



Program Research for Strengthening Services

**PROGRESS**

**GPO-A-00-08-00001-00**

**Annual Report**

**July 1, 2008 – June 30, 2009**





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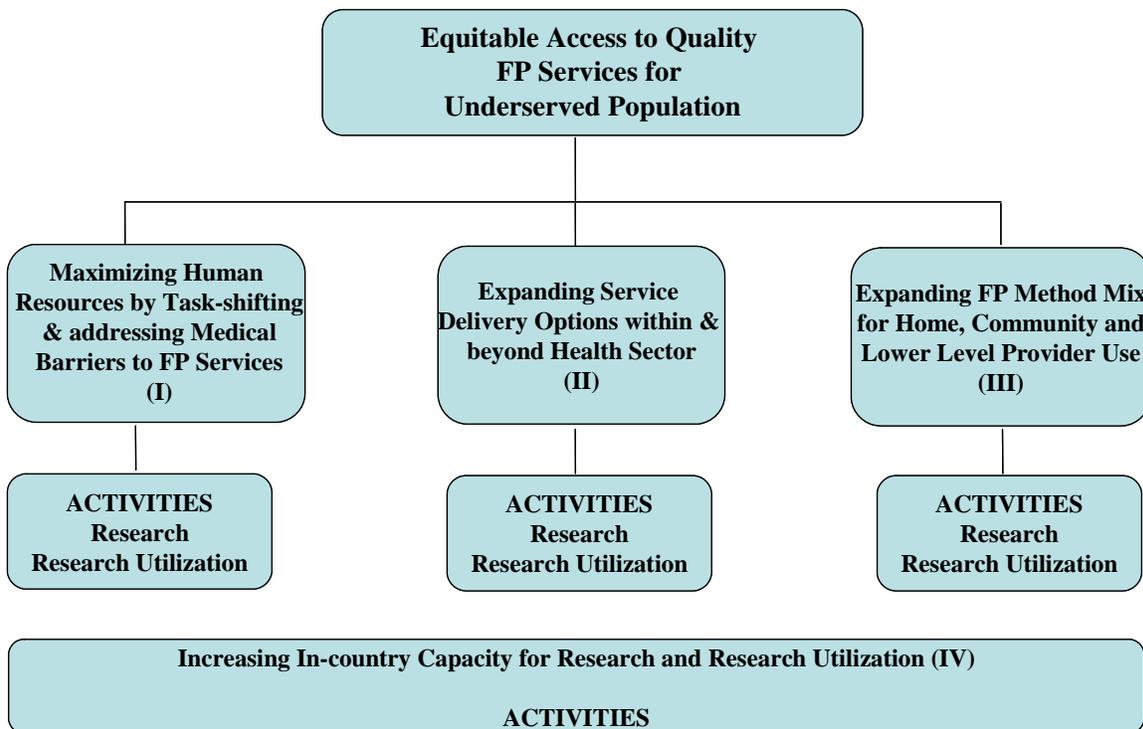
## Introduction

The U.S. Agency for International Development (USAID) awarded PROGRESS (Program Research for Strengthening Services) to Family Health International (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 three technical areas and one cross-cutting area—all of which we refer to as “legacy areas.”

The legacy areas comprise the key organizing structure for identifying and implementing activities, monitoring performance, and assessing achievement of desired outcomes. This semiannual report documents 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. Our commitment to these four legacy area will guide both our programs and our global technical leadership (GTL) activities in the PROGRESS focus and non-focus countries.



PROGRESS also seeks to define who is underserved by family planning programs. At the broadest level, the underserved are those who have difficulty accessing family planning methods and services. A number of factors may limit access, including economic status, age, location, social and behavioral norms that stigmatize users of family planning, service policies, or health factors like HIV infection. Models for reaching the underserved need to address complex issues, including how services are currently delivered and paid for, who is authorized to deliver (and receive) specific methods and services, what services are affordable to clients, how service providers in public and private programs interact. Improving access for the underserved is likely to require numerous actions that draw from all the legacy areas and fulfill PROGRESS's mission that interventions be practical, scalable, and sustainable.

During the first year, activities have centered on planning for project implementation, developing the first year workplan, and identifying and beginning work in focus countries, developing a system for integrating research utilization with research projects, initiating work on selected research activities, focusing on a few research utilization efforts, and developing the project's performance monitoring plan (PMP). PROGRESS staff conducted planning and assessment visits to potential focus countries, including India, Rwanda, Senegal, Tanzania, and Zambia. Workplans were developed for each of these countries and three countries were approved for implementation of multiple research projects. Near the end of the year, Senegal emerged as a possible new focus country. Staff participated in meetings with U.S., regional, and global partners to discuss collaboration on research, new technologies, capacity building, and research utilization. FHI researchers and research utilization partners were identified and assigned to develop research activities approved in the first year workplan for implementation.

Eight research concepts were sent to USAID and seven were approved for development into full protocols. By the end of June five draft protocols had been developed for review by USAID. Two previously developed protocols (under the CRTU) looking at family planning and immunization services (Rwanda and Zambia) were approved for implementation. The Family Planning Costed Implementation Plan was initiated in Tanzania in February, and a Rapid Assessment of CBD of DMPA in Rwanda was partially funded by PROGRESS during this reporting period. Eight RU activities were completed. A notable RU project led by PROGRESS was the joint technical consultation with WHO and USAID on expanding access to injectable contraception, a high profile meeting that led to a conclusion document expected to receive wide attention.

A major challenge in the first year was the development of a workplan and research agenda without the benefit of approved focus countries for implementation. To accommodate the priorities and changes over the course of the first year, it was agreed with USAID to develop a combined year 1-2 workplan for easier implementation and monitoring.

The report below describes the status and accomplishments of activities undertaken in the past year and includes planned activities for FY 10, organized by legacy area. These summaries are based on the electronic information system (EIS) at FHI, tracked by subproject FCO number and referred to as "subprojects." Because the report reflects activities from the original and the combined workplan, in particular research utilization, are now grouped together under the subproject summary approach. A financial and international travel report are appended.

## **I. Maximize Human Resources by Task-Shifting and Addressing Medical Barriers to Family Planning Services**

A major obstacle to reaching underserved populations with quality family planning services is the limited human resource capacity available to the health care systems in developing countries. This problem has been identified by most governments, development partners and programs as a major factor limiting health services, and has been used as the justification for the expanded use of community health workers (CHWs). More data are needed to better understand the role of CHWs and the effects of these task shifting efforts on the overall performance of the health care system and the provision of family planning services. In year one, PROGRESS focused on conceptualizing research ideas to address these issues. These included CBD of DMPA research projects, one in Rwanda and two in Zambia --one was canceled and will be implemented in Malawi in year 2, and a proxy wealth index (related to other legacies). Research utilization in this legacy area included a review of the literature on CDB of DMPA and background work for the joint WHO/USAID Technical Consultation on Expanding Access to Injectables. PROGRESS also developed an expert panel on task-shifting and family planning for the 2009 International Federation of Gynecology and Obstetrics (FIGO) meeting. Research activities in Year 2 activities will expand to a broader range of activities related to community health workers (CHWs).

### **1. Technical Leadership for Research (FCO 890002 – closed as of June 30)** Technical Monitor: J. Stanback

**Objective(s):** To develop proposals in the first and second legacy areas and to provide research-related technical consultations on task-shifting, medical barriers and expanding service delivery options beyond the health sector when such consultations are not related to specific subprojects.

**Description:** Program research helps host country decision-makers choose the best options for improving services by evaluating innovative solutions that are practical, affordable, and sustainable within their health systems. To address challenges to improving the delivery of FP services, the project will provide technical leadership on research on task-shifting and medical barriers, as well as expanding service delivery options within and outside of the health systems. During the first year of the project, this activity supports PROGRESS research staff to develop proposals in the first and second legacy areas and to provide research-related technical consultations on task-shifting, medical barriers and expanding service delivery options beyond the health sector when such consultations are not related to specific subprojects. This work will involve PROGRESS and FHI staff, USAID, focus countries, and other partners.

### **Activities, Accomplishments, Challenges through June 30, 2009**

- Welsh, Maggwa, and Stanback met with USAID/Service Delivery Improvement (SDI) in September 2008 to discuss research on task-shifting and new service delivery options under PROGRESS.
- Stanback, Maggwa, and Finger traveled to Geneva in November 2008 to plan a collaborative PROGRESS/WHO effort to increase task-shifting in family planning.

- Stanback began drafting a manuscript on task-shifting in family planning.
- Maggwa and Stanback traveled to Rwanda, Kenya and Zambia in October and November 2008 to discuss task-shifting and expanding SDOs work, such as the studies on integrating family planning with agricultural projects and immunization services under PROGRESS.
- Stanback and Kirsten Krueger published a letter to the editor in Contraception on self-administration of injectable contraceptives.
- PROGRESS team and individual FHI researchers, developed research concepts for the first and second year workplans.
- Stanback traveled to Senegal to assess its potential as a focus country and to make several presentations to WHO and UNFPA staff attending the regional WHO/UNFPA Special Partnership Programme (SPP) meeting for Francophone Africa.
- Stanback, along with Maggwa traveled to Washington in February 2009 to present the PROGRESS workplan and discuss it with USAID Research and SDI staff.

