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**ПРОГРАМА „ЗДОРОВ'Я ЖІНОК УКРАЇНИ”**  
**HEALTHY WOMEN OF UKRAINE PROGRAM**

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# **Healthy Women of Ukraine Program**

## **Annual Report to USAID**

### **Project Year 1**

**October 2011 - September 2012**  
**Cooperative Agreement No: 121-A-11-00003**

**December 2012, Kyiv, Ukraine**



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Програма «Здоров'я жінок України» підтримується Агентством США з Міжнародного Розвитку та впроваджується Інститутом Досліджень та Тренінгів Корпорації імені Джона Сноу

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## **Acronyms and Abbreviations**

AC	Agreement of Cooperation
AIDS	Acquired Immune Deficiency Syndrome
BHC	Bayer Health Care
BCC	Behavior Change Communications
CA	Cooperative Agreement
CBP	Capacity Building Plan
CME	Continuing Medical Education
CPR	Contraceptive Prevalence Rate
CS	Commodity Security
CY	Calendar Year
CYPs	Couple Years of Protection
FD	Family Doctors
FP	Family Planning
FWP	Future Worth Planning
GOU	Government of Ukraine
HWUP	Healthy Women of Ukraine Program
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IPC	Inter-personal Communication Educational (Activities or Sessions)
IUDs	Intra-Uterine Device(s)
JSI	JSI Research and Training Institute
LCB	Local Capacity Building (plan)
LSA	Life Stage Approach
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey (UNICEF)
MIHP	Maternal and Infant Health Project
MOE	Ministry of Education
MOH	Ministry of Health
MOSP	Ministry of Social Policy
MRA	Men of Reproductive Age
NCS	National Communication Strategy
NGOs	Nongovernmental Organizations
NMAPE	National (formerly Kyiv) Medical Academy for Postgraduate Education
NPI	PEPFAR New Partners Initiative Project
Ob-gyn	Obstetrician-gynecologist/obstetrics-gynecology
OCA	Organizational Capacity Assessment(s)
ODLSP	Oblast Departments of Labor and Social Policy
OHD	Oblast Health Department
OPC	Oblast Prioritization Committee
OSA	Oblast State Administration
OTC	Oblast Technical Coordinators
PC	Peace Corps

PHC	Primary Health Care
PM	Policy Makers
PMEP	Project Monitoring and Evaluation Plan
PP/PA	Post-partum/post-abortion
PSA	Public Service Announcements
PSP(s)	Private Sector Partner(s)
RH	Reproductive health
RHPG	Reproductive Health Partners Group
SDC	Swiss Development Cooperation
SMD	Support in Market Development (market research firm)
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
TA	Technical Assistance
TMA	Total Market Approach
TOT	Training of Trainers
TfH	USAID Together for Health project
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VPPA	Voluntary Population Planning Activities
WH&FP	Women’s Health and Family Planning Charitable Foundation
WHO	World Health Organization
WICC	Women’s Information and Coordination Center (NGO)
WRA	Women of Reproductive Age

## **I. Overview**

This report summarizes key accomplishments in the first year of the Healthy Women of Ukraine Program (HWUP), October 1, 2011 to September 30, 2012. The first year laid the building blocks for rapid progress in the second year toward its goal of protecting the reproductive health (RH) of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancies and associated abortions. Also, in line with the “USAID Forward” initiative, initial steps were made this year towards the objective of strengthening NGO sector capacity to become a more active stakeholder in the areas of behavior change and policy/advocacy for improved family planning (FP)/RH service provision.

Following the Cooperative Agreement (CA) suggested geographic scope, during its first year of implementation HWUP worked in seven oblasts (in alphabetic order): Cherkasy, Donetsk, Khmelnytsky, Kirovohrad, Luhansk, Ternopil, and Zhytomir. These oblasts will be further referred in this annual report distinctly as follows:

- Group (A) – ***Kirovohrad, Luhansk, Ternopil, and Zhytomir*** as the ***four new Year 1 oblasts*** which were competitively selected to start in Year 1 out of the total twelve priority oblasts for HWUP that did not receive previous USAID assistance; and
- Group (B) – ***Cherkasy, Donetsk, and Khmelnytsky*** which received a ***moderate amount of USAID support between 2005-2011*** and were the oblasts with the lowest number of trained providers coverage at the end of USAID Together for Health project (TfH), out of the total 15 former TfH-supported oblast.

### ***Key accomplishments during the HWUP Year 1 include:***

- Finalization of qualitative reviews of existing FP/RH documents and interviews with key stakeholders to guide oblast roll-out and program implementation strategies. The results of these qualitative research efforts were used to develop the HWUP Implementation Approaches for Year 1; the National Communication Strategy and the Oblast Roll-out competition and schedule;
- Completion of a limited competition process between the twelve priority oblasts<sup>1</sup> that did not receive USAID assistance in FP/RH during 2005-2011: Chernigiv, Chernivtsi, Kherson, Kirovohrad, Kyiv city, Kyiv oblast, Luhansk, Mykolaiv, Sumy, Ternopil, Zakarpattya, and Zhytomir. *Kirovohrad, Luhansk, Ternopil, and Zhytomir* scored the highest and were selected by the Oblast Prioritization Committee (OPC) to start working with HWUP in Year 1. The OPC also made its firm recommendations regarding the prioritization of the remaining eight oblasts ([more details in the section: Oblast Selection Process and Roll-Out in Year 1](#));
- Completion of the baseline Organizational Capacity Assessment (OCA) for the Women’s Health and Family Planning Charitable Foundation (WH&FP). OCA helped WH&FP to develop a Capacity Building Plan (CBP) for improving organizational management systems and processes;
- Finalization of the first NGO grants competition and awarding small grants to 7 NGOs/projects for behavior change communications (BCC) activities in the four new Year 1 oblasts;
- Design, approval and beginning of implementation of a national FP/RH communication strategy in cooperation with the United Nations Fund for Population Activities (UNFPA) led Reproductive Health Partners Group (RHPG) and other governmental institutions, non-governmental organizations (NGOs) and private sector partners (PSPs) such as Ministry of Health (MOH), Ministry of Social Policy (MOSP), WH&FP, the HIV/AIDS Alliance, Bayer-Health-Care (BHC). The FP/RH National Communication Strategy (NCS) defined key communication messages and channels for various target audiences;
- Creation of a project brochure, and of a Tiahrt compliant brochure and poster on overall FP methods, and developing a new concept of a “FP-friendly” logo—“Future Worth Planning”;
- Reaching more than 1.6 million women and men of reproductive age in all seven oblasts through interpersonal communication and education events, information-education-communication (IEC) materials, mass media communication and various public events. These included about 140 educational sessions for youth funded by BHC in the former TfH oblasts;

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<sup>1</sup> For purposes of this report, the term “oblast” includes the City of Kyiv.

- Finalization, adoption and printing of updated evidence-based family planning training materials (curriculum and reference manual) for service providers in line with an innovative Life Stage Approach (LSA). These materials benefited from consultations with World Health Organization (WHO) representatives, leaders in the obstetrics and gynecology (ob-gyn) community, trainers and experts that were involved in the implementation of the previous Tfh project;
- Preparing 54 clinical oblast master trainers in the four new Year 1 oblasts to conduct clinical capacity building activities using the newly approved LSA-based training curricula: 13 in *Kirovohrad*, 13 in *Luhansk*, 16 in *Ternopil*, and 12 in *Zhytomyr*;
- Supporting the oblast trainers in all seven oblasts (the newly trained in the four new Year 1 oblasts and the more experienced ones in the other 3 oblasts) to conduct 26 trainings for 573 health workers. These trainers used the LSA updated FP/RH clinical materials to reach over 2,000 health professionals through 80 one-day continuous medical education (CMEs) seminars;
- Cooperating with and supporting the MOH counterparts to advocate for continued funding of the State Program Reproductive Health of the Nation up to 2015 (SPRHN) through: collection of programmatic activities expenditures versus planned data, publishing of the SPRHN annual report, and organizing of the SPRHN coordination committee;
- Supporting the MOH to form a policy working group that started the revision of MOH Order 539 “On organization of activities of the FP/RH system in Ukraine” issued in 2006. The group drafted the outline of a revised Order which aims to update the national service provision guidelines and protocols based on WHO recommended practices international (while integrating various FP service provision responsibilities into the new GOU service provision structures such as perinatal centers or family doctors, etc.);
- Under the SPRHN, in the Calendar Year (CY) 2011 the GOU spent about \$260,000 (\$135,000 from central GOU and \$125,000 from local governments) for contraceptive procurement for the four vulnerable population groups: HIV affected people, women with extra genital pathologies, poor people and youth aged 18-20. This satisfied less than 5% of the total need for these groups;
- Mobilization of an estimated \$271,270 in counterpart contributions from Government counterparts, PSPs and other international organizations and projects (e.g. UNFPA);
- Developing the Healthy Women of Ukraine Program Monitoring and Evaluation Plan (PMEP) and collecting baseline data in the four new Year 1 oblasts: *Kirovohrad*, *Luhansk*, *Ternopil*, and *Zhytomyr*.

## **II. Progress Toward the Program Goal**

This section highlights the progress made in the past year towards the HWUP goal of increasing contraceptive use and reducing abortions and unwanted pregnancies.

### **Trends in Contraceptive Use based on Couple-Years of Protection and MOH Statistics**

Trends in contraceptive use are usually measured by the indicator Contraceptive Prevalence Rate (CPR). As the CPR is a population-based indicator usually measured every 5-years (through a very costly and labor intensive process), the project uses two proxy indicators to measure annually the trends in contraceptive use/prevalence: Couple Years of Protection (CYPs) and Registered Hormonal Contraceptive and IUD Users Rate.

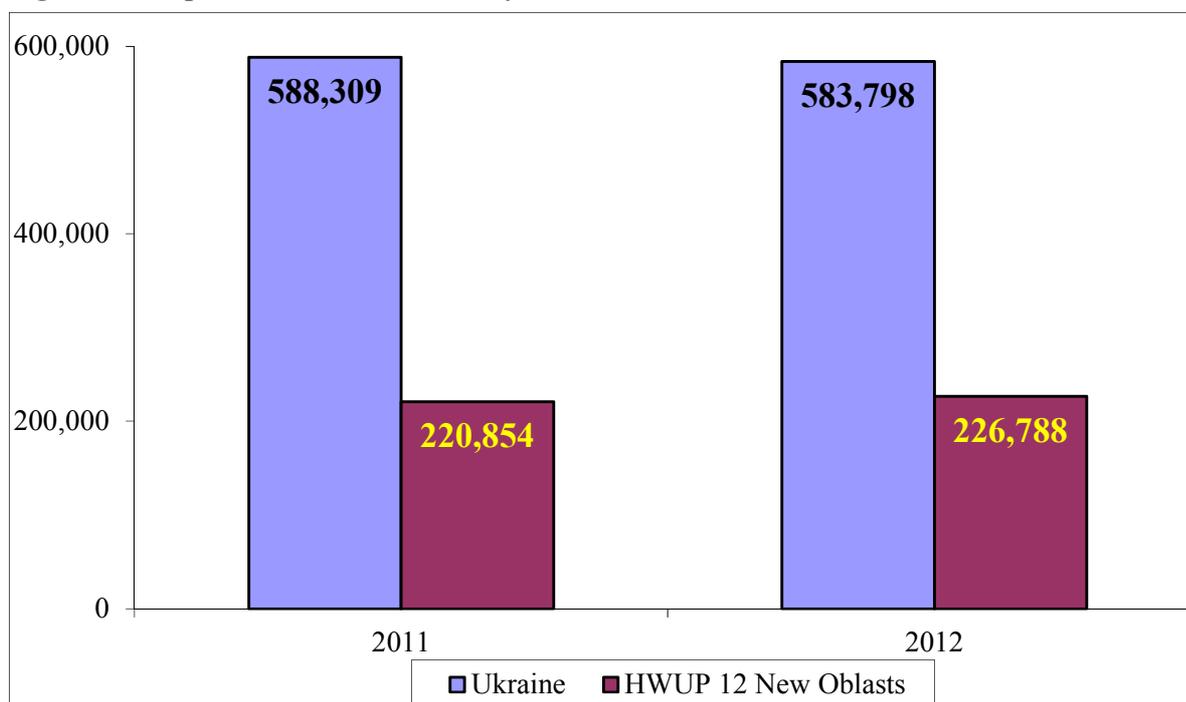
Most Ukrainians purchase contraceptives from pharmacies. Thus, contraceptive sales data can provide valuable information about trends in contraceptive use in the private sector. These data are donated to HWUP by Support in Market Development (SMD), a pharmacy research firm. During CY 2007, the national and local governments started procuring contraceptives for free distribution to four vulnerable populations. The project consolidates private sector sales data from SMD with data on Government procurement of contraceptives and converts the numbers to CYPs using a method specific conversion factor<sup>2</sup>.

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<sup>2</sup> [http://transition.usaid.gov/our\\_work/global\\_health/pop/techareas/cyp.html](http://transition.usaid.gov/our_work/global_health/pop/techareas/cyp.html)

The recent data shows that CYPs didn't change significantly both at national level and for the newly 12 targeted oblasts. At the national level, the CYPs slightly decreased by 0.8% from 588,309 to 583,798 (see PMEP, Supplementary Table 1a.). For the 12 newly targeted oblasts, the CYPs slightly increased by 2.7% from 220,854 to 226,788 (see Figure 1 below). No public sector CYPs were recorded in the Year 1 HWUP oblasts. Out of the seven HWUP Year 1 partner oblasts, four saw increases (Kirovohrad, Ternopil, Donetsk, and Khmelnytsky) and three saw decreases in CYPs (Luhansk, Zhytomyr, and Cherkasy). For most contraceptive methods, 2012 showed an increase as compared with 2011, excepting for CYPs from emergency contraceptives, IUDs and spermicides, which decreased by 1.1%, 17.3% and 11.1% respectively. The oblast level decrease of CYPs is mainly due to decrease of IUDs CYPs by 5,200 (see Table 2 below). This may be explained through the decreasing of official IUD sales—due to price increase and high pharmacy mark-up the wholesalers supply more often directly IUDs to ob-gyn's who inserts them in the cabinet—in this way the client gets more comfortable “one stop shop” services (without travelling to pharmacy) and at significant lower costs (minus 20%-30% compared with pharmacy retail price).

**Figure 1: Couple Years of Protection, by HWUP 12 oblasts and Total Ukraine, 2011-2012**



**Table 1: Couple Years of Protection, Total HWUP 12 oblasts, by method, baseline vs. Year 1 (2011-2012)**

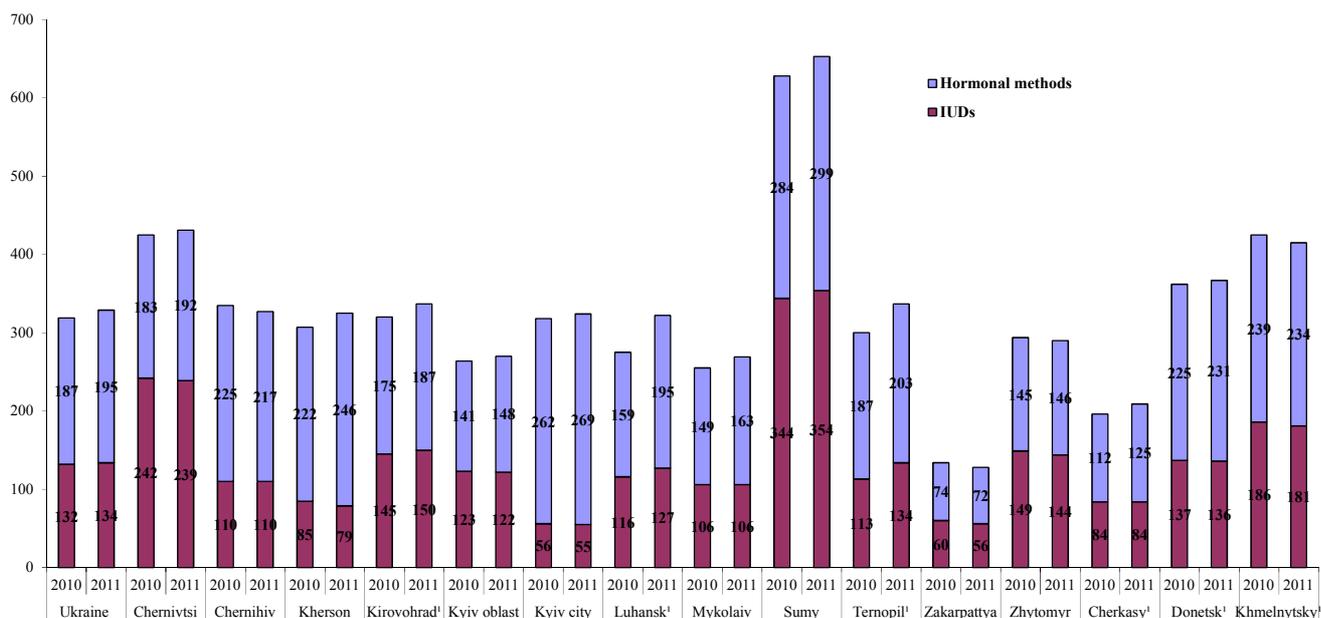
Method	TOTAL 12 NEW Oblasts Only		
	CYPs Baseline	CYPs Y1	% Difference
<b>COCs</b>	64,303	67,221	4.5%
<b>POPs</b>	117	286	144.1%
<b>ECs</b>	7,564	7,482	-1.1%
<b>Patch&amp;Ring</b>	922	1,111	20.6%
<b>Injectable</b>	793	1,104	39.3%
<b>IUDs</b>	30,470	25,190	-17.3%
<b>Mirena IUS</b>	4,607	4,785	3.9%
<b>Spermicide</b>	18,971	16,860	-11.1%
<b>Condoms</b>	93,107	102,751	10.4%
<b>TOTAL</b>	<b>220,853</b>	<b>226,790</b>	<b>2.7%</b>

In which regard registered users of hormonal methods and IUDs MOH service statistics indicate an increase of 3.0 percent in contraceptive use for Ukraine from CY 2010 to CY 2011, from 319.4 to 328.9 (per 1,000 women of reproductive age (WRA)). Use of hormonal methods went up by 4.4%, while use of IUDs increased by 1%. Two out of seven Year 1 HWUP oblasts saw decreases in the rates of registered users of hormonals and IUDs,

with the largest increases being in Khmelnytsky (2.6%), and Zhytomyr (1%) (See Figure 2 and PMEP, Supplementary Table 2.)

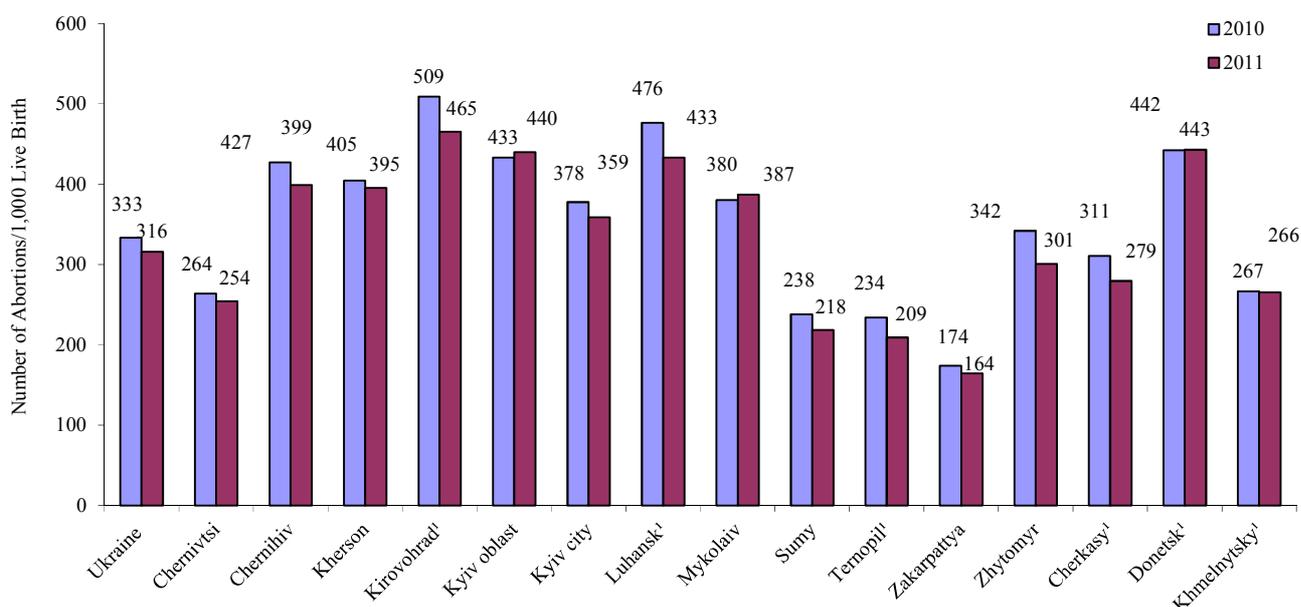
It should be noted that the MOH statistics include only those people going to certain types of government health facilities—and not those going to smaller health facilities, pharmacies or private providers. Moreover, they include only IUDs and hormonal methods (mostly oral contraceptives) and do not include other methods, most significantly condoms. The figures also are only indicative (particularly for hormonals), since they reflect doctors’ (formal or informal) prescriptions and, in most cases, not actual provision of a method. Although this statistics is far from being an accurate measurement of contraceptive prevalence rate, it is still valuable to assess trends in contraceptive use in public sector facilities.

**Figure 2: Registered Users of Hormonal Contraception and IUDs (Rate per 1,000 WRA), Ukraine and HWUP Oblasts, CY 2010-2011**



### Declines in Abortion (Rate and Ratio)

**Figure 3: Abortion Ratio, Ukraine and TfH Oblasts, CY 2010-2011**



According to MOH statistics both the abortion rate and the abortion ratio continued to fall in Ukraine as a whole and in most seven HWUP Year 1 partner oblasts. The national *abortion rate* fell 2.9% from 13.9 per 1,000 WRA in 2010 to 13.5 in 2011 for MOH health facilities. The rate also fell in 5 of the 7 HWUP partner oblasts between 2010 and 2011. The only exceptions were Donetsk and Khmelnytsky, which showed increases of 3% and 0.9% respectively. The steepest drop was in Zhytomyr (8.5%), from 16.4 in 2010 to 15.0 in 2011 (See PMP, Supplementary Table 3.)

The *abortion ratio* (in MOH health facilities) for the country as a whole fell by 5.2% from 333.4 abortions per 1,000 live births in 2010 to 316.0 in 2011. It followed a similar pattern of the abortion rate in Year 1 HWUP oblasts, falling in all except Donetsk (see Figure 3 above.) The steepest decline was in the same oblast with the steepest drop in the abortion rate: Zhytomyr (12.0%) (See PMP, Supplementary Table 3.)

