

Population Services International (PSI)
Support for International Family Planning and Health
Organizations 2: Sustainable Networks (SIFPO2)
April 2014 – December 2020

SIFPO2 Year Six Annual Report (Jan 2021 resubmission)
October 1, 2019 to September 30, 2020
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ACRONYMS

ABMS	Association Béninoise pour le Marketing Social et la Communication pour la Santé
AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent girls and young women
AHF	AIDS Healthcare Foundation
ART	Anti-retroviral treatment
AYSRH	Adolescent and youth sexual and reproductive health
C4C	Counseling for Choice
CBD	Community-based distribution
CEFM	Child, Early and Forced Marriage
CHW	Community health worker
CMS	Central Medical Stores
COVID-19	Coronavirus disease 2019
CwS	Connecting with Sara
CYP	Couple-years of protection against unintended pregnancy
DCO	Demand Creation Officer
DHIS2	District Health Information System 2
DMPA-SC	Depo-Medroxyprogesterone Acetate – sub-cutaneous
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
ECP	Emergency contraceptive pills
EECO	Expanding Effective Contraception Options
EHM	Every Hour Matters
EPI	Extended Program of Immunizations
ESC	English Speaking Caribbean
FP	Voluntary family planning
FP/RH	Voluntary family planning and reproductive health
GBV	Gender-based violence
GoG	Government of Ghana
HIV	Human Immunodeficiency Virus
HIVST	HIV self-testing
HNQIS	Health Network Quality Improvement System
HPV	Human Papilloma Virus
HTS	HIV testing services
ICRW	International Center for Research on Women
IP	Implementing partner
IPC	Interpersonal communication
IRB	Institutional Review Board
IUD	Intrauterine device
IUS	Intrauterine system
KP	Key populations
LARCs	Long-acting reversible contraceptive
M&E	Monitoring and evaluation
MCH	Maternal and child health
MCV2	Measles-containing vaccine second-dose
MoG	Ministry of Gender
MoH	Ministry of Health
NGO	Non-governmental organization
NHIA	National Health Insurance Authority
OCP	Oral contraceptive pill
PEPFAR	President’s Emergency Plan for AIDS Relief

PHC	Primary Health Care
PM	Permanent method
PPIUD	Post-partum intrauterine device
PRH	Population and Reproductive Health
PSI	Population Services International
PSZ	Pharmaceuticals Society of Zambia
QA	Quality assurance
QoC	Quality of Care
R4D	Results for Development
SBC	Social and behavior change
SBCC	Social and behavior change communication
SFH	Society for Family Health
SIFPO2	Support for International Family Planning and Health Organizations
SOP	Standard operating procedure
SPIRES	Stanford Program for International Reproductive Education and Services
STI	Sexually transmitted infections
TA	Technical assistance
TFHO	Total Family Health Organization
TMA	Total market approach
TWG	Technical working group
UiO	University of Oslo
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USSD	Unstructured Supplementary Service Data
VMMC	Voluntary male medical circumcision
WASH	Water sanitation and hygiene
WHO	World Health Organization
YFHS	Youth-friendly health services

SIFPO2 YEAR SIX OVERVIEW

OCTOBER 2019 – SEPTEMBER 2020

The Support for International Family Planning and Health Organizations 2: Sustainable Networks (SIFPO2) project is a cooperative agreement implemented by Population Services International (PSI) and partners: The Stanford Program for International Reproductive Education and Services (SPIRES), the International Center for Research on Women (ICRW), Results for Development (R4D), and PharmAccess.

The SIFPO2 project works to strengthen PSI's organizational capacity to deliver high quality voluntary family planning and reproductive health (FP/RH) services (Result area 1) and increase sustainability of country-level voluntary family planning (FP) and other health areas (Result area 2).

The first half of Year 6 focused extensively on the sustainability of voluntary FP outcomes generated by project activities to date - and on the knowledge synthesis and dissemination of achievements and lessons learned in Years 1-5. The second half of the Year 6 was initially driven toward consolidating lessons learned and cross-platform and inter-institutional sharing. However, as the coronavirus disease 2019 (COVID-19) pandemic began to affect these plans, some country workplans required adaptation and, in certain cases, the suspension of some planned activities.

The following highlights provide illustrative examples of progress in Year 6.

This year, PSI worked to expand method choice by improving access in several countries to both long- and short-acting methods of contraception, within the context of informed choice. Access to Depo-Medroxyprogesterone Acetate – sub-cutaneous (DMPA-SC) has expanded in Zambia, Benin and Malawi, including pilot introductions with self-injection. Similarly, an important study was completed in Zimbabwe and Nigeria to address evidence gaps around the hormonal IUS. Results from initial efforts to introduce this method through the private sector have been embraced by Ministries of Health in both countries and plans for continued national expansion through both private and public sector channels are moving forward. In another example of PSI's efforts to expand method choice, a suite of tools was developed, including a digital counseling tool, supportive of the Counseling for Choice (C4C) approach, to address common reasons for FP dissatisfaction and discontinuation – the early results of a study of C4C show promise in terms of supporting clients in making informed decisions about method choice and improved overall counseling experience.

Several consumer and workforce-facing digital health tools have continued to evolve or become operational at scale during the reporting period. Leveraging lessons from earlier iterations of the 'Connecting with Sara' tool, developed over years with SIFPO2 support, PSI has expanded both on-line and offline capable digital platforms to engage FP users and potential clients in Tanzania, Mozambique, Zimbabwe, and across Central America.

Also, in Year 6, PSI continued to improve the effectiveness, efficiency, and scale of Quality Assurance (QA) and Quality Improvement (QI) investments, with further enhancements to the Health Network Quality Improvement System (HNQIS). Two HNQIS modules, built entirely upon the DHIS2 platform, are now freely available for download and adaptation by any public or private entity across the globe. A Quality-of-Care Framework for self-care, developed collaboratively

through a sector wide consortium of implementing partners and donors invested in advancing self-care, was field tested in Malawi.

These highlights reflect the catalytic impact of support PSI has been able to deliver through the SIFPO2 mechanism in support of high-quality voluntary FP programming in countries around the world. As SIFPO2 ends this final phase, PSI will continue to emphasize institutionalization, sustainability, and country ownership of the many achievements and outcomes made possible through this support. PSI thanks the United States Agency for International Development (USAID) for its vision, leadership, and support over the course of the SIFPO2 project.

FY2020 SUMMARY EXPENSES

Result Area	Expenditures through March 31, 2020	Expenditures Current Period (April 1, 2020- September 30, 2020)*	Total Expenditures
Result 1: Strengthen the capacity of PSI's network of members to deliver high-quality FP and other health services to target groups	\$9,209,212	\$467,856	\$9,677,068
Result 2: Increase the sustainability of country level FP and other health programs	\$7,163,896	\$701,784	\$7,865,680
Core workplan subtotal:	\$16,373,108	\$1,169,640	\$17,542,748
Liberia	\$794,247	\$0	\$716,247
Madagascar	\$842,274	\$5,491	\$847,765
Malawi	\$846,744	\$2,213	\$848,957
Mali	\$1,772,566	\$200,985	\$1,973,551
Mozambique	\$657,087	\$175,302	\$832,389
FP Surge Countries subtotal:	\$4,912,917	\$383,991	\$5,218,908
Mozambique retail Panel	\$300,000	\$0	\$300,000
Social Finance	\$220,000	\$0	\$220,000
Core Funds Subtotal:	\$21,806,024.96	\$1,553,631.00	\$23,281,655.96
Benin	\$3,375,603	\$0	\$3,375,603
Cambodia	\$2,433,923	\$0	\$2,433,923
DRC	\$5,899,317	\$0	\$5,899,317
Dominican Republic	\$369,778	\$0	\$369,778
Ghana	\$5,756,655	\$345,091	\$6,101,746
Guatemala	\$4,386,796	\$0	\$4,386,796
Liberia*	\$78,000	\$0	\$78,000
Malawi **	\$26,907,158	\$330,091	\$27,237,249
Niger	\$11,385	\$321,533	\$332,918
Somalia	\$1,526,398	\$0	\$1,526,398
Swaziland	\$5,267,033	\$238,294	\$5,505,327
Zika	\$3,216,590	\$1,489	\$3,218,079
Zimbabwe	\$2,084,678	\$1,623	\$2,086,301
Zambia	\$462,858	\$374	\$463,232
Field Support Subtotal:	\$61,776,173	\$1,238,495	\$63,014,668
Grand Total	\$83,660,198	\$2,792,126	\$86,452,324
*References \$78,000 in vaccine activity funds			
**Includes CEFM funds			

YEAR SIX ACTIVITIES AND OUTPUTS

RESULT 1: STRENGTHENED ORGANIZATIONAL CAPACITY TO DELIVER HIGH QUALITY FP/RH SERVICES TO INTENDED BENEFICIARIES

SUB-RESULT 1.1 GLOBAL ORGANIZATIONAL SYSTEMS THAT STRENGTHEN FP AND OTHER HEALTH PROGRAM PERFORMANCE IMPROVED, STREAMLINED AND DISSEMINATED

1.1.1 Build and institutionalize a “youth approaches” learning agenda to strengthen PSI’s global capacity to design and implement effective youth-focused programming

Anticipated Year Six outputs:

- A.** Regional learning and dissemination of best practices supported through PSI technical assistance (TA) to at least four Population and Reproductive Health (PRH) priority countries
- B.** TA provided to enable at least one successful youth-friendly health services (YFHS) approach, e.g. peer mobilization or parent classes, replicated and documented
- C.** Journey mapping conducted in Mozambique to inform greater integration of client experiences of quality into program design and delivery, as well as to inform awareness-raising messages for girls and young women in the context of cervical cancer and voluntary FP integration

Year Six progress on outputs (October 2019 to September 2020):

Year 6 has seen SIFPO2 build upon several years of successful youth-oriented approaches for ensuring improved information, access, and uptake of voluntary FP products and services. Year 6 has also provided SIFPO2 with the opportunity to take an inventory of lessons learned and collate contributions to the global community of practice’s knowledge on effective youth approaches.

Over the course of Year 6, SIFPO2 supported targeted TA for youth programming in Cote d’Ivoire, Ghana, Mozambique, Pakistan, and Uganda, led by PSI’s Senior adolescent and youth sexual and reproductive health (AYSRH) Technical Advisor. (1.1.1 A) In the first half of Year 6, this included both in-person and remote support; however, with the onset of COVID-19, support has been remote. This support has included working with country teams to utilize a ‘Youth Playbook’ of collated best practices and improve their data collection of age disaggregated program data to allow for better analysis of reach to young people.

Best practices in social and behavior change (SBC) approaches for young people have been incorporated into SIFPO2’s work in Ghana and Zambia to understand and respond to client preferences and patterns of uptake for emergency contraceptive pills (see activity 1.2.6), given the relative popularity of this method among young and unmarried women. (1.1.1 B)

Unfortunately, as outlined in the Semiannual Report, the planned journey mapping in Mozambique (1.1.C), aimed at better understanding young women’s experiences seeking co-located/ integrated FP and cervical cancer services, has been put on hold permanently due to COVID-19 restrictions, with funds from this activity reallocated to activity 2.2.8 in Zambia, as per the revised workplan of August 2020.

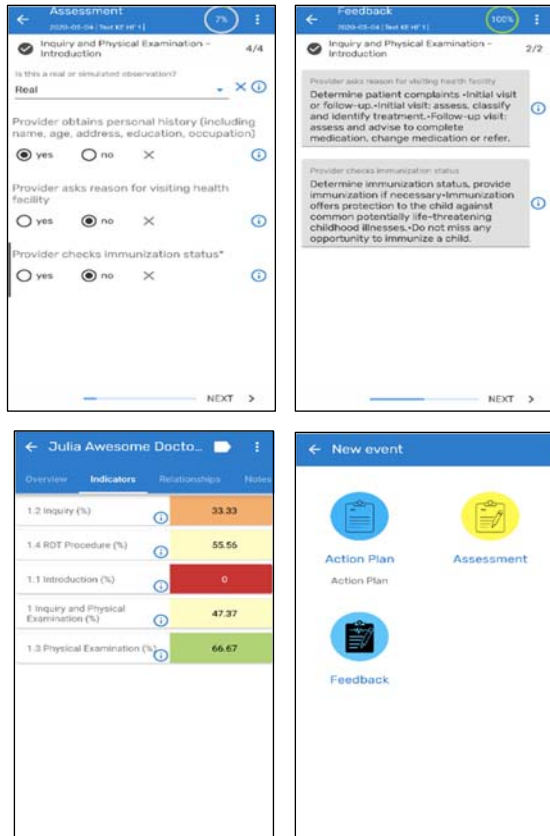


FIGURE 1: SCREENSHOTS FROM THE FIRST PROTOTYPE OF THE OFF-THE-SHELF HNQIS APPLICATION

1.1.2 Continue phased roll out of and enhancements to the HNQIS

Anticipated Year Six outputs:

- A.** At least two modules of HNQIS ready for “off-the-shelf” sharing with other global health stakeholders through the District Health Information System 2 (DHIS2) app store
- B.** Documented improvements in effectiveness and efficiency of QA programs through the use of HNQIS in at least two PRH priority countries

Year Six progress on outputs (October 2019 to September 2020):

Continuing the work started with the University of Oslo (UiO) in March 2019 to make HNQIS open source for use in DHIS2 by other implementing partners and Ministries of Health, in Year 6, PSI developed the first prototype of the next generation of HNQIS. “HNQIS 2.0” is an **out-of-the-box DHIS2 tool that improves efficiencies in quality assurance/ quality improvement (QA/QI) in healthcare**. The ready-to-use DHIS2 tool allows **Quality Assurance Officers (QAOs)** to assess providers’ knowledge and skills in FP and other health service provision, plan supportive supervision visits where and when they are most needed, and monitor quality trends over time. PSI made available

two HNQIS modules (*Assess* and *Improve*) to the UiO’s DHIS2 app store, a significant milestone in the journey to making the HQNIS application available for free to all users worldwide (Figure 1). For voluntary FP services, the *Assess* model evaluates providers’ compliance with counseling and contraception checklists, while the *Improve* module highlights the critical steps missed and gives the supervisor and provider the opportunity to review the rationale for the step and what changes are needed for improvement. In addition, DHIS2 analytics capabilities support health system managers with decision-making by identifying common and recurring gaps in health service provision matched to geographic priority areas. Built entirely in DHIS2 and widely available to use on the UiO’s DHIS2 Android Capture app, HNQIS can be downloaded and adapted by any public or private entity. (1.1.2 A)

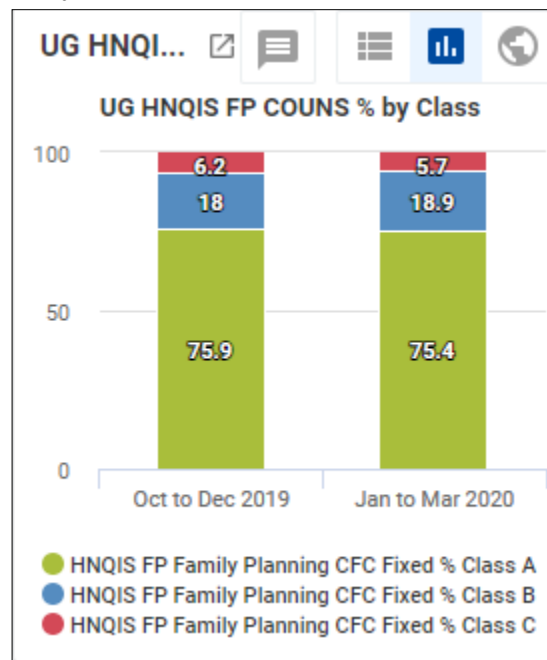


FIGURE 2: VISUALIZATION FROM THE FP STANDARD DASHBOARD: PERCENTAGE OF PSI NETWORK PROVIDERS IN UGANDA THAT SCORED IN THE HIGHEST COMPETENCY CLASS (A) ON THE FP COUNSELING CHECKLIST

In Year 6, PSI also completed and made available to all PSI FP programs globally the standard data dashboard for HNQIS data tracking. This dashboard

includes visualizations (e.g., graphs, bar charts, etc.) of a standard set of quality indicators that all PSI FP programs now use to identify quality of care (QoC) gaps and track trends overtime (e.g., percentage of providers that properly screen clients for medical eligibility; percentage of providers that counsel on side effect management). The launch of the dashboard included a webinar in English and French. After collecting user feedback from FP QA managers, a second version was released, along with a “Data-to-Action Framework” to guide programs on how to use their data for evidenced-based decision making (see Figure 2) (1.1.2 B). One example of how the HNQIS dashboards have enhanced a PSI program is in Uganda, where the QA leadership team now consistently reviews gaps in provider performance utilizing the dashboards and then makes a specific plan for reinforcing skills during subsequent visits. When some providers were failing to properly screen for medical eligibility before a long-acting reversible contraceptive (LARC) insertion, supervisors were tasked with coaching these providers in a follow-up visit and then reassessing their adherence to protocols until their scores in this area improved.

