and skills objectives for clinicians and CHWs.
- Guidance for facilitators will be developed on how to use the resources in the package to address needs of different cadres of providers in different settings.
- The external review process will be coordinated with FPTRP team members from the WHO, the Extending Service Delivery Project, Jhpiego, Management Sciences for Health, EngenderHealth and the RESPOND Project, the Institute for Reproductive Health, and other organizations collaborating on the development of the training resource package.
- FHI will copy edit and complete final production of all materials.

Findings and Outcomes:

- The development of the Injectables for CHWs module was completed. The module is part of the larger Family Planning Training Resource Package, primarily supported by the CRTU. The module will be posted online together with the rest of the FPTRP. K4Health is tasked with posting and maintaining the materials. The Injectables for CHW module will also be linked and accessible through the Injectables Toolkit site.

Enhanced Community-Based Family Planning in Kenya

Status: Ongoing *Projected End Date: 9/30/2011*

Country(s): Kenya

Funding Source: FS 118,698

FCO
892015

Approved
6/22/2010

Closure

Tech Monitor
A Olawo

Objective(s): 1) To conduct a rapid assessment of the current community family planning situation in Kenya in collaboration with the East, Central and Southern African Health Community (ECSA) multi-country community-based family planning (CBFP) situation analysis; 2) to develop strategies for increasing access to and quality of FP information and services at the community level, including a basic/minimum community FP package; and 3) to provide technical assistance to incorporate the basic/minimum community FP package and strategies into the revised National Community Strategy.

Description: There is a growing momentum to strengthen community-based family planning following on the International Family Planning Conference in Kampala and more recently the USAID-led regional meeting in Kigali. In Kenya, community FP is one of the three priority strategies identified by the Post-Kigali Task Force to accelerate the country's FP program. Unfortunately, family planning does not currently feature prominently within the Ministry of Health's existing Community Strategy. Plans, however, are underway in Kenya to revise the Community Strategy in the coming year. FHI will provide technical support to the Division of Reproductive Health (DRH) and the Ministry of Health's Division of Community Strategy to leverage this revision

process to strengthen the strategy's FP component and develop an evidence-based basic/minimum FP community package.

Collaborating Agency(s): Division of Reproductive Health; East, Central and Southern African Health Community (ECSA)

Year 3 Workplan:

- FHI will work to obtain support and buy-in of this activity from the Division of Reproductive Health and other stakeholders.
- A rapid assessment will be conducted of the current community FP programs in Kenya, including policies and service delivery guidelines that guide the work of community health workers and other community-based providers, as well as the current status of supply and demand related to FP at the community level.
- The findings of the situation analysis will be disseminated.
- A basic/minimum FP community package will be developed. This package will then be used by the DRH to strengthen the FP component of the soon to be revised Community Strategy.

Building Consensus on the Way Forward with Community-Based Distribution of Family Planning in Tanzania

Status: In Development

Projected End Date: 9/30/2011

Country(s): Tanzania

Funding Source: FS: \$34,659

FCO 892019	Approved 8/11/2010	C&G Closure	Tech Monitor C Lasway
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Objective(s): To support the MOHSW to develop a strategy for strengthening and scaling-up CBD of family planning.

Description: The value of distributing contraceptive products in the community is understood and acknowledged as crucial in improving access and use of Family Planning. Implementing and sustaining such an approach in a resource constrained setting comes with many challenges. This is the situation facing Tanzania where in the past CBD programs flourished and when fund levels fell, the program also melted. With the NFP CIP calling for an aggressive 60% increase in contraceptive prevalence by 2015, the need to strengthen the supply side of the system at all levels to fulfil the current demand for family planning is of paramount importance. Hence, the question of reinvigorating a scaled-up CBD approach is back on the table.

The "how" of implementing this approach as part of the current system and in a sustainable manner is not yet clear and agreed upon among the MoHSW and development partners alike. There are critical issues to consider including the need to ensure that commodities are adequate enough to be distributed through both facility and community channels; need for remuneration whether monetary or non-monetary based; training and supervision; feasibility of expanding the method mix offered by CBDs beyond oral contraceptives and condoms; and use of CBD agents as sales agents for social marketed products.

Time seems right to seriously think of what needs to be done with the CBD program and gain consensus around it. The Ministry of Health and Social Welfare has commissioned an assessment of current CBD programs with UNFPA support. It is yet unclear when the results will be available and if the results will be adequate enough to effectively inform planning for a revitalized CBD effort.

At the USAID/PROGRESS and ECSA joint workshop on task shifting in February 2010, the MOHSW also developed a step-by-step workplan on what should happen next after the assessment. However, funding for these next steps is currently not available.

FY Workplan:

- Conduct a review of existing literature on CBDs in Tanzania as well as other countries, on key issues pertaining to program implementation and sustainability.
- Develop an inventory of issues from implementers of CBD efforts and the MOHSW to better understand priority areas of focus for gaining consensus.
- Review documentation on past experiences implementing CBD programs in Tanzania and global experiences with regard to potential evidence-based solutions to identified critical issues.
- Assess gaps in evidence and information needed to develop an effective national CBD program.
- Host a technical meeting to discuss, gain consensus and develop recommendations on how best to strengthen and scale-up the CBD program in Tanzania.

Legacy Area 2: Expanding Service Delivery Options within and beyond the Health Sector

In Legacy Area 2, focusing on delivery systems places a high importance on collaborations with partners and projects in fields other than family planning. This section starts with collaborations within the health sector; these focus on integrating family planning within maternal and child health interventions, including postpartum care and immunization programs. Following the descriptions of the research studies is one global research utilization activity established on FP/MCH integration in Year 2. Looking beyond the health sector, PROGRESS has studies on integrating family planning into microfinance (in India and Kenya), into agricultural, and population-health-environmental programs. Finally, three activities explore the use of new communication technologies in family planning services, and a fourth looks at women's ability to self-screen for hormonal contraindications.

Examining the Feasibility and Acceptability of Postpartum IUCD Services

Status: Ongoing Projected End Date: 12/31/2011

Country(s): Rwanda

Funding Source: Core: \$772,633

FCO 890008	Approved 10/1/2008	Closure	Tech Monitor T Hoke
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Objective(s): 1) To design an evidence-based intervention, implemented within antenatal care (ANC) and maternity services, to support postpartum IUD insertion services within health centers; 2) to evaluate the feasibility of implementing the postpartum IUD service intervention in accordance with quality standards on a sustained basis; 3) to examine health center providers' perspectives regarding postpartum IUD services; and 4) to assess clients' perspectives toward postpartum IUD insertion, as indicated through theoretical acceptability, intended use, and actual uptake.

Description: The Government of Rwanda (GOR) has established ambitious goals for increasing modern contraceptive prevalence. One established approach for increasing contraceptive prevalence is to expand the range of methods. Important gains can be achieved by including long-term methods like the intrauterine device (IUD) in the method mix. The GOR is already supporting expansion of IUD services. In partnership with the USAID-funded Twubakane Project, the GOR has recently supported provider training in IUD insertion, with 26% of Twubakane-supported health centers offering this method in 2008. Still absent in Rwanda is IUD insertion offered to women immediately after giving birth. Such a strategy capitalizes on the combined benefits of addressing unmet need for contraception among postpartum women and expanding the method mix with cost-effective long-term methods. Clinical research conducted by FHI and others has shown immediate post-placental insertion of the IUD to be safe and effective. Still, there is a dearth of documented programmatic experience in resource-poor settings. To resolve programmatic questions, FHI will collaborate with Rwanda's MOH and other partners to conduct research on the feasibility and acceptability of postpartum IUD insertions. The study will consist of phased introduction of immediate postpartum IUD insertion services, with close documentation of service delivery processes and measurement of intervention success. It will consist of 4 components: 1) initial introduction at Muhima Hospital to identify service delivery components requiring special attention as the intervention is adapted to Rwanda; 2) a formative assessment of health centers that are potential sites of postpartum IUD services; 3) design of a scalable intervention for PPIUD insertion; and 4) testing the scalable intervention in 10 promising facilities.

Subgrantee(s): Jhpiego

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Prior to this FCO being opened, the efforts were supported with funding from FCO 890002.
- Theresa Hatzell Hoke traveled to Rwanda in March 2009 to gather information for protocol preparation and to discuss opportunities for collaboration with prospective study partners.
- The study protocol was approved by PHSC on September 14, 2009, granting it an exemption.
- The protocol was submitted for review by the Rwanda National Ethics Committee in July 2009. Following minor revisions, approval was granted in December 2009.

- Hoke traveled to Rwanda in November 2009 to join co-investigators from FHI/Rwanda, the Ministry of Health, and Jhpiego in study preparation activities. Co-investigators met with collaborators and conducted a site assessment at Muhima Hospital, the facility where the first phase of PPIUD services will be introduced.
- FHI and Jhpiego supported the Ministry of Health in convening a technical update meeting to share current information on postpartum family planning with district health managers and other reproductive health stakeholders.

Past Six Months:

- The subagreement between FHI and Jhpiego was finalized and approved by USAID in May 2010.
- In April and May 2010, 38 antenatal care providers from three Kigali health centers were given an update in FP and trained to refer interested clients to Muhima Hospital for immediate postpartum IUCD insertion. Fifteen Muhima Hospital maternity providers participated in a technical training for immediate postpartum IUCD insertion.
- Jhpiego led development of a client brochure on family planning methods, including the option of postpartum IUCD insertion.
- FHI procured instruments and gynecological models to support IUCD insertion.
- The Facility assessment was conducted in 8 district hospitals and 24 health centers to evaluate readiness for PPIUD service introduction.

Year 3 Workplan:

- Facility assessment data will be entered and cleaned, and data analysis will be completed.
- District hospitals and health centers will be selected for Phase 2 intervention implementation, and support will be provided to prepare them to offer PPIUCD services.
- A workshop will be held to design the Phase 2 intervention based on the Phase 1 experience and the results of the facility assessments.
- Trainings will be offered in postpartum family planning and IUCD service delivery for district hospital and health center staff.
- Other components supporting high quality PPIUD services, including those in the Jhpiego resource package, will be adapted for use in Rwanda and implemented in study sites.
- PPIUD services will be initiated in the context of postpartum family planning promotion generally.
- Beginning with the second phase, FHI will work to identify all activities and document their related resources/inputs, in coordination with Jhpiego and the MOH. At the end of the intervention, an overall cost of the pilot will be determined, which will also facilitate projecting the cost of scaling-up PPIUCD services within Rwanda.
- Instruments for post-intervention data collection will be prepared and reviewed.
- Post-intervention data collection will be conducted in spring 2011.
- Post-intervention data entry will be completed.

Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services

Status: Ongoing Projected End Date: 12/31/2011

Country(s): Rwanda

Funding Source: Core: \$701,107
FS: \$ 50,000

FCO	Approved	Closure	Tech Monitor
890028	6/10/2009		L Dulli
892011	11/20/2009		J Wesson

Objective(s): 1) To determine the effectiveness of an intervention to increase contraceptive provision to postpartum women attending immunization services who desire to either space or limit their pregnancies, thus reducing unmet contraceptive need in this population; 2) To determine which cognitive factors mediate the effect of the intervention on contraceptive use among the study population.

Description: The Government of Rwanda has set a goal to increase postpartum family planning use by promoting family planning in the context of infant immunization services and linking postpartum women to FP services. To assist the Government of Rwanda in achieving this goal, this study proposes to test an intervention that will enhance postpartum FP service delivery by immunization service providers by providing specific messages to be delivered, guidance on how and when to deliver them, and a screening tool to facilitate referral. The intervention is designed to change FP-related behavior among postpartum women by increasing their awareness of the importance of FP use and identifying their personal risk for unplanned pregnancy. The study will be an experimental, two-group (intervention/control) pretest/posttest design in which a baseline survey of women attending immunization services and health care providers will be conducted, after which health care facilities will be randomly allocated to either intervention or control groups. Randomization will be stratified on clinic type (public sector versus government-assisted). After the baseline data collection and randomization, service providers from the intervention group will undergo a brief, 3-day training to cover topics pertinent to postpartum family planning and the use of a screening tool to assess pregnancy risk among postpartum women. Providers in the control facilities will receive no training, and services will continue to be delivered as they currently are. A post-intervention assessment of both clients and providers will be conducted at 12 months after the intervention begins. Preliminary work for this subproject was completed under the CRTU FCO 114141.

Subgrantee(s): Jhpiego/Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The budget for field support funds was confirmed in June 2009.
- The study protocol was drafted and sent to USAID for a preliminary review in July 2009.
- L. Dulli traveled to Rwanda in August 2009 to finalize plans for intervention development and study implementation.
- All study documents, including the protocol, data collection instruments and informed consent forms were finalized and approved in October 2009.
- Dulli traveled to Rwanda in November 2009 to meet with Jhpiego/Rwanda to discuss plans for the intervention component, and to participate in a workshop designed to raise key stakeholder's awareness of the topic of postpartum family planning.
- PHSC approval was received in November 2009. The protocol was submitted to the Rwanda National Ethics Committee in December 2009 and received a request for modifications prior to approval.

Past Six Months:

- The study protocol was revised and resubmitted to both the Rwanda National Ethics committee and to PHSC in January 2010.
- Data collector training took place in March 2010 and data collection for the baseline commenced in the end of March 2010.
- Data collection, data cleaning & data entry were complete by June 2010.
- Seventeen immunization and FP providers were trained in June 2010 on an update on postpartum FP and return to fertility. These providers came from the 7 intervention health centers and the 7 control sites. Preparations for the intervention were complete by June 2010, with intervention activities commencing immediately afterwards.

Year 3 Workplan:

- Quarterly supervision visits by the study team will be conducted in July and November 2010, and in February 2011.
- Intervention implementation will be documented via the FHI Intervention Tracking Tool.
- Resources used to implement the intervention will be documented in order to extrapolate costs for the pilot and project costs for scale-up.
- Analysis of baseline data will be complete by the end of August 2010, and preliminary findings reported in a presentation to the MOH by September 2010.
- Mid-course data collection will take place in early December 2010.
- Final data collection will take place in April 2011.
- All final data will be cleaned and entered by June 2011.

Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions

Status: Ongoing *Projected End Date: 9/30/2010*

Country(s): Zambia and Ghana

Funding Source: Core: \$226,810

FCO	Approved	Closure	Tech Monitor
890030	6/10/2009		G Vance
114128	6/12/2007	4/28/2010	G Vance

Objective(s): 1) To test whether supplying free pregnancy tests in low resource family planning clinics increases contraceptive uptake; and 2) To test whether a demand-generation intervention among new mothers attending immunization clinics increases the likelihood of their using contraception at 9-12 months postpartum.

Description: Two strategies aimed at increasing the uptake of family planning among postpartum women were tested in a 3-armed study. Health facilities in Ghana and Zambia were randomized to one of the three arms. Arms 1 and 2 constituted the intervention arms and arm 3 was the control arm of the study.

The first intervention tested was the provision of free pregnancy tests in family planning clinics. It was theorized that the provision of the tests would result in an increase in the proportion of new clients who received a method immediately, compared to clients randomly allocated to control clinics. A record review of logbook data at FP clinics was completed. The proportion of new and restarting clients who received a FP method were compared both before and after the introduction of free pregnancy tests in control and intervention clinics.

With the second intervention strategy, researchers assessed whether family planning messages for new mothers attending immunization clinics increases the likelihood that immunization clients 9-12 months postpartum would be using contraception. Survey data were collected before and after the introduction of these FP messages in control and intervention facilities. The primary outcome assessed was use of non-condom contraception 9-12 months postpartum. Field work in Zambia and analysis of the data will be completed under PROGRESS FCO 890030.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The approval to implement letter for FCOs 114128 and 112137 was sent to USAID in June 07.
- Site assessment trips were made to Kenya and Ghana on Nov 07. Ghana was selected as an appropriate site for the study.
- Site visits to Ghana and Zambia were made in March 08 to prepare for an enlarged scope of the study that included a research component at immunization clinics.
- The protocol, study instruments, and informed consent statements were approved by PHSC in July.
- Ghana: The research was approved by the Ghana Health Service Ethics Review Committee in Nov 08.
- The research assistants were recruited and trained as data collectors during the last week of Jan 09.
- Baseline data collection began in both FP and immunization clinics in Feb and was completed in May.
- In June, the study coordinator introduced all of the interventions in the study sites.
- An interim assessment was completed in July to determine if immunization providers were using the job-aid as requested. If not, appropriate action was taken.
- The post-test data collection was completed in FP clinics in October.
- The qualitative research, in-depth interviews with FP and immunization providers who had used the job aids, was completed in Nov 09.
- Zambia: Scientific and ethical approval was granted by the local IRB in March 09.
- Research assistants were recruited and trained as data collectors during April 09.
- Baseline data collection began in April in both immunization and FP clinics. It paused for approximately 1 month due to a nurses' strike.
- Funding for the completion of the study in Zambia was secured under the PROGRESS FCO 890030.
- In August, the study coordinator introduced all of the interventions in the study sites.
- An interim assessment was completed in September to determine if immunization providers were using the job-aid as requested. If not, appropriate action was taken.
- The post-test data collection was completed in FP clinics the last week of Nov 09.
- The qualitative research, in-depth interviews with FP and immunization providers who had used the job aids, was completed in Nov 09.
- The data analysis plan was drafted.

Past Six Months:

- In Jan 2010, Vance traveled to Ghana to launch post-test data collection in immunization clinics. It proceeded for approximately 12 weeks and ended on April 9, 2010.
- Final data entry for Ghana was completed and the datasets were verified by Vance in April 2010.
- In March 2010, Vance traveled to Zambia to launch post-test data collection in immunization clinics.
- Post-test data collection was completed in Zambia.
- In Zambia, stakeholders at local and national level were identified and provided a mid-study update.

- Also in Zambia a country-specific technical brief entitled, "Integration of Family Planning into Immunization Services in Zambia: Promoting Connections between Reproductive and Child Health Promotion Efforts" was completed and disseminated to stakeholders.
- FCO 114128 was closed on April 28, 2010. All remaining work will continue under PROGRESS. Funding for work in Zambia has been under PROGRESS FCO 890030 since July 2009. Data collection in Zambia will be completed under PROGRESS, as well data analysis and manuscript development for both countries.

Year 3 Workplan:

- Data entry will be completed in Zambia by the end of July 2010.
- The quantitative data will be analyzed (after a data analysis plan is completed and approved).
- The qualitative data will be analyzed.
- Final results are expected to be available at the end of August 2010.
- Dissemination meetings will be held in-country before the end of September 2010. If results are positive, FHI will support the development of a scale-up strategy. Otherwise, key lessons learned and recommendations for adaptations to the intervention will be gathered to develop a strategy regarding next steps.

Evaluating Capacity and Assessing Needs for Immunization Service Provision of Family Planning

Status: Ongoing *Projected End Date: 12/31/2011*

Country(s): India	Funding Source: FS: \$241,676
FCO Approved Closure	Tech Monitor
892008 10/19/2009	A Widge

Objective(s): 1) To understand the existing MCH/immunization services under the National Rural Health Mission; 2) to identify the profile of women attending such MCH/immunization services; and 3) to explore provider perspectives on the feasibility and acceptability of an integrated FP/MCH/immunization strategy.

Description: As the Government of India's Integrated Child Development Scheme (ICDS) expands, improved linkages of women with young children to the immunization programs are anticipated. These programs have the potential to serve as entry points for family planning services for women who may be interested in spacing or limiting their number of children, but have not accessed effective family planning methods. FHI will review these immunization programs as entry points for family planning. The formative research on integrating family planning into immunization programs will help in designing interventions such as demand generation for MCH/immunization, strengthening and monitoring infant and child health, as well as providing information and demand generation for family planning methods and referrals.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Meetings were held with potential stakeholders including CARE, MCHIP, Micronutrient Initiative (MI), Public Health Foundation of India, and UNICEF to inform protocol development and to identify a partner for collaboration. CARE/India was selected as the study partner for its network and infrastructure in Jharkhand.
- The concept paper was submitted to USAID in December 2009.

Past Six Months:

- The protocol was drafted and underwent initial reviews in April and May 2010. Final USAID/India and USAID/Washington approvals were sought in June 2010.
- Stakeholder meetings were held to inform partners on protocol and study development.
- Informed consent forms and data collection instruments were drafted in May 2010.
- FHI PHSC and local IRB submission documents were drafted in June 2010.

Year 3 Workplan:

- FHI PHSC and local IRB approvals will be secured in September 2010.
- Subagreements with CARE/India and a research agency (TBD) will be developed and finalized in November 2010. The research agency will be identified through a competitive bid process.
- Study instruments will be finalized in October, and translated and field-tested in November 2010.
- Data collectors will be trained in November and data collection will take place in January 2011.
- Data entry and cleaning will be completed in March 2011.
- Analysis and report writing will take place in March and June 2011.
- A stakeholder dissemination meeting will be held in June 2011.
- The final report and recommendations will be finalized by the end of September 2011.

Assessing the Feasibility of Delivering Contraception through Mass Health Campaigns

Status: Cancelled

Projected End Date: 5/5/2010

Country(s): Tanzania

Funding Source: Core: \$31,115

FCO 890031 **Approved** 6/11/2009 **Closure** 5/5/2010

Tech Monitor
G Vance

Objective(s): First Phase: 1) To conduct a formal literature review to document the history, magnitude, scope, and success of past mass health campaigns; 2) to interview health policy makers and managers of ongoing mass campaigns about their ability and willingness to provide contraceptive services during these campaigns.

Second Phase: To test a flexible approach to family planning/immunization integration that is based on the Reaching Every District (RED) approach used in the Expanded Program on Immunization (EPI), whereby the implementation and monitoring plan is made in accordance with local conditions and resources by local staff.

Note: Based on findings from the first phase, a new approach to working with the immunization community was developed that does not include the use of mass health campaigns. Instead, linkages between FP and immunization, via the RED approach, will continue to be pursued through routine health services, which will include outreach immunization services. This new approach was proposed during the winter/spring of PROGRESS Year 2; however, it was not funded and the activity was cancelled.

Description: Originally, it was envisioned that FP service delivery might be incorporated into mass health campaigns that reach the poor. Feedback from the Tanzania Mission and colleagues in the immunization arena (who are predominantly responsible for mass campaigns) questioned the wisdom of such an approach.

However, through this process we learned how the FP community could do a better job of reaching the underserved through outreach services. In outreach, health staff bring supplies and care to

more remote outposts in an effort to reach clients that would not or could not come to the health facility. At the same time, experience from research underway in Ghana and Zambia under CRTU and PROGRESS on FP/Immunization integration is demonstrating the need for a flexible approach to integration. Very conveniently the immunization community has been quite successful in reaching their targets through the RED approach. The key to RED is its flexibility; each district tailors their implementation and monitoring plan according to their conditions and resources. The activity was re-configured to link FP and immunization through the RED approach, which will be extended to include outreach services. However, the project was not funded.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Phase one of the activity was completed.
- A literature review and discussion with leaders in the immunization field informed the decision to not move forward with the study as initially conceived.
- A new activity plan was outlined.
- A meeting was held on December 11, 2009 to discuss possible ways for the FP/immunization agenda to move forward. Potential partners in the immunization arena were identified.

Past Six Months:

- The activity concept was redefined and submitted to USAID for re-approval.
- The activity was not accepted.
- The FCO was closed in May 2010.

MCH & FP Integration: Immunization & Other Postpartum Opportunities

Status: Ongoing *Projected End Date: 6/30/2011*

Country(s): Worldwide

Funding Source: Core: \$51,112

FCO
890081

Approved
2/3/2010

Closure

Tech Monitor
K Rademacher

Objective(s): 1) To identify and promote effective models of integrating family planning referrals and services into maternal and child health (MCH) programs (with a focus on child immunization and postpartum (PP) services); 2) to establish strategic relationships with key partners outside of the FP field, including immunization stakeholders and cooperating agencies focused on antenatal and postpartum service delivery; and 3) to provide concrete guidance to USAID missions, MOHs, service delivery programs, and others on how to integrate FP and MCH services.

Description: Integrating FP into MCH services represents a promising approach to meeting the contraceptive needs of postpartum women, a population with high unmet need for contraception. In particular, providing FP information, referrals and/or services to mothers during child immunization visits can be a way to efficiently reach women who may be highly receptive but have limited access to FP programs. FHI will provide global technical leadership in promoting evidence-based approaches to integration of MCH and FP services, as well as work at a country-level to provide technical assistance to MOHs and service-delivery organizations. Strong collaborations will be developed with other USAID-funded projects including MCHIP, ACCESS-FP, and MSH/STRIDES.

Collaborating Agency(s): Maternal and Child Health Integrated Program (MCHIP), Jhpiego; John Snow, Inc.; Management Sciences for Health (MSH); Save the Children; UNICEF; World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- With the support of FCO 890003 and at the request of USAID, PROGRESS collaborated with MCHIP to convene a meeting in December 2009 that brought together USAID-funded organizations who are interested in issues related to both FP and immunization. Following this meeting, USAID encouraged PROGRESS to continue facilitating discussions among a working group of 5-10 international NGOs funded by USAID on this topic.

Past Six Months:

- FHI staff met with members of the HTSP Core group to review a new ESD provider job aid called the "Fertility Intention Algorithm," and with the LAM working group to present FHI research underway.
- A brief entitled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP. Approximately 120 copies were disseminated at the ACCESS-FP PFPF Technical Consultation and the Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Integration Meeting, both of which FHI staff attended. The brief was posted on the PROGRESS and MCHIP websites.
- Information about country-level experiences with family planning and immunization were compiled and synthesized. Information will be posted on the PROGRESS website and potentially other key websites.
- DHS data from four countries were analyzed to explore the factors associated with initiation of FP in the PP period. Results indicated that during the 6-11 month PP period, the presence of menses seemed to trigger use of FP. Use of a method was about 20 percentage points higher in all four countries among women who had resumed menses than among women who had not yet menstruated following delivery. This suggests that clients decided to initiate FP use based on menses, not on the current LAM criteria. Since ACCESS-FP completed very similar analyses using DHS data from 27 countries and came to similar conclusions, we are not yet sure that a paper on this topic should be prepared.
- An article synthesizing current scientific thinking regarding FP and immunization integration was drafted.
- Because MCHIP convened the MIYCN and FP Integration Meeting on May 14, which addressed integration with child immunization services, it was unclear whether a similar working group on FP and immunization integration should be established. PROGRESS discussed this with MCHIP; next steps have not been decided.

Year 3 Workplan: (in collaboration with 890003, due to small year 3 budget)

- Continue to identify programmatic experiences with integrating FP and immunization services at the country level.
- Disseminate knowledge about FP and immunization integration as budget allows, including a possible journal article and updated technical brief
- Help ensure that lessons learned from the PROGRESS research in Zambia and Rwanda are synthesized for global dissemination, at least electronically, including guidelines for provider job aids.
- Participate in strategic discussions with key partners including MCHIP regarding the way forward with advancing FP and MCH integration globally.

Findings and Outcomes:

- A technical brief entitled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP (M2010-34).

- About 12 programmatic examples of FP and immunization integration were identified.
- DHS data from four countries were analyzed to explore the factors associated with initiation of FP in the PP period. Results from analysis of the 2-5 month PP period were mixed; however during the 6-11 month PP period the presence of menses seemed to trigger use of FP. Use of a method was about 20 percentage points higher in all four countries among women who had resumed menses than among women who had not yet menstruated following delivery. This indicates there is little understanding of LAM.

Microfinance Programs as a Means for Delivering Family Planning Information and Service in India

Status: Ongoing *Projected End Date: 6/30/2012*

Country(s): India

Funding Source: Core: \$603,199

FCO
890034

Approved
6/17/2009

Closure

Tech Monitor
R Homan

Objective(s): 1) To test the feasibility of training microfinance advisors to deliver FP information and services as a regular part of their interaction with clients; 2) to measure current unmet need and contraceptive use among microfinance and microcredit clients; 3) to measure contraceptive uptake among clients whose microfinance advisors receive training in delivering FP information and services; and 4) to estimate the costs of the intervention and the potential for scale-up.

Description: In India, there is relatively low use of spacing methods so reaching low parity women to promote the healthy timing and spacing of pregnancies outside of the health sector, via microfinance programs, can serve as an important complement to the existing MCH programs. In partnership with an existing microfinance organization, FHI will provide technical assistance in the content and delivery of training to microfinance advisors on FP awareness and referrals to local sources, including community-based family planning programs. Due to restrictions on who can provide FP methods, we do not expect the existing microfinance advisors to directly distribute FP methods. We will collect a baseline measure of unmet need, FP use, and access to FP services among microfinance clients prior to the delivery of FP messages by the microfinance advisors. The microfinance advisors will offer FP messages and referrals to clients on a regular basis and will arrange for quarterly visits by local community-based providers of FP methods. This will continue for at least 12 months after which time, the assessment of unmet need and FP use will be repeated. While this non-experimental design is less robust than a quasi-experimental non-equivalent control group design, since our outcome measure of interest is behavioral, the threats to validity from testing, maturation and instrumentation are minimized. The relatively short time horizon minimizes history threats to validity.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In November 2009, the FHI/India office began negotiations with potential collaborating partners. These included the Micro Credit Summit Campaign (MCSC), CARE-India, and AED. These potential partnerships eventually failed due to inability to coordinate on-going workplans and timelines.
- A concept paper was developed and submitted to USAID/W for approval in November 2009.

Past Six Months:

- Homan traveled to India to in February 2010 to develop a partnership with a local development organization. During this visit it was decided to work with Network of Entrepreneurship & Economic Development (NEED) which already has a cadre of Village Health Guides (VHGs), which can be mobilized to deliver FP messages and facilitate referrals to services.
- A draft protocol was developed in March 2009 and sent to USAID/W for initial review.
- The intervention was also developed in collaboration with NEED and with an eye towards scale-up and sustainability.
- A revised protocol, with intervention details, was approved by FHI internal review and sent to USAID/W for review in June 2010.
- A local implementing partner for the training of VHGs and adaptation of the FP training curricula was identified (IRH-India). The curricula that will be adapted was developed by Freedom for Hunger and has been used in other non-health settings.

Year 3 Workplan:

- Data collection forms and informed consent forms will be finalized in July 2010.
- The protocol will be finalized and sent to PHSC for approval in August 2010.
- Subagreements with NEED and IRH will be drafted and approved in August 2010.
- The protocol will be sent to the local Indian IRB for review and approval in September 2010.
- Microfinance agents will be trained in the provision of FP information in November 2010.
- Baseline data on unmet need and contraceptive use from microfinance clients will be collected in December 2010.
- Linkages between microfinance program and local community-based providers of FP services will be developed in December 2010.
- FP information messages and coordinated visits from community-based providers of FP services will be rolled out in January, continuing through August 2011.

Family Planning Incorporated into Microfinance Programs in Kenya

Status: Ongoing Projected End Date: 6/30/2012

Country(s): Kenya

Funding Source: Core: \$518,528

FCO
890032

Approved
6/11/2009

Closure

Tech Monitor
G Etheredge

Objective(s): The primary objective of this study is to assess if incorporating family planning messages into microfinance organizations increases modern contraceptive use among its female clients. Secondary objectives include: 1) Develop appropriate messages about family planning (FP) and the links between family planning and microfinance that can be delivered by microfinance officers (MFO); 2) Measure knowledge and attitudes about family planning, and fertility preferences among female microfinance clients in intervention and comparison groups pre- and post-intervention; 3) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among male clients in the intervention and comparison groups pre-and post-intervention; 4) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among microfinance officers whose microfinance groups receive family planning information compared to those MFOs whose microfinance groups do not receive family planning information pre- and post-intervention; 5) Measure the costs of the intervention and estimate scale-up costs; and 6) Determine whether this study reaches women, both in the intervention and comparison groups, in the lowest wealth quintiles in Kenya.

Description: In Kenya, over one-third of pregnancies are mistimed or unwanted. Meanwhile, the microfinance industry is burgeoning among women in Kenya. The economic and social bonds promoted during these meetings provide an opportune venue to promote another social and economic issue, family planning. In partnership with K-Rep, the largest microfinance organization in Kenya, FHI will provide training to K-Rep's microfinance officers to deliver family planning messages and referrals to local MoH clinics providing family planning services. The study design will be a cluster randomized pre-post test intervention in Coast and Rift Valley provinces. Of the 15 microfinance officers in these 2 provinces, 8 will deliver the intervention (20 minute sessions every other week, integrated into the existing meetings) and 7 will not (these controls will not be trained in the intervention). We will collect a baseline measure from the microfinance clients on FP use, knowledge and attitudes, and access to FP services. Similar information will be collected from the microfinance officers. Data collection will be conducted via cell phone. The intervention will last 9 months. At 3 months process measures will be assessed. At the end of the 9 months, the indicators will be collected again in order to measure change post-intervention. All those who responded at the beginning of the intervention will be contacted; loss to follow-up is projected to be minimal due to the close relationship between microfinance officers and their clients. Should the intervention prove successful and clients with family planning messages show an uptake in modern contraception, K-Rep may incorporate the delivery of the messages into their corporate plan.