### **III. Implementation Strategies – Summary of Year 1 Progress**

In line with the USAID/Ukraine Mission Strategy and “USAID Forward” initiative, HWUP project will increase the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancies and associated abortion through the following five guiding strategies: *Make FP/RH a family focus through a comprehensive behavior-change communication (BCC) program that complements and supports the other strategies; Position FP/RH as a holistic family health and social welfare measure; Plan from the beginning for sustainability and institutionalization through capacity-building for improved FP/RH programming and implementation; Facilitate adoption and integration of international standards and updated evidence to increase quality of FP service delivery, such as the “Life Stage Approach” (LSA) model; Mainstream gender in FP/RH.*

In line with the above approaches, the first comprehensive HWUP National Communication Strategy (NCS) was developed in consensus with key national and international stakeholders, paving the way to building support for its implementation and for additional support and further institutionalization (see Annex 1 for NCS goal and objectives). Implementation started immediately after its approval by USAID on July 19, 2012.

To support a better positioning of FP/RH not only as health issue, the HWUP began discussions with the Ministry of Social Policy (MOSP) and Ministry of Education (MOE) leadership to partner formally and strategically at national and oblast levels. Discussions with MOSP were encouraging and they were interested in participating in the development and implementation of NCS, but the Ministry of Economy rejected MOSP letter of submission to become a project beneficiary. Although this aspects seem that will negatively affect the cooperation with MOSP at national level, the formal cooperation established with Oblast State Administrations (OSA) in the four new Year 1 oblasts will be beneficial for involving Oblast Departments of Labor and Social Policy (ODLSP) staff into implementation of HWUP activities. The NGOs grants program started at the end of in Year 1 will also contribute to positioning FP/RH as a community and individual health responsibility.

To plant the seed for future sustainability and institutionalization, HWUP Year 1 work was done by emphasizing partnerships and involvement of various national and international partners and stakeholders. Many organizations, such as UNFPA, WHO, a range of NGOs, other international organizations or projects (such as Bibliomist and HIV/AIDS Alliance), as well as private sector partners, were invited to work closely in cooperation with JSI/HWUP within various working groups and committees (such as clinical, BCC and policy working groups; RHPG; HWUP oblast roll-out and NGO grants selection committees; etc.). At the local level, the establishment of formal partnerships with OSA and the NGO grants program offer the opportunity to build capacity to a range of local counterparts, building the next generation FP/RH leaders for Ukraine (through subsequent trainings and technical assistance). A few examples of partnerships that are expected to contribute to institutionalization are: BCC working group and RHPG members participation into design and implementation of HWUP communication strategy; or clinical working group review of the clinical materials in line with the newest WHO recommendation and international experiences.

The LSA model (which recommends contraceptive counseling according with four stages of couple’s reproductive life – see Annex 2) was reviewed and updated to be tailored with Ukrainian FP service provision realities and health advertising/medical promotion regulations. It’s educational and counseling principles were considered during the revision of in-service reference manual and training curricula, as well as during the

development of the NCS. The most notable achievement was the MOH and MOE approval of the new LSA-based reference manual developed through consultation and in partnership with MOH, National Medical Academy for Postgraduate Education (NMAPE), UNFPA, WHO and WH&FP.

HWUP approach in gender is built around the concept that FP is an important concept for family/couple and not just a “woman issue”, as it is traditionally perceived in Ukrainian society. In order to implement gender sensitive approaches HWUP developed the system to collect gender disaggregated data on its most important indicators. During the development of the communication strategy the project team envisaged specific messages for men and couples, as well as channels of their distribution, in an attempt to ensure that communication messages involve both women and men and reflect their needs.

#### **IV. HWUP Start-Up, Oblast Selection Process and Roll-Out in Year 1**

In the beginning of Year 1 significant efforts were dedicated to set-up the necessary management and administrative systems for effective Program implementation. The two JSI teams (HWUP and MIHP) moved into a joint USAID HWUP-MIHP office which facilitated coordination and helped defraying costs associated with rent and utilities. Project registration and accreditation (needed for all financial and administrative operations) were slightly delayed, but obtained by December, 2011 and expatriate staff was accredited by June 2012. The MOH order for HWUP implementation was signed on February 28, 2012 paving the way for oblast level implementation. The HWUP Procurement Plan was approved by the MOH and Ministry of Economy in May, 2012, allowing the project to conduct specific operations for VAT-exemption.

The Year 1 workplan was approved in January, 2012; the WH&FP Foundation Scope of Work and their CBP were approved in December, 2012 and June, 2012 respectively; the HWUP PMEP was approved in May 2012 (including an environmental monitoring indicator); and the NGO grants selection criteria, program descriptions and funding levels were approved in September, 2012 for the Year 1 four new oblasts.

A landmark activity during the year was the oblast selection process. A limited competition process was conducted between the oblasts that have not benefited from USAID FP/RH support during 2005-2011 (Chernigiv, Chernivtsi, Kherson, Kirovohrad, Kyiv city, Kyiv oblast, Luhansk, Mykolaiv, Sumy, Ternopil, Zakarpattia, and Zhytomir) and those who have had two years of technical assistance until September, 2011 (Cherkassy, Donetsk, Ivano-Frankivsk, Khmelnytsky, Rivne, and Zaporhizzya). The first step in the limited competition process was to conduct a desk review analysis, developed in line with the CA requirements of selecting oblasts based on need and commitment. The desk review report was then submitted to an oblast prioritization committee (OPC) which provided concrete suggestions and recommendations regarding the oblast to be included in Year 1 and subsequent years of HWUP.

**HWUP Working in Seven Oblasts in Year 1**  
Four new oblasts ranked the highest during the limited competition process for the 12 new oblasts:  
• ***Kirovohrad, Luhansk, Zhitomyr, and Ternopil***  
Three former Tfh-oblasts with lowest coverage:  
• ***Cherkassy, Donetsk, and Khmelnytsky***

In summary, the desk review analysis for ranking the 12 new oblasts was conducted using a list of indicators that measured each of the twelve oblasts need and commitment in the family planning (FP) and reproductive health (RH) sector. The need was measured by indicators such as abortion rate, contraceptive use rate (in public and private sectors), and coverage with health professionals. The commitment was measured through past local expenditures for FP/RH within the State Program Reproductive Health of the Nation, participation in the National Project “New Life”, and potential support by local stakeholders (such as local governments, NGOs, academic institutions, service providers’ capacity, etc.). Through the commitment indicators, HWUP tried to identify the differences in oblasts interest (e.g. past FP/RH expenditures, support from local stakeholders) and willingness (e.g. participation in the “New Life” project) to work within HWUP. The oblast level results of the data analysis were scored by an overall scale of 100 – with 100 representing the highest possible need/commitment and 0 representing the lowest possible need/commitment. In addition, a simple questionnaire was developed to gather more qualitative/subjective information through informal discussions with various counterparts and through a web-based research—these data were used to additionally inform the need and commitment section of the Desk Review. In the same time with the work to gather data and information for the desk review, the OPC membership was identified and its terms of reference were developed and approved.

On March 26, the Oblast Prioritization Committee (OPC) met and agreed on the annual roll-out of HWUP project activities in the 12 priority oblasts. The OPC recommendations were based on the desk review report for prioritization of oblast phased integration into HWUP (report available upon request). After a half-day meeting, the oblast selection committee provided the following key recommendations regarding HWUP oblast roll-out (full meeting protocol can be found in Annex 3):

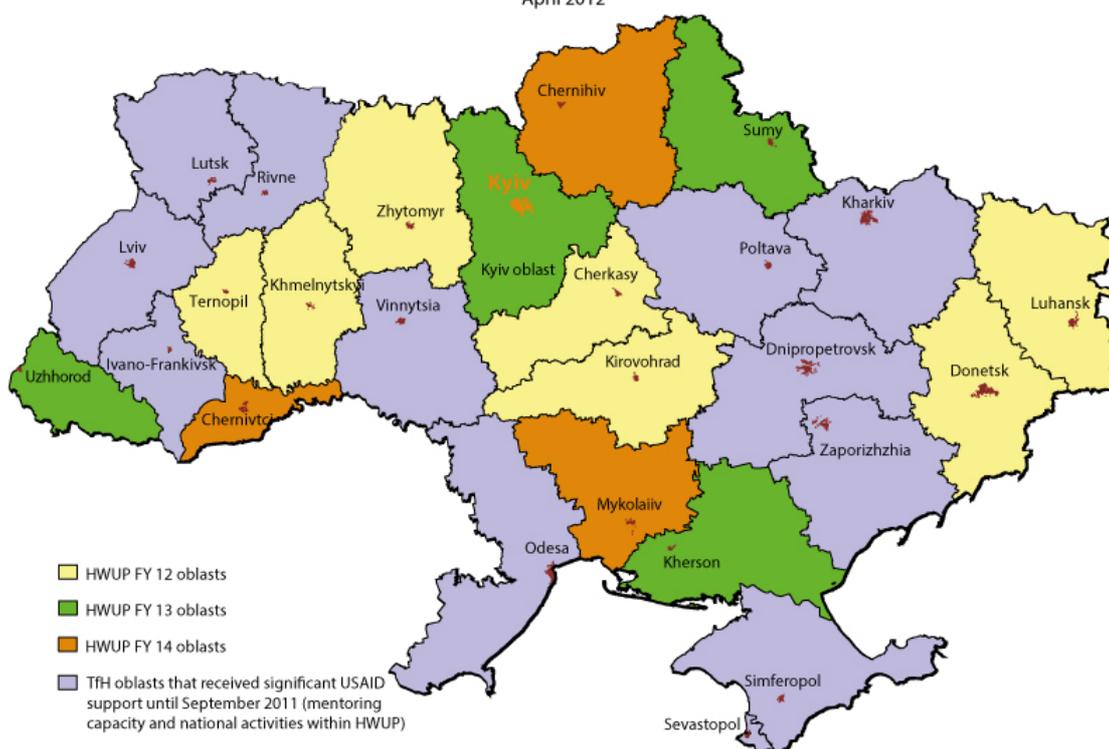
1. Simplify the selection process (as presented in the Year 1 workplan) by recommending the prioritization of ALL 12 Oblasts annual integration using the information and analysis within the Desk Review. It was the Committee members' opinion that the Desk Review analysis included a limited competition process (because it ranks the oblasts against a pre-defined standard, by using both quantitative and qualitative data) and therefore, an additional request for application for individual oblast is not needed. This conclusion was supported by the fact that the HWUP aims to be focused in these 12 Oblasts, so the rest of (formerly TfH-assisted) oblast will be only reached through national level activities, and the real question to answer is: when the 12 oblasts may start working with HWUP?;
2. Use the following roll-out schedule for phased integration of 12 Oblasts during the Years 1-3 (see detailed map below):

Year 1	Score	Year 2	Score	Year 3	Score
Zhytomyr	74.5	Kherson	74.4	Chernihiv	53.1
Kirovohrad	66.7	Kyiv Oblast	53.3	Mykolaiv	50.1
Luhansk	66.6	Zakarpattia	54.1	Chernivtsi	52.9
Ternopil	63.2	Sumy	54.1	Kyiv City	44.4

3. Use a simplified procedure for HWUP most effective start of activities in each of the 12 Oblasts, without a formal request for application and proposals for the oblasts counterparts:
  - Consider establishing formal partnerships with the Oblast State Administration, in order to get more support at the oblast level and below;
  - MOH and MOSP should be sending letters to respective authorities in chosen oblasts, informing them about the decision to be included in HWUP and asking to appoint responsible persons;
  - HWUP should also send introductory letters to Oblast State Administration, Oblast Health Department and Oblast Department of Social Policy with clear explanation of roles and responsibilities, as well as coordination procedure.

**Healthy Women of Ukraine Program - oblast roll-out schedule (FY 12 - FY 14)**

April 2012



Based on the OPC recommendations, HWUP staff didn't requested any further individual applications from oblasts, but focused on approaching local authorities and on organizing the project launches in the Year 1 selected oblasts: *Kirovohrad, Luhansk, Ternopil, and Zhytomyr*.

Following the recommendations of the OPC, and in order to facilitate oblast level commitment for implementation and institutionalization of HWUP interventions, JSI signed formal Agreements of Cooperation (AC) with all Year 1 oblasts: Cherkasy and Donetsk on June 25, 2012; Khmelnytsky on June 1, 2012; Kirovograd on June 11, 2012; Luhansk on August 2, 2012; Ternopil on July 11, 2012; and Zhytomyr on June 26, 2012. HWUP oblast launches and start-up were featured in local media (see Annex 4). The work in oblasts started immediately after the Partnerships were concluded through a formal launch with all departments from OSA or through an informal meeting. As planned the former TfH oblasts played an important role in the start-up and initial roll-out processes, supporting the new oblasts with their previous experiences and human resources. Some example of TfH oblasts to HWUP oblasts mentorship activities included: presentation of Poltava and Dnipropetrovsk FP implementation experiences and lessons learned during the HWUP launches in Kirovograd and Luhansk; sharing of key national experts and experienced oblasts trainers from Donetsk, Kharkiv, Lviv, Cherkasy, or Poltava to support the clinical component roll-out in the HWUP new oblasts.



HWUP launch and signatory of the Partnership Agreement in Luhansk oblast.

### **Monitoring and Evaluation**

After the approval of the HWUP Monitoring and Evaluation Plan (PMEP), three core M&E tools were developed—a client exit questionnaire, a provider knowledge, attitudes and practices questionnaire; and a simple facility assessment—along with the methodology for their implementation. In late summer and early fall, the baseline assessment was carried out in Kirovohrad, Luhansk, Ternopil, and Zhytomyr oblasts covering 86 facilities, 378 providers and over 1,400 clients. The results provide much of the data for the project's M&E indicators included later in this report (see page 29 onwards.)

During the Year 1, HWUP staff provided technical assistance to review the structure, questionnaire content, and reporting tables for the USAID supported United Nation Children Fund Multiple Indicator Cluster Survey IV (MICS).

## **V. NGOs Small Grants Program**

The work on cooperation and strengthening of civil society in FP/RH began early in the year with collecting the information on NGOs in the HWUP priority oblasts. Different NGOs' resources and databases were studied, and meetings with organizations that work with NGOs were conducted. In addition, BCC team contacted NGOs which participated in the TfH end of the project conference to obtain information about potential partners in other oblasts.

After the initial informational work and subsequent to the signatory of the Partnership Agreements, the NGOs small grants and capacity building program was announced in summer to the four new oblasts: Kirovohrad, Luhansk, Ternopil, and Zhytomyr. The aim of the grants program (as announced) is to support community initiatives aimed at outreach and public education activities on FP/RH. The NGO profile prequalification condition included NGOs with experience in FP/RH, in women's health related sectors, or having youth-orientation.

Immediately after the announcement, the BCC team jointly with Finance and Administration team developed the NGO grants procedures, application and evaluation forms, guidelines and other supporting documents. A local one-day proposal development seminar was conducted in each of the four oblasts to clarify the HWUP

objectives and expectations, the proposal development process and conditions for acceptance of NGOs submissions. 22 proposals were received and 7 of them recommended for support by the NGOs Selection Expert Committee (formed by representatives of JSI and of WH&FP). Pre-award visits to NGOs were conducted to ensure that NGOs are fully in compliance with the grants announcements and with other USG contracting requirements, such as Voluntary Population Planning Activities (VPPA).

In September 2012 the NGOs grants contracts were signed (list of grantees, their projects summaries and budgets are in the Annex 5), the training on programmatic and financial aspects of HWUP grants implementation was conducted, the first instalment were disbursed and NGOs representatives were selected to participate in the BCC TOT to become trainer-educators for population.

## **VI. WH&FP Organizational Capacity Assessment and Capacity Building Plan**

In line with the CA and the “USAID Forward” Initiative, the main focus of the HWUP capacity building efforts will be made on strengthening the technical and organizational development of the Women’s Health and Family Planning (WH&FP) Foundation.

In Year 1, JSI assisted WH&FP Foundation to conduct an organizational capacity assessment (OCA) to identify capacity building needs and develop a Capacity Building Plan (CBP). The work was facilitated by the JSI expert Mark Kowalsky, and started with the process of drafting an OCA tool using institutional knowledge gained from other capacity building programs implemented worldwide. The drafted tool was adapted specifically from an OCA tool developed with USAID funding for use with grantees receiving support under the PEPFAR New Partners Initiative (NPI), which was created to broaden the pool of partners of the USG capable of implementing HIV and AIDS programming effectively and efficiently. JSI adapted the OCA tool further specifically for use in Ukraine for the purposes of combining a broader organizational assessment with specific aspects of a family planning assessment. It was translated into Ukrainian and tested prior to engagement with WH&FP with JSI’s bilateral project staff in Ukraine (HWUP and MIHP), and with the participation of staff from Women’s Information and Coordination Center (WICC), a local NGO active in capacity building activities which will be engaged in capacity building exercises with local partners under HWUP. After the testing, the tool was finalized and applied as the baseline OCA for WH&FP.

The objectives of the OCA conducted for WH&FP were to: identify the current levels of relative capacity of WH&FP in organizational management and family planning programming; identify areas in organizational management and FP of WH&FP where additional capacity is required and articulate these in the form of a capacity building plan which WH&FP can use to chart its progress over the next years; and identify areas of further technical assistance (TA) in organizational management and FP/RH programming which can be provided by HWUP and develop a schedule for this purpose, to be included in the CBP.

The OCA included the following nine sections: governance, administration, human resources management, financial management, organizational management, program management, project performance management, organizational strategy, compliance with USAID requirements on FP and abortions. The organization’s overall score on the assessment was 2.8 (on a scale from 1 to 4). This score belies the fact that for nearly all areas discussed and assessed, WH&FP scored either 3 or 4. Project Performance Management was by far the lowest scoring area (2.4, representing basic capacity) largely because of a lack of experience and systems in developing quality standards, quality assurance mechanisms, and data management. The remaining eight domains assessed were scored in the range of 3.0 (for Human Resource Management and Compliance with USAID Requirements on FP and Abortion) to 3.9 (for Organizational Strategy). Composite scoring for USAID compliance areas was 3.3, which is promising for an organization relatively new to direct United States Government funding. Scoring for all areas excluding USAID compliance sub-domains was also 3.3.

The OCA results were summarized into a list of points for necessary TA, which in turn were organized in form of a 51-actions capacity building plan. The CBP was discussed and jointly agreed between WH&FP, JSI, and USAID as including the key capacity building interventions within HWUP. By the end of the Year 1, 13 out of the 51 actions were already implemented (25%-See Annex 6).

## **VII. Progress Towards HWUP Objectives**

**Objective 1: Enable women of reproductive age (WRA) and couples to make informed FP and RH choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage (communication/BCC component)**

### ***1. Design, implement and evaluate a national communication strategy***

The National Communication Strategy (NCS) development process started with the collection and collation of the necessary information for the strategy development. In addition to gathering an array of publications with quantitative and qualitative data regarding population knowledge, attitudes and behaviors, a list of potential partners and stakeholders was put together. These cooperating agencies were invited to cooperate with HWUP during the strategy development process, in order to share their experiences, lessons learnt, and provide the NCS a larger base of organizations for NCS adoption and implementation.

Two JSI experts/consultants in behavior change and communication, Mr. Philippe LeMay and Mrs. Andreea Dickson were invited to support the NCS development process. JSI supported from its own development funds some of the expenses incurred for the trips of the two experts. Prior to the experts visit in Kiev, the HWUP staff worked with them remotely to conduct a thorough desk review of the existing publications with quantitative and qualitative data regarding population knowledge, attitudes and behaviors/practices (such as TtH endline survey results, USAID-supported Knowledge, Attitude and Practices Assessment, Ukraine Demographic and Health Survey report, etc.). The desk review was used to identify the main issues that needed to be address within the communication strategy and to start the dialogue with the potential governmental and non-governmental partners and stakeholders. Using the results of the desk review, an interview guide and list of key questions was put together to frame the discussions around the opportunities, priorities and issues to be addressed within the communication strategy. A series of formal and informal meetings, workshops and closed/open discussions were held with governmental counterparts, such as MoSP and MOH, WHO, UN agencies, Swiss Development Cooperation (SDC) and USAID cooperating agencies, WH&FP foundation, HIV/AIDS partners and other local NGOs, as well as subject experts acting as educators in the health and social field.

All the stakeholders input was grouped into a first comprehensive draft of the communication strategy which was presented at the BCC partners meeting on March 23, 2012 (organized as the Communication sub-group of the the RHPG). Partners and stakeholders provided feed-back on the strategy objectives, communication channels, key messages, and other aspects and live discussions were held around the overall message and communication logo—"contraception is better than abortion" and "future is worth planning". While all partners seem to be in agreement with these overall messages and positioning, WHO raised concerns regarding negative positioning of abortion, while other HIV/AIDS partners expressed wishes to see more emphasize on most-at-risk-populations, link with HIV/AIDS, and reaching of youth. Partners feed-back and comments were incorporated into the strategy, a more concrete timeline was developed, and in May the NCS was submitted it to USAID for review and approval (NCS objectives and outline are detailed in Annex 1).



The NCS was approved by USAID on July 19 and its final version was presented to all RHPG and associated stakeholders, including PSPs, on August 8, with the aim to encourage other partners to use the same messages visual outlines, and communication channels and to ask for support for its implementation. In brief, the NCS has three objectives developed based on the desk-review, which follows the CA requirements, including the LSA. The NCS target audiences are similar with the target beneficiary groups of the overall HWUP activities: Sexually active youth and unmarried women and men of reproductive age; married WRA and men of reproductive age (MRA); Service

providers, including doctors, mid-level health providers and social workers; and policy makers (PM). The Strategy describes in details the various media communication channels (such as hotline, website, radio and TV public-service announcements (PSA), social media, etc.) and Inter-personal Communication (IPC) activities (such as educational sessions, awareness events and direct communication with providers and PM). NCS marking and branding specifies the use of various logos and organizational identities to ensure the communication identity while disseminating various messages – the "Future is Worth Planning" (FWP) logo

will be the *exclusive umbrella “branding”* to be placed on various campaign communication products, such as website, hotline, social media, billboards, TV/radio spots, flyers, brochures, etc.

NCS will be implemented over the life of HWUP through the following four Communication Themes and Messages: 1) *Promote the benefits of family planning methods in order to improve attitudes about family planning and contraception;* 2) *Promote the benefits of condoms to prevent unintended pregnancy and HIV in order to increase its subsequent use as a FP method;* 3) *Promote the benefits of various hormonal contraceptive methods in order to dispel myths about them and increase their use;* and 4) *Increase demand for FP/RH information and services by advertising the newly available communication channels and service delivery points (marked with the FWP logo) that offer general FP information, FP counseling and contraception services.* The four themes and their key messages come in a logical flow, starting with Theme 1 that brings public attention to FP/RH and continue with Themes 2 and 3 which aim to build positive attitudes towards contraceptive use.

The NCS also presents a detailed timeline for implementation of various communication channels and messages at national and local levels; lists the potential implementation risks and possible responses from HWUP; as well as the monitoring and evaluation mechanisms that build on the Program approved PMEP.

Following the Strategy approval, UNFPA and HIV/AIDS Alliance agreed to participate with concrete resources during the implementation period of the NCS. By the end of the HWUP Year 1 significant progress was made with its implementation: UNFPA and JSI jointly contracted a company for the website design,



Snapshot of FP/RH website, hotline, and communication messages.

pretesting was conducted, website name ([www.planA.org](http://www.planA.org)) and structure was decided, and work on promotional materials started. In the same time, BCC team worked with WH&FP staff to advance the hotline development process: the concept was finalized, hotline operator and staff were selected; and operators’ manual and hotline procedures were developed.