1.1.3 Share and disseminate the results of SIFPO2 research, lessons learned, and best practices

Anticipated Year Six outputs:

- A.** At least three publications finalized and disseminated from SIFPO2-supported research or programmatic initiatives

Year Six progress on outputs (October 2019 to September 2020):

Year 6 of SIFPO2 saw the collation and dissemination of a number of technical learnings, with several further papers in progress for dissemination in the final months of the project (Year 7). These included:

- [Program brief](#): *Transforming Mobile Outreach for Voluntary Family Planning in Rural Niger*.
- Presentation [poster](#) at the Ouagadougou Partnership Meeting in December 2019 and a [webinar](#) through the IBP Initiative in March 2020 to further disseminate the findings from Niger’s mobile outreach activity to the wider FP community.
- [Technical brief](#) written by SIFPO2 partner R4D: “*Achieving Family Planning Coverage Goals in Mixed Health Systems: How to Leverage Sustainable and High-Quality Service Provision in the Private Sector?*” Dissemination is planned for the second half of Year 6.
- [Webinar](#): “*Elevating Quality of Care in Voluntary Family Planning Services*” was organized during this reporting period, although held in October 2020 and cohosted with SHOPS Plus and broadcast by the IBP Network. The webinar was attended by 144 participants.
- [Webinar](#): “*Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access: A Strategic Planning Guide*” held in August 2020 was hosted by Abt Associates and lead by the USAID-convened Task Sharing Technical Working Group. The webinar was broadcasted through the IBP Network and attended by 236 participants.
- LNG-IUS paper produced in partnership with the USAID EECO project: “*Introducing the hormonal Intrauterine System in Madagascar, Nigeria, Zambia, and Zimbabwe: Results from a pilot study*”.
- [QoC Framework for Self-care](#): *A New Quality of Care Framework to Measure and Respond to People’s Experience with Self-Care*.

In addition, several other manuscripts that share results of studies/ technical interventions are in progress in Year 6 and will be disseminated in the final months of the project. These include two papers on C4C and one paper that summarizes the studies/ findings of the Ghana and Zambia emergency contraceptive pills (ECP) research.

SUB-RESULT 1.2 INNOVATIONS, TOOLS, AND APPROACHES FOR DELIVERING FP SERVICES TO INTENDED BENEFICIARIES TESTED, IMPLEMENTED, AND DISSEMINATED

1.2.1 Build global evidence base for Hormonal Intrauterine System (IUS)

Anticipated Year Six outputs:

- A. Study findings written up and submitted to at least one publication outlet/public health journal
- B. Study findings shared with the hormonal IUS community of practice (CoP) in line with their global hormonal IUS research agenda

Year Six progress on outputs (October 2019 to September 2020):

The USAID-convened Hormonal IUS Access Group (formerly the LNG-IUS Technical Working Group (TWG)) collaborates on a shared global learning agenda. Stakeholders, including PSI, commit to growing the body of evidence for the IUS, including exploring barriers to access that have excluded the IUS from developing country markets.

SIFPO2 and another USAID funded global project, Expanding Effective Contraceptive Options (EECO), completed a four-country pilot study, “Introducing the Hormonal Intrauterine System (IUS) in Madagascar, Nigeria, Zambia, and Zimbabwe,” in 2019. The prospective longitudinal study filled a gap in the literature by providing evidence on the profiles of clients who choose the IUS in low-and middle-income countries (LMICs), their reasons for choosing the method, and their continuation and satisfaction with the method after three months of use. The profiles of voluntary IUS users varied based on programmatic context, suggesting that the method can appeal to women regardless of their age, marital status, and parity. The IUS appeared to expand the range of contraceptive options in a meaningful way by offering attributes, such as its side effect profile and bleeding profile, that users did not see in other voluntary FP methods. In all four countries, women reported high rates of satisfaction with the IUS (67-100%) and high rates of continuation at the three-month mark (91-93%). Initial study findings have been used to improve voluntary FP service delivery for clients as well as enhance the global FP community’s understanding of client and provider experiences with IUS service delivery within the context of informed choice. To disseminate the study results, SIFPO2 and EECO submitted a manuscript for peer-review to the journal *Contraception* in 2020 and presented findings during a global technical consultation and in-country meeting (1.2.1 A).

SIFPO2 supported this work in two of the four countries: Nigeria and Zimbabwe, with EECO supporting in the other two. SIFPO2 support included the introduction of the IUS as part of the method mix offered by the Society for Family Health (SFH) Nigeria and PSI/Zimbabwe social franchise networks. The IUS product itself – accessed at the country level through International Contraceptive Access (ICA) Foundation donations – has been met with enthusiasm by clients and providers in both countries. Since the inception of these pilots, over 3,000 women have accessed voluntary IUS services from one of the 40 SFH Nigeria franchise clinics that offer the method as part of a wide range of contraceptive options. In Zimbabwe, 593 women have chosen the method through six participating facilities (service delivery data as of September 2020).

Although SIFPO2 program support has recently concluded in both countries, SFH Nigeria and PSI/Zimbabwe have elected to continue offering IUS services as part of a broad range of methods.

Both teams will continue to work with Ministries of Health (MoH) to ensure continued access to the method for women in their respective countries and look toward the potential for national scale-up. In Nigeria, specifically, SFH has recently placed their first order of the *Avibela* brand hormonal IUS with their own social business funding, demonstrating their commitment to further developing a sustainable market for the IUS in Nigeria. SFH will continue to provide technical support and leadership and is aligning their private sector strategy with the MoH to ensure that their efforts align with broader efforts for scale-up in the public sector.

An important early milestone in scale-up efforts was achieved in Nigeria in February 2020. The MoH convened a two-day hormonal IUS stakeholder workshop in Abuja to share lessons learned across projects and plan for the sustainable scale up of the IUS in Nigeria. The meeting launched the development of a national strategy for broader introductions of the method and brought together policy makers, implementers, suppliers, and donors. The findings from PSI's research and operational learning were integral to these discussions, providing a catalyst for these stakeholders to commit to sustainable scale-up beyond pilot settings. (1.2.1 B)

Though the project is no longer supporting introduction activities in Nigeria and Zimbabwe, the catalytic early investments from SIFPO2 have built a strong foundation from which to grow sustainable access to the method and allowed PSI to contribute to global understanding and learning vital to the successful introduction and scale of IUS in the context of informed choice.

1.2.3 Counseling to improve voluntary FP client choice

Anticipated Year Six outputs:

- A.** Study findings written up and disseminated through submission to at least one public health journal
- B.** Counseling tools and guidance developed and rolled out to PSI social franchisee providers

Year Six progress on outputs (October 2019 to September 2020):

Research has demonstrated a need for evidence-based tools and approaches for contraceptive counseling that place a foremost focus on the individual clients' needs and preferences. Effective counseling must address both the relationship between the client and the provider and the exchange of information between them. Providers should be trained to relay critical and relevant information about method attributes and side effects. The dialogue between the client and provider should be respectful and involve active listening, with the client at the center.

The SIFPO2 project has responded to the need to develop and evaluate counseling approaches that meet these quality standards. Guided by the evidence about "what works"^{1 2} to create a counseling experience that will leave clients satisfied, PSI created the Counseling for Choice (C4C) approach with SIFPO2 support (see box). To explore the relationship between counseling and voluntary FP outcomes, PSI tested the C4C approach through a quasi-experimental case-control intervention in Malawi.

¹Cavallaro FL, Benova L, Owolabi OO, et al. A systematic review of the effectiveness of counselling strategies for modern contraceptive methods: what works and what doesn't? *BMJ Sex Reprod Health*. 2019

²Schivone, G. B., & Glish, L. L. (2017). Contraceptive counseling for continuation and satisfaction. *Current Opinion in Obstetrics and Gynecology*, 29(6), 443-448.

The study in Malawi produced promising results for the C4C approach, many of which were included in the SIFPO2 Year 5 Annual Report. Overall, women in the intervention group who received counseling by a C4C trained provider rated their counseling experience more favorably than did their counterparts in the control group. Improved QoC was evident in measures of improved information exchange and in how strongly clients felt their providers respected them and took their preferences seriously. Women in the intervention group were more likely to report being satisfied with their overall counseling experience - 35% of the intervention group rated their counseling experience as excellent on a 5-point scale, while only 8% of the control group did (Figure 3). C4C providers were more likely to respect clients' contraceptive preferences - the average rating of providers among clients in the intervention group was 4.0 on a 5-point scale, while the rating among clients in the control group was 3.4 - and provide clients with the information necessary to manage their method. Only 38% of the control group reported their providers counseled them on side effects, while 73% of the intervention group reported the provider did so. At every time point measured after one month, the probability of discontinuation while in need was lower in the intervention group than in the control group. These results were all statistically significant at $p < 0.05$.

Describing the C4C approach

PSI's C4C training and accompanying tools aim to address common reasons for dissatisfaction and discontinuation, particularly method related side effects and bleeding changes. The Choice Book for providers and Interpersonal Communication (IPC) Agents contains a comprehensive set of tools necessary for counseling, including the WHO medical eligibility criteria and Pregnancy Checklist, the NORMAL tool, and the 3Ws to explain 'what to do,' 'what to expect,' and 'when to come back.' Method information is presented in a way that helps clients compare various method attributes and potential impact on their life. Further, it assists the provider in being proactive about counseling clients for follow up and management of side effects. During training, providers extensively practice with the C4C tools; through role play they learn how to listen to and engage with their clients and refocus the counseling session on their individual clients' voluntary FP goals.

The study results provide evidence that the C4C approach improves the components of the client-provider interaction that address the main reasons for discontinuation, including the ability to make a fully informed choice, the client-centeredness of the interaction, and the client's understanding of the potential side effects with her chosen method. Overall, the C4C approach provides clients with a more informative and respectful counseling experience. Providers themselves also reported the C4C approach to be an improvement on their current counseling methods; agreeing that it enabled them to support their clients with the information they needed to make an informed choice for themselves.

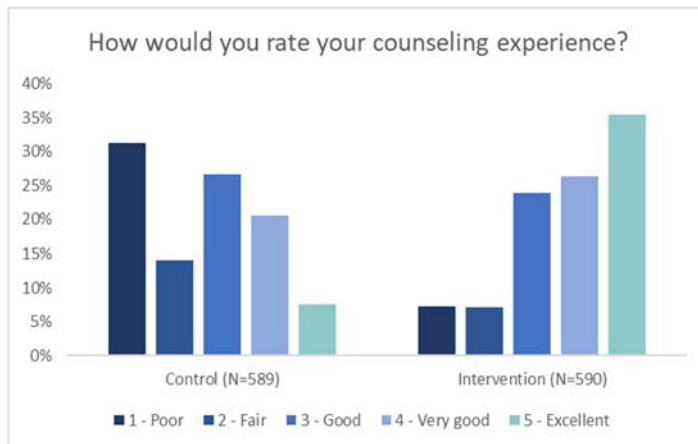


FIGURE 3: DISTRIBUTION OF LIKERT SCALE SCORES AMONG THE C4C EVALUATION'S CONTROL AND INTERVENTION GROUPS: OVERALL COUNSELING EXPERIENCE

SIFPO2 has drafted a manuscript to publish these results from Malawi as well as a second manuscript presenting a scoping review of the evidence around the relationship between counseling experience and voluntary FP outcomes. Pending finalization and USAID review, these papers will both be submitted to peer reviewed journals in the final quarter of 2020. (1.2.3 A) PSI/Malawi will also disseminate these findings to national stakeholders via the national Family Planning Technical Working Group in 2020. PSI will continue to work with FHI 360 in Year 7 to author a third publication evaluating counseling on bleeding changes, using data from the C4C study.

In March 2020, PSI disseminated the results of this research internally via webinars in English and French to hundreds of participants in over 20 PSI country programs. This marked the beginning of the effort to expand the use of this approach across PSI platforms globally. Since these webinars, SIFPO2 has been finalizing the training materials, the Choice Book, and other tools in the C4C suite to make them available as a global good to the broader FP community in 2020. (1.2.3 B)

Further, to support dissemination and utilization of the tools, PSI has developed a digital counseling tool to offer a client-facing C4C experience for various digital platforms (e.g. WhatsApp and Facebook) usable on different devices (e.g. phones, tablets, computer). (1.2.3 B)

1.2.4 Client-facing digital health: Demonstrate that a DHIS2-based mobile application as a platform for ongoing interaction with voluntary FP clients is scalable, engaging, and replicable

Anticipated Year Six outputs:

- A. Voluntary FP demand creation via automated messaging launched in at least one PRH priority country
- B. Viability of the CwS platform to measure contraceptive continuation while in need assessed, and if determined appropriate, other donor funds secured for implementation

Year Six progress on outputs (October 2019 to September 2020):

In the second half of Year Six, SIFPO2 focused on positioning the Connecting with Sara (CwS) tools for integration with DHIS2 for sustainability. These tools register and electronically refer clients to services, provide post-service continuum of care support, and collect client information on the clients' service experience. With separate donor funding, PSI has also continued to support the scale up of these tools, achieving further reach in Latin America. PSI has continued to actively prepare its digital tools for post-project sustainability through co-investment from other donors and is focused on transitioning to an increasingly adaptable and scalable architecture capable of reaching new clients in consumer facing channels, such as Facebook Messenger and WhatsApp.

Over the past year, through these efforts, the CwS e-referral tools reached over 620,000 clients across eight countries (Honduras, Guatemala, Dominican Republic, Nicaragua, El Salvador, Mozambique, Tanzania, and Zimbabwe) with over 275,000 clients redeeming e-referrals for voluntary FP services. However, the COVID-19 pandemic caused disruptions in interpersonal communication (IPC) agent field activities, especially in countries like Tanzania where outreach activities were stopped for several months. Reductions in field activities have emphasized the need for more direct-to-consumer digital approaches for voluntary FP information provision and awareness, including continuing cyber education efforts in Latin America to engage smartphone-enabled consumers through channels such as Facebook and WhatsApp.

Beyond smartphone-users, PSI also continued to extend the use of consumer-facing digital tools to reach basic phone users with voluntary FP information. Using the technology developed globally through SIFPO2, PSI/Tanzania launched the use of an Unstructured Supplementary Service Data (USSD) service, which generates a short code that mobile phone users can use to access voluntary FP information and provide feedback on their experience using a voluntary contraceptive method. Over the course of Year 6, the PSI team generated demand for the USSD code through channels such as flyers distributed at events and automated push SMS to clients who had consented to follow up contacts during interactions with IPC agents or voluntary FP providers. Users were able to access information on three topics: all contraceptive methods, contraceptive methods for men, and menstruation; or, they could access a survey that allowed them to provide information related to the method they are currently using (providing PSI with useful feedback on clients' method satisfaction). As of September 2020, 27,002 unique clients had interacted with the USSD service, with 32% of unique users being women under the age of 20. These unique users included anyone who dialed into the USSD code and interacted with its content. Among 869 women who were followed up with after having used the USSD system since April 2020, 67% reported being completely satisfied or satisfied with the system, and 73% reported being satisfied with their contraceptive method. (1.2.4 A)



FIGURE 4: A RED SEGURA CLINIC PROVIDER IN GUATEMALA USES THE CONNECT TOOLS TO REDEEM REFERRALS FOR VOLUNTARY FP SERVICES INITIATED BY CYBEREDUCATORS ENGAGING WITH CLIENTS ONLINE.