Based on guidance from USAID, and starting in Year 2, all management and technical leadership costs will be fully loaded into subproject activities and reported in the management section of subsequent reports.

## **2. Assessment of CBD of DMPA in Rwanda (FCO 890025)**

Technical 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 results review and development of proposed next steps.

**Collaborating Agency(s):** Ministry of Health, Rwanda

### **Activities, Accomplishments, Challenges through June 30, 2009**

- FHI/Rwanda worked with the Rwanda FPTWG to develop a protocol for the rapid assessment. Following revisions, the local ethics committee approved it.
- A contract with the consultant was signed in May 2009.
- The project utilized resources donated by other members of the FPTWG.
- Fieldwork for the assessment began in June 2009, with results expected in July 2009.
- The study was delayed by the national IRB related to administrative issues.

### **Planned Activities for July 1, 2009 – December 31, 2009**

- The technical monitor will participate in analysis and dissemination of findings.

**Projected End Date:** December 2009

### 3. Assessing the Feasibility of Using CBD Agents to Provide DMPA – Zambia

(FCO 890017) Technical Monitor: D. Chin-Quee

**Objective(s):** 1) To assess the impact, feasibility, safety, acceptability and client satisfaction with community-based distribution of DMPA; 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, Zambia, FHI will work with Child Fund Zambia (formerly Christian Children's Fund) to add injectable contraception to the pills and condoms that community-based distribution (CBD) agents already provide. A subset of 40 Child Fund Zambia's CBD agents will be selected to undergo training in safe injectable provision. Their clients will be followed up 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, by Child Fund Zambia and by other key Zambian NGOs as well.

**Collaborating Agency(s):** Christian Children's Fund (CCF), now Child Fund

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- Stanback began discussions with staff from the U.S. headquarters of the Christian Children's Fund (now Child Fund) 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 TA on Child Fund's draft pilot study protocol for CBD of injectables.
- Stanback and Maggwa visited Child Fund field sites in Zambia (November 2008).
- D. Chin-Quee was assigned as technical monitor in December 2008.
- The USAID Mission approved the concept paper for this study in Zambia in March 2009.
- In April 2009, Chin-Quee and Crystal Dreisbach (RU partner) initiated planning for a stakeholders meeting in Lusaka to obtain buy-in and cooperation from the MoH, other NGOs, relevant committees and working groups, as well as to inform development of the study protocol. This has been scheduled for July 2009.
- A draft study protocol was submitted to USAID/W and Child Fund Zambia in May, with the caveat that the study design and implementation plans could change after feedback from the stakeholders.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- The subproject budget and subagreement with Child Fund Zambia will be finalized.
- Feedback from the stakeholders meeting will be incorporated into the draft protocol and it will be re-submitted to USAID/W.
- Following USAID/W approval, the protocol will be submitted to the PHSC and local ethical review committees in Zambia.
- Preparations for training of trainers and of Child Fund Zambia's CBD agents will begin in order to carry out training in Mumbwa and Luangwa districts before December 2009.

**Projected End Date:** June 2012

#### **4. Zambia: Addressing Human Resource Constraints through Task-Shifting to Community Health Workers**

(FCO 890014; Project canceled April 2009)

**Objective(s):** To assist the Zambia Ministry of Health (MOH) with research activities supporting their development of a nationally standardized community health worker (CHW) strategy.

**Description:** USAID/Zambia requested that PROGRESS provide technical and financial support to the MOH to assist in the development of a nationally standardized community health worker (CHW) strategy. PROGRESS anticipated conducting a comprehensive inventory of the number and distribution of different types of CHWs, their tasks, current training, remuneration, work hours, reporting structures and management, and program cost per CHW.

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- In November 2008, Maggwa and Stanback met with staff from Zambia's MOH to discuss research that will complement their recently completed desk review, "Community Health Worker Strategy."
- Elizabeth Jackson was assigned as the technical monitor in December 2008.
- Jackson traveled to Lusaka in February 2009 to plan the study in conjunction with Zambia's MOH and USAID/Zambia.
- During the February planning trip, the MOH informed the TM that the anticipated research activities approved in the Year 1 PROGRESS work plan were already covered in MOH agreements with other organizations.
- The MOH requested assistance with an audit of current CHW training materials in Zambia. This request differed substantially from the approved work plan.
- Following discussions with USAID/Washington, the study was canceled in April of 2009.

**Projected End Date:** Project canceled April 2009

#### **5. Test home injection of DMPA (on hold indefinitely)**

PROGRESS has discussed the possibility of conducting a trial(s) to test the acceptability of self-injection of DMPA. In December 2008, Stanback and Krueger published a letter to the editor of Contraception on self-administration of injectable contraceptives. Because DMPA SC in Uniject will likely not be available until 2010, no activities were conducted on this subproject, and the project has been put on hold indefinitely.

## **6. Development of a Proxy Wealth Index (FCO 890021)**

Technical 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 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. “Underserved” and “poverty” are not synonymous but are related, so providing equitable access to FP services will have to focus on the poor. A current tool for assessing equity in health care 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. To help PROGRESS reach the underserved, 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, Challenges through June 30, 2009**

- Janowitz and Margaret Eichleay reviewed the existing literature on poverty and measures of poverty and wealth.
- Janowitz and Eichleay prepared a detailed concept paper on project objectives, and the work plan was approved in May 2009.

### **Planned Activities for July 1, 2009 – June 30, 2010**

- Analysis of DHS data for selected countries will be carried out. Populations will be divided into wealth quintiles using the DHS wealth module but converting the categorical variables into intervals and then testing whether a reduced set of variables will do a reasonable job in predicting wealth quintile controlling for residence.
- Data will be obtained on the wealth variables for upcoming PROGRESS subprojects and the wealth quintiles of those populations will be compared with those from the DHS.
- In one country, the validity of a woman’s answers will be tested by following up with women in their homes and comparing their answers to the questions at the service delivery point with those obtained through questions and observations at her home.
- If feasible, a spreadsheet will be developed to help programs monitor the poverty level of their clients.

**Projected End Date:** Sept. 2010

**7. Research Utilization for Task Shifting** (FCO 890009; now closed)

Technical Monitor: B. Finger

**Objective(s):** 1) To synthesize evidence to guide policy-makers; 2) to work with international bodies to advance task-shifting; 3) to convene a task shifting technical meeting with WHO; 4) to collaborate with WHO on key task shifting issues; and 5) to address barriers to increase access to family planning.

**Description:** This subproject aimed to address the human resources constraints that limit access to family planning for underserved populations. This subproject focused on utilization of research results on maximizing human resources by task shifting and addressing medical barriers to family planning services.

In the first year of PROGRESS, this subproject provided a structure for supporting technical guidance for global technical leadership in the task shifting area, focusing on community-based access to injectable contraception. Following changes made in the Year 2 Workplan, general RU activities for the Task Shifting and Medical Barriers Legacy Area will now be under the global activity, Utilization of Best Practices (FCO 890003) or future FCOs / subprojects, as noted below. As such, this FCO and subproject has been closed.

**Activities, Accomplishments, Challenges through June 30, 2009**

- In Nov. 2008, Maggwa and Stanback met with Zambia MOH Director of FP and RH Services, who requested that PROGRESS review Zambia's new service delivery guidelines to ensure compliance with WHO standards. Zambia's MOH also expressed interest in incorporating FHI job aids into service delivery, branding tools for local use.
- The WHO/USAID/FHI technical consultation on expanding access to injectables was planned and held June 2009. In preparation for the technical consultation, staff and consultant S. Malarcher reviewed published and gray literature on task shifting to community providers to provide injectables. Independent reviewers rated the quality of the evidence reviewed. (See also WHO Collaboration, FCO 890010, where follow-up activities will be reported.)
- PROGRESS staff worked with the FIGO program planning coordinator, Dr. T. Basket, to assemble a panel for the Oct. 2009 FIGO meeting, "Task-Shifting and FP: New Frontiers for Hormonals." Stanback will chair the session and I. Shah of WHO, Angela Akol of FHI/Uganda, and Marsden Solomon of FHI/Kenya will be panelists.
- Drs. Maggwa and Mbonye traveled to Swaziland in March 2009 to attend the Ministers conference for the East and Central Africa Health Community (ECSA), to share experiences with task shifting for FP services. Maggwa presented on task shifting at the technical pre-conference and to the ministers. (Follow-on activities with ECSA are now under Collaboration with Regional Institutions, FCO 890043.)
- Aurelie Brunie presented on CBD of DMPA in Madagascar at the SAGO/SOMAGO (Francophone version of ACOG) conference in Mali (Dec. 2008).
- Irina Yacobson and Lucy Harber are working on a Family Practice Training Curriculum under CRTU. PROGRESS jointly supported the development of the CBD of DMPA module, which was drafted and informally field tested in Nigeria. (Revisions, editing and printing of the DMPA module will be reported in FCO 890041, in Year 2.)