## ***2. Support oblasts in developing their regional communication strategies***

Immediately after the signatory of the AC with local authorities, HWUP began working on studying the local BCC situation, in order to map the potential partners and resources already existing that could be used for development and implementation of regional communication strategies. This initial work was conducted by the Oblast Technical Coordinators (OTC), with support from BCC team in Kyiv. By the end of the Year 1 a list of potential partners and contributors was developed for each of the seven oblasts, initial formal or informal meetings were conducted with each of them and tentative dates were set to conduct regional strategies development meetings for the first quarter of Year 2.

## ***3. Distribute existing Information, Education and Communication (IEC) materials***

Some left-over materials (from Tfh) were re-distributed between the former-Tfh oblasts, being made available especially in Cherkassy, Khmelnytsky and Donetsk. High demand of materials was observed from health providers, NGOs local partners, as well as Peace Corps (PC) volunteers. HWUP sought to continue the cooperation with the PC using the Tfh experiences and lessons learned. In February, a meeting with PC management was organized where HWUP presented its goals and objectives and was invited to make a larger presentation to the new PC volunteers who have come to Ukraine recently. After the discussion and presentation of Tfh/HWUP materials and activities, it was concluded that the main strategy for cooperation with the PC various projects will include IEC materials and facilitation of BCC educational sessions, public awareness events, as well as summer camps to reach youth.

Overall, during the year, more than 250,000 copies of various IEC materials developed within Tfh project were produced and sent to oblasts for distribution. They were widely distributed in Cherkassy, Khmelnytsky and

Donetsk oblasts during educational sessions and informational events for population. Distribution in the four new Year 1 oblasts started immediately after the formal launches. In addition, HWUP received a request from Kirovograd Oblast Press Club to provide them electronic version of brochure on FP methods for youth. Using its own resources, the Press Club has printed brochure and distributed it at the events for population in Kirovograd city in May during the FP Week campaign. Similarly, Luhansk city Social services for youth and PR and communications department of Luhansk City Administration distributed Tfh/HWUP materials at the events for population organized in May and June.

#### ***4. Develop new IEC materials***

Using the opportunity offered by the various formal and informal meetings around for the development of the NCS and of the regional communication strategies, HWUP conducted an informal needs assessment regarding the use and needs of former-Tfh materials and the potential for developing of new HWUP materials. The discussions around which IEC materials to be produced by HWUP was supported by the latest information regarding contraceptive methods, the LSA, feedback from NGOs and health providers, as well as requirements from other stakeholders, including UN agencies, MOH, and oblasts administrations. From these discussions it was concluded that the following materials will be either revised and updated or newly developed during Year 2: the “green” brochure; the Tiahrt-compliant poster; a brochure/flyer on hormonal contraceptive methods; a brochure/flyer on barrier methods/condom; the “Future is Worth Planning” stickers (that includes the message “Ask your doctor about FP methods”); a couple of promotional flyers for the website and hotline; and a mini-brochure with methods of contraception designed exclusively for public awareness events. If resources available and partners’ interest exist, a brochure/flyer on IUDs will be developed and distributed to the general public.

During the last quarter of Year 1, HWUP began working on developing the new Tiahrt compliant wall chart on FP methods. The Ukrainian version of the Tiahrt chart will be based on the new 2010 USAID/WHO approved poster ([www.fphandbook.org/sites/default/files/wallchart\\_english\\_2012.pdf](http://www.fphandbook.org/sites/default/files/wallchart_english_2012.pdf)) and will include: updated information on all methods of contraception available in Ukraine; the website address and hotline number, and a key message for environmental protection (in line with the CA requirements for environmental compliance.)

#### ***5. Develop and disseminate FP messages***

In the framework of the National Communication Strategy, the BCC team together with international experts began the FP message development process with the revision of the FP messages developed within Tfh project. The desk review conducted for the NCS development was used to inform the discussions around the new FP messages between BCC team members, key local experts, national and oblast level BCC educators, other stakeholders. A list of key messages was developed and presented during the March BCC partners meeting and feedback was collected, such as: limit the key messages to 1-2 for each target audience considered within the communication strategy; have an overarching communication message and a unique visual identity for the NCS at national and oblast levels; use only positive messages; etc.

The feedback on messages was considered in preparation of the final version of the NCS. The list of final messages was significantly shortened (see Annex 7) and the overarching strategy message and visual identity were finalized: “*contraception is a better choice*” and “*future worth planning*”.

Two training of trainers (TOTs) for BCC educators were conducted for 44 participants (2 men and 42 women): one joint TOT for Kirovograd and Luhansk and one joint TOT for representatives of Ternopil and Zhitomyr oblasts. The trained educators will start working with youth and other target population groups in their respective oblasts in October, 2012.

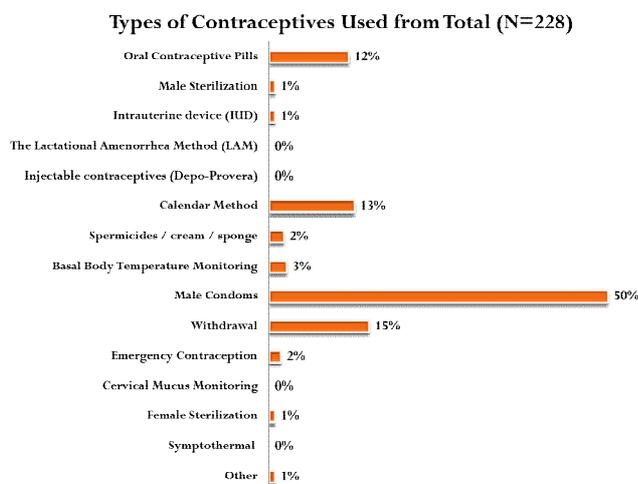
In the same time with preparation for training of new BCC educators in the four new priority oblasts, cooperation with BHC continued for reaching youth. About 140 educational sessions for youth were organised in a total of eleven Tfh and HWUP supported oblasts (with exclusive financial support from BHC), reaching about 2,800 people. This is one of the success stories and examples of partnerships that attract additional resources for a sustainable investment.

On June 6th and 7<sup>th</sup>, HWUP was one of twenty-one initiatives represented at the European Village in Kyiv as part of the 2012 European Football Championship celebrations. The aim of HWUP’s participation was to promote information regarding family planning and reproductive health to all visitors. Volunteers from Vys, a

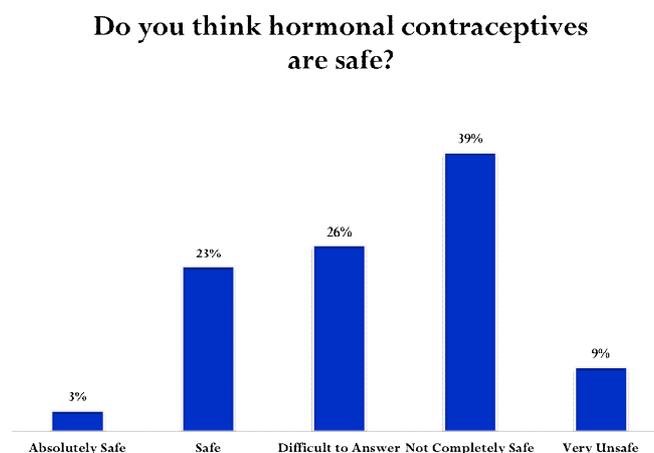
Vinnitsya NGO and staff from WH&FP and JSI worked a booth, handed out 4,000 FP/RH informational packets, provided counseling, organized interactive exercises and games for population with the aim to change attitude towards FP methods and distributed 138 questionnaires to women. The respondents to the questionnaire were primarily from Kyiv Oblast, single, and between the ages of 18 and 29. The questionnaire asked a series of questions regarding modern contraceptive practices, their exposure to family planning and reproductive health information, and attitudes towards hormonal contraception.

Figure four below depicts the frequency with which respondents used different contraceptive methods: the most popular methods were condoms (50%), withdrawal (15%), the calendar method (13%), and oral contraceptive pills (12%) that together accounted for 90% of responses. Figure 2 shows the respondents opinion regarding safety of hormonal contraceptives: about 29% thought they are either safe or absolutely safe, 26% did not know how to answer, while 48% felt that hormonal contraceptives are unsafe or very unsafe. These results were consistent with the oblasts level baseline which revealed that 33.8% of women consider that hormonal contraceptives are safe or very safe.

**Figure 4: Use of Contraception**



**Figure 5: Safety of Hormonal contraceptives**



HWUP continued cooperation with PC Volunteers. BCC educators conducted educational sessions on FP/RH in the three youth camps (two – for girls and one – for girls and boys) organized by PC. The sessions and work of our educators were highly evaluated by the participants and we plan to continue such cooperation in the future. In partnership with UNFPA, a press-tour for journalists from national media was organised in Kirovograd. Among the participants were representatives of “Tonis”TV Company and “Kyiv Post” newspaper. During the tour journalists visited FP Center, attended clinical training, had a possibility to conduct interviews with oblast clinical trainers, health providers – participants of the clinical training and HWUP OTC for Kirovograd.

Various communication activities outlined in the NCS reached a total of 1.63 million people in seven oblasts (approximately 30% of the population reached were men). These activities included mass media, large special events, interpersonal communication educational sessions, and IEC materials

## **6. Partner with NGO community to build their capacity in FP communication and advocacy**

During the first year of HWUP, this activity was unfolded in two streams: starting-up of a small grants and capacity building program for NGOs in the new four oblasts; and starting the process of technical and capacity building for WH&FP foundation.

The NGOs small grants and capacity building program was announced in summer to the four new oblasts: Kirovohrad, Luhansk, Ternopil, and Zhytomyr. The aim of the grants program (as announced) is to support community initiatives aimed at outreach and public education activities on FP/RH. The NGO profile prequalification conditions included NGOs with experience in FP/RH, in women’s health related sectors, or having youth-orientation. 22 proposals were received and 7 of them recommended for support by the NGOs Selection Expert Committee. Pre-award visits were conducted to ensure that NGOs are fully in compliance with the grants announcements and with other USG contracting requirements, such as VPPA. In September 2012 the

NGOs grants contracts were signed (list of grantees, their projects summaries and budgets are in the Annex 5), the training on programmatic and financial aspects of HWUP grants implementation was conducted, the first instalment were disbursed and NGOs representatives were selected to participate in the BCC TOT to become trainer-educators for population.

In Year 1, JSI assisted WH&FP Foundation to conduct an OCA to identify capacity building needs and develop a CBP. The work was facilitated by the JSI expert Mark Kowalsky, and started with the process of drafting an OCA tool using institutional knowledge gained from other capacity building programs implemented worldwide. It was translated into Ukrainian and tested prior to engagement with WH&FP with JSI's bilateral project staff in Ukraine (HWUP and MIHP), and with the participation of staff from WICC, a local NGO active in capacity building activities which will be engaged in capacity building exercises with local partners under HWUP. After the testing, the tool was finalized and applied as the baseline OCA for WH&FP.

Scoring under an OCA is carried out by the participating organization itself, with assistance of an outside facilitator or group of evaluators, using objective criteria consistent with internationally recognized best practices in organizational management (including requirements of United States Government grantees) and technical implementation of family planning programs. Scoring on the OCA tool is on a 1 through 4 scale, indicating "low", "basic", "good" and "best" capacity, respectively. The outcome of the assessment was a quantitative baseline to guide future operations and a detailed plan of actions (in form of a *capacity building action plan*) to undertake over the next 2 years and half to strengthen the existing systems and procedures. The CBP outlines specific tasks, and whether any TA is desired or required (at the time of discussion) to accomplish desired outcomes. The OCA is meant to be repeated over the life of the project to show growth over time.

Prior to the OCA, the JSI/HWUP team sent the Board Chair a questionnaire for distribution to staff members; six staff questionnaires were completed and returned, five Board member questionnaires were completed and returned. WH&FP also received a detailed scope of work explaining the OCA process and tool in Ukrainian and English languages. In the week prior to the OCA, the HWUP Chief of Party, the Deputy Director for Communications and Capacity Building, and the JSI expert facilitating the process met with WH&FP's Board Chair and Executive Director on April 17 to discuss the process, answer any questions and receive a list of participants for the exercise. JSI/HWUP and WH&FP staff conducted the OCA on April 19-23, 2012 in Kiev at the WH&FP office (the first two days) and the JSI/HWUP office (on April 23).

The JSI team was comprised of four members, the consultant, who served as facilitator and three HWUP staff who were available to serve as resource persons answering any technical questions which arose and to gain experience in the OCA process to prepare them for facilitating similar exercises in the future. WH&FP was represented by eight persons.

Overall, the OCA analysis concluded by Mark Kowalsky was: "*WH&FP is a well-established organization which has generated a great deal of trust and is viewed as a valuable resource for FP/RH. It is well connected with relevant international networks including IPPF, WHO and others. It is quite active in advocacy work within Ukraine both to shape potential and existing legislation, and to advocate for better awareness on the part of the public around reproductive health and family planning issues, as well as cancer prevention. Its systems, which to this point have served its purposes with a variety of donors, will nevertheless require strengthening to meet the requirements of USAID. Doing so will not only position the organization for additional potential support from this donor, but comply with good business practices for NGOs and make it attractive for other international and foundational donors as well.*"

The OCA results were summarized into a list of points for necessary TA, which in turn were organized in form of a 51-actions capacity building plan. The CBP was discussed and jointly agreed between WH&FP, JSI, and USAID as including the key capacity building interventions within HWUP. By the end of the Year 1, 13 out of the 51 actions were already implemented (25%-See Annex 6).

## ***7. Collaborate with private sector, including pharmaceutical companies to increase the effective use of modern contraception and educate consumers***

HWUP and Bayer Health Care team has worked with the BCC educators in the former TfH oblasts and a few Year 1 HWUP oblasts on organizing educational sessions for population, targeting especially youth. All together 138 sessions with participation of 2,800 participants were conducted in the following eleven oblasts: AR Crimea, Cherkasy, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Kharkiv, Khmelnytsky, Lviv, Odessa, Rivne, Vinnytsa, and Volyn. Cooperation with BHC is expected to expand further into the Year 1 and Year 2 HWUP oblasts. There are some challenges in the financial arrangements starting fiscal year 2013 (mainly due to requirements of new banking legislation) that needs to be solved in the beginning of next year.

In addition, individual consultations with representatives of pharmaceutical companies such as BHC, Tespro, MSD and SMD were conducted during the NCS development process.

## ***8. Improve FP/RH communication for youth***

During Year 1, a number of consultations with stakeholders on the effective strategies to work with youth were conducted. Among them, WH&FP, UNFPA, Ministry of Education, and representatives of “Peer to peer” association that work on a postgraduate training curricula on grow healthy and healthy lifestyle for teachers in attendance of high schools.

One result of this consultation was that HWUP was invited to join the process of the “Grow Healthy” curriculum development and implementation. By the end of FY1, a framework of cooperation was established and the content outline of the training/educational manual was drafted.

HWUP also participated in the WH&FP led working group that address youth RH education using a parent approach. The working group is part of the project supported by Belgium Government that will be finalized in the beginning of fiscal year 2013. HWUP intends to support WH&FP to use the lessons learned from that project to expand the most useful approaches on youth education through a networking with HWUP NGOs at the local levels.

## **Objective 2: Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones (clinical component)**

### ***1. Review and update the existing in-service training curricula for FP service providers to ensure full compliance with FP standards and incorporate Life Stage Approach”***

Early in November, 2011 HWUP started updating the package of clinical training materials that were developed by TfH for the 5-day FP clinical training. Our focus was on the revision of existing FP reference manual with the latest available information and by incorporating the concepts of the Life-Stage Approach (LSA). By using the LSA model for optimum contraceptive protection (see Annex 2), health providers counsel clients more specifically on appropriate methods that best meets clients’ needs to prevent unwanted pregnancy and abortion considering four (at-risk) stages of life: sexual debut to pregnancy, post-partum, interval between births, and when desired fertility is completed. Although specific LSA materials were difficult to find, the clinical team collected and reviewed information specific to LSA from various sources; selected the latest WHO publications and other reputable sources that include family planning, which were reviewed, translated and prepared for updating the manual. Also, comments and suggestions of national experts and national/oblast trainers from 15 TfH oblasts were collected (due to their experience accumulated during the teaching of in-service and post-graduate FP training curricula within TfH.) HWUP jointly with MOH selected representatives from NMAPE and leading medical universities, national and local experts/trainers from former TfH oblasts to form an working group to review the clinical materials: the manual, the curricula, etc... Representatives of WH&FP foundation, WHO, and UNFPA were also included in this working group.

After the drafting of updated training materials (the reference manual was revised and the materials for participants were updated; LSA was included into the FP manual and curriculum as a separate chapter), the manual was reviewed by professors from two leading medical universities in Donetsk and Odessa. They

assessed the manual at highest level of knowledge, and noted that it will be useful for use in daily practice physician, and for the learning process. Finally the FP reference manual was approved by the Scientific Council of NMAPE (protocol #2 dated 15/02/2012) and after it the MOH and MOE approved it through Central Methodological Cabinet of Higher Education (letter #23-01-25/5 dated 29/02/2012). Overall, during the Year 1 of HWUP operations, 3000 copies of the FP manual were already printed jointly with UNFPA.

The main changes and updates reflected in the revised training materials were: changes in organization of family planning service; counseling compliance with clients knowledge on contraceptive method and the latest information about contraceptive use; inclusion of the newest combined (hormonal) and progestin-only contraceptives; extended and continuous use of COCs; dispelling myths related to risks associated with the use of hormonal contraception and IUD; long term use of hormonal and IUD without «removal/interruption», including counseling for side effects and how to use different methods; youth “friendly” criteria for counseling; and respecting decisions made by a client. Now, the FP clinical curriculum includes 17 modules that are thought during the 5-day training.

Taking into consideration that in Year 2 the focus of this major activity will be to review and update the existing post-partum/post-abortion (PP/PA) reference manual and training curricula (that were developed by Tfh for the 3-day PP/PA in-service training) in line with latest evidence-based information, LSA and international practices, by the end of reporting period the clinical working group began reviewing the newest publication available from reputable sources such as: Robert Hatcher Contraceptive Technology, 2011; Family Planning, a global handbook for providers, WHO 2011; Safe abortion: technical and policy guidance for health systems, WHO 2012; etc. HWUP staff and selected national experts consolidated information on PP/PA FP international standards, approaches, strategies, practices. This information will be presented and discussed at working group meetings during Year 2.

## ***2. Implement capacity building activities that bring FP services in Ukraine to international standards***

### *Adjust training of trainers’ (TOT) module and prepare master trainers*



National Orientation Seminar for launching the new LSA based clinical training materials

In order to familiarize national trainers with HWUP updated training materials and ensure effective practical application of the revisions/changes, a two-day orientation meeting was organized at the end of March, 2012. Under the auspices of MOH and USAID, national experts and trainers from previous Tfh oblasts gathered to get familiar and discuss the LSA and other contraceptive updates, such as counseling, hormonal contraception, IUD, emergency contraception, contraception for youth, etc. Also, UNFPA and WHO were invited to participate and provide their input and ideas for further implementation.

All topics, including LSA, stirred audience’s interest. National trainers noted the potential effectiveness of using LSA during the counseling, as well as improvements in training format and updates of relevant contraception technology topics. 32 national trainers participated and are now fully prepared and engaged into expanding the clinical capacity building approaches in the new HWUP oblasts. After this meeting, the working group used the input from national trainers to finalize the TOT materials that were started in April, 2012.

Based on updated clinical training materials and clinical TOT materials, the primary capacity building objective of Year 1 was to prepare local trainers in the new four oblasts. Together with Oblast Health Departments (OHD) and FP Centers technical and management staff, HWUP staff selected potential oblast trainers from health professionals who have had some experience to work with audience, seemed to be the most motivated and willing providers to learn new approaches and teach others, or wanted to be trainers. These potential trainers

went through 5-days training and after it were trained with support of national trainers through a 2-day TOT. All in all, in the four new oblasts 54 local master trainers (6 men and 42 women) were trained: in Kirovohrad – 13; in Luhansk – 13; in Ternopil – 16; in Zhytomyr – 12.

To ensure the new oblast trainers develop quality and effective adult training skills, the first 2-3 basic five-day FP/RH training course for regular health professionals were conducted by HWUP new oblast trainers with the help of the former-TfH oblasts experienced trainers. The expectation is that, at the end of this process, the new oblasts will have a cadre of trainers who can conduct FP/RH training courses and CMEs into the future.

### *Roll out contraceptive technology trainings*

According to the year one workplan, HWUP continued providing in-service training activities in three former-TfH oblasts – *Cherkassy, Donetsk, and Khmelnytsk* – with four new oblasts joining the in-service capacity building activities – *Kirovohrad, Luhansk, Ternopil, and Zhytomyr*.

Overall 9 basic 5-day clinical training were held in the three former-TfH oblasts (three in each) based on the HWUP revised FP materials with a total of 201 trained health providers. In the new 4 oblasts, 17 five-day trainings were held for a total of 372 health providers and mid-level medical personnel trained.

**Table 2: Number of Health Providers Trained in FP/RH (the 5-days Basic Clinical Trainings), by Oblast and Type of Provider, HWUP Year 1 (and to Date)**

Oblasts	Ob-Gyns	FDs / Interns	Midwives / Feldshers / Nurses	Total
Kirovohrad	62	15	33	110
Luhansk	67	6	14	87
Ternopil	54	31	0	85
Zhytomyr	47	20	23	90
<i>Cherkasy</i>	18	42	7	67
<i>Donetsk</i>	28	16	21	65
<i>Khmelnytsky</i>	27	38	4	69
<b>Total</b>	<b>303</b>	<b>168</b>	<b>102</b>	<b>573</b>

In the new four oblasts these trainings were the first FP/RH capacity building experience for the majority of health professionals. As the “Life stage approach” was the cornerstone of the course, the trainees’ initial feedback was highly positive: the enjoyed the approach that aims to alters stereotypes and helps both providers and women understand the contraception needs at every stage of couple’s life; enables them to convey necessary information to a woman or a couple within a limited time; and/or practically of the lectures and exercises. Besides, the LSA enables health professionals to plan his

counseling schedule and timing focusing on the most important FP aspects depending on the reproductive plans of women and their specific needs at the respective life stage.

At the end of Year 1, the total number of health professionals trained in the seven HWUP oblasts was 573 (493 female and 80 male): 303 ob-gyns, 168 family doctors (FD) and other primary health care (PHC) professionals; and 102 mid-level professionals (feldchers, nurses, and midwives).

Clinical service management counterparts in Ternopil and Zhytomyr oblasts showed a limited interest in facilitating the presence of health professionals at the FP/RH trainings (as opposed to Kirovohrad and Luhansk). Therefore, a number of meetings with officials of Ternopil and Zhytomyr OHDs were held during last quarter of Year 1 to re-discuss and review the benefits of trainings for health professionals in providing FP in line with modern approaches, discuss organization and conduct of clinical trainings, as well as the need for close involvement of OHD representatives into trainings (such as participation of hospital administration at the launch and closing of trainings, and if possible, oblast ob-gyn), or importance of participation of a team of ob-gyns, family doctors and mid-level medical personnel in the same training. Taking into account oblast specifics (small oblasts, primarily with rural population, etc.) we will considered the option to organize future trainings in the oblasts in a «cluster» way – by inviting specialists from 3-5 adjacent rayons to “bigger” rayons (with highest number of medical professionals) with easy access from neighboring rayons.