PSI has continued to focus on further modernizing its consumer and workforce-facing digital technology infrastructure, leveraging lessons from CwS tool implementation over the past two years. The demonstrated initial success of the SIFPO2-supported CwS tools allowed PSI to secure other funding to develop a single new, scalable app with offline capabilities based in progressive web app (PWA) technology to replace the current Android app for IPC workers and online-only web application for providers. The PWA technology will allow users on any mobile operating system without reliable internet access to fully access the app features. The transition to the new app and back-end for all countries was planned for completion by September 2020, but COVID-19 related disruptions have limited capabilities to conduct re-trainings with IPC agents and health providers with the new tools. Countries are now transitioning to the new tools as conditions allow, with expected completion by Q1 2021 via funding from other sources, which will continue to sustain and scale these tools. This ongoing support from other sources was catalyzed

by the initial investment in consumer-facing digital tools through multiple years of SIFPO2 support. (1.2.4 B)

TABLE 1: NUMBER OF CLIENTS REACHED FROM OCTOBER 1, 2019 TO SEPTEMBER 30, 2020 THROUGH CWS

Country	Total Reach	E-referrals redeemed	Consent for follow up by phone
Mozambique	482,504	191,905	81,188
Tanzania	122,729	82,605	14,091
Latin America ³	20,660	5,610	9,309
Zimbabwe ⁴	1,835	341	1,328
Total	627,728	275,875	105,916

1.2.5 Pilot innovative mobile outreach service delivery models to bring long-acting reversible contraceptive (LARC) methods closer to rural clients

Anticipated Year Six outputs:

- A. Continued service delivery and supportive supervision for participating public sector health centers with a view to finalize pilot and transfer provision and follow-up of LARC methods to public sector service providers by end of Y6
- B. Mobile outreach standard operating procedures manual disseminated throughout global PSI network

Year Six progress on outputs (October 2019 to September 2020):

As outlined in the Year 6 Semi-annual report, this multi-year activity successfully concluded in March 2020 after achieving the following key results:

SIFPO2 core investments in Niger supported 201 mobile outreach events, providing 5,278 voluntary contraceptive methods as well as 273 LARC removals services to clients. Fourteen percent of the method provision services were provided voluntarily to youth under age 20. In Year 6, the initiative focused on transferring provision of these services to the public sector through two channels: task-sharing to community health agents (service providers at rural health posts) and transition from traditional mobile outreach events to less resource-intensive ‘field outings’. Field outings take place in a similar fashion to mobile outreach, but historically focus on vaccine provision and routine maternal care, such as pre- and post-natal checkups. Like mobile outreach, field outings generally occur with health center staff traveling to rural health posts on a monthly basis to support service delivery. SIFPO2 has supported the integration of family planning services into these field outings

As noted in Activity 1.1.3, a program brief outlining these experiences was published on PSI’s website in February 2020. A poster at the Ouagadougou Partnership Meeting (December 2019) and a webinar through IBP Initiative (March 2020) further disseminated these experiences to the wider FP community. Further, approaches used in the core-funded activities were used to inform the design of a field support buy-in in Niger, which began in March 2020 and will conclude in February 2021. (1.2.5 A)

³ Dominican Republic, El Salvador, Guatemala, Honduras and Nicaragua

⁴ Zimbabwe program is for VMMC services. E-referral activities were suspended during second half of 2020 due to COVID-19, to resume in 2021 with funding from another donor.

The *'Mobile Outreach Playbook'*, an internal, standard operating practice manual for PSI platforms, was finalized and initially disseminated in Year 5. The *Playbook* outlines, step-by-step, how platforms should set up and rollout mobile outreach programs to efficiently reach as many clients as possible with a wide range of voluntary FP methods and in the context of informed choice. In Year 6, additional dissemination efforts took place, including a global PSI webinar that presented the *Playbook* as part of PSI's wider suite of programmatic tools. (1.2.5 B)

1.2.6 Test Emergency contraceptive pills (ECPs) communication messages to assess shift in ECP awareness and attitudes

Anticipated Year Six outputs:

- A. Globally applicable ECP messages developed and disseminated, leveraging research findings from Ghana and Zambia

Year Six progress on outputs (October 2019 to September 2020):

While evidence suggests that some women are using ECPs as their main method of contraception, there is a gap in the literature related to the attitudes and preferences among users of ECPs and potential ECP users. Through qualitative research conducted in Year 5, PSI sought to better understand women and men's attitudes, beliefs, and opinions regarding ECPs and regular use of ECPs; understand the factors that influence users to choose ECPs; and ECP users' experience and perception of stigma when accessing ECPs. In Ghana, through Year 5 core support, PSI conducted a qualitative research study with local Ghanaian affiliate Total Family Health Organization (TFHO) Ghana. Through a SIFPO2 Mission buy-in, PSI conducted a similar qualitative research study with Society for Family Health (SFH) Zambia, PSI's network member in Zambia, utilizing an adapted study protocol.

In Year 6, PSI synthesized the qualitative research results from both countries with the goal of developing evidence-based communication messages to inform ECP communication campaigns across PSI programs. Messages were designed to support different categories of ECP use, including:

- ECP as an 'emergency' when the unexpected happens.
- ECP as a primary method of contraception for users that prefer ECPs over other methods.

Communication messages were designed after a careful analysis of the results from the Ghana and Zambia research studies from which several themes emerged, including: 1) ECPs are a trusted method and often preferred as an easy and effective option in both countries, despite concerns about side effects and prevalence of myths; 2) ECPs are valued as an on-demand method, yet people fear that repeated use of ECPs could have harmful health effects; and 3) perceived stigma among users of ECPs is much higher than experienced stigma, except among young women where expectations of stigma were more closely reflected in actual experience.

Informed by these conclusions, PSI worked with the marketing companies Bean and IQVIA to test communication messages and marketing images (using web-based applications and online surveys) and receive feedback from 96 ECP users and non-users in Ghana, 156 in Kenya, 78 in Uganda, and 62 in Zambia. Key learnings and insights into consumers reactions to the messages included:

- The message that 'on-demand' or frequent use is a safe option was favored among consumers across countries – although acceptability was lower (driven by stigma and social norms).

- Messaging that conveyed the concept of an ECP user having “control” over their contraceptive choice was not the most ‘liked’ message yet demonstrated the highest likelihood to drive behavior change towards ECP use.
- Assurance that future fertility would be protected was a favored communication message; however, results showed little difference in framing this as a positive (protects your future fertility) versus negative (does not harm your fertility).

PSI will develop a brief on findings and guidance on applying them to FP programs, which will be disseminated to PSI global programs in the next quarter. The brief will highlight key headlines emerging from the qualitative research in both Ghana and Zambia, and the consumer marketing testing results and analysis. (1.2.6 A)



FIGURE 5: COMMUNICATION IMAGES AND MESSAGES THAT WERE TESTED AMONG ECP USERS AND NON-USERS IN GHANA, KENYA, UGANDA AND ZAMBIA.

RESULT 2: INCREASE SUSTAINABILITY OF COUNTRY LEVEL FP AND OTHER HEALTH PROGRAMS

SUB-RESULT 2.1 FINANCING MECHANISMS THAT IMPROVE SUSTAINABILITY OF FP AND OTHER HEALTH SERVICES IMPLEMENTED OR LEVERAGED.

2.1.1 Support PSI network members to implement health financing approaches for sustainable voluntary FP service delivery.

Anticipated Year Six outputs:

- A.** At least three programming models developed that address expanded voluntary FP access and are suitable to blended finance/ impact investment financing
- B.** Contribution to evidence base made through publication or presentation of at least one lessons learned/ thought leadership piece/ presentation to key technical forum

Year Six progress on outputs (October 2019 to September 2020):

Over the course of Year 6, PSI developed an innovative financing framework – in collaboration with Volta Capital, an advisory organization focused on blended finance and impact investing – to support integration of private capital and innovative financing approaches into FP/RH program financing. The first draft of the framework was completed in the second half of Year 6. It focused on tracking cash flows for three main models of voluntary FP programming – community-based distribution/ social marketing; social franchising; and mobile outreach. It then identified possible ways to incentivize more efficient use of funds and opportunities to attract non-traditional sources of capital, including those intended to generate financial return on investment. The SIFPO2 and Social Enterprise Teams at PSI ‘road tested’ the tool through discussions with SFH Zambia. The country team’s feedback was helpful in identifying where and how to simplify the tool for easier use by implementers accustomed to traditional donor grant funding. (2.1.1 A) At the end of Year 6, PSI is in discussions with Palladium’s HP+ project about possible venues for dissemination of this SIFPO2 funded work alongside of work HP+ is doing on opportunities for use of blended finance models for voluntary FP programming. (2.1.1 B)

2.1.2 Increase the financial sustainability of PSI-network social franchises in East Africa

Anticipated Year Six outputs:

- A.** Regional TA provided and documented for Uganda, Kenya, and Malawi Tunza Social Enterprise
- B.** Lessons learned disseminated through at least one technical forum or publication

Year Six progress on outputs (October 2019 to September 2020):

As reported in the Year 6 semi-annual report, in the first half of Year 6, SIFPO2’s support for the Tunza social enterprise model transitioned to other donors who took up further investments, initially catalyzed by USAID support. This has included private philanthropy through PSI’s Maverick Collective to Tunza in Kenya and Uganda; funding from the Dutch government for Tunza in Burundi; funding from DFID for Tunza in Somaliland; and support from KfW for Tunza in Malawi. The TA provided under SIFPO2, in recent years and in this period, was instrumental in a smooth transition to non-USAID support. The second half of Year Six saw sharing of lessons learned in Tunza programming among implementing countries. This included PSI hosting a webinar for country staff implementing Tunza SE programming in Kenya, Malawi, Burundi, and Somaliland during which implementers shared lessons learned, successes, and challenges.

2.1.3 Use client exit survey data across PRH countries to understand profile, equity, client experience of quality, and client satisfaction of PSI voluntary FP services and design a user-friendly tool that supports data for decision making

Anticipated Year Six outputs:

- A.** Using the methodology developed in Y5, conduct client exit interviews in one PRH priority country (Ghana) not currently capturing client profile information
- B.** Share results with PSI country programs and within the wider FP community through at least one dissemination opportunity, e.g. TWG presentation

Year Six progress on outputs (October 2019 to September 2020):

Although millions of women, men, and young people access contraceptives through private sector pharmacies and drug shops, social marketing and service delivery organizations do not have uniform or tested methodology to collect routine data on customer demographics such as age, parity, or income. In Ghana, use of pharmacies for voluntary FP is particularly high, with an estimated 84% of private sector users obtaining their method from pharmacies or drug shops (DHS 2014).

In Year 5, SIFPO2 developed four potential methodologies for this data collection, for the purposes of testing which methodology would be most effective, i.e. most reliable with least bias, for data collection at pharmacies and drug shops, where interaction with the client is shorter and often more anonymous than in clinics, where client exit interviews have been in use for years.

In Year 6, these methodologies were refined and developed into a study protocol in collaboration with PSI network member TFHO Ghana. Following review of the study protocol in the context of cost, time, feasibility, and data quality, one methodology was identified as the preferred approach for collecting this information.

Given the ongoing COVID-19 pandemic and resulting impact on planned activities, SIFPO2 transitioned the data collection methodology to the USAID bilateral award implemented by TFHO Ghana for future implementation. Once COVID-19 restrictions ease, PSI will support TFHO Ghana to pilot this methodology. This will take place in late 2020 or early 2021. (2.1.3 A) (2.1.3 B)

SUB-RESULT 2.2 CAPACITY OF LOCAL PARTNERS TO PROVIDE QUALITY FP AND OTHER HEALTH SERVICES BUILT.

2.2.1 Evolve PSI's QA system with an enhanced emphasis on client-centered care and health system strengthening

Anticipated Year Six outputs:

- A. Measurements and standards for client-centered care for voluntary FP services developed, tested, and integrated into PSI's global QA system and tools
- B. QA audit tools for support to the public sector developed and tested
- C. PSI's QA framework adapted and tested for a voluntary FP self-care intervention in at least one country
- D. Three PSI local staff to participate in external audits as auditors-in-training

Year Six progress on outputs (October 2019 to September 2020):

SIFPO2 support during this reporting period has been instrumental in helping PSI advance people and systems towards 'client or person-centered care' with client experience as a key metric.

In December 2019, PSI's QoC and Evidence teams collaborated with SIFPO2 partner SPIRES to conduct an extensive review of the available global literature, including validated scales that measure client experience of care. PSI and SPIRES reviewed over 100 indicators and arrived at 15 metrics to be measured through client surveys, which will be conducted through exit interviews or digital interventions. In October 2020, PSI will launch cognitive interviewing with clients (through web-based platforms) to determine if the new metrics are comprehensible and relevant to the client. These new metrics will allow PSI to move closer to answering questions around how global implementers like PSI and national health systems can better measure a client's contraceptive care experience. This work also supports a broader effort within PSI to expand its metrics at the global level beyond couple-years of protection (CYPs) against unintended pregnancy to include client-driven quality metrics that can be applied across all channels, in both the private sector and public sector, including through self-care. PSI will consult with the global community of practice on these new metrics and then make them available as a global good later in 2021. (2.2.1 A)

Also, in Year 6, the QoC team worked with PSI/Ethiopia to initiate the adaptation of PSI's QoC system framework and audit scorecard for use in the public sector. The new scorecard was developed with rounds of technical feedback from the PSI global QoC team and the PSI/Ethiopia quality team. In the second half of Year 6, through PSI/Ethiopia's active participation and leadership role in the MoH Quality of Care Technical Working Group, the QoC framework and clinical audit tools for voluntary FP and adolescent health services were presented to the Quality-of-Care Directorate and working group members. Finalization and approval are expected by December 2020. This new, adapted version of PSI's QoC system framework and scorecard – instead of solely evaluating PSI as the implementer of QoC – evaluates both PSI's support to the MoH across 26 global QoC standards as well as its success in enhancing the MoH's capacity to oversee QoC across the entire health system. (2.2.1 B)

PSI is advancing self-care through many organization-wide efforts and interventions, including: DMPA-SC self-injection, Human Papilloma Virus (HPV) DNA self-sampling, self-sampling for a broad range of sexually transmitted infections (STIs), and the Caya diaphragm. These examples of expanding access through self-care approaches are being woven into PSI's long-standing service and product delivery approach, supported by a well-established QoC system. Recognizing that assuring QoC in self-care calls for the evaluation of quality from a client's perspective and

linking into a health system, PSI, with SIFPO2 support, developed a *QoC Framework for Self-Care* that can be adapted for any self-care intervention. Inspired by the *WHO Consolidated Guideline on Self-Care Interventions*, the framework is aligned to the globally accepted Bruce-Jain Quality of Care Framework's domains. The *Quality of Care Framework for Self-Care* goes beyond evaluating provider and facility QoC and moves the focus to elements critical for QoC specific to self-care: health care clients, digital technologies, regulated quality products, the trained health workforce, and health sector accountability.

The framework was finalized through a consultative process that PSI led in collaboration with the *Self-Care Trailblazers Group*, a sector wide consortium of implementing partners and donors invested in advancing self-care. Through this partnership, PSI led several rounds of technical review by PSI and external experts from various implementing organizations, and then field tested the framework in Malawi (through the SIFPO2 supported DMPA-SC intervention), with PSI DMPA-SC programs in Uganda and Nigeria, and in Benin and Niger where the Caya diaphragm was introduced. Feedback and insights that emerged during field testing were integrated into the final framework disseminated on International Self-Care Day through the USAID Knowledge SUCCESS website. The framework will be further discussed and fine-tuned in international forums in the near future and potentially integrated with implementation guidelines by developed by PSI and other organizations working on self-care in 2021. (2.2.1 C)

PSI was not able to implement supporting local staff to participate in external audits as auditors-in-training, as the three external audits that were to take place in Kenya, Ethiopia and Niger in Year 6 are currently on hold due to the COVID-19 pandemic. Instead, the global QoC team supported PSI's network of QoC managers to conduct internal audits of their voluntary FP programs, remotely joining final debrief sessions with PSI country leadership to review audit findings and support action plan development. (2.2.1 D) In addition, extensive remote support to the national and regional QoC staff has continued during this time, particularly in relation to program adaptations required for the new COVID-19 context.