**Projected End Date:** June 2009

## II. Expanding Service Delivery Options within and beyond the Health Sector

Reaching underserved populations with quality family planning services also requires innovative approaches that increase the number of quality contacts within and beyond the health care system. In year one, research under this legacy area included two projects in Rwanda related to postpartum family planning: Immediate postpartum insertions of intrauterine devices (IUDs) and a project on integrating family planning into immunization services. Other research included testing the potential of new mobile technologies to improve contraceptive compliance, and exploring collaborations in providing family planning messages and services outside of the formal health system, such as in the agriculture sector. In Tanzania a study was approved to look at women's ability to self-screen for medical contraindications to hormonal methods, which can help inform access through private sector establishments such as drug shops.

### 1. Rwanda: Postpartum IUD Insertion (FCO 890008)

Technical Monitor: T. Hatzell-Hoke

**Objective(s):** The objectives of this subproject are to 1) design an evidence-based intervention, implemented within antenatal care (ANC) and maternity services, to support postpartum IUD insertion services within health centers; 2) evaluate the feasibility of implementing the postpartum IUD service intervention in accordance with quality standards on a sustained basis; 3) examine health center providers' perspectives regarding postpartum IUD services; and 4) 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 use, aiming to increase 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 the 10 promising facilities. (Initial work on this subproject was under FCO 890002.)

**Collaborating Agency(s):** Ministry of Health, Rwanda

**Activities, Accomplishments, Challenges through June 30, 2009**

- In August 2008, Jessica Price of FHI/Rwanda contacted Susan Allen of Emory University and Project San Francisco in Kigali about postpartum IUD research.
- John Stanback and Maggwa met with Project San Francisco staff in October 2008 and made tentative plans for collaboration to begin in early 2009.
- Theresa Hatzell Hoke traveled to Rwanda in March 2009 to gather information for protocol preparation and discuss opportunities for collaboration with study partners.
- Through conference calls and in-person meetings, FHI discussed potential collaboration with Jhpiego colleagues specializing in PPIUD interventions.
- A concept paper was prepared and approved by USAID in April 2009.
- A draft protocol was submitted to USAID/W for review and was revised based on feedback.

**Planned Activities for July 1, 2009 – June 30, 2010**

- The study protocol and data collection instruments will be completed and submitted for technical and ethical reviews in North Carolina and Rwanda.
- A Memorandum of Understanding will be prepared with Jhpiego to established terms of collaboration.
- Hatzell-Hoke will travel to Rwanda in the Fall of 2009 to advance study preparations in collaboration with study partners.
- FHI will conduct educational and advocacy events to stimulate Ministry of Health and clinicians' enthusiasm for PPIUD services.
- The training for clinicians in postpartum IUD insertion will be prepared and completed.
- Other components supporting high quality PPIUD services, including those in Jhpiego's resource package, will be adapted for use in Rwanda and implemented in study sites.
- PPIUD services will be initiated in the context of more concerted postpartum family planning promotion more generally.
- Instruments for data collection supporting the formative assessment will be prepared, field tested, and revised.
- Field workers will be recruited and trained.
- The formative assessment data collection will be completed.
- Data will be entered and cleaned, and data analysis will be completed.

**Projected End Date:** March 2011

## **2. Rwanda: Enhanced Postpartum Family Planning Provision in Immunization Services** (FCO 890028)

Technical Monitor: L. Dulli

**Objective(s):** The primary objective of this study is to determine the effectiveness of an intervention to expand 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. 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 secondary objective of this study is 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 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 random allocation to treatment group, immunization and family planning 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 project implementation begins. The project was originally conceived and approved for implementation under the CRTU in Madagascar. However, due to the political situation in the country, the project was moved to Rwanda. Preliminary work for this project was completed under the CRTU FCO 114141.

### **Activities, Accomplishments, Challenges through June 30, 2009**

- The study protocol was drafted and sent to USAID for a preliminary review in June 2009.

### **Planned Activities for July 1, 2009 – June 30, 2010**

- The technical monitor, Lisa Dulli, will travel 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 will be finalized and approved by September 2009.
- PHSC and Rwanda Ethics Committee approvals will be sought in September-October 2009.
- Data collector training is anticipated to take place in October 2009.

- Health care provider training for the experimental intervention is anticipated in December 2009.
- Baseline data collection is scheduled for November 2009.
- Intervention activities should be initiated by January of 2010.
- Mid-course data will be collected in June 2010.
- Data from the baseline data collection will be analyzed and preliminary findings will be reported in a research brief by June of 2010.

**Projected End Date:** December 2011

### **3. Feasibility of Using Text Messaging to Improve Contraceptive Use (FCO 890019)**

Technical 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 (Mobile4RH) program will include collection of preliminary information to inform Phase 2 pilot studies on the feasibility and effectiveness of using text messaging to improve family planning. In Phase 1, formative research will be conducted to gain detailed insight into the usability of text messaging for family planning. The formative research will be conducted with new, current, and potential contraceptive users who represent the main target audience for family planning interventions. Formative research will include 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 interventions. These efforts will gauge mobile phone and SMS use, willingness to receive contraceptive messages via mobile phones, and issues related to the research process. In addition, contraceptive messages that have been abbreviated to fit within text messaging character limits will be tested for literacy and comprehension. Messages will be developed in a modular format based on content to allow rapid design of targeted text interventions. We will conduct individual and small group interviews with contraceptive users in Tanzania and Kenya in clinic settings. Formative data collection will be iterative: as interviews are conducted, questions and content will be refined for further testing. Information obtained from the formative research will be used to develop targeted and informed text messaging interventions in Mobile 4RH, Phase 2.

#### **Activities, Accomplishments, Challenges**

- Early planning for this subproject, reported here, was funded under FCO 890002.
- 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 concept was approved by USAID in April 2009.
- The team traveled to Tanzania and Kenya to follow up with partners to develop protocol for feasibility studies.
- The team investigated various technical partners. Discussions are continuing with Voxiva, based in the U.S., Safaricom in Kenya, and Text to Change, which serves Eastern Africa.
- Formative research on feasibility and usability of the Mobile4RH text messaging service was conducted in two countries (Kenya and Tanzania) in June 2009.
- MoH officials and partners are supportive of the Mobile4RH strategy in Tanzania and Kenya.
- Preliminary findings from formative research indicate that women are interested and excited by the Mobile4RH concept.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- Summary reports of formative research will be written in July 2009.
- The team will identify a technical partner and initiate development of the Mobile4RH text messaging system, with a target launch of the pilot system in September/October 2009.
- The team will develop a protocol for conducting a pilot test and evaluation of the Mobile4RH program in Tanzania and potentially in Kenya.
- A draft protocol for the Mobile4RH program will be submitted to USAID for early review by July 31, 2009.
- The team will develop a protocol and evaluation of a provider notification service in Kenya.
- Study protocols will be finalized and submitted to U.S. and local institutional review boards (IRBs) as appropriate.
- A mobile technology working group for local partners will be supported in Tanzania.

**Projected End Date:** December 2010

#### 4. **Rwanda: Integrating Family Planning Services in Farmer Associations** (FCO 890020) Technical Monitor: 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 the intervention. NOTE: The objectives no longer refer specifically to dairy farmer associations.

**Description:** FHI has identified the agricultural sector as a potential non-traditional avenue to bring FP services and reproductive health messages to underserved populations. FHI proposes 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 will evaluate a model of linking farmer associations with the existing CHW program to make FP services available to association members and their families. CHW can fulfill many functions, including presenting FP and general health information and messages and providing FP methods. FHI will also explore the possibility of bringing services such as injectables and implants to the dairy 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 the information and messages to both men and women in the associations. If this proves to be a successful setting for delivering family planning messages and services, FHI will work with partners to scale-up the project in Rwanda and other countries. This evaluation will examine the effect of FP counseling and services on the contraceptive prevalence among members of the farmer associations. In addition, it will assess association member satisfaction with the integration and the feasibility of sustaining the program in the future.

**Collaborating Agency(s):** Heifer International

**Activities, Accomplishments, Challenges through June 30, 2009**

- Early planning for this subproject, reported here, was funded under FCO 890002.
- PROGRESS established a partnership with the International Livestock Research Institute (ILRI) in Nairobi.
- 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 through a grant.
- Heifer International agreed to work with PROGRESS in Rwanda, and is interested in scaling-up in other countries where they have active programs.
- The concept proposal was approved by USAID in April 2009.
- 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.
- The East Africa Dairy Development project (EADD) was originally identified as a partner for this project. However, after several meetings with local offices of Heifer International and the EADD, the the team was unable to identify EADD activities into which FP integration would be acceptable to the EADD staff. 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.

**Planned Activities for July 1, 2009 – June 30, 2010**

- An agricultural development partner will be identified, and a program of integrating FP into their activities will be developed, in conjunction with the MOH.

- A protocol and subagreement will be developed with the MOH and the partner organization.
- Baseline data collection will take place.
- The integration activities will be implemented.