### *Give more attention to the new methods*

Using HWUP training materials and trained trainers or educators, HWUP priority oblasts organized their own initiatives to disseminate updated FP/RH information to ob-gyn and family doctors that were not included in the five-day trainings. About 100 short CMEs were conducted for over 3,000 health professionals, as follows:

- one-day seminars/conferences/roundtables on LSA and various methods of contraception for ob-gyn's, FDs and other PHC professionals;
- on-the-job and workshop-type exchange of practical FP service provision experiences between Tfh/HWUP trained professionals and doctors who don't have a special training on family planning;
- short 1-2 days internal trainings for health professionals who were not participants of Tfh/HWUP clinical trainings using the five-day basic training materials;

Most active oblasts in conducting local CMEs were Cherkassy, Donetsk, Khmelnytsky, Kirovohrad, and Ternopil. These clinical capacity building efforts with local resources are an example of institutionalization of FP training and continuous medical education capacities at the local level serving the purpose of broadening access of general public to improved primary care services.

Vinnitsya, a former-Tfh oblasts, continues to provide FP trainings for family doctors using the post-graduate academic medical education opportunities of their Medical University. Faculty of the ob-gyn #2 (who were trained as trainers during Tfh) continues conveying FP/RH knowledge to family doctors. Moreover, these CMEs uses the updated HWUP materials.

*Promote a partnership with the pharmaceutical industry, in particular, the leaders in FP production*

In Year 1, HWUP continued the formal and informal cooperation with the most FP/RH committed private sector partners: SMD, Tespro, BHC, and Richter-Gedeon. SMD continued to provide HWUP with information regarding contraceptive sales and pricing (which was used for the PMEP and in various discussions and documents regarding private sector supply of contraceptives). Tespro continued providing support to updated information regarding the IUDs they're distributing, as well as sample for clinical trainings. BHC continued supporting educational sessions for youth in former-Tfh oblasts and provided local support in a few oblasts to conduct short contraceptive technology conferences and seminars. Richter-Gedeon worked with our OTCs to organize combined oral contraceptives seminars in couple of oblasts.

**Objective 3: Promote a national and regional policy environment conducive to family planning and reproductive health**

***1. Maintain an on-going dialogue with MOH representatives and other senior GOU counterparts where past successes in FP/RH can motivate policy makers to continue improvements in FP, increase financial support for FP and expand mutual cooperation***

In December, 2011, the HWUP organized the first introductory meeting between USAID representatives and MOH counterparts. The meeting was of crucial importance to kick-start the formal cooperation between USAID and MOH for the purpose of HWUP implementation. The follow-up of that meeting was to commitment from MOH to draft the respective order for HWUP implementation, agreement to participate in the OPC, and the suggestions for oblast selection process and criteria. Thus, on February 28, 2012, the MOH adopted the Order # 137 «On activities outlining the implementation of “Healthy Women of Ukraine Program”, paving the way for starting the oblast selection/prioritization and field implementation. The MOH order is important because specify not only the involvement of respective administrative and academic structure in HWUP implementation, but underline the need to build upon the previous Tfh achievements and “older” oblast experiences and results when rolling to totally new oblasts under HWUP. The order also instructs oblast health administration to continue using and reporting the USAID-donate contraceptives through the automated Logistic Management Information System (LMIS) implemented in the 15 Tfh-priority regions.

Following the MOH approval of HWUP implementation Order, a partnership agreement between HWUP and oblast state administrations was drafted and approved by USAID. The agreement was sent to the first year oblast for revision and was signed during the formal launches of HWUP in the new four oblast: Kirovohrad on June 11; Luhansk on August 2; Ternopil on July 11; and Zhytomyr on June 26, 2012

Several discussions and meetings were held with the MOH MCH Department to facilitate the implementation of the FP component of the State Program Reproductive Health of the Nation (SPRHN), its monitoring plan and

the development of the annual SPRHN report for 2011 for the Cabinet of Ministers of Ukraine. As the monitoring plan and annual report are tools to measure the GOU commitment to FP/RH/MCH and its nationwide results, the HWUP supported MOH to gather and process the necessary data from oblast RH/FP programs progress and financial expenditures in 2011 (see Annex 8). The monitoring data regarding program activities with financing and procurement of drugs and supplies were incorporated in the local reports, and were subsequently consolidated in the overall SPRHN annual implementation report. In the same time, HWUP supported MOH to back-up the 2012 proposed budget for SPRHN, which was passed and approved in its entirety.

In addition to the TA for producing the SPRHN annual report, HWUP supported the MOH Mother and Child Health Department (MCH) to organize and conduct the meeting of the SPRHN National Coordinating Committee (NCC) on May 25, 2012, headed by First Deputy Minister of Health, Raisa Moiseenko. The MCH Director and Deputy Director presented the intermediate results of the SPRHN for 2006-2011, as well as the implementation stage of the FP Objective 3 of SPRHN. MCH budgets and expenditures for the period up to 2011 was analyzed, as well as the results of main SPRHN indicators, such as maternal mortality, infant mortality, abortion, contraceptive use, or sexual transmitted infections.

Immediately after the announcement of the new MOH structure and new Deputy Minister in charge of MCH, HWUP organized a working meeting with MCH Department on July 27, 2012 to discuss challenges and opportunities for advancing FP/RH, including HWUP progress to date, the approach for revising the MOH Order #539 on FP system in Ukraine, and the details of the on-line FP conference planned for October, 2012.

## ***2. Encourage participation of oblast representatives and supporters of FP in development of a common agenda for change to be used to advocate with the MOH***

Since late 2011, the TfH and later on HWUP was working with WHO and other UN agencies to assist MOH to organize a Policy Working Group to review and strengthen current FP/RH policies, by updating and integrating previously developed regulatory documents and strategies with the current changes brought by the Presidential health reforms and peri-natal initiatives, into a unified regulation. Thus, the draft MOH Order on creation of the working group on revision of MOH Order # 539 “On organization of FP and RH service provision in Ukraine”, with list of participants and timing for deliverables, was developed jointly with MOH and WHO. Due to the changes of senior MOH management, the formal launch of the working group was delayed and on June 27, 2012, the MOH order # 166 – Adm. (June 27) was signed to “Outline the establishment of the working group on revision of MOH Order #539 «On organization of activities of FP/RH services system in Ukraine» as of 04/08/2006”. The working group includes representatives of UN agencies, WHO, and WH&FP.

The first meeting of the working group took place on September 18, 2012. Dr. Valentina Kolomeychuk, Deputy Director of the MCH Department, Deputy Head of the Working Group, presented a brief analysis of the Objective 3 of SPRHN implementation and the main aspects of the Order #539 that requires revisions and/or updates. All participants took turn to discuss the format of the revised Order and proposed its own views regarding sections of the Order. Key technical experts from Kyiv and oblasts made a brief analysis of various MOH documents to be considered during this review: Oshovska T.T. (Vinnytsya) presented analysis of MOH Order #417 “On organization of an out-patient obstetric-gynecological care in Ukraine (07/2011); Bondarenko S.H. (Dnipropetrovsk) analyzed the MOH Order # 514 “On approval of the model statute for the perinatal center with an inpatient department and model statute on perinatal center within healthcare facility“ (08/2011); Ivasivka Z.M. (Lviv) presented briefly the MOH Order #726 “On improving the provision of medical care to mothers and newborns in perinatal centers“ (10/2011) and Reznichenko H.I. (Kharkiv) provided analysis of the existing clinical protocol on FP – MOH Order # 905 “Clinical protocols: Family planning” (12/2006). Also, participants discussed the long-term vision for FP service provisions at the PHC level, outpatient obstetric-gynecological care establishments (all levels) and perinatal centers, on the oblast family planning centers and at the central level, in Kyiv. Also, referral and functional management systems were discussed, including indicators for FP services provision, as well as recommendations from international organizations, and other organizational issues.

By the end of September, revised draft Order chapter content and outline was drafted and submitted for review to the working group participants.

### ***3. Maintain dialogue between donors and other international agencies involved in FP to generate a common advocacy platform***

In November, 2011, HWUP representatives attended the UNFPA hosted meeting to present the results of FP services and contraceptive availability assessment in Ukraine. Patrick Friel and Jane Schuler-Repp presented interesting findings during the assessment provision, shared their impressions of the FP services at present in Ukraine and contraceptive security. The meeting audience discussed the main challenges on FP in Ukraine, proposed the approaches to improving FP system and services provision as well as free contraceptives availability. UNFPA promised to share the report and recommendations of this assessment as soon as they'll be ready—however, by the end of the reporting period UNFPA didn't publicise the report and embarked into another organisational effort to improve FP supply availability using a Total Market Approach (TMA).

Also in November 2011 the Reproductive Health Partners Group (RHPG), facilitated by UNFPA, was established. A first RHPG was held in November 29, 2011 (including representatives of UNFPA, USAID, UNADS, JSI/HWUP, SDC, UNICEF, WB, WHO, WH&FP) to discuss the draft terms of reference (for this group) and discuss a few proposed joint activities, as well as resource mobilization plans.

HWUP facilitated or was very involved in the development of the following meetings and approaches of the RHPG. On March 23 at the BCC partners meeting, HWUP presented the first draft of the FP/RH NCS and in August formally presented its final version. On the RHPG meeting on April, 2012 dedicated to MCH and Health Reforms, Tfh and HWUP work was highlighted by the Vinnytsya OHD officials as an excellent example of coordinating and support between the ongoing health sector reforms and FP/RH preventive service delivery at PHC level.

On September 28, 2012, UNFPA RHPG hosted the meeting with the topic “Reproductive health commodity security (CS): opportunities for the “Total Market Approach” adaptation in Ukraine”. The main topic for discussion was FP/RH CS from different public, private, and NGOs perspectives. The MOH of Ukraine presented the data on contraceptives procurement in the framework of the SPRHN; Mr. Ezizeldi Hellenov, UNFPA Regional Advisor, introduced to UNFPA RHCS programming and approach for TMA; while HWUP shared the USAID TMA experience and results achieved in the framework of Tfh and HWUP (<http://prezi.com/3kxzwjcbf8o7/unfpa-tmapp-1s-sept28-2012/>). Contraceptive market analysis and marketing research data were presented by Irina Gorlova, SMD. The main conclusions of the meeting were: UNFPA will put together a draft plan to improve CS through various stakeholders ongoing investments/efforts; the GOU FP investment through SPRHN and local RH/FP programs for contraceptive procurement should be supported; private sector efforts to ensure broad spectrum contraceptives coverage should be encouraged; and international humanitarian contraceptives donation has a segment of beneficiaries that could contribute to improving CS in Ukraine.

### ***4. Advocate for funding for contraceptives and FP services for the four vulnerable groups identified in the SPRHN (the poor, young people aged 18-20, women with “extragenital pathologies” or medically high-risk women, and people living with HIV)***

The predecessor Tfh project provided technical assistance for the implementation of the M&E system for SPRHN and of the LMIS for donated-contraceptives in 15 oblasts, including financial and logistics data collection and analysis of expenditures, distribution and stocktaking situations. During the first year of HWUP, the project team kept contact with the OHDs that continued using the electronic reporting system for USAID-donated contraceptives, as required by the MOH Order # 137/February, 2012. The donated contraceptives distribution data (see table as Annex 9) were used to inform the UNFPA CS and TMA assessments and to discuss the real needs for free contraceptives, thus advocating for increased support for FP/RH.

In the beginning of 2012, the HWUP staff learned that the registration of commercial Microgynon (BayerHealthCare) in Ukraine is set to expire on April 20, 2012. This registration have been crucial to import USAID-donation and without it the former Tfh 15-priority regions weren't able continue the distribution beyond the registration expiration date. Since as of December, 2011 there were no remaining supplies at the central level (and the current stocks are all located at the regional, district and facility levels), it was estimated that by end of March 2012 about 1 million cycles of Microgynon will be in the internal country supply chain. If the Microgynon registration is not renewed, there is a very high risk that the remaining donated-Microgynon to be stopped from distribution.

HWUP worked closely with USAID/DELIVER, USAID/Washington and Bayer to identify potential solutions to avoid the stop of Microgynon distribution. Several meetings and telephone calls were made with all interested parties, but initially little progress was noticed--Bayer took the position that they do not need the re-registration of Microgynon because is no longer going to be commercially imported, while HWUP argued that without registration, both USAID and Bayer risk of being accused of non-compliance with Ukrainian laws and regulations after April 20, 2012. Based on a legal analysis conducted by HWUP staff, USAID/DELIVER and JSI staff in Kiev and Washington advocating to Bayer/Kiev and Berlin to consider re-registration of Microgynon, even if not commercially advantageous. The re-registration process started in March, 2012 and wasn't completed by the end of September—however, the existence of the re-registration request in the MOH system allowed for further continuation of the free-Microgynon distribution at the local levels (see Annex 9).

Using the data generated for the SPRHN annual report, HWUP conducted an analysis of FP activities funding from oblast level budgets (2009-2011) for all Ukraine, Poltava, Kirovograd, Luhansk, Ternopil and Zhytomyr Oblast RH/FP program. The SPRHN, adopted by Cabinet Ministers of Ukraine in Resolution # 1489 on December 27, 2006, was developed to support the improvements of most important RH/MCH indicators of Ukraine in accordance with the UN Millennium Development Goal and WHO global Reproductive Health strategy. SPRHN main activities were developed and structured into 4 technical objectives: 1. Ensuring safe motherhood, 2. Improving RH of teens and youth, 3. Strengthening the FP system and 4. RH of general population: and one program management objective (the 5th objective).

Although important funding was initially allocated to the FP objective through the central and oblast line items, the actual expenditures were less than the expected allocation. On the Table 2 we can see the summary on planned vs. actually spent oblast budgets country-wide for the period 2009-2011. According to these data, the SPRHN local funding was executed in proportion of 97% for Objective 1; 72% for Objective 2; **31% for Objective 3**; 128% for Objective 4; and 121% for Objective 5.

Table 2 also presents the detailed budget allocation and expenditures of the Poltava oblast RH/FP program for 2008-2011, which can be considered a successful example for SPRHN implementation and funding mobilization. Poltava oblast program mobilized and spent about 58% of the allocated program budget, while the FP objective shows 69% of expenditures vs. planned. By comparison, Kirovograd oblast RH/FP program allocations and expenditures are very low. For the same three years period, Kirovograd oblast RH/FP program managed to mobilize and spend overall 29% of the planned budget, with less than 1% of expenditures for the FP objective.

**Table 2: Analysis of Oblast Programs Expenditures, most recent 2009 – 2011 data**

<i>All of UKRAINE – OBLAST PROGRAMS EXPENDITURES (per objectives), thousand UAH</i>												
Year	Safe motherhood		Youth RH		FP		RH&STI /cancers		Program Mngt		Program total	
	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent
2009	80 453	61 090	533	382	6 440	2 005	6 365	3 163	0	7	93 791	66 646
2010	50 274	54 357	183	156	6 043	1 918	3 860	7 806	11	8	60 370	64 246
2011	33 948	44 406	269	175	5 190	1 601	2 445	5 318	11	10	41 862	51 509
<b>Total</b>	<b>164 674</b>	<b>159 852</b>	<b>986</b>	<b>713</b>	<b>17 672</b>	<b>5 523</b>	<b>12 671</b>	<b>16 287</b>	<b>21</b>	<b>25</b>	<b>196 023</b>	<b>182 401</b>
<i>POLTAVA OBLAST PROGRAM EXPENDITURES (per objectives), thousand UAH</i>												
Year	Safe motherhood		Youth RH		FP		RH&STI /cancers		Program Mngt		Program total	
	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent
2008	4 908	387	370	112	392	409	259,0	240,0	13,6	0,0	5 943	1 148
2009	4 513	2 665	520	306	436	369	259,0	220,2	13,6	0,0	5 742	3 560
2010	4 199	2 805	520	4	364	277	103,0	228,7	13,6	0,0	5 200	3 315
2011	1 552	2 886	0,0	4	364	31	103,0	101,5	13,6	0,0	2 033	3 023
<b>Total</b>	<b>15 172</b>	<b>8 743</b>	<b>1 410</b>	<b>426</b>	<b>1 556</b>	<b>1 086</b>	<b>724,0</b>	<b>790,4</b>	<b>54,4</b>	<b>0,0</b>	<b>18 917</b>	<b>11 045</b>

<b>KIROVOGRAD OBLAST PROGRAM EXPENDITURES (per objectives), thousand UAH</b>												
Year	Safe motherhood		Youth RH		FP		RH&STI/cancers		Program Mngt		Program total	
	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent	Plan	Spent
2008	562,0	664,7	30,0	0,0	933,1	0,0	337,2	49,8	0,0	0,0	1 862,3	714,5
2009	485,0	132,9	30,0	0,0	1 399,9	0,0	337,2	0,0	0,0	0,0	2 252,1	132,9
2010	390,0	1 496,0	30,0	0,0	1 575,5	0,5	337,2	38,0	0,0	0,0	2 332,7	1 534,5
2011	397,5	184,1	30,0	0,0	1 842,3	2,0	337,2	16,8	0,0	0,0	2 607,0	202,9
<b>Total</b>	<b>1 834,4</b>	<b>2 477,7</b>	<b>120,0</b>	<b>0,0</b>	<b>5 750,7</b>	<b>2,5</b>	<b>1 349,0</b>	<b>104,6</b>	<b>0,0</b>	<b>0,0</b>	<b>9 054,1</b>	<b>2 584,8</b>

## **VIII. Compliance with Voluntary Population Planning Activities**

In line with the CA requirements for Voluntary Population Planning Activities (VPPA), the project staff drafted during Year 1 the formal project guidelines for compliance with USAID VPPA. HWUP drafted guidelines builds upon the previous TfH guidelines and monitoring tools, as well as on the JSI Guideline for FP Compliance. The guidelines provide detailed information for HWUP staff, partners, and NGOs sub-recipients on the US Government's VPPA mandatory and supplemental requirements such as: voluntary participation in FP methods, definition and requirements for voluntary FP projects, voluntary sterilization programs, as well as prohibition on abortion-related activities. They also place the family planning and abortion requirements in the context of the project's work and the environment in Ukraine, and outline the HWUP procedures to comply with these requirements and provide implementation and monitoring tools. The HWUP guidelines, which do not include commodities and the Mexico City Policy, were field tested to screen the NGOs during the pre-award visits. The comments received from NGOs, USAID and partners, as well as the revised VPPA requirements provided as part of the CA modification issued in September 2012.

It is expected that a final version of the VPPA guidelines will be submitted to USAID in the first quarter of Year 2 of operations.

## **IX. Environmental Compliance**

As specified in the CA, the HWUP received negative determination with conditions for the following objectives/ activities: (Objective 1) Assistance in developing and/or distributing public information, education, and communication materials, Assistance to selected NGOs in maintaining an office and acquiring office equipment (although the project do not plan to acquire equipment for NGOs); (Objective 2) Update the FP/RH in-service training materials, Help the GOU to update the FP/RH pre-service training materials; (Objective 3) Help the GOU to develop and/or update the FP/RH policies.

Several discussions were conducted with USAID Program and Health Offices to clarify the HWUP concrete approaches and activities to respect the Environmental Compliance and Monitoring requirements of the Cooperative Agreement. Although the CA requires for a separate Environmental Mitigation and Monitoring Plan to be submitted, verbal agreement was reached that such a plan is not needed, and only an environmental monitoring indicator will be needed, per the CA requirements. The environmental indicator was discussed with USAID Program and Health Office representatives and included in the approved version of the PMEP: "*Number of program supported TA materials (e.g. BCC/IEC materials, clinical training manuals, policies, etc.) that include information regarding safe medical waste disposal*".

In connection to the above indicator, project staff identified the key information's (in line with the GOU and USG requirements on safe medical waste disposal) that were included in the revised version of the LSA-based clinical reference manual, as well as key information to be included in the BCC materials (see Annex 10 for the review of reference manuals). Also, a safe medical waste disposal message (to be placed on BCC materials) was drafted and will be discussed with USAID Mission Environmental Officer.

However, given that HWUP will not be distributing any supplies and its interventions will be limited to training, technical assistance and provision of information to general public, additional environmental compliance monitoring is not planned.

## **X. Challenges and Constraints**

There were some constraints during Year 1 of HWUP, especially in regard with administrative start-up and delays of program activities implementation. Most significant were the difficulties in doing business before the project is registered and accredited, the expatriate staff's lack of accreditation documents and the difficulty of ensuring basic or VAT-exemption financial operations without an official bank account.

One of the biggest constraints was related with the setting up a functional cooperation with the Ministry of Health, due to changes of Ministers and implementation of new requirements for International projects. A new Minister, Raisa Bogatyriova was appointed in February, following Mr. Anishenko who was in position only for 7 months (since May, 2011). Therefore, all technical or administrative start-up and Year 1 policy decision requiring the involvement of medium and lower level management of the MOH were postponed, or delayed for obtaining additional approvals from parallel departments, until the new Minister was confirmed. This reflected in the important delay of issuing the HWUP implementation order (February 28, 2012), of the paperwork required for project accreditation and for the expatriate staff accreditation in Ukraine (March, 2012). Despite all of these, the project managed to obtain the signature for the HWUP implementation order soon after Mrs. Bogatyriova was confirmed—which was of crucial importance for start-up at the oblast level. Another constraint was the very difficult, time consuming and tedious process of obtaining the MOH approval of the HWUP procurement plan. Endless discussions and meetings were held with various counterparts in the Ministry, who initially refused to sign the plan. Later on, after HWUP facilitated a discussion with Ministry of Economy and Trade and after USAID interventions, the MOH acknowledged the receipt of the plan, which was signed in May, 2012.

Another constraint in front of timely implementation of programmatic activities was the Ministry of Economy refusal to grant MOSP status of project beneficiary. Despite following the legal steps similar with the ones implemented for MOH to become project beneficiary, the MOSP application was rejected with the request for a separate Memorandum to be signed between HWUP and MOSP. By summer, a draft Protocol of Cooperation between HWUP and MOSP was drafted and reviewed by USAID and sent to MOSP for review. However, due to MOSP administrative changes and upcoming elections, the Protocol of Cooperation got stuck between departments—it is planned to follow-up with it once the new Government is appointed.

All these challenges and constraints were eventually overcome through various formal and informal discussions involving JSI and USAID staff. But they negatively impacted the HWUP Year 1 timely implementation of programmatic interventions, which were delayed by 2-3 months, especially in starting up of formal national and oblast level activities.

Some of the most important activities delayed in Year 1 that will be implemented in Year 2 are:

- 1) development of regional communication strategies and of new IEC materials;
- 2) finalizing the content of the hotline;
- 3) revising the post-partum/post-abortion clinical materials;
- 4) updating of the FP/RH advocacy package;
- 5) the revision of the current FP service provision prikaz #539.