2.2.3 Provide TA to PSI network members to design, build, improve and expand high-quality voluntary FP service delivery and align country-level strategies with GH/PRH priorities

Anticipated Year Six outputs:

- A.** In-person and remote TA provided by the SIFPO2 team as well as other technical teams within PSI, as needed, to at least three PRH priority countries

Year Six progress on outputs (October 2019 to September 2020):

During Year 6, SIFPO2 technical staff provided a range of targeted TA – both in person and remote – to support country teams in improving delivery of high-quality voluntary FP programs. In addition to the TA highlighted in the Year 6 semi-annual report, the second half of Year 6 saw SIFPO2 deliver:

- Support to PSI/Mali to improve data collection and data analysis and use data to inform programming improvements;
- TA to PSI/Niger to transition and scale their mobile outreach model from a core funded activity to field support;
- Support to PSI/Mozambique to document lessons learned in applying new models for 'on-the-job training';
- TA to PSI/Madagascar to design and scale effective outreach models;

- Support to PSI's local partner affiliate in Bangladesh to engage with community health worker (CHW) networks for information and provision of short-acting FP methods in rural areas;
- TA to SFH Nigeria to implement their strategy for *Avibela* brand hormonal IUS introduction and national scale up;
- Support to PSI/Malawi to disseminate research findings from C4C study to national stakeholders, e.g. MoH;
- Support to PSI/Zimbabwe to plan future programming approaches for hormonal IUS, after the SIFPO2 project concludes;
- TA to PSI/Ethiopia to develop an evidence-based approach to a DMPA-SC self-injection pilot;
- Support to PSI/Mozambique and PSI/Pakistan to set a strategic direction for increasing access to DMPA-SC within the context of informed choice;
- TA to OhMASS in Haiti on marketing of DMPA-SC within manufacturer restrictions.

2.2.4 Expand access to voluntary FP products and services through designing social marketing approaches and optimizing scale up of DMPA-SC

Anticipated Year Six outputs:

- A.** Maintain and develop productive working relationship with Pfizer for DMPA-SC introduction, including information sharing and participation in meetings with Pfizer, donors, and other IPs

Year Six progress on outputs (October 2019 to September 2020):

Through this activity, SIFPO2 engages with the community of practice for DMPA-SC and self-injection in the context of informed choice, as well as for broader market shaping activities with donors and manufacturer, Pfizer. A significant policy/advocacy milestone was achieved at the beginning of this reporting period with the "Evidence to Practice 2" meeting hosted by the Access Collaborative in Senegal (Oct. 23-25, 2019). This meeting, made possible through the financial support from both PRH Core and Country Missions, was attended by more than 200 participants from 20 country delegations⁵. In addition to giving and sharing technical updates, attendees discussed policy recommendations intended to improve access to all voluntary FP methods, including DMPA-SC, as a means to achieving FP2020 goals and other key development milestones. Since this meeting, several country's national-level technical protocols were updated in manners consistent with guidance shared with meeting attendees and advocated for there, such as Zambia's declaration of no objection to allow private sector pharmacists to initiate self-injection and Benin's approval of self-injection in both public and private sectors.

Also, in late Q1 2020, Pfizer invited PSI to provide technical input into a draft distribution agreement that the manufacturer is considering for IPs partnering to expanding access to DMPA-SC in the context of informed choice outside of the public sector.

However, since the COVID-19 outbreak, there have been no formal meetings between Pfizer, donors, and other social marketing organizations to discuss new versions of the distribution agreement or related matters. Nonetheless, SIFPO2 remains in routine contact with members of this group and has responded to questions from the Bill and Melinda Gates Foundation regarding issues related to the importation and distribution of donated product. SIFPO2 has also provided guidance to the Access Collaborative at PATH regarding Pfizer's restrictions on marketing and

⁵ Twelve staff from across PSI's global networks attended, including representation from ABMS (Benin), PSI/Uganda, SFH Zambia, PSI/Madagascar, PSI/Malawi, PSI/Mozambique, PSI/Niger, and PSI/Cote d'Ivoire. Independent network members in attendance included TFHO (Ghana), SFH Nigeria, ADEMAs (Senegal), and Greenstar (Pakistan).

PSI's DMPA-SC social marketing experience to-date. Pfizer representatives continue to be invited to select meetings, and a company representative attended the USAID Total Market Approach (TMA) working group virtual meeting held on September 29, 2020. (2.2.4 A)

2.2.5 Build global evidence base for DMPA-SC switching (to) and client willingness to pay for method in Kenya

Anticipated Year Six outputs:

- A.** Study protocol finalized and submitted, and Institutional Review Board (IRB) approval obtained
- B.** Data collection completed; data analyzed; study findings written up and disseminated through publication and TWGs
- C.** Share lessons learned through at least one technical forum

Year Six progress on outputs (October 2019 to September 2020):

Under this activity, which continued from Year 5, SIFPO2 proposed to carry out a study in Kenya to better understand consumer preferences and willingness to pay for DMPA-SC. This study is intended to help address the evidence gap around potential cost recovery and reduction in subsidy for this product in the future. During Year 5, SIFPO2 and PS Kenya, PSI's in-country partner, worked together to determine geographic and demographic sampling and to develop an initial draft protocol for USAID/Washington review in September 2019.

In October 2019 and January 2020 respectively, SIFPO2 received approval from USAID/Washington and from the PSI's Research Ethics Board to move forward with the study protocol. PS Kenya presented the updated protocol to the Kenyan MoH and USAID/Kenya in February and March 2020. At this time, USAID/Kenya requested a reprioritization of the study areas, to include the priority counties of Nairobi, Samburu, Migori and Kakamega. In addition, the Mission requested the study population be expanded to include adolescents and to focus on the demographic variables of rural/urban and poverty in addition to age. In response, PSI and PS Kenya research teams began to revise the study protocol and design, consulting closely with technical staff at the MoH to facilitate necessary reviews and subsequent approvals. (2.2.5 A)

However, beginning in Q2, with the onset of COVID-19 and PSI's suspension of in-person research activities across the globe, the activity was further delayed. Working remotely, the teams were able to resubmit revised protocols for ethical review. The Mission and MoH were notified that the data collection phase would be postponed until either in-person research activities could resume or an appropriate alternative methodology was identified and confirmed.

Unfortunately, the continued disruption of data collection efforts due to the ongoing pandemic lead SIFPO2 and USAID to conclude that the full research would not be completed by the SIFPO2 project end date. The remaining funding will instead be reallocated towards supporting activity 2.2.8 *Support DMPA-SC self-injection roll out in Zambia*. In the meantime, the Children's Investment Fund Foundation (CIFF)-funded Delivering Innovations in Self-Care (DISC) project will resume the research activity. This project is currently adapting the protocol for submission to the IRBs in Uganda and Nigeria and expects to field this research by the end of 2020. (2.2.5 B)

2.2.6 Continuation and transition of the DMPA-SC private channel self-injection in Malawi

Anticipated Year Six outputs:

- A.** Continued, documented support by PSI/Malawi to support trained providers and train additional providers to offer high quality voluntary FP counseling and the DMPA-SC

- method, within the context of a broad mix of methods, and train users to initiate self-injection within the context of informed choice
- B.** At least one lessons learned presentation shared with the community of practice through the Access Collaborative’s Learning Action Network, webinar, or other key technical forum

Year Six progress on outputs (October 2019 to September 2020):

In Year 5, within the context of informed choice, PSI/Malawi used various training approaches to train a range of private providers in Blantyre and Lilongwe and raised awareness of the product and of self-injection with consumers, providers, and professional associations. In Year 6, PSI/Malawi continued to expand the number of new providers trained to coach women in self-injection within the context of informed choice. PSI/Malawi also conducted onsite and refresher trainings with current providers stocking DMPA-SC and offering self-injection. Since October 2019, 233 providers have been trained or received refresher trainings, and as of September 2020, over 200 facilities/outlets are now stocking DMPA-SC. Between October 2019 – September 2020, 25,772 units of DMPA-SC were distributed against a projection of 15,000 over the life of the activity. This represents a 172% achievement over expected distribution results. (2.2.6 A)

As the MoH has progressed to the next phase of the national rollout of self-injection, PSI/Malawi has also expanded the range of private sector locations where self-injection access can take place. Therefore, medical detailers have expanded their work to other districts outside Lilongwe, Mzuzu, and Blantyre. With the February 2020 launch of the new USAID/Malawi project, EMPOWER (Expanding Malawi Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome [HIV/AIDS] Prevention with Local Organizations Working for an Effective Epidemic Response), the SIFPO2 activity contributed to fielding 10 “brand promoters” who worked under both activities to raise awareness of the range of available HIV and voluntary FP options and products in communities. These brand promoters were coordinated with the medical detailing activities so that demand raised was signposted to outlets stocking voluntary FP options, including DMPA-SC.

PSI/Malawi equipped the medical detailers and brand promoters with extra computer tablets from PSI/Malawi’s office stock that were loaded with the [PATH/JSI self-injection training video](#), dubbed in ‘Chichewa’. The intent was to allow higher quality, more standardized training of providers onsite, as well as provide a useful visual tool for brand promoters to explain self-injection to women in the community. PSI/Malawi closely coordinates with the MoH to adhere to Pfizer requirements around marketing of Sayana Press®.

In March 2020, the medical detailers supporting this activity received a refresher training reinforcing the need to understand and empathize with a provider’s underlying motivations and barriers to change behavior. This training also stressed the importance of expanding access to DMPA-SC self-injection within the context of informed choice. The training is part of the Provider Behavior Change Communication for DMPA-SC mini toolkit developed by SIFPO2 in Years 4 and 5.

Data collection and accurate reporting has been a challenge during the life of this activity. Despite the medical detailers providing detailed information to providers on how to record numbers of clients choosing self-injection or provider-administration of DMPA-SC, providers did not regularly record this accurately, if at all. After discussions between SIFPO2 and PSI/Malawi, the voluntary FP client register was revised in March 2020 to more clearly indicate self- and provider-injection. With the emergence of the COVID-19 pandemic and mandated restrictions on movement, there were delays in distributing registers to the providers. During the pandemic-related restrictions, the

team has been collecting data from providers over the phone, and in June 2020 resumed in person collection.

FHI360 organized a webinar in late April 2020 telling the story of the simultaneous introduction of self-injection and provider-administered DMPA-SC in Malawi. SIFPO2 joined FHI360, the Malawian MoH, and the USAID/Malawi-funded Organized Network of Services for Everyone's (ONSE) Health Activity to share its experience of introducing self-injection of DMPA-SC in the context of informed choice in the private sector. (2.2.6 B)

Because of the various delays in implementation as well as inconsistent provider data, SIFPO2 conducted a small insights-gathering activity in September 2020 to collect deeper learning about the providers' and consumers' perspectives during this introduction, with the aim of program improvement and adaptation. SIFPO2 and PSI/Malawi agreed on a short protocol and sampling frame, interview guides, and analysis plan to guide the overall activity. Key informant interviews were conducted in compliance with local COVID-19 restrictions with a mix of PSI/Malawi-supported providers and clients of PSI/Malawi-supported outlets:

Type	Number
Self-injecting DMPA-SC users	5
Provider-administered DMPA-SC users	7
Private facility providers	13
Private pharmacy providers	3

At least four of the self-injecting DMPA-SC users were previous DMPA-IM users and four heard about the method from their provider. All stated that they felt confident enough to self-inject after being given instructions by their provider; despite this, two stated they waited to self-inject until after receiving two injections from their provider, and another two waited until after receiving three injections. Reasons to decide to self-inject cited by the interviewees included saving time from not having to travel far or as many times to receive their method; avoiding crowded facilities with long waiting times; the ability to take multiple units home; reduced chance of stockouts because the product is "new"; and not having to depend on a provider. All interviewees liked the self-injection video and four felt that women in their community would understand the video.

<p><i>“The method is advantageous because you perform the self-injection freely and one cannot be afraid of an injection. [With] self-injection at home I can even invite my husband to come and see how the whole procedure is carried out which shows that one is confident. My husband was even amazed by it. When using this method, I do not experience any side effects since I started using it.”</i></p> <p><i>—Self-injecting DMPA-SC user</i></p>	<p><i>“I made this decision during the COVID-19 pandemic where the disease is spread through contact. So, to prevent the fact that I can spread the disease to the provider, or that the provider can spread it to me, I decided to adopt self-injection in which I will be able to self-inject at home. So, I asked the provider to teach me on how to self-inject.”</i></p> <p><i>—Self-injecting DMPA-SC user</i></p>
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“What I like most about the method is that when you are self-injecting you are more confident about it as compared to when another person is injecting you.”

—Self-injecting DMPA-SC user

Of the interviewees who chose to have a provider administer the DMPA-SC, more than half like this method because of the longer contraceptive coverage window, and all seven women used DMPA-IM previously. Six of these chose DMPA-SC because DMPA-IM was out of stock, and the remaining respondent cited that she wanted to try an “innovative” method. Concerns cited around choosing to self-inject included worries about injecting the unit in the wrong place; following the process incorrectly; spilling the drug somehow; hurting themselves; or forgetting to reinject. Despite this, all indicated interest in self-injection in the future. Three of the respondents said that they were shown the self-injection video when learning about self-injection, and four of the interviewees said they liked the video and found it helpful.

<p><i>“What I like least about the method is the concept of self-injection because I have heard about some women who have failed to follow the procedures of self-injection had negative outcomes. That to me shows there is always need for an expert of some kind to provide the method.”</i></p> <p><i>—Provider-administered DMPA-SC user</i></p>	<p><i>“The provider also told me that self-injection is also good because one can self-inject at home. However, I was not convinced by it because I was still asking myself if one can inject herself and if we are self-injecting then why are we paying for the method because part of the fee we pay is the service fee for the doctor to inject a client.”</i></p> <p><i>—Provider-administered DMPA-SC user</i></p>
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“It’s possible [I’d be interested in self-injection in the future]. Simply because I might learn something from that in case in the near future everyone will be required to self-inject. It’s important because you also remove fear from yourself.”

Among providers, many said that they felt that DMPA-SC was an easier product than DMPA-IM, and seven said that clients choosing to self-inject reduces their own workloads. Many said that

they do not believe women are generally interested in self-injection, either due to lack of understanding, or to fear. Eleven of the providers stated they have clients who say they are incapable of learning how to self-inject. Some also reported assessing whether or not a client would be “allowed” to self-inject on reasons other than her competency alone; two cited that they judge a client based on her educational background, three stated that they require the clients to repeat the self-injection steps back to the provider correctly, and another two stated that they do not allow a client to progress if she seems afraid after learning the steps to self-inject. Some of the providers shared they have fears about women being able to store DMPA-SC units correctly and safely at home. In terms of provider reception to the self-injection video, nine of the providers say they find the video helpful, and four stated they show the self-injection video to their clients already.

“It feels good offering this method and it’s so easy to provide this service unlike the usual Depo, its process was so involving. This method doesn’t take us much time... The best advantage is that it saves both the clients and provider time. The only job we do is providing prescription in the health passport books and the DMPA-SC and after that they go.”
—PSI/Malawi-supported provider

“If I sell more than one unit of Sayana to the client I am afraid that the client may overdose or may keep them where children can reach which may cause accidents. That is why I recommend that the client should buy one unit at a time because the drug may also expire... I do not see much benefit in having more units because the units may be damaged while storing them.”
—PSI/Malawi-supported provider

“Self-injection also helps providers that do not just offer family planning but other services as well. We also attend to general cases and sometimes we have emergency cases and you can’t be busy with someone who just wants an injection, she can just buy at the reception than to wait for the provider who is attending to an emergency.”
—PSI/Malawi-supported provider

Through these interviews, SIFPO2 has helped PSI/Malawi to better understand some of the motivations and barriers that consumers and providers have experienced during this rollout. The feedback indicates that incorporating the use of the self-injection video in demand generation and in client counseling is generally seen as helpful by both consumers and providers. This activity also shows that more support should be given to providers so that they better understand how to advise clients to store units, and how to impartially assess a woman’s competence to self-inject. The feedback shared by non-self-injectors shows that more focused attention should be given to communication around the process of self-injection so that women feel confident and assured that they will carry out the injection correctly. The insights also align with what SIFPO2 has heard from other FP implementing partners, that many women prefer to have a provider administer DMPA-SC several times before they feel comfortable and confident enough to self-inject the product. While these insights do not represent a large sample of consumers or providers, having these perspectives is valuable to PSI/Malawi as the platform continues to increase access to DMPA-SC and self-injection within the context of informed choice beyond the life of SIFPO2.