**Projected End Date:** February 2011

5. **Tanzania: Contraindications to Hormonal Methods** (FCO 890029)

Technical 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 also measure blood pressure and record health histories to determine prevalence of contraindications to hormonal methods.

**Activities, Accomplishments, Challenges through June 30, 2009**

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

**Planned Activities for July 1, 2009 – June 30, 2010**

- The TM will visit Tanzania to identify an implementing agency and to work out the logistics of the study.
- The protocol will be developed and steps initiated to contract with a data collection agency.
- Approval will be obtained from USAID, and FHI and local ethical committees to initiate study implementation.

**Projected End Date:** June 2011

6. **Tanzania: Introduction and Roll Out of Postpartum IUD Services** (FCO 890016-Closed)

Technical Monitor: D. Hubacher

**Objective(s):** To conduct programmatic research on the introduction and roll-out of postpartum IUD services.

**Description:** As in most developing countries, the highest unmet need for contraception is among postpartum women. To address this need, Society for Family Health (SFH), an affiliate

of Population Services International (PSI) in Tanzania, is planning to introduce and roll out IUD insertions during the immediate postpartum period. Studies done by FHI in early 1990s demonstrated that this was a feasible and acceptable practice. However, since then there have been no major efforts to introduce and scale up this practice. The SFH program presents an opportunity for more programmatic research to be undertaken on this approach. This feasibility/acceptability study will be conducted at a public-sector obstetric clinic, where a trained clinician will be available to provide postpartum IUD services. At antenatal clinics in the catchment area, staff will discuss postpartum IUD services with clients in the 3rd trimester of pregnancy. The staff at the antenatal clinics and the obstetric clinic will tally interest and uptake of postpartum IUD services.

### **Activities, Accomplishments, Challenges**

- Early support for this subproject, reported here, was funded under FCO 890002
- Maggwa and Stanback met with staff from PSI/SFH in November 2008 to discuss programmatic research to complement their new postpartum IUD activities in Zambia.
- After some discussion regarding Zambia as the site for this study, it was re-located to Tanzania.
- The TM worked with FHI staff in Tanzania to further develop the activity.
- Staff in Tanzania integrated this activity idea into ongoing discussions/strategies with other collaborating agencies.
- This activity was cancelled in May 2009 due to a combination of factors (funding issues and doubts over sustainability/prospects for research utilization in the Tanzanian context).

**End Date:** June 2009

## **7. Research Utilization Service Delivery Options** (FCO 890012, now closed)

Technical Monitor: E. Lebetkin

**Objective(s):** 1) To review international guidelines and provide recommendations on integrating family planning into immunization and postpartum services; 2) to contribute to new guidance for postpartum women; 3) to inform research with secondary analyses of Demographic and Health Surveys (DHS) data; and 4) to implement other RU activities for expanding service delivery options as the PROGRESS research continues.

**Description:** Reaching underserved populations with quality family planning services will require innovative approaches that optimize on the contacts made by these underserved populations with the health care system. In addition, non-health services reach many groups that lack family planning services. PROGRESS will work to define scalable best practices in integrating family planning services into new service delivery options, both within and beyond the health sector, including post-partum and immunization services and with the agriculture, environment, and education sectors. This subproject focused on the utilization of research results for expanding service delivery options.

In the first year of PROGRESS, this FCO provided a structure for supporting research utilization activities for this legacy area. Following changes made in the Year 2 Workplan, general RU activities for this legacy area will now be under the global activity, Utilization of Best Practices (FCO 890003) or future FCOs / subprojects. As such, this FCO and subproject has been closed.

### **Activities, Accomplishments, Challenges through June 30, 2009**

- Kavita Nanda traveled to Geneva and participated in a special consultation at WHO to discuss progestin-only methods in lactating women. Under the CRTU, FHI staff had coauthored with WHO a systematic review on this topic.
- Preliminary analysis of DHS data for the Indian state of Uttar Pradesh and the countries of Nepal and Rwanda in November 2008 was conducted. Data was used in discussion with missions and stakeholders during field visits. The preliminary analysis examined contraceptive use, sources of selected modern contraceptive methods, and unmet need by wealth and residence. Use of health services (immunization, place of delivery, and recent visit to a health facility or community health worker) was also examined by wealth and residence to determine potential places to reach clients who need family planning. (For future work, see FCO 890039 and 890021.)
- The summary report from the special consultation on progestin-only methods in lactating women was drafted.
- Gwyneth Vance traveled to Washington, D.C. in May 2009 for a meeting on post-partum family planning. Vance facilitated a small group discussion about the topic.
- A brief on integrating FP into immunization services was drafted. Finalization of this brief is currently on hold.

**Projected End Date:** June 2009

### **III. Expanding the Family Planning Method Mix for Home, Community, and Lower-Level Provider Use**

Increasing the breadth of contraceptive options is essential to expanding family planning utilization among underserved populations. During the first year, discussions about expanded contraceptive methods under this legacy area have focused on: conceptualizing activities, exploring possible collaborations with other cooperative agencies, participating in discussions and laying the groundwork for studies related the vaginal ring and DMPA SC in Uniject, a study in Rwanda on barriers to expanded contraceptive use, and working on activities related to introduction of implants, especially in Ethiopia. This work has laid the groundwork for work in year two to develop protocols and identify sites for several studies on introducing or expanding access to new technologies. Other work in Year 2 will include activities that focus on key underserved groups, including postpartum women and broader access to long acting methods. We will coordinate and collaborate closely with partners involved in developing these technologies, including PATH and the Population Council, as well as with multiple local collaborators and implementing partners in our target countries.

#### **1. Kenya: Pre-Introductory Studies of Vaginal Rings (FCO 890013)**

Technical Monitor: 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 post-partum lactating women leading to eventual product registration in India. The Council is negotiating a licensing agreement with Hindustan Latex, an Indian company. Also, Transfer of Technology has been planned from Andromaco to Hindustan Latex. FHI will collaborate with the Population Council to evaluate the progesterone vaginal ring in lactating women. The Council has proposed studies in India, whereas FHI would plan a study to evaluate acceptability and clinical performance in one or two African countries (Kenya and Senegal). The purpose of these pre-introductory activities is to collect country-specific data on clinical performance, acceptability, potential demand, and to assist with subsequent local registration, if warranted.

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- Discussions took place with staff from the Population Council (PC) to define the possible collaborations between PROGRESS and the PC on the two products: a progesterone vaginal ring for breastfeeding women and a combined NES/EE ring.
- It was determined that the NES/EE ring will not be available for additional studies under PROGRESS until late 2010. However, the PC was very interested in developing a collaboration to study the progesterone ring.

- Laneta Dorflinger and Vera Halpern traveled to New York in January 2009 to meet with representatives of the PC to determine the feasibility of the collaboration and define necessary steps. As a result of this meeting the collaboration between the PC and FHI was confirmed feasible.
- Halpern started drafting the protocol in collaboration with the PC. The current plan is to conduct a 6-month acceptability study among 100 postpartum lactating women.
- In collaboration with the FHI office in Kenya, PROGRESS has initiated the site selection process: 1) two potential clinical sites in Nairobi were identified; 2) potential investigators (Dr. James Kiarie and Prof. Joseph Karanja) expressed their interest in the study; 3) one site submitted a site evaluation questionnaire; and 4) the second questionnaire is pending.

**Planned Activities for July 1, 2009 – June 30, 2010**

- Site selection and evaluation will be conducted by the Kenya office staff between June–December 2009.
- Protocol will be finalized and submitted for FHI IRB and local IRB approvals.
- The study product will be shipped to Kenya.
- Study initiation is anticipated to take place in the Spring of 2010.

**Projected End Date: December 2010**

**2. Rwanda: Barriers to Expanded Contraceptive Use in Rwanda (FCO 890007)**

Technical 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 7% in 2005 to 70 percent in 2012. Few studies have been conducted in Rwanda to examine the factors that constrain demand for family planning. 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. The study will proceed in two phases: a quantitative phase followed by a qualitative phase. In the first phase, field workers will conduct a cross-sectional community-based survey of women. The purpose of the survey is to examine the distribution of women across four stages of change for contraceptive use and to determine the factors associated with the stages. The second phase will consist of follow-up in-depth interviews with a stratified random sample of women interviewed in the first phase to elicit their experiences and provide

more insights into their perspectives on fertility and family planning. Additionally, in-depth interviews of the persons these women identified in the survey as the most influential source of family planning and fertility advice in their social environment will be conducted. These interviews will be linked with the quantitative and in-depth interviews conducted with the focal women themselves using standard qualitative analysis techniques. Finally, in-depth interviews will be conducted with a series of key informants, including family planning providers.