# **Healthy Women of Ukraine Program Monitoring and Evaluation Results**

## **Program Year 1**

**October 2011 – September 2012**

## **Program Monitoring and Evaluation Plan: Highlights of HWUP Year 1 Results**

**Progress toward the HWUP Goal: *Protect the RH of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancy and associated abortion.***

- The recent data show that public and private sector CYPs (data coming from private pharmacy sales) didn't change significantly both at national level and for the newly 12 targeted oblasts<sup>3</sup>. For the 12 newly targeted oblasts, the private sector CYPs slightly increased by 2.7% from 220,854 to 226,788. No public sector CYPs were recorded in the Year 1 HWUP oblasts. At the national level the private sector CYPs slightly decreased by 1.1% from 586,347 to 579,774. The public sector CYPs at the national level (data coming from the central GOU contraceptive procurement and individual health facilities procurement) more than doubled, from 1,962 to 4,024 (see Supplementary Table 1a.). Out of the seven HWUP Year 1 partner oblasts, four saw increases (Kirovohrad, Ternopil, Donetsk, and Khmelnytsky) and three saw decreases in CYPs (Luhansk, Zhytomyr, and Cherkasy). The main explanation for CYPs decrease is because of decreasing of official IUD sales—due to price increase and high pharmacy mark-up, the wholesalers supply more often directly IUDs to ob-gyn's who inserts them directly in the cabinet—in this way the client gets more comfortable “one stop” services (without travelling to pharmacy) and at significant lower costs (minus 20%-30% compared with pharmacy retail price). CYPs are calculated by the project from private sector contraceptive sales data and government contraceptive procurements.
- MOH service statistics on registered users of IUDs and hormonal methods indicate an increase of 3.0 percent in contraceptive use for Ukraine, from 319.4 per 1,000 WRA in 2010 to 328.9 in 2011 (see Supplementary Table 2.) During Year 1 two HWUP oblasts show decreases in this measure (Zhytomyr and Khmelnytsky) and the rest registered similar increases with national level data.
- Ministry of Health (MOH) statistics show a 2.9% drop in the *abortion rate* for Ukraine, from 13.9 per 1,000 women of reproductive age (WRA) in 2010 to 13.5 in 2011; the abortion rate fell in five of the seven Year 1 HWUP partner oblasts (see Supplementary Table 3) (Khmelnytsky and Donetsk saw a slight increase).
- MOH data also show a decline in the *abortion ratio*, from 333.4 abortions per 1,000 live births in 2010 to 316.0 in 2011—a 5.2% drop (see Supplementary Table 3). The abortion ratio fell in six of the seven Year 1 HWUP oblasts.
- The Program coverage advanced as expected: in Year 1, trained a total of 725 people on FP/RH, including 573 doctors and midlevel health providers (493 of them were women and 80 were men), 54 oblasts clinical trainers (48 of them were women and 6 were men), 44 Behaviour Change Communication (BCC) educators/leaders (42 of them were women and 2 were men). Overall, out of the total 725 trainees, 87.5% of them were women (634) and 12.5% were men (91) (see Supplementary Tables 4a, 4b, and 4c).

**Progress towards Objective 1: *Enable women of reproductive age (WRA) and couples to make informed family planning (FP) and reproductive health (RH) choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage***

- BCC activities reached a total of 1.63 million people in seven oblasts. Almost 1.59 million were reached through mass media, about 6,500 through large special events, 2,800 through interpersonal communication educational sessions with BayerHealthCare, and about 22,000 through information, education and communication (IEC) materials (See Supplementary Table 5).
- The baseline assessments conducted in four new Year 1 oblasts—Kirovohrad, Ternopil, Zhytomyr, and Luhansk—revealed that less than one third of women of reproductive age (clients) interviewed have positive attitudes towards hormonal contraceptive methods<sup>4</sup>-29.3%. (See Supplementary Table 8). However, a bit more than one third of them-33.8%-considers that hormonal contraceptives are safe or very safe for use (See Supplementary Table 9).

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<sup>3</sup> For purposes of this report, the term “oblast” includes the City of Kyiv.

<sup>4</sup> COCs, injectables, patch, vaginal ring, and emergency contraception.

- The same oblasts assessment shows that, unexpectedly, more than three quarters of WRA interviewed saw or heard at least one FP message during the 3 months prior to the interview-63.3%. The most often specified sources of the FP message seen or heard were: TV-62.7%; Internet-53.8%; newspaper/magazine-48.5%; health providers-47.6%. (See Supplementary Tables 6 and 7). Given the high baseline values, this indicator will be compared with the data coming out of MICS 2012, which results are expected in mid-2013.
- HWUP successfully launched the NGO grants program and awarded seven grants to oblast level NGOs in the four new Year 1 oblasts—Kirovohrad, Ternopil, Zhytomyr, and Luhansk—that will work mainly to reach HWUP target population groups with key FP/RH information’s (see Annex 5)
- NGO capacity building activities started very well in this first year of the Program. JSI conducted a Technical and Organizational Capacity Assessment for Women’s Health and Family Planning Foundation and assisted them to develop 51-points Local Capacity Building Plan for improvement. By the end of the Year 1, 13 out of the 51 actions were already implemented (25%-See Annex 6).

**Progress towards Objective 2: *Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones***

- A Providers Knowledge, Attitudes, and Practices (PKAP) questionnaire was administered during the oblast baseline assessments in each of the four Year 1 new oblasts. It showed that, even if two thirds of health workers interviewed knew the meaning of the Life Stage Approach counseling (252 out of a 358), none of them correctly applied it (See Supplementary Table 10).
- Same PKAP revealed that 59% of health providers interviewed have positive attitudes toward the main six hormonal contraceptive methods<sup>5</sup>. (See Supplementary Table 11)
- 54 oblast trainers were prepared to conduct 5-day basic in-service trainings in line with LSA-based modern FP/RH methods using an update curricula approved by the MOH and MOE (See Supplementary Table 15). They provided training to 573 health professionals. Health workers’ pre- and post-test scores improved after participating in clinical training, as evidenced by an average pre-test score across all clinical trainings of 62.5% and an average post-test score of 95.2%.
- The number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services—increased by 82 in the four new HWUP Year 1 oblasts (See Supplementary Table 12.) This is in addition to improving services in health facilities where FP/RH was already being provided.
- Oblast baseline assessments also measured a few of quality care indicators from the HWUP PMEP. The most important one, WRA perception regarding the quality of FP/RH counseling (Indicator 19), revealed that less than one third of the interviewed women—28.2%—reported that received at least 5 out of 7 key counseling messages during the FP consultation (See Supplementary Table 13.) Somehow surprising, 78.1% of the interviewed women were satisfied or very satisfied with the overall quality of care received at the respective facility (Indicator 20-See Supplementary Table 14.).

**Progress toward Objective 3: *Promote a national and regional policy environment conducive to family planning and reproductive health***

- The central Government adopted three important policy documents related to HWUP work during this first year, including a long-awaited *prikaz* setting up a working group to update FP service provision standards and protocols (current *Prikaz* 539) (see Supplementary Table 16)
- HWUP’s public sector partners, including the MOH, OSA, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at \$245,000 (see Supplementary Table 17)
- The program’s non-GOU partners (e.g. UNFPA) and PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at about \$26,000 (see Supplementary Table 17)

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<sup>5</sup> COCs, POPs, injectables, emergency contraception, patch, vaginal ring.

## Methodological Note:

The Indicator Matrix above lists output, outcome, and impact indicators for the program and specifies the method of measuring each indicator and the data source. Each data source is described in more detail below:

- To collect, manage, and use data on output and outcome, the program uses a Tracking System (PTS) adapted from the original one developed and used during USAID Together for Health Project (TfH). The PTS is a user-friendly monitoring database to track inputs, processes and outputs for major program activities as well as selected outcome indicators. Data from this database are routinely incorporated into program quarterly reports and are communicated to and discussed with key stakeholders in target oblasts and USAID, according to reporting requirements;
- MOH service statistics were used for some of the outcome and impact indicators (most important # 3, 4, and 5). This brings up the question of reliability and accuracy of the GOU/MOH service statistics. While these data sources may have accuracy issues, they remain a good source of data for HWUP and can be useful for illustrating trends. The MOH service statistics limitations known are: abortion statistics are known to underestimate the actual number of abortions; contraceptive use statistics include only users of IUDs and hormonal methods served in public sector facilities.
- A number of indicators (most important # 8, 9, 10, 11, 15, 16, 19 and 20) were collected through oblasts facility level surveys, which includes three instruments: Client Exit Questionnaire (CEQ); Provider Knowledge, Attitudes, and Practices (PKAP) Questionnaire; and a facility assessment (FA). It is planned that these surveys will be performed at baseline Year 1, in year 3, and at the end of the program. The Year 1 oblast baseline data in the indicator matrix below come from HWUP surveys conducted in four oblasts—Kirovohrad, Luhansk, Ternopil, Zhytomyr—during the period July-September 2012. The table below shows the number of respondents/facilities in the survey:

Sample achieved	Kirovohrad	Ternopil	Zhytomyr	Luhansk	Total
Clients (WRA) interviewed	360	338	338	370	1406
Providers interviewed	86	83	104	105	378
Health facilities assessed	20	22	22	22	86

The sampling frame was based on all health facilities (inpatient and outpatient) that provide FP/RH services in the four oblasts: oblast hospitals, oblast maternities, oblast FP centers, oblast women's consultations, city hospitals, city maternities, city FP centers, city women's consultation, city polyclinics, central rayon hospitals, central rayon women's consultations, rayon hospitals and rayon women's consultations. Small facilities such as FAPs or ambulatories were excluded because they have very few (if any) FP/RH clients. The facilities were stratified by location (urban/rural) and type of facility (inpatient/outpatient) and about 20-22 facilities in each oblast were randomly selected.

Data collection included assessment of the selected facilities using the facility assessment tool, followed by completion of the self-administered CEQ by at least 15 eligible FP/RH clients during a 3-day period. Eligibility criteria for clients were: (a) reproductive age (15-49); (b) not actively planning or trying to get pregnant; (c) not having had a hysterectomy; and (d) not being seen for infertility problems. This was followed by the self administered PKAP to 4-5 providers/facility.

Finally, an underlying principle of the HWUP is equitable participation and involvement of women and couples at all levels. Whenever financially and logistically feasible, indicators are being collected for both men and women and disaggregated by sex (details presented in the Indicator Matrix and Supplementary Tables below).

## HWUP Indicator Matrix, Project Year 1 (Oct., 2011 – Sept., 2012)

Please see HWUP M&E Plan, dated May 23, 2012, for information on data limitations.

Indicator Definition	Data Source	Reporting Frequency	Baseline		TARGETS AND ACTUALS		Comments
			Program Year 1/FY 2012		Target	Actual	
			Year	Value			
<b>HWUP Goal: To protect the RH of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancy and associated abortion.</b>							
1. Contraceptive Prevalence Rate (CPR): Percentage of women of reproductive age (WRA) who report using a modern contraceptive method to avoid pregnancy, by method and total	CPR surveys, such as MICS survey / When implemented	Year 1, 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	will be available in Y2	MICS is implemented by UNICEF. HWUP provides Technical Assistance. Field work was delayed until the period October – December, 2012. CPR will be reported in Year 2 Annual Report.
2. Couple Years Protection in USG supported programs, by method and by source (public or private) (for HWUP oblasts total and by oblasts) <b>Unit of Measure:</b> Number	* Private sector sales data from SMD * MOH data * Project documents	Annual	2010-2011	12 oblasts total – 220,824	12 oblasts total – 223,012	12 oblasts total – 226,788	<i>See Supplementary Tables 1a and 1b with data by all HWUP priority oblasts</i> CYP is an annual proxy indicator for contraceptive prevalence (mainly in private sector). Baseline calculations includes data from the period July 1, 2010 – June 30, 2011 Year 1 data are from July, 2011 1 till June, 2012
3. Registered IUD and hormonal contraception rate (for Ukraine & HWUP oblasts) Number of women 15-49 who use IUD or hormonal contraceptive per 1000 women 15-49 <b>Unit of Measure:</b> Rate	MOH statistics	Annual	CY 2010	Ukraine – 319,4	Ukraine – 325,8	Ukraine – 328,9	<i>See Supplementary Table 2 with data by all HWUP priority oblasts</i> This is a proxy indicator for contraceptive prevalence (public sector). Year 1 reporting data are the Calendar Year 2011 MOH statistics. MOH statistics on contraceptive use include only users of IUDs and hormonal methods served in public sector women's health care facilities.
4. Abortion rate (for Ukraine & TjH oblasts) Number of induced abortions per 1,000 women aged 15-49 <b>Unit of Measure:</b> Rate	MOH statistics	Annual	CY 2010	Ukraine – 13,9	Ukraine – 13,6	Ukraine – 13,5	<i>See Supplementary Table 3 with data by all HWUP priority oblasts</i> This indicators measures progress toward the project goal of reducing abortion. MOH statistic data are based on calendar years and only available about 6-8 months after the end of the calendar year. Therefore, the HWUP Year 1 data will actually report on CY 2011 data from MOH statistics, etc. MOH abortion statistics are known to underestimate the actual numbers of abortions.
5. Abortion ratio (for Ukraine and TjH oblasts) Number of induced abortions per 1,000 live births <b>Unit of Measure:</b> Ratio	MOH statistics	Annual	CY 2010	Ukraine – 333.4	Ukraine - 326,7	Ukraine - 316,0	
<b>Project Coverage</b>							
6. Number of people trained on FP/RH during the year with USG funds, disaggregated by type of participant (clinical and faculty members, health care staff, BCC educators, health care managers and opinion leaders), by type of professionals (ob/gyn, FD, midwives, nurses, etc.), and by type of training (TOT, basic 5-day FP/RH, PP/PA, CMEs, EBM, follow-up) (total and by the all HWUP oblasts)	HWUP monitoring data	Quarterly / Fiscal Year	2011	0	700	725	This training indicator measures project immediate results that are critical to achieve the project goals and objectives. <i>Disaggregated data (by type of training and by sex) are available in Supplementary Tables 4a, 4b and 4c.</i>

Indicator Definition	Data Source	Reporting Frequency	Baseline		TARGETS AND ACTUALS		Comments
			Year	Value	Program Year 1/FY 2012		
					Target	Actual	
<b>Objective 1: Enable women of reproductive age (WRA) and couples to make informed family planning (FP) and reproductive health (RH) choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage</b>							
<b>Result 1: Women of reproductive age (WRA) and couples know more about family planning (FP) and reproductive health (RH)</b>							
7. Number of people reached by BCC including through education sessions, interpersonal communications, special events, mass media and IEC materials, peer-to-peer education, school-based education, social media, etc. (by all HWUP oblasts, type of activity, sex, and NGO grantee)	HWUP monitoring data	Quarterly / Fiscal Year	2011	0	4,500,000	1,626,095	See Supplementary Table 5 with data by all HWUP priority oblasts  Estimated number of people reached through BCC activities as reported by program implementing partners and stakeholders (by oblast and by type of activity, by sex)
8. Percentage of WRA in participating oblasts who have been exposed to a FP message at least once during the past three months (total in selected new HWUP oblasts) <b>Numerator:</b> Number of women 15-49 who have been exposed to and remember a FP message at least once during the past three months <b>Denominator:</b> Number of women 15-49 surveyed	MICS for overall Ukraine data / Facility-based client survey for oblast specific data	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	Baseline: Total 4 oblasts – 63,3%	See Supplementary Table 6 with data by HWUP priority oblasts surveyed in Year 1  To measure exposure to FP and the reach of the HWUP BCC activities This indicator will be based on data from selected HWUP oblasts Baseline will be conducted during Year 1
9. If yes to the previous indicator : Specify the source of the message (total in selected new HWUP oblasts)	MICS for overall Ukraine data / Facility-based client survey for oblast specific data	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	Baseline: Television – 62,7% Internet – 53,8% Newspaper – 48,5% Health Providers – 47,6% Partner/Friends – 32,1% Radio – 24,0% Public message board – 22,8% Public events – 17,1% Other – 1,3%	See Supplementary Table 7 with data by HWUP priority oblasts surveyed in Year 1
10. Percentage of WRA who have positive attitudes towards hormonal contraceptive methods (total in selected new HWUP oblasts) <b>Numerator:</b> Number of women 15-49 who show a positive attitude toward hormonal contraceptive methods <b>Denominator:</b> Number of women 15-49 surveyed	MICS for overall Ukraine data / Facility-based client survey for oblast specific data	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	Baseline: Total 4 oblasts – 29,3%	See Supplementary Table 8 with data by HWUP priority oblasts surveyed in Year 1  To measure program impact on public (WRA) attitudes on FP This indicator will be based on survey data from selected HWUP oblasts. Baseline will be conducted during Years 1 and 2 for new HWUP oblasts.
11. Percentage of WRA who believe that hormonal contraceptive methods are safe (total in selected new HWUP oblasts ) <b>Numerator:</b> Number of women 15-49 who believe that hormonal contraceptive methods are safe <b>Denominator:</b> Number of women 15-49 surveyed	MICS for overall Ukraine data / Facility-based client survey for oblast specific data	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	Baseline: Total 4 oblasts – 33,8%	See Supplementary Table 9 with data by HWUP priority oblasts surveyed in Year 1  To measure program impact public attitudes towards hormonal contraceptives. This indicator will base on survey data from selected HWUP oblasts included in the Program in Years 1 and 2.

Indicator Definition	Data Source	Reporting Frequency	Baseline		TARGETS AND ACTUALS		Comments
			Year	Value	Program Year 1/FY 2012		
					Target	Actual	
<b>Result 2: Increased local NGO capacity to provide FP information and education</b>							
12. Number of NGO/CSOs that received small grants to provide FP/RH information and/or advocacy (total and by 12 new HWUP oblasts)	HWUP monitoring data	Quarterly / Fiscal Year	2011	0	8	7	NGOs grants program for Year 1 HWUP oblasts started in September 2012 (see Annex 5)
13. Number of BCC activities designed and implemented by local NGOs that received small grants to provide FP/RH information (total and by the 12 new HWUP oblasts)	HWUP monitoring data	Quarterly / Fiscal Year	2011	0	80	0 (NGO grants program was delayed and started in September, 2012)	Estimated number of BCC activities conducted as reported by partner NGOs (by oblasts)
14. Improved technical and organizational capacity of the "Women's Health and Family Planning" Charity Foundation (using TOCA assessment)	HWUP monitoring data and TOCA reports	Year 1, 3 and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	13 out of 51 actions (25%)	Number and percentage of achieved benchmarks demonstrated through a joint assessment. Targets revised based on WH&FP LCB Plan developed in year 1. The LCB Plan includes activities by the end of 2014 (Year 3 of HWUP). Years 4 and 5 targets will be determined in Year 3. See Annex 6.
<b>Objective 2: Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones</b>							
<b>Result 1: FP service provider knowledge of modern FP methods and their clinical and counseling skills improved</b>							
15. Percentage of FP service providers in selected oblasts who correctly counsel FP clients using the LSA model (by sex) (total and by the 12 new HWUP oblasts) <b>Numerator:</b> Number of FP service providers in selected oblasts who correctly counsel FP/RH clients to consider appropriate modern contraceptive methods (by sex) <b>Denominator:</b> Number of FP service providers surveyed in selected oblasts (by sex)	HWUP facility survey / Provider self-survey	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	<b>Baseline:</b> Total 4 oblasts – 0,0%	This indicator measures progress toward the program Objective 2.  <i>See Supplementary Table 10 with data by HWUP priority oblasts surveyed in Year 1</i>
16. Percentage of health providers in selected oblasts who have positive attitudes towards hormonal contraceptive methods (total in selected new HWUP oblasts) \ <b>Numerator:</b> Number of FP service providers who show a positive attitude toward hormonal contraceptive methods <b>Denominator:</b> Number of FP service providers surveyed	HWUP facility survey / Provider self-survey	Year 1, 3 and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	<b>Baseline:</b> Total 4 oblasts – 59,0%	<i>See Supplementary Table 11 with data by HWUP priority oblasts surveyed in Year 1</i>  To measure program impact on health professionals attitudes on FP. This indicator is based on survey data from selected HWUP oblasts included in the Program in Years 1 and 2.
17. Number of service delivery points with trained providers (total annual new by the 12 new oblasts)	HWUP monitoring data	Annual / Fiscal Year	2011	0	110	82	<i>See Supplementary Table 12 with data by HWUP priority oblasts surveyed in Year 1</i>  It is the total number of <i>new access points</i> for FP/RH services with at least one health provider trained by HWUP (12 oblasts)

Indicator Definition	Data Source	Reporting Frequency	Baseline		TARGETS AND ACTUALS		Comments
			Year	Value	Program Year 1/FY 2012		
					Target	Actual	
18. Number of FP/RH trainers trained in LSA-based modern FP/RH methods (total in 12 new HWUP oblasts)	HWUP monitoring data	Annual / Fiscal Year	2011	0	30	54	Number of TOT participants who successfully completed the TOT ( <i>Supplementary Tables 4a, 4b, and 4c</i> )
<b>Result 2: Quality of FP services improved</b>							
19. Percentage of women who were in contact with a FP/RH facility and reported the receipt of quality FP/RH counseling (total in new HWUP selected oblasts) <b>Numerator:</b> Number of women 15-49 who reports receiving quality FP/RH counseling at the FP/RH facility <b>Denominator:</b> Number of interviewed women 15-49 who received FP/RH services/counseling at the respective facility	HWUP facility survey	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	<b>Baseline:</b> Total 4 oblasts – 28,2%	<i>See Supplementary Table 13 with data by HWUP priority oblasts surveyed in Year 1</i>  To measure effectiveness of continuing medical education events (basic 5-day trainings, follow-up/EBM workshops, etc...) with health providers This indicator is based on survey data from selected HWUP oblasts included in the Program in Years 1 and 2.
20. Proportion of women that received FP/RH services at a facility who reported satisfaction with quality of care (total the new HWUP selected oblasts) <b>Numerator:</b> Number of women 15-49 who received FP/RH services at the facility and who reports being satisfied with the quality of services they received (as assessed using a Likert scale) <b>Denominator:</b> Number of interviewed women 15-49 who received FP/RH services at the facility	HWUP facility survey	Year 1, 3, and 5 / At the end of the fiscal year	2012	To be determined by the end of Y1	N/A	<b>Baseline:</b> Total 4 oblasts – 78,1%	<i>See Supplementary Table 14 with data by HWUP priority oblasts surveyed in Year 1</i>  This indicator is based on survey data from selected HWUP oblasts included in the Program in Years 1 and 2.
<b>Result 3: FP education institutionalized at the national level</b>							
21. Number of LSA-based training manual updated / developed / and approved by the GOU, by type of curricula (in-service basic training, in-service PP/PA, pre-service, etc.)	HWUP monitoring data	Annual / Fiscal Year	2011	0	1	1	<i>See Supplementary Table 15</i>
22. Percentage of leading medical universities which use updated, LSA based FP/Contraceptive technology curricula (for pre-service education)	HWUP monitoring data	Years 4 and 5	2011	0	N/A	N/A	To measure the sustainability of the HWUP implementation. To be measured in Years 3-5.
<b>Objective 3: Promote a national and regional policy environment conducive to family planning and reproductive health</b>							
<b>Result 1: National policy environment becomes more conducive to family planning and reproductive health</b>							
23. Total estimated contribution (USD) of public (MOH, OHDs, local health facilities, etc.) and private sectors (pharmaceutical manufacturers and distributors, NGOs, mass media, etc.) to FP/RH in cash or in-kind (total for the priority oblasts and national level)	HWUP monitoring data	Annual / Fiscal Year	2011	\$0	\$65,000	\$271,270	This indicator measures the ongoing commitment of the public and private sector to FP/RH. <i>See Supplementary Table 17 with details by public and private sector contributions for each HWUP priority oblast, as well as the national level contributions.</i>