Collaborating Agency(s): K-Rep Bank

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Initial contacts were made with K-Rep to explore collaboration.
- The Technical Monitor, G. Etheredge, traveled to Kenya in December to discuss the concept paper and protocol with FHI/Kenya and K-Rep Bank.
- A concept paper was developed and submitted to USAID/W for review and comments in December 2009.

Past Six Months:

- The protocol was developed and prepared for final submission to USAID/W.
- The MOU was developed, agreed upon and signed in June 2010.
- Data collection forms and informed consent forms were developed
- The timeline was developed.
- A presentation was given at K-Rep by C. Mackenzie and Maggwa.

Year 3 Workplan:

- The protocol will be approved by USAID/W (July 22, 2010) and will be submitted to FHI's PHSC and local IRBs for review in August.
- The data analysis plan will be developed in August.
- The family planning training curricula will be adapted by a consultant for the Kenyan context in August/September.
- Microfinance officers will be contacted, consented and randomized in September.
- Microfinance officers will be trained in the provision of FP information and their information delivery will be pretested in October.
- Research assistants will be trained in data collection and the data collection forms will be pretested in October.
- The collection of baseline data from the microfinance clients and the microfinance officers on contraceptive use, knowledge and attitudes and access to services will begin in November.
- The intervention will be rolled out and will continue for 9 months, from November 2010 through July 2011.
- Process data will be continually collected but will be initially assessed at 3 months to assure the intervention is proceeding as designed.

Integrating Family Planning Services in Existing Farmer Associations

Status: Canceled Projected End Date: 3/31/2010

Country(s): Rwanda

Funding Source: Core: \$29,914

FCO	Approved	Closure	Tech Monitor
890020	2/11/2009	3/31/2010	J Wesson

Objective(s): 1) To compare the change in use of modern contraceptive methods between members of farmer associations where FP is integrated into their meetings, as compared to farmer associations that have not participated in this intervention; 2) to assess the feasibility of providing mobile FP services (oral contraceptive pills, injectables, implants, cycle beads and condoms) during the agricultural development activities; 3) to evaluate association member, community health worker (CHW), and local health care provider satisfaction with the integration; and 4) to document the costs and resources involved with intervention. NOTE: This activity was initially planned to target dairy farmer associations in particular. However, it no longer refers specifically to dairy farmers.

Description: FHI identified the agricultural sector as a potential non-traditional avenue to bring FP services and reproductive health messages to underserved populations. FHI proposed to collaborate with agricultural development projects and the Ministry of Health in Rwanda to promote family planning messages, services, and referrals among the rural underserved. Specifically, FHI intended to evaluate a model of linking farmer associations with the existing CHW program to make FP services available to association members and their families. CHWs can fulfill many functions, including presenting FP and general health information and messages and providing FP methods. FHI also intended to explore the possibility of bringing services such as injectables and oral contraceptives to the farmer associations directly. CHWs can also provide referrals for clinical FP methods, such as implants and IUDs. As male involvement in FP has been recognized by the WHO as an important aspect of reproductive health programming, FHI anticipates providing information and messages to both men and women in the associations.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early planning for this subproject was funded under FCO 890002.
- PROGRESS established a partnership with the International Livestock Research Institute (ILRI) in Nairobi, and in December 2008, the purpose and scope of research was discussed and refined with ILRI.
- ILRI held consultations with Heifer International, which is implementing a dairy project in three countries.
- Heifer International, through the East Africa Dairy Development project (EADD) agreed to work with PROGRESS in Rwanda, and were interested in scaling-up in other countries where they have active programs.
- The study was presented to the community health desk and the maternal and child health team at the Rwanda MOH where approval and buy-in for the project were obtained.
- Unfortunately, after several meetings with local offices of Heifer International and the EADD, the team was unable to identify EADD activities into which FP integration would be acceptable. EADD was concerned that their project might become more associated with FP than agriculture and that their beneficiaries would be overwhelmed. The decision was made by PROGRESS staff to seek an alternative partner organization in the agricultural development sector.

- Despite renewed discussions with regional EADD personnel, the local EADD team declined to work with FHI on this project, citing a lack of time.
- The Land o' Lakes (LoL) agricultural project in Rwanda was approached with the concept (separately from the regional LoL collaboration under FCO 890059). Although they were open to collaboration, their target group is people living with HIV/AIDS who take part in associations that are managed from health centers. Thus, by definition this group is already part of the health care system and not the ideal population to target for increasing access to health care services.

Past Six Months:

- Due to the lack of a partner in the agricultural development sector, this project was canceled and the funds re-programmed.

Feasibility of Providing Family Planning Services through Dairy Cooperatives

Status: Ongoing *Projected End Date: 9/30/2011* *Study No.: 10277*

Country(s): Kenya, and (Zambia or Malawi)

Funding Source: Core: \$529,468

FCO
890059

Approved
9/29/2009

Closure

Tech Monitor
J Bratt

Objective(s): 1) To develop evidence that will be used to support decisions to introduce a package of FP/RH information and services through dairy cooperatives; 2) to work with the Land o' Lakes International Development Division (LoL/IDD) and local stakeholders to increase demand for family planning among co-op members; and 3) to help LoL/IDD and other cooperatives and insurance schemes to scale up or add family planning to their services.

Description: Recent discussions with the US-based Land O' Lakes Corporation have identified a potential linkage with dairy cooperatives supported by LoL/IDD, a non-profit development subsidiary. This subproject will work with LoL/IDD in Kenya and potentially in Zambia and Malawi 1) to identify, in locations nearby to selected dairy cooperatives, potential providers of a package of primary health services including FP, and 2) to assess interest of cooperative members, their dependents and other community members in utilizing a package and their willingness to pay for it either through deductions from milk sales or out-of-pocket. For point 1, we will conduct an environmental scan of current service availability including private and public sector providers in the vicinity of co-op installations. In each location we hope to identify at least three clinicians who already provide a range of FP methods (or would be trained to do so). For point 2, we will conduct a survey of attendees of co-op sponsored "field days" to determine potential demand for a package of primary care services including FP. Respondents will be asked about unmet need for FP, interest in receiving other services, preferred location and willingness to pay for services. Information on predicted utilization, provider reimbursement and market prices of milk will be used to calculate price of the service package as well as the amount of milk withholding needed from cooperative members. The Kenya project will serve as a basis for discussions in early 2010 with LoL/IDD staff in Malawi and Zambia regarding the possibility of similar studies being fielded in those countries.

Collaborating Agency(s): Land O'Lakes International Development Division

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The revised concept proposal was approved by USAID/Washington in December 2009.
- J. Bratt traveled to Kenya in December to meet with LoL/IDD and FHI/Nairobi staff to discuss the proposed study and to begin writing an implementation plan.
- The FHI – LoL team decided to begin implementation in Kenya, and then adapt the study and initiate in Malawi and Zambia later in 2010.

Past Six Months:

- FHI/NC and FHI/Nairobi staff drafted the study protocol and data collection forms, and circulated these for feedback and approval.
- Discussions were held with various stakeholders on the contents of the service package to be provided through LoL field days.
- Bratt visited Malawi and Zambia in April 2010 to discuss carrying out the study in LoL-supported cooperatives in those countries.
- USAID/Washington approved the study protocol on June 4, 2010.
- The study package was submitted for local IRB approval (KEMRI) in late June 2010.

Year 3 Workplan:

- R. Masaba will work with LoL/Kenya to determine a schedule for data collection, which will depend on the timing and location of the field days
- Masaba and M. Eichleay will design and implement a training course for data collectors in Oct 2010.
- Stakeholder meetings will be held with participating cooperatives.
- Data will be collected at up to five field days and entered during Nov-Dec 2010.
- Data will be analyzed and a manuscript for publication will be prepared during Jan 2011.
- Dissemination meetings and study closeout will take place by the end of Jan 2011.

Integration of Family Planning Messages and Referrals into the Green Belt Movement Program

Status: Ongoing *Projected End Date: 6/30/2012*

Country(s): Kenya

Funding Source: Core: \$813,722

FCO
890060

Approved
9/30/2009

Closure

Tech Monitor
T Hoke

Objective(s): 1) To leverage tree planting groups of the Green Belt Movement (GBM) in Kenya to educate women about the link between family planning (FP) and environmental sustainability and to provide FP education and referrals; 2) to evaluate the impact of the intervention on the FP-related knowledge, attitudes, and practices of women in the select GBM groups in Kenya and to document the costs of implementing the intervention; and 3) to create a scale up plan for GBM to incorporate the FP activities into all of their constituency areas.

Description: FHI will partner with the Green Belt Movement in Kenya to incorporate family planning education and referrals into their wildly successful tree planting environmental movement. FHI will also work with GBM-Kenya to evaluate the effectiveness of this intervention in changing family planning knowledge, attitudes, and practice of GBM members. This is a distinct Population, Health and Environment (PHE) activity, which refers to a diverse array of community-based

development programs which seek to simultaneously improve reproductive health, other health outcomes, and the environment.

Our partner in this work, GBM – Kenya, founded by Nobel Laureate Dr. Wangari Maathai, has been working with women's groups for more than three decades to sustain and restore the environment. The mission is to "mobilize community consciousness for self determination, justice, equity, reduction of poverty and environmental conservation" using tree planting as an entry point. The environmental gains achieved by GBM's tree planting efforts can be greatly bolstered by educating women about FP and the benefits of smaller families, and providing referrals to FP services.

Subgrantee(s): Green Belt Movement

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was assigned in September 2009.
- A concept paper was submitted in September 2009.
- A memorandum of understanding with the Green Belt Movement was signed in December 2009.

Past Six Months:

- E. Sutherland and M. Wigley traveled to Kenya in February to meet with in-country colleagues (FHI and GBM) to plan for the study.
- In February, C. Mackenzie traveled from Nairobi to the Philippines to participate in a PHE workshop and study tour in a South-to-South exchange partially sponsored by the BALANCED project.
- The TM was changed to T. Hatzell Hoke.
- A subagreement was finalized with GBM in May 2010.
- An intervention implementation plan, designed with scale-up and sustainability in mind, was developed and submitted for USAID review and approval in May 2010.
- A research protocol was developed and submitted for USAID review and in-country IRB approval in May 2010.
- Plans were made in June 2010 to use FHI's Intervention Tracking Tool to document actual program implementation once under way, which will inform the evaluation and scale-up plans.
- In June 2010, FHI consulted with GBM on developing a costing tool to capture the costs of the intervention as per protocol objectives. Discussions with GBM management to ensure the activity reflects their priorities are ongoing.
- Also in June, J. Castro (BALANCED Project PHE Technical Lead) worked with FHI and GBM to develop IEC materials.

Year 3 Workplan:

- An intervention workshop will be held in July.
- The costing and intervention tracking data collection tools will be created in July.
- Intervention materials will be created by October 2010.
- Baseline data collection will take place in November.
- The data analysis plan will be completed by December 2010.
- Intervention implementation will begin in January 2011.
- Ongoing intervention and costing data will be collected through June 2011.
- The baseline data will be analyzed December 2010-February 2011.
- Follow up data collection will take place in June 2011.

Capacity Building for Population, Health, and Environment M&E and Advocacy in Uganda

Status: Ongoing Projected End Date: 6/30/2012

Country(s): Uganda

Funding Source: Core: \$286,877

FCO 890037	Approved 6/30/2009	Closure	Tech Monitor T Petruney
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Objective(s): 1) To increase Conservation Through Public Health's (CTPH) capacity to monitor and evaluate their population, health and environment program in Uganda (including utilizing mobile phone technology for M&E data collection), and 2) to increase CTPH's capacity to advocate for the population, health and environment model at all levels.

Note: As originally proposed, the objective of this activity was to evaluate the impact of an integrated PHE intervention on the accessibility of family planning services in Kisoro District, Uganda. However, due to the limited scope of CTPH programs, PROGRESS re-focused this activity on providing capacity building and technical assistance to CTPH to monitor, report, and promote the impact of an integrated PHE program. Therefore, as of April 2010 the activity is characterized as a research utilization activity rather than a research study. CTPH was closely involved in discussions to determine the new objectives and agreed to this change in direction.

Description: Population, Health, and Environment (PHE) interventions, for the purposes of this subproject, are those which integrate family planning and environmental activities under a single programmatic umbrella. Our partner in this work, Conservation Through Public Health (CTPH) works on issues related to gorilla conservation, animal to human disease transmission, health and sanitation, and family planning in Uganda. FHI will utilize an institutional capacity-building approach to strengthen CTPH's ability to advocate nationally and regionally for a PHE framework with similar environmental entities. FHI will also work with CTPH to improve their ability to generate data about the PHE efforts, with a focus on our shared pursuit of community-based provision of injectables. The anticipated improvement to monitoring and evaluation will allow CTPH to report more accurately to donors and partners and is envisioned as a necessary step in fostering future operations research opportunities for the ongoing partnership between FHI and CTPH.

Subgrantee(s): Conservation Through Public Health

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was assigned in July 2009.
- A concept paper was submitted for approval in September 2009.
- Ongoing discussions were held to refine and evolve the subproject scope and objectives.

Past Six Months:

- In April 2010, the scope, objectives, and technical monitor were revised to reflect the evolution of the subproject from a research study to a research utilization and capacity building effort.
- In May 2010, PROGRESS management and FHI Uganda staff met with CTPH leadership in Uganda to jointly discuss the activities to be implemented in Year 3.
- Communications between FHI HQ staff, FHI Uganda staff, and CTPH staff followed in June 2010 and a draft workplan and budget were developed.
- The technical monitor was changed again in June to T. Petruney.
- In June 2010, FHI and CTPH staff participated in a workshop hosted by the Wildlife Conservation Society and the BALANCED Project.

Year 3 Workplan:

- In July 2010, a joint FHI-CTPH workplan and budget will be finalized. Based on these, a scope of work for CTPH will be determined and a subagreement developed (to be finalized by September 30, 2010).
- The following activities will be conducted by FHI and CTPH between July 2010 and July 2011 (some activities will continue to follow through into the next fiscal year):
- Objective 1 (led by HSR staff): a) collect components of and consultatively review CTPH's existing M&E system, b) analyze the reporting needs to link the M&E to district level PHE systems, c) develop new data collection tools, d) design a database, e) train CTPH staff and test the database, f) train CTPH volunteers to use mobile phone technology for M&E, g) conduct refresher training approximately 6 months after initial training, and h) collaborate on the preparation of the first report using new database information.
- Objective 2 (led by RU staff): a) develop a policy/advocacy brief for CTPH, b) develop and support a dissemination plan for the brief, and c) support and help CTPH host a workshop to orient the Uganda PHE Working Group and key stakeholders on PHE advocacy tools and strategies.

Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Tanzania

Funding Source: Core: \$453,741

FCO
890029

Approved
6/10/2009

Closure

Tech Monitor
D Chin-Quee

Objective(s): To determine if women can self-screen for contraindications to hormonal contraceptive methods and to document the prevalence of these contraindications.

Description: Tanzania has a high unmet need for family planning. Most of the demand is for spacing, which can be filled by effective short-term methods such as pills and injectables, but these are difficult to obtain in rural areas. Private sector establishments such as drug shops are more numerous and accessible in rural areas, and often serve as the first stop for health care services for many rural residents. In order to advocate for increasing access to these hormonal methods in non-clinical settings, women of reproductive age will be intercepted at drug shops to determine if they can accurately self-screen for medical contraindications to hormonal methods as defined by Categories 3 and 4 of WHO's medical eligibility criteria. Women's assessments will be compared to those of an on-site nurse who will measure blood pressure and record health histories to determine the proportion of women with contraindications to hormonal methods.

Subgrantee(s): National Institute for Medical Research - Muhimbili Medical Research Centre (NIMR-MMRC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The FCO was assigned and concept paper approved in June 2009.

- Initial study protocol and research utilization plans were drafted and reviewed in July and August 2009.
- The subgrantee, NIMR-MMRC was identified in September 2009.
- Several drafts of the protocol and data collection instruments were submitted for internal FHI and initial USAID/W reviews from October to December 2009.

Past Six Months:

- The protocol was approved in-house in February and by USAID/W and the PHSC in March 2010.
- The TM travelled to Tanzania in April 2010 to meet with the implementing agency, plan study logistics, and initiate subagreement development.
- The study protocol was submitted to the local IRB for review by the implementing agency in May 2010.
- The subagreement was completed and submitted for approval in-house and to USAID/W in June 2010.

Year 3 Workplan:

- The TM will travel to Tanzania in July 2010 to oversee training and pilot testing with data collectors in Morogoro and Ruvuma regions.
- Data collection will commence in August and be completed in September 2010.
- Data cleaning and analysis will be initiated in September and be completed in December 2010.
- If preliminary findings are positive, FHI Research Utilization staff will prepare the way for advocacy on removing barriers from provision of hormonal methods in ADDOs and will promote self-screening.
- Study findings will be presented by the TM to the Ministry of Health and other stakeholders in a dissemination workshop in Spring 2011.
- A manuscript will be prepared for publication in a peer-reviewed journal.

Mobile Phone Interventions for Reproductive Health (m4RH)

Status: Ongoing *Projected End Date: 6/30/2010*

Country(s): Kenya and Tanzania

Funding Source: Core: \$637,682

FCO **Approved** **Closure**
890019 2/4/2009

Tech Monitor
K L' Engle

Objective(s): To study the feasibility of using text messaging as a simple, low-cost method to reach contraceptive users with messages that can improve correct use and continuation of their chosen methods. If pilot projects prove the idea is feasible, a secondary objective will be to collaborate with local family planning programs and mobile phone service providers to scale up the technology. PROGRESS will also explore other innovative uses of mobile phone technologies, such as hotlines and use of mobile phones as data collection tools.

Description: Phase 1 of the Mobile for Reproductive Health (m4RH) program will include collection of preliminary information to inform Phase 2 pilot studies on the feasibility and effectiveness of using text messaging to improve FP. In Phase 1, formative research was conducted to gain detailed insight into the usability of text messaging for FP. The formative research was conducted with new, current, and potential contraceptive users who represent the main target audience for FP interventions. Formative research included women and men because men's support leads to greater contraceptive use, and

current texting programs demonstrate that men represent a substantial audience for texting. The formative research phase assessed mobile and SMS use, willingness to receive contraceptive messages via mobile phones, and issues related to the research process. In addition, contraceptive messages abbreviated to fit within character limits were tested for literacy and comprehension.

The Phase 2 pilot studies will consist of a launch period. The first six months will focus on provision of the service as it is intended to be used to obtain valid estimates of feasibility and reach. The initial launch period will provide content only, followed by the phase-in of basic questions about the user's age, gender, and where they learned about the service. Feasibility will be assessed by monitoring how many people use the service, the type of RH content accessed, and the age and gender of those reached by the service. The final three months of the pilot will include more extensive data collection and electronic consent to the system to obtain initial indications of how the m4RH program can be evaluated in the future. This assessment will include brief electronic data collection on contraceptive knowledge, attitudes, and behaviors at two separate time points for each user. A subset of users will be asked to complete an in-depth interview to obtain additional feedback about the service.

Subgrantee(s): Text to Change (TTC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Prior to this FCO 890019 being opened, FCO 890002 Technical Leadership for Research supported this activity.
- A working group on using mobile technologies for health was formed in September 2008.
- Secondary data on mobile phone penetration in resource-poor settings was gathered September–November 2008.
- Discussions were held with potential partners (e.g., Vodafone, Cisco) in November 2008.
- A mock-up of text messages supporting contraception uptake and continuation was drafted in December 2008.
- PROGRESS identified local partners in Tanzania and Kenya for potential collaborative opportunities.
- The team traveled to Tanzania and Kenya to follow up with partners to develop a protocol for feasibility studies. Formative research on feasibility and usability of the m4RH text messaging service was conducted in two countries (Kenya and Tanzania) in June 2009. Summary reports of the formative research were written and shared with collaborating partners in October 2009.
- A community of practice was established with partners in Tanzania. The first meeting took place in June 2009, and a second in November 2009.
- The team investigated various technical partners. Extensive meetings and discussions were held with Voxiva, based in the U.S., Safaricom in Kenya, and Text to Change, which serves Eastern Africa. Text to Change was selected as the technical partner.
- The m4RH contraceptive message content and navigation scheme were finalized and pilot tested in Kenya and Uganda in November 2009.
- The protocol was submitted and approved by USAID, PHSC, and local IRBs in late 2009/early 2010.
- Usability testing of the live m4RH system was conducted in November in Nairobi, Kenya, and Kampala, Uganda (as part of the Technology Café at the International Conference on Family Planning).
- Follow-up meetings with clinic partners were held in Nairobi and Dar es Salaam in November 2009 to discuss logistics of promoting m4RH in clinic settings.
- Visual icon and promotional materials were developed and submitted to partners for comment in December 2009.

Past Six Months:

- Presented formative research findings at Sex::Tech, February 2010.

- Conducted training with Family Health Options of Kenya (FHOK) and Marie Stopes Kenya (MSK) clinics in Nairobi April 7-16, 2010.
- m4RH service was launched in Nairobi in April 2010.
- Presented m4RH as part of the Strengthening Health Outcomes through the Private Sector (SHOPS) on-line conference, May 5, 2010.
- The team has been actively pursuing potential partnerships with existing programs both within and outside PROGRESS for Year 3.
- m4RH service in Tanzania will be expanded to provide nation-wide access to m4RH across all mobile service providers. m4RH launch in Tanzania is anticipated for the first week in August 2010.
- m4RH website was launched in May 2010 (see FCO 890003) (http://www.fhi.org/en/Research/Projects/Progress/GTL/mobile_tech.htm)
- m4RH was feature story in first "Works in PROGRESS" quarterly update, May 2010 (see FCO 890003).

Year 3 Workplan:

- The m4RH system will be launched in Tanzania in August 2010.
- Demographic data collection and research phases of m4RH will be implemented in Kenya and Tanzania.
- Staff will monitor data for m4RH programs in Kenya and Tanzania.
- Site visits with partners in Kenya and Tanzania will be conducted in fall 2010, followed by dissemination and future partnering inquiry visits in early 2011.
- The m4RH pilot studies in Kenya and Tanzania will be completed.
- Staff will work on data analysis, manuscript generation, and potential opportunities for scale-up.

Findings and Outcomes:

- MoH officials and partners are supportive of the m4RH strategy in Tanzania and Kenya.
- Preliminary findings from formative research indicate that women are interested and excited by the Mobile4RH concept. (<http://www.fhi.org/NR/rdonlyres/e426xemcs6kxllp2t37p3k2h7sgpol5rjzft4gzqdwztaxjp7afnh6pck6hedysyzzinimbfe3o/FormativeResultsM4RH1.pdf>)
- Findings from usability testing indicate that the proposed concept is technically feasible and navigable for potential users.

Introducing an Evidence-Based Mobile Phone Job Aid for Community-Based Family Planning

Status: On Hold pending Funding

Projected End Date: 6/30/2011

Country(s): Tanzania

Funding Source: Core (\$245,000)

FCO	Approved	Closure
890087	3/4/2010	
890072	12/10/2009	

Tech Monitor
C Lasway
C Lasway

Objective(s): To foster the application of evidence-based practices using mobile phone-based applications during family planning service provision by community-based health workers.

Description: While the unmet need for family planning in Tanzania continues to be high (22%), the growth in use of modern methods has dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004/05). The use of community-based distributors (CBDs) helped increase utilization of family planning (FP) services in Tanzania historically. CBDs, by virtue of their consistent community contact, are in an excellent position to promote FP and to collect information that is needed at the national level. However, CBDs often receive little training and have high turnover. As such, their adherence to evidence-based practices is limited. Mobile phone technologies have tremendous potential for improving the quality of FP service provision in resource-poor settings such as Tanzania. They can act as a platform to disseminate and promote the use of evidence-based practices that facilitate task-shifting. In addition, information about each client can be recorded at the point of care and then sent to a central database, providing for more accurate and timely collection of data. Pathfinder International and D-Tree International are developing a phone-based application to support CBDs in effectively providing FP education, counseling and screening for FP services. FHI has joined this team to facilitate and advance the application of evidence-based practices in the CommCare program. Select job aids (Balanced Counseling Strategy, pregnancy and method-specific screening checklists) will be used to develop an algorithm to program an initial prototype which will be used by CBDs. As the use of this platform to enhance service provision in a CBD setting will be the first in its kind in Tanzania, monitoring will be a key aspect of the subproject. Stakeholder engagement, including work with the MoH, will also be a priority in order to acquire endorsement and facilitate utilization in other similar programs.

Subgrantee(s): D-Tree International

Collaborating Agency(s): Pathfinder International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A concept paper for this subproject was sent to USAID in October 2009.
- Following USAID review and approval, an FCO was assigned.
- The writing of an implementation plan, outlining the roles of the various partners and the specific monitoring activities that will occur in the project, was completed.

Past Six Months:

- In March 2010, this activity was put on hold pending funding availability.

Year 3 Workplan:

If funds are identified to support this activity, the workplan will be as follows:

- The implementation plan will be finalized and the subagreement with D-Tree will be completed.
- Job aids for incorporation into the mobile tool will be selected and an algorithm for CBD use created.
- The mobile tool will be introduced and pilot testing will occur.
- Monitoring activities, including program and costing documentation, will begin.
- Stakeholder engagement activities will be conducted.
- Pilot testing will continue.
- Data on CBDs' experience with the tool, as well as clients' experience being counseled with the new mobile job aid will be collected.
- Stakeholder engagement and program and costing data collection will continue.
- Data analysis and report writing will be completed.
- Results will be disseminated.

Development and Evaluation of a Campaign to Increase Continuation of Hormonal Methods

Status: Ongoing Projected End Date: 6/30/2011

Country(s): Kenya

Funding Source: Core: \$203,977
Previously funded by CRTU

FCO	Approved	Closure
890067	11/19/2009	
116105	7/14/2006	4/30/2010

Tech Monitor
H Burke
H Burke

Objective(s): To develop and evaluate the effect of a communication campaign designed to increase contraceptive continuation among FP users, particularly injectable users.

Description: Despite increases in contraceptive prevalence over the past decades, discontinuation rates are high among women in the developing world. This is especially true in Kenya where 33% of married women are currently using a modern method, but over 19% of contraception users discontinue within 12 months, despite still being in need of contraception. The true impact of contraception (improved maternal and infant health, quality of life and economic well-being) will not be realized until all women who want to prevent pregnancies are using their method of choice continuously and effectively. Interventions focused on increasing continuation rates are sparse. It is logical to look at interventions that have increased contraception adoption. Communication campaigns have been successful in increasing contraceptive adoption around the world, including Kenya.

This study developed, implemented and will test the effects of a communication campaign on increasing contraceptive continuation rates among injectable users in Nyando District. Qualitative research within a theory-driven framework was used to develop the messages communicated in the campaign to contraceptive users and their salient references (male partners, mother-in-laws, providers, and religious leaders). Two rounds of focus groups were conducted to determine why women discontinue and the most effective ways to deliver the campaign. Next, extensive product testing refined the final campaign components. To test the campaign's effects on increasing continuation rates, the treatment site received the campaign whereas the control site did not receive the campaign. At each site, 500 new injectable users from the study clinics were enrolled into the study and given baseline interviews. The campaign was implemented in the treatment site beginning April 1, 2009. A new cohort of participants was interviewed over 9 months to measure continuation rates. This research activity transitioned to PROGRESS (FCO 890067) in Dec. 2009.

Collaborating Agency(s): Kenya Division of Reproductive Health; PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Approval to implement under the CRTU was received July 2006.
- FHI developed a partnership with PATH/Kenya where FHI is responsible for conducting the formative research and evaluation, and PATH for creating and implementing the campaign components.
- FHI entered into a subagreement with the Tropical Institute of Community Health June 2007. The subagreement was terminated February 2009.
- The protocol was approved by PHSC January 2007 and by the Kenyatta National Hospital Ethics Review Committee May 2007.
- FHI analyzed the 1st round of focus group discussions (FGD R1) and provided results to PATH in December 2007.
- FHI and PATH developed the preliminary messages based on FGD R1.

- The study was delayed due to post-election violence in Kenya.
- In April 2008 TICH recruited 1000 participants for the pretest activity. Data collection ended in May 2009.
- FHI analyzed the 2nd round (R2) FGD data and wrote an internal report for PATH.
- FHI and PATH developed the preliminary products for the campaign based on FGD R2.
- FHI analyzed data from the media product testing activity and wrote 2 internal reports specifically for PATH and Radio Ramogi. The communication campaign was finalized based on the results.
- At the end of March 2009 the clinic-based campaign components were distributed to Nyando District clinics and PATH/APHIA trained 195 community health workers in Nyando District.
- In May 2009 PATH aired 4 30-minute live radio programs on Radio Nam Lolwe in Nyando District. The 3 PATH funded radio spots were aired 60 times total on Nam Lolwe in July.
- In April 2009 FHI recruited 1000 participants for the post-test. Data collection ended in April 2010.
- The 6 FHI funded radio spots were aired daily April-December 2009 on Radio Ramogi in Nyando District. FHI purchased data from the Steadman Group to monitor the spots.
- A manuscript based on the pretest data was written and will be submitted to Studies in Family Planning.
- A manuscript based on FGD R1 was submitted to International Perspectives on Sexual and Reproductive Health in Dec. 2009, but was rejected. It was submitted to Social Science & Medicine in June 2010.
- The study transitioned to PROGRESS in Dec. 2009.

Past Six Months:

- Follow-up interviews for the post-test were completed in April 2010.
- Data entry was completed in May 2010.
- Data analysis began in June 2010.

Year 3 Workplan:

- FHI will analyze quantitative data from the post-test evaluation to determine the effect of the communication campaign on contraceptive continuation rates against a control.
- FHI will write manuscripts based on the study findings.
- FHI will conduct in-country dissemination of the study findings and consider how these findings might be utilized in programmatic settings.
- The FCO and activity will be closed.

Findings and Outcomes:

- The 1st round of FGDs found that discontinuation of contraceptive use is common and women do not always have control over the use of contraception. Five salient reference groups were identified to influence contraceptive decision making (husbands, mother-in-laws, FP providers, community leaders, and long term contraceptive injectable users). Common reasons for discontinuation include side effects, husbands' and mother-in-laws' refusal, myths, stockouts, and lack of cash. The current users of injectables and salient reference groups had a low level of knowledge regarding side effects of contraceptives, especially injectables.
- In the 2nd round of FGDs the results indicated that most preliminary messages were understandable and persuasive to their target groups. The only exceptions were messages for service providers and current injectable users that were perceived to be only somewhat persuasive.
- Participants provided invaluable feedback that has been utilized to propose amendments to the messages. Participants identified local radio stations as the most effective mode of disseminating the messages. Non-interactive modes of communication like posters and leaflets were mentioned as well. A 3rd preferred mode of communication involved community interactive strategies such as talks, trainings, drama and skits. These results informed the development of the preliminary media products.

- Two internal reports were written by FHI to present the results from the product testing activity. The preliminary media products (brochures and posters for injectable users, husbands, and providers; 3 radio spots for husbands, mother-in-law, and injectable users; and 6 radio features) were well received by target groups, and found to be acceptable and very persuasive. A summary of specific recommendations were provided.
- The following factors predicted discontinuation in the pretest: side effects or health concerns, nervousness about using contraception, no previous use of modern FP, unmarried at study enrollment, preferring more privacy during FP appointment, and paying more for FP services. Associations between predictors and discontinuation differed between the districts, as did rates of discontinuation. Findings suggest a tailored approach for interventions to increase continuation and that FP services address side effects and health concerns.

Legacy Area 3: Expanding the Family Planning Method Mix for Home, Community, and Lower-Level Provider Use

PROGRESS's third legacy area focuses on expanding the method mix. As part of that objective, PROGRESS is asking why more women are not currently using contraceptives with a (proposed pair) of studies in Rwanda. There is also a significant focus on expanding use of newer and less used methods. After the non-use studies, this section is organized by method, starting with a number of studies on DMPA and other injectable contraceptives. Much of this work focuses on studies related to the introduction of subcutaneous DMPA, though there are a number of other activities on the introduction and expansion of injectables. This section continues with activities on implants (e.g. Sino-Implant and the Ethiopian Implanon study) and IUDs (work in India and Kenya). Finally, there are a number of activities, some now canceled, on sterilization and other methods.

Social and Cultural Barriers to Expanded Contraceptive Use in Rwanda

Status: Ongoing

Projected End Date: 3/30/2011

Study No.: 10162

Country(s): Rwanda

Funding Source: Core: \$769,743

FCO
890007

Approved
1/1/2009

Closure

Tech Monitor
A Brunie

Objective(s): 1) To classify women into one of four stages of contraceptive experience (pre-contemplation, contemplation, action, and maintenance) and estimate the proportion of women at each stage; 2) to identify the factors associated with different levels of contraceptive experience; 3) to characterize the barriers to initiating contraception among never-users and to sustaining use among ever-users, with particular focus on social interaction dynamics and the perceptions of the family planning service delivery environment; and 4) to provide information on how barriers to family planning use can be overcome by documenting motivations for consistent and continued use among contraceptive users who have maintained use.

Note: The title and objectives of this subproject were modified as the study progressed from a concept paper to the development of the protocol in May 2009.

Description: Rwanda's president has declared family planning a priority for poverty reduction and the development of the country, and the government's Economic Development and Poverty Reduction Strategy calls for an increase in modern contraceptive prevalence from 10% in 2005 to 70% in 2012. Few studies have been conducted in Rwanda to examine the factors that constrain use of family planning services. This study aims to address this gap and respond to the governments' informational needs with a view to inform future programs and policies aimed at increasing contraceptive prevalence.

A combination of quantitative and qualitative methods will be used: a community-based survey of 588 women and in-depth interviews with a separate sample of women and a subset of their partners will be conducted simultaneously. Participants will be randomly selected from 21 enumeration areas in five districts. Eligible women will be in union, between 21 and 49, not pregnant, and will have at least one living child. Question domains for the survey and in-depth interviews will be similar. They will in particular cover misinformation on contraceptive methods and their side effects, perceptions of service delivery points and the quality and affordability of reproductive health services, and normative attitudes towards fertility and use of modern family planning. The survey's structured data will serve to inform decision-makers about how prevalent the various obstacles to modern contraceptive use are. The qualitative interviews will provide in-depth information on the specific mechanisms by which these obstacles combine to constrain contraceptive use.

Subgrantee(s): School of Public Health, Kigali

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- PROGRESS staff completed an annotated bibliography and a literature review to inform the development of the protocol in April 2009.
- A reconnaissance trip was made to Rwanda in May 2009 to inform the development of the protocol and explore local partnerships for data collection.

- The protocol was approved in August, informed consent forms in September, and data collection instruments in October 2009. Data collection instruments and informed consent forms were translated to Kinyarwanda in October 2009.
- PHSC and local IRB approvals were obtained in October 2009.
- A trip was made to Rwanda in October/November 2009 to recruit field workers, train them in quantitative and qualitative research methods, pre-test data collection instruments, and initiate data collection.
- A subagreement was finalized and approved internally and by USAID in November 2009 and subsequently signed by the subgrantee.

Past Six Months:

- A trip was made to Rwanda in January 2010 to conduct an intermediary workshop on qualitative data analysis, and monitor the progress of fieldwork.
- Data collection was completed in 6 of the 21 enumeration areas targeted in the study in February 2010.
- PDA data were transferred electronically to FHI NC and converted into a dataset in March/April 2010.
- In-depth interviews were translated and transcribed. Transcripts were sent to FHI/NC in March/April 2010.
- Preliminary analyses of the quantitative and qualitative survey data were conducted in April/May 2010. Advanced qualitative and quantitative data analyses were completed in June 2010.

Year 3 Workplan:

- A brief summarizing the findings will be drafted in October 2010 to be presented at in-country meeting.
- A trip will be made to Rwanda in October 2010 to discuss results with in-country partners.
- Results will be documented in the brief and in at least one article to be drafted by January 2011 for publication in a peer-reviewed journal..
- Project wrap-up activities will be completed by April 2011.

Supply-Side Barriers to Expanded Contraceptive Use in Rwanda

Status: In Development

Projected End Date: 9/30/2011

Country(s): Rwanda

Funding Source: FS 150,000

FCO
892022

Approved

Closure

Tech Monitor
J Wesson

Objective(s): 1) To explore provider knowledge, attitudes and confidence in providing family planning methods; 2) To objectively measure quality of care in family planning counseling; and 3) To identify supply-side obstacles (e.g. medical barriers, lack of training, reasons why a provider may not offer or deny a family planning method to potential user) and actions to address them.

Description: The Social and Cultural Barriers to FP Use in Rwanda study (FCO 890007) is a mixed methods cross-sectional community-based study exploring barriers to modern contraceptive use among Rwandan women, with a particular focus on psychosocial factors, religious and cultural barriers, misinformation, and obstacles linked to physical and economic access to and perceived quality of FP services (supported by PROGRESS core funds). The fieldwork was finished in

February 2010 and analysis is ongoing. While respondents were asked their perceptions about the available FP services, the study did not examine barriers to providing FP services from a service delivery perspective. However, there was some evidence that medical barriers may influence women's decisions. For example, 41% of respondents thought that they had to be menstruating to initiate a method, and 54% said that a woman must take medical tests before getting an FP method. These findings indicate that more research into provider attitudes and behaviors is warranted to get a full picture of potential barriers to FP use in Rwanda. At the request of the Ministry of Health, PROGRESS is proposing to conduct a companion study to examine these supply-side questions.

The study will be done in health facilities that serve the 21 enumeration areas that were used for the initial barriers study. Approximately 80 facilities were mentioned by respondents as places they would go to get FP. Due to resource constraints, approximately 20 facilities mentioned by respondents will be randomly selected for inclusion in this study rather than including all mentioned facilities. FP providers and managers will participate in semi-structured in-depth interviews assessing training needs and their knowledge and attitudes about FP, perceived medical reasons that contraindicate FP methods and the specific methods available. In addition, providers will be asked about the confidence they feel in providing each of the methods. Quality of counseling and presence of medical barriers will be measured via mystery client visits.

Collaborating Agency(s): MCH Unit, Rwanda Ministry of Health

Activities, Accomplishments, Problems:

Year 3 Workplan:

- Pending approval of this study by the USAID Mission in Rwanda, FHI will elaborate the protocol.
- The protocol will be submitted to USAID/W, FHI's PHSC, and the local IRB for review and approval.
- Sites will be selected. Interviews and mystery client visits will be conducted.
- Data entry and analysis will be completed.

Acceptability of Subcutaneous DMPA in Uniject

Status: Ongoing *Projected End Date: 6/30/2012*

Country(s): Malawi (cancelled), Uganda and Senegal **Funding Source:** Core: \$883,588
(Includes Uganda: \$499,007)
 FS: Senegal: \$200,000

FCO	Approved	Closure	Tech Monitor
890022	2/18/2009		H Burke
892017	7/12/2010		S Diop (Senegal)
890123	9/01/2010		H. Burke

Objective(s): 1) Measure the acceptability of Depo-subQ in Uniject among clinic-based family planning providers and clients; 2) Measure the acceptability of community-based distribution of Depo-subQ in Uniject among community health workers; and 3) Assess provider training materials. Note: A cross-departmental working group was established to identify potential approaches for forecasting demand for selected new technologies and potential viability of programs that provide them. After several meetings and with the guidance of USAID, the focus and title of the subproject was changed to assessing the acceptability of DMPA SC in Uniject.

Description: Depo-subQ in Uniject will be available for distribution in developing countries in 2011. The addition of this new method is anticipated to increase use of family planning. This outcome hinges on the method being acceptable to in-country decision makers, family planning providers, and users. Using the following methods, this study will assess acceptability of Depo-subQ in Uniject and offer recommendations for the introduction of this method. Step 1: Select family planning facilities and CBD programs (if available) in each country. Step 2: Train providers within each study facility and CHWs to administer the method. Step 3: Recruit 100 current intramuscular (IM) DMPA users from study facilities who will receive one dose of DMPA SC in Uniject instead of their usual IM injection and complete pre- and post-injection questionnaires to measure acceptability and future intention to use the new method. Participants will be interviewed again at 1-week and 3-months post-injection. Step 4: Invite eligible women who chose not to receive the SC formulation to complete a short questionnaire to identify the reasons why they do not want to receive the new method. Step 5: Conduct in-depth interviews with study providers to measure acceptability, future intention to administer the SC formulation and recommendations for introduction of the new method. Step 6: Analyze data from the small user trials, write summary report for each country, and distribute the report in each country and to study partners.

Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- This activity was merged with some of the work originally planned under the PROGRESS Year 1 activity, Model programmatic and procurement decisions and their consequences.
- A cross-departmental working group was established to identify potential approaches for forecasting demand for selected new technologies and potential viability of programs that provide them. After several meetings, and with the guidance of USAID, the focus and title of the subproject was changed to assessing the acceptability of Depo-subQ in Uniject (June 2009).
- A detailed concept proposal was developed and sent to USAID for approval on June 4, 2009.
- FHI has bi-weekly teleconference meetings with PATH to ensure the acceptability study is in line with the pre-introductory work PATH is conducting.
- Burke presented the acceptability protocol at a meeting titled "Depo-subQ in Uniject Work Plan", convened by PATH on December 2, 2009.
- The draft protocol was sent to USAID for review in December 2009.

Past Six Months:

- Burke submitted the Malawi-specific protocol to the PHSC in January 2010. The PHSC requested additional information about the study product. Burke supplied the requested information and the PHSC approved the study on May 28, 2010.
- Burke submitted a request for donated product for the study to Pfizer via their Investigator-Initiated Research online application on May 6, 2010.
- The Senegal mission agreed to contribute field support funds to have an acceptability study in their country (FCO 892017), supporting in-country costs of the study.
- An update of the study was presented at the Depo-subQ provera 104™ in the Uniject® Device Integrated Introduction Planning Meeting on May 11-12, 2010. Study partners were concerned about having data from only 1-2 countries. Partners also felt it was important to collect data among end-users who receive Depo-subQ in Uniject from community health workers (CHWs).
- Additional funding from the Gates Foundation was requested in June 2010 to allow us to conduct the study in a third country and add data collection with clients of CHWs in all three sites. PATH will make a request to Gates for the funding in July. The money, if awarded, will be available after October 2010.
- Data collection and informed consent forms were translated into the local languages in Malawi.

Year 3 Workplan:

- PROGRESS and USAID have determined not to continue with Malawi as a study site.
- Protocol, informed consents etc will be adapted for Uganda

- PROGRESS will work with Gates and PATH to identify the third study site.
- Burke will continue working with in-country staff/partners to plan for the study.
- Data collection instrument for clients of CHWs will be developed.
- Develop site specific protocols for Senegal and the third country.
- PHSC and local ethical approval for the Uganda, Senegal and third country protocols will be obtained.
- Approval from local regulatory agencies will be obtained to bring the investigation product into the study countries under a research protocol.
- FHI will identify and develop subcontracts with in-country implementing agencies.
- PROGRESS will initiate study after EMA approval for study product is received and interim results from the PK study proved favorable.

Pharmacokinetic Study of DMPA SC Injected in the Upper Arm

Status: Ongoing *Projected End Date: 3/31/2011*

Country(s): USA, Worldwide

Funding Source: Core: \$303,661

FCO
890078

Approved
1/12/2010

Closure

Tech Monitor
V Halpern

Objective(s): To enroll a cohort of women, inject each participant with DMPA SC in the upper arm, and measure serum concentrations of MPA over three-plus months of follow-up.

Description: PROGRESS is keenly interested in evaluating the acceptability of subcutaneous DMPA 104mg in the Uniject device (DMPA SC in Uniject), and the feasibility of introducing the product into community-based programs. The effectiveness of the product has been well demonstrated when injection is done in the abdomen or upper thigh, but effectiveness has not been tested for injections in the upper arm, the likely preferred site for users in community-based distribution programs. Although there is no reason to suspect that the contraceptive effectiveness of DMPA SC will depend on the site of injection, a pharmacokinetics (PK) study seems prudent to demonstrate that the blood levels of medroxyprogesterone acetate (MPA) adequate for effective contraception are achieved when injection is done in the upper arm.

Note: This study was originally intending to use the Uniject device, but due to lack of product, Sayana, the Pfizer pre-filled glass syringe, will be used.

Subgrantee(s): Eastern Virginia Medical School

Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:

Past Six Months:

- A concept proposal was drafted and submitted to USAID/W for approval.
- EVMS was selected as the clinical site and a subagreement developed.
- PPD Development was selected as the laboratory for MPA testing.
- The study budget was finalized.
- PHSC and local IRB (Chesapeake IRB) approval was received in April 2010.
- Study Initiation training was conducted in April 2010.
- Study product was donated and shipped by Pfizer in May 2010.
- The study was initiated in May 2010.

Year 3 Workplan:

- The RU plan will be drafted in August 2010.
- Enrollment will be completed in September 2010.
- FHI staff will conduct at least 2 monitoring visits to the site and the laboratory.
- A preliminary analysis will be conducted in November 2010.
- The study follow-up will be completed in December 2010.

Acceptability and Feasibility of Home Injection of DMPA

Status: On Hold

Projected End Date:

Country(s): Worldwide

Funding Source: Core: \$1,446

FCO **Approved** **Closure**
890084 2/19/2010

Tech Monitor
P Feldblum

Objective(s): 1) To measure the willingness of current users of DMPA to try self-injection with the Uniject device; 2) To measure the acceptability of self-injection of Depo-subQ in Uniject among current DMPA users; 3) To measure the continuation of self-injection during 6 months of follow-up of acceptors; and 4) To provide recommendations for the feasibility and promotion of self-injection in family planning programs.

Description: Subcutaneous DMPA in the Uniject device (Depo-subQ in Uniject) will be available for research in developing countries in 2010, and for local registration and procurement shortly thereafter. The addition of this new lower-dose and lower-tech presentation of DMPA should increase community access and use of injectable contraception. USAID's roll-out of Depo-subQ in Uniject raises important questions related to the product's use by clinic-based providers, by community-based health workers, and by pharmacists. Other FHI research will assess the acceptability of the method among family planning providers (clinic- and community-based) and users. This study will assess the feasibility of self-injection of Depo-subQ in Uniject, and provide guidance on ways to promote self-injection.

Stakeholder interviews will be held to assess the acceptability of home injection of DMPA to the medical community and interviews will be held with women to learn how a program of self-administered Depo-subQ might best meet women's contraceptive needs. In a small user trial, current DMPA users in rural areas will be tracked to assess feasibility. Research questions will include: 1) What percentage of women express interest in self-injection and enroll? 2) What percent of those interested actually agree to be trained? 3) What percent of those trained actually self-inject? 4) What percent of self-injectors do so again 3 months later? 6 months later?

The small user trials will yield recommendations for training, logistics planning, and counseling points that will be beneficial for health facilities to consider prior to introducing Depo-subQ in Uniject to their clients.

Activities, Accomplishments, Problems:

Past Six Months:

- A concept paper was drafted and sent to USAID for review in February 2010. Work began on a protocol.
- However, the study was placed on hold pending funding and product.

Year 3 Workplan:

- If funds become available, the study protocol will be written and submitted for review, approval will be obtained the local IRB and PHSC, the intervention will be planned, and the data collection will begin.

Pre-Introductory Research with DMPA SC in Uniject

Status: Canceled *Projected End Date: 12/31/2009*

Country(s): Rwanda, TBD - Worldwide

Funding Source: Core: \$77,922

FCO	Approved	Closure	Tech Monitor
890062	10/19/2009	2/28/2010	P Feldblum
890035	6/17/2009	2/28/2010	P Feldblum

Objective(s): 1) To implement pre-introductory planning activities with subcutaneous DMPA 104mg in Uniject devices; 2) To produce and disseminate product introduction plans in each country we work in; and 3) To catalyze introduction of DMPA SC in Uniject, and increase access to the method, in multiple countries over the next three to five years.

Note: This activity was cancelled following discussions with USAID/W in November 2009.

Description: PROGRESS planned to conduct pre-introductory planning work in up to four PROGRESS priority countries. The first country was to have been Rwanda (FCO 890062), with tentative plans for similar work in Uganda and Tanzania.

After receiving endorsement from MOH and national family planning program officials, locally appropriate information was to have been collected in-country by FHI country office staff. Working with the MOH and other in-country organizations as appropriate, we would have developed a high-level workplan. Supervised by the research director, a technical officer was to lead the work, and an in-country contractor was to have been identified to collaborate with the FHI staff.

The activity was to entail a substantial data collection effort among MOH personnel, program managers, providers, professional organizations and NGOs that serve in gate-keeper roles for DMPA SC in Uniject. Each pre-introduction plan was to have been tailored to the country context and requirements of MOH decision-makers, while also encompassing in-depth information and describing key needs in the following categories: product procurement, financing and logistics; distribution channels and supply chains; training and communication; and policy making. Data collection and introduction planning was to be congruent with projects implemented by PATH in other countries.

In PROGRESS Year 3, FHI was to disseminate the main deliverables: detailed and comprehensive introduction plans for multiple priority countries. The plans were to guide activities of policy makers, providers, donors and missions. Also, methods and reports were to have been shared with groups working on other introduction plans. Coordination with both PATH and Pfizer was essential throughout.

Collaborating Agency(s): PATH; Pfizer

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI and PATH staff agreed that the pre-introductory planning would be done in Rwanda.
- Budgeting and planning commenced with the FHI country office in Kigali.
- A concept paper was written in October 2009.
- In November 2009, USAID/W staff informed FHI that the work should be canceled until there is greater certainty about when the product will be available and how much it will cost.

Meeting on Hormonal Contraception and the Risk of HIV Acquisition

Status: Complete Projected End Date: 12/31/2009

Country(s): USA

Funding Source: Core: \$19,450

FCO	Approved	Closure	Tech Monitor
172016	9/28/2009	9/30/2009	L Hinson
890058	9/24/2009	12/31/2009	J Stanback

Objective(s): 1) To arrive at a “sense of the evidence” consensus and identify the next steps for research, without receiving approval for funding, on the link between hormonal contraception and HIV acquisition; and 2) to determine how scientists should interpret the results of a reanalysis in light of the original data and the previous studies of the issue.

Description: FHI convened a meeting of external experts to review the latest evidence on the relationship between the use of hormonal contraceptives (HCs) and the risk of acquiring HIV. The focus of the meeting was the 2009 reanalysis of a 2007 study, led by FHI and funded by NIH. The reanalysis found an increased risk of acquiring HIV among women who used the injectable contraceptive DMPA or, to a lesser extent, combined oral contraceptives. The experts listened to several technical presentations and discussed the re-analysis.

This meeting was cost-shared between PROGRESS Core funds (FCO 890058), CRTU NIH funds (FCO 172016), and FHI G&A funds.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Preparatory meetings were held in September and August 2009 with FHI staff to discuss which data to present at the one-day meeting, and how should be included on the expert panel.
- A meeting was held on October 8th to review Charles Morrison’s re-analysis of the HC/HIV data. Specifically, an independent expert panel was convened by FHI to look into the model used in the reanalysis and understand the assumptions made by the Morrison research team. At the end of this one-day meeting, a “sense of the evidence” discussion was held to discuss how much the reanalysis leads the public health community to “truth” on this important topic.

Findings and Outcomes:

- The conclusion of the one-day meeting was that it is not possible to make a definitive statement on the relationship between the use of hormonal contraceptives and the risk of acquiring HIV based on the reanalysis of the Morrison et al. 2007 data. The results of this expert meeting were used to inform the content of Morrison’s presentation at the Kampala FP meeting.

Development of LNG - Butanoate with CONRAD, 2010-2011

Status: Ongoing Projected End Date: 6/30/2011

Country(s): USA

Funding Source: NIH: 742,955

FCO
890069

Approved
12/4/2009

Closure

Tech Monitor
L Wilson

Objective(s): To provide funding to CONRAD to manufacture materials for a pharmacokinetic study of LNG-Butanoate.

Description: This activity is being funded via an interagency agreement with NIH and USAID. FHI has no study-related tasks assigned under this activity. Reporting of this activity to USAID will be done by CONRAD.

Subgrantee(s): CONRAD

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was established in December 2009.
- The subagreement was drafted and sent to USAID/W for approval.
- USAID/W approval for the subagreement was received on December 30, 2009 and the subagreement was subsequently sent to CONRAD for signature.

Past Six Months:

- The subagreement was fully executed with CONRAD.
- FHI transferred the funds to CONRAD on February 15, 2010.
- The activity is being implemented by CONRAD and additional reporting to USAID will be done by CONRAD.

Year 3 Workplan:

- Funding for the LNG-B activity in PROGRESS Year 3 has been requested from NIH.
- A new FCO and subagreement with CONRAD will be established.

Technical Assistance to ICMR on Intro of Cyclofem & NET-EN

Status: Canceled Projected End Date: 6/30/2010

Country(s): India

Funding Source: FS: \$2,683

FCO
892003

Approved
9/22/2009

Closure

Tech Monitor
A Widge

Objective(s): To provide technical assistance to the Indian Council of Medical Research (ICMR) through the Family Planning Association of India (FPAI) to undertake preparatory activities that are

required to ensure smooth initiation of the pre-program introduction of Cyclofem and Noristerat (NET-EN) injectable contraceptives through 31 district hospitals and 9 non-governmental organizations (NGO) clinics in India.

Description: FHI, in partnership with the Family Planning Association of India, was planning to support the Indian Council of Medical Research to undertake preparatory activities required to ensure smooth initiation of the pre-program introduction of Cyclofem and NET-EN injectable contraceptives. The purpose of the planned assessment was two fold: 1) to assess the feasibility of sites for the introduction of Cyclofem; and 2) to assess preparedness of sites. FHI and FPAI were planning to develop a comprehensive site assessment checklist and based on the data gathered, a site assessment matrix would have been developed. This would have included information on infrastructure, human resources, commodities, MIS and overall management of health facility, capacity of providers, availability of method mix; client load for FP and other supportive logistics. FPAI would have used the assessment findings to strengthen the sites including capacity building of providers, site development/upgrading, and monitoring for site readiness.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FPAI, in consultation with ICMR and FHI/India, identified study sites across India.
- A checklist for site assessment was drafted by FHI/India and FPAI and submitted to ICMR.
- The process of identification of experts/consultants for site assessments was initiated.

Past Six Months:

- FHI/India staff developed SOWs for consultants for site assessments by FPAI.
- Thirteen draft SOWs, training manuals, and job aids were developed.
- A core group, including ICMR, Packard, FPAI and FHI, met in February to review the work so far and to plan next steps.
- Drafts of the thirteen SOWs, training manuals, and job aids were reviewed by FHI/NC and submitted to ICMR through FPAI. (The review by FHI/NC was carried out using this FCO.)
- As ICMR is not currently moving forward on the introduction of Cyclofem in India and is unlikely to in the near future, this activity and FCO were closed. Funds are being re-programmed in consultation with the USAID/India Mission.

Effectiveness, Safety, and Acceptability of Sino-Implant (II): a Prospective Post-Marketing Study

Status: Ongoing Projected End Date: 6/17/2013

Country(s): Pakistan, and one TBD in Africa

Funding Source: Core: \$879,767
(includes \$387,745/Pakistan)

FCO	Approved	Closure	Tech Monitor
890076	12/28/2009		V Halpern
890121	09/04/2010		

Objective(s): 1) To evaluate contraceptive effectiveness, safety and acceptability of Sino-Implant (II); and 2) to evaluate the quality of services, training, and counseling.

Description: PROGRESS and the Bill & Melinda Gates Foundation (BMGF) have similar goals of improving access to family planning, particularly for underserved groups. One specific priority of PROGRESS (i.e., expanding the method mix) is central to the BMGF Sino-implant (II) grant being

implemented by FHI and its global partners (Marie Stopes International (MSI), PSI, IntraHealth, EngenderHealth, DKT, Pharm Access Africa, etc.). So far under this grant, Sino-Implant (II) has been registered in nine countries (China, Indonesia, Kenya, Sierra Leone, Madagascar, Malawi, Pakistan, Zambia, and Fiji), provisionally registered in Ethiopia and efforts are underway in over 10 additional countries. As part of the grant, a post-marketing surveillance framework has been finalized including: 1) pharmacovigilance plan; 2) monitoring of service delivery statistics (e.g. units inserted/removed, pregnancy and adverse events, etc); 3) client cards with hotline/text number distributed; 4) annual survey of distributors; and 5) multi-country post-marketing studies. The BMGF Sino-Implant (II) grant has sufficient funding to conduct post-marketing studies in three countries. This effort will expand to at least two additional countries under PROGRESS. The post-registration program for Sino-Implant (II) follows the WHO guidelines for post-registration surveillance of steroidal contraceptive drugs (WHO 1987). One of the important components of a post-registration strategy is a prospective post-marketing study to evaluate effectiveness, safety and acceptability of the contraceptive method in a real-world setting after it has been approved for public use. In addition to safety and effectiveness data, data on access to removal, safety of the surgical procedures and adequacy of pre-insertion counseling will be collected (a recommendation of the recent External Expert review).

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Preliminary work for this activity was completed under FCO 890061.
- A concept paper was submitted to USAID for review in December 2009.
- This activity was approved as part of the Year 1 and 2 Workplan Addendum.

Past Six Months:

- FHI, in close collaboration with MSI, selected Pakistan as one of the two countries where the study will be implemented, and received preliminary verbal approval from USAID to proceed.
- A protocol "Prospective Study of the Clinical Performance of Sino-Implant (II) in Pakistan" has been drafted and submitted to MSI/Pakistan for country-specific comments.
- CRFs are being drafted and submitted to MSI/Pakistan for country-specific comments.
- MSI/Pakistan has submitted the estimated budget to FHI.
- MSI/Pakistan and FHI/Pakistan have initiated negotiations with local stakeholders regarding the study, training, potential sites.

Year 3 Workplan:

- The study protocol will be finalized and submitted for FHI internal, USAID and PHSC approval.
- The subagreement with MSI/Pakistan will be finalized.
- MSI/Pakistan, in collaboration with FHI/Pakistan, will initiate the process of obtaining necessary local approvals for the study.
- Availability of implants for the study in Pakistan will be ensured by September 2010.
- The study will be initiated in October 2010.
- The RU plan will be drafted in November 2010.
- Enrollment will be completed in April 2011.
- A second country will be identified in Africa.

Monitoring and Evaluation of the Ethiopian Implanon Expansion Project

Status: Ongoing Projected End Date: 9/30/2011

Country(s): Ethiopia

Funding Source: FS: 1,740,450

FCO
892001

Approved
9/14/2009

Closure

Tech Monitor
F Okello/E Lebetkin

Objective(s): 1.) To lead the design and implementation of the monitoring and evaluation (M&E) component of the Federal Ministry of Health's (FMOH) Implanon Scale-Up with the guidance of the FMOH and in close collaboration with the M&E technical working group and other key stakeholders; 2.) To orient implementing partners (IPs) on the M&E framework and data collection tools; 3.) To work with IPs to integrate M&E into the training of trainers (TOT) course and participate in the delivery of the M&E component of the training; 4.) To provide M&E support to IPs as needed, and liaise with them to obtain and prepare periodic consolidated reports on performance indicators; 5.) To conduct special studies to collect additional data necessary to monitor and evaluate the project results; and 6.) To conduct periodic data quality assessments on program indicators.

Description: USAID/Ethiopia is funding FHI through the PROGRESS project to support the Federal Ministry of Health's (FMOH) General Directorate for Health Promotion and Disease Prevention with technical assistance for monitoring and evaluation for the Implanon project. The FMOH has specified that this technical assistance be provided with the aim to build capacity of Ministry of Health staff at federal, regional and local levels to monitor and evaluate the results of this intervention. In addition, they have requested that the M&E technical assistance be provided using a participatory approach involving other partners on the Implanon project, including USAID/Integrated Family Health Program (IFHP).

The objectives of the Implanon Scale-up Initiative are to increase access to long-term family planning services especially to Implanon through Health Extension Workers (HEWs) and to increase demand for long-term family planning methods.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In July and August 2009, Yacobson, Okello, and Lebetkin traveled to Ethiopia to meet with stakeholders, review the HEW training curriculum, develop M&E materials, and finalize the performance monitoring plan (PMP) developed by Okello.
- Okello traveled to Ethiopia in October 2009 to review and finalize the M&E database and orient the country office (CO) team to the database, operationalize the PMP, and work with stakeholders to finalize the M&E tools.
- The CO gathered data for the indicators in the PMP and worked with the FMOH to finalize the PMP.

Past Six Months:

- FHI participated in and monitored two Implanon insertion trainings conducted by IFHP.
- Okello and the FHI team developed an M&E TOT manual and conducted M&E TOT for 22 federal, regional and zonal FMOH staff.
- Staff adapted the M&E TOT manual and provided orientation to individuals trained as M&E trainers on data collection tools.

- Okello traveled to Ethiopia to work with team in February 2010 to conduct a M&E assessment of four regions, finalize data collection tools with IPs, work with IPs on data flow and management, conduct discussion with FMOH on improving FP data collection tools and capacity at regional and woreda level.
- Okello traveled to Ethiopia in May and June and Lebetkin in June 2010 to work with the team and meet with the FMOH to revise the supportive supervision checklist and develop compliance measures, and conduct initial discussions on establishment of centers of excellence. The team developed a strategy to monitor compliance with the USAID FP legislative guidelines.

Year 3 Workplan:

- The M&E component of the FMOH's Implanon Scale-Up Initiative will be implemented.
- FHI will provide technical support to the FMOH to finalize and integrate indicators into the FP folder, and to come up with a strategy to collect and report data on additional indicators that do not flow through the HMIS system.
- Data collection tools will be finalized.
- A database for supportive supervision data will be developed.
- FHI will coordinate with the IPs on data collection.
- FHI will support regional and zonal FMOH staff trained as M&E trainers to roll out M&E training to the woreda and health post levels.
- Staff will provide M&E support to IPs and FMOH as needed, and liaise with them to obtain and prepare periodic consolidated reports on performance indicators.
- Staff will participate in the ongoing FMOH M&E supportive supervision for all levels during the program implementation.
- Special studies will be conducted to collect additional data necessary to monitor and evaluate the project results (will be cost shared with core funds (FCO 890066)). This activity is currently pending FMOH authorization.
- Evaluations of Implanon insertion trainings will be completed.
- Data provided by IPs for analysis will be collated.
- Regional centers of excellence for M&E will be established.
- Annual M&E learning and results review meetings will be conducted.

Findings and Outcomes:

- PROGRESS provided highlights of the M&E systems assessment results at the quarterly USAID Implementing Partners Meeting in Ethiopia.

Rapid Evaluation of the Ethiopian Implanon Program

Status: Ongoing *Projected End Date: 6/30/2011*

Country(s): Ethiopia

Funding Source: Core: \$95,789
FS: \$59,550

FCO	Approved	Closure	Tech Monitor
890066	11/19/2009		D Hubacher
892010	11/19/2009		F Okello

Objective(s): 1) To provide the Federal Ministry of Health (FMOH) with information on how the health extension workers (HEW) perform their new Implanon duties in the field (e.g. the quality of counseling and insertion techniques); 2) to provide the FMOH with information on clients' perspectives of Implanon services and the quality of those services; and 3) to provide the FMOH with information on how the HEWs deliver other FP services.

Description: Over the past five years, the Ethiopian FMOH has worked with donor agencies to steadily increase importation of subdermal contraceptive implants. To meet the ever-growing demand for contraceptives in rural areas of the country, the FMOH decided to expand access to Implanon in 2009. The expansion program aims to increase access to long-acting family planning services, especially to Implanon, through HEWs and to increase demand for long-acting family planning methods. Under this subproject the FMOH, via implementing partners, will train at least one HEW in each Kebele (the smallest administrative unit) to provide Implanon.

Implanon training activities began in July 2009, when key international partners including EngenderHealth, Marie Stopes, Ipas, the Integrated Family Health Program (IFHP) managed by John Snow, Incorporated (JSI), and Pathfinder conducted three day training of trainer sessions. The new trainers, in turn, began to teach the HEWs on proper FP counseling and provision of Implanon. Since the activities began, approximately 850 HEWs have been certified to provide Implanon. These newly trained HEWs can now offer a full complement of family planning services (including DMPA, oral contraceptives, and condoms).

The goal of this evaluation is to assess the skills of trained HEWs to deliver Implanon services in line with the training provided. The findings will help the FMOH improve the Implanon program as scale-up continues.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted to and approved by USAID/W in September 2009.
- FCOs 890066 and 892010 were assigned in November 2009.
- The draft protocol was prepared and circulated for approval. Because the study is an evaluation, it was determined to be exempt from PHSC review.

Past Six Months:

- The protocol was finalized and approved by PHSC in February 2010.
- The MOH in Ethiopia has not approved the protocol as of June 30, 2010.

Year 3 Workplan:

- Pending MOH approval of the protocol in Ethiopia, data collection tools will be finalized and translated into Amharic in October 2010.
- The data collectors will be hired and trained in November 2010.
- The first data collection phase is scheduled to begin in January 2011.
- For the first phase, data collection, analysis, and report will be completed and disseminated by the end of June 2011.
- A second phase of data collection will repeat the activity in a different geographic zone; it is planned for June 2011.

Improved Counseling on Implants to Reduce Unintended Pregnancy

Status: Ongoing Projected End Date: 6/30/2011 Study No.: 10044

Country(s): Kenya

Funding Source: Core: \$210,142

FCO	Approved	Closure	Tech Monitor
890049	7/16/2009		D Hubacher
112129	11/29/2006	2/28/2010	D Hubacher

Objective(s): 1) To measure the percent distribution of the contraceptive method chosen by the participants (implants, DMPA, and oral contraceptives); 2) to compare the percentage of women in each group who get pregnant over the 18 month period: implant group versus the DMPA/oral contraceptive group; 3) to measure the continuation rates of the different contraceptives methods; and 4) to assess the acceptability of implants through in-depth interviews.

Description: Because of possible ambivalence toward future pregnancy, many young women have vague or initial short-term contraceptive needs (4-12 months) when they seek services. They do not naturally request long-acting implants for pregnancy protection and instead, self-select toward short-term methods; this often sets them on a path toward unintended pregnancy. Short-term methods are difficult to use consistently and correctly; when side effects arise and/or when actions are needed to continue using these methods, ambivalence toward pregnancy can prevail and lead to early method discontinuation. Unintended pregnancies in this population can limit educational opportunities, affect desires to gain employment outside the home, and prevent realization of other goals.

This subproject involves an observational study of directed counseling to test the appropriateness of offering implants to young women who would normally receive DMPA for short- or indefinite-term contraceptive needs. In a single clinic, providers recruited 400 women under the CRTU with the following characteristics: aged 18-24, seeking DMPA, having vague or short-term contraceptive needs (4-12 months), willing to participate in a prospective study. Beginning under the CRTU and to be completed under PROGRESS, women are followed prospectively for 18 months regardless of whether they switch methods; continuation rates and pregnancies are the primary and secondary outcomes, respectively. In-depth interviews will be conducted with a small number of implant users who complete 12 months of use without discontinuation. These interviews will examine young women's acceptability of implants versus shorter-term methods and how method use may have affected other aspects of their lives. In-depth interviews with implant continuers might provide further evidence that the method is acceptable and enables young women to achieve other life goals.

Subgrantee(s): University of Nairobi Institute for Tropical and Infectious Diseases (UNITID)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- As part of the Workplan process, the concept proposal was prepared and submitted to USAID for consideration as a "fast track proposal" in December 2006.
- The original proposal was changed per the request of USAID.
- The preliminary approval to implement letter was received from USAID in June 2007.
- USAID gave final approval in September 2007.
- FHI staff made a site visit to Kenya to select the site and draft the protocol.
- The protocol was submitted and approved by FHI's PHSC on November 9, 2007 and the Kenya IRB in February 2008.

- Political conflict in Kenya related to the elections led to additional delays and discussions about changing countries.
- Protocol amendments were approved in April and May 2008.
- Langata Health Centre was selected to be the site for the study since the previous site, Kenyatta National Hospital, was found to be inadequate.
- The subagreement with University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) was signed in June 2008.
- Donated Jadelle implants were received from USAID and shipped to Nairobi.
- The study manual that the nurse will use was prepared and tested.
- FHI staff turnover and time required to competitively hire a study nurse caused some delays; UNITID hired a study nurse for the project in October 2008.
- The first participant was enrolled in November 2008. Recruitment was slower than expected, given previously documented/ verified site information and analysis.
- Data entry systems were created and tested.
- Data from the admission forms were analyzed in April 2009 to detect errors and initiate queries.
- Recruitment was completed in June 2009. Of the 400 women recruited, 300 women chose DMPA/OCs and 100 chose the implant.
- Follow-up interviews at one- and six-months were completed for most eligible participants, depending on date of enrollment.
- Preliminary findings were presented at the International Conference on Family Planning held in Kampala, Uganda in November 2009.

Past Six Months:

- Follow-up phone calls to participants continued.
- New datasets were created for follow-up forms.
- Data queries were sent to the Kenya field office for clarification.
- A site visit occurred in February 2010.
- The study transitioned to PROGRESS in March 2010.
- All participants completed at least one full year of follow-up in June 2010.

Year 3 Workplan:

- A poster presentation of preliminary results will be presented at the annual meeting of Association of Reproductive Health Professions in September 2010.
- All follow-up phone calls will be completed by December 2010 and a close-out visit is scheduled for February 2011.
- Outstanding data queries will be resolved.
- The final status data set will be created.
- Data entry will continue as completed forms become available.
- Data analysis programs will be tested and finalized.
- Data querying and cleaning will be finalized by April 2011.
- Draft paper will be written summarizing the major findings.

Findings and Outcomes:

- Preliminary results were presented at the International Conference on Family Planning in November 2009. These included the fact that in the first six months of the study, nearly 25 percent of the women who planned to use oral contraceptives or injectables instead chose implants after proper counseling on all the different methods. The women who chose implants also had higher continuation rates and fewer unintended pregnancies than those who chose shorter-acting methods.

Collaborative Research on Implants

Status: Ongoing

Projected End Date: 2/30/2013

Country(s): Switzerland, Worldwide

Funding Source: Core: \$97,176
(Year 3 funding)

FCO	Approved	C&G Closure	Tech Monitor
890116	7/21/2010		D Hubacher
996054	5/26/2010		D Hubacher
112135	9/1/2006	12/31/2008	M Steiner
112125	7/20/2006	4/28/2010	D Hubacher

Objective(s): 1) Initially, to provide financial support for a WHO clinical trial to allow continued follow-up of Implanon users through five years; 2) to provide partial support for data management; and 3) through both USAID and WHO funding, to support the monitoring of all the clinical trial sites.

Description: Implants are highly effective and acceptable contraceptives. The 2-rod, 5-year Jadelle and the 1-rod, 3-year Implanon implants have been approved by numerous drug regulatory authorities. Several options could increase the potential of implants becoming a lower-cost, sustainable method: e.g. if Implanon was shown to last longer than the existing three-year labeling; if there was a greater price competition between the manufacturers of Implanon and Jadelle; or if new, lower-cost alternatives were to become available.

There were no published studies comparing Jadelle and Implanon. Furthermore, all Implanon data come from studies sponsored by the company that developed and marketed it. As a result, donors, national family programs, and individual providers are shifting from Norplant to Jadelle/Implanon. WHO initiated a comparative study on the contraceptive effectiveness and acceptability of these two products. The study has enrolled 2,008 women randomized to Implanon or Jadelle, and 973 age-matched women who chose to initiate use of copper-IUDs. The last site to complete enrollment was Thailand in Jan 2008. The latter group will provide comparative data on incidence of common non-reproductive complaints in users of longer-term reversible contraceptive methods. The trial is being conducted in 7 WHO collaborating centers in 7 countries.

Support for this study has been severely affected by funding limitations at WHO. In addition, as WHO requested an extended follow-up for more than three years for Implanon users, FHI was able under the CRTU (and as of October 2010 under PROGRESS), to provide financial and monitoring support to the WHO clinical trial to allow continued follow-up of Implanon users. CREP, the data monitoring center is in charge of data management as of summer to 2006, while FHI provided partial support. FHI staff monitored the clinical trial sites with CRTU funding through Apr 2010. WHO is now providing support to FHI to continue their monitoring services under FCO 996054 through September 2010, with PROGRESS current support through September 2011.

Subgrantee(s): World Health Organization

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Approval for FHI to implement support to WHO was given by USAID in Oct. 2006.
- TA was provided in Oct. 2006 to transfer the database from WHO to the CREP data center in Argentina where the data was being processed.
- A subagreement was signed by all parties in Nov. 2006.
- By May 2007 a Monitoring Plan was finalized and all 7 sites were visited for initial site status evaluations.

- In Nov. 2007 an updated Study Manual was finalized and an Investigators' Meeting was held in Argentina.
- In Dec. 2007 Dr. Kelly Culwell took over from Dr. Nuriye Ortayli as project manager.
- In Dec. 2007 GCP training was completed for Thailand and all 7 sites were visited in a second wave of monitoring visits. Monitoring visits occurred to each site 1 or 2 times per year from 2008 until Apr. 2010.
- Recruitment was completed at all sites in Jan. 2008.
- In Mar. 2008, the monitoring plan was updated to v2.0, which focused monitoring on overall study compliance, key endpoint data, informed consents, and regulatory documents.
- In May 2008, CREP implemented the automatic querying system.
- Important informed consent violations found in Brazil, Turkey, and Zimbabwe were addressed with Dr. Culwell who raised them at a WHO Specialist Panel meeting in July 2008.
- A second project newsletter was issued to PIs in Jan. 2009.
- Some staff changes at WHO: Dr. Emily Jackson took over as WHO Project Manager from Dr. Kelly Culwell in Sep. 2009.
- Cross-check data queries for first paper publication were completed in Oct. 2009.
- GCP and Research ethics training performed at the Ankara, Turkey site Dec 2009; a few sites pending staff to complete research ethics training.
- The WHO ethical review committee approved continuation of the subproject in Dec. 2009.
- All participants at sites in Brazil and Turkey completed the study by Dec. 2009.

Past Six Months:

- The Monitoring Plan was updated to v3.0, which focused monitoring on participant eligibility, study endpoints, participant status and informed consent forms (and resolution to IC issues).
- No pregnancies were recorded among women using either implant in year 4 or 5.
- USAID/CRTU funding (FCO 112125) ended April 2010. Work continued with support from WHO (FCO 996054). Funding was secured from USAID/PROGRESS for PROGRESS Year 3.
- Dr. Jackson (WHO) performed visit to CREP in June 2010 to assess the backlog of data management study forms to be entered and queried.
- Per CREP data monitoring report of Jun 2010, at 36 months 1509 participants completed (FU forms entered in the database); 1882 expected to complete.

FY Workplan:

- Perform a close-out monitoring visit to the Ankara, Turkey once CREP has completed data cleaning for this site.
- Perform periodic monitoring visits and follow-up of issues with the remaining sites Brazil, Chile, Thailand and Zimbabwe. Prepare to close-out the Brazil site once CREP has completed data cleaning for the site.
- Work with the Hungary, Turkey, and Zimbabwe sites to obtain remaining documentation of research ethics training of study staff.
- Work will be supported with WHO funds (FCO 996054) through September 2010 and USAID/PROGRESS funds (FCO 890116) beginning in October 2010.

Findings and Outcomes:

- FHI has improved the conduct, reporting, and data quality of this important trial. This collaboration between FHI, WHO and USAID has shown how leveraged funds can optimize scarce financial resources.
- Funding under the CRTU ended April 28, 2010. Funding was sought from WHO and USAID to support further FHI collaboration with WHO on this important study. In May 2010, WHO provided additional funding through September 2010. USAID/PROGRESS will provide limited funding beginning October 2010.

- All participants in Brazil (n=390) and Turkey (n=295) have completed the study. Below are the remaining sites, number of participants who were still in active follow-up in April 2010, and the estimated date for the closeout visit.
 - Chile (74): Mar 2012
 - DR (220): Sep 2012
 - Hungary (20): Jan 2011
 - Thailand (187): Jan 2013
 - Zimbabwe (108): Jul 2012

Introduce Implants into Focus Countries

Status: Complete *Projected End Date: 3/31/2010*

Country(s): Worldwide

Funding Source: Core: \$76,622

FCO 890015	Approved 2/4/2009	Closure 3/31/2010	Tech Monitor D Hubacher
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Objective(s): To conduct research on key service delivery issues that may affect introduction and program quality for implants.

Description: PROGRESS coordinated with activities funded by BMGF to expand access to implants. Research on key service delivery issues that may affect introduction and program quality was planned. Examples included evaluating access to removal, understanding user perspectives related to uptake and continuation, evaluating policies on provision of implants by lower-level providers, and working with service organizations to define other relevant questions that arise during introduction.

Subdermal implants have considerable potential for use in sub-Saharan Africa. Many countries are increasing their provision of implants through renewed donor support; in 2008, donors procured over 1 million units for the region. This subproject aimed to help programs monitor their activities and expand implant use in all appropriate subpopulations.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- David Hubacher visited Ethiopia in May 2009 to meet agency representatives interested in expanding implant programs.
- In collaboration with FHI and USAID in Ethiopia, a proposal was submitted in June 2009 to conduct the evaluation and monitoring activities for an implant expansion program being initiated by the Ethiopian Ministry of Health. The Ethiopia activity was started with the support and funding of this FCO and subproject prior to the Field Support funds (FCO 892001) being obligated in September 2009.
- Work began on a study title "Evaluation of Users of Long-Acting Reversible Contraception in Kenya". This study was subsequently merged with FCO 890036.
- While FHI was waiting for an obligation of Field Support funds from Ethiopia, work on the planned activities was funded under this FCO (See FCO 892001 Monitoring and Evaluation of the Ethiopian Implanon Initiative).
- The M&E plan and instruments were finalized and shared with partners.
- In Ethiopia, a special study was designed to evaluate the MOH implant program.
- The obligation of Field Support funds was received September 30, 2009.

Past Six Months:

- This FCO supported L. Dorflinger's participation in the BMGF Contraceptive Technology Experts Meeting in February 2010.
- This FCO and subproject was closed as separate studies were developed. Remaining funds were moved to FCO 890066 - Rapid Evaluation of the Ethiopian Implanon Initiative.

Post-Introduction Research & Research Utilization for Implants

Status: Complete *Projected End Date: 3/31/2010*

Country(s): Worldwide

Funding Source: Core: \$20,063

FCO	Approved	Closure	Tech Monitor
890061	10/5/2009	3/31/2010	J Stanback

Objective(s): 1) To inform PROGRESS's role in contraceptive technology evaluation and introduction in programs; and 2) To provide guidance on PROGRESS's continuing role with Sino-implant (II), and other potential cost-effective products.

Description: As part of the USAID PROGRESS Management Review that was held in December 2009, PROGRESS was requested to prepare and convene a one-day meeting of key stakeholders to discuss USAID, FHI, WHO and Gates activities related to the introduction and scale up of Sino-Implant. This was in response to concerns raised within USAID and other stakeholder's about potential conflicts of interests given FHI's role as a key research and program implementation partner on many other activities. Using this opportunity, PROGRESS undertook a broader review and synthesis of FHI's potential role in contraceptive technology evaluation and introduction using the Sino-Implant experience as an entry point. Given the implications for FHI as an organization, the costs of this activity were shared between PROGRESS and private FHI funds (FCO 6)
Note: Due to scheduling conflicts, the one-day meeting did not take place. Actual discussion of Sino-Implant was limited to ongoing activities under the Gates Grant.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An interview process and strategy was developed.
- Face to Face and telephone interviews were conducted with FHI senior management and staff at HQ and in the field.
- Data from the interviews and review of past experience were analyzed and a report prepared.
- One session at the PROGRESS Management Review was dedicated to Sino-Implant work under the Gates Grant.

Past Six Months:

- While there were plans to develop and initiate post-market surveillance studies on Sino-Implant under this FCO, that work is now being pursued under FCO 890076. It was determined that no funding was available for the proposed concept on repositioning implants within the method mix. As such, this FCO and activity were closed.

Findings and Outcomes:

This review underscored the potential to effect FP programs in positive ways through the introduction of high-quality low-cost generics. As a result, the following suggestions were made for how PROGRESS, and more broadly FHI, can expand its work with cost-effective contraceptives and mitigate risks through some concrete actions, including: 1) leveraging a surveillance system to

identify new, improved and cost-effective products, including those coming from newly industrialized countries; 2) maintaining involvement with multiple products to avoid being perceived as advocating a single product; 3) continuing to support prequalification by WHO of products that have not been reviewed by the USFDA or other SRA countries; and 4) investing in new initiatives that can further strengthen and expand FHI's role in this area, including establishing a product quality and compliance lab and regulatory capacity-building assistance in Africa.

Helping Women Avoid Short Birth Intervals: Introducing LNG IUS Services in the Public Sector

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Kenya

Funding Source: Core: \$405,296

FCO
890036

Approved
6/17/2009

Closure

Tech Monitor
D Hubacher

Objective(s): To evaluate the demand for the levonorgestrel (LNG) IUD in select countries where the product is being approved and introduced.

Note: The title and objectives have evolved from those included in the Year 1/2 Workplan based on conversations with USAID.

Description: The LNG IUD is being introduced by service delivery organizations on an experimental basis in several developing countries, including Kenya. The LNG IUD offers women another option for easy-to-use, long-acting contraception. As different service delivery organizations begin to offer the product on a limited basis, it is important to document the experience to help gauge how important the product might become in the future. In this subproject, FHI will collaborate with service delivery organizations that are offering the LNG IUD and help evaluate the process. FHI will help summarize organizations' provision of the product and evaluate service statistics. In addition, FHI may propose activities such as interviews with clinicians and clients who use the LNG IUD.

Collaborating Agency(s): Marie Stopes Kenya

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Three different concept proposals were submitted to USAID in the first part of Year 2.
- Discussions with USAID were held on numerous occasions to finalize an approach to conducting research with the LNG IUD. As a result, the title and objectives of this subproject changed.
- The activity, Evaluation of Users of Long-Acting Reversible Contraception in Kenya, FCO 890044, was merged with this subproject in the fall of 2009.
- The International Contraception Access Foundation was contacted in November 2009 and appeared willing to donate commodities when the time comes.
- A concept paper was approved by USAID/W.

Past Six Months:

- The concept paper was revised and resubmitted to USAID in March 2010.
- FHI and USAID agreed on a design for this study.
- A protocol was submitted for internal and USAID review. It was approved on June 23, 2010.

Year 3 Workplan:

- Subagreements will be developed.
- The protocol will be submitted to PHSC for review in August 2010.
- Study manuals will be prepared.
- Recruitment will begin in November 2010.
- FHI will collaborate with Marie Stopes Kenya to evaluate their experience with the LNG IUD.
- Recruitment will begin and be completed in this period.
- Data entry systems will be developed for ongoing processing.

Introduction of Multiload-375 into the Indian National Family Planning Program

Status: Ongoing *Projected End Date: 12/31/2010*

Country(s): India

Funding Source: FS: 283,570

FCO **Approved** **Closure**
892002 9/11/2009

Tech Monitor
A Widge

Objective(s): The goal of this subproject is to assess the feasibility of introducing the Multiload-375 IUD into India's National Family Planning Program. The assessment has the following objectives: 1) to identify operational issues associated with the introduction of the Multiload-375 in the Government Family Planning Program as an additional IUD option for women (as the CuT-380A IUD is already available); 2) to identify barriers to access, uptake and use of the Multiload-375 and suggest measures to ensure uptake; and 3) to identify appropriate community- and facility-based services that will be required for the uptake of the Multiload-375.

Description: The Ministry of Health and Family Welfare (MOHFW) recently made a decision to revive and reposition the IUD in the country, particularly in states with low contraceptive prevalence rates. With an aim to increase IUD use and to offer IUD choices to clients, the Government of India (GOI) has decided to include another type of IUD, the Multiload-375, in the National FP Program. The Multiload-375, an inexpensive and highly effective copper IUD, is already approved in India and popular among private providers. USAID identified FHI/India to evaluate the pilot introduction of the Multiload-375 in a few districts. The results of the assessment will be utilized by the GOI to facilitate the introduction of the Multiload-375 in the National FP Program.

The program assessment consists of three phases: pre-intervention, intervention, and post-intervention. The pre- and post-intervention components will, respectively, inform and assess the introduction of Multiload-375. A contracted research agency will help to complete the assessment in two phases of two and a half months spread over 10 months. The intervention will last a period of five months. The pre-intervention assessment will include a desk review, qualitative in-depth interviews with key informants, and health facility assessments. The intervention will include the following activities: training and developing inter-personal communication materials and job aids; developing a monitoring plan and data management systems; orientation and capacity building of providers; provision of FP counseling to women; demand generation; and anonymous data collation from client records. Contingent on the roll-out of the intervention and its completion, the post-intervention assessment will be undertaken by the research agency. In the post-intervention phase, meetings with partners, key informant interviews, and health facility service statistics collation, will be completed.

Subgrantee(s): Hindustan Latex Family Planning Promotion Trust (HLFPPT); TNS Research India

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A. Widge and J. Stanback developed a concept paper for this subproject.
- Widge and L. Patel worked on developing and finalizing the protocol.
- Research and implementation agencies, as well as study sites, were identified.
- USAID approved the protocol in October 2009.
- Patel developed the data collection forms (DCFs) with input from Widge and S. Basu.
- The subproject received expedited PHSC approval in November.
- FHI/India submitted documentation to the Futures Group IRB for local IRB approval and received approval in December 2009.
- The data management and analysis plans were developed by Patel, Widge and Basu.

Past Six Months:

- The DCFs were pre-tested, finalized, and translated with the assistance of TNS/India.
- TNS/India conducted pre-intervention key informant interviews and health facility assessments across the six study districts in February 2010.
- Draft desk review was completed by TNS/India and submitted to FHI in March 2010.
- The implementation agency, Hindustan Latex Family Planning Promotion Trust (HLFPPT) was contracted in March 2010.
- Widge and Basu worked on developing and finalizing the data analysis plan (quantitative and qualitative).
- TNS/India completed the data analysis with inputs from Widge and Basu.
- TNS/India shared the top line findings with FHI/India, Government of India, and HLFPPT in April 2010. These were also shared by FHI/India with USAID/India mission.
- The draft pre-assessment report was submitted by TNS/India in April 2010.
- Widge, Patel, C. Otterness and Basu continued to work on finalizing the draft pre-assessment report.
- Adaptation, translation and printing of communication materials and job aides for the intervention were completed by HLFPPT in June 2010, with inputs from I. Yacobson and E. Canoutas.
- Two thousand pieces of Multiload-375 were procured by HLFPPT (donated by Hindustan Lifecare Limited).
- HLFPPT completed the training of family planning providers and counselors in June 2010.
- To inform the assessment analysis and future scale up, HLFPPT documented the intervention activities, successes and challenges in the FHI Intervention Tracking Tool for the months of April, May and June 2010.

Year 3 Workplan:

- FHI/India and FHI/NC will engage in drafting instruments for post-intervention follow-on interviews.
- HLFPPT will assist Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) to better counsel and refer clients for IUD services and collect information on service statistics during the intervention period.
- Following the termination of the contract with the initial research agency (TNS/India), a new research agency will be identified to implement post-intervention activities.
- The new research agency will complete the following tasks: 1) review service statistics and clinic records with inputs from FHI; 2) conduct post-intervention follow-on interviews in September 2010; and 3) provide cleaned raw data to FHI/India.
- FHI will analyze the data and prepare the final report in November 2010.
- Prepare for Phase II (see also Field Support India on page 122)

Study on Continuation Rates of IUDs in India

Status: Ongoing

Projected End Date: 9/30/2010

Country(s): India

Funding Source: FS: \$80,071

FCO
892004

Approved
9/22/2009

Closure

Tech Monitor
A Widge

Objective(s): 1) To conduct a comprehensive literature review (including the grey literature) on IUD discontinuation in India; 2) to use the literature review to identify gaps from the synthesis of existing data and knowledge; and 3) to conduct a study that addresses one or more gaps identified as they relate to enhancing IUD uptake and retention.

Description: Despite its many advantages over other forms of long-acting contraceptive methods and widespread global popularity, the IUD is used by only 1.8% of married women in India (NFHS-3; 2005-2006). In response to the gross under-utilization of this long-acting contraceptive method, offered free of charge, the Government of India (GOI) developed a strategy to reposition the IUD in the Family Welfare program in 2006.

Many studies, operational, programmatic, ad hoc, formal and informal have been conducted to identify reasons for IUD discontinuation and to measure the rate of IUD discontinuation. Before embarking on another study that may uncover barriers to IUD uptake and continuation, and inform strategies for increasing IUD retention among women in India, it was decided that a comprehensive literature search should be performed. Based on the compilation of literature and a synthesis of what is already known, a systematic scientific study was to be designed to effectively gather new information on gaps identified in the literature. New data generated from such a study was expected to improve current strategies for the uptake and retention of IUD among women in India. It was anticipated that one such gap may be the systematic measurement of IUD discontinuation rates through a prospective study. If warranted based on findings of the literature review, a clinic-based prospective cohort study of women who opt to initiate IUD use was planned in selected populations to measure rates and reasons related to IUD discontinuation. Ultimately, the literature review indicated that no additional study was needed at this time.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Meetings between FHI/India and USAID/India took place and implementation of a prospective cohort study for measuring rates and reasons of IUD discontinuation in India was identified as a priority.
- A timeline was prepared for developing a concept, conducting a brief literature review, and developing a protocol and study instruments for a prospective cohort study at selected sites deemed to have the highest unmet need according to the GOI.
- A literature search was initiated, a PROGRESS concept proposal was drafted, and the draft was circulated within FHI for review.
- A follow-up meeting took place between FHI/India and USAID/India in November to clarify objectives and priorities; implementation of the previously discussed prospective cohort study was deemed premature by USAID/India in light of existing bodies of grey literature on IUD retention and reasons for discontinuation. Instead, a thorough and comprehensive literature review was recommended as a first step. It was agreed that USAID/India would advise on a subsequent study based on the gaps/needs identified in the literature review.

- As discussed between FHI/India and FHI/NC, a comprehensive literature review was initiated.

Past Six Months:

- FHI/India conducted stakeholder interviews, completed in February 2010.
- FHI/India completed a comprehensive literature review in March 2010.
- Based on the findings, it was decided that there is currently no need for an IUD continuation study in India.
- With permission from USAID/India Mission the following activities were charged to this FCOs:
- Atlas/Ti software was purchased.
- The USAID/India Mission proposed an assessment on task shifting in paper work related to Janani Suraksha Yojna (JSY) and medico legal cases within the Indian context at various levels of the health systems. A consultant was hired and completed this work in June 2010.
- S. Basu (FHI/India) attended the Population Association of America's 2010 annual meeting in Texas as a part of staff capacity building.

Findings and Outcomes:

- The following key findings were identified from the literature review on IUD use and discontinuation in India:
 - Large multisite studies on the continuation rates of IUDs in the Indian setting have been conducted by ICMR in the past and have resulted in clear reasons for discontinuation and recommendations for continuation.
 - The major associations for discontinuation have been identified as rural residence, illiteracy, and socio-cultural practices among both providers and family planning users.
 - The existing evidence on the association between quality of care and IUD acceptance and continuation is inconclusive. There are not sufficiently clear guidelines on where and what quality improvements are needed.
 - Additional studies in India need to be longitudinal, prospective study with multi-centric randomized control design. If further research is to be undertaken, it is expected that it will be resource- and time-intensive.
- Findings on the assessment of task-shifting under the Janani Suraksha Yojna program and documentation of the medico-legal cases include the following:
 - The methodology involved a desk review and a field study in the district of Uttar Pradesh (UP). The JSY scheme primarily works through the accredited social health activists (ASHA).
 - The various types of providers interviewed stated that tasks such as completing beneficiary forms, submission of forms to the Chief Medical Officer's office for signature, and processing payment to the beneficiary are run smoothly and there is no immediate need for task-shifting.
 - It was determined that there is limited scope for shifting tasks away from registered doctors in medico-legal cases due to the importance of detailed and duly verified medical and expert evidence necessary for the judicial system in India.
 - Pending Mission decision, activity will most likely not be continued.

Building Capacity for LAPM Provision in Kenya

Status: In development

Projected End Date: 09/30/2011

Country(s): Kenya

Funding Source: FS: \$122,937

FCO
892020

Approved

Closure

Tech Monitor
B Ochieng

Objective(s): To provide technical support to the Kenya Ministry of Health Division of Reproductive Health (DRH) to 1) develop workplans for long-acting and permanent method (LAPM) roll-out trainings at provincial and district levels in up to two provinces; 2) support implementation of provider trainings and follow-on supportive supervision in up to two provinces; and 3) develop a monitoring and evaluation (M&E) plan for DRH to track performance of its LAPM initiative.

Description: Revitalizing LAPMs remains a priority for the Kenya Division of Reproductive Health in order to foster a more sustainable method mix and ensure women and couples have access to the contraceptive method of their choice. To this end, FHI through the PROGRESS project will continue to build on investments made through the recently concluded CRTU project to provide technical support to DRH to operationalize its National LAPM Strategy. Currently, with support through the RESPOND project, DRH is finalizing national LAPM training materials and will conduct a training of trainers (TOT) course in LAPMs for provincial trainers. Following on the RESPOND-supported TOT, FHI will provide technical assistance to the DRH in rolling-out trainings on LAPMs in two provinces. FHI will support DRH and its partners through the FP Working Group to develop workplans to guide LAPM trainings countrywide, including provincial and district levels. Through this collaborative work planning process, opportunities to leverage resources and coordinate LAPM trainings with APHIA II/plus and other DRH partners will be fostered and pursued. In the two provinces to be included in this current phase of PROGRESS support, FHI will also provide TA to the DRH to develop and implement a monitoring and evaluation (M&E) plan, including support supervision to follow on provider trainings. Priority provinces will be identified in close collaboration with the DRH and activities will be coordinated with APHIA II/plus in the selected regions. Additional provinces may be added depending on funding availability.

Collaborating Agency(s): Kenya Division of Reproductive Health (DRH)

Activities, Accomplishments, Problems:

Year 3 Workplan:

- FHI will support DRH to develop work plans to guide LAPM trainings countrywide.
- In collaboration with DRH, two provinces will be identified where FHI will provide technical assistance on LAPM training.
- Technical assistance will be provided to DRH to develop and implement an M&E plan for the LAPM trainings.
- PROGRESS will support DRH to conduct follow on supervision for the LAPM trainings.

Evaluation of Users of Long-Acting Reversible Contraception in Kenya

Status: Canceled Projected End Date: 12/31/2009

Country(s): Kenya

Funding Source: Core: \$ 0

FCO	Approved	Closure	Tech Monitor
890044	7/9/2009	12/31/2009	D Hubacher

Objective(s): 1) To compare the socio-demographic characteristics of women choosing one of three long-acting methods: subdermal implants, the copper IUD, or the levonorgestrel intrauterine system (LNG IUS); 2) to assess the potential role of LNG IUS, as an alternative to other long-acting methods; 3) to examine postpartum uptake of these long-acting methods and how timing of uptake may differ (also compared to DMPA timing); 4) to compare findings from above with similar data from clients in the public sector; 5) where feasible, to assess any differences in early removal events (timing, reason, etc); and 6) establish an anonymous cohort of users for possible records-based follow-up activities, using Marie Stopes/Kenya's internal numbering system.

Description: Marie Stopes/Kenya (MSK) is a leader in provision of long-acting reversible contraception (LARC) in sub-Saharan Africa. In 2008, MSK provided long-acting reversible methods (including copper IUDs and subdermal implants) to approximately 50,000 women. The program in Kenya is providing more LARC than any other Marie Stopes country in the region. In the midst of these important achievements, many changes are occurring at MSK. First, Sino-Implant (II) is becoming more widely available in MSK programs; this will improve access to this important contraceptive option for many women. Second, MSK recently began offering the levonorgestrel intrauterine system (LNG IUS) on a limited basis, making it one of the first country programs to provide this new LARC option.

Fortunately, MSK has some of the best information systems for tallying service statistics and tracking deliveries and stock-outs at their facilities. In addition, most facilities keep excellent client records.

Existing clinic records at a number of busy Marie Stopes clinics in Kenya were to be reviewed and analyzed to conduct this retrospective study. Both individual client records and service statistics were to be used in the evaluation. At Marie Stopes clinics, data on approximately 200-400 users for each LARC method and DMPA were to be abstracted from clinical records. In the public sector, a similar number of client records for the available long-acting methods (including possibly DMPA) were to be abstracted.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early support for this study was provided under FCO 890015.
- After review of the initial concept by USAID, a decision was made to combine resources and ideas into another concept: Increasing Postpartum Family Planning Options Establishing LNG Implant and LNG IUD Services to Measure Uptake and Satisfaction, under FCO 890036.
- The FCO and activity were closed as of December 31, 2009.

No-Scalpel Vasectomy with Thermal Cautery and Fascial Interposition: Addressing Latent Demand in Rwanda through Utilization of Research

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Rwanda

Funding Source: Core: \$411,610

FCO
890033

Approved
6/11/2009

Closure

Tech Monitor
D Shattuck/Jennifer Wesson

Objective(s): 1) To expand Rwanda's FP method mix; 2) To increase Rwanda's access to quality vasectomy services by training a cadre of physicians in no-scalpel vasectomy (NCV) with cautery and fascial interposition; and 3) To build local capacity in monitoring and evaluation (M&E) to provide quality improvement.

Description: The MOH has requested technical assistance from FHI as they scale-up the availability of vasectomy services across the country. One area in which they would like assistance is training physicians in NSV with cautery. A training held in February 2010 with FHI support established a core group of physicians who, with additional support, could implement subsequent provider trainings.

FHI will work with the MOH to develop and implement a quality assurance plan which will ensure that Rwandan clients receive the highest quality of care. FHI and MOH will work collaboratively to identify feasible indicators in order to measure quality of care, in terms of patient counseling, informed consent, surgical and infection prevention procedures.

This activity will help prepare or adapt guidelines and/or job aids to help supervisors monitor adherence to recommended practices with respect to counseling, surgical skills, management of facilities, supplies, inventory systems, and infection control procedures. Emphasis will be placed on utilizing and supporting the current supervision structure. In addition, FHI will work with the MOH to seek opportunities for supervisors to share feedback from the supervisory visits with the providers who were being supervised as well as with facility heads and local health officials in order to encourage collective efforts toward quality improvement.

FHI and the MOH will work together to develop and implement a rigorous monitoring plan which will provide important information about both the implementation process as well as project outcomes.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Discussions took place between PROGRESS and RESPOND in an attempt to identify an appropriate research study.
- USAID/W approved travel for PROGRESS staff to participate in training on thermal cautery vasectomy procedures for physicians in Rwanda.

Past Six Months:

- D. Shattuck participated in a training of Rwandan physicians in thermal cautery vasectomy technique. These physicians are skilled to train others in this medical procedure. The actual training was paid for by the CRTU FCO 113109. 198 clients were served during the training and in the field visits conducted subsequently to fulfill the demand created by the training.
- Using the Rwanda training experience as a starting point, an initial workplan for this activity was drafted, submitted to USAID, and approved with comments in May 2010. It was revised and resubmitted on June 11, and approved on June 28, 2010.
- The title and objectives of this activity were changed to reflect the approved workplan.

- The FHI team is presently working with Rwandan MOH to develop a stepwise approach to scaling up vasectomy in Rwanda.

Year 3 Workplan:

- This activity will support a step-wise extension of vasectomy (NSV with cautery and fascial interposition) services to all 30 districts of Rwanda.
- FHI will assist the Government of Rwanda to develop and implement systems to ensure quality of care.
- Staff will monitor the process of scale-up, including assessing provider compliance with comprehensive FP and permanent method counseling, record keeping and client compliance with recommended follow-up; and
- The Rwanda scale-up experience will be documented to inform vasectomy programs in other countries.

Non-Invasive Approaches to Male Sterilization

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): USA

Funding Source: NIH: \$361,095

FCO	Approved	Closure	Tech Monitor
890068	12/4/2009		D Sokal
172012	12/1/2008	4/28/2010	D Sokal

Objective(s): To administer a grant to Professor Nate Fried at the University of North Carolina (UNC) Charlotte to study non-invasive methods of male sterilization. The objectives are: 1) to show that the vas deferens can be thermally occluded safely and effectively in a canine model; 2) to confirm the mechanism of vas deferens occlusion; and 3) to conduct long-term azoospermia ejaculation studies in canines to determine whether or not there is permanent male sterilization without recanalization.

Description: The overall objective of this research is to study non-invasive methods for thermal occlusion of the vas deferens with the long-term goal of developing a completely non-invasive approach to male sterilization. In the absence of progress on the development of a male birth control pill, the next most effective method of male contraception is male sterilization. Male sterilization (vasectomy) has a higher success rate, lower complication rate, is less expensive, and is easier to perform than female sterilization (tubal ligation). Fear of complications related to vasectomy (e.g. incision, bleeding, and potential for infection) was most frequently cited as the primary reason for couples choosing tubal ligation over vasectomy. Since male sterilization is currently an elective procedure, any improvement in the method of the procedure which eliminates these male concerns has the potential to greatly increase the popularity of the procedure. A completely non-invasive method of male sterilization would eliminate incision, bleeding, and potential infection associated with conventional vasectomy. Preliminary experiments in our laboratory have demonstrated that it is possible to use therapeutic focused ultrasound to non-invasively target the vas deferens for thermal coagulation, scarring, and occlusion. This subproject will conduct fundamental studies in dogs that should significantly advance our understanding of the mechanism by which thermal energy occludes the vas deferens, and should lead to the optimization of the treatment parameters for successful vas occlusion, and provide long-term pre-clinical results demonstrating safety and efficacy of this method of male sterilization.

Funding is provided by an NIH IAA, under the CRTU (2008-10) and PROGRESS (2010-11), for FHI to administer a grant for Professor Fried, and for David Sokal to monitor the research progress.

Subgrantee(s): UNC Charlotte

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Administrative arrangements began shortly after funding (via the CRTU) was agreed upon in October 2008.
- Administrative arrangements were finalized, and a subcontract was signed in March 2009.
- In May 2009, FHI informed Dr. Fried of potential collaborators in the private sector who are also looking at high intensity focused ultrasound (HIFU) for the vasectomy indication.
- Dr. Fried has hired staff and begun implementing project activities, including a trip to the Hopkins labs in June 2009 to coordinate the work there.
- Several animal studies have been conducted.
- Dr. Fried gave a talk at FHI describing his research.
- Based on inconsistent results with ultrasound, Dr. Fried has been experimenting with the use of an infrared laser, and has been getting much better and very promising results.

Past Six Months:

- D. Sokal visited Dr. Fried's lab in Charlotte, North Carolina on February 24-25, 2010.
- Funding under the CRTU ended for Dr. Fried's subagreement on March 31, 2010.
- An amendment to the subagreement was prepared and approved by USAID to transfer the subagreement to PROGRESS beginning in April 2010.
- The study comparing different infrared wavelengths was finished. It found that the 1075 nanometer wavelength is preferable, providing better tissue penetration without excess surface heating.
- The second of 3 parts of the computer simulation modeling study of heat transfer and tissue effects was also finished.

Year 3 Workplan:

- Several studies are planned for completion / initiation during the following year:
 - 1) The research team will complete analysis of a study comparing different wavelengths of infrared laser energy.
 - 2) The research team will complete the computer simulation modeling of infrared heat transfer and the tissue effects.
 - 3) The research team will conduct a short-term canine recanalization study in the fall of 2010.
 - 4) The research team will initiate a long-term canine study in late 2010 or early 2011.
- The FHI research monitor (D. Sokal) will conduct two site visits, one at UNC-Charlotte and one at Johns Hopkins, in the fall of 2010.

Findings and Outcomes:

- Research conducted during the first year of work has resulted in significant progress in the study of the potential feasibility of the use of infrared laser energy for vasectomy and several presentations and publications.
- Peer-reviewed manuscripts include: 1) Cilip CM, Jarow JP, Fried NM. Noninvasive laser vasectomy: preliminary ex vivo tissue studies. *Lasers in Surgery and Medicine* 41:203-207, 2009. 2) Cilip CM, Ross AE, Jarow JP, Fried NM. Application of an optical clearing agent during noninvasive laser coagulation of the canine vas deferens. *Journal of Biomedical Optics*. (Accepted pending minor revisions).
- Peer-reviewed conference proceedings include: 1) Cilip CM, Jarow JP, Fried NM. Noninvasive laser coagulation of the canine vas deferens, ex vivo. *Proc. SPIE: Urology*: 10:1-6, 2009. 2) Cilip CM, Ross AE, Jarow JP, Fried NM. Noninvasive coagulation of the canine vas deferens, in vivo. *Proc. SPIE: Urology* 7548: 75481D:1-5, 2010. 3) Cilip CM, Ross AE, Jarow JP, Fried

NM. Use of an optical clearing agent during noninvasive laser coagulation of the canine vas deferens, ex vivo and in vivo. Proc. SPIE: Urology 7548: 75481C:1-6, 2010.

USAID Financial Support of Female Nonsurgical Sterilization Development

Status: Canceled Projected End Date: 3/31/2010

Country(s): USA, Worldwide

Funding Source: CORE: \$: 0

FCO	Approved	Closure	Tech Monitor
890050	8/3/2009	6/30/2010	D Owen
112107	7/26/2005	4/28/2010	D Owen

Objective(s): To support the development of a method of non-surgical female sterilization

Description: FHI received several grants from a private foundation to develop a nonsurgical female sterilization method; this foundation only pays 15% of FHI's overhead (G&A) expenses. Under this subproject, USAID was to provide financial support to cost share the G&A expenses on these grants. These grants include activities related to: 1) the development of erythromycin as a means of female nonsurgical sterilization; and 2) the operations of a consumer advisory committee which provides oversight of the overall female nonsurgical sterilization program. Ultimately, based on OMB regulations, it was decided to back-out all charges to USAID and this subproject was cancelled in 2010.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- After a private foundation informed FHI that they would only pay 15% overhead, a request was made by FHI Senior Management to USAID for financial support. USAID agreed to pay the difference in overhead effective March 2001.
- A letter was sent to USAID in November 2001 requesting written approval for the use of USAID core funds to pay FHI's portion of the overhead. Approval was granted in December 2001.
- Updates for this FCO were summarized in EIS reports for the FCOs associated with these awards.

Past Six Months:

- In March 2010, it was determined that OMB regulations do not allow for USG funds to recover indirect costs associated with another award. Thus, the decision was made to cancel this activity. All charges to the CRTU FCO 112107 were removed and no USAID funds were used to cover the G&A shortfall on other awards.
- No charges had yet been made to the PROGRESS FCO 890050 and it was also closed.

Continuous vs. Cyclic Use of COC Pills

Status: Ongoing

Projected End Date: 2/28/2011 Study No.: 9964

Country(s): Dominican Republic

Funding Source: Core: \$222,499

FCO	Approved	Closure	Tech Monitor
890046	7/15/2009		K Nanda
112118	9/6/2005	2/28/2010	K Nanda

Objective(s): To evaluate continuation rates, adherence, and acceptability of combined oral contraceptives (COCs) used by the 21/7 cyclic regimen compared with continuous use.

Description: Over 1 million unintended pregnancies annually are related to OC use, misuse or discontinuation. COC discontinuation rates are very high in developing countries, ranging from 16% in Zimbabwe to 52% and 73% in the Dominican Republic and Turkmenistan, respectively. The monthly regimen of 21 active pills followed by 7 inactive pills was created to mimic spontaneous menstrual cycles. However, the 7-day hormone-free interval is associated with withdrawal symptoms including bleeding, pain, breast tenderness, bloating/swelling and headaches. Alternate regimens of oral contraceptive pills, in which the duration of the active pill phase is longer than 21 days and/or the placebo phase is shorter than 7 days, may provide advantages over currently available standard 28-day regimens by reducing symptoms associated with the hormone-free interval, decreasing bleeding (and potentially anemia), enhancing acceptability, and thus improving continuation rates. There are no published data on the use or acceptability of extended use COC regimens in women in developing countries.

This is a prospective, randomized, controlled clinical trial, to be conducted in a family planning clinic in a developing country. Under the CRTU 363 healthy 16-30 year-old, non-pregnant, and non-lactating women with regular menstrual cycles were randomized to monophasic COCs (ethinyl estradiol 30 mcg and levonorgestrel 150 mcg) using the conventional 21/7 regimen or continuous use. Participants in the continuous COC group use active pills without interruption unless bleeding or prolonged spotting signals need for a hormone-free interval. The study will be continued under PROGRESS and will evaluate pill continuation through 12 months, assess adherence, acceptability (both quantitatively and qualitatively), bleeding, and side effects. Additional outcomes are pill instruction comprehension, 12-month pregnancy probabilities, and hemoglobin levels.

Subgrantee(s): PROFAMILIA, Dominican Republic;

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI obtained preliminary approval to work on this study in the 2006 Workplan.
- Please refer to Annual Report (2007-2008) for accomplishments that took place prior to January 2008.
- The Guatemala site staff resigned in Dec. 2007 due to staff disputes over salary and hence the site was closed early in Feb. 2008.
- FHI staff conducted a site evaluation visit at PROFAMILIA in the Dominican Republic (DR) in Mar. 2008.
- PHSC approved the revised study protocol and consent forms on May 9, 2008. The Spanish versions of the protocol and informed consents were approved by the IRB of PROFAMILIA in the DR in May 2008.

- FHI staff conducted a site evaluation visit to PROFAMILIA in Nicaragua in May 2008 and in June they conducted study initiation training at PROFAMILIA in the DR.
- A sub-agreement was finalized for the DR site in July 2008.
- A site initiation visit took place at the Nicaragua site in Sept. 2008.
- The PROFAMILIA, DR site started screening and enrolling participants on Oct. 23, 2008.
- The sub-agreement was drafted and the budget was finalized for the PROFAMILIA, Nicaragua site (FCO 112144). Study initiation was delayed because the pills had not been released from customs as of Dec. 2008. The site drafted a study implementation plan for the Nicaragua Ministry of Health in order to release the pills from customs.
- The first periodic site monitoring visit took place at the DR site in January 2009.
- In February 2009, the in-depth interviews began at the DR site.
- Due to ongoing administrative and logistical issues at the Nicaragua site, we decided to cease study preparations at this site and to withdraw Nicaragua as a site. Unresolved issues include failed attempts by the site staff to obtain necessary approvals from the MOH; inadequate communication with FHI; inadequate ability to provide regulatory documents; and failure to pass the FHI financial audit. FCO 112144 was closed in March 2009.
- The DR site exceeded enrollment targets and agreed to enroll all study participants. A total of 362 women have been enrolled through Oct. 2010 reaching the enrollment target for the study.

Past Six Months:

- In March 2010 the study transitioned from CRTU to PROGRESS.
- An interim monitoring visit was conducted in April 2010. Participants continue coming in for their final 12-month visits.

Year 3 Workplan:

- The study team will continue to monitor data on a continual basis through DMNET.
- A closeout monitoring visit will be conducted in October 2010.
- Data analysis will be completed and a manuscript will be drafted in early 2011.

Findings and Outcomes:

- Under the CRTU, this study protocol was developed, study sites identified and the final site, PROFAMILIA in the Dominican Republic, completed enrollment of 363 participants.

Pre-Introductory Studies of Vaginal Rings

Status: Canceled Projected End Date: 12/31/2009

Country(s): Kenya, Senegal

Funding Source: Core: \$30,268

FCO	Approved	Closure	Tech Monitor
890013	10/1/2008	12/31/2009	V Halpern

Objective(s): To develop and conduct pre-introductory studies on a progesterone-releasing vaginal ring in postpartum lactating women.

Description: There is a need for an effective and safe method of contraception for postpartum lactating women. A vaginal contraceptive ring (CVR) releasing micronized progesterone (10 mg/day) developed by the Population Council (PC), meets these criteria. The fact that progesterone is a natural hormone makes the method more appealing, especially in the countries and populations where contraceptives containing synthetic hormones is not a first choice due to safety

concerns for babies. The ring has been registered in Chile and Peru and manufactured by Andromaco with limited production capacity of 1000 rings a month. Andromaco has only the Latin American rights. The PC has planned clinical trials with the progesterone vaginal ring for postpartum lactating women leading to eventual product registration in India. The PC is negotiating a licensing agreement with Hindustan Latex, an Indian company. Also, Transfer of Technology has been planned from Andromaco to Hindustan Latex.

For this activity, FHI planned to collaborate with the PC to evaluate the progesterone vaginal ring in lactating women. The PC had proposed studies in India, whereas FHI was planning a study to evaluate acceptability and clinical performance in one or two African countries (Kenya and Senegal). The purpose of these pre-introductory activities would have been to collect country-specific data on clinical performance, acceptability, potential demand, and to assist with subsequent local registration, if warranted.

Collaborating Agency(s): Population Council

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A series of meetings and conference calls were held in January - October 2009 between FHI and the Population Council during which the feasibility as well as specific steps of this collaboration were discussed.
- Kenya and Senegal were selected as potential countries for acceptability trials. FHI initiated the site selection process in Kenya in May of 2009 in close collaboration with the FHI regional office in Kenya.
- The concept proposal for the trial was submitted to USAID for review and approval; the technical monitor (TM) started working on the protocol.
- Involvement of the PC in the collaboration on the vaginal ring project is crucial given their vast knowledge and experience with the product. Lack of funding from USAID as well as from other sources made such collaboration difficult.
- Limited funding from the NIH and Indian government will most likely delay the safety and acceptability trials, and registration plans in India.
- Progesterone rings from the upgraded Andromaco facilities will become available in mid 2010 at the earliest. Although the final manufacturing price of the ring is not known, it is likely to be high given the current cost of \$6.5 for a placebo ring, and \$10 for an active ring. The transfer of manufacturing to Hindustan Latex has the potential to reduce the price of the product but more precise estimates are difficult, and a timeline for such transfer is unclear.
- High demand may reduce the cost of the ring. Because potential market for the progesterone ring in Africa is unknown, it is difficult to estimate if the number of potential users will be large enough to have a substantial impact on the final cost of the ring.
- The PC suggested an acceptability study of a placebo ring, but USAID and FHI were not interested in studies of a placebo ring.
- Given these setbacks and following the recommendation of USAID, the FHI team decided to cancel this research activity and reprogram funds as appropriate.

Legacy Area 4: Increasing In-Country Capacity for Research and Research Utilization

Legacy Area 4 includes most of PROGRESS's capacity building and cross-cutting research utilization activities. The activity descriptions below start with capacity building, moving from global to country-specific activities. The Tanzania (and newly proposed Kenya) National Family Planning Costed Implementation Plans are also included as capacity building activities. The research utilization section starts with a number of global activities, both core and NIH-funded and then moves on to the regional collaboration with ECSA. There are four ongoing country-specific research utilization subprojects and four new field support funded country specific research utilization subprojects.

Build Quality and Sustainable Research Institutions

Status: Ongoing Projected End Date: 6/17/2013

Country(s): Rwanda, Tanzania, India, Worldwide Funding Source: Core: \$531,974

FCO	Approved	Closure	Tech Monitor
890004	6/18/2008		R Homan

Objective(s): 1) To implement a long-term program in PROGRESS countries to increase the range and depth of capabilities among program researchers to meet milestones along a development continuum; 2) to use a “learn-by-doing” strategy to build sustainable capacity through mentors and the application of training to real-world problems; and 3) to “segment the market” for capacity building by tailoring the content of training to meet the specific needs of target groups.

Description: PROGRESS will identify local research institutions in countries within which PROGRESS works that will be the target for on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs. By building upon existing resources, and focusing on institutions rather than individuals, the longer-term sustainability of the research capacity should be maintained. Until local research institutions can take on the design, implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.

In addition to building the capacity of the local research organizations, PROGRESS will also work within the existing stakeholder structures to promote understanding of the value of evidence-based practices and create a norm of data-driven decision making. This activity is designed to sow the seeds to create an expectation for using programmatic research to inform policy decisions and changes in programs. This local support is believed to be critical in order to sustain investment in programmatic research. The goal is to strengthen resources and capacity already present in the country rather than build anew.

This subproject will support initial development of capacity building activities within countries until a separate FCO is opened for capacity building work in the countries. It will also provide ongoing headquarters (NC) support to the capacity building activities in countries with their own FCO/activity.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- K. Ganter prepared lessons learned from prior capacity building activities. It was used to prepare a strategy document for discussions with potential collaborating institutions to reach consensus on the goals and process of programmatic research capacity building under PROGRESS.
- PROGRESS staff visited Rwanda, India, and Zambia, where they identified potential local research institutions that could participate in PROGRESS’s research and research utilization activities.
- PROGRESS met with staff from the Centre for Africa Family Studies in Nairobi to assess their ability to support capacity building activities in Oct. 2008.
- Maggwa and J. Stanback visited Zambia in Nov. 2008 and met with the director of the Institute for Economic and Social Science Research (IESSR) to discuss research capacity building and possible collaborations.
- M. Welsh and R. Homan traveled to India in Dec. 2008 and held discussions with staff at the Indian Medical Research Center on priorities for research on contraception and FP in India.

- Homan developed a descriptive summary on PROGRESS's approach to building research capacity, used in discussions with potential collaborating institutions.
- Homan traveled to Rwanda in Jan. 2009 to begin negotiations with the Rwanda School of Public Health to collaborate on developing the School's capacity to undertake programmatic research in support of FP programs in Rwanda.
- A formal needs assessment for capacity-building activities was completed for Rwanda in April 2009 (see FCO 890026 for activities in Rwanda).
- Homan worked with the National Institute of Medical Research (NIMR) in Tanzania to identify capacity building needs in May 2009.
- A local consultant was hired in India to identify promising potential local research partners.
- In close collaboration with the local office, the vetting of NIMR units in Tanzania continued with a short list of two units developed.
- FCOs were set up for in-country capacity building activities for India (FCO 890064) and for Tanzania (FCO 890073).

Past Six Months:

- Homan traveled to India in February 2010 to finalize selection of a local research partner and commence development of a scope of work and subagreement. During that visit, it was determined that this was not a fertile environment for this activity and therefore the funds should be re-programmed elsewhere. FCO 890064 (India) was closed in June 2010.
- NIMR-Muhimbili Medical Research Centre was selected as the appropriate entity to work with on capacity development activities in Tanzania. The NIMR-MMRC staff have completed a SWOT analysis and begun the development of a workplan and subagreement.

Year 3 Workplan:

- The capacity development workplans with the local research institutions will be implemented, under separate FCOs 890026 (Rwanda), and 890073 (Tanzania). This FCO will continue to provide support from FHI/NC as requested.

Capacity Building for Research in Tanzania

Status: Ongoing *Projected End Date: 12/31/2012*

Country(s): Tanzania

Funding Source: Core: \$216,001

FCO
890073 **Approved**
12/10/2009

Closure

Tech Monitor
C Lasway

Objective(s): To strengthen the capacity of the Tanzania National Institute for Medical Research (NIMR) to: 1) develop and implement programmatic research on national priority issues related to family planning; 2) translate and promote use of FP research results into evidence-based policy and practice; 3) secure financial resources to implement FP research; 4) provide technical assistance to the Reproductive and Child Health Section and partners on evidence-based information needs to improve planning, policy and practice; 5) Catalyze interest and generate a critical mass of researchers within the Muhimbili School of Public Health and Social Sciences (SPHSS) focusing on FP research and utilization.

Description: This subproject supports on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs in Tanzania. By building upon existing resources, and focusing on institutions rather than individuals, the longer-

term sustainability of the research capacity should be maintained. Until local research institutions can take on the design, implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.

PROGRESS has identified the National Institute for Medical Research – Muhimbili Medical Research Center (NIMR-MMRC) as the beneficiary of capacity building efforts in Tanzania. The selection of NIMR-MMRC has been based on the fact that it is the para-statal organization under the Ministry of Health and Social Welfare mandated to carry out and promote medical research designed to alleviate disease/conditions among the people of Tanzania; relative to other NIMR centers, MMRC has a Maternal and Child Health unit with interest in conducting more FP research, and its partnerships on other FP studies have demonstrated a positive and productive working relationship, as well as identified potential areas for capacity building.

This FCO and subproject will support capacity building activities implemented in Tanzania. It is closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Tanzania and other countries.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early support for this activity was funded under FCO 890004. FHI/Tanzania identified NIMR as a possible recipient of capacity building intervention efforts. Two units of NIMR were identified as possible recipients: the NIMR Health Policy & Systems Research Department (NIMR-HPS) and NIMR Muhimbili Medical Research Center (NIMR-MMRC). R. Homan worked with the NIMR-HPS in to identify capacity building needs during a visit in May 2009.
- C. Lasway followed up on this initial contact to further assess the applicability of partnering. This was done by 1) guiding NIMR through a SWOT analysis and 2) collaborating on two separate assessments to directly and practically observe capabilities and gaps.
- Support for this activity continued under FCO 890004 until December 2009 when FCO 890073 was opened.

Past Six Months:

- A workshop on research utilization concepts and approaches was conducted in April 2010 for key FHI and MOH staff, with invitations extended to relevant colleagues from NIMR-MMRC (cost-shared with FCO 890040).
- In March 2010, FHI/Tanzania selected NIMR-MMRC as the appropriate recipient of the effort.
- A more detailed SWOT analysis was conducted with NIMR-MMRC.
- FHI/Tanzania research staff participated in two research trainings – Scientific Report Writing and Participatory Research Techniques. Staff will orient NIMR-MMRC on these areas.

Year 3 Workplan:

- Finalize capacity building workplan and subagreement with NIMR-MMRC.
- The capacity development workplan with NIMR-MMRC will be implemented.

Capacity Building for Research in Rwanda

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Rwanda

Funding Source: Core: \$367,854

FCO	Approved	Closure	Tech Monitor
890026	6/2/2009		J Wesson
890027	6/1/2009		J Wesson

Objective(s): To strengthen the institutional capacity of the National University of Rwanda School of Public Health to conduct programmatic research.

Description: A key objective of PROGRESS is to contribute to improved FP service delivery by investing resources in the strengthening of programmatic research capacity within local research institutions. The National University of Rwanda School of Public Health (NURSPH) is an institution of higher education for public health, which aims to provide leadership to address Rwanda's health challenges and to contribute towards the overall growth and sustainable development of the Great Lakes countries. The capacity development activities will include: continuing research education seminars, skills development workshops, capacity building linked to specific FHI studies in Rwanda, research grant management skills, and curriculum development. All activities will be led by a team of FHI and NURSPH personnel.

This FCO and subproject are closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Rwanda and other countries.

Subgrantee(s): School of Public Health, Kigali, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early planning activities for this subproject were funded under FCO 890002.
- A first meeting to explore a partnership for capacity development was held between NURSPH and FHI in January 2009.
- NURSPH and FHI staff members attended a two-day work planning meeting in Kigali in April 2009, where a draft scope of work for the first two years of the capacity development activities was created.
- A Statement of Shared Vision was signed by NURSPH and FHI in April 2009. The Statement established a partnership between the two institutions for conducting capacity development activities at the NURSPH.
- A subagreement for NURSPH to manage planned activities was developed in May 2009. However, confusion regarding NURSPH's ability to comply with USAID contractual requirements led to a delay in processing the subagreement. FHI and NURSPH agreed in June 2009 that FHI should directly fund activities until such time as a subagreement can be signed. The FHI subagreement was signed on October 14, 2009.
- A senior professor was identified as the overall manager of the capacity development activities for SPH. Focal points for each individual activity (e.g. training on qualitative data analysis) were identified from among more junior faculty. The focal points were called together for a meeting to explain the purpose of the capacity development work, and to discuss next steps for each of the activities.
- As per the subagreement, computer equipment and other learning tools were procured on behalf of SPH.

Past Six Months:

- In January 2010, researchers Aurelie Brunie and Betsy Tolley conducted a three-day qualitative analysis workshop for five faculty members from NURSPH. The reaction was enthusiastic and the faculty members requested a follow-on training after several months of having applied what they learned in the first training.
- In February 2010, NURSPH received computer equipment, as described in the subagreement, to assist in the creation of a distance learning program.
- The capacity development team met with the new Deputy Director of Research at NURSPH to discuss the continuing research education seminars. The Deputy Director requested FHI assistance in organizing new structures to create a conducive environment for research at NURSPH. The next seminar will be done in conjunction with the newly formed "Principal Investigators Committee".

Year 3 Workplan:

- PROGRESS and NURSPH staff will conduct three continuing research education seminars: Roles & Responsibilities of Principal Investigators, Study Design & Sampling Techniques, and Results Dissemination & Advocacy.
- A grant-writing and administrative skills workshop will be held.
- PROGRESS will assist NURSPH faculty in packaging selected operations research courses from the MPH and MSc programs into electronic format to enable distance learning programs.

Capacity Building for Research in India

Status: Canceled *Projected End Date: 6/30/2010*

Country(s): India

Funding Source: Core: \$5,142

FCO
890064

Approved
11/12/2009

Closure
6/30/2010

Tech Monitor
R Homan

Objective(s): 1) To collaborate on programmatic research capacity development with a local research institution; 2) to assess current capacity of a local research institution to undertake programmatic research; 3) to develop a timeline and strategies to fill identified gaps and strengthen current capacities; and 4) to implement capacity development activities with the local research institution.

Description: Programmatic research has a key role to play in the design, provision, and sustainability of family planning services in developing countries. Too often, low and middle-income countries are dependent upon outside expertise to design their programs, introduce modifications in service delivery procedures, or evaluate the effectiveness and financial performance of their operations. This inability to independently undertake programmatic research severely constrains the ability of local bodies to inform the delivery of FP services. Capacity building activities in PROGRESS aim to serve as catalysts to move local research institutions from their current stage of programmatic research capacity to mature, fully-functioning independent institutional units.

The purpose of this activity was to identify institutions in USAID priority states (Uttar Pradesh, Jharkhand and Uttrakhand) that require programmatic research capacity building and to build the required capacity.

This FCO and subproject were closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in India and other countries.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI/India conducted an initial assessment to identify institutions in the three states and developed a detailed list of institutions which may be appropriate for capacity building.
- The preliminary report of the potential partner assessment exercise was completed in February 2010.

Past Six Months:

- Short-listed institutions were visited in February 2010 and at that point it was decided to stop pursuing this activity in India.
- The FCO was cancelled in June 2010.

Tanzania National Family Planning Costed Implementation Plan

Status: Ongoing Projected End Date: 9/30/2011

Country(s): Tanzania

Funding Source: Core: \$229,949
FS: \$365,341

FCO	Approved	Closure	Tech Monitor
892006	9/24/2009		C Lasway
890023	2/24/2009	6/30/2010	C Lasway

Objective(s): To support the Tanzanian Ministry of Health and Social Welfare (MOHSW) to develop a National Family Planning Program Costed Implementation Plan (NFPCIP).

Description: Family planning momentum in Tanzania has slowed considerably since 1999. Whilst modern method prevalence increased from 6.6% in 1992 to 13.3% in 1999, the annual increase in prevalence dropped to 0.2 percentage points per year, with prevalence reaching only 26.4% in 2004–2005. The annual percentage increase in modern method use dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004–2005). A number of factors appear to account for Tanzania’s loss of momentum, including: waning of the program’s visibility and resources, decentralizing responsibility for delivery of basic health services (including family planning) to the district council level; integrating the family planning program into a broader Reproductive and Child Health Section (RCHS) and the subsequent integration of the RCHS into a broader health-sector program, and shifting donor funding from targeted geographic programs or commodities to “the basket”.

The National Road Map Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (One Plan) 2006 to 2010 has an operational target of increasing modern CPR from 20% to 60% by 2015. However, the Road Map does not clearly describe how this operational target can be reached and how much it will cost. Thus, the MOHSW requested support from USAID and PROGRESS to help develop a National Family Planning Costed Implementation Plan (NFPCIP). The NFPCIP is expected to provide a vision on clearly defined and costed activities and targets to be implemented at different levels by different organizations over a specified period of time and under the leadership of the MOHSW in order to make quality FP services more accessible and equitable.

Collaborating Agency(s): EngenderHealth; John Snow, Inc.; Ministry of Health and Social Welfare; Pathfinder International; The Futures Group; UNFPA; World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- PROGRESS staff prepared a draft proposal for USAID/Tanzania in Dec. 2008.
- In Feb. 2009, PROGRESS staff traveled to Tanzania to finalize the proposal. Consultants were recruited.
- J. Lewis, international consultant, traveled to Tanzania in March to work with the local consultant on the initial stages. The following deliverables were developed: a detailed operational workplan, an outline for the NFPCIP, terms of reference for strategic action area working groups (SAAWGs), and a guide for data collection during Phase I. Several consultations were made with partners and the MOHSW.
- Phase I of the NFPCIP development process, gathering and synthesizing evidence, was completed in June 2009. Phase II, planning and drafting the NFPCIP, also started in Feb. 2009.
- As of March 2009, six SAAWGs leaders were identified and oriented to lead the development of the strategic actions.
- In June 2009, R. Homan traveled to Tanzania to assist with preparations for costing of the strategic actions. Data collection forms to support the documentation of the current local resource base were provided to the MOHSW and the SAAWGs.
- FHI staff participated in a series of meetings hosted by Futures Group to develop the analytical framework of the NFPCIP. As a result, a preliminary decision was made to have a regionalization focus towards the development of the NFPCIP.
- In July and Aug. 2009, the NFPCIP team held one-on-one advance consultations with key high level stakeholders to gather input to draft one of the strategic actions.
- Also in July, a meeting was held with district and regional health management teams to consult on the key issues and proposed strategic actions.
- A two-day stakeholder workshop was held in Aug. 2009 to seek guidance and to agree on the objectives and strategic action areas.
- By September 2009, a zero costed draft of the NFPCIP was released and reviewed by the Chief Medical Officer (CMO) of the MOHSW.
- In October 2009, the first draft of the NFPCIP was released after incorporating comments from the CMO.
- In December 2009, a draft of the NFPCIP was presented to the senior level management team of the MOHSW for their input.

Past Six Months:

- In February 2010, inputs from MOHSW management team were incorporated into the second draft.
- In February 2010, draft three was reviewed by stakeholders, including district and regional level representatives and the management team of the MoHSW for final review.
- In March 2010, the final draft received final approval and was signed by the Chief Medical Officer and the Permanent Secretary of the MOHSW. The final NFPCIP was launched by the Honorable Minister of Health and Social Welfare.
- In March 2010, Lasway attended a USAID meeting entitled "Meeting the Family Planning Demand to Achieve MDGs: Vision 2015" held in Kigali and presented on the development process of the NFPCIP.
- In April 2010, a request for funding was submitted to the USAID mission to support Phase II activities. This was approved in June 2010.
- In May and June 2010, FHI worked on a template for reporting on mobilized resources and progress of activity implementation of the NFPCIP.

Year 3 Workplan:

- Phase II activities will be implemented with Field Support funding.
- The process of developing the NFPCIP will be documented.

- Indicators will be developed for tracking NFPCIP progress in resource mobilization and activity implementation.
- Reporting tools for the NFPCIP will be finalized.
- A query-based web platform that will include timely and pertinent information on the progress with resource mobilization and activity implementation will be developed and maintained.
- NFPCIP Appraisal Meetings will be hosted at various levels.
- FHI will assist the Reproductive and Child Health Section (RCHS) to develop and execute a resource mobilization plan.
- The NFPCIP will be widely disseminated in Tanzania.
- PROGRESS will help coordinate partner advocacy efforts to be more targeted to NFPCIP objectives.

Findings and Outcomes:

- The Tanzania National Family Planning Costed Implementation Program (M2010-41) was launched on March 30, 2010.

Support to Develop a National Family Planning Costed Implementation Plan in Kenya

Status: In development

Projected End Date: TBD

Country(s): Kenya

Funding Source: FS: \$117,500 (FY 11)

FCO

Approved

Closure

Tech Monitor

Rose Masaba

Objective(s): 1) To collaborate with the Kenyan Department of Reproductive Health (DRH) to compile priority strategies and interventions for improving FP uptake; and 2) to develop a costed implementation plan to synthesize costs, inputs, and activities required for the priority interventions to reach DRH's targets for the coming five years.

Description: The Kenya Department of Reproductive Health is committed to raising the contraceptive prevalence rate (CPR) from the current 46% to 56% by 2015, but a clear plan must be developed in order to realize this goal. Towards this end, FHI will support DRH to develop a national costed implementation plan (CIP) for family planning. The CIP will clearly define and cost the activities to be implemented at different levels by various institutions and organizations over the coming five years under the leadership of the DRH in order to achieve its targets for the National Family Planning Program. The development of the CIP will be a collaborative process through the National Family Planning Working Group bringing together development and implementing partners supporting family planning services in Kenya under the leadership of the DRH. FHI will provide the DRH with technical, financial, and management support to facilitate the process of developing the CIP through a multi-phased approach, including reviewing and synthesizing current RH strategies and FP priorities, building consensus, and finalizing and launching the costed plan.

Collaborating Agency(s): Kenya Division of Reproductive Health

Activities, Accomplishments, Problems:

Year 3 Workplan:

- The first phase will involve reviewing and synthesizing information from the current National Reproductive Health Strategy and from ongoing discussions of the post-Kampala and post-Kigali teams.

- Information gathered will be used to develop a list of prioritized activities that are likely to be major contributors to achieving the target of 56% CPR by 2015.
- Identification of inputs required for these priority activities and costing of those inputs will be the crucial steps towards the development of the plan.
- FHI will support DRH to build consensus on the prioritized activities and inputs through a series of meetings involving key stakeholders from the national, provincial and district levels. Feedback and discussions from these meetings will be used to refine and finalize the draft plan.
- The finalized costed implementation plan (CIP) will be launched and disseminated strategically in order to have maximum impact.
- As part of the CIP process, a dissemination plan will be developed, which will include strategies for resource mobilization, production of adequate copies and supporting dissemination at national, provincial and district levels.

Utilization of Best Practices

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

Funding Source: Core: \$746,888
(through FY11)

FCO **Approved** **Closure**
890003 6/18/2008

Tech Monitor
B Finger

Objective(s): 1) To capitalize on under-used results in policies and programs; 2) to provide a framework to guide scale-up; 3) to influence international norms; and 4) to increase government and donor commitments to utilizing best practices.

Description: Improved access to quality FP services depends on the systematic application of lessons learned from program research and program experience. While many challenges remain to be addressed by new and ongoing PROGRESS research, program improvements over the next five years are likely to come from applying the evidence and best practices that already exist. Under this FCO, PROGRESS will support the introduction, adaptation, and scale-up of research results and best practices for FP and RH. We will move quickly to apply our expertise to address the key challenges to utilizing both existing evidence and new research findings. Our initial focus will be to promote the adoption and scale-up of existing underutilized research results. We will also build on our experience in Research to Practice to refine a framework for facilitating the utilization and scale-up of new results.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In Year 1, support went for presentations by J. Stanback at APHA and by Maggwa at Global Health Council and for Stanback/Maggwa to discuss sharing of global best practices with FP stakeholders in Zambia and Rwanda.
- In Rwanda, the MOH agreed that FHI would be a technical resource to the Rwanda FP Technical Working Group (FPTWG) on global best practices. This FCO supported early work in Rwanda before that was transferred to FCO 890045. Among other activities, PROGRESS reviewed the Rwanda National Training Guidelines and Manual for compliance with WHO guidance and supported the translation of the manual into English (see FCO 890045).
- PROGRESS did similar technical support work through FHI/Tanzania and FHI/India staff, which has shifted to new subprojects; FCO 890042, India; FCO 890040, Tanzania.
- PROGRESS helped to support a visit by ExpandNet in early 2009 to discuss scaling up.

- In March 2009, Drs. Maggwa and Mbonye attended the ECSA Ministers conference to share experiences with task shifting for FP services; this helped set the stage for greater ECSA collaboration and focus on this topic (see FCO 890043).
- PROGRESS developed a panel on community-based distribution of injectable contraceptives for the FIGO meeting in Oct. 2009, with Maggwa, Iqbal Shah of WHO, A. Akol of FHI/Uganda, and M. Solomon of FHI/Kenya.
- Finger and J. Smith developed a strategic matrix of evidence-based practices, which USAID approved in the Dec. 2009 Management Meeting.
- At the Nov. 2009 International Conference on FP (ICFP) in Kampala, PROGRESS assembled information for the key “pearls” identified by FHI President W. Cates in the 3rd day plenary. Finger worked with the IBP Consortium for post-Kampala activities (see also FCO 890010).
- At the Dec. 2009 Management Meeting, FHI and USAID agreed on five focus RU areas: CBD, MCH/immunization and postpartum, non-health sector, long acting and permanent methods, and mobile health for FP.
- PROGRESS collaborated with the MCHIP project and USAID to organize an information sharing and coordination meeting on integration of FP and immunization services.

Past Six Months:

- Finger and Malkin supported the team working on regional best practices through ECSA (see FCO 890043), including traveling to the February 2010 Ministers Conference, where FHI co-lead a two-day task shifting workshop with ECSA and about 30 ministry officials from eight ECSA countries. FHI/Uganda, Tanzania, and Kenya presented global best practices and helped facilitate the development of country work plans (Akol, Solomon, Lasway, Wamala).
- PROGRESS worked with USAID to promote the strategic practices matrix to other CAs. This matrix provides a coherent way to think about the many tools and materials relating to methods and delivery systems.
- Finger supported PROGRESS efforts in Rwanda, Tanzania, India, and Senegal to utilize the priority activities identified in the strategic matrix.
- Finger worked with IBP on post-Kampala activities, promoting the key pearls identified by Cates at the meeting (see FCO 890010).
- Finger provided guidance to PROGRESS RU staff on the five technical areas agreed upon with USAID, through the new activities/FCOs approved in the Year 2 workplan addendum (CBD/injectables, see FCO 890080, and MCH/immunization, FCO 890081).
- Finger worked with the m4RH research team to help guide branding of materials being used in that activity, as the activity begins to achieve public attention (see FCO 890019).
- Finger and Lebetkin developed the first quarterly PROGRESS e-newsletter, summarizing best practices that are emerging from PROGRESS. This material also was synthesized into new pages on the PROGRESS section of the FHI website (www.fhi.org/progress).
- Finger worked with Maggwa and Stanback on plans for reporting on upcoming PROGRESS research and research utilization results in a coherent approach.

Year 3 Workplan:

- PROGRESS will work with the USAID RU coordinators to update as needed and to utilize the Strategic Matrix, promoting the matrix resources and approach through bilaterals, country FP Technical Working Groups, and other venues.
- PROGRESS will collaborate with USAID/W to promote the high-impact interventions including participating in the identification of evidence-based practices and tools to support the use of these interventions.
- PROGRESS will promote best practices that emerge from two priority RU technical areas: MCH/immunization and non-health integration. This work could include website postings, technical briefs, commentary submission to journals, sharing of new findings from literature reviews and research projects globally, and other approaches.
- PROGRESS will support the utilization of Family Planning Training Resource Package (FPTRP), developed by FHI with WHO and other partners, promoting it as the core electronic

- tool for FP training resource materials. The completed FPTRP will be housed on the K4Health website.
- PROGRESS will continue its quarterly e-newsletter as a way to promote emerging best practices from PROGRESS activities, and posting this information on the PROGRESS section of the FHI website.
 - PROGRESS will support a new briefs series, as a means of reporting key findings from research and research utilization activities. This FCO will support the editorial, production, and dissemination process (designed as online publications, electronic dissemination, to be printed as needed for specific meetings). The researchers will charge their own FCO for the drafting of the brief, and for drafting of journal article. Longer reports will only be written when required by country officials.
 - PROGRESS will support the promotion of lessons learned from country-level projects, such as the Tanzania National Family Planning Costed Implementation Plan (NFPCIP). For the NFPCIP, we will work with in-country partners to frame lessons from the process and the document, so that these lessons can be used through the ECSA Health Community and global networks. PROGRESS will pursue other such opportunities to provide global technical leadership which may arise during the year.

Findings and Outcomes:

- In October 2008, John Stanback presented at the American Public Health Association conference on contraceptive injections in rural drug shops in Uganda as part of a session called "Thinking Outside the Clinic: Expanding Service Delivery Options." He moderated a session called "Increasing Access to Reproductive Health Services through Community Initiatives." Also, he was a co-author on Jason Smith's presentation called "Building momentum for innovation: community-based distribution of injectables," given in a session about scaling up family planning programs.
- In March 2009, Drs. Maggwa and Mbonye attended the ECSA Ministers conference and presented on task shifting for FP services, which helped lead to a resolution passed by ECSA to promote task shifting through its 10 member countries.
- In February 2010, ECSA followed up the 2009 resolution on task shifting with a two-day workshop led with FHI. FHI staff presented on global evidence and country experience and helped coordinate the development of country workplans.
- "Strategic, Evidence-Based Practices for Improving Access to Family Planning," December 2010, completed as a guide for PROGRESS but promoted to USAID as a model that can be used in identifying tools for promoting strategic, evidence-based practices.

Collaboration with WHO on Task-Shifting including Expert Consultation

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

Funding Source: Core: \$226,355
(Through FY 2011)

FCO **Approved** **Closure**
890010 10/1/2008

Tech Monitor
BFinger

Objective(s): To collaborate with WHO on a variety of research utilization activities.

Description: Based on collaborative experience between the FRONTIERS project and WHO, USAID requested that PROGRESS explore ways through which such collaboration could be

continued and expanded. Six collaboration activities have been identified and prioritized for implementation starting in PROGRESS Year 1. 1) FHI and WHO implemented a technical consultation on task shifting, convening a group of experts undertaking research and or promoting the use of CBD agents to provide DMPA injections. 2) PROGRESS will support advocacy activities and continue to work with USAID and WHO on targeting country guidelines, south-to-south exchanges, and other activities. 3) PROGRESS will work with the WHO/UNFPA Strategic Partnership Program on activities as requested. 4) PROGRESS will collaborate in disseminating existing research results. 5) FHI is a member of the Implementing Best Practices (IBP) Network. PROGRESS will join in this collaboration, supporting staff participation in the board meetings and identifying possible overlapping activities regarding research utilization. 6) PROGRESS will participate on the panel on Social Sciences and Operations Research on Sexual and Reproductive Health (now called, WHO/RHR Research Project Review Panel). Additional activities may be added as the PROGRESS RU Workplan is further developed.

Collaborating Agency(s): World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Maggwa, J. Stanback, and B. Finger met with Iqbal Shah and other WHO staff in Geneva in November 2008 to plan coordinated activities and developed a memorandum outlining joint activities.
- PROGRESS participated in the WHO Guidelines Steering Committee on hormonal contraceptive use during lactation (see also FCO 890012).
- R. Homan attended the WHO Regional Advisory Panel (RAP) Meeting for Asia and the Pacific in March 2009 in order to discuss potential areas of mutual interest and collaboration.
- An FHI, WHO, and USAID team planned a technical consultation on expanding access to injectable contraception. Finger, C. Dreisbach, and E. Lebetkin were the FHI coordinators, working with Stanback, Maggwa, and K. Krueger (the CRTU point person). (See also FCO 890009.)
- The technical consultation was held June 15–17, 2009 in Geneva. Thirty people participated, with representatives from 18 organizations and eight countries, as well as USAID, WHO, and FHI. Presenters addressed aspects of task-shifting as it relates to CBD of injectables in eight sessions. The meeting reached consensus on the strength of the existing evidence; identified new research needs; concluded that community-based health workers (CHWs) can safely and effectively administer injectable contraceptives; and approved a documentation and dissemination approach for the conclusions.
- FHI coordinated the publication of a technical brief from the consultation, which went to more than 50,000 people electronically; was posted on the WHO, USAID, and FHI websites; and was summarized into a PowerPoint, which was used at meetings including FIGO.
- USAID, through Jeff Spieler, began to seek broader endorsements for the Technical Consultation brief; Finger & Dreisbach have helped to coordinate.
- Finger participated in the Implementing Best Practices (IBP) Consortium bi-annual meeting in Baltimore, working with WHO to lead discussions on IBP activities that will serve to highlight the Kampala International Conference on Family Planning (see also FCO 890003).
- In coordination with IBP, Finger began planning an advocacy/action booklet to synthesize and promote key themes from the Kampala Conference.

Past Six Months:

- Seven endorsements were obtained for the technical brief on CHW/injectables: International Confederation of Midwives, International Council of Nurses, and International Federation of Gynecology and Obstetrics (FIGO) — the medical professional associations related to this topic — and IPPF, Marie Stopes International, UNFPA, and the World Bank. A new brief featuring the endorsements was produced.

- The new brief was released at the Women Deliver and Global Health Council meetings in several presentations, was distributed to more than 6000 people (listserv distribution to come later), and to the new organizations, which are posting it on their sites.
- Stanback and Lebetkin coordinated the publication of two journal articles based on the WHO Consultation, both in *Contraception*. The first summarized the consultation conclusions: 2010; 81(3),181-4. The other was led by consultant Shawn Malarcher and summarized the research review (submitted but not yet published).
- Finger worked with IBP/WHO secretariat to produce, "Family Planning and Development: Actions for Change," published by USAID, WHO, UNFPA and IBP. The report (M2010-40) synthesizes key messages and frames five key action steps that emerged from the Kampala International Conference on FP. It was launched in June 2010 at Women Deliver and the IBP 10th anniversary meeting, with a web presentation by Ward Cates.
- Stanback and B. Janowitz completed a paper on task shifting and family planning, based on preparations for the WHO/USAID Technical Consultation.
- Per membership on the WHO/RHR Research Project Review Panel, Stanback attended a WHO consultation on accelerating progress on the Millennium Development Goal 5b, Achieve universal access to reproductive health.

Year 3 Workplan:

- PROGRESS will work with WHO/IBP to promote the use of the Kampala Action Report and related post-Kampala activities coordinated by the IBP Consortium.
- PROGRESS will support FHI participation in the bi-annual IBP meetings.
- PROGRESS will work with WHO/IBP to coordinate regional funding mechanisms, including the Tides grant to the East, Central, Southern African Health Community (ECSA) (see also FCO 890043).
- PROGRESS will work with WHO to assess what type of guidance might be needed to assist countries in updating guidelines to match current WHO medical eligibility and programmatic guidance.
- Stanback will continue his membership on the WHO/RHR Research Project Review Panel.
- The Janowitz and Stanback article on task shifting and the Malarcher and Lebetkin evidence review on injectables and CHW will both be published.

Findings and Outcomes:

- WHO, USAID, FHI. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. September 2009. (M2009-17) This report from the technical consultation was disseminated to more than 50,000 and presented via PowerPoint at multiple international meetings. It was reprinted in June 2010 (M2010-42) with the following endorsements: International Confederation of Midwives, International Council of Nurses, International Federation of Gynecology and Obstetrics (FIGO), International Planned Parenthood Federation, Marie Stopes International, UNFPA, and the World Bank.
- Stanback J, Spieler J, Shah I, Finger W, Technical Consultation Participants. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. *Contraception*, March 2010; 81(3):181-4.
- USAID, WHO, UNFPA. Family Planning and Development: Actions for Change. June 2010. (M2010-40) This is a report from the Implementing Best Practices Initiative/WHO, promoting follow-up actions from the Kampala International Family Planning Meeting. Finger was the lead author, working with IBP and Ward Cates.

Development of Guidelines for Contraceptive Users (CIRE)

Status: Ongoing

Projected End Date: 8/16/2014

Country(s): Worldwide

Funding Source: Core: \$104,632
NIH: \$206,783
& PTA

FCO	Approved	Closure	Tech Monitor
805701	9/29/2009		L Dorflinger
890053	8/11/2009		K Nanda
890054	8/11/2009		L Dorflinger

Objective(s): To maintain a system to ensure that the "Medical Eligibility Criteria" and the "Selected Practice Recommendations" remain current and based on the best available science. The system provides for ongoing monitoring and critical appraisal of available evidence and assures that this information is available for updating guidance.

Description: The World Health Organization (WHO) provides evidence-based family planning guidance for use worldwide. WHO currently has two such guidelines, Medical Eligibility Criteria (MEC) for Contraceptive Use and Selected Practice Recommendations (SPR) for Contraceptive Use, which are used globally and often incorporated into national FP standards and guidelines. These documents are the first evidence-based, global consensus guidelines that address 'who' can safely and effectively use contraceptive methods (MEC) and 'how' to safely and effectively use contraceptive methods (SPR). To ensure that these guidelines remain up-to-date, WHO, in collaboration with CDC and the INFO Project at JHU, developed the Continuous Identification of Research Evidence (CIRE) system to identify, synthesize, and evaluate new scientific evidence as it becomes available. The second component of the system, conducted by CDC and WHO, and assisted by FHI, consists of: 1) determining which new research reports are relevant; 2) critically appraising new, relevant reports; 3) preparing or updating systematic reviews; 4) obtaining peer review of systematic reviews and revising as appropriate; and 5) providing final systematic reviews to WHO Secretariat. FHI staff are involved in writing systematic reviews, serve as peer-reviewers on an ongoing basis for reviews generated from the CIRE system, and provide technical leadership by participating in WHO Expert Working Group meetings and providing other assistance to WHO secretariat. This leadership role also involves identifying research gaps identified by the systematic reviews and Expert meetings, and working with WHO to fill these research needs. As of December 2009, this subproject is supported by PROGRESS population core funds (FCO 890053) as well as by an Interagency Agreement from NIH under PTA (FCO 805701) and PROGRESS (FCO 890054). Under the PTA, work will focus on the intersections of HIV and contraception.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Discussions began with WHO and FHI's contracts and grants to plan for new subagreements under PROGRESS and PTA.

Past Six Months:

- In January 2010 WHO convened a technical consultation on postpartum venous thromboembolic disease and the use of combined hormonal contraceptives. To more closely fit the available data, participants revised the recommendations, stratifying guidance both by time since delivery, and presence or absence of additional risk factors for VTE.
- The revised postpartum VTE recommendations were approved by the Director General of WHO in May 2010. A statement providing the evidence and rationale for revising these

- recommendations was also approved for publication by the Director General on the WHO website.
- In April 2010, USAID/PROGRESS approved the transition of the final portion of the CRTU subagreement with WHO for an initial payment of IAA funds received under the PROGRESS agreement.
 - New subagreement templates for continuing support under PROGRESS and PTA were sent to WHO for review. FHI is waiting for a response from WHO.

Year 3 Workplan:

- The revised postpartum VTE recommendations will be included in the fourth edition of the MEC.
- A meeting report on the postpartum VTE consultation will be published on the WHO website.
- Efforts to maintain 'a finger on the pulse' through the evidence identified by the CIRE system will continue.
- FHI staff will act as peer-reviewers for systematic reviews.
- FHI staff will update a systematic review of ARV drug interactions and submit it for publication.
- The new subagreement(s) with WHO will be finalized.

Findings and Outcomes:

- Based upon the evidence presented at the VTE consultation, experts determined that current WHO guidance regarding the use of CHCs in non-lactating postpartum women inadequately reflected the gradually declining risk of VTE during the postpartum, and the potential impact of multiple risk factors on VTE formation during this period. Prior to 21 days postpartum, the health risks of using CHCs generally outweigh the benefits; for some women with additional risk factors for VTE other than being postpartum, CHCs should not be used. Between 21 and 42 days postpartum, the contraceptive benefits of use of CHCs generally outweigh the risks, although for some women with additional risk factors for VTE, the method should not be used unless other more appropriate methods are not available or acceptable. Finally, in non-lactating women beyond 42 days postpartum, CHCs may be used without restriction.

Cochrane Review Initiative, 2009-2014

Status: Ongoing *Projected End Date: 8/16/2014*

Country(s): Worldwide

Funding Source: Core: \$345,002 IAA
NIH: \$450,000
& PTA

FCO	Approved	Closure	Tech Monitor
805700	9/24/2009		L Lopez
890047	7/15/2009		D Grimes/L Lopez
890048	7/15/2009		D Grimes/L Lopez

Objective(s): To perform systematic reviews and meta-analyses of randomized controlled trials on methods of family planning.

Description: The Cochrane Collaboration is an international network of scientists and physicians conducting systematic reviews of medical evidence. A dangerous lag of over a decade exists between publication of life-saving research and its introduction into medical practice. Much of this utilization gap relates to the challenges in finding and absorbing the best available evidence about clinical practice. The Fertility Regulation Review Group, based in Leiden, the Netherlands, is

coordinating a world-wide effort to identify, analyze, and disseminate in easily understood fashion the scientific evidence on family planning. The Cochrane systematic review process has several discrete steps that occur sequentially. The first is to register a title with the central office in Leiden. The next is to submit a protocol, which is a formal description of the methods to be used in searching and synthesizing the literature. This protocol is submitted to peer review and, after revision, is approved. The next step is to perform the actual review and write the report using Cochrane software (RevMan). The submitted review then undergoes external peer review and revision before its final acceptance. Once this is done, the review is published on the Cochrane Library (CLIB) CD-ROM. Cochrane reviews are also published in peer-reviewed journals. This subproject represents Cochrane research and review activities starting in December 2009. This subproject will be co-funded by PTA and PROGRESS. Under the PTA, work is funded by the NIH account for Research on Contraception & the Prevention of HIV/AIDS. Under PROGRESS, work is funded by the USAID Core-Pop funds and the NIH account for Clinical Evaluation of New Contraceptive Technologies. Previous activities were reported under CRTU FCOs 112112 and 172000 Cochrane Fertility Regulation Review Group, 2005-2009.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See reports for FCO 172002 and 112112 for related accomplishments prior to December 2009. Cochrane work transitioned to this subproject as of December 2009.

Past Six Months:

- A new review was submitted: Lopez et al. Hormonal contraceptives for contraception in overweight or obese women.
- A new title was registered and protocol drafted: Lopez et al. Progestin-only contraceptives: effects on weight.
- Secondary publications were developed:
 - Lopez et al. Postpartum education for contraception: a systematic review. *Obstet Gynecol Surv* 2010; 2010 May. 65(5): 325-31.; and
 - Raymond et al. Pericoital oral contraception with levonorgestrel. *Obstet Gynecol* 2010; submitted.
- An abstract was accepted for oral presentation at Cochrane Colloquium 2010: Lopez LM, Grimes DA, Manion C. When it rains: synthesizing umbrella reviews of educational interventions.
- The following reviews were updated (new trials incorporated) as per Cochrane policy:
 - Polis et al. Advance provision of emergency contraception for pregnancy prevention;
 - Edelman et al. Continuous or extended cycle versus cyclic use of combined oral contraceptives for contraception;
 - Grimes et al. Immediate postabortal insertion of intrauterine devices;
 - Grimes et al. Immediate post-partum insertion of intrauterine devices; and
 - Lopez et al. Skin patch and vaginal ring versus combined oral contraceptives for contraception.
 - A review was updated (no new trials): Lopez et al. Strategies for communicating contraceptive effectiveness.
- A hand search was done of the journal *Contraception* (Jan - Jun 2010) for trials to be included in the Cochrane Central Register of Controlled Trials.
- Editorial board activities (D. Grimes) included peer review of projects within the Fertility Regulation group and responding to requests from editorial office.
- C. Manion developed search strategies for new reviews and updates and executed searches for specific databases.

Year 3 Workplan:

- At least two new topics will be developed in-house, with the Cochrane editorial group, or through collaboration with external colleagues.
- The following reviews will be completed:

- Lopez LM, et al. Progestin-only contraceptives: effects on weight; and
- Kaneshiro B, Grimes DA. Analgesia for office hysteroscopy for sterilization (Essure).
- An oral presentation will be developed and given at Cochrane Colloquium in October: Lopez et al. When it rains: synthesizing umbrella reviews of educational interventions.
- Reviews will be updated as per Cochrane policy; those scheduled include:
 - Immediate start of hormonal contraceptives for contraception;
 - Combination injectable contraceptives for contraception;
 - 20 µg versus >20 µg estrogen combined oral contraceptives for contraception;
 - Spermicide used alone for contraception;
 - Strategies to improve adherence and acceptability of hormonal methods of contraception;
 - Theory-based interventions for contraception;
 - Combined hormonal versus nonhormonal versus progestin-only contraception in lactation;
 - Nonlatex versus latex male condoms for contraception;
 - Sponge versus diaphragm for contraception; and
 - Combination contraceptives: effects on weight.
- Staff will continue to hand search the journal Contraception (Jul 2010 - Jun 2011) for trials to be included in the Cochrane Central Register of Controlled Trials.
- Grimes will continue to peer review of projects within the Fertility Regulation group and respond to requests from editorial office.
- Manion will continue to work on search strategies for new reviews and updates and execute searches for specific databases.

Collaboration with Regional Institutes and Network: ECSA

Status: Ongoing *Projected End Date: 9/30/2011*

Country(s): Eastern/Southern Africa Region

Funding Source: Core: \$420,323

FCO
890043

Approved
7/9/2009

Closure

Tech Monitor
M Malkin

Objective(s): 1) To use a regional-based approach, through a collaboration with ECSA, to expand knowledge and action on community-based family planning and task-shifting for family planning in select ECSA member countries; and 2) to build the capacity of ECSA to provide guidance and technical assistance to its member states to utilize evidence-based practices and high impact interventions.

Description: FHI's PROGRESS project and the East, Central and Southern African Health Community (ECSA) are collaborating on a set of activities that will advance a common goal of increasing access to family planning (FP) among underserved populations. FHI and ECSA will focus their collaboration on providing technical assistance to ECSA to advance member states' uptake of a regional approach to community family planning. The proposed activities map to priorities within PROGRESS legacy areas and ECSA's Family and Reproductive Health Programme. For ECSA, the activities are intended to facilitate progress in implementing its "Repositioning Family Planning Strategy" as well as resolutions passed at previous Health Ministers conferences.

Subgrantee(s): East, Central and Southern Africa Health Community (ECSA-HC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In August 2009, Maggwa and C. Lasway met with ECSA staff to advance plans for an RU collaboration between PROGRESS and ECSA.
- An abstract entitled, "Community-Based Access to Injectable Contraceptives: Policy and Scale-Up Implications for a Best Practice" was written for the ECSA-sponsored Forum on Best Practices in Health Care.
- In September 2009, J. Smith and R. Wilcher traveled to Arusha, Tanzania to participate in the ECSA-sponsored Forum on Best Practices in Health Care and Directors Joint Consultative Committee meeting and to develop plans for an RU collaboration between PROGRESS and the ECSA Secretariat.
- The Advance Family Planning Project has collaborated with FHI in two ECSA countries, Tanzania and Uganda, in planning and pursuing common goals. Further collaboration will occur under FCO 890003 (Utilization of Best Practices) or with field support.
- Finger traveled with the ECSA team to Washington in December 2009, and worked with them and the IBP/WHO secretariat to plan a half-day meeting at AED regarding coordinating upcoming activities. The group recently received a grant from the Tides Foundation, began developing activities to be funded by PROGRESS, and received some level of support from Africa 2010, PRB, and MSH. A tentative decision was made in the meeting to announce a set of coordinated activities at the February 2010 Ministers meeting, utilizing the various funding sources, including PROGRESS.

Past Six Months:

- In Jan 2010, the MOU between FHI/PROGRESS and ECSA was signed.
- In Feb 2010, FHI staff attended the 50th ECSA-HC Conference of Health Ministers in Kampala, Uganda, to conduct a workshop, attended by 7 member states, on task shifting and further refine plans for PROGRESS-ECSA collaboration. At the workshop, country delegations developed country workplans to advance the Health Ministers task shifting resolution; including indicators for monitoring progress on task shifting at country level. A report was posted on www.fhi.org/progress, as part of a section on the ECSA collaboration.
- The roles of USAID/East Africa and the Tides Foundation were defined.
- An article on the task shifting workshop and the ECSA-PROGRESS collaboration was featured in FHI's (internal) AfroUpdate, Issue 3.
- A follow-up communication was emailed to all focal persons identified at the task shifting workshop to support implementation of the country work plans and disseminate key resources, such as the WHO brief on the 2009 Technical Consultation on Expanding Access to Injectable Contraception.
- In May 2010, the subagreement with ECSA was finalized.
- Also in May, Malkin traveled to Arusha, Tanzania to provide on-site TA for a period of 8 weeks to the ECSA Family and RH Programme. The key objective for the on-site support is to provide assistance to design and implement a situational analysis (to be conducted using existing funds within ECSA) on policies and guidelines on community FP.
- In June 2010, Malkin attended USAID East Africa's Regional Health and HIV/AIDS Partners' Meeting in Zanzibar, Tanzania to present the FY 2010-2011 workplan of the ECSA Family and RH Programme, including plans for the community FP analysis.
- Malkin met with key USAID East Africa partners, including the Regional Center for Quality Health Care (RCQHC), with whom ECSA will collaborate on a regional training package for CHWs.
- In June 2010, Malkin worked with the Manager of the Family and RH Programme to finalize the workplan presented in Zanzibar. The final workplan was submitted to USAID East Africa.

Year 3 Workplan:

- PROGRESS will work with ECSA to follow-up on country workplans developed during the 2-day Feb. 2010 workshop and monitor progress on task shifting in member states. ECSA will incorporate the monitoring of these workplans into their organizational M&E system;

- PROGRESS will report on changes taken, focusing on the countries where we have related activities.
- PROGRESS will provide TA to ECSA on a series of steps related to expanding access to FP through community based services. The goal is to produce with input from member ECSA states a regional how-to package on community-based family planning (CBFP) for member countries to utilize in expanding access to family planning. This activity involves two major steps:
 - 1) conducting community based assessments in five countries: The assessments will involve country-specific literature reviews and interviews or guided discussions with six groups in each country: MOH officials, program managers, parliamentarians, district/provincial health management teams, professional associations, and donors. The assessments are scheduled to be held in Lesotho, Malawi, Rwanda, Uganda, and Zimbabwe. Ministry of Health staff will lead each country team, working with ECSA and with technical assistance from FHI. Five country reports will be developed and synthesized into a final regional report, to be disseminated at a regional meeting tentatively planned for 2011. Recommendations will be developed there to serve as the basis for a guidance package for the region, the second step in the overall project.
 - 2) developing a regional “how-to” package, with accompanying training materials. Technical teams from the ECSA countries will work from the recommendations produced at the 2011 regional meeting to develop guidance for member states on how to address issues related to CBFP. This package is envisioned as the basis for the development of regional training materials by the Regional Centre for Quality Health Care based in Uganda.
 - With separate USAID country field support, related processes are addressing similar CBFP issues in Kenya and Tanzania, which are also ECSA member countries (see FCOs 892015 and 892019, respectively).

USAID/Africa Bureau Field Support Funding

Status: In Development

Projected End Date: 9/30/2011

Country(s): East Africa Region

Funding Source: Africa Bureau FS
\$150,000

FCO **Approved** **Closure**
TBD

Tech Monitor
TBD

Objective(s): 1) to complement the technical assistance to ECSA on community-based family planning activities; 2) to support the development of regional guidance through ECSA of community health worker services developed through the community assessment process (see FCO 890043).

Description: These activities will complement and support the core funds from PROGRESS that support technical assistance to the East Central Southern African Health Community (ECSA) to advance member states' uptake of a regional approach to community-based family planning. This subproject will support primarily the TA from PROGRESS to ECSA on the community-based family planning assessments and the subsequent development of reports and guidance for regional package of community health worker (CHW) services. This process will help address such issues as barriers to utilizing community health workers to provide contraception.

Collaborating Agency(s): East Central Southern Africa Health Community (ECSA)

Year 3 Workplan:

- To support TA to ECSA to conduct country assessments in five countries on how they are approaching their community based family planning initiatives.
- To support TA to design, implement and synthesize the results of these assessments, working with ECSA.
- To support TA to ECSA to develop a generic tool on how to design and implement community based FP services that maximize on all resources including community owned resources. This tool will then be used by countries to improve on their current efforts, with ECSA themselves providing TA to the countries.

Research Utilization Technical Assistance to Tanzania

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Tanzania

Funding Source: Core: \$158,067

FCO **Approved** **Closure**
890040 7/9/2009

Tech Monitor
T Petruney/ C. Lasway

Objective(s): To facilitate the introduction and roll out of evidence-based best practices for family planning in Tanzania.

Description: Tanzania has been identified as one of a few key countries for targeted research utilization support and technical assistance within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Tanzania Ministry of Health, the national family planning technical working groups (FPTWG), which is chaired by the Ministry of Health and includes representation from reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In August 2009, a research utilization workplan was developed for PROGRESS activities in Tanzania.
- Between July and December 2009 FHI/Tanzania staff contributed to the National FP Curriculum review and update, particularly for short-term family planning methods.
- In Nov-Dec 2009 input was provided to WHO/Geneva, WHO/Tanzania, and MOH on how to strengthen and update the WHO Decision Making Toolkit and how to adapt for use in the Tanzania setting.

Past Six Months:

- In March 2010, key evidence-based practices were identified and prioritized for promotion based on the PROGRESS strategic practices grid and Year 1-2 PROGRESS studies.
- In April 2010, a joint workshop for family planning policymakers (MOHSW) and reproductive health researchers (from NIMR and MUHIMBILI) was conducted by FHI/HQ staff for orientation to key research utilization principles and to provide a platform for joint strategic discussions (cost-shared with FCO 890073). Twelve participants from these affiliations and two FHI/Tanzania staff attended the one-day workshop, "Strategically Demanding, Generating, and Applying Data: How Researchers and Policymakers Can Improve Health Outcomes".

Year 3 Workplan:

- RU workplan will be updated to include year 3 activities.

- FHI Tanzania staff will participate in the National Family Planning Technical Working Group and other key taskforces.
- FHI Tanzania staff will support production/printing and dissemination of the updated National Family Planning Procedure Manual, including arranging Zonal Trainings with the MOH.
- FHI will partner with EngenderHealth and the MOH to implement Tanzania's Repositioning FP Champions initiative, including collaborating on field tests and package revisions of the Advocacy Package and Champions Guidelines.
- FHI will support the MOH with updates to the National FP Guidelines.

Technical Assistance for Research Utilization in Rwanda

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Rwanda

Funding Source: Core: \$234,494
(Through FY11) FS: \$50,000

FCO	Approved	Closure	Tech Monitor
892012	1/13/2010		J Wesson
890045	7/9/2009		T Zan

Objective(s): 1) To provide technical assistance to the Rwanda Ministry of Health (MOH) and partners to facilitate the uptake of evidence-based policies and programs; 2) to facilitate PROGRESS contributions to global technical leadership with input and experience from the field; and 3) to work with in-country stakeholders to identify remaining research needs and feed those back into PROGRESS workplans.

Description: Rwanda has been identified as one of a few key countries for targeted research utilization (RU) support and technical assistance within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Rwanda Ministry of Health, the national family planning technical working groups (FPTWG), which includes representation the Ministry of Health and reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A French-to-English translation of the National In-Service FP Training Curriculum was completed.
- A Technical Update focused on postpartum family planning was implemented for members of Rwanda's Medical (Doctors and Nurses) Associations, selected MOH staff including members of the FPTWG and all 30 district FP supervisors, and representatives of partner organizations.
- FHI participated in the sub-committee developing the community-based distribution (CBD) of FP strategy and roll-out plan. In particular, FHI paid to hire a consultant to develop the training of trainers manual and participant materials.

Past Six Months:

- PROGRESS coordinated a study tour, in Jan. 2010, for 5 people to observe the successful ACCESS-FP PPIUCD program in Kenya. Participants included the MCH point person at the MOH, a representative from Muhima Hospital, and representatives from the Rwanda Medical

- Association and Nursing Council, FHI, and Jhpiego. This was a research utilization activity for the PPIUCD study (funding by FCO 890008).
- PROGRESS continued participating in the sub-committee developing the CBD of FP strategy and roll-out plan. However, trainings were not initiated because the Ministry of Finance has not yet released the funds.
 - PROGRESS supported a training for 3 physicians in no-scalpel vasectomy with cauterly and facial interposition. An expert consultant from Canada provided the training and training evaluation, including consultation with clients, was done by D Shattuck (see also FCO 890033 and FCO 113103). This led to a request from MOH for continued TA to expand access to NSV with cauterly.
 - PROGRESS participated in regular FPTWG meetings.

Year 3 Workplan:

- This activity will support implementation of the Expanded Access to NSV activity (FCO 890033) by assisting with the national implementation plan, development/adaptation of training materials, and dissemination of results.
- Outreach to and advocacy with the National Association of Ob/Gyns will be conducted on postpartum family planning and PPIUCD.
- Staff will engage media to promote PFP and PPIUCD.
- PROGRESS will continue providing technical assistance to the MOH for roll-out of CBD of FP.
- PROGRESS will continue to participate in FPTWG meetings.
- Additional priority best-practices will be identified and PROGRESS will assist with dissemination and uptake, including coordination with the bilateral project, which should be identified during the year.

Research Utilization Technical Assistance in India

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): India

Funding Source: Core: \$163,488
(Through FY11)

FCO 890042	Approved 7/9/2009	Closure	Tech Monitor E Canoutas
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Objective(s): To promote global strategic, evidence-based practices geared towards improving the family planning program in India, with a focus on spacing methods.

Description: In India, according to the National Family Health Survey of 2005-06, many couples who want to limit or space births are not using any method of contraception (estimated at 13% of couples or 30 million couples with unmet family planning needs). Unmet need for family planning is concentrated in the northern states of India, and it is estimated that 22% of this unmet need is concentrated in the most populous state, Uttar Pradesh (UP). This subproject will involve technical support to the Government of India Ministry of Health and Family Welfare (MOHFW) and other FP partners in India to engage in a process of reviewing, selecting and adapting select global strategic, evidence-based practices geared towards improving the family planning program, with a focus on spacing methods. Examples of evidence-based practices that may be most applicable to India include WHO's Decision Making Tool for Clients and Providers; Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers and Community

Leaders; Introducing Systematic Screening to Reduce Unmet Health Needs: A Manager's Manual; and Screening Checklists for Family Planning Methods.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A research utilization specialist was hired in Nov. 2009.
- In Dec. 2009, FHI staff developed a workplan outlining activities to be accomplished in PROGRESS Year 2. Activities in the workplan include: holding stakeholder meetings to review strategic evidence-based practices and get input on the most applicable tools/materials for India; adapt and implement select tools/materials with partner organizations; and work with state-level champions to promote strategic practices.
- In Dec. 2009, preliminary meetings were held with stakeholders to help prioritize evidence-based practices and program strategies that can best address India's family planning challenges.

Past Six Months:

- In Feb. 2010, the FHI STO for RU provided an orientation to FHI/India staff. The orientation covered: the purpose, function and importance of RU; the RU Toolkit; the PROGRESS Strategic, Evidence-based Practices matrix; the Quick Reference Guide to FP Research; PROGRESS RU indicators and the importance of collecting information in a systematic manner and reporting it through the EIS; a compilation of the latest evidence on research utilization; and costing training.
- FHI/India staff continued to conduct stakeholder interviews with FP organizations through Feb. 2010. The PROGRESS matrix of strategic, evidence-based practices was reviewed and stakeholders provided input on priority needs and the most applicable tools and documents for India. One major priority area is to improve the overall quality of care/services, with an emphasis on improving informed choice, reducing provider bias towards sterilizations, strengthening post-abortion care, and increasing male involvement in FP.
- In consultation with FP stakeholder, the International Center for Research on Women (ICRW), in Mar. 2010 FHI/India selected a successful training manual that addresses the involvement of men and FP (Yaari Dosti – Young Men Redefine Masculinity) for adaptation and translation. They explored the possibility of conducting trainings based on the manual in UP. In Jun. 2010, a plan was finalized to adapt the manual and rollout the trainings with a local implementing partner. Field Support funds have been solicited for the rollout phase.
- FHI/India staff assessed the feasibility of setting up a 'think tank' group of FP champions in UP. A report with recommendations was prepared in May 2010. This information informed a strategy to engage stakeholders in UP beginning in PROGRESS Year 3.
- In April 2010, translated copies of the Balanced Counseling Toolkit and FHI Provider Checklists were provided to the FHI-led Urban RH Initiative, which is funded by the Bill and Melinda Gates Foundation.

Year 3 Workplan:

- Adapt and promote additional tools in the PROGRESS Strategic, Evidence-based Practices matrix, e.g. Family Planning: A Global Handbook for Providers, and others.
- Identify and support state-level champions in UP to promote select FP materials and issues.
- Meet the Ministry of Health and Family Welfare and other relevant Government of India health departments to determine need and scope of reviewing national FP guidelines, curricula and policies.
- Continue to advocate for expansion of GoI available method mix to include DMPA.
- Establish an interactive e-forum of potential users of various available tools and documents.
- Further distribute evidence-based tools and briefs, e.g. the brief on Private Sector Providers and Family Planning in UP, India; Provider Checklists for FP methods; and the Balanced Counseling Toolkit.

Supporting Revitalization of Family Planning Programs in Senegal

Status: Ongoing Projected End Date: 6/30/2012

Country(s): Senegal

Funding Source: Core: \$316,311
(Through FY11) FS: \$300,000

FCO	Approved	Closure	Tech Monitor
892016	7/9/2010		S Diop
890051	8/3/2009		T Zan

Objective(s): 1) To build capacity of the MOH/DSR for evidence-based decision-making; 2) to update FP policies and procedures; and 3) to expand access to family planning through community-based provision of services.

Description: PROGRESS was invited by the USAID Mission to work in Senegal. The Mission is particularly interested in building capacity within the MOH Department of Reproductive Health (DSR) to be able to incorporate evidence-based practices into policies and services and to be able to effectively coordinate and plan FP/RH activities among implementing partners. As part of this work, PROGRESS will assist the DSR with updating policies and procedures to be in line with most current WHO guidance and to reflect accepted best practices. In addition, PROGRESS will assist the MOH and partners to expand access to community-based family planning, specifically by adapting and scaling-up community based distribution of oral contraceptives. Other RU priorities will be decided on in conjunction with the DSR.

Subgrantee(s): MOH Division of Reproductive Health (DSR)

Collaborating Agency(s): CEFOREP; ChildFund International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The FCO was opened in August 2009.
- Zan traveled to Senegal in August-Sept 2009. Several consultations were held with DSR, the Mission and partners to define FHI's scope of work (SOW).
- A detailed workplan was developed and submitted to USAID/Senegal and USAID/W.
- Field-testing of the provider job aid for reinjection of DMPA was finalized (cost-shared with FCO 114102).
- A collaboration agreement was established in December 2009 between FHI and ChildFund to document the community-based distribution of pills pilot project (OIP).
- In December 2009, a subagreement was signed between FHI/Senegal and CEFOREP, a local research organization, in agreement with ChildFund, to conduct the documentation of OIP.
- FHI joined the Gates Urban Reproductive Health Initiative (URHI) consortium in Senegal led by IntraHealth and hired a Team Lead for M&E and OR, 20% of time paid by PROGRESS.
- Also in December 2009, PROGRESS participated in a local meeting convened by PATH on pre-introductory planning for DMPA SC.

Past Six Months:

- Protocol and data collection tools were finalized for OIP (Jan 2010). Data was collected (Feb.- March 2010) and analyzed (March-April 2010). PROGRESS worked with CEFOREP to develop a draft report and presentation to share with the comite de pilotage.

- T. Zan and J. Stanback traveled to Senegal in April 2010 to assist with the results report and presentation for the National Conference on Community-Based Reproductive Health Initiatives in Dakar. In addition to the results, PROGRESS assisted with presentations on scale-up of OIP, global experiences with CBD of FP, and the Madagascar experience with CBD of injectables.
- PROGRESS supported the meeting of the Senegalese Ob/Gyn society in March 2010 and disseminated technical materials at a stand.
- PROGRESS worked with the DSR to revise the "lettre circulaire" (policy memo) that was developed to update the current National FP Policy according to 2008 WHO MEC. DSR approved disseminating the policy memo along with a packet of job aids including DMPA screening checklist, DMPA reinjection checklist and WHO MEC Quick Reference Chart.
- PROGRESS continued to participate in meetings of the technical committee for introduction of DMPA SC in Uniject. Discussions began concerning the acceptability study (FCO 890022).
- A subagreement with the DSR was signed in March 2010 (FCO 890086) to conduct capacity-building for FP and to cover the costs of housing a new staff person. The staff person was recruited in April 2010 to facilitate uptake of evidence-based practices into policies and services.
- The final OIP assessment report and conference report (M2010-39) were finalized and submitted to the MOH in June 2010.
- A commitment for increased field support funds for Year 3 was obtained from the Mission; these funds will provide continued capacity building for the MOH, additional RU work, and assistance for country costs related to the DMPA SC feasibility study (FCO 890022, 892017).

Year 3 Workplan:

- FHI will continue to provide capacity-building to the DSR and to the seconded staff, including assisting with overall partner coordination via the formation of a family planning working group.
- Staff will assist DSR and the Division of Primary Health Care (DSSP) with expansion of the community-based distribution of pills program, particularly with scale-up planning and M&E.
- Updated FHI checklists will be incorporated into revised national policy and procedures and disseminated. In addition, FHI will work with IntraHealth to disseminate job aids and the policy memo via trainings to ensure that providers have copies readily available.
- The possibility of conducting a study tour for MOH and key stakeholders to a country with a successful CBD/FP program, including CBD/DMPA, will be explored (paid for with field support funds).
- FHI will work with DSR to identify additional priorities for best practices to implement.
- PROGRESS will liaise with URHI as appropriate in different technical areas.

Technical Support to the Kenya NCAPD for Family Planning Advocacy and Leadership

Status: Ongoing *Projected End Date: 6/30/2011*

Country(s): Kenya

Funding Source: FS: \$140,136

FCO **Approved** **Closure**
892013 5/19/2010

Tech Monitor
A Alawo

Objective(s): 1) To provide technical assistance to the Kenya National Coordinating Agency for Population and Development (NCAPD) for the planning of a National Leaders Population

Conference in October 2010, including the development of conference objectives, agenda, position papers and other key content/materials; 2) to actively participate in and contribute to the work of all conference planning subcommittees (Scientific/Technical, Resource Mobilization/Financing, Logistics, and Communication/Publicity); and 3) to support printing of selected conference materials, including position papers and the draft population policy.

Description: NCPD is planning a National Leaders Population Conference in October 2010 to continue to build momentum towards achieving the Millennium Development Goals (MDGs) and Kenya's Vision 2030. NCPD has requested technical assistance from FHI in order to prepare for, implement and seize momentum for this major national event.

Collaborating Agency(s): National Coordinating Agency for Population and Development (NCPD)

Activities, Accomplishments, Problems:

Past Six Months:

- Funds were secured from the USAID/Kenya Mission and permission was granted to start implementation in May 2010.
- The conference concept paper was reviewed.
- A draft agenda, conference announcement and call for conference papers were developed.
- FHI participated in sub-committee meetings (each committee held two meetings in June).

Year 3 Workplan:

- FHI will review and strengthen the conference concept, particularly the objectives and anticipated outcomes, to ensure there is a clear roadmap to guide conference preparations.
- Staff will participate in and support the four sub-committees to create guidelines and a process for developing conference position papers.
- Position papers will be reviewed, and FHI will ensure that the papers from government ministries as well as abstracts from non-governmental organizations and academic institutions mainstream population and reproductive health issues be incorporated into the broader development agenda.
- Selected conference materials, including position papers and the draft population policy, will be printed.

Enhancing Evidence-Based Family Planning Programs and Policies

Status: In Development

Projected End Date: 9/30/2011

Country(s): Uganda

Funding Source: FS: \$350,000

FCO
892018

Approved
7/2/2010

Closure

Tech Monitor
A Akol

Objective(s):

1. To expand the provision of Depo Medroxy Progesterone Acetate (DMPA or Depo) by trained Community Health Workers (CHWs) into sub counties that were not covered in the original 8 pilot Districts. *(note: FHI will work only 3 pilot districts with 2 sub-locations in each district.)*

2. To strengthen the capacity of communities and local Governments in 16 districts to manage the provision of injectable Depo by trained community health workers (*note: FHI is only working in 3 districts due to limited funding.*)
3. To support the strengthening of the policy environment to improve access of FP in the communities.

Description: The contraceptive prevalence rate in Uganda is only 18% and more than 40% of currently married women have an unmet need for family planning. Through the CRTU project, FHI made important contributions to advance evidence-based family planning programs and policies in Uganda, particularly expanding access to community-based access to services. That work continues today through the PROGRESS project in order to continue to strengthen the country's family planning programs and expand access for underserved groups. FHI will be working in three districts total: Busia, Kanungu, and Nakaseke, with two sub-locations per district.

Collaborating Agency(s): Johns Hopkins University Center for Communication Programs' JHU; CCP/Advance Family Planning Project and Partners in Population and Development – ARO (PPD); Ministry of Health, Uganda; MSH STRIDES for Family Planning Project, Uganda (FHI is a partner on the STRIDES project); and Wellshare International.

Year 3 Workplan:

- Roll out the provision of Depo Medroxy Progesterone Acetate (DMPA or Depo) by trained Community Health Workers (CHWs) within the 3 of the initial 8 pilot districts to 2 sub-counties in each district that were not under the original pilot.
- Establish a reporting system between communities, health facilities, health sub district and the District Health Teams in the 3 districts. VHTs and Health facilities will be supported to improve documentation and reporting using MOH tools such as tally sheets, Summary forms, Family Planning registers and HMIS form 105.
- Carry out advocacy leading to Policy change on Community-based Access to Injectables Policy Development. FHI- PROGRESS will work with Advance Family Planning (AFP) for this advocacy. AFP will use some if its already developed advocacy resources.
- FHI-PROGRESS and the districts will carry out joint regular supervision of the VHTs (previously called CHWs) activities and support health units to conduct monthly supervision of VHTs.
- FHI-PROGRESS will provide technical support and monitoring as well as quarterly district review meetings and biannual advocacy / community feedback meetings
- FHI-PROGRESS will undertake a formative evaluation at the end of the first year of implementation. FHI-PROGRESS, after consultation with the COTR and USAID/Uganda, will utilize recommendations from the project evaluation.
- FHI/Uganda will continue to actively participate in the Uganda Family Planning Working Group.

USAID/India Field Support Funding

Status: *In Development*

Projected End Date: TBD

Country(s): India

Funding Source: FS: \$992,000

FCO
TBD

Approved

Closure

Tech Monitor
TBD

The USAID/India Mission has committed \$1.2 M in Field Support for PROGRESS in Year 3. In addition to continue funding for ongoing activities (FCO 892002 – Multi-load and FCO 892008 – Integrate FP into Immunization), the following activities have been approved by USAID/India in the India year 3 workplan:

- **Assessment of Provider attitudes on follow of Multiload Cu 375 users and identification of reasons for request for removal – PHASE II**

Phase I assessed operational issues for introducing Multiload 375 along with Cu- t 380A in the government family planning program in the six sites chosen by GoI. For Phase II FHI proposes a continuation of the current intervention for an additional 6 months which includes facilitating demand generation and provision of family planning counseling and services for Multiload 375 by the intervention agency. The objective of Phase II is to understand the provider perspectives on follow up of Multiload 375 users and to identify reasons for request of removal of Multiload 375 compared to Cu-380A. It is very important to document these for recommendations for scaling up the pilot assessment. The actual field work will be completed in 6 months. The remaining time will be used to analyze and disseminate the results.

Estimated amount for Project: **\$130,000**

- **Assessment of the operational issues associated with a post partum IUCD insertion program in India**

In India presently women are being encouraged to seek maternal-child health care and institutional deliveries. Anecdotal evidence suggests that as a result of these programs, more women are getting prenatal care and are delivering in hospital thereby creating opportunities to increase the provision of immediate postpartum family planning including postpartum IUCD. A post partum IUCD insertion program has been initiated in select hospitals in India under a USAID funded program. An assessment of the operational issues related to the program will be conducted to understand concerns related to training on insertion, counseling, patient satisfaction, continuation, expulsion and acceptability among staff and patients and provide recommendations. PROGRESS is currently implementing a postpartum IUCD study In Rwanda with Jhpiego.

Estimated amount for Project: **\$ 350,000**

- **Assessing continuation of DMPA**

While there is a growing demand in India for DMPA as demonstrated by the large number of women attending "Health Days" to receive DMPA injections, continuation rates of this method are low. It is unclear if women discontinue this method all together or if they obtain their next injections from other sources. In addition, the front-line providers do not have tools or job-aids to help them support clients' long term use of DMPA. In northern India the USAID funded and Abt Associate led "PSP–One: Private sector partnership for better health project" is currently operating a private provider network to increase injectable contraceptives (DiMPA Network). Formative research will be conducted with DMPA users and providers in one of the

states (UP, Jharkhand or Uttarakhand) where the DiMPA network and other private sector/NGO partners are operating, to identify the barriers to continuation and reasons for discontinuation. This could include complications and side effects in the Indian context and offer recommendations to increase continuation. Activities could include stakeholder assessments, literature reviews, FGDs/in-depth interviews among providers and clients. FHI will work closely with the Mission to select the DMPA partners for this study.

Estimated amount for Project: **\$275,000**

- **Family Planning support to Advocating for Reproductive Choices.**

This project will set up a common platform to share ideas, innovations and latest research on family planning issues by strengthening an already existing network of stakeholders of family planning in India. A suitable organization will be identified as the secretariat of this network and supported by FHI. The ARC network will be enabled to act as a powerful advocacy network on spacing and healthy timing of pregnancy.

Estimated amount for Project: **\$130,000**

- **Leadership support to USAID on Research Utilization**

It is envisioned that all activities under this project by PROGRESS India team staff will contribute towards promoting research utilization and assist in translating research findings into practice through provision of programmatic inputs for policy makers, leaders and program managers. Activities will include poster presentations international conferences, advocacy at national and international platforms on family planning and reproductive health and conducting workshops to promote research utilization, and providing leadership in areas related to FP.

Estimated amount for Project: **\$75,000**

- **Support to Ministry of Health and Family Welfare FP/RH activities:**

Under this activity, FHI/India through the PROGRESS staff team will ensure that adequate efforts are taken to present findings, share recommendations and promote learning on key research findings to key Government stakeholders and national and regional working groups through poster presentations at national, printing of research, policy and advocacy briefs and structures field site visits for policy makers and program managers.

Estimated amount for Project: **\$ 32,000**

Cross-Cutting Activities: Technical Leadership, Monitoring and Evaluation, and Management

This section includes three cross-cutting research-related activities that support all of PROGRESS's Legacy Areas. Also included below are descriptions of the monitoring and evaluation activity and PROGRESS management.

Development of a Proxy Wealth Index

Status: Complete

Projected End Date: 6/30/2010

Country(s): Worldwide

Funding Source: Core: \$92,598

FCO
890021

Approved
2/18/2009

Closure
6/30/2010

Tech Monitor
B Janowitz

Objective(s): 1) To determine whether a reduced number of variables than traditionally used by the DHS can accurately characterize women according to wealth quintile; 2) to determine if it is feasible to collect data on “wealth” for women seeking FP services; and 3) to compare in selected sites the wealth distributions of women in the DHS with women obtaining services in PROGRESS supported programs.

Description: PROGRESS seeks to improve access to family planning among underserved populations in developing countries. Although “underserved” is not exactly synonymous with “poverty,” the two are related and efforts to provide equitable access to FP services will necessarily have to focus on the poor. A current tool for assessing equity in healthcare provision is the DHS Wealth Index, which uses a set of variables collected in household interviews to create a socio-economic status score for each respondent. This index may not be suitable for use in programmatic research because of its length and heavy reliance on household indicators which a woman may be unable or unwilling to accurately report. In order to ensure that the underserved are reached by PROGRESS interventions, it is necessary to use either the current module on wealth used in the DHS or a modification of that module that still correlates well with the DHS Wealth Index and that can be collected through facility-based interviews.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The FCO was opened in February 2009.
- B. Janowitz was assigned as the technical monitor in April 2009.
- Janowitz and M. Eichleay reviewed the existing literature on poverty and measures of poverty and wealth.
- Janowitz and Eichleay prepared a concept paper which was approved in May 2009.
- The analysis team communicated extensively with MEASURE DHS to correctly replicate DHS methodology for the Wealth Index and began to reduce the questions for Zambia.
- Staff discussed using the wealth index with various technical monitors of PROGRESS subprojects.

Past Six Months:

- The analyst team, including FHI biostatistics staff, developed a methodology to be applied in each country and prepared a standardized program code.
- Several meetings were held to discuss how to ask women if they are from an urban or rural area. Because the wealth index differs greatly between urban and rural populations, it is important to properly categorize a participant’s living space. A final solution has not been agreed upon yet.
- Populations of women from the DHS that are most similar to each PROGRESS subproject were selected.
- The number of wealth questions needed to categorize women into quintiles in Zambia and Kenya were reduced (the process has begun for Tanzania, but is not yet completed). These reduced sets of questions were added to the appropriate PROGRESS data collection forms.

- Due to a very short turn-around for data collection forms, the full set of Wealth Index questions were added to a survey in Malawi. Data from this study were received, cleaned and analyzed and a draft report written.
- Under this project ground work was laid to use wealth data from designated PROGRESS subprojects to determine wealth status for each participant. Then the distribution of study participant's wealth status will be compared to the selected DHS population. The timeline for this step depends on when the data arrive for each study. This work will be undertaken within the scope and budget of the relevant studies.
- A manuscript on the methodology and the results from the various studies will be submitted for publication when data is available from the relevant countries.

Modeling and Secondary Analyses of Data in Support of Research Activities

Status: Complete *Projected End Date: 7/31/2010*

Country(s): Worldwide

Funding Source: Core: \$62,010

FCO **Approved** **Closure**
890039 7/9/2009

Tech Monitor
B Janowitz

Objective(s): To model and exploit data from existing data sources, contributing to both country programs and global technical leadership.

Description: PROGRESS makes full use of the wealth of data in the Demographic and Health Surveys (DHS), as well as data from other sources, to help inform research and programming decisions regarding new service delivery options. In Year 1, staff used DHS data from Rwanda, Zambia, and India to guide planning of research to test new means to integrate family planning into other RH and non-health activities (see FCO 890012). Under this subproject, FHI health economists are using publicly available data on contraceptive commodity costs and labor estimates to model the direct service delivery costs of various contraceptive methods. Results will be shared with other USAID cooperating agencies and the global FP community.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- DHS data from Rwanda, Zambia, and India were used to guide planning of research to test new means to integrate family planning into other RH and non-health activities.
- FHI health economists used publicly available data on contraceptive commodity costs and labor estimates to model the direct service delivery costs of various contraceptive methods, which we are sharing with USAID CAs and the global FP community.
- A white paper entitled, An Investigation of Integration: assumptions and evidence about integrated FP-MNCH services in developing country programs, was produced by FHI consultant J. Solo and submitted to USAID.

Past Six Months:

- DHS data from four countries were analyzed to explore the factors associated with initiation of FP in the PP period (cost-shared with FCO 890081). Since ACCESS-FP completed very similar analyses using DHS data from 27 countries and came to similar conclusions, we are not yet sure that a paper on this topic should be prepared.

- Staff also analyzed primary data on the contraceptive knowledge and history of women at higher risk for HIV infection in Western Tanzania. The use of respondent driven sampling to recruit this "hidden" sample of women was assessed.
- A manuscript, "Assessing the Family Planning Profile of Women at Higher Risk for HIV Infection in Tabora, Tanzania", was drafted and will be submitted to the journal AIDS.

Findings and Outcomes:

- Results of the DHS analysis of factors associated with initiation of FP in the PP period indicated that during the 6-11 month PP period, the presence of menses seemed to trigger use of FP. Use of a method was about 20 percentage points higher in all four countries among women who had resumed menses than among women who had not yet menstruated following delivery. This suggests that clients decided to initiate FP use based on menses, not on the current LAM criteria.
- Findings included in the paper, "Assessing the Family Planning Profile of Women at Higher Risk for HIV Infection in Tabora, Tanzania" were as follows: A sizable sample of women at higher risk for HIV infection can be efficiently recruited into research studies using respondent driven sampling (RDS). Women had high levels of family planning knowledge, high rates of previous use of contraceptive methods, were not interested in becoming pregnant in the next year and had a history of utilizing local public health resources for contraceptive methods and information. Similar to national trends, injectables and pills were the most frequently reported hormonal methods and these data identified modern contraceptive use was predicted by age, number of sexual partners and number of living children. Previous marriage was the only predictor of ever using LAM.

Population & Reproductive Health Leadership

Status: *New*

Projected End Date: *6/17/2013*

Country(s): *Worldwide*

Funding Source: *Core: \$97,996 (FY11)*

FCO
890115

Approved
6/24/2010

Closure

Tech Monitor
J Stanback

Objective(s): 1) To support early development of research and research utilization ideas relevant to PROGRESS's goal; and 2) to support time of key staff to provide scientific and technical support to USAID, including response to ad-hoc requests from USAID. In particular, it will support PROGRESS contributions to the Global Health Initiative, participation at key meetings (e.g. WHO, USAID), and identification of opportunities for collaboration with partners.

Description: This activity will allow PROGRESS to rapidly respond to needs and high priority requests from USAID to engage in key technical challenges facing our field, including emerging or cross-cutting research topics. As the Global Health Initiative is rolled out, PROGRESS has been and will continue to be asked to contribute to USAID's efforts on this important new initiative and thinking on the strategic areas, particularly integration, health systems strengthening, and women-centered approaches. It will also allow PROGRESS staff to work proactively on developing the next generation of research and research utilization on improving access to family planning, keeping USAID and PROGRESS on the leading edge, and at the same time speeding the development of protocols and lessening the amount of time to get activities into the field.

Activities, Accomplishments, Problems:*Year 3 Workplan:*

- Stanback will attend the August 2010 meeting of the WHO Specialist Panel for Social Science and Operations Research on Sexual and Reproductive Health in Switzerland. Stanback may also attend later ad-hoc meetings of the new successor to this panel, the "RHR Research Project Review Panel." (cost-shared with WHO)
- PROGRESS staff may attend the Global Health Conference or other conferences such as FIGO, if deemed desirable.
- PROGRESS staff will provide scientific and technical support to USAID as requested.
- As appropriate, PROGRESS will pursue collaborations with partners and new research and research utilization ideas.

Monitoring and Evaluation of the PROGRESS Project

*Status: Ongoing**Projected End Date: 6/17/2013***Country(s):** Worldwide**Funding Source:** Core: \$477,610
(Through FY11)**FCO**
890006**Approved**
11/19/2008**Closure****Tech Monitor**
L Wilson

Objective(s): 1) To monitor performance in PROGRESS-related subproject efforts; 2) to share results promptly to guide subsequent efforts and decision-making; 3) to assess progress toward the achievement of intermediate results and the legacy areas; and 4) to evaluate the extent to which PROGRESS goals and objectives have been met and have had demonstrable impact.

Description: The PROGRESS monitoring and evaluation (M&E) staff will focus on implementing the Performance Monitoring Plan (PMP) in close collaboration with PROGRESS management (FCO 890001). This will involve careful tracking of outputs, outcomes, and the overall impact of the PROGRESS program. The tools outlined in the PMP, including the Research Utilization Indicator Database, EIS, and the Gap Analysis, will be regularly maintained. M&E staff will coordinate with other PROGRESS staff, including country office staff, to ensure that these tools are used and updated. M&E staff will also assist with USAID reporting requirements, including Key Results Reporting, Management Reviews and Annual and Quarterly Reports and Workplans. Evaluation of the overall project, as needed, will be managed in coordination with PROGRESS management. FHI will regularly assess PROGRESS and its subprojects' performance through routine monitoring. Each subproject will have an assigned technical monitor charged with meeting subproject objectives and completing the subproject on time and within budget.

Activities, Accomplishments, Problems:*Cumulative Accomplishments:*

- A Performance Monitoring Plan (PMP) was drafted in the fall of 2008 and finalized with USAID in June 2009.
- EIS functionality was reviewed in light of PROGRESS's needs and changes were made in May 2009. This included adding PROGRESS Legacy Areas and Objectives, and allowing the Gap Analysis to be generated from EIS.
- Support was provided to PROGRESS Management on the development of the Year 1-2 Workplans and Policies and Procedures.

- Terms of Reference for the Legacy Area Working Groups were developed in May 2009.
- The Gap Analysis was drafted and reviewed with the PROGRESS team in June 2009. It was updated for the December 2009 Management Review.
- Means to collect indicators were reviewed. Plans for country office reporting were initiated in coordination with PROGRESS management.
- The PMP, indicators, and Gap Analysis were introduced to technical monitors during a quarterly meeting in August 2009.
- Reporting on Key Results was prepared and submitted to USAID in October 2009. Support was provided to PROGRESS Management on the Baseline Financial Report and on the planning for the December 2009 Management Review.
- In September 2009, meetings were held with all Legacy Teams to review the Gap Analysis and to initiate thinking for Year 3 concept development. M&E staff supported PROGRESS Management by coordinating the Year 3 concept development process, defining needs, reviewing and compiling concepts, and supporting the development of the budget request documents.
- M&E staff supported transition of CRTU activities to PROGRESS.
- Upgrades to the Research Utilization Indicator Database were started in November 2009.
- A policy review of task-shifting and expanding service delivery option indicators was implemented for the 13 USAID priority countries by K. Ganter. A tool for gathering additional information on actual practice in the field was developed.
- Microsoft Project activity monitoring was maintained, with cost-share from PROGRESS Management.

Past Six Months:

- The Year 2 Semi-Annual Report and third quarterly report were developed and submitted to USAID, including review of all EIS subproject reports.
- M&E staff supported the completion of the Year 3 budget request and continued to support transition of CRTU activities to PROGRESS.
- Submission to USAID's HRIT database for all PROGRESS Year 1 activities was completed in February 2010.
- M&E staff supported the continued maintenance of PROGRESS's Progress and synchronization with FHI systems.
- Upgrades to the Research Utilization Indicator Database were finished in April 2010. Indicator collection into the database continued. Indicator collection is now coordinated by a small group that meets monthly to review updates.
- As part of the review of task-shifting and expanding service delivery option indicators, a survey of was sent to 13 FHI country offices. Point person for each country conducted interviews with the appropriate MOH officials and other stakeholders to complete the survey. Eleven surveys have been completed and returned. The data from the surveys have been compiled in summary tables, and results are being drafted. Results will be finalized in July 2010. Additional use of this data will be discussed with others on the PROGRESS team.
- MS Project activity monitoring was regularly updated, with cost-share from PROGRESS Management. Analytical and progress reports were developed as requested.
- EIS updates for the Year 3 Annual Report and Workplan were initiated with technical monitors.
- The Gap Analysis was updated during development of the Year 3 Workplan.

Year 3 Workplan:

- M&E staff will review EIS subproject reports and assist PROGRESS Management in the development of quarterly, semiannual, and annual reports and workplans.
- The review of task-shifting and expanding service delivery option indicators, and results from the country office surveys will be finalized.
- The Year 2 Key Results Report will be developed and submitted to USAID.
- Indicator collection and maintenance of the Research Utilization Indicator Database will continue. End-of-subproject interviews will be conducted with technical monitors of completed activities for additional indicator collection.

- Support will be provided on the Year 4 budget request and workplan.
- Activity monitoring using Microsoft Project will continue to be maintained.
- Updates on all relevant PROGRESS-supported activities will be entered into USAID's HRIT database.
- The Gap Analysis will be maintained.

Madagascar Country Office Support

Status: Complete *Projected End Date: 12/31/2009*

Country(s): Madagascar

Funding Source: FS: \$163,509

FCO	Approved	Closure	Tech Monitor
892000	7/8/2009	11/30/2009	T Zan

Objective(s): To maintain, and subsequently to implement a phased close-out of, the FHI/Madagascar office following a coup in March 2009 and suspension of USAID activities in the country.

Description: In March 2009, Andry Rajoelina, mayor of Antananarivo, took power from President Marc Ravalomanana and put a new government into place. In response, the U.S.—via the State Department and USAID—announced that all non-humanitarian assistance would cease. CRTU activities were suspended, though staff and office were being maintained. Discussions with USAID/W and Mission led FHI to transfer remaining funds from CRTU to PROGRESS effective July 1 2009. Initially, the hope was that Field Support funds could be saved under PROGRESS for future implementation of the planned activities. In the meantime, this FCO enabled the FHI/Madagascar office and staff to be maintained. As of July 22, 2009, following direct instructions from USAID, the decision was made to close the Madagascar office. From that point forward, this FCO was used to fund a phased close-out of the office. The office formally closed on September 30, 2009.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Staff developed and subsequently implemented a close-out checklist which covered administrative, technical, and financial tasks.
- Staff were in close communication with USAID/Madagascar, fulfilling final reporting requirements.
- The office formally closed on September 30, 2009 (last day staff were on payroll).
- Final financial reports were submitted to FHI/NC, assets were returned to USAID/Madagascar and/or distributed to local partners (including vehicle), hard copies of documents were shipped to FHI/NC.
- John McWilliam delivered a bank closure letter during his trip in September; the account is to be closed November 30, 2009.

Findings and Outcomes:

- The CRTU program which supported FHI activities in Madagascar through core and bilateral funds was a real success as noted by the USAID HPN Chief, Barbara Hughes and her deputy, Benjamin Andriamintantsoa. In their speeches at a special recognition ceremony held on September 29, 2009, they noted the research undertaken to show that DPMA could be safely and effectively delivered by CBD agents and scaled up for the national program; the Best Practices Package in Reproductive Health in Madagascar – particularly the systematic

- screening tool and pregnancy checklist; and the Mini-university where best practices were disseminated widely to the government program, other cooperating agencies and NGOs working in Madagascar.
- Dr. Solomon Razafindratandra, the Country Director, noted with thanks the support they have received from USAID and their encouragement to work closely with the ministry and other cooperating agency partners to put the research into practice in the various programs. His team of researchers and professional staff has set a very high standard in Madagascar that was recognized by Ms. Hughes. The encouraging message from USAID was that they were looking forward to asking FHI to reopen the office and once again lead in research to practice activities once the political situation in the country is rectified.

PROGRESS Management

Status: Ongoing *Projected End Date: 6/17/2013*

Country(s): Worldwide

FCO	Approved	Closure	Tech Monitor
890001	6/18/2008		R De Buysscher

Objective(s): To guide the overall management and implementation of the PROGRESS Cooperative Agreement, including implementation and management support to country programs.

Description: This FCO captures management and development costs associated with the overall management oversight of PROGRESS. From PROGRESS Year 2 on, this FCO will be for management purposes only, and expenses will be distributed as a percentage across all projects.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The PROGRESS initiation meeting and retreat were held in June and August 2008 at FHI/NC.
- The PROGRESS information sheet, brand, and brochure were developed.
- USAID missions and FHI country offices were provided information on the PROGRESS Leader with Associates award.
- The Year 1 Workplan was submitted to USAID in November and approved in December 2008.
- PROGRESS staff conducted field visits to Rwanda, Zambia, India, Nepal, Senegal, Tanzania, Kenya, and Uganda to assess interest in PROGRESS work.
- PROGRESS staff participated in meetings at USAID and with partners to introduce the project and discuss potential areas for collaboration.
- The second year budget request was developed and submitted January 2009.
- Field Support funds were negotiated with the USAID Missions and secured from Ethiopia, Rwanda, Tanzania, India, and Malawi.
- A combined Year 1 & 2 Workplan and budget was approved for implementation in June 2009.
- A Policy and Procedures Manual was completed, including processes for approval of research proposals/protocols by USAID.
- The first annual PROGRESS report was submitted to USAID in September 2009. A quarterly report was submitted in November 2009.
- Concepts were selected for further development for the Year 3 budget request.
- The Madagascar program was closed for political reasons, and the country office closed September 30, 2009.

- The PROGRESS Year 1 key results and baseline financial reports were submitted to USAID in October 2010 (see also FCO 890006).
- The PROGRESS annual management review meeting was held in Arlington in December 2009.
- J. Wesson was requested to serve as a reviewer and resource person for the Rwanda National AIDS Control Council's Research Committee, and for a national research training course offered by the SPH (Sep 2009).

Past Six Months:

- Staff continued to support the development and implementation of PROGRESS activities.
- In Rwanda, Tanzania, and India, staff continued to represent PROGRESS in FP working groups as well as government, partner and donor meetings, as appropriate.
- The Year 3 budget request was submitted to USAID on January 22, 2010
- Quarterly and semi-annual reports were submitted to USAID in February and April 2010.
- PROGRESS management began preparing for the Year 3 Workplan, including preparation of activity budgets.
- In May 2010, staff finalized an information brief on the ethics review procedures of key institutions in Tanzania.
- In Rwanda, FHI played a key role in the steering committee for the March 2010 USAID Regional Family Planning Meeting which took place in Rwanda. FHI's active participation in the FPTWG, as well as its reputation for bringing the latest in evidence on FP, resulted in FHI being asked to assist in preparation of all of Rwanda's presentations and to participate in the Rwanda small group work during the meeting.
- Widge visited Bangkok for a meeting on "Reconvening Bangkok 2007 to 2010 Progress Made and Lessons Learned in Scaling up. FP-MNCH Best Practices in the Asia and Middle East (AME) Region".
- FHI/India participated in internal capacity building on "Combined Research and M & E training workshop" for training on Qualitative Research and Research Ethics.
- Field Support funding was negotiated and secured from Rwanda, Tanzania, India, Ethiopia, Uganda, Kenya, and Senegal.

Year 3 Workplan:

- Staff will continue to support the development and implementation of PROGRESS activities and represent PROGRESS in FP working groups and with partners, governments, and donor meetings, as appropriate.
- PROGRESS will submit the Year 2 annual report and workplan to USAID in August 2010.
- Quarterly narrative and financial reports will be submitted to USAID, as well as the annual key results and baseline financial reports.
- The request for concepts for Year 4 will be initiated in the fall.
- PROGRESS will prepare for an annual management review meeting.
- The budget request for Year 4 will be prepared and submitted in January 2011.
- Field Support funds for Year 4 will be negotiated with the USAID Missions.
- Management site visits to selected countries/projects will be conducted.
- PROGRESS management will attend USAID and partner meetings as requested.
- PROGRESS management will participate in periodic project update conference calls with the USAID Team.

Appendix 1: Completed International Travel

**Completed PROGRESS Travel
July 1, 2009 - June 20, 2010**

To	From	Traveler	Dates	Funding Codes (FCOs)	Justification
RDU	South Africa	M. Ndugga	July 17-24, 2009	IAS/PROGRESS Staff Time only	To present at the 5th IAS Conference on Pathogenesis, Treatment and Prevention, session titled: Revisiting Contraception & HIV Presentation title/topic: Cost effectiveness & implementation of family planning for women with HIV (travel paid by IAS)
RDU	India	J. Stanback	July 22 - Aug 6, 2009	890034/890032	To follow-up with the FHI Office, USAID and partners on planned research activities for India. (IUD, Youth and Microfinance)
RDU	Kenya + Uganda + Tanzania	M. Ndugga	Aug 6 - Sept 3, 2009	890001, 890023	To work with FHI offices in promoting and identifying potential partners for PROGRESS activities. In addition he met w/ USAID Missions to update them on PROGRESS's work in their respective countries and to seek approval for the Year 2 implementation plan.
RDU	Senegal	T. Zan	Aug 25 - Sept 6, 2009	890051	To meet with the FHI Office, USAID and partners to develop PROGRESS activities for Senegal.
RDU	Tanzania	R. Homan	Aug 19 - Sept 3, 2009	890004, 890023	Homan traveled to Dar es Salaam to participate in the Consensus Meeting for the National FP Costed Implementation Plan (NFPCIP) for the Ministry of Health and Social Welfare (MOH&SW) and to assist in the preparation of the NFPCIP draft documents.
RDU	Tanzania	J. Lewis	Aug 10-31, 2009	890023	Lewis traveled to Dar es Salaam to participate in the Consensus Meeting for the National FP Costed Implementation Plan (NFPCIP) for the Ministry of Health and Social Welfare (MOH&SW) and to assist in the preparation of the NFPCIP draft documents.
RDU	Malawi	E. Jackson M. Malkin J. Wesson	Aug 24 - Sept 11, 2009 Aug 26-29, 2009 Aug 26-29, 2009	892007, 890038	The purpose of this trip was to gather information to plan an upcoming evaluation of a pilot program to distribute Depot Medroxyprogesterone Acetate (DMPA) through Malawi's Health Surveillance Assistant (HSA) cadre and to plan a future assessment of community-based distribution (CBD) of DMPA through community-based distribution agents (CBDAs).
RDU	Tanzania	R. Wilcher J. Smith M. Kuyoh	Sept 12-23, 2009	890003	To participate in the ECSA-sponsored Forum on Best Practices in Health Care and Directors Joint Consultative Committee (DJCC) meeting; and 2) to develop plans for collaborative activities between FHI's PROGRESS project and the ECSA Secretariat.
RDU	Ethiopia	E. Lebetkin I. Yacobson F. Okello	Aug 3-15, 2009 July 26 - Aug 8, 2009 Aug 3-9, 2009	892001 Cost Shared	To provide technical assistance to the project Scaling Up Access to Implanon Service Through Health Extension Workers with a focus on reviewing the training curriculum and finalizing M&E plan and tools
NBO	Madagascar	K. Brickson J. McWilliams	Sept 5-19, 2009 Sept 19-24, 2009	892000	To provide support to the close-out of the FHI/Madagascar office
RDU	South Africa	M. Ndugga A. Akol M. Solomon	Oct 4-9, 2009	890003	Participate in FIGO meeting, presenting and participate in a panel meeting.
DC	Ethiopia	F. Okello	Oct 4-25, 2009	892001/cost shared	To review and finalize Implanon M&E data collection tools; To develop the project M&E database and orient CO M&E team on how to use it; To work with the M&E TWG to integrate the PMP indicators into their M&E systems; To work with the FMOH to solicit input for the development of exit interviews and observation study protocol; To present the Implanon project PMP to the FMOH and solicit feedback to operationalize of the PMP, including integration of select indicators into the HMIS
RDU	Kenya	M. Wigley	Oct 19 - Nov 5, 2009	890060	To meet with the Green Belt Movement staff to build the partnership, create a project plan and timeline, discuss the research intervention, and draft the sub agreement; to work with the FHI Nairobi (NBO) counterparts, who will be supporting the project.

RDU	Rwanda	A. Brunie B. Tolley	Oct 23-Nov 8, 2009	890007	To collaborate with colleagues from the FHI office in Kigali in 1) recruiting and training field workers to collect quantitative and qualitative data and 2) fine-tuning fieldwork procedures for the study "Barriers to expanded contraceptive use in Rwanda."
RDU	Zambia	C. Dreisbach	Nov 4-13, 2009	890017	To co-facilitate the training of trainers (TOT) workshop for MoH master trainers and ChildFund Zambia staff who will go on to train the pilot project's CBD agents in FP services, with a focus on informed choice counseling and Depo-Provera administration.
RDU	Zambia	D. Chin-Quee	Nov 4-13, 2009	890017	To oversee and participate in the training of trainers (TOT) workshop for MoH and ChildFund Zambia master trainers who will go on to train CBD agents in FP services, with a focus on DMPA administration.
RDU	Rwanda	T. Zan	Nov 6-15, 2009	890045	To orient new PROGRESS RU staff member to RU concepts, systems and approaches within FHI, including use of specific tools. In addition, to assist PROGRESS team to prepare for a CME workshop focused on postpartum family planning (PPFP) for key stakeholders as a means to raise awareness of PPFP in general and to cull interest in eventual results of two PPFP-related PROGRESS studies.
RDU	Tanzania + Kenya	K. L'Engle	Nov 8-28, 2009	890019	In-country visits around pilot launch of Mobile4RH to test and monitor texting system, prep promotion sites, stakeholder updates and meetings, further discussions with Pathfinder around electronic FP module development and evaluation (cost shared with 16533).
RDU	Rwanda	B. Finger	Nov 13-19, 2009	890003	To meet the PROGRESS research utilization team and discuss how Rwanda RU work meshes with the global technical leadership roles for PROGRESS in promoting best practices. In Uganda, to participate in the International Family Planning Conference, with a focus on helping to coordinate the information presented for PROGRESS and as global technical leadership, working with conference planning teams in broader dissemination of key messages.
RDU	Kenya	M. Ndugga	Nov 13-19, 2009	890001	To meet with Green Belt Movement, K-REP Bank both local implementing partners on the PROGRESS PROJECT, FHI-Kenya Country Office Staff to discuss potential collaborations with PROGRESS.
RDU	Kenya	J. Bratt	Nov 14-21, 2009	890059	To attend the meeting for Regional/Country managers of dairy cooperatives supported by the Int'l Development Division of the Land O' Lakes corporation; to present the proposed PROGRESS project to introduce FP content in selected dairy cooperatives in SSA
RDU Tanzania Rwanda	Uganda	J. Stanback B. Finger B. Maggwa L. Dorflinger D. Chin-Quee K. L'Engle C. Lasway J. Wesson	Nov 15-19, 2009	890003/cost shared 890003/cost shared 890003 -cost share w/CRTU & PTA cost share w/ Hewlett cost share 890018/890011	To attend and/or present at the Uganda FP Conference in Kampala
RDU	Rwanda	T. Hatzell Hoke	Nov 17-24, 2009	890008	To collaborate with partners from FHI/Rwanda, the Ministry of Health, and Jhpiego in advocacy and other preparations for the PROGRESS study focused on postpartum intrauterine contraceptive device (PPIUCD) services. (Trip will occur in conjunction with CRTU-funded travel to the region.)
Kenya	Rwanda	L. Dulli	Nov 18-25, 2009	890028	This trip will be to train data collectors and initiate data collection activities for the baseline data collection round of the study "Improving access to and uptake of postpartum family planning through enhanced FP services in immunization services.
Louisiana	Kenya	G. Etheredge	Nov 30 - Dec 6, 2009	890032	The purpose of this trip was to meet collaborators at K-Rep Bank to discuss the goals, objectives and implementation of the PROGRESS-supported study "Family Planning incorporated into Microfinance". The primary objective of the study is to see if family

					planning messages can be incorporated into microfinance programs and if these messages are related to an uptake in contraception.
RDU	Uganda	A. Brunie	Jan 9-19, 2010	890052	To understand the context of community-based distribution programs in Uganda and collaborate with colleagues from the FHI/Uganda office in gathering information to support the development of the protocol for the study "Community Health Worker Motivation: Understanding the Role of Incentives as Determinants of Retention and Performance."
RDU	Ethiopia	F. Okello	Jan 13 - March 1, 2010	892001, 892010	The main purpose of this TA was to support the FHI/Ethiopia Country Office to undertake M&E capacity building activities in conjunction with the FMOH for monitoring and evaluating progress in the implementation of the Implanon initiative. While the focus was on the Implanon initiative, the M&E capacity building activities aimed to improve M&E for all FP methods and services. The primary beneficiaries of the capacity building were the Regional Health Bureaus of the focus regions and their Zonal Health Offices and Woreda Health Offices of the regions.(cost shared with PHP)
RDU	Rwanda	A. Brunie B. Tolley	Jan 19-28, 2010	890007, 890026	To conduct capacity-building activities on qualitative research methods with the School of Public Health and conduct a workshop on qualitative data analysis for the study "Barriers to expanded contraceptive use in Rwanda" (partially cost-shared with Uganda trip)
Rwanda	Kenya	Nsengiyumva, + 5 MOH- stakeholders	Jan 25-29, 2010	890008	To observe successful PP IUCD program and discuss lessons learnt/challenges in prep for implementation in Rwanda.
Kenya	Philippines	C. Mackenzie	Jan 30 - Feb 9, 2010	890060	To participate in a south-to-south exchange of the BALANCED Project PHE and showcase PFPI's "gold standard" PHE approach called Integrated Population and Coastal Resource Management program. FHI staff Ezekiel is sponsored by PROGRESS and the GBM staff member assigned to PROGRESS is sponsored by the BALANCED project.
RDU	Malawi	E. Jackson	Jan 30 - Feb 27, 2010	892005, 890038	The purpose of this trip was to hire a replacement in-country co- Principle Investigator (co-PI), organize and complete training, and begin data collection for an evaluation of community-based distribution of Depot-Medroxy Progesterone Acetate (DMPA) by Malawi's Health Surveillance Assistant (HSA) cadre. An additional purpose for the trip was to continue planning the assessment of community-based distribution (CBD) of DMPA by community-based distribution agents (CBDAs).
RDU	India	R. Homan	Feb 7-21, 2010	890034, 890004 (cost shared with FOC 990148)	In India: To select a local research partner and conduct self-assessment for capacity development needs of the local partner and use this to begin drafting SOW and TOR for subagreement (FCO 890004). To identify an implementing partner organization that can provide FP information messages within their on-going interaction with microfinance clients or self-help group members (FCO 890034) and use this information to draft out a protocol, SOW and TOR for subagreement.
RDU	India	E. Canoutas	Feb 1-13, 2010	890042/113117	To work with the India office Research and RU staff members in support of PROGRESS activities. Support the development of the FP/Microfinance intervention design, and RU activities related to other PROGRESS studies as needed. Orient new RU Specialist on RU principles, strategies and tools to support PROGRESS research and RU activities.

RDU	Rwanda	D. Shattuck	Feb 1- 14, 2010	890033, 113109	To accompany a team of Rwandan doctors and government officials during a multi-site training in thermal cautery vasectomy in 5 remote health clinics in Rwandan districts. Following these activities, Shattuck traveled to Addis Ababa, Ethiopia to meet with officials from the Ethiopian Ministry of Health, USAID and the CDC about present and future projects under the PTA and PROGRESS. (cost shared with CRTU)
RDU	Kenya	D. Hubacher	Feb 14-25, 2010	890036, 890044	The primary purpose of this trip was to plan a future study on the levonorgestrel intrauterine system (LNG IUS). In addition, important tasks were completed on current projects, including those titled "Safety of Implant Use among Women on Antiretrovirals" and "Improved Counseling on Implants to Prevent Unintended Pregnancy." On the latter studies, data management and enrollment issues were addressed.
RDU	Kenya	B. Sutherland	Feb 15- Feb 26, 2010	890060	To meet with in-country colleagues for an evaluation of an integration of FP services into an environmental program (GBM) in Kenya (890060). (cost-shared trip with CRTU)
RDU	Kenya	M. Wigley	Feb 16–Mar 5, 2010	890060	Work with FHI and GBM teams on research design (cost-shared trip with GATES)
RDU	Rwanda	T. Hoke	Feb 1-11, 2010	890008	Support preparations for facility assessment conducted for PPIUCD study.
RDU Kenya Tanzania	Uganda	B. Finger M. Solomon C. Lasway	Feb 9-19, 2010 Feb 11-14, 2010	890003	To participate and facilitate the ECSA two-day workshop on task shifting, focusing on expanding community-based access to injectables.
RDU	Zambia	G. Vance	Feb 27 - Mar 14, 2010	890030	The purpose of travel was to train research assistants to collect data for the study, "Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions, in order to initiate post-test data collection proceedings in 10 child health/ immunization clinics.
RDU	Tanzania	M. Malkin	Feb 9 -19, 2010	890043	To provide technical support to ECSA and advance implementation of the collaborative workplan between ECSA and PROGRESS.
RDU	Malawi	T. Grey	Feb 9 – Mar 9, 2010	890038, 892005	The purpose of this trip was to hire a replacement in-country co- Principle Investigator (co-PI), organize and complete training, and begin data collection for an evaluation of community-based distribution of Depot-Medroxy Progesterone Acetate (DMPA) by Malawi's Health Surveillance Assistant (HSA) cadre. An additional purpose for the trip was to continue planning the assessment of community-based distribution (CBD) of DMPA by community-based distribution agents (CBDAs). Cost Shared
RDU	Tanzania	T. Petruney	Mar 26 - Apr 9, 2010	890040	(Cost-shared CRTU 113131) Assist field staff with the NFPCIP launch, support RU workshops for FHI and MOH staff, provide TA to FP/HIV efforts (wrap-up CRTU and prepare for potential PTA SOW).
Kenya	Rwanda	L. Dulli	Mar 2010	890028	The purpose of this trip was conduct data collector training and finalize plans for field activities for the study "Improving Access to and Uptake of Postpartum Family Planning Service through Enhanced Family Planning in Immunization Services."
RDU	Tanzania	D. Chin-Quee	Mar 26 - Apr 3, 2010	890029, 113125	To work with the Tanzania FHI office staff and the implementing agency, NIMR-MMRC, to finalize study site selection and study logistics and subagreement for implementation.
Tanzania	Rwanda	C. Lasway	Mar 21-24, 2010	892006	To attend/present at the USAID regional family planning conference in Kigali on the Tanzania FP Costed Implementation Plan.
RDU	Kenya	K. L' Engle	Mar 15 - 22, 2010	890019	To visit clinics to monitor promotion of m4RH promotional materials and meet with clinic staff, some as part of m4RH clinic staff briefings, and work with staff on the editing of m4RH messages in Swahili to fit the text messaging character limits.
USA/NC	Kenya, Uganda,	M. Ndugga,	April 5 - 24, 2010	890001 892001, 890032, 890059,	To follow up on PROGRESS research activities, work with USAID missions on PROGRESS-related issues,

	Tanzania			890060, 890073	management, and future core and FS activities.
RDU	Senegal	T. Zan J. Stanback	April 11-17, 2010 April 17-24, 2010	890051	To participate in dissemination of CBD of pills pilot project results; present on global experiences in CBD of injectables at said meeting; support CME to staff and students at teaching hospital; support workplan implementation; and possibly to conduct capacity-building on RU/scale-up for MOH and local research institution.
Delhi	Texas, NC	S. Basu	Apr 14-20, 2010	892004 (Field Support)	To present a Poster on Family Planning at the Population Association of America (PAA) 2010 Annual Meeting; to meet with FHI/NC staff on PROGRESS Research and Research Utilization activities in India.
USA/NC	Senegal	J. Van Dam	Apr 10-16, 2010	890001, cost-share with 0028	To attend the FHI Africa Regional Leadership Meeting for country and project directors. To work with the Country Directors at the meeting to promote PROGRESS, and discuss the best options to get Field Support funding. (20/80 cost share PROGRESS/other funding)
USA/NC	Kenya +Malawi +Zambia	J. Bratt	Apr 17-25, 2010	890059, cost share w. non USAID funding)	To finalize instruments and work on analysis plan for LoL/Kenya study; to visit Malawi and Zambia to discuss integration of FP into dairy cooperatives in these countries. (50/50 cost-share)
USA/DC USA/NC	Dominican Republic	A. Lendvay K. Nanda	Apr 17-Apr 23, 2010	890046	To conduct an interim monitoring visit for study number 9964, 'Continuous vs. Cyclic Use of COC Pills Study'. Nanda, the study PI, will oversee the study while it is ongoing. She will also work with Lendvay on the monitoring of participant files and regulatory documents. Lendvay will complete all monitoring tasks.
Madagascar	Senegal	Ny Lova Rabenja (formerly of FHI-Madagascar)	Apr 17-23, 2010	890051	To present the Madagascar experience on CBD/DMPA at the National Meeting in Dakar. Dr. Rabenja was one of the lead in-country researchers on the feasibility study of intro of CBD/DMPA in Madagascar. She is a medical doctor, thus will be well respected by the medical institutions, and be able to speak to the research and programmatic aspects of CBD/DMPA.
Kenya	Uganda	E. Martin	Apr 18-21, 2010	890001	To meet with the Mission and local partners for the PHE activities. Also to follow up on activities with the FHI Uganda Country Director as she goes on Maternity leave.
RDU	Switzerland	J. Stanback	April 28 - May 1, 2010	890010	To participate in a WHO Technical Consultation on "Accelerating progress on Millennium Development Goal (MDG) 5 through advancing Target 5B."
Rwanda	Kenya	T. Munyangabe	May 2010	890011 Cost-share with bilateral	To participate in the FHI organized training in financial systems, grant management, reporting, and Human Resources. Travel will be co-shared 40/60 between PROGRESS and Bilateral.
USA/NC	Kenya	L. Wilson	May 16 -May 22, 2010	890006 (cost-share with PTA/Other Funding)	Participate in a regional meeting of FHI staff, providing input regarding procedures for centrally-funded projects related to reporting requirements, USAID/W approval and budgeting processes, and monitoring of activities and expenditures. Three-way cost share with PTA and G&A funds.
Tanzania	USA/NC	C. Lasway	May 16 - May 23, 2010	890018	Meeting on PROGRESS efforts and activities in Tanzania, field support for year 3. (previously approved in Jan-March Travel Plan)
Rwanda	USA/NC	J. Wesson	May 22 - June 12, 2010	890008, 890026, 890028, 890045, 617007, 102530	R & R; Meeting with PROGRESS/NC efforts in Rwanda (cost-share 70/30 with bilateral)
USA/NC	Tanzania	M. Malkin	May 24 - July 15, 2010	890043	To provide technical assistance and support to the East, Central, and Southern African Health Community (ECSA); to develop a workplan for USAID/East Africa funds; design and implement a situational analysis on community family planning; coordinate PROGRESS-funded desk review of the global evidence on community family planning interventions; assist the Reproductive Health Manager to coordinate activities, develop strategies, budgets, workplans and reports; develop scope of work for a technical officer to be

					recruited to continue the type of TA being provided by FHI; support the implementation of the ECSA-PROGRESS subagreement; prepare for/conduct the FP/RH Guidelines Workshop in collaboration with WHO; advance the supporting and monitoring of activities related to country-level task shifting workplans.
USA/NC	Ethiopia	F. Okello	May/June 2010 (6 weeks)	892001 (FS)	To continue work implementing the M&E of the Implanon Initiative; To pre-test survey instruments, to train data collectors, and to initiate data collection for the rapid evaluation of the Implanon Initiative
RDU	Rwanda	T. Hoke	May 7 - 22, 2010	890008	To provide technical support for Facility Assessment conducted as part of PROGRESS-funded postpartum IUCD (PPIUCD) study.
USA/NC	India	R. Homan	June 27 - July 2, 2010	890034, 1972	To follow-up on the microfinance project including finalizing the protocol, subagreements, and data collection forms. To work with FHI-India staff on implementation of the Integration of FP messages into Microfinance Project
USA/NC	Ethiopia	E. Lebetkin	June 7-23, 2010	892001	To work on implementing the M&E of the Implanon Initiative; To pre-test survey instruments, to train data collectors, and to initiate data collection for the rapid evaluation of the Implanon Initiative (previously approved in Jan-March Travel Plan)
USA/NC	India	M. Green	June 5 - 25, 2010	892008 (FS)	To initiate data collection for "Immunization Service Provider Attitudes to Provision of Family Planning services in India," including collaborating with FHI/India staff, meeting with research agency, training data collectors, and monitoring initial data collection. (cost shared)
Kenya	North Carolina	L. Dulli and Family	June 17 - July 18, 2010	890028	R&R Travel (costed shared; PROGRESS will pay for 35%)
Philippines	Kenya	J. Castro	June 7-12, 2010	890060	To provide technical assistance in the development of integrated family planning and environment messages and IEC materials for use in the intervention. BALANCED has proposed a cost-share for this TA. Cost-shared: FHI covering the Joan Castro's airfare and their lodging in Nairobi. BALANCED covering MIE and staff time.

Appendix 2: Financial Information

Year 2 Expenditures and Year 3 Budget