**Collaborating Agency(s):** Ministry of Health, Rwanda; Rwanda School of Public Health, Kigali

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- In November 2008, PROGRESS staff conducted a preliminary review of the literature to identify past studies on the factors influencing nonuse in Rwanda.
- A budget was prepared and Aurelie Brunie was assigned as technical monitor.
- In February 2009, PROGRESS staff prepared an annotated bibliography of all research studies conducted on family planning in Rwanda, and analyzed program reports to collect relevant information on past interventions aimed at increasing the availability, quality, and use of family planning services.
- The research team reviewed the literature on nonuse to guide development of the conceptual framework in March and April 2009.
- The concept proposal was approved by USAID in April 2009.
- A 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 drafted in June 2009 and is currently under review by the Ministry of Health, the National University of Rwanda School of Public Health, and USAID.
- The survey questionnaire and informed consent form were drafted in June 2009.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- The study protocol, survey questionnaire, and informed consent form will be submitted for technical review in July 2009.
- These documents will be translated in late July 2009.
- The study protocol will be submitted for ethical approvals in Rwanda and North Carolina in September 2009.
- A subagreement will be prepared and finalized by September 2009, and steps will be taken to start recruiting field workers.
- A trip will be made to Rwanda in September 2009 to train data collectors, pre-test the survey questionnaire, and initiate data collection.
- The survey will be administered between September and November 2009.
- The survey data will be cleaned and analyzed by the end of January 2010.
- The in-depth interview guides will be developed and submitted for approvals in January/February 2010.
- A trip will be made to Rwanda in February or March 2010 to train data collectors for the qualitative phase of the study, pre-test interview guides, and initiate the second phase of data collection.
- In-depth interviews will be conducted between March and June 2010.

**Projected End Date:** September 2010

### **3. Research on Implants in Focus Countries (FCO 890015)**

Technical Monitor: D. Hubacher

**Objective(s):** To conduct research on key service delivery issues that may affect introduction and program quality for implants.

**Description:** PROGRESS will coordinate with activities funded by another donor to expand access to implants. Research on key service delivery issues that may affect introduction and program quality is planned. Examples include 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 aims to help programs monitor their activities and expand implant use in all appropriate subpopulations.

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- 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. While Field Support funds are expected for this activity, it has started with the support and funding of this FCO and subproject prior to the Field Support funds being obligated.
- First study protocol titled “Evaluation of Users of Long-Acting Reversible Contraception in Kenya” was submitted for review end of June 2009. USAID requested a revision of the draft protocol. This study will be funded and reported on under FCO 890044 going forward.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- New research topics will be discussed and developed to address additional implant service questions (probably in Ethiopia, Tanzania, and/or Kenya).

**Projected End Date:** December 2011

### **4. Acceptability of DMPA SC in Uniject (FCO 890022)**

Technical Monitor: H. Burke

**Objective(s):** 1) To measure the acceptability of DMPA SC in Uniject among family planning providers and users; 2) to measure the potential acceptability of community-based distribution of DMPA SC in Uniject among decision makers, family planning providers, and users; and 3) to provide recommendations for the introduction of DMPA SC in Uniject on the country, community and facility levels. 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:** DMPA subcutaneous (SC) in Uniject will be available for distribution in developing countries in 2010. 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 DMPA SC in Uniject among these groups and offer recommendations for the introduction of this method. Step 1: Select two family planning facilities in each country. Step 2: Train five providers within each study facility on how to administer the method. Step 3: Recruit 50 current intramuscular (IM) DMPA users in each study facility (total 200) 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. Step 4: Identify up to 25 eligible women per study facility 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 summary report to decision makers in each country. Step 7: Conduct in-depth interviews with decision makers (approximately 15 in each country) to measure acceptability of community-based distribution of DMPA SC in Uniject and identify potential political and logistical challenges expected to arise during introduction of the new method. Step 8: Summarize and disseminate recommendations from decision makers, providers and users for the introduction of DMPA SC in Uniject on the country, community and facility levels.

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- This activity was merged with some of the work originally planned under the PROGRESS Year 1 Workplan 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 DMPA SC in Uniject (June 2009).
- A detailed concept proposal was developed and sent to USAID for approval on June 4, 2009.
- Potential sites were identified by the working group.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- After the sites for this study are finalized, Burke will work with in-country staff to begin planning for the study.
- A protocol including data collection instruments and informed consent forms will be developed.

**Projected End Date: June 2011**

**5. Technical Leadership for Expanding Contraceptive Methods** (FCO 890005; now closed)  
Technical Monitor: L. Dorflinger

**Objective(s):** To support development of new concepts in PROGRESS Legacy Area 3 and to provide technical consultations on issues related to expanding the contraceptive method mix at the global technical leadership level.

**Description:** This activity supports the development of new proposals in the third legacy area, as well as research-related technical consultations on expanding method mix through new and improved technologies involving PROGRESS staff, USAID, focus countries, and other partners. Specifically, PROGRESS will bridge the gap between those who develop contraceptive methods and those who will provide or use them. We will leverage strong existing relationships with both public- and private-sector organizations that develop and manufacture contraceptive methods. FHI behavioral researchers will generate knowledge to better understand the needs of clients and the barriers to adoption and continued use of methods and services. Through our country offices we will have access to partnerships, human resources, and local expertise in countries where new and improved methods will be provided and used. We will build on our experience in identifying sources of inexpensive, generic methods and facilitating their registration in developing countries. Finally, we will bring added value through our ability to leverage support of other donors to make new and improved methods available in resource-poor countries. This particular FCO supports technical leadership to develop and guide these activities, as well as to collaborate with partners in strategic areas.

**Activities, Accomplishments, Challenges through June 30, 2009**

- As a technical leadership activity, FHI staff held multiple meetings to discuss potential activities that could be developed around new technologies to be included for approval in the work plan.
- An initial list of research activities was developed and additional contributions were made to the PROGRESS Year 1 Workplan.
- In September 2008, Laneta Dorflinger, John Stanback, and Karin Ganter participated in a meeting with representatives from USAID, Pfizer, PATH, and Becton Dickinson in Washington, DC to receive updated information on the status of DMPA SC in Uniject.
- In October 2008, Eli Carter and Ganter participated in the conference, "The Universe of Pre-filled Syringes and Injection Devices" in San Diego, CA to find out what pre-filled and auto-destruct injection devices are currently being manufactured or are in the pipeline, and if they could be a potential low-cost option for use with IM DMPA.
- Ganter completed a desk review of available devices. The report was shared with USAID.
- Pre-introductory activities of DMPA SC in Uniject were put on hold until it becomes clear that product will be available.
- Aida Cancel attended the Funders Network on Population, Reproductive Health and Rights Annual Meeting in November 2008 to present on female contraceptive methods in the pipeline and the development funding situation for male and female methods.
- Contributions were made towards development of the PROGRESS Year 2 budget request and the combined Year 1& 2 Workplan.
- Potential opportunities to evaluate LNG IUS systems under PROGRESS were pursued, including participation at a meeting in February 2009 with USAID staff and Dr. Dirk

Wildermeersch of Control to discuss the Femilis device, a potential low-cost alternative to the current Mirena IUS that has been developed by Control.

- Dorflinger and Stanback (under FCO 890003) attended the first Partners Working Group Meeting for PATH's DMPA SC in Uninject Project, a three-year Gates Foundation-funded initiative.
- Dorflinger attended a presentation by Ward Cates at the Center for Strategic and International Studies (CSIS) on renewed US leadership in international family planning.
- PROGRESS staff will hold discussions with Population Council staff on new technology collaborations that would be relevant to PROGRESS.
- Potential collaborations were discussed with WHO/HRP on technology issues.
- Based on guidance from USAID, in Year 2 management and technical leadership costs, such as those reflected under this subproject for Year 1, will be fully loaded into subproject activities. As such, this FCO and subproject were closed on June 30, 2009 at the end of Year 1.

**Findings and Outcomes:**

- This FCO and subproject supported management and technical leadership costs for PROGRESS Legacy Area 3 in the first year of the award. In subsequent years, USAID has asked that these costs be fully loaded into the studies. As such, this FCO and subproject were closed. Ongoing technical leadership activities for Legacy Area 3 will be funded and reported under the individual studies.

**End Date:** June 2009

## **IV. Increasing In-country Capacity for Research and Research Utilization**

During the first year, capacity building activities have included a review of past efforts to build the capacity of research institutions and establishing sound relationships in three focus countries, with the most work done in Rwanda. Regarding research utilization, activities focused on developing a collaboration agreement for working with WHO in various areas, focusing most specifically this year on a joint technical consultation with USAID on expanding access to injectable contraceptives. In addition, utilization efforts supported the dissemination of evidenced-based practices, including strategic participation in such groups as FIGO (developing a panel for October 2009 meeting) and the East, Central, and Southern Africa Health Community (ECSA). The utilization activities helped lay the groundwork for working with ECSA more broadly in year 2, for identifying strategic evidenced-based practices for broader dissemination in year 2, and for other leadership roles. Also, several projects arose where we have played a leadership role, notably, the Tanzania National FP Costed Implementation Plan.

### **1. Technical Leadership for Increased Capacity (FCO 890004)**

Technical Monitor: R. Homan

**Objective(s):** 1) To implement a long-term program in PROGRESS focus 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 one local research organization in each of the focus countries 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 focus country rather than build anew.

### **Activities, Accomplishments, Challenges through June 30, 2009**

- Karin Ganter prepared a dossier of lessons learned from prior capacity building activities. This material is being 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.
- Dr. Maggwa and John Stanback visited Rwanda’s School of Public Health in October 2008 and discussed the school’s needs and potential activities to build research capacity.