Indicator Definition	Data Source	Reporting Frequency	Baseline		TARGETS AND ACTUALS		Comments
			Year	Value	Program Year 1/FY 2012		
					Target	Actual	
24. Number of regulatory documents adopted by GOU (at national and local levels) that demonstrates commitment to FP/RH (national level and for the priority oblasts)	HWUP monitoring data	Annual / Fiscal Year	2011	0	3	3	<i>See Supplementary Table 16</i> Includes legal/policy documents, FP/RH guidelines/standards/ job protocols, orders developed/updated with project support and adopted by relevant government institution
<b>Result 2: Strengthened capacity of oblast health administrations to support FP education and services</b>							
25. Number of assisted oblasts that developed FP/RH Institutional Change Plans and have resources to implement those plans	HWUP monitoring data	Years 4-5	2011	0	N/A	N/A	The format and content of these plans will be determined during Year 2-3 in consultation with USAID AOTR.
<b>Environmental Compliance</b>							
26. EMMP Indicator: Number of program supported TA materials (e.g. BCC/IEC materials, clinical training manuals, policies, etc.) that include information regarding safe medical waste disposal	HWUP monitoring data	Annual / Fiscal Year	2011	0	2	1	Year 1: LSA based clinical training materials for the 5-day basic in-service training (see Annex 2)

**Supplementary Table 1a: Couple-Years of Protection (CYPs), TOTAL Ukraine & HWUP Oblasts, 2011 (Baseline) – 2012 (Year 1)**

<b>TOTAL CYPs</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>TOTAL Ukraine, out of which</b>	<b>588,309</b>	<b>583,798</b>
Ukraine-Private Sector (Pharmacies Sales)	586,347	579,774
Ukraine-Public Sector (MOH SPRHN procurement & hospital sales)	1,962	4,024
<b>Ukraine-USAID Donation for Public Sector (for the former Tfh-oblasts)</b>	<b>111,739</b>	<b>518,265</b>
<b>HWUP Oblasts (Private and Public Sector, NO Donations)</b>		
Chernivtsi	11,578	10,423
Chernihiv	11,734	9,607
Kherson	8,438	11,806
Kirovohrad	11,246	15,530
Kyiv oblast	21,891	23,284
Kyiv city	81,054	81,825
Luhansk	19,859	16,560
Mykolaiv	14,823	14,978
Sumy	11,728	13,194
Ternopil	6,178	6,628
Zakarpattya	11,113	12,425
Zhytomyr	11,212	10,528
<b>TOTAL HWUP 12 NEW OBLASTS</b>	<b>220,854</b>	<b>226,788</b>
Cherkasy	12,507	11,501
Donetsk	53,585	58,802
Khmelnyskyy	8,868	10,866

**Supplementary Table 1b: Couple-Years of Protection (CYPs), 12 new HWUP Oblasts, by Method, 2011 (Baseline) – 2012 (Year 1)**

<b>Contraceptive Method</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>Chernivtsi</b>		
COCs	3,671	3,016
POPs	2	2
ECs	306	289
Patch&Ring	10	22
Injectable	39	55
IUDs	2,088	1,693
Mirena IUS	284	63
Spermicide	1,032	788
Condoms	4,147	4,495
<b>TOTAL</b>	<b>11,578</b>	<b>10,423</b>

<b>Contraceptive Method</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>Chernihiv</b>		
COCs	2,765	2,582
POPs	5	14
ECs	332	272
Patch&Ring	11	14
Injectable	11	2
IUDs	4,439	2,999
Mirena IUS	83	119
Spermicide	770	659
Condoms	3,319	2,947
<b>TOTAL</b>	<b>11,734</b>	<b>9,607</b>
<b>Kherson</b>		
COCs	2,592	3,748
POPs	17	45
ECs	389	512
Patch&Ring	44	54
Injectable	0	0
IUDs	451	161
Mirena IUS	69	287
Spermicide	1,225	1,034
Condoms	3,651	5,964
<b>TOTAL</b>	<b>8,438</b>	<b>11,806</b>
<b>Kirovohrad</b>		
COCs	3,889	6,370
POPs	4	10
ECs	286	439
Patch&Ring	0	8
Injectable	105	268
IUDs	1,463	1,040
Mirena IUS	92	76
Spermicide	978	1,502
Condoms	4,430	5,817
<b>TOTAL</b>	<b>11,246</b>	<b>15,530</b>
<b>Kyiv Oblast</b>		
COCs	4,959	5,501
POPs	2	9
ECs	815	772
Patch&Ring	59	90
Injectable	25	96
IUDs	3,137	3,073
Mirena IUS	310	261
Spermicide	2,302	2,153
Condoms	10,281	11,329
<b>TOTAL</b>	<b>21,891</b>	<b>23,284</b>

<b>Contraceptive Method</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>Kyiv City</b>		
COCs	21,047	21,405
POPs	49	52
ECs	3,407	3,095
Patch&Ring	635	746
Injectable	221	178
IUDs	2,673	1,431
Mirena IUS	3,152	3,181
Spermicide	5,782	5,004
Condoms	44,089	46,733
<b>TOTAL</b>	<b>81,054</b>	<b>81,825</b>
<b>Luhansk</b>		
COCs	9,624	7,407
POPs	19	48
ECs	536	485
Patch&Ring	124	110
Injectable	96	48
IUDs	3,740	2,783
Mirena IUS	195	198
Spermicide	2,038	1,533
Condoms	3,488	3,949
<b>TOTAL</b>	<b>19,859</b>	<b>16,560</b>
<b>Mykolaiv</b>		
COCs	5,999	5,860
POPs	13	34
ECs	315	308
Patch&Ring	9	4
Injectable	43	86
IUDs	2,590	2,282
Mirena IUS	0	40
Spermicide	1,712	1,315
Condoms	4,142	5,051
<b>TOTAL</b>	<b>14,823</b>	<b>14,978</b>
<b>Sumy</b>		
COCs	3,035	3,677
POPs	6	33
ECs	304	328
Patch&Ring	15	20
Injectable	6	121
IUDs	2,470	2,857
Mirena IUS	33	99
Spermicide	949	875
Condoms	4,909	5,186
<b>TOTAL</b>	<b>11,728</b>	<b>13,194</b>

<b>Contraceptive Method</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>Ternopil</b>		
COCs	1,761	1,831
POPs	0	5
ECs	266	302
Patch&Ring	8	15
Injectable	177	123
IUDs	764	552
Mirena IUS	33	89
Spermicide	522	500
Condoms	2,647	3,211
<b>TOTAL</b>	<b>6,178</b>	<b>6,628</b>
<b>Zakarpattya</b>		
COCs	2,320	2,467
POPs	1	19
ECs	246	264
Patch&Ring	2	2
Injectable	57	123
IUDs	4,186	5,083
Mirena IUS	63	99
Spermicide	711	598
Condoms	3,528	3,769
<b>TOTAL</b>	<b>11,113</b>	<b>12,425</b>
<b>Zhytomir</b>		
COCs	2,641	3,357
POPs	0	16
ECs	363	416
Patch&Ring	4	26
Injectable	14	4
IUDs	2,470	1,237
Mirena IUS	294	274
Spermicide	948	901
Condoms	4,478	4,298
<b>TOTAL</b>	<b>11,212</b>	<b>10,528</b>
<b>Total 12 NEW oblasts</b>		
COCs	64,303	67,221
POPs	117	286
ECs	7,564	7,482
Patch&Ring	922	1,111
Injectable	793	1,104
IUDs	30,470	25,190
Mirena IUS	4,607	4,785
Spermicide	18,971	16,860
Condoms	93,107	102,751
<b>TOTAL</b>	<b>220,854</b>	<b>226,788</b>

<b>Contraceptive Method</b>	<b>Baseline 2011</b>	<b>Year 1 Results 2012</b>
<b>Cherkasy</b>		
COCs	3,644	3,612
POPs	1	7
ECs	623	489
Patch&Ring	19	17
Injectable	15	56
IUDs	1,578	1,366
Mirena IUS	59	172
Spermicide	1,658	1,347
Condoms	4,910	4,436
<b>TOTAL</b>	<b>12,507</b>	<b>11,501</b>
<b>Donetsk</b>		
COCs	19,136	20,243
POPs	100	101
ECs	1,835	1,892
Patch&Ring	185	213
Injectable	518	315
IUDs	3,666	2,788
Mirena IUS	980	1,327
Spermicide	4,992	4,954
Condoms	22,173	26,970
<b>TOTAL</b>	<b>53,585</b>	<b>58,802</b>
<b>Khmelnysky</b>		
COCs	2,149	2,699
POPs	0	10
ECs	283	330
Patch&Ring	9	11
Injectable	23	20
IUDs	2,075	2,203
Mirena IUS	208	314
Spermicide	580	747
Condoms	3,541	4,532
<b>TOTAL</b>	<b>8,868</b>	<b>10,866</b>

**Supplementary Table 2: Registered Hormonal Contraception and IUD Use Rate (per 1,000 WRA)**  
(Source: MOH, Ukraine), Ukraine and HWUP Oblasts, 2010 – 2011

Hormonal Methods			IUDs		Total	
Oblast	2010	2011	2010	2011	2010	2011
<b>Ukraine</b>	<b>187.1</b>	<b>195.3</b>	<b>132.3</b>	<b>133.7</b>	<b>319.4</b>	<b>328.9</b>
Chernivtsi	183.4	192.2	242.4	239.4	425.8	431.6
Chernihiv	224.5	217.3	110.19	109.8	334.7	327.1
Kherson	222.0	246.1	85.4	79.4	307.4	325.5
Kirovohrad	174.5	186.8	144.9	149.6	319.4	336.4
Kyiv oblast	141.4	148.4	123.45	121.7	264.9	270.0
Kyiv city	262.0	268.6	55.79	55.2	317.8	323.7
Luhansk	158.8	194.9	116.0	126.6	274.8	321.5
Mykolaiv	148.8	163.4	106.2	105.5	255.0	268.8
Sumy	284.2	299.4	343.6	353.7	627.8	653.1
Ternopil	187.2	203.1	113.3	134.3	300.5	337.4
Zakarpattya	73.9	72.4	60.31	55.7	134.2	128.0
Zhytomyr	145.1	146.4	148.8	144.4	293.9	290.8
<i>Cherkasy</i>	111.6	124.9	83.7	84.4	195.3	209.2
<i>Donetsk</i>	224.9	231.4	136.8	136.0	361.7	367.4
<i>Khmelnitsky</i>	239.1	233.5	186.2	180.7	425.3	414.3

**Supplementary Table 3: Abortion Rate (per 1,000 WRA) and Abortion Ratio (per 1,000 livebirths)**  
(Source: MOH, Ukraine)

Oblast	Abortion Rate		Abortion Ratio	
	2010	2011	2010	2011
<b>Ukraine</b>	<b>13.9</b>	<b>13.5</b>	<b>333.4</b>	<b>316.0</b>
Chernivtsi	12.3	12.1	264.0	254.2
Chernihiv	16.2	15.3	427.3	398.7
Kherson	17.6	17.0	404.5	395.3
Kirovohrad	20.6	19.0	508.9	465.1
Kyiv oblast	17.1	17.6	433.0	439.9
Kyiv city	15.1	14.5	377.8	358.6
Luhansk	16.9	16.0	476.4	433.2
Mykolaiv	15.8	16.5	380.0	386.9
Sumy	8.2	7.6	238.0	218.3
Ternopil	10.0	9.1	233.9	209.3
Zakarpattya	9.7	9.2	174.0	164.4
Zhytomyr	16.4	15.0	342.0	301.0
<i>Cherkasy</i>	11.7	10.8	310.7	279.4
<i>Donetsk</i>	16.2	16.7	442.1	442.7
<i>Khmelnitsky</i>	11.7	11.8	266.7	265.5

**Supplementary Table 4a: Number of People Trained on FP/RH in Project Year 1 with USG Funds, HWUP Oblasts and Total, by Type of Training/Trainee**

Oblasts	TOTAL	Trainings and Seminars			
		BCC Educators / Leaders	Clinical Trainers (TOTs)	5-days Basic Clinical Trainings	LSA Orientation 2-day Seminar in Kiev
Kirovohrad	132	9	13	110	0
Luhansk	112	12	13	87	0
Ternopil	112	11	16	85	0
Zhytomyr	114	12	12	90	0
<i>Cherkasy</i>	69	0	0	67	2
<i>Donetsk</i>	69	0	0	65	4
<i>Khmelnitskyy</i>	72	0	0	69	3
<i>Kyiv&amp;Other Oblasts</i>	45	0	0	0	45
<b>TOTAL</b>	<b>725</b>	<b>44</b>	<b>54</b>	<b>573</b>	<b>54</b>

**Supplementary Table 4b: Gender Breakdown of People Trained on FP/RH in Project Year 1 with USG Funds, by Oblast**

Oblasts	Male	Female	Total
Kirovohrad	15	117	132
Luhansk	2	110	112
Ternopil	18	94	112
Zhytomyr	11	103	114
<i>Cherkasy</i>	13	56	69
<i>Donetsk</i>	10	59	69
<i>Khmelnitskyy</i>	19	53	72
<i>Kyiv&amp;Other Oblasts</i>	3	42	45
<b>TOTAL (Number)</b>	<b>91</b>	<b>634</b>	<b>725</b>
<b>TOTAL (%)</b>	<b>12.5%</b>	<b>87.5%</b>	<b>100.0%</b>

**Supplementary Table 4c: Number of Health Providers Trained in FP/RH (the 5-days Basic Clinical Trainings), by Oblast and Type of Provider, Project Year 1 and to Date**

Oblasts	Ob-Gyns	Family doctors / Interns	Midwives / Feldshers / Nurses	Other	Total
Kirovohrad	62	15	33	0	110
Luhansk	67	6	14	0	87
Ternopil	54	31	0	0	85
Zhytomyr	47	20	23	0	90
<i>Cherkasy</i>	18	42	7	0	67
<i>Donetsk</i>	28	16	21	0	65
<i>Khmelnitskyy</i>	27	38	4	0	69
<b>Total, number</b>	<b>303</b>	<b>168</b>	<b>102</b>	<b>0</b>	<b>573</b>
<b>Total, %</b>	<b>52.9</b>	<b>29.3</b>	<b>17.8</b>	<b>0</b>	<b>100%</b>

**Supplementary Table 5: Number of People Reached by BCC on FP/RH, Project Year 1, by Oblast and Type of Action/Media**

Oblasts	Interpersonal Communication (BayerHealthCare)	Special Events	BCC Materials	Mass Media	TOTAL
Kirovohrad	0	0	1,050	0	<b>1,050</b>
Luhansk	0	0	583	1,102,000	<b>1,102,583</b>
Ternopil	0	0	2,573	0	<b>2,573</b>
Zhytomyr	0	0	4,190	232,000	<b>236,190</b>
<i>Donetsk</i>	40	2,800	5,000	0	<b>7,840</b>
<i>Khmelnitskyy</i>	317	850	2,195	0	<b>3,362</b>
<i>Cherkasy</i>	406	2,860	6,235	261,000	<b>270,501</b>
<b>Total</b>	<b>2,759</b>	<b>6,510</b>	<b>21,826</b>	<b>1,595,000</b>	<b>1,626,095</b>

**Supplementary Table 6: Percentage of WRA in participating oblasts who have been exposed to a FP message at least once during the past 3 months<sup>1</sup> (total and by the surveyed oblasts)**

Oblasts	Baseline <sup>1</sup>	
	#	%
Kirovohrad	214	59.4%
Luhansk	244	65.9%
Ternopil	234	69.2%
Zhytomyr	198	58.6%
<b>Total</b>	<b>890</b>	<b>63.3%</b>

<sup>1</sup> *Operational calculation--proportion of WRA who have seen or heard a FP message from at least two different sources during last 3 months, as follows: TV, radio, internet, newspaper/magazine, health worker, partner/friend/relative, public message board, public awareness events, others.*

**Supplementary Table 7: Percentage of WRA in participating oblasts who have been exposed to a FP message at least once during the past 3 months (by the source of message in the surveyed oblasts)**

Source of FP messages	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	#	%	#	%	#	%	#	%	#	%
Television	200	55.6%	231	62.4%	233	68.9%	218	64.5%	882	62.7%
Internet	198	55.0%	228	61.6%	189	55.9%	142	42.0%	757	53.8%
Newspaper or magazine	157	43.6%	189	51.1%	180	53.3%	156	46.2%	682	48.5%
Health workers	171	47.5%	182	49.2%	184	54.4%	132	39.1%	669	47.6%
Partner/friend/relative	112	31.1%	121	32.7%	136	40.2%	83	24.6%	452	32.1%
Radio	87	24.2%	77	20.8%	105	31.1%	69	20.4%	338	24.0%
Public message board (street billboard, public plasma screens, etc.)	74	20.6%	77	20.8%	77	22.8%	92	27.2%	320	22.8%
Public events	65	18.1%	68	18.4%	62	18.3%	46	13.6%	241	17.1%
Other	4	1.1%	1	0.3%	10	3.0%	3	0.9%	18	1.3%

**Supplementary Table 8: Proportion of RH Clients' (WRA) interviewed with positive attitudes toward Hormonal Contraceptive Methods, by method and by oblast**

Method	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	Mean score	%								
Combined Oral Contraceptives	3.53	53.1%	3.36	44.6%	3.03	35.5%	3.29	37.9%	3.31	43.0%
Injectables – Depo-Provera	2.95	28.9%	2.89	17.3%	2.74	22.8%	2.91	12.7%	2.87	20.5%
Contraceptive Patch	3.15	31.9%	3.02	18.6%	2.87	22.2%	3.02	16.0%	3.02	22.3%
Vaginal Ring	2.98	29.2%	2.86	20.8%	2.62	19.2%	2.80	11.0%	2.82	20.2%
Emergency contraception	3.30	48.6%	3.11	37.3%	3.02	40.8%	3.22	34.9%	3.16	40.5%
<b>Total Average</b>		<b>38.3%</b>		<b>27.7%</b>		<b>28.1%</b>		<b>22.5%</b>		<b>29.3%</b>

A “positive attitude” means that the method was marked as “positive” or “very positive” by the respondent. The denominator includes all women respondents who rated the method, including women who stated that they “Don’t know the method.” The “mean score” is the mathematical mean of all scores (on a scale of 0-5) for the method given by respondents who answered the question. The denominator includes all respondents, including those who stated that they “Don’t know the method.”

**Supplementary Table 9: Proportion of RH Clients' (WRA) interviewed who believe that hormonal contraceptives are safe, and by oblast**

Method is safe or very safe	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	Mean score	%								
	3.15	38.3%	3.20	40.3%	2.96	27.5%	3.07	28.1%	3.10	33.8%

**Table 10: Percentage of FP service providers in selected oblasts who correctly counsel FP clients using the LSA model (total and by the surveyed HWUP oblasts)**

LSA counseling	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	#	%	#	%	#	%	#	%	#	%
Correctly identify the definition of LSA counseling	49	57.0%	72	68.6%	53	63.9%	78	75.0%	252	66.7%
Most appropriate contraception between <b>Sexual Debut and First Pregnancy</b>	0	0.0%	2	1.9%	1	1.2%	2	1.9%	5	1.3%
Most appropriate contraception for <b>post-partum period</b>	4	4.7%	6	5.7%	4	4.8%	5	4.8%	19	5.0%
Most appropriate contraception for <b>effective birth-spacing</b>	2	2.3%	4	3.8%	5	6.0%	0	0.0%	11	2.9%
Most appropriate method for women who <b>Want No More Children</b>	1	1.2%	2	1.9%	4	4.8%	2	1.9%	9	2.4%
<b>All correct answers, Counseling Based on LSA</b>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

**Supplementary Table 11: Proportion of FP/RH service providers in selected oblasts who have positive attitudes toward Hormonal Contraceptive Methods, by method and by oblast**

Method	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	Mean score	%								
Combined Oral Contraceptives	4.20	87.2%	4.43	91.4%	4.22	91.6%	4.15	93.3%	4.25	91.0%
Progestin Only Pills	3.67	67.4%	3.65	60.0%	3.68	73.5%	3.74	63.5%	3.69	65.6%
Injectables – Depo-Provera	2.83	25.6%	3.15	38.1%	3.39	51.8%	3.13	36.5%	3.13	37.8%
Emergency contraception	3.51	53.5%	3.50	55.2%	3.31	54.2%	3.46	60.6%	3.45	56.1%
Contraceptive Patch	3.58	57.0%	3.78	60.0%	3.56	55.4%	3.39	43.3%	3.58	53.7%
Vaginal Ring	3.48	52.3%	3.62	54.3%	3.35	48.2%	3.31	43.3%	3.44	49.5%
<b>Total Average</b>		<b>57.2%</b>		<b>59.8%</b>		<b>62.4%</b>		<b>56.7%</b>		<b>59.0%</b>

**Supplementary Table 12: Number of new service delivery points with newly trained FP/RH service providers, by the 12 new oblast (Indicator 17)**

Oblasts	<i>New Service Delivery Points</i>			
	Primary Health Care	Policlinics	Other hospitals	City Hospitals
Kirovohrad	7	2	1	3
Luhansk	3	9	3	23
Ternopil	5	6	1	2
Zhytomyr	0	8	2	7
<b>Total by type of SDP</b>	<b>15</b>	<b>25</b>	<b>7</b>	<b>35</b>
<b>Total</b>	<b>82</b>			

**Supplementary Table 13: Percentage of RH Clients' (WRA) interviewed that reported being satisfied with the *quality of FP/RH counseling* received, by surveyed oblast**

Counseling Topics Discussed with Clients	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	#	%	#	%	#	%	#	%	#	%
Reproductive plan	129	40.6%	131	44.9%	139	50.7%	92	35.4%	491	42.9%
Various methods of contraception	156	49.1%	141	48.3%	147	53.7%	90	34.6%	534	46.7%
How to use selected method	121	38.1%	113	38.7%	121	44.2%	70	26.9%	425	37.2%
Benefits and risks of the selected method	109	34.3%	111	38.0%	123	44.9%	64	24.6%	407	35.6%
Side effects of the selected method	113	35.5%	103	35.3%	114	41.6%	60	23.1%	390	34.1%
When to return for follow-up	88	27.7%	85	29.1%	97	35.4%	52	20.0%	322	28.2%
Condoms to prevent pregnancy and STIs/HIV	144	45.3%	152	52.1%	133	48.5%	82	31.5%	511	44.7%
<b>Provider discussed 5 out of 7 FP topics</b>	<b>88</b>	<b>27.7%</b>	<b>95</b>	<b>32.5%</b>	<b>93</b>	<b>33.9%</b>	<b>47</b>	<b>18.1%</b>	<b>323</b>	<b>28.2%</b>

**Supplementary Table 14: Percentage of RH Clients' (WRA) interviewed that received FP/RH services at a facility and reported being satisfied with the *overall quality of care* received, by surveyed oblast**

Satisfied or very satisfied with overall quality of care	Kirovohrad		Luhansk		Ternopil		Zhytomyr		Total	
	#	%	#	%	#	%	#	%	#	%
	<b>270</b>	<b>75.0%</b>	<b>275</b>	<b>74.3%</b>	<b>267</b>	<b>79.0%</b>	<b>286</b>	<b>84.6%</b>	<b>1,098</b>	<b>78.1%</b>

**Supplementary Table 15: LSA-based training manuals updated/developed and approved by the GOU, by type of curricula, HWUP Year 1**

Government Entity	Title of Manual/Curricula	Number	Date Adopted
MOH and MOE	Revised and updated FP manual in line with LSA: Letter on approval of the clinical manual "Modern Aspects of Family Planning"	#23-01-25/5	February, 29 2012

**Supplementary Table 16: Regulatory (Legal/Policy) Documents on FP/RH adopted by the Government of Ukraine (at national and local levels) that demonstrates commitment to FP/RH, HWUP Year 1**

Government Entity <sup>#</sup>	Title of Regulation/ Policy/Order/Law	Number	Date Adopted
MOH	MOH Order # 166- Adm. "Outlining the establishment of the working group on revision of MOH Order #539 'On organization of activities of FP/RH services system in Ukraine» as of 04/08/2006"	# 166-Adm.	June 27, 2012
MOH	MOH Order # 137 "On activities outlining the implementation of Healthy Women of Ukraine Program"	# 137	February 28, 2012
MOH	MOH Order # 108-Adm. "On conducting All-Ukrainian FP Week and preservation of Reproductive Health"	# 108-Adm.	May, 8, 2012

<sup>#</sup> The national prikaz for FP Month is included as policy documents because they go beyond the usual administrative orders for events. They designate a whole month—rather than a week, as instructed in the MOH order—for FP activities and support a complex array of activities aimed at achieving specified FP objectives within the broader SPRHN goals.