2.2.8 Support DMPA-SC self-injection roll out in Zambia.

Anticipated Year Six outputs:

- A. Continued support by SFH Zambia provided to community-based distributors making DMPA-SC available to women for self-injection.
- B. TA provided and documented by PSI to SFH Zambia for best practices and collation of lessons learned in self-injection program

Year Six progress on outputs (October 2019 to September 2020):

With SIFPO2 support, SFH Zambia is delivering key contributions to the MoH's progressive roll out of self-injection of DMPA-SC, within the context of access to a wide range of methods. During the reporting period, SFH Zambia conducted public facility-based trainings on self-injection in three provinces: Copperbelt, Luapula, and Muchinga. These same facilities also receive support through the USAID/Zambia SARAI (Sexual and Reproductive Health for All Initiative) project. The following Table 2 summarizes the number of providers who received nationally approved self-injection trainings through SIFPO2:

TABLE 2: DMPA-SC SELF-INJECTION TRAININGS HELD DURING OCTOBER 2019 – SEPTEMBER 2020

Province	No. of Districts	No. of Health Facilities	No. of Trainers	No. of Supervisors included in training	District Providers Trained	No. of RH
Copperbelt	10	274	32	20		539
Muchinga	7	111	11	14		252
Luapula	10	113	12	20		136
Totals	14	498	55	39		927

As with the Year 5 trainings under this activity, trainers were drawn from the MoH's pool of national trainers from their respective provinces. Trainings followed the same curriculum as in Year 5 and lasted between three and four hours each. SFH Zambia has noted that many providers continue to display some discomfort in offering self-injection, and that providers who were already familiar with DMPA-SC through provider administration have been more comfortable with the idea of teaching clients to self-injection than their counterparts. SFH has shared these observations with the MoH to encourage greater use of a 1-1 support approach to these providers. (2.2.8 B)

As part of the local FP TWG strategy to build the local evidence base for task shifting self-injection initiation to cadres other than public facility-based providers, SFH invited additional cadres to take part in the trainings that took place between August 2019 and March 2020, as per Table 3 below. Health center In-Charge Officers also invited 321 CHWs/Community-based distribution (CBD) agents during this period so that this cadre could disseminate accurate information about self-injection in the communities within the context of informed choice. (2.2.8 A) After March 2020, trainings were only carried out with reproductive health providers assigned from their MCH departments in order to adhere to the MoH's COVID-19 guidelines around social distancing and limitations on the number of training participants.

TABLE 3: BREAKDOWN OF HEALTH WORKER CADRES TRAINED OCTOBER 2019 – MARCH 2020, BEFORE COVID-19 GUIDELINES WERE ENACTED

Province	No. of Nurses	No. of CBD agents and CHWs	No. of Clinicians	No. of Students (primarily nursing students)	Other cadres (i.e., counselors, pharmacy staff)
Copper belt	190	85	51	157	26
Muchinga	0	115	0	0	0
Luapula	98	121	9	117	2
Totals	286	321	60	274	28

According to data collected in September 2020, the following FP users chose self-injection between August 2019 – August 2020:

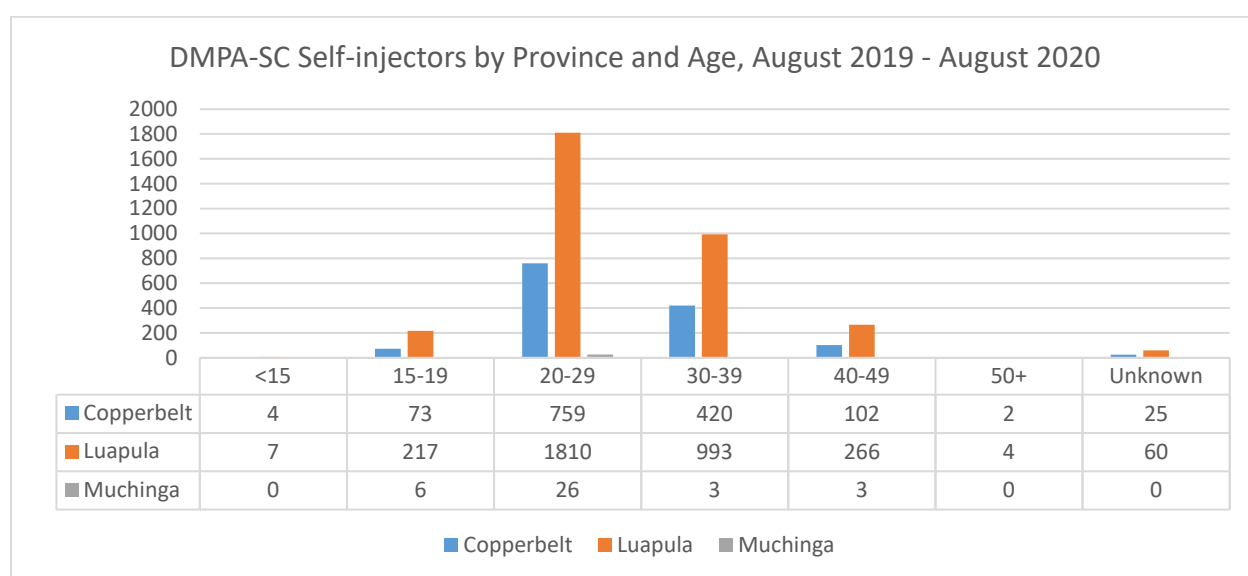


FIGURE 6: DMPA-SC SELF-INJECTORS BY PROVINCE AND AGE, AUGUST 2019 – AUGUST 2020

SFH reports that Muchinga province has been experiencing prolonged stockouts of DMPA-SC, which may account for the extremely low numbers of self-injectors compared with Copperbelt and Luapula provinces. SFH is working with district and provincial MoH leadership to find ways of sourcing additional product. SFH also postulates that the reason for the higher uptake of self-injection in Luapula province, and particularly Mansa and Kawambwa districts, is that district supervisors were very supportive of and active in rolling out access to self-injection in their particular districts. Trained providers in these districts also appeared to be particularly supportive of self-injection as an additional method choice.

During a spot check conducted in September 2020, SFH found that approximately 80% of providers trained during 2019 were still posted in the same health facilities and offering self-injection of DMPA-SC in the context of informed choice. SFH will continue to serve as a key member of the national FP TWG and to contribute to its efforts to expand access to DMPA-SC and self-injection to additional cadres, including pharmacies.

SUB-RESULT 2.3 INNOVATIVE PARTNERSHIPS TO STRENGTHEN SERVICE DELIVERY NETWORKS PURSUED

2.3.2 Strengthen voluntary FP implementers' ability to pivot from TMA analyses to action and engage systematically to positively influence the enabling environment

Anticipated Year Six outputs:

- A. TMA intervention completed, and findings written up and disseminated through submission to at least one publication and through key technical forum, e.g., the TMA working group
- B. PSI to continue to serve as a secretariat for the TMA working group, holding at least two meetings in Y6 and transition to another partner at the end of Y6

Year Six progress on outputs (October 2019 to September 2020):

Results from the TMA analysis for voluntary FP in Ethiopia were presented to the USAID Mission Health Team in February 2020. Prototype interventions informed by this research have attracted a subsequent round of complementary, multi-year funding from a large private foundation. A learning brief detailing the process and conclusions drawn from the analysis and prototyping has been submitted to the Mission for review (2.3.2 A.)

In September, SIFPO2 organized an on-line meeting of the TMA working group (2.3.2B). Participation in this group continues to be strong, with 41 technical experts and implementing partners, representing more than a dozen organizations in attendance. The agenda for the half-day meeting included presentations highlighting the application of different approaches for understanding key gaps in FP markets as well as examples of targeted interventions to improve FP market health, with a view to ultimately improve voluntary FP outcomes. As the SIFPO2 project is drawing to a close, it was announced that the SHOPS Plus project would now begin assuming the role, alongside USAID, of co-convening the TMA working group.

2.3.4 Conduct an analysis of the FP commodities supply chain in Ghana

Anticipated Year Six outputs:

- A. A workplan for the activity including timelines for data collection and analysis, engagement with key stakeholders of the activity, as well as report writing and dissemination
- B. A report of the in-depth assessment of sustainable financing for a defined package of FP and MCH commodities in Ghana that was validated by the Government of Ghana

Year Six progress on outputs (October 2019 to September 2020):

SIFPO2 partner R4D and USAID launched project activities this year after obtaining buy-in from the Director of the Family Health Division (FHD) of the Ghana Health Service (GHS). That local approval set the stage to further engage key stakeholders for this activity within the Government of Ghana (GoG) and the development partner community during a scoping trip to Accra in November 2019. The project team met with the FHD, the National Medicines Pricing Committee (NMCP) of the Ghana Ministry of Health, the USAID Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) program team in Accra, the Ghana National Health Insurance Authority (NHIA), UNFPA, PSI-affiliate TFHO, and other key stakeholders and informants to gain a better understanding of the financing landscape for FP and MCH commodities in Ghana and collect analyses or models relevant to this work. A "Country Contact Group" comprising representatives of the NHIA (including the Provider Payment Directorate), NMPC, and GHS as well as USAID, GHSC-PSM and UNFPA was also formed to provide routine guidance, review project outputs, and share data throughout the rest of the year.

Following the trip, the project team developed scenarios for progressively integrating FP commodity financing into routine health financing mechanisms in Ghana, including the NHIA benefits package. The team also proposed plans for a review of sustainable financing for three MCH commodities—oxytocin, folic acid, and magnesium sulphate—that are covered by the NHIA under the government’s Free Maternal Health policy.

The team validated these plans with the Country Contact Group and concurrently drafted a workplan highlighting steps such as data collection through key informant interviews and consultations with members of the Contact Group, data analysis, report writing, dissemination of findings, and co-creation of an action plan with key partners. The project team promoted full GoG ownership of the work and active involvement of all stakeholders through the Contact Group.

The activity gained momentum after the workplan was approved by USAID and key stakeholders within the GoG in January 2020. However, the start of the COVID-19 pandemic and the government lockdown in Ghana slowed down the implementation process.

After successful submission of the first draft deliverable in June 2020, the Contact Group met with the activity team to validate the preliminary findings of the analysis and the scenarios for sustainable financing of FP commodities that emerged from it. The group also selected an approach for the co-creation/co-development of an action plan to implement these scenarios during the meeting: a multi-stakeholder virtual convening with a broader set of government officials and partners.

The project team at R4D, the GHS, and the MoH jointly designed the virtual workshop to take place August 2020. More than 50 stakeholders of FP and MCH commodity financing in Ghana—including representatives of the MoH, Ministry of Finance, NHIA, development partners (USAID, UNFPA, WHO), and the private sector— participated in the event chaired by Dr. Martha Gyansa-Lutterodt, Director of Technical Coordination at the MoH.

The workshop was a virtual convening in two parts: a presentation of key takeaways from the analysis of sustainable financing for FP and MCH commodities on day 1, followed by group work to co-develop an action plan for implementing the analysis scenarios. Group work took place in ‘breakout rooms’ on the Zoom platform, with each ‘room’ discussing the feasibility of implementing the scenarios for sustainable financing of FP commodities as well as the financial or operational implications associated with the implementation of these scenarios.

Workshop participants proposed a sequential implementation of the scenarios. Using this approach, the GoG would first prepare for the donor transition by enhancing domestic funding and its role in the procurement of FP commodities to displace the donors’ role incrementally and over time. Then, the GoG would place FP commodities under demand-side (insurance) financing to enable stakeholders of FP commodity financing in Ghana to slowly make the transition from donor-to-domestic and the supply-side to demand-side from a financing, procurement, and provision perspective.

Outputs from the workshop facilitated the development of actionable steps to take in the short, medium, and long-term time horizons. These are outlined in the final report of this activity, which was finalized in September 2020 and will be submitted to the GoG and Contact Group for final approval and dissemination by October 30, 2020.

SIFPO2 SURGE FUNDED PROGRAMS

Liberia
Madagascar
Malawi (FP)
Mali
Mozambique

In September 2018, SIFPO2 received a special appropriation of \$5.3 million in surge funding to support voluntary FP service delivery activities in Liberia, Malawi, Mali and Mozambique. The following section summarizes advances made possible through this supplemental support, in each of these countries.

LIBERIA

PSI/Liberia provided support to the Family Health Division (FHD) of the MoH to implement voluntary FP service delivery strengthening and demand creation activities. Project activities concluded at the end of March 2020 and the vehicle procured with funds was transferred in April 2020 to the Strategic Technical Assistance for Improved Health System Performance and Health Outcomes Activity (STAIP), implemented under Jhpiego.

Below are some key achievements realized during the reporting period under each of three strategic objectives:

Objective 1: Increase knowledge and capacity of public sector providers of the FHD of the MoH of Liberia to provide a full range of voluntary FP services

Key Activities and Results:

- PSI provided technical support to the FHD to finalize Liberia's first comprehensive National Family Planning Training Curriculum. The manual incorporates all methods of voluntary FP methods, including short term methods, traditional, and natural methods (i.e., CycleBeads), LARC methods, and permanent methods. The curriculum and its accompanying Training Participants Manual were reviewed extensively by the country's technical advisory committee for voluntary FP service delivery, validated through field testing, and finally endorsed by the MoH in November 2019.
- PSI/Liberia supported the training of a cadre of 34 national-level Master Trainers in ToT for voluntary FP counseling and the provision of voluntary short-term, long-acting and permanent contraceptive methods. Newly trained National-level Master Trainers subsequently conducted in-service trainings in cascade to 143 clinical counterparts in 4 priority counties in Liberia.
- PSI/Liberia distributed 35 training kits for use in technical trainings designed to ensure competency and consistency in FP service delivery in all 15 counties in Liberia.
- PSI/Liberia delivered 485 IUCD insertion kits to use by trained providers in the provision and removal of long-term methods.
- Supportive supervision will be provided by trained county-level ToT as part of periodic in-service trainings and monitoring visits.



FIGURE 7: MASTER TRAINER TRAINING OF A NEW CADRE OF NATIONAL TRAINERS

Objective 2: Increase access to accurate information about the benefits of FP and available voluntary FP services and increase voluntary uptake among underserved women, men, and youth in Liberia

To increase uptake of voluntary FP services, PSI/Liberia has implemented a health communications initiative built on a radio and digital platform to engage women of reproductive age, their partners, and youth with culturally appropriate messaging and services.

Key Activities and Results:

- Aired 66 episodes of the radio call-in show, *Let's Talk About Sex*, promoting voluntary FP messages with the objective of generating demand for voluntary FP services.
- Organized seven listening clubs in Montserrado county involving 80 youth aged 18-24 as participants. Participants in the clubs listened to radio programming in small, facilitated groups and discussed the issues addressed during each show in greater depth.
- PSI/Liberia conducted a total of 68 surveys of listening club participants to assess their ability to recall information and key messages discussed during the radio broadcast as a proxy measure of effectiveness and a reference for improving future programming. Surveys reflected 93% of participants in listening clubs recalled key messages conveyed through the show.
- PSI/Liberia aired a total of 558 radio spots designed to raise awareness and demand for voluntary FP services and to promote service events in coordination with public sector facilities.
- Reached over 184,986 people through Facebook messaging and promotion to increase access to youth to raise awareness about voluntary FP methods and services available, as well as their benefits.

Challenges:

Training activities were initially delayed due to negotiations with the MoH regarding the training schedule and, specifically, the duration of the training and associated financial remuneration. The project worked with the support of the USAID/Liberia project lead to enable activities to move forward. Nonetheless, the increased demands on the project budget resulted in the need to adjust the projected number of training participants downward from 250 to 130 providers. However, by the end of the project, a total of 143 providers were trained.

MADAGASCAR

With SIFPO2 Surge Funding, PSI/Madagascar provided mobile services for voluntary FP through engagement with both the public sector and key partners. Mobile services included the provision of underutilized LARCs (n= 25,241 with 1,340 IUDs and 23,901 Implants) as part of a wide range of contraceptive method options, as well as LARC removal services, demand generation activities, and health provider trainings.

SIFPO2 activities in Madagascar were implemented in twelve remote and underserved regions: Analamanga, Atsimo Andrefana, Vatovavy Fitovinany, Haute Matsiatra, Atsinanana (January 2019-February 2020) and Diana, Sava, Melaky, Boeny, Sofia, Menabe, Analanjirifo (January 2020- February 2020). The seven regions that received SIFPO2 support exclusively in 2020 were historically covered by the USAID-funded *ACCESS* project; the two-month coverage of these regions filled a gap in the *ACCESS* implementation timeline and was approved by both USAID/Washington and USAID/Madagascar. Following the conclusion of the SIFPO2 workplan, ten of the twelve regions have been reabsorbed into the *ACCESS* portfolio for continuity of mobile outreach activities in 2020.

Detailed achievements of the SIFPO2 funding are as follows, organized by key objectives of the workplan.