- In October 2008, PROGRESS met with staff from the Centre for Africa Family Studies in Nairobi to assess their ability to support capacity building activities.
- Maggwa and Stanback visited Zambia in November 2008 and met with the director of the Institute for Economic and Social Science Research (IESSR) to discuss research capacity building within the institute and possible research collaborations.
- Mike Welsh and Rick Homan traveled to India in December 2008 and held discussions with staff at the Indian Medical Research Center on priorities for research on contraception and family planning in India.
- Homan developed a short descriptive piece on PROGRESS's approach to building research capacity. This document will be used in discussions with potential collaborating institutions.
- Homan traveled to Rwanda at the end of January 2009 to begin negotiations with the National University of Rwanda School of Public Health. PROGRESS plans to collaborate on developing the school's capacity to undertake programmatic research in support of family planning programs in Rwanda. During this visit, Homan worked closely with the FHI/Rwanda staff to support PROGRESS capacity development efforts in Rwanda.
- A formal needs assessment for capacity-building activities was completed for Rwanda in April 2009 (see also FCO 890026).
- Homan worked with the National Institute of Medical Research (NIMR) in Tanzania to identify capacity building needs during a visit in May 2009.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- Additional potential local research institutions for capacity development may be identified.
- FHI will develop a workplan and subagreement with NIMR in Tanzania and the local research organization (to be identified) in India.
- The capacity development workplans with the local research institutions will be implemented (under separate FCOs 890026 and to be assigned).

**Projected End Date:** June 2013

## **2. Capacity Building for Research in Rwanda (FCO 890026/890027)**

Technical Monitor: 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.

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

**Activities, Accomplishments, Challenges through June 30, 2009**

- 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, concerns regarding NURSPH's ability to comply with USAID contractual requirements have 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.

**Planned Activities for July 1, 2009 – June 30, 2010**

- PROGRESS and NURSPH staff will conduct four continuing research education seminars: Roles & Responsibilities of Principal Investigators, Study Design & Sampling Techniques, Developing Data Collection Instruments & Statistical & Data Management Software training, 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.

**Projected End Date:** June 2011

**3. Tanzania: Family Planning Costed Implementation Plan (FCO 890023)**

Technical Monitor: C. Lasway

**Objective(s):** 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 has dropped sharply, with prevalence reaching only 26.4% in 2004–2005. The annual percentage increase in modern method use dropped 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 subsequently 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; UNFPA; World Health Organization (WHO)

### **Activities, Accomplishments, Challenges through June 30, 2009**

- In February 2009, PROGRESS staff traveled to Tanzania to finalize the proposal for the costed family planning implementation plan. Also in February, international and local consultants were recruited to work on developing the costed implementation plan.
- An international consultant, Joann Lewis, traveled to Tanzania in March to work with the local consultant on the initial stages of the development of the NFPCIP. As a result, the following was developed: a detailed operational workplan, an outline for the NFPCIP, terms of reference for strategic action area working groups (SAAWs), as well as the guide for data collection during Phase I. Several consultations were also made with various partners and the MOHSW on the NFPCIP.
- Phase I of the NFPCIP development process, which involved gathering and synthesizing evidence, was completed in June 2009.
- Phase II, the planning and drafting of the plan, has also begun.
- As of March 2009, six SAAWs leaders were identified and oriented to lead the development of the strategic actions for the NFPCIP.
- In June 2009, Rick 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 six SAAWs.
- In June 2009, FHI staff participated in a series of meetings hosted by the 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.

### **Planned Activities for July 1, 2009 – June 30, 2010**

- In July and August 2009, the NFPCIP team will hold one-on-one advance consultations with key high level officials from government institutions and donors to gather input to draft one of the proposed strategic actions.
- In July 2009, a consultative meeting involving district and regional level health management teams will be organized to share and consult on the key issues and challenges, as well as proposed strategic actions for the NFPCIP.
- A week-long stakeholder consensus workshop is planned for late August 2009 to seek guidance and inputs from stakeholders at many levels to agree on the objectives and strategic action areas.
- Lewis will travel to Tanzania in August 2009 to attend the Stakeholder Consensus meeting and to work with the SAAWs on the draft NFPCIP. Homan will also attend this meeting to continue to provide technical assistance to the SAAWs to translate action plans into resource requirements for costing purposes.

- An NFPCIP launch team will be established to assist in developing and implementing a plan to launch and disseminate the finalized NFPCIP nationwide, and in involving high-level government officials.
- FHI/Tanzania staff will identify research questions from the NFPCIP that could be addressed under the PROGRESS and develop concepts for submission in the Year 3 workplan.
- The NFPCIP will be launched in February or March 2010.

**Projected End Date:** June 2010

#### **4. Utilization of Best Practices (FCO 890003)**

Technical 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.

**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 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 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. (Some activities were initially charged to this subproject before new FCOs were set up, as indicated in the activities section below.)

#### **Activities, Accomplishments, Challenges through June 30, 2009**

- PROGRESS staff proposed a panel on community based distribution of injectable contraceptives, which was subsequently accepted, for the FIGO meeting in October 2009.
- Initial contact with ExpandNet was been made and a meeting was held in early 2009 (cost-shared with CRTU).
- In October 2008, 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 October and November 2008, Maggwa and Stanback met with family planning stakeholders in Zambia and Rwanda, including the Rwanda Family Planning Technical Working Group (FPTWG) to plan for sharing global best practices. It was agreed upon that PROGRESS will serve as a technical resource for the Rwanda FPTWG.

- Elena Lebetkin traveled to FHI/Arlington in May 2009 to represent PROGRESS on the planning team for the International Conference on Family Planning to be held in Kampala in November 2009.
- Maggwa traveled to Washington, DC in May 2009 to moderate a session at the Global Health Council's Annual Meeting titled, "Task Shifting to Strengthen HIV Care."
- Karin Ganter and Lebetkin represented PROGRESS at the Global Health Conference in Washington, DC in May 2009.
- FHI presented a summary of planned PROGRESS studies to the Rwanda FPTWG in April 2009. In June 2009, FHI provided FPTWG members with evidence regarding the safety and feasibility of immediate postpartum IUD provision.
- In Oct. 2008, Dr. Maggwa and John Stanback met with the Rwanda MOH, and members of the FP Technical Working Group and discussed review of current FP guidelines for Rwanda. Irina Yacobson reviewed the National FP Curriculum from Rwanda for compliance with WHO MEC. A Rwandan translator was hired to translate the curriculum into English and work was completed in June 2009. The translation is being copy-edited and verified by an editor in the US and will be completed by July. (This activity is now transferred to RU Technical Assistance to Rwanda, FCO 890045.)
- Participated in planning for sharing evidence-based practices at the International Conference on Family Planning in Uganda in November 2009.

#### **Planned Activities for July 1, 2009 – June 30, 2010**

- PROGRESS will review existing underutilized tools (checklists and others) to determine which materials should be promoted through various global networks. PROGRESS will explore various ways to provide leadership including developing advocacy and other communications materials, raising awareness, promoting utilization, and securing endorsements for practices and policy positions related to selected best practices.
- PROGRESS will identify and address policy and programmatic gaps for promoting best practices, working collaboratively with other cooperative agencies.
- PROGRESS will explore ways to collaborate with the Johns Hopkins University's Knowledge for Health project on assembling and disseminating best practices materials through an electronic database.
- At the October 2009 FIGO meeting, PROGRESS will coordinate a panel, "Task-Shifting and FP: New Frontiers for Hormonals." Maggwa will chair; Iqbal Shah of WHO, Angela Akol of FHI/Uganda, and Marsden Solomon of FHI/Kenya will be panelists.
- At the November 2009 International Conference on Family Planning in Kampala, PROGRESS will support promotion of best practices with strategic ministry and other policymakers, and through participation on various panels, roundtables, and workshop sessions.
- PROGRESS will collaborate with regional institutions and networks, focusing on work with the East, Central, and Southern Africa Health Community (ECSA), through its Family and Reproductive Health Program. In March 2009, Drs. Maggwa and Mbonye attended the ECSA Ministers conference to share experiences with task shifting for FP services, which will be one area of collaboration. (Activities with ECSA will be shifted to a new subproject, Collaboration with Regional Institutions, FCO 890043.)

- PROGRESS will work with FHI/Rwanda, FHI/Tanzania, and FHI/India staff to prepare technical presentations on specific topics as requested by the local FP technical working groups and other stakeholders. This work will be shifted to new subprojects for each of these countries, FCOs 890045, Rwanda; 890042, India; and FCO TBD, Tanzania.

**Projected End Date:** June 2013

##### **5. WHO Collaboration for PROGRESS Research Utilization Efforts** (FCO 890010)

Technical Monitor: B. Finger

**Objective(s):** To collaborate with the 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 were identified and prioritized for implementation starting in PROGRESS Year 1. 1) FHI and WHO will plan and host together a technical consultation on task shifting, convening a group of 25-30 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) Working with WHO, 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. Additional activities may be added as the PROGRESS RU Workplan is further developed.