**Supplementary Table 17: Estimated Counterpart Contributions to HWUP, Project Year 1, by Oblast, Public and Private Sector Contributions and Total (US Dollars)**

Oblast	Public Sector	Private Sector	Total
<i>National/Cross-Cutting Activities</i>	<i>\$144,129</i>	<i>\$17,625</i>	<i>\$161,754</i>
Kirovohrad	\$8,977	\$10	\$8,987
Luhansk	\$13,361	\$1,925	\$15,286
Ternopil	\$7,926	\$0	\$7,926
Zhytomyr	\$17,645	\$1,410	\$19,055
<i>Donetsk</i>	<i>\$29,453</i>	<i>\$500</i>	<i>\$29,953</i>
<i>Khmelnitskyy</i>	<i>\$12,707</i>	<i>\$2,650</i>	<i>\$15,357</i>
<i>Cherkasy</i>	<i>\$11,203</i>	<i>\$1,750</i>	<i>\$12,953</i>
<b>Total</b>	<b>\$245,400</b>	<b>\$25,870</b>	<b>\$271,270</b>

## **Annexes**

### **Annex 1: FP/RH National Communication Strategy Goal and Objectives**

The goal of Healthy Women of Ukraine Program FP/RH communication strategy is to increase positive attitudes and expand the use of modern contraceptives as an alternative to unintended pregnancy and associated abortion. This goal is in line with the overall aim of the Healthy Women of Ukraine Program (HWUP) to protect the reproductive health of Ukrainian women and couples by increasing the appropriate and effective use of modern contraception as an alternative to unintended pregnancies and associated abortions. This communication strategy goal, objectives, communication channels, proposed implementation activities and expected results are fully in line with the HWUP Cooperative Agreement (CA).

The objectives of the HWUP FP/RH Communication Strategy are:

1. Promote the benefits of family planning to the Ukrainian population of reproductive age;
2. Improve attitudes about modern contraception by:
  - a. Dispelling the hormone phobia – the myths and misinformation perpetuated around hormonal contraceptives;
  - b. Dispelling the myths and misinformation perpetuated around IUDs;
3. Increase the use of modern contraceptives based on the life stage approach to:
  - a. Increase effective condom use among sexually active youth and unmarried men and women (to prevent both unintended pregnancy and HIV)
  - b. Increase hormonal contraceptive use among married women (for birth spacing)
  - c. Increase IUD use among married women who have had at least one child (for birth limiting)<sup>6</sup>
4. Increase the number of providers that are disseminating accurate and up-to-date information about modern contraceptives
5. Increase policy- and decision-makers' support for family planning policies

### **Strategic approach**

Up until now, Ukraine lacks a coordinated and national approach to reach with reliable FP/RH information the general public and target population groups at high risk of abortions and unintended pregnancies. Although in the past both GOU and NGOs made attempts to reach target population groups through specific actions, a common agenda for action to change attitudes and behaviors, especially in relations with dispelling the “hormone phobia”, was not in place. It is expected that by involving a range of national partners (GOU institutions, key NGOs), other donors and international partners working in FP/RH and Mother and Child Health and HIV/AIDS, and by enlisting national communication channels (e.g. website, hotline, social media, radio/Tv, etc.) this strategy will attract additional resources and will ensure a national level coverage and impact.

The life stage approach to be implemented by the HWUP is innovative for Ukraine and one that is easy to communicate to both users and providers. It enables providers to recognize higher-risk couples and individuals among their clients and will facilitate the transition to more effective methods. It helps prioritize strategy activities and identify the activities with the greatest impact on unintended pregnancies. Among Ukrainian couples, fertility desires are low, fertile periods are long, and the use of less effective methods is high, virtually ensuring that women will resort to abortion. For example, during the last stage of reproductive life, more than half of Ukrainian married women want no more children but modern method use for that group is only 47.5%, with half of this group relying on condoms or spermicides for contraception (UDHS, 2007).

Family planning programs that stress quality and informed choice must address appropriate and effective contraceptive use that could be one of the results of successful implementation of a well-designed communication strategy (e.g. the chosen method is one that best meets the client's risks of unintended

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<sup>6</sup>The strategy will concentrate on promoting the usage of 3 types of modern FP methods, i.e., hormonal contraception, condoms, and IUDs as recommended by October 2010 USAID KAP Assessment.

pregnancy at various stages of life). Normally, all FP/RH BCC approaches are focused on encouraging individuals and couples to develop positive attitudes about modern contraceptive method. The second step is to enable couples to access easily the necessary information and health services needed to chose, obtain and use a method effectively. The targeted key messages and communication content/tools required to achieve this step-by-step change will be developed in cooperation with HWUP stakeholders and other members of the BCC technical working group (that is part of the Reproductive Health Partners Group chaired by UNFPA.)

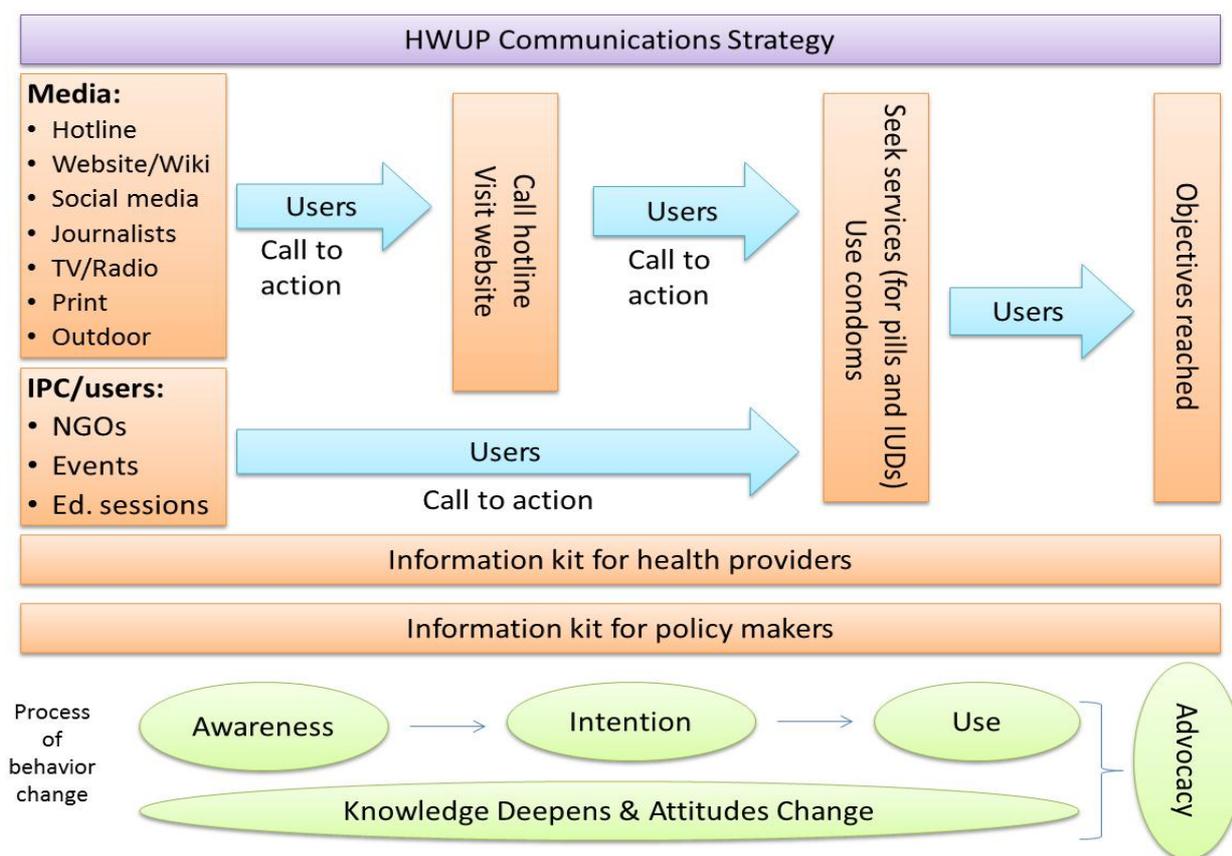
**Target Audiences**

The HWUP FP/RH communication strategy target audiences are similar with the target beneficiary groups of the overall HWUP activities:

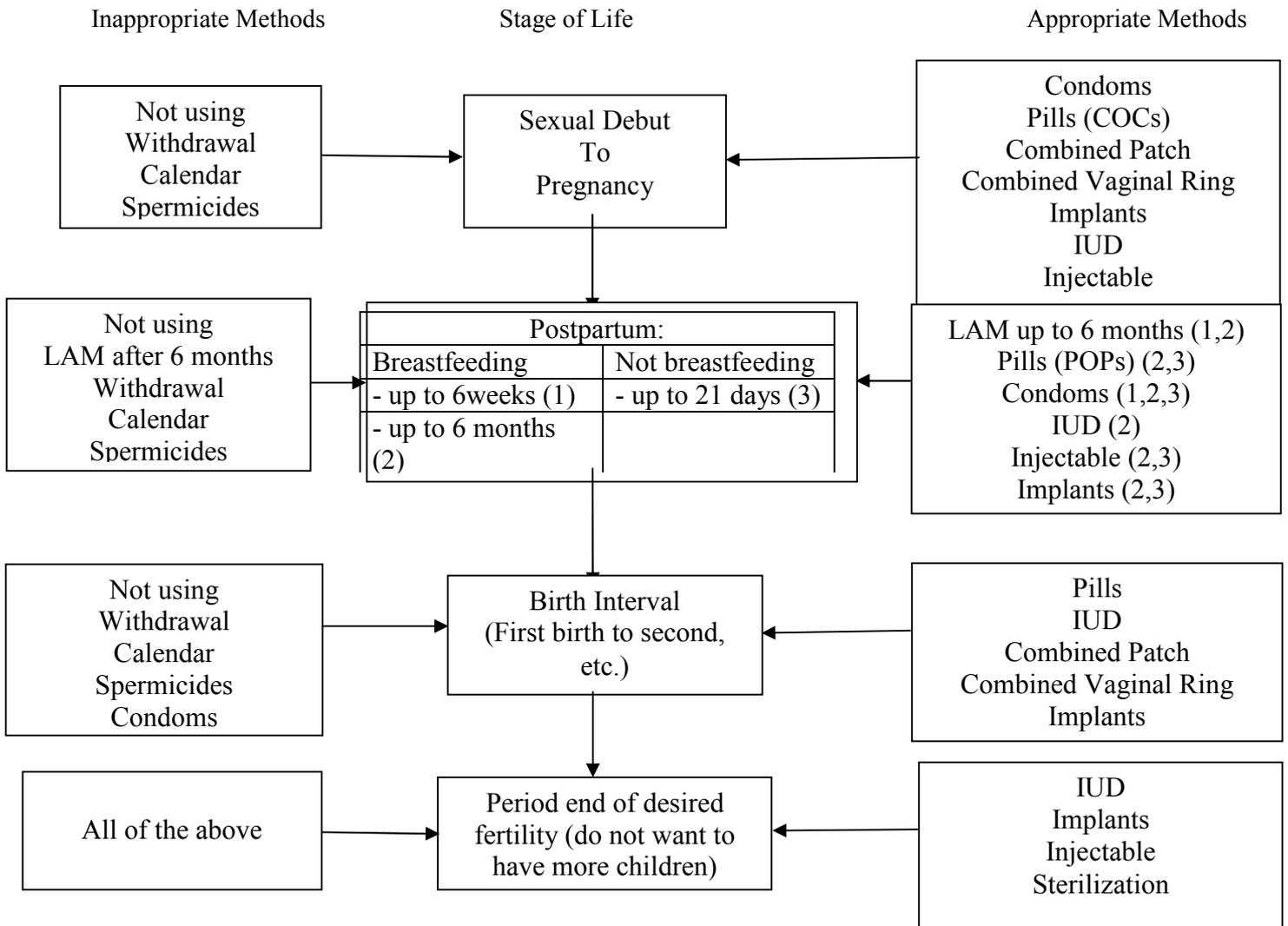
1. Sexually active youth and unmarried women and men of reproductive age (Youth)
2. Married women of reproductive age (WRA) and men of reproductive age (MRA)
3. Service providers, including doctors, mid-level health providers and social workers. (SP)
4. Policy makers (PM)

**A Model for Behavior Change in Ukraine**

This communication strategy will use a variety of channels to deliver consistent messages to target audiences. Below is a visual portrayal of how the various channels will be used to reach the strategy’s objectives.



## Annex 2: Life Stage Approach Model



### **Annex 3: Oblast Selection Committee Meeting Protocol – March 26, 2012**

#### **Committee responsibilities and objectives**

The Oblast Selection Committee responsibility is to provide concrete suggestions for “Healthy Women of Ukraine Program” (HWUP) 12 administrative units (11 oblasts and the city of Kyiv—henceforth referred to as “12 Oblasts”) prioritization and roll-out, following a three-step process:

- *Step 1* – Validating the results of the Desk Review undertaken by HWUP based on quantitative and qualitative indicators demonstrating oblasts need and commitment;
- *Step 2* – Reviewing and scoring oblast partner proposals based on the listed criteria;
- *Step 3* – Using guidance from HWUP, prioritize oblast annual integration into HWUP based upon the results of the desk review and of the oblasts proposals.

#### **Members participating at the meeting**

*Dr. Valentina Kolomeichuck*, Deputy Director of Maternal, Childcare and Sanatoria Treatment Department / Head of Obstetrician-Gynecology Unit, Ministry of Health (MOH)

*Ms. Oksana Dyvushchak*, Deputy Head of Department of Social Protection of Families, MOSP

*Dr. Galina Maistruk*, Board Chair, Women’s Health and Family Planning Foundation (WH&FP)

*Dr. Pavlo Zamostian*, Assistant Representative, United Nations Fund for Population Activities (UNFPA)

*Dr. Nadiya Salo*, Deputy Director/Clinical Training Specialist, HWUP/JSI

*Ms. Natalia Karbowska*, Deputy Director/BCC Specialist, HWUP/JSI

The Committee members were provided before the meeting with a copy of the Desk Review report. In the beginning of the meeting, Natalia Karbowska and Nadiya Salo briefly presented the main points of the Desk Review report and ranking process, as follows:

- The Review was undertaken as a foundation for prioritization of 12 Oblasts phased integration into USAID’s HWUP. The Review included quantitative and qualitative data collection and analysis of several, relevant public health indicators and of the operational environment in the targeted oblasts.
- In total, oblast performance was measured against six indicators that were considered to best represent oblast need and demonstrated commitment in the FP/RH sector. The need was measured by indicators such as abortion rate, contraceptive use rate (in public and private sectors), and coverage with health professionals. The commitment was measured through past local expenditures for FP/RH within the State Program Reproductive Health of the Nation (SPRHN), participation in the National Project “New Life”, and potential support by local stakeholders (such as local governments, NGOs, academic institutions, service providers’ capacity, etc.) The oblast level results of the data analysis were scored by an overall scale of 100 – with 100 representing the highest possible need/commitment and 0 representing the lowest possible need/commitment. Through the commitment indicators, the Review aimed at identifying the differences in oblasts interest (e.g. past FP/RH expenditures, support from local stakeholders) and willingness (e.g. participation in the “New Life” project) to work within HWUP.

Rank	Oblast	Score
1	Zhytomyr	74.5
2	Kherson	74.4
3	Kirovohrad	66.7
4	Luhansk	66.6
5	Ternopil	63.2
6	Zakarpattya	54.1
7	Kyiv Oblast	53.3
8	Chernihiv	53.1
9	Chernivtsi	52.9
10	Mykolaiv	50.1
11	Sumy	50.0
12	Kyiv City	44.4

#### **Committee conclusions and recommendations**

The committee members reviewed and discussed the results of the Desk Review report prepared by JSI/WHUP, including detailed oblast scoring. The oblast by oblast analysis and scoring was considered correct and the review ranking, both general and by geographical areas, was validated by the members of the committee. Significant discussions were held around the oblast capacity and commitment to work with HWUP in relation

with the SPRHN as well as demonstrated willingness to cooperate with other international projects and national and local Ukrainian NGOs.

In addition, the committee members provided recommendations on organizing the work with NGOs at the oblast level. These includes providing capacity building support (especially in fundraising and sustainability) and technical assistance to local NGOs; organizing the NGOs selection in several steps (initial steps will include capacity building); promoting networking and cooperation; and maintaining a long term relationships with grantees (continuing partnerships that proved to be effective and successful for longer than one year).

. These recommendations will be taken into account while developing the concept of the call for proposals for oblast level NGOs.

The following key recommendations for HWUP roll-out in 12 Oblasts were agreed by committee members:

1. Simplify the selection process, by merging the steps one and three of the roll-out prioritization process (presented above). It is the Committee opinion that steps one and three can be merged, as there is sufficient information and analysis within the Review to prioritize now the 12 Oblasts annual integration. The Committee members consider that Review analysis includes a limited competition process because it ranks the oblasts against a pre-defined standard, by using both quantitative and qualitative data. Therefore, the Review provides enough information for a roll-out decision to be made at this stage of the project. This conclusion is supported by the fact that the HWUP aims to be focused in these 12 Oblasts, so the rest of (formerly Tfh-assisted) oblast will be only reached through national level activities, and the real question to answer is: when the 12 oblasts may start working with HWUP? In addition, given the numerous competing priorities and the need for coordination at all levels, the committee recommends that the current second step of the selection process to become less complicated and to be done after the merged step 1 & 3;
2. While reviewing the indicators for Kherson and Kirovograd oblasts Committee members discussed that the two oblasts received close rankings with only 7,7 difference, they belong to the same geographic cluster and have a lot of similarities (confirmed by HWUP desk review). Given that FP/RH activities in Kirovograd oblast already started in 2011 by UNFPA in cooperation with USAID Tfh, and local partnerships have been already established, a recommendation was made to start activities in Kirovograd oblast in Year 1 and in Kherson oblast in Year 2. Therefore, the Committee recommends that HWUP adopt and use the following roll-out schedule for phased integration of 12 Oblasts during the Years 1-3:

Year 1	Score	Year 2	Score	Year 3	Score
Zhytomyr	74.5	Kherson	74.4	Chernihiv	53.1
Kirovograd	66.7	Kyiv Oblast	53.3	Mykolaiv	50.1
Luhansk	66.6	Zakarpattya	54.1	Chernivtsi	52.9
Ternopil	63.2	Sumy	54.1	Kyiv City	44.4

3. Use a simplified procedure for HWUP most effective start of activities in each of the 12 Oblasts:
  - Consider establishing formal partnerships with the Oblast State Administration, in order to get more support at the oblast level and below;
  - MOH and MOSP should be sending letters to respective authorities in chosen oblasts, informing them about the decision to be included in HWUP and asking to confirm interest in participation in HWUP, present their vision of cooperation with the Program, their potential contribution and how they are planning to sustain HWUP work in the future. In addition, the oblasts will be asked to appoint responsible persons;

HWUP should also send introductory letters to Oblast State Administration, Oblast Health Department and Oblast Department of Social Policy with detailed description of USAID HWUP, clear explanation of roles and responsibilities, as well as coordination procedure.