Objective 1: Develop a high-quality mobile outreach platform

Key Activities and Results:

- In January 2019, PSI/Madagascar equipped five mobile clinics across the supported regions with the materials needed to perform successful mobile events, including LARC insertion and removal kits, STI treatment kits, medical consumables, and sterilization equipment. The procurement of voluntary FP commodities provided by USAID experienced some delays; to cover these gaps, PSI negotiated with the MoH to obtain commodities from public sector inventories. To help ensure future sufficient supplies of LARCs, as well as short-acting methods, PSI supported the MoH in conducting a national commodity quantification exercise. Following the conclusion of SIFPO2 in Madagascar, the well-equipped vehicles used to support mobile outreach activities will be transferred to the *ACCESS* project for use in ongoing service delivery.
- In addition to training its own mobile clinic staff on PSI health quality standards, PSI further trained nine public sector doctors and 64 public sector midwives (all based at primary health facilities) on LARC insertion and removal, as part of a wide range of method offerings. These trainings addressed gaps in knowledge and practice identified among public providers in the provision of these methods and aimed to expand the number of methods that were offered by these providers both during and following mobile clinic events. While all providers achieved competency in LARC insertion (i.e, five insertions are required; there is no specific threshold for removals), certification of competency in LARC removals is ongoing under the supervision of the district health authorities. The majority of regions supported by SIFPO2 (which concluded in February 2020) continued receiving support from PSI/Madagascar through the USAID-funded *ACCESS* project. However, COVID-19 restrictions limited the assessment of



FIGURE 8: FULLY EQUIPPED MOBILE UNIT

individual providers between March and September 2020, and as a result, additional certifications were not completed during this period.

- 2,145 CHWs were given in-service job training or “refresher” trainings to strengthen their capacity to follow-up and refer clients to higher levels of care in the event of complications.

Objective 2: Ensure High-Quality Service Delivery

Key Activities and Results:

- As part of routine SIFPO2 activities, PSI/Madagascar implemented a QA system that ensured services were provided according to global standards and consistent with national protocols. The QA system leveraged PSI's HNQIS checklists, as well as specific guidance on mobile outreach events, such as ensuring that any site used for mobile outreach services had privacy for individual counseling sessions, and that waste generated by the mobile events was properly disposed. In the fall of 2019, PSI/Madagascar held an internal quality audit, which scored 78% out of 100% for quality of services offered, identifying both strengths and specific areas for improvement. Following this audit, specific adjustments were made to infection prevention practices to further improve quality standards. Client exit interviews, which also took place in Fall 2019, showed >90% satisfaction with the services they received at the mobile clinics. However, approximately 20% of clients were not satisfied with the waiting time and 'open hours' of the mobile clinics; PSI/Madagascar will work to streamline processes of its mobile outreach activities to make wait times as short as possible for clients.
- To ensure quality of demand generation activities, PSI/Madagascar's medical and communication teams collaborated to develop messaging around common myths and misconceptions associated with voluntary FP methods, and especially LARCs. The messages were used by CHWs when creating awareness around the importance of voluntary FP in general, and around the arrival of the mobile clinics, in particular. PSI/Madagascar also conducted community mobilization activities using posters and other graphic print materials in collaboration with CHWs and local NGOs. These activities occurred before each mobile outreach service delivery day to ensure the community knew about the upcoming event.

Objective 3: Expand Access to Quality LARC Services for Women of Reproductive Age and Youth in Rural Areas

Key Activities and Results:

- Mobile services have greatly increased the diversity of methods available to individuals in these settings.
- From January to December 2019, PSI/Madagascar and public sector staff in five regions provided 1,168 IUD insertions and 20,553 Implant insertions, as well as 117 short-term methods (injectables, pills, and condoms) to individuals seeking services at the outreach events. Mobile teams also provided 33 IUD removals and 500 implant removals during this period. These removals included LARCs that were inserted by PSI and by other partners.
- From January to February 2020, covering an area that included the seven ACCESS regions, PSI/Madagascar and local CHWs provided an additional 172 IUD insertions, 3,348 Implant insertions, and 12 short-acting methods. Mobile teams also provided 13 IUD removals and 229 implant removals during this period. These removals included LARCs that were inserted by PSI and by other partners.
- In total, from January 1, 2019 to February 28, 2020, the mobile clinics provided 25,241 LARCs, 129 short-acting methods, and 775 LARC removals to voluntary FP users.



FIGURE 9: THE MOBILE CLINICS ACCESS REMOTE COMMUNITIES

Objective 4: Ensure Follow-Up Care

Key Activities and Results:

- PSI mobile units and supported public health facilities have strengthened follow-up care, including LARC removals, through the training and supervision of front-line providers. During the project duration, 57 joint supportive supervision visits took place alongside the public health authorities, as well as quarterly review meetings.
- Client records created during the delivery of mobile services were stored at the public health facilities for follow-up and management of unlikely adverse events or potential future complications. Clients also received a list of phone numbers and locations of LARC-trained providers in the region as part of their client post-service support package.



FIGURE 10: THE PSI MOBILE OUTREACH TEAM TRANSPORTS MATERIALS FOR VOLUNTARY FP PROVISION IN SAVA

Challenges:

SIFPO2 funding in Madagascar concluded in February 2020, transferring continuity of the mobile outreach activities in ten of the twelve regions to the USAID-funded ACCESS project. The two regions of Analamanga and Haute Matsiatra are not included in the ACCESS coverage zone and will not receive mobile services moving forward. However, PSI-trained providers remain at the public health facilities in these regions to support continuity of care, including LARC insertions and removals, among a range of voluntary FP services.

MALAWI (FP)

In FY20, PSI/Malawi received \$150,000 from core SIFPO2 funds as part of the Child, Early and Forced Marriage (CEFM) project to provide integrated services with the goal of sparking a social movement that prevents, mitigates the negative effects of and stops CEFM. This funding complements funding received to implement Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) activities in FY20 and enabled PSI to continue to provide youth-focused, integrated voluntary FP/RH services to this priority demographic. This report coincides with the ending of the CEFM and DREAMS funding.

The project had two main objectives:

- Objective 1: To build community capacity to stop the practice in a way that results in (a) a social movement; and (b) facilitates a national dialogue
- Objective 2: To strategically strengthen district structures and build district leadership capacity to facilitate and manage structured partnership within Machinga and Chikwawa.

PSI/Malawi worked within a consortium of implementing partners (IPs), each providing separate but complimentary packages of initiatives to address CEFM in Machinga and Chikwawa. DREAMS activities were concurrently implemented in the Zomba and Machinga districts. Together, the partners implemented strategic approaches to preventing and ending child marriage. PSI's role within this consortium was focused on the delivery of voluntary FP/RH services that are accessible to adolescent girls and young women (AGYW) in these underserved areas due to the role that unintended pregnancies in AGYW play in contributing to early and forced marriages.

Consortium meetings were, however, put on hold in March due to the pandemic. Just prior to the end of activities in July, the consortium finalized a scope of work for the CEFM initiative. Partners, including PSI/Malawi, are now starting the groundwork on developing social norms, tools as well as a curriculum.

In the meanwhile, PSI continued to focus its service delivery strengthening efforts on reaching youth. As part of the CEFM initiative, three PSI-supported mobile outreach teams conducted 274 integrated mobile outreach clinics with a special focus on youth.

A majority of the 11,242 services offered by mobile outreach teams were to AGYW between the ages of 15 and 24 with fewer younger adolescents accessing services (see Figure 11). Research shows that unintended adolescent pregnancies result in early and forced marriages due to societal pressure. At the same time, evidence also shows that early and forced marriages can result in adolescent pregnancies that, in turn, contribute to an increased risk of obstetric complications. Reaching adolescents with CEFM messaging is expected to help reduce the incidence of early marriage as well

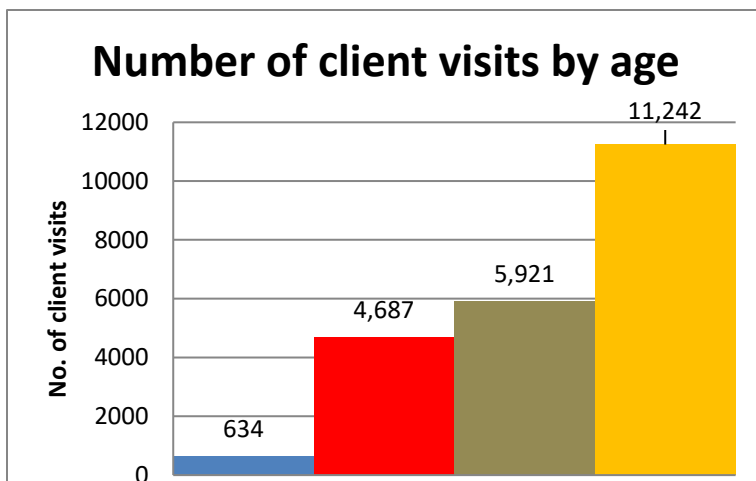


FIGURE 11: NUMBER AND AGE OF CLIENTS ATTENDING PSI SUPPORTED MOBILE OUTREACH CLINICS IN MALAWI

as some of the risks associated with adolescent pregnancy.

The voluntary FP services received by the youth, provided in the context of informed choice, were as follows:

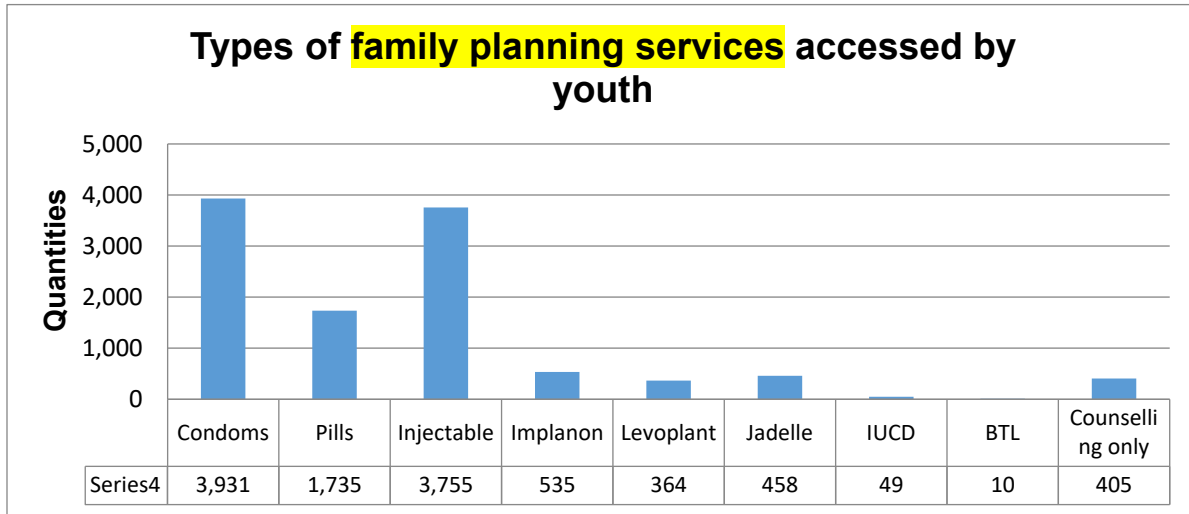


FIGURE 12: TYPES OF FAMILY PLANNING SERVICES ACCESSED BY YOUTH

In general, youth reported that they were more likely to choose short-acting methods than long-acting methods due to their concerns about the potential negative effects of early and prolonged usage of contraceptives on future fertility. As a result, PSI has developed communication messages that emphasize the safety of reversible contraceptives for youth. CBD agents and community mobilizers conducted communication activities through community-based outreach and youth club platforms to create demand among the youth population. Additionally, advocacy with the Ministry of Education has resulted in endorsement of an addendum to the in-school life skills curriculum that includes the topic of voluntary FP to encourage discussions around contraceptive use.

Figure 13 also shows that a small number of young people chose to adopt the bilateral tubal ligation (BTL) through mobile outreach services. Data from these youth showed that they had an average of four children each and were content with their family size. Prior to the procedure, the clients were provided with comprehensive counseling to ensure they were fully aware the procedure was irreversible. The procedure was completed only after the client provided consent.

MALI

SIFPO2-supported activities commenced in Mali in November 2018 and concluded on September 30, 2020. Throughout the 23 months of workplan implementation, SIFPO2 in Mali strengthened access to voluntary FP by improving access to information, products, and services, and improving the quality of service delivery in ProFam clinics and the public sector. Under SIFPO2, PSI/Mali provided voluntary FP services in three regions of the country: Sikasso, Kayes, and Koulikoro (which includes peri-urban Bamako). Activities were implemented in close collaboration with national, regional, and district partners.

In the final six months of implementation, SIFPO2 in Mali transitioned to closeout in an increasingly complex operating environment, marked by the COVID-19 pandemic and, in August 2020, a coup d'état resulting in the dissolution of the government. Despite these challenges, significant achievements were made during SIFPO2 Year 6, including the following:

Between October 2019 and September 2020, SIFPO2 increased access to FP services at different levels of the health pyramid through support to 118 health centers (89 public and 29 private).

PSI/Mali reached approximately 59,537 people through community mobilization activities, including youth-specific dialogues and mobile video units.



FIGURE 13: A HOUSEHOLD VISIT BY AN ICP AGENT

SIFPO2 trained 1,390 service providers, including 157 from the private sector, in DMPA-SC administration and facilitation of self-injection. Leveraging other donor funding, PSI/Mali worked with the MoH to ensure that 1000 doses of DMPA-SC were provided to private clinics in the ProFam network so that the method was immediately available in these settings following the provider trainings.

Specific outputs and achievements, grouped by objective, are as follows:

Objective 1: Increase access to health information and the quality of voluntary FP products and services among poor women, men and young people

- The 20 agents trained by PSI on voluntary FP and IPC skills conducted outreach activities at the community level in Sikasso, Kayes and Koulikoro (Bamako peri-urban) Regions. The IPC agents created demand for voluntary FP services and raised awareness about the range of voluntary FP options so that women can make informed choices about use. During Year 6, 12,490 people attended the IPC activities, and of these participants, 7,935 were

referred to health facilities for further counseling. Ultimately, 6,371 decided to uptake a modern method of contraception.

- During the first half of Year 6, activities by youth peer mobilizers took place in universities and vocational training centers around the ProFam clinics, particularly those that provide youth services. These youth activities reached 6,137 people, of whom 4,826 were referred to youth clinics. These activities at universities and vocational training centers were limited in the second half of the year due to the onset of the COVID-19 pandemic.
- Also, during the first half of Year 6, 158 youth discussion ('Grin') days were held (128 in peri-urban Bamako, 27 in Sikasso, and 3 in Kayes), reaching 9,106 youth (4,898 boys; 4,208 girls). These discussion events focused on the FP/RH of young people, including the use of voluntary FP, including condoms, and the prevention and treatment of STIs. 4,071 referrals were made to the youth ProFam clinics (2,097 boys; 1,974 girls). The Grin days were supported in Sikasso through radio broadcasts. Grin days were likewise limited in the second half of the year due to COVID-19 related restrictions.
- The 26 Husbands Schools (composed of 208 model husbands and 26 coaches/group leaders) conducted voluntary FP demand generation activities in the community. To support and encourage the Husbands Schools, regional health authorities in Sikasso and Koulikoro conducted supervisions visits in collaboration with PSI/Mali and local health facility staff (these visits occurred prior to April 2020/COVID-19 onset). Quarterly meetings of the 26 coaches were also held which allowed them to exchange their experiences with each other (also prior to April 2020/COVID-19 onset). Further, the 26 coaches actively participated in the International Women's Day events by supporting demand generation for cervical cancer screening, which was taking place at the events in March 2020.



FIGURE 14: MODEL HUSBANDS GROUP

Objective 2: Improve the quality of service delivery between a) the ProFam network of private sector franchised clinics, and b) public sector providers in partner “CSCOMs”.

- In collaboration with the MoH, SIFPO2 supported the training of 1,390 providers on DMPA-SC. This included 578 community health workers and 157 providers from ProFam clinics. The latter received an initial stock of DMPA-SC through funding leveraged by other donors and in collaboration with the MoH.

- PSI supervisors conducted supervision of providers at both public and private facilities. In addition to the 37 providers supervised between October and March, an additional 11 providers were supervised between April and September, with 90% achieving high-performance supervision scores. Some challenges, including ensuring a separate room for FP counseling, remain difficult to overcome in specific health facilities.
- Mobile outreach services continued to be an important part of voluntary FP service delivery during Year 6, and particularly in traditional gold mining areas. Between October 2019 to March 2020, SIFPO2 conducted 30 mobile team outings. Between April and September 2020, despite challenges on movement resulting from the COVID-19 pandemic, the team realized an additional 3 outings in remote areas with otherwise very limited access to FP services. In total, 18,140 voluntary FP services were provided through the mobile outreach services in Year 6.



FIGURE 15: A PROFAM PROVIDER

Challenges and Closeout of SIFPO2 in Mali

As COVID-19 and the political situation in Mali remain dynamic, public and private providers supported under SIFPO2 largely continue to offer high-quality, voluntary FP services. However, both situations remain fluid, presenting potential challenges in the future for providers to continue building on and benefitting from the support received under SIFPO2. Nonetheless, the provision of both training and equipment (and notably, the introduction DMPA-SC and of new equipment for the treatment of pre-cancerous cervical lesions) leave SIFPO2-supported providers better prepared to respond to the needs of the populations they serve. Further, SIFPO2's efforts in community mobilization and information sharing ensure that a greater number of people are aware of and know how to access voluntary FP services.

SIFPO2 closeout activities, including asset disposition processes, remain ongoing in Mali, with some slight delays resulting from the closure of government offices following the coup in August 2020.

MOZAMBIQUE

PSI/Mozambique's surge-funded activity under SIFPO2 began on November 1, 2018 and has supported strategic interventions with high impact potential for improving voluntary FP outcomes in Mozambique. The activity built upon PSI's in-country programmatic experience as well as market gaps identified through a previous total market assessment from 2016. PSI/Mozambique has contributed to SIFPO2's global aims through two sub-objectives: 1) increased awareness of and access to a broad range of voluntary FP methods and quality service delivery within the public sector for women, including youth, within the context of informed choice; and 2) strengthened linkages between the private sector and the national health system of Mozambique. Due to the emergence of the COVID-19 pandemic and subsequent delays to stakeholder



FIGURE 17: PSI TRAINER NURSE TEACHING THE HEALTH UNIT NURSE HOW TO ASSESS ELIGIBILITY CRITERIA

engagement with USAID/Mozambique, PSI/Mozambique secured approval to extend the end date of the workplan to July 31, 2020.



FIGURE 16: PSI TRAINER NURSE TEACHING THE HEALTH UNIT NURSE TO INSERT THE IMPLANT

Objective 1: Within the context of informed choice, increase awareness of and access to a broad range of voluntary FP methods and quality service delivery within the public sector for women, including youth

During the reporting period, PSI/Mozambique focused on the following sub-result areas: 1) Increase knowledge, information, and demand for voluntary FP services; 2) Increase provider capacity to counsel and administer a full range of voluntary contraceptive methods; 3) Equip health facilities with the necessary equipment to perform a full range of voluntary FP services; and 4) Improve provider quality and motivation through ongoing supportive supervision visits and connectivity via tablet.

Key Activities and Results:

- Increase knowledge, information, and demand for voluntary FP services.
 - During this period, 20 health facilities in the districts of Limpopo (4), Mandjakaze (8), and Chibuto (8) benefitted from a series of three-day mobile outreach campaigns.
 - Two public district nurses accompanied the mobile outreach campaigns organized in their respective districts. This contributed to the buy-in and ownership of the capacity-building and subsequent support visits.
 - Health facility nurses and community leaders led awareness raising activities in the community a day before the arrival of the mobile outreach campaign. These stakeholders conducted sessions to gain the confidence and foster the acceptance of the wider community. During the sessions, community members had the opportunity to discuss and dispel common myths and misconceptions around the use of voluntary

FP and receive information to make an informed decision regarding choosing their contraceptive method.

- Increase provider capacity to counsel and administer a full range of voluntary contraceptive methods.
 - 20 health providers received on-the-job training on balanced counseling for a broad range of methods, including DMPA-SC and LARCs, within the context of informed choice.
 - During the period, the providers also received training on the post-partum IUD (PPIUD) using humanistic models (Sister U) and by gaining supervised practical experience.
 - In addition to training health care providers, PSI/Mozambique supplied job aids and other informational and educational resources to support service provision and assist with counseling clients on voluntary FP.
 - In October 2019, 12 nurses from Chibuto and Manjacaze were trained by the QA Manager and Provincial QA Supervisor in the provision of quality voluntary FP services. The objectives of the training were to reinforce nurses' technical skills in voluntary FP/RH and YFHS counseling, to standardize procedures for offering quality voluntary FP services, and to implement best practice biosafety standards in the provision of services. The training also encouraged nurses to correctly fill in and complete data recording instruments.
 - During this reporting period a total of 1,459 contraceptives were distributed. Capacity building activities carried out through a mobile outreach model made a significant impact in increasing the number of clients reached and personnel trained to provide LARCs within the full method mix in the supported districts. The project dramatically improved the contraceptive options available and the ways in which they could be accessed. However, continued strengthening of voluntary FP service delivery will be required to sustain and expand project gains.
- Equip health facilities with the necessary equipment to provide a full range of voluntary FP services.
 - A total of 28 kits containing supplies used during the mobile capacity building activities were distributed in the districts of Manjacaze and Chibuto during this period.
- Improve provider quality and motivation through ongoing supportive supervision visits and connectivity via tablets.
 - In December 2019, PSI/Mozambique trained health technicians and nurses from the Manjacaze and Chibuto district departments in HNQIS reporting, using tablets to mentor providers trained under the mobile capacity building model and to conduct supportive supervision visits. This ensures that health providers attain the required competencies that ultimately improve access to and utilization of voluntary FP services.
 - During the reporting period, three joint supportive supervisions were carried out with representatives from the Province and District Department of Health and PSI/Mozambique. One PSI QA visit was also carried out using HNQIS.



FIGURE 18: PSI TRAINER NURSE DEMONSTRATING THE INSERTION AND REMOVAL OF THE IUD IN THE "SISTER U" ANATOMICAL MODEL.

- District MCH Supervisors carried out eight supervisory visits to five health facilities in Chibuto District: Meboi, Coca Missava, Mwavaquene, Alto Changane, and Maqueze.
- During these visits, host facility providers received refresher training on voluntary FP counseling on the full range of contraceptive methods, as well as implant and IUD insertion and removal skills.

Additionally, HNQIS trainings have been conducted in eight districts in Gaza province and seven districts in Maputo city, with the agreement to expand the trainings to six additional districts in Maputo province. The provision of trainings in Inhambane province was not possible due to the COVID-19 restrictions enforced at the provincial level.

The following graphs illustrate LARC data before training, during the month of training, after training but before follow-up, the month of follow-up, and after follow-up.

Figure 19 shows the percentage increase of LARC methods provided within the context of informed choice from the month before the on-site training occurred. Three months after the training, there was still a significant increase in implants and IUDs from the baseline, demonstrating a sustained increase in voluntary LARC method provision within the context of informed choice.

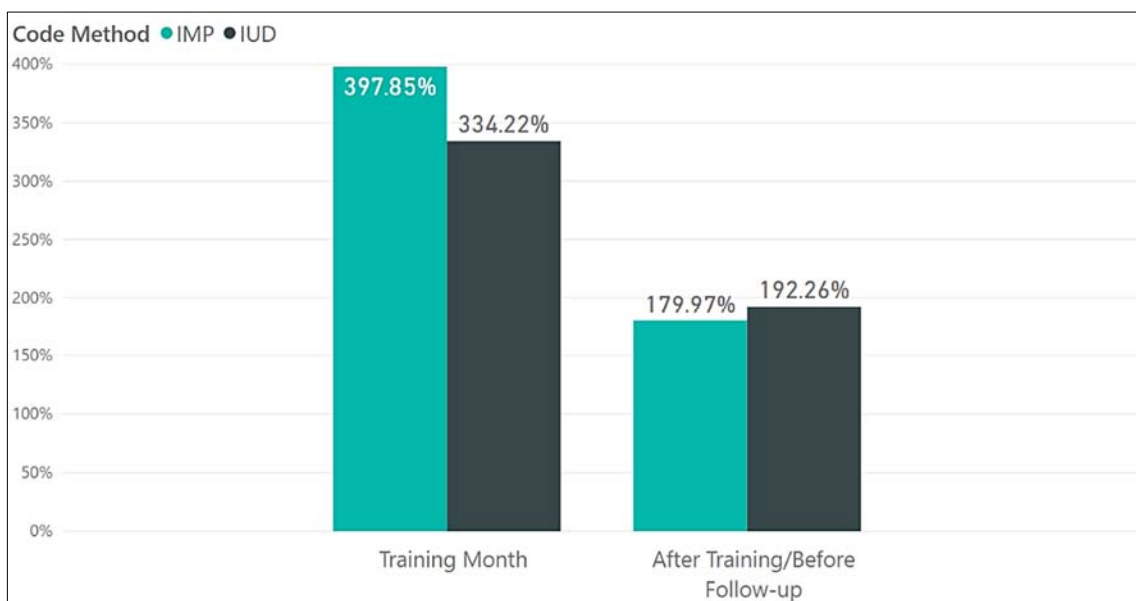


FIGURE 19: PERCENTAGE INCREASE IN LARC METHOD PROVISION AT HEALTH FACILITIES PRIOR TO TRAINING FOLLOW-UP

Figure 20 demonstrates the same increase in voluntary LARC methods within the context of informed choice amongst project clinics the month before this recent round of follow-ups, the month of the follow-up, as well as the month after the follow-up. This demonstrates a sustained increase in voluntary LARC services several months (varies per site) after the mobile capacity building intervention.

Objective 2: Strengthen linkages between the private sector and the national health system

In the last quarter of 2019, PSI/Mozambique received approval from the Ministry of Health (MISAU) Ethics Review Board to map and better understand the role of the private sector in the

provision of voluntary FP and other primary health care (PHC) services in the cities of Maputo, Matola, and Nampula. The activity also aims to identify supply and demand-side opportunities and constraints, recommend and prioritize potential synergies/complementarity between the private sector and the national health system, and provide recommendations to stakeholders on how to strengthen future engagement on PHC and voluntary FP objectives.

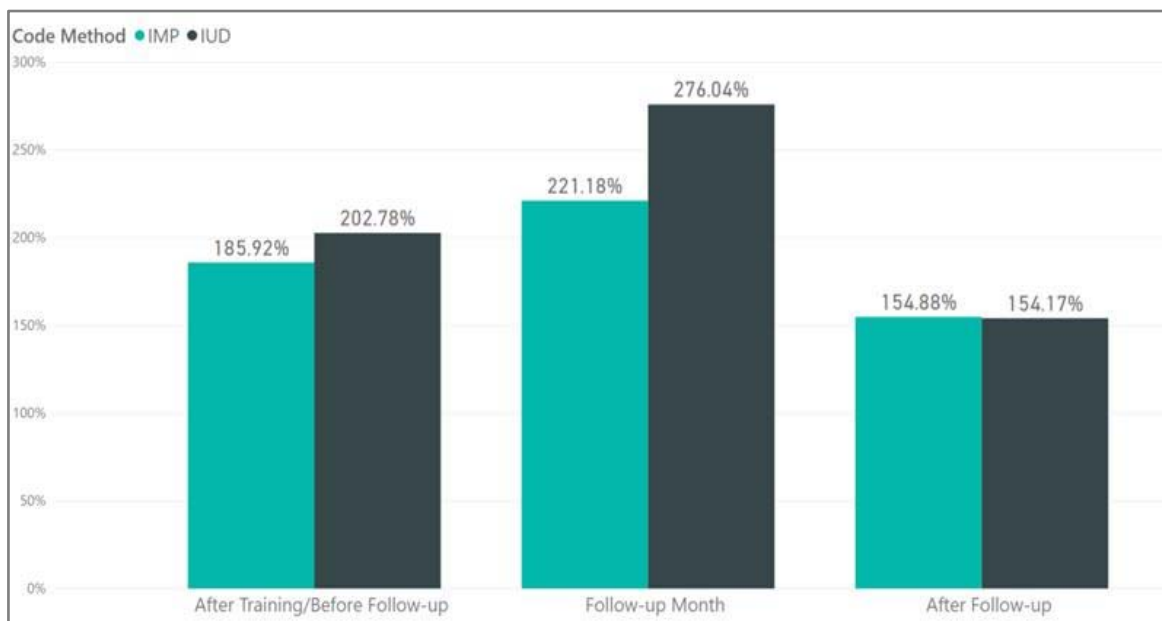


FIGURE 20: PERCENTAGE INCREASE IN LARC METHOD PROVISION AT HEALTH FACILITIES AFTER TRAINING FOLLOW-UP

Key Activities and Results:

- PSI/Mozambique engaged IPSOS Mozambique to conduct the mapping research activity, which will explore and analyze voluntary FP supply and demand-side factors for greater engagement with private sector services and products to improve health outcomes in Mozambique.
- IPSOS mapped 602 private sector health actors such as hospitals, clinics, stand-alone pharmacies and other health facilities, insurance companies, importers, distributors, wholesalers, transporters, and face-to-face interviews via questionnaires and in-depth interviews. The interviews:
 - Collected quantitative data from supply-side actors on service offerings and operations and gathered insights into the opportunities and business management constraints, and;
 - Collected qualitative data from private sector consumers to understand the drivers of private sector healthcare seeking behavior.
- In early March, PSI organized a workshop in collaboration with MISAU Departments to identify focal points and ownership, as well as priority constraints of the private sector research, in an effort to guide the data analysis and review in a meaningful way.
- In mid-March, PSI briefed USAID/Mozambique and colleagues from USAID/Washington on the research process and proposed next steps.
- In July, PSI provided a brief to the MISAU M&E Department on research activities, discussing constraints and recommendations.
- In early August, PSI presented the key findings and recommendations to the USAID Mozambique Health Office Leader and MCH Division Team Leader for comments and submitted the first draft of the assessment to USAID/Washington for review and feedback.

The assessment is expected to be finalized and disseminated in October or November 2020.

Challenges:

- Absences and attrition of trained providers at supported facilities continue to be a challenge as public health workers are often transferred to other positions or posts.
- The emergence of the COVID-19 pandemic has created delays for both activities, as the country team continues to assess whether implementation is safe for PSI staff, supported providers, and clients at supported facilities during this period.

SIFPO2 CORE FUNDED COVID-19 ACTIVITY

In May 2020, PSI received funding to specifically support COVID-19 prevention activities in Ghana. The following updates highlight the achievements made during the reporting period.

GHANA (COVID-19)



FIGURE 21: HAND AND SURFACE SANITIZER DONATION TO THE GHANA PRISONS SERVICE

Since early 2020, the COVID-19 pandemic created an increased demand for hand sanitizers and personal protective equipment (PPE). This increased demand resulted in severe supply shortages and astronomical price increases. Under the SIFPO2 funding mechanism, TFHO deployed a rapid six-month intervention to increase local production capacity, distribution, and use of hand sanitizers and PPEs (particularly medical grade face masks) in Ghana and across the West Africa region. To date, small grants have been awarded to two local manufacturers (Kasapreko Company Limited and Maxachem Limited) to increase by three-fold their sanitizer production volumes. Ethical Apparel, apparel sourcing company that provides expert technical guidance, independent quality control, sourcing, logistics, and compliance assurance in West Africa, has also been engaged under this intervention to manufacture in Ghana over one million medical grade nose masks. This intervention has significantly increased the total volumes of hand and surface sanitizer and other PPEs available on the Ghanaian market to support national and global COVID-19 prevention recommendations. Highlighted below are some other significant achievements under this objective over the reporting period:

- TFHO's socially marketed brand of hand sanitizers have been distributed to Ghana Oil (Goil) petroleum station retail shops across nationwide. Through already existing pharmaceutical wholesaler distribution models, the sanitizer brand is distributed to retail pharmacies as well as other fast-moving consumer goods (FMCG) outlets.
- In collaboration with Global Mamas (an ethical and fair-trade fabric and clothing organization) and other donors, TFHO supported the donation of some 20,000 reusable face masks to health facilities in COVID-19 hotspot across the nation. The organization further engaged health care workers on safety measures and behavior change related to disease prevention and modes of transmission.
- Under the SIFPO2 funding mechanism, the COVID-19 response program has launched a nationwide social marketing campaign to create high demand for the supported brands based on best practices TFHO has garnered in social marketing of health commodities.
- TFHO, via its digital media platforms, launched a behavior change campaign on handwashing, social distancing, and all other recommended COVID-19 mitigation measures. This online campaign, in collaboration with the Health Promotion Division of the Ghana Health Service, detailed to the public key behavior change messages to help curb the spread of coronavirus disease.

- Over a six-week period, TFHO launched an active radio campaign where key technical staff presented vital information on workplace COVID-19 prevention, stigmatization prevention, and travel safety. Each of these informative programs were followed by a question-and-answer session where listeners were able to further engage.

SIFPO2 FIELD SUPPORT FUNDED PROGRAMS

eSwatini
Ghana
Liberia (MCH)
Malawi (HIV)
Niger
Zambia
Zika (Latin America and the Caribbean)

ESWATINI

Since 2016, PSI/Eswatini has received funding from USAID through SIFPO2 to support the Ministry of Health (MOH) with comprehensive condom programming to prevent HIV infections, STI's and unintended pregnancies. In FY2020, the main objective is to **Support to the Ministry of Health (MOH) to steward the total market for condoms, including promotion and focused free distribution, resulting in increased sustainable condom use.**

This report is an overview of activities implemented during the period of October 1, 2019 to September 30, 2020. It focuses on the achievements, analysis of site level results, and challenges encountered during this period.

Objective 1: Support to the MoH to steward the total market for condoms including promotion and intentional free distribution resulting in increased sustainable condom use

PSI/Eswatini provided support to the MOH to coordinate and facilitate a total market approach (TMA) for condoms in the country including promotion and distribution of free condoms to ensure increased sustainable condom use.

Activity 1.1 Provide technical support to MoH for effective and comprehensive condom programming to ensure sustainability, equity of access and correct and consistent use of condoms

PSI continued to provide support to the MOH for guidance and coordination of the condom program. During the period, PSI worked with members of the condom technical working group (TWG) to develop the *National Condom Distribution and M&E Framework*. The framework provides guidance to various partners on how to effectively quantify condom distribution as well as providing reporting guidelines. The distribution plan was presented to management at the Central Medical Stores (CMS) and activities are currently underway to transition the scented condoms and lubricants from the PSI warehouse to CMS. The CMS transition is to be finalized by November 2020.

In Q4, the country was in the process of preparing the Global Fund proposal for October 2021 – September 2024. PSI and the TWG supported the MoH in preparing the condoms section of the proposal. The procurement of condoms was prioritized for three years with condom promotion and distribution activities included in the above allocated funding.

Activity 1.2 Support the CMS to ensure this entity and its staff have the capacity and tools to distribute condoms efficiently to Community-Based Organization (CBO) partners

The *National Condom Distribution Framework* stipulates that all public sector condoms should be stored centrally at CMS to assist in the quantification and procurement of all condoms in the country. PSI/Eswatini began plans to transition scented condoms and lubricants from its warehouse to CMS. The process began with the engaging leadership at CMS for approval, however, after approval was gained the transition process was delayed by the COVID-19 pandemic. CMS was instead backlogged by handling incoming PPE stock for the entire country. In the interim, CMS and PSI worked on the required logistics for the transition which included engaging senior management at the MOH to approve the process as well as an assessment of PSI/Eswatini and CMS warehouses to ensure availability of space. The transition is expected to be completed in Q1 of FY21.

Activity 1.3 Distribution of free condoms to specific retail outlets and NGOs/CBOs to reach priority populations

PSI functions as a depot/intermediary and supports CMS to distribute condoms to retail outlets and partners nationally. In FY20, PSI has distributed a cumulative total of 13,237,000 condoms, reaching 110% of the annual projection of 12,000,000. Of those distributed, 2,353,000 condoms were distributed in Q1; 4,046,000 in Q2; 3,800,000 in Q3 and 3,038,000 in Q4. In addition, of those condoms distributed, 51% went to partners and 49% to retail.

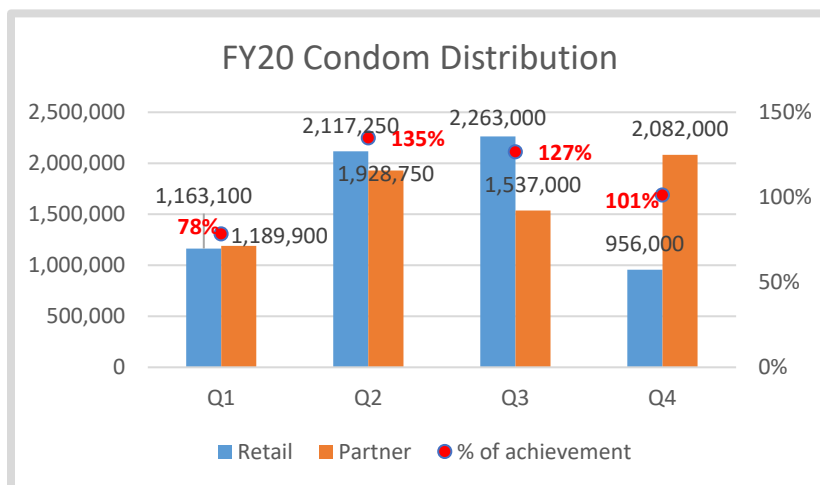


FIGURE 22: FY2020 CONDOM DISTRIBUTION

Of the total condoms distributed, 130,000 female condoms were distributed; 19% were distributed in Q1, 25% in Q2, 20% in Q3 and 36% in Q4. Of those distributed, 91% went to partners for distribution to intended beneficiaries and 12,350 (9%) to retail outlets. A total of 725,000 lubricants have been distributed intended for key populations with majority (85%) going to partners and the rest to retail outlets frequently used by key populations.

Activity 1.4 Conduct market priming activities to support the growth of the condom commercial sector

In FY19, PSI/Eswatini began a partnership to implement a commercial sector strategy with PSI/South Africa (SA), to increase the commercial condoms sector in the country. PSI/SA, an independent social enterprise arm of PSI International, provides *Trust* and *Lovers Plus* condoms.

In FY20, a total of 1,152,108 condoms were sold to retail outlets by the major wholesaler in the country, Ruchi. Table 4 shows a comparison of Ruchi's sales between 2019 and 2020.

TABLE 4: CONDOMS SOLD BY RUCHI WHOLESALE

Product line	Oct 2018 - Sept 2019	Oct 2019 - Sept 2020
Trust Regular	116 208	137 619
Trust Studded	472 320	585 490
Trust Scented	22 824	193 304
Trust Extra	33 984	90 613
Lovers+ Regular	17 208	26 232
Lovers+ Coloured	26 640	38 376
Lovers+ Ribbed	13 392	22 826
Lovers+ Ultra	12 744	21 552
Lovers+ Delay	8 208	25 452
Total condoms	723 528	1,152,108

There was an overall 59% increase in total volumes of condoms sold by product line. A total of 550 outlets received POS materials for demand creation. However, store promotions were suspended due to the COVID-19 pandemic as they drew large crowds to events.

Activity 1.5 Support the MoH to develop and implement a comprehensive condom promotion plan

PSI supported the MOH in condom promotion activities with the aim of increasing correct and consistent condom use namely via mid-media, special events, social and mass media. Special events and med media promotions were conducted mostly in Q1 but were suspended from Q2 due to the COVID-19 pandemic.

Social and mass media channels were used to messages on condom access and use. Social media was used throughout the year and was an important virtual platform to reach the intended beneficiaries. Radio, newspaper and television advertisements were produced and placed in all the local media promoting access and use of condoms. Billboard advertisements were also placed along the Manzini-Mbabane highway and street poles along Gables Ezulwini route branded with *Got it? Get it* and condom messaging. In Q4, *Got it? Get it* video advertisement was played on a digital screen located in Mbabane CBD.

Challenges:

PSI received the condom journey mapping study approval from the National Health Research Review Board at the end of the fiscal year and therefore the study could not be implemented within FY20 as planned. Now that the approval has been received, the study will be a priority for the next quarter of implementation. The next steps include recruitment of participants, conducting interviews, data analysis and reporting. The process should be completed by the end of December 2020.

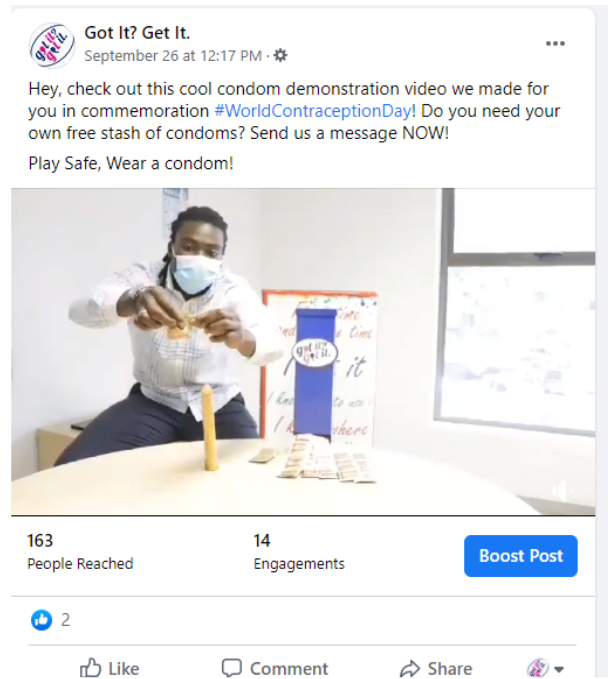


FIGURE 23: FACEBOOK POST PROMOTING ACCESS AND USE OF FREE CONDOMS

GHANA

The SIFPO2 Ghana project promotes healthy behaviors and a suite of health commodities supportive of voluntary FP, MCH, water, sanitation and hygiene (WASH) activities throughout the country. Activities began in October 2015 and were initially designed and implemented by PSI Ghana. However, in July 2018, as part of the project objective, PSI Ghana transitioned its staff and assets to a newly created and independent local entity: TFHO. TFHO's mission as a truly Ghanaian organization is to improve the health of the Ghanaian people primarily through social marketing of health products and services in a measurable and impactful way.

Objective 1: Increase the availability of quality health products in the private sector

Under this objective, TFHO focuses on increasing voluntary FP, MCH, WASH and other essential health commodities through multiple private sector outlets to reach consumers. Some of these commodities include the Secure oral contraceptive pills (OCs), Depo Provera injectables, DMPA-SC self-injectable contraceptive, Aquatab water purification tablets and SATO pan safe toilet product in addition to two new MCH products for treatment of acute diarrhea in children and for umbilical cord care of newborns.

Key Activities and Results:

During the reporting period from October 2019 to December 2019, the project stepped up distribution of voluntary FP, MCH, and WASH commodities across the nation as well as deployed a robust distribution model to involve carefully selected pharmaceutical wholesalers and certain non-traditional retail outlets. These measures have led to increased availability of essential health commodities and higher sales volumes across the nation.

Under its WASH portfolio, TFHO reorganized its distributorship model by signing contracts with at least 10 wholesale distributors across the country in October 2019. The change resulted in a record jump in sales of SATO pans for 3 continuous months as this model was augmented by a nationwide training of about 550 local artisans and masons to install the SATO pan safe toilet system in households and communities.

- TFHO began registration, production, and sales of its brand of Chlorhexidine gel for newborn umbilical cord care (*UmbiCare*). Commercial sales of *UmbiCare* began in February 2020. To date, TFHO has signed



FIGURE 24: SATO PAN HYGIENIC TOILET TRAINING FOR LOCAL ARTISANS AND MASONS

- agreements with regional medical stores across the nation to supply this commodity. Further, a standing order of about 200,000 tubes of Chlorhexidine has been placed by the National Catholic Health Services to supply over 45 Catholic health facilities across the country with this essential commodity for newborn care.
- Under the voluntary FP range of commodities, TFHO's own brand of male condom for the lower wealth quintile market segment is under steady progress for full product launch. TFHO has secured approval from the Ghana FDA on the brand name and other regulatory

requirements. TFHO will continue to engage PSM Ghana, PSM DC, and USAID Ghana in discussions about local manufacturer sourcing, production, and TA.

- TFHO has finalized a contract manufacturing agreement for Oral Rehydration Salts packaged with dispersible Zinc tablets (*ORAPlus*) with Phyto-Riker (a local pharmaceutical manufacturing company) and have both engaged the Ghana FDA to start registration of the product as TFHO's own brand.
- TFHO in partnership with the Ghana Health Service and the Ghana Registered Midwives Association (GRMA), trained a total of 201 nurses and midwives from private health facilities across the nation on DMPA-SC self-injectable contraceptive. TFHO provides supportive supervision and refresher trainings in addition to supplying partnered facilities with DMPA-SC and other health commodities.

These activities resulted in the generation of over 1.4 million CYPs annually, 475,000 DALYs averted and over 17,000 latrines improved. Below is a breakdown of the number of FP, MCH and WASH commodities distributed as compared to the previous fiscal year.

TABLE 5: FP, MCH AND WASH COMMODITIES BY TYPE DISTRIBUTED BETWEEN OCTOBER 2019-SEPTEMBER 2020 COMPARED TO OCTOBER 2018-SEPTEMBER 2019

	Quantity Distributed		% Change
	Oct. 2019 – Dec. 2019	Oct. 2018 – Sept. 2019	
Secure - cycles	1,938,975	1,743,240	11.23%
Condoms (Playboy)	22,824	26,640	-14.32%
FamPlan - vials	1,085,777	864,300	25.63%
DMPA-SC	9,134	N/A	N/A
Aquatabs - Tablets	1,298,300	579,400	124.08%
Chlorhexidine 25g	49,990	N/A	N/A
Chlorhexidine 10g	49,790	N/A	N/A
SATO pans	11,793	7,279	62.01%
Hand Sanitizer Gel (100ml, 125ml, 200ml, 4.5ltr)	21,761	N/A	N/A
Hand Sanitizer Solution (250ml, 500ml, 750ml, 4ltr)	7,600	N/A	N/A

Objective 2: Increase the knowledge of and demand for socially marketed health products

TFHO implemented several activities aimed at increasing informed demand for modern voluntary FP and other health commodities by encouraging healthy behaviors through social and behavior change communication (SBCC), traditional mass media, and social media avenues. TFHO increased its demand generation and SBCC efforts to support the Government of Ghana with the national pandemic response strategy.

Key Activities and Results:

- The TFHO Digest, a quarterly newsletter and communication tool, aims to share recent achievements, milestones, and other notable developments over the reporting period with internal and external stakeholders.
- To further support disease prevention measures across vulnerable population groups, TFHO donated large quantities of its socially marketed brand of hand sanitizing gel and solutions to the Ghana Prisons Service.
- TFHO participated in the commemoration of the World Toilet Day 2019 in partnership with the Ministry of Sanitation and Water Resources on



FIGURE 25: SATO PAN DEMONSTRATION TOILET BEING INSPECTED BY LIXIL REPRESENTATIVES

November 19, 2019. Together with the Ministry, TFHO participated in a variety of public events held at the local Municipal Assembly. In addition to a live television show highlighting the health implications of open defecation, TFHO unveiled a new two-unit SATO pan fitted demonstration toilet facility for residents of Chorkor, a densely populated urban area in Accra. Representatives from Lixil, the manufacturer of SATO pan, were present at the ceremony as part of their visit to Ghana and TFHO.

- The final phase of the Esi Salon project came to an end in November 2019. As part of the scale up in the previous year, coverage was expanded to include more salons in the Greater Accra, Ashanti, and Volta regions of Ghana. Over the period of the project, 1,936 females and 142 males were reached with voluntary FP information and counseling.
- The Campus Reproductive Health Talk flagship program was held in three tertiary institutions in the Northern region. Participating students demonstrated an eagerness to learn more about voluntary FP options, with significant portions of the discussions focusing on clarifying misconceptions. More than 650 students participated in this program.
- TFHO received FDA approval for its Secure OCP television, radio, and billboard advertisements which are planned for the fourth quarter of 2020.

LIBERIA (MCH)

In Q4 of 2019, USAID Liberia Mission requested PSI's technical and administrative support be provided to the Ministry of Health's Extended Program of Immunizations (EPI) to facilitate improved access to the new and under-utilized Measles-Containing vaccine second dose (MCV2) and HPV vaccines. This narrowly targeted activity was conducted in support of Liberia's multi-year plan (cMYP) to introduce MCV2 and HPV vaccines into the country's routine immunization program.

EPI identified the priority needs to be addressed with a focused infusion of USAID Mission funding. Support was channelled through SIFPO2 PSI/Liberia who provided financial, administrative, and logistical support to EPI for the implementation of community engagement activities that enabled a