##### **Activities, Accomplishments, Challenges through June 30, 2009**

- Maggwa, John Stanback, and Bill Finger met with WHO staff in Geneva in November 2008, coordinated at the WHO by Dr. Iqbal Shah. The FHI team presented the PROGRESS project priorities to a large WHO group and discussed specific potential collaboration with representatives of various departments, including the FP team leaders and the IBP staff. A memorandum outlining joint priority activities resulted.
- Staff discussed participating on the WHO panel, Social Sciences and Operations Research on Sexual and Reproductive Health, with the WHO staff in Geneva.
- PROGRESS participated in the WHO Guidelines Steering Committee on hormonal contraceptive use during lactation (see also FCO 890012).
- A paper for Reproductive Health Matters was not able to be written, as originally planned, but a similar paper is planned for the WHO-FHI technical consultation.
- An FHI, WHO, and USAID team planned the technical consultation on expanding access to injectable contraception. Bill Finger, Crystal Dreisbach, and Elena Lebetkin were the coordinators, working with Stanback, Maggwa, and Kirsten Krueger (the CRTU point person). (See also FCO 890009.)
- The technical consultation was held June 15–17, 2009 in Geneva. Thirty scientific and programmatic experts participated, with representatives from four countries, as well as USAID, WHO, and FHI. Three background papers, an evidence review, and a

participant's packet were prepared. Presenters addressed aspects of task-shifting as it relates to CBD of injectables in eight sessions. The goals of the meeting were (1) to review systematically the evidence and programmatic experience on interventions designed to expand access to/provision of contraceptive injectables, focusing on non clinic-based programs; (2) to reach conclusions on issues for which evidence is strong, mixed, and where new research is needed; (3) to document discussions and conclusions and to disseminate this information widely. A policy brief and a meeting report are being drafted and will be finished by September and November 2009, respectively.

- Rick Homan attended the WHO Regional Advisory Panel (RAP) + Meeting for Asia and the Pacific in March 2009 in order to introduce the PROGRESS project and discuss potential areas of mutual interest and collaboration.

### **Planned Activities for July 1, 2009 – June 30, 2010**

- A policy brief and a report of the Technical Consultation meeting held June 15-17 in Geneva will be completed and circulated widely, working in conjunction with WHO, USAID, and consultation participants.
- PROGRESS will work with the 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.
- Research topics, based on the conclusion of the technical consultation will be explored for implementation in year 2.

**Projected End Date:** June 2013

## **V. Monitoring and Evaluation and Reporting**

(FCO 890006): Technical 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. 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, Challenges through June 30, 2009**

- A Performance Monitoring Plan was drafted.
- Plans for focus country office reporting were initiated in coordination with PROGRESS management and focus country office staff.
- EIS functionality was reviewed in light of PROGRESS's needs and changes were made in May 2009 with support of the Planning & Assessment and IT units. This included adding PROGRESS Legacy Areas and Objectives, allowing the Gap Analysis to be generated from EIS.
- Support was provided to PROGRESS Management on the development of the Year 1/2 Workplan and PROGRESS Policies and Procedures. M&E staff also supported transition of CRTU activities to PROGRESS.
- Terms of Reference for the Legacy Area Working Groups were developed in May 2009 and potential members were drafted with support of the Legacy Area Leads.
- The Performance Monitoring Plan (PMP) was finalized and sent to USAID in June 2009.
- The Gap Analysis was drafted based on the Year 1/2 Workplan and discussed with the PROGRESS team in June 2009.
- Means to collect PROGRESS indicators were reviewed. Plans for a baseline review of task-shifting and expanding service delivery options indicators were initiated with Dr. Maggwa and Karin Ganter.

### **Planned Activities for July 1, 2009 – June 30, 2010**

- In conjunction with PROGRESS management (see FCO 890001), this subproject will continue to work to provide USAID quality, on-time reporting of PROGRESS.
- M&E staff will review EIS subproject reports and assist PROGRESS Management in the development of quarterly, semiannual, and annual reports.
- The Gap Analysis for Year 1 and 2 will be finalized and shared with USAID.
- The Research Utilization Indicator Database will be maintained while the database itself is upgraded to accommodate PROGRESS indicators.
- Means to collect other indicators will be implemented. A baseline review of task-shifting and expanding service delivery option indicators will be implemented for the 13 USAID priority countries with support from Ganter.
- A system for quarterly reporting from the focus country offices will be finalized and implemented.
- M&E staff will coordinate meetings of the Legacy Area Working Groups for review of M&E tools and Year 3 concepts.
- Support will be provided to PROGRESS Management as needed, e.g. for management reviews, Year 3 Workplan development process, etc.
- The PMP and other M&E tools will be shared with PROGRESS technical monitors to ensure their support and input towards indicator reporting.
- This FCO will cost-share support for activity monitoring using Microsoft Project and other tools.
- Updates on all relevant PROGRESS-supported activities will be entered into USAID's HRIT database.
- Key Results Reporting will be prepared and submitted to USAID.

**Projected End Date: June 2013**

## **VI. PROGRESS Technical Support and Management**

(FCO 890001 – sub-FCOs 890011, 890018 and 890024)

Technical Monitor: R. De Buysscher

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

**Description:** In the first year of PROGRESS, these FCOs capture management and development costs associated with the implementation of the PROGRESS award, including identification and assessment of potential countries and partners to implement research, RU and capacity building activities. From Year 2 on, costs related to the management and oversight of PROGRESS activities, including participation at USAID and CA meetings, development of new opportunities for research, identification of additional project countries, will be captured under these FCOs, but expenses will be distributed as a percentage across all projects as agreed upon with the USAID Team.

### **Activities, Accomplishments, Challenges through June 30, 2009**

- The PROGRESS initiation meeting was held on June 26, 2008 at FHI/NC. USAID and FHI staff discussed the award, associate awards, budget, reporting requirements, and the first year's work plan.
- A retreat was held in August to identify (1) the top research priorities that would contribute to meeting PROGRESS's goals, (2) criteria and identification of PROGRESS focus countries, and (3) priorities for research activities to be included in the Year One work plan.
- The PROGRESS information sheet and brand were developed, and USAID missions and FHI country offices were provided with these and additional information on the PROGRESS Leader with Associates award.
- The Year 1 Work Plan was submitted to USAID in November 2008 and approved in December.
- The second year budget request was submitted January 2009.
- PROGRESS staff conducted site visits to Rwanda, Zambia, India, Nepal, Senegal, Kenya, Uganda, and Tanzania to assess interest in PROGRESS work.
- Detailed workplans were developed for India, Rwanda, Tanzania and Zambia, and presented to the respective USAID Missions and USAID/W. India, Rwanda and Tanzania were approved as focus countries. Limited activities were approved for Zambia and Kenya. The Senegal workplan was drafted and will be completed for implementation in year 2. The Uganda Mission was presented with an initial workplan and activities to be implemented in year 2.
- Discussions were also held with USAID/Pakistan about the possibility of an associate award, but because of the heavy focus on HIV and limited funding for family planning research, it was agreed that an associate award under PROGRESS was not appropriate in this case.
- At the request of the USAID/Nepal Mission, Mike Welsh visited Nepal on his way to India to discuss potential collaborations under PROGRESS. At this time no activities have been planned for Nepal.

- PROGRESS staff participated in meetings at USAID and NIH to explore opportunities for collaboration with the Service Delivery Improvement (SDI) group at USAID, other CAs, and other government partners.
- A Policy and Procedures Manual was completed, including processes for approval of research proposals/protocols by USAID.
- A combined Year 1 & 2 workplan and budget was approved for implementation in June 2009.
- Malawi was approved to conduct a feasibility of CBD of DMPA by HSAs, a study originally planned for Zambia. In addition the Malawi mission will be providing field support of \$100,000 for an evaluation of CBD of DMPA.
- At the request of USAID/Ethiopia PROGRESS developed a SOW for the evaluation of the Implanon expansion in Ethiopia. Field support of \$500,000 will support this activity.

## **Country-specific accomplishments**

### **Rwanda**

- A two-member team visited Rwanda in October 2008 to explore its potential as a PROGRESS focus country. There was strong support and enthusiasm by the MOH, USAID, and other partners for the role that PROGRESS might play further strengthening Rwanda's family planning program. Important potential research topics revealed near-uniform desire for studies on reasons for nonuse of contraception and barriers to services.
- The first year work plan and budget was developed and approved for implementation. Approval was obtained for a one year TDY for a PROGRESS senior researcher to jump-start activities in Rwanda. Jennifer Wesson was identified for the role.
- As a member of the Family Planning Technical Working Group, PROGRESS/Rwanda was assigned responsibility for knowledge management.
- At the request of the MOH, PROGRESS provides support to review and translate the FP Training Manual and provide the MOH with 500 copies.
- Work with the FPTWG to plan dissemination of the newly approved MOH FP Strategy and the forthcoming norms and protocols for practice.
- Assist the MOH and FPTWG to evaluate the introduction of free contraceptives into private clinics and pharmacies.
- Represent PROGRESS at health development partner meetings to foster strong relationships with other donors and development partners.
- Create a workplan with the MOH and other partners for introducing and scaling-up best practices.
- Work with the FPTWG to answer key questions raised by stakeholders, synthesize and package the information, and make presentations to key audiences.
- In June 2009, the Rwanda Mission proposed that \$100,000 (\$50,000 Population and \$50,000 MCH) in Field Support funds be allocated to PROGRESS.

### **Tanzania**

- PROGRESS was approached by USAID to assist the MOH in developing a national family planning program costed implementation plan. The PROGRESS team prepared a draft proposal for this activity, which was submitted to USAID/Tanzania in December 2008 and approved in January 2009. (see also FCO 890023)

- The PROGRESS team conducted an exploratory visit in February 2009 to assess potential for Tanzania to become a focus country. Mission and the Ministry of Health and Social Welfare (MOHSW) concurrence was obtained to establish Tanzania as a focus country in March.
- Christine Lasway was identified as the in-country PROGRESS representative. A job description was developed for an RU staff member to assist with the work in Tanzania.
- In June 2009, two abstracts were submitted to the International Conference on Family Planning: Research and Best Practices, Kampala.
- Staff will finalize an information brief on the ethics review procedures of key institutions in Tanzania.
- FHI staff will continue to represent PROGRESS in government, partner, and donor meetings as appropriate.
- USAID/Tanzania will provide \$100,000 in Field Support.

### **India**

- The PROGRESS team conducted an exploratory visit in December 2008 to assess potential for India to become a focus country.
- India was confirmed as a PROGRESS focus country in April, with the USAID Mission proposing \$400,000 in Field Support funds for PROGRESS Year 2.
- A detailed workplan was developed including both Core and FS funds during a field visit by an FHI staff member in April 2009.
- FHI/India staff will continue to represent PROGRESS in government, partner, and donor meetings as appropriate.
- Job descriptions were developed for research staff to be hired and shared 50/50 with CRTU through April 2010.
- A country-level research utilization plan is under development.

### **Planned Management and Leadership Activities for July 1, 2009 – June 30, 2010**

- Submit first annual report to USAID.
- Request new ideas/concepts for Year 3 in the fall.
- Submit budget request for Year 3 in January to USAID.
- Develop Year 3 Workplan for approval once budget request is approved.
- Participate in USAID meetings and monthly teleconference calls.
- Prepare quarterly, semi-annual and annual reports for USAID.
- Prepare for the annual management review meeting.
- Participate in CA and other technical meetings as necessary.
- Conduct management review site visits of country projects.
- Conduct field visits to explore additional opportunities for PROGRESS activities.

### **Staffing**

No major staffing changes have occurred since the last reporting period.

## **Implementation Challenges and Issues**

A major challenge during the first year has been the lack of approved focus countries early in the implementation phase. Only one focus country, Rwanda, was approved for full-fledged implementation at the mid-point. By April Tanzania was on board, soon followed by India. Zambia, Malawi and Kenya were approved for selected research projects, while Senegal might be considered as a focus country in year two. Due to the many changes in the year 1 implementation plan and in consultation with USAID/W it was decided to combine the year 1 and 2 workplan to reflect revised priorities and countries, and to ensure easier monitoring and management. Now that countries have been selected, PROGRESS will be able to accelerate the implementation of the proposed research and research utilization on task-shifting, medical barriers, scaling up best practices, and other activities to reach underserved populations with an affordable contraceptive method mix.

Buy-in and approval at the country level for key research issues such as task-shifting and demedicalization of contraceptives to improve access is critical and difficult to achieve. To address this challenge, PROGRESS will continue to work closely with USAID, other CAs, and normative bodies such as the WHO to endorse task-shifting and demedicalization research, and the eventual revision of global and national guidelines.

Early interest in Pakistan as a possible focus country did not come to fruition, because of the mission's interest and focus on HIV prevention. Also, political strife in the country would have made it difficult to provide continuing and frequent technical assistance for research studies.

Due to political unrest, Madagascar, a CRTU focus country, had its activities suspended, and its funding shifted to PROGRESS as the CRTU is ending in April 2010. It is anticipated that if the situation does not improve, Madagascar funding will be reprogrammed during year 2 of PROGRESS.

PROGRESS International Travel July 1, 2008 - June 30 2009				
Country		Traveler	Dates	Primary Purpose
From	To			
RDU	Rwanda and Kenya	M. Ndugga J. Stanback	October 12-18 2008	Planning Visit to proposed Focus Country and Kenya
RDU	Switzerland	K. Nanda	October 21-23 2008	WHO expert meeting on hormonal contraceptive
RDU	Zambia, SA and Switzerland	M. Ndugga J. Stanback	November 12-21 2008	Planning Visit to proposed Focus Country and WHO/RHR/Geneva.
RDU	Switzerland	B. Finger	November 20-21, 2008	Department of RH Research at WHO □
RDU	India, Nepal and Thailand	M. Welsh	December 6 - 20, 2008	Planning visit to proposed FC's, India and Nepal and FHI Regional Office in Bangkok.
Kenya	RDU	E. Martin	December 8-14, 2008	CRTU/PROGRESS Project transition planning/shared CRTU
Kenya	India/RDU	R. Homan	December 12-18, 2008	Planning visit to proposed Focus Country, India.
RDU	Mali	A. Brunie	December 14-18, 2008	SAGO meeting: injectables by CHWs in the African context.
Kenya	Rwanda	R. Homan	January 26-30, 2009	To initiate capacity development activities under PROGRESS within Rwanda, particularly the School of Public Health
RDU	Senegal	J. Stanback	January 2009	WHO Regional Advisory Panels (RAP) Mtg/Mid. Region
RDU	Rwanda	J. Wesson	January 21-February 16, 2009	PROGRESS start up Rwanda: PP IUD, Cultural Practices, Capacity building, and explore FP integration Agricultural Project
RDU	Tanzania	Maggwa	February 8-13, 2009	To introduce the PROGRESS project and planning visit to proposed Focus Country.
RDU	Zambia	M. Ndugga	February 13-27, 2009	Work Zambia counterparts to develop proposal to "Address constraints in human resources thru TS to Community Health Workers
RDU	Zambia	E. Jackson	February 13-27, 2009	Work Zambia counterparts to develop proposal to "Address constraints in human resources thru TS to Community Health Workers
Kenya	Rwanda	R. Homan	March 20-April 3, 2009	Follow up in Capacity Building with NURSPH
RDU	Kenya/Tanzania	K. L'Engle H. Vahdat	May 19-June 1, 2009	Exploratory Text messaging technology and meet with Partners
RDU	East/Southern Africa	S. McIntyre M. Welsh	March 1-12, 2009	Trip was primarily to follow up on CRTU assessments, and to introduce PROGRESS to missions in Uganda, Kenya and South Africa.
Kenya	Tanzania	R. Homan	March 23-26, 2009	To work with FHI/T office and consultants to provide technical assistance with the costing of defined activities of the NFPCIP.
RDU	Rwanda	T. Hatzell	March 22-28, 2009	Collaborate with FHI/Rwanda and other partners in preparing protocol for PP IUD study. Trip cost-shared with CRTU Rwanda FP integration project and south Africa PMTCT-LAPM study
RDU	India	E. Canoutas	March 2009	To work with FHI/India staff to reassess and revise the workplan and review the budgets.
Kenya	Indonesia	R. Homan	March 2009	WHO Regional Advisory Panel (RAP) Mtg/Asia to present PROGRESS
RDU	Rwanda	J. Wesson	March 2009	Long term TDY to Rwanda as the Research Director for PROGRESS.
RDU	Swaziland	M. Ndugga	March 2009	To present at the East Central and Southern African Health Communities (ECSA), 48th ECSA Health Ministers conference on FP/RH task shifting. .
Uganda	Swaziland	A. Mbonye	March 2009	To present at the East Central and Southern African Health Communities (ECSA), 48th ECSA Health Ministers conference on FP/RH task shifting. .
RDU	Tanzania	J. Lewis	March 2009	To travel to Tanzania to work with the FHI/Tanzania office, the MOH and a local consultant, to initiate field work in preparation for developing the Family Planning Costed Implementation Plan for Tanzania.
RDU	Tanzania	M. Ndugga	April 2009	ECSA meeting
Kenya	Tanzania	R. Homan	April 2009	Assistance to Tanzania FP Program
RDU	Zambia	D. Chin-Quee C. Dreisbach	May 2009	Feasibility and scale up of CBA to injectable contraceptives
RDU/East Africa	Switzerland	B. Finger, J. Stanback, M. Ndugga, E. Lebetkin, P. Blumenthal	May 2009	Expert meeting WHO/Task Shifting/cost-share CRTU
East Africa	Switzerland	A. Mbonye - Uganda, I. Askew - Kenya, C. Mhango - Malawi	May 2009	Expert meeting WHO/Task Shifting
RDU	Rwanda	A. Brunie	May 2009	Implementation Social and Cultural Research
RDU	Ethiopia/Kenya	D. Hubacher	June 2009	Explore Implant related research in Ethiopia/Kenya