#### **Annex 4: HWUP Launch and Start-up Featured in Oblast On-line Media**

1. <http://www.kyivpost.com/content/ukraine/in-kirovograd-soul-searching-about-why-so-many-abo.html>
2. <http://uaport.net/uk/news/ua/t/1206/27/3443176>
3. <http://sever.lg.ua/2012-09-13-12-trener-v-z-lugansko-oblast-p-dgotovleno-programoyu-usaid-zdorov-ya-zh-nok-ukra-ni>
4. <http://lypa.te.ua/tag/prohrama-zdorovya-zhinok-ukrajiny/>
5. [http://www.kirovograd.net/shortly/2012/6/13/kirovogradshina\\_pershoyu\\_priyednalasja\\_do\\_programi\\_zdorovja\\_zhinok\\_ukrayini\\_.htm](http://www.kirovograd.net/shortly/2012/6/13/kirovogradshina_pershoyu_priyednalasja_do_programi_zdorovja_zhinok_ukrayini_.htm)
6. <http://poglyad.te.ua/podii/proekt-zdorovya-zhinok-ukrajiny-u-ternopoli-bude-realizovuvatysya-z-usaid/>
7. [http://www.kirovograd.net/shortly/2012/10/19/programa\\_zdorovja\\_zhinok\\_ukrayini\\_zbiraye\\_partneriv.htm](http://www.kirovograd.net/shortly/2012/10/19/programa_zdorovja_zhinok_ukrayini_zbiraye_partneriv.htm)
8. <http://kirovograd.rks.kr.ua/daily/kirovograd/2012/6/12/zdorovya-zhinok/>
9. <http://medibor.com/ua/project/view/the-women-s-health-of-Ukraine/>
10. <http://zik.ua/ua/news/2012/07/11/358210>
11. [http://healthrights.org.ua/index.php?id=19&tx\\_ttnews%5Btt\\_news%5D=1493&cHash=7f2be0b6e4dff2ff4d7ef32718420e49](http://healthrights.org.ua/index.php?id=19&tx_ttnews%5Btt_news%5D=1493&cHash=7f2be0b6e4dff2ff4d7ef32718420e49)
12. <http://www.youtube.com/watch?v=BzIomVAwWvk>
13. [http://www.kmu.gov.ua/control/ru/publish/article?art\\_id=245345330&cat\\_id=244277216](http://www.kmu.gov.ua/control/ru/publish/article?art_id=245345330&cat_id=244277216)
14. <http://tgn.in.ua/camovriaduvannia/medytsyna/9519-prohrama-usaid-zdorov-ia-zhinok-ukrainy-vzhe-diie-v-ternopoli>
15. [http://www.moz.gov.ua/ua/portal/pre\\_20120709\\_2.html](http://www.moz.gov.ua/ua/portal/pre_20120709_2.html)

## Annex 5: List of projects recommended by NGOs Grants Program Committee – Sept., 2012

### KIROVOHRAD OBLAST

Project number	Name of organization, city	Project title	Head of the project	Project summary	Project Budget
4-2012-KR	Kirovograd oblast information service on women's issues, Kirovohrad city	Care about the health of women brings confidence in future	Olena Garashchenko	The project will use the network of libraries-members of Bibliomist project in rayon centers of Kirovohrad oblast as a resource platform for distribution the information on FP and RH. The libraries in 7 pilot rayons will work with local NGOs and activists, train volunteers, conduct events for population and organize on-going distribution of information in communities through libraries.	39,340 UAH
6-2012-KR	Novoukrainka NGO "Press Club of Reforms", Kirovohrad city	Health of women of Kirovohrad oblast	Olha Gridneva	Project envisages distributing of information about FP and RH through mass media of Kirovohrad oblast. Among the materials/programs that will be developed are: talk show on oblast TV channel with participation of officials and medical workers, publishing articles in oblast media, facilitating internet discussions and forums on FP/RH with participation of experts. organizing seminars on on-going discussions about FP and RH for journalists-members of the press-club.	33,040 UAH

### LUHANSK OBLAST

Project number	Name of organization, city	Project title	Head of the project	Project summary	Project Budget
8-2012-LG	Luhansk branch of "League of social workers of Ukraine", Luhansk city	Happiness should be desired	Artur Tsyhan	In cooperation with Luhansk oblast Center of social services for family, children and youth the "League of social workers" will organize a series of informational events on FP and RH for population of 5 rayons of Luhansk oblast.	39,000 UAH
14-2012-LG	Charitable Foundation "Svitlo serdtsia" ("Light of Heart"), Luhansk city	Love + planning = desired children!	Hanna Nyzkodubova	The project will work in 10 rayons of Luhansk oblast on raising awareness of young people about FP and RH. Interactive games, contests, informational events will be organized for more than 1,500 participants. In addition, it is planned to conduct contest of wall newspapers on FP and RH among 150 high schools and vocational schools of Luhansk oblast.	35,414 UAH

**TERNOPIL OBLAST**

<b>Project number</b>	<b>Name of organization, city</b>	<b>Project title</b>	<b>Head of the project</b>	<b>Project summary</b>	<b>Project Budget</b>
16-2012-TE	Ternopil City Women's Club "Vidrodzhennya Natsii" "Renaissance of the Nation")	"Ask me what family planning means?"	Zoryana Filiuk	The project will work with young people in 3 pilot rayons of Ternopil oblast. The activities will include informational events for students, interactive games, work with volunteers. All events will include counseling by health provider trained by HWUP program.	20,000 UAH
19-2012-TE	NGO "Yednannya" ("Unity"), Ternopil city	Health of Ukrainian women	Halyna Drychuk	Project envisages a number of activities for target population in 3 rayons of Ternopil oblast (the ones that are not covered by the other project). Among the activities – work with mass media, conducting informational events, contests of essays, debates, placing of social advertisement in local media.	20,000 UAH

**ZHYTOMYR OBLAST**

<b>Project number</b>	<b>Name of organization, city</b>	<b>Project title</b>	<b>Head of the project</b>	<b>Project summary</b>	<b>Project Budget</b>
1-2012-ZT	Zhytomyr oblast youth NGO "Suchasny Format" ("Modern Format"), Zhytomyr city	Informational and educational campaign on FP/RH in Zhytomyr oblast	Zhanna Solovyova	Project envisages drawing attention of Zhytomyr oblast population, particularly youth to the issues of FP/RH. Informational campaign for youth, mostly students, will be conducted in rayon centers of Zhytomyr oblast. The campaign will include distribution of IEC materials, interactive games, development of informational stands on FP and RH in higher educational institutions and vocational schools throughout Zhytomyr oblast.	34,150 UAH

## Annex 6: WH&FP Capacity Building Plan Implementation – OCA, April 19-23, 2012

	Year 1 activities
	Year 2 activities
	Year 3 activities

Section	Issue	Action	Person Responsible	TA/Support Desired <sup>7</sup>	Priority Level	Timeline Date mm/dd/yyyy
<b>GOVERNANCE</b> Organizational Structure	Organogram does not reflect reporting relationships or functions between staff/departments	Develop revised organogram illustrating reporting/coordinating relationships	Executive Director		<b>Fulfilled</b>	5/31/2012
Organizational Structure	Board membership requires expansion or revision to better reflect technical areas of the organization	Recruit board member with experience in health education and/or awareness raising	Board Chair		H	12/31/2012
Organizational Structure	Board membership requires expansion or revision to better reflect all key directions of WHFP work	Recruit board member with experience or connections with media	Board Chair		H	12/31/2013
Organizational Structure	Board membership requires participation of youth representatives as key target audience	Recruit youth to board	Board Chair		H	12/31/2012
Legal Status	WH&FP has no experience with VAT requirements under USAID	Obtain guidance from JSI on VAT exception	Finance Manager	JSI to provide guidance.	<b>Fulfilled</b>	6/15/2012
Succession Planning	Risk to the organization because of only one financial signatory (Board Chair)	Identify additional signatory to sign financial documents in absence of Board Chair	Board Chair		M	12/31/2013
Succession Planning	The financial signatory is regulated by WHFP constitution.	Change constitution to allow for additional financial signatory	Board Chair		M	12/31/2013
Succession Planning	No documented succession plan	Develop a succession plan	Board Chair	JSI to provide example	M	11/30/2012
<b>ADMINISTRATION</b> Operational Policies &	No documented transportation guidelines	Develop transportation guidelines and include in operational policies	Communications Manager	JSI to provide examples and review	<b>Fulfilled</b>	11/30/2012

<sup>7</sup> The WH&FP Capacity Building Plan is a living document that will be reviewed and updated regularly to determine if additional TA assistance is needed and its timelines. Some support may be needed from JSI or others beyond the listed timeline.

Section	Issue	Action	Person Responsible	TA/Support Desired <sup>7</sup>	Priority Level	Timeline Date mm/dd/yyyy
Procedures						
Operational Policies & Procedures	No consultant hiring guidelines	Develop consultant hiring guidelines and include in operational policies	Communications Manager	JSI to provide examples and review	<b>Fulfilled</b>	11/30/2012
Operational Policies & Procedures	No documented advance and reconciliation policy	Develop advance and reconciliation policy and include in operational policies	Finance Manager	JSI to provide examples and review	<b>Fulfilled</b>	11/30/2012
Operational Policies & Procedures	Although no personal advances given, not documented in operational policies	Add clause to operational policies stating that no personal advances are allowed	Finance Manager	JSI to provide examples and review	<b>Fulfilled</b>	11/30/2012
Travel policies and procedures	Travel policies exist but not checked for compliance with USAID	Review travel policies for compliance with USAID	Finance Manager	JSI to review	<b>Fulfilled</b>	11/30/2012
Procurement	No written procurement policies, which is a requirement of USAID	Develop written procurement policies to comply with USAID	Finance Manager	JSI to review	<b>Fulfilled</b>	11/30/2012
Fixed Assets Control	No written fixed asset policy, which is a requirement of USAID	Develop written fixed asset policy to comply with USAID	Finance Manager	JSI to review	H	11/30/2012
Branding and Marking	No organizational branding and marking policy	Develop organizational branding and marking policy	Communications Manager		<b>In process</b>	11/30/2012
HRM Job Descriptions	Interns and Volunteers do not always have job descriptions	Develop job descriptions for interns and volunteers	Program Managers (IPPF, Breast Cancer)		<b>Fulfilled</b>	7/31/2012
Job Descriptions	Job descriptions not regularly reviewed	Institute documented system of job description review (as part of annual appraisal process)	Executive Director	JSI to provide TA	<b>Fulfilled</b>	11/30/2012
Recruiting and retention	No documented recruiting guidelines	Develop documented recruiting guidelines	Executive Director	JSI to review draft and provide guidance	<b>Fulfilled</b>	11/30/2012
Recruiting and retention	No exit interview protocols	Develop exit interview protocols, including system to document findings	Executive Director		<b>Fulfilled</b>	11/30/2012
Staff Salaries and Benefits	Salary guidelines not included in personnel policies	Document salary guidelines and include in personnel policies	Executive Director	JSI to review and provide guidance	<b>Fulfilled</b>	11/30/2012
Staff Performance Management	No documented performance appraisal process	Develop performance appraisal process for all staff and include in personnel policies	Executive Director	JSI to provide examples and review process	<b>Fulfilled</b>	11/30/2012

Section	Issue	Action	Person Responsible	TA/Support Desired <sup>7</sup>	Priority Level	Timeline Date mm/dd/yyyy
Staff Performance Management	Grievance and disciplinary procedures not included in personnel policies	Develop grievance and disciplinary procedures and include in personnel policies	Communications Manager	JSI to provide examples and review draft procedures	<b>Fulfilled</b>	11/30/2012
Staff Performance Management	Staff do not sign off on personnel policies indicating acknowledgement and intended adherence	Develop letter for all staff to sign indicating acknowledgement and intended adherence to personnel policies, and have staff sign	Communications Manager	JSI to provide sample letter	H	11/30/2012
Personnel Policies	Staff have not signed drug-free workplace policy, as required by USAID	Have all staff sign drug-free workplace policy form	Communications Manager	JSI to provide policy for distribution to staff	<b>Fulfilled</b>	5/31/2012
Staff Time Management	No timesheet in place for HWUP project	Develop timesheet template for USAID project and orient staff on its use	Finance Manager	JSI to provide sample and review draft	<b>Fulfilled</b>	5/31/2012
Staff Professional and Salary History Documentation	No documented procedures for checking salary histories of potential new staff	Develop procedures for checking salary history of prospective staff	Administrative Manager	JSI to provide USAID biodata form	<b>Fulfilled</b>	11/30/2012
Staff Performance Management	No documented probation policy for new staff	Develop probation policy for new staff, to include performance appraisal at conclusion off probation period	Executive Director	JSI to provide examples and review draft procedures	<b>Fulfilled</b>	11/30/2012
<b>FINANCIAL MANAGEMENT</b> Financial Systems	No USAID compliant Finance Manual	Develop finance manual in compliance with USAID	Finance Manager	JSI to review for compliance and completeness	<b>Fulfilled</b>	11/30/2012
Financial Documentation	No documented process for managing financial documentation	Develop written process for managing financial documentation	Finance Manager	JSI to provide example and review draft	<b>Fulfilled</b>	11/30/2012
<b>ORGANIZATIONAL MANAGEMENT</b> Strategic Planning	No Strategic Plan	Develop a strategic plan	Board Chair	JSI to provide TA	H	03/31/2013
Workplan Development	Project has just commenced, no guidance on how to operationalize the workplan for HWUP	Obtain guidance from JSI on operationalizing the workplan	Board Chair Project Manager	JSI to provide guidance	<b>Fulfilled</b>	05/31/2012

Section	Issue	Action	Person Responsible	TA/Support Desired <sup>7</sup>	Priority Level	Timeline Date mm/dd/yyyy
<b>PROGRAM MANAGEMENT</b> Compliance with Funding Sources	WH&FP does not have copies of standard provisions and A122 cost principles	Obtain copies of standard provisions and A122 cost principles and ensure compliance	Finance Manager	JSI to provide	<b>Fulfilled</b>	5/31/2012
Compliance with Funding Sources	Certifications of compliance with USAID rules and regs for compliance not signed	Obtain copies of all certifications required under USAID agreements and sign	Finance Manager	JSI to provide copies of all certifications	<b>Fulfilled</b>	4/30/2012
Technical Reporting	WH&FP does not have database in place for monitoring purposes of HWUP	Develop database for USAID project	Project Manager	JSI to provide guidance	<b>In process (will be finalized after M&amp;E training)</b>	9/30/2012
Technical Reporting	WH&FP not familiar with USAID success story format	Get USAID success story guidelines	Communications Manager	JSI to provide guidelines and orientation	<b>Fulfilled</b>	5/15/2012
<b>PROJECT PERFORMANCE MANAGEMENT</b> Standards	No written quality standards for BCC and advocacy programs	Develop written quality standards for BCC and media component of advocacy programs	Project Manager	JSI to provide technical assistance	<b>In process</b>	11/30/2012
Supportive Supervision	No supervision plan documented	Develop written supervision plan	Administrative Manager	JSI to provide technical assistance	<b>Fulfilled</b>	11/30/2012
Supportive Supervision	Supervisors do not always use checklists/tools when supervising staff	Develop supervision checklists/tools for all supervisory functions	Administrative Manager	JSI to provide technical assistance	<b>Fulfilled</b>	11/30/2012
Data Collection	WH&FP does not have quality improvement approaches documented	Develop quality improvement strategies for HWUP	Project Manager	JSI to provide guidance and resources on QI	M	12/31/2012
Data Quality Assurance & Improvement (QA&I)	WH&FP does not yet have documented data collection procedures	Develop documented data collection procedures for HWUP	Project Manager	JSI to provide guidance	H	6/30/2013
Data Use for Decision Making	No documented QA&I system	Develop documented QA&I system	Project Manager	JSI to provide guidance	H	6/30/2013
Management Information System (MIS)	No triangulation of data to ensure accuracy for decision making purposes	Identify strategies/sources for triangulation of data under HWUP	Project Manager	JSI to provide guidance	H	12/31/2012

Section	Issue	Action	Person Responsible	TA/Support Desired <sup>7</sup>	Priority Level	Timeline Date mm/dd/yyyy
<b>ORGANIZATIONAL STRATEGY</b> BCC/IEC	No Management Information System (MIS) developed for HWUP	Develop MIS for HWUP	Project Manager	JSI to provide guidance	H	6/30/2013
Training	BCC/IEC activities not always evaluated for effectiveness	Develop improved strategies for evaluating effectiveness of BCC/IEC activities	Project Manager	JSI to provide TA	M	12/31/2012
Policy/Advocacy	Training activities not always monitored to ensure learning applied effectively	Develop improved strategies for monitoring trainings to ensure learning applied effectively	Program Managers (IPPF, Breast Cancer)	JSI to provide TA	M	12/31/2012
<b>COMPLIANCE WITH USAID ON FP AND ABORTION</b>	Not all staff adequately trained on advocacy for reproductive health	Train all staff on communication on reproductive health as part of advocacy approach	Communications Manager	JSI to provide TA	H	12/31/2012
	No documented procedures for compliance with USAID on FP and abortion	Develop documented procedures to ensure compliance with USAID requirements on FP and abortion	Board Chair	JSI to provide technical assistance	<b>Fulfilled</b>	7/31/2012
	Not all staff members are trained on procedures to ensure compliance with USAID on FP and abortion	Train staff on procedures to ensure compliance with USAID on FP and abortion	Board Chair	JSI to provide technical assistance	<b>Fulfilled</b>	7/31/2012
	No documented monitoring system to ensure that requirements of USAID on FP and abortion are met	Establish a monitoring system to ensure that requirements of USAID on FP and abortion are met	Board Chair	JSI to provide technical assistance	<b>Fulfilled</b>	7/31/2012
	No separate document compliance with USAID requirements on FP and abortion (signed as a part of sub-agreement only)	Document compliance with USAID requirements on FP and abortion	Board Chair	JSI to provide technical assistance	<b>Fulfilled</b>	7/31/2012
	Organization:	WHFP Board Chair - Galina Mastruk				
		WHFP Executive Director - Vladimir Bannikov				
		WHFP Administrative Director - Anzhela Maznova				
		WHFP Financial Manager - Natalia Klymoshenko				
		WHFP Project Manager - Irina Skorbun				
		WHFP Communication Manager - Olena Panchenko				
		WHFP Program Manager- Tetiana Slobodian				
		WHFP IT Manager - Andriy Solovyov				

## **Annex 7: Key FP/RH Messages Included in the National Communication Strategy**

Using the life stage approach to promote the use of modern contraceptives, the strategy will work through the following four themes and key messages:

1. Promote the benefits of family planning methods in order to improve attitudes about family planning and contraception;
  - a. Unintended pregnancy can be prevented by using a modern contraceptive method correctly
  - b. You can now choose from many methods that are safe to use for many years.
2. Promote the benefits of condoms to prevent unintended pregnancy and HIV in order to increase its subsequent use as a FP method;
  - a. Protect your future (by preventing unintended pregnancies and STIs/HIV/AIDS)
  - b. Condom is an easy way to keep your life and health safe
  - c. Condoms are part of modern living for men and women
3. Promote the benefits of various hormonal contraceptive methods in order to dispel myths about them and increase their use;
  - a. Hormonal contraceptives are safe to use for many years;
  - b. Contraceptive pills are safe and highly effective to prevent unintended pregnancy.
  - c. Newest contraceptive pills contain small doses of active ingredients and have negligible side effects.
4. Increase demand for FP/RH information and services by advertising the newly available communication channels and service delivery points that offer general FP information, FP counseling and contraception services.
  - a. Ask your doctor to help you chose the best method for you
  - b. You can ask professionals for advice – we have a range of reliable sources of information for you, e.g. website, hotline, health providers, etc.

## Annex 8: SPRHN Financial Implementation in 2011: Approved Budgets; GOU Allocations and Actual Expenditures

State Program "Reproductive Health of the Nation" (budget in UAH thousands)	2011 authorization (from originally approved Program)	2011 Approved Budget	2011 Amount of money given by The State Treasury	2011 Actual Expenditures due to tenders results	Percentage Execution
Procurement, storage, insurance and delivery of test systems for TORCH infection and other STI screening among populations at risk	11,000.00	7,000.00	5,888.90	5,721.12	97.15%
Procurement, storage, insurance and delivery of drugs for treatment of respiratory disorders in newborns (including equipment for neonatal care)	6,809.00	13,196.50	8,617.70	8,522.57	98.90%
Procurement, storage, insurance and delivery of Anti-Rh immunoglobulin for prevention of hemolytic disorders in newborns	1,942.20	2,074.30	2,074.30	1,730.10	83.41%
Procurement, storage, insurance and delivery of drugs for emergency obstetric hemorrhage	10,375.00	10,489.40	8,542.50	8,488.18	99.36%
Procurement, storage, insurance and delivery of contraceptives	1,305.50	1,305.50	1,237.50	1,088.50	87.96%
Other activities	2,101.50				
<b>Total (UAH thousands)</b>	<b>33,533.20</b>	<b>34,065.70</b>	<b>26,360.90</b>	<b>25,550.47</b>	<b>96.93%</b>

**Annex 9: USAID-Donated Contraceptives Distribution: Oct. 2010 – Sept. 2012**

Oblasts/Region	Microgynon		IUDs		Depo-Provera	
	Delivered	Distributed	Delivered	Distributed	Delivered	Distributed
AR Crimea	115200	66591	24000	7813	3600	2220
Cherkasy	64800	31727	12000	3723	2400	1374
Dnipropetrovsk	207360	142422	43500	22781	7600	5595
Donetsk	218880	152250	45000	39201	8000	6078
Ivano-Frankivsk	103680	38469	13500	4927	3200	1365
Kharkiv	172800	102024	27000	8321	5200	3023
Khmelnysky	80640	58721	13500	5057	2400	1584
Lviv	149760	84721	21000	5995	4800	2619
Odessa	138240	77148	21000	8654	4400	3074
Poltava	80640	41697	15000	3591	3200	1630
Rivne	69120	21456	12000	3296	2400	985
Sevastopol	26640	9315	7200	716	800	641
Vinnytsya	103680	70394	15000	4840	3200	2070
Volyn	69120	57706	9000	4689	2000	1769
Zaporizhya	103680	57829	6000	2253	3600	2152
Kyiv City	82080	52456	3300	1881	800	654
<b>Total</b>	<b>1786320</b>	<b>1064926</b>	<b>288000</b>	<b>127738</b>	<b>57600</b>	<b>36833</b>

## **Annex 10: Review of reference manuals on safe medical waste disposal for contraceptives**

1. HWUP extensive inquiries to other bilateral or centrally funded FP projects regarding the mentioning of waste disposal and environmental protection in contraceptive IEC materials resulted in 0 examples. We didn't come across any example of FP IEC materials for general public that incorporates such specific messages or language;

2. According with the publication *Guide to Health Care Waste Management for the Community Health Worker* (USAID | DELIVER PROJECT, Task Order 4. 2011. *Guide to Health Care Waste Management for the Community Health Worker*. Arlington, Va.), medicines and its packaging are classified as Non-infectious hazardous waste (medicines) and as Non-hazardous general waste. Page 12 and 13 in this publication explains in extensor the recommended disposal of pharmaceuticals and their packaging, as follows: "Most pharmaceuticals (drugs or medicines) become less effective after their expiry date; under most circumstances, they are not toxic and are relatively harmless to the environment if disposed of properly. However, there are a few pharmaceuticals that do become toxic when they expire (tetracycline), or are toxic originally (antineoplastics-cancer medicines)—NB: this is not our case; dispose of them with caution. Whenever possible, return expired or damaged medicines to their source for proper disposal. Keep them in a secure place to prevent the products from being diverted into unofficial markets for resale. Dispose of these products in the following ways: Collect in a brown bin or bag, if available. Store in a secure, safe place, out of the reach of children and stray animals. Return as much of the pharmaceutical waste to the supplier as possible. If only a small amount is involved (1% or less of the general waste) —Remove the medicine from the container or blister pack and mix with something that will hide the medicine or make it unappealing, such as used coffee grounds or dirt; place the mixture in a container, such as a sealed plastic bag, and place the container in the general waste bin."

"Non-hazardous general waste (e.g., packaging, desiccant, and bufer) is regular solid household waste. It does not require any special processing; it can be collected using a bin, plastic bag, or other collection device (e.g., cardboard box). Recycle, reuse, or compost as much of the general waste as possible. Collect in leak-proof black bags or bins with a lid, if they are available."

3. The publication *Family Planning: A Global Handbook for Providers (2011 update)*, published by WHO/RHR and Johns Hopkins Bloomberg School of Public Health/CCP, with support from USAID, provides brief waste disposal information only for a couple of methods. For example, no specific waste disposal information are included for majority of contraceptive methods (such as COCs, POPs, ECs, implants, spermicides, ring, patch, implants, etc...). Some other methods includes a more detailed description of safe disposal of needles and injection (in case of injectable) or infection prevention procedures (in case of IUDs). Condoms specify: "for condoms: Dispose of the used condom safely. Wrap the condom in its package and put in the rubbish or latrine. Do not put the condom into a flush toilet, as it can cause problems with plumbing". Given that injectable and IUDs are inserted under medical professional supervision in health facility, is the health professional/facility responsibility to follow the safe waste disposal procedures—therefore this information is not for the client, but for the health professionals as part of the clinical training. All other methods can follow regular waste disposal procedures as described at point 2 above.

4. The *WHO publication Management of solid health-care waste at primary health-care centres: a decision-making guide (2005)*, includes pharmaceuticals (excepting needles) in the category of Non-infectious waste. At page 2 it explains that "Non-infectious wastes may include materials that have not been in contact with patients such as paper and plastic packaging, metal, glass or other wastes which are similar to household wastes"

***To conclude, all the contraceptive methods (and their packaging) that are handled by clients individually, outside of health facilities, are classified as non-infectious or non-hazardous medical waste, for which the guidance is to be disposed similarly with general household waste and be placed in a general waste bin, plastic bag, or any other collection device, as available.***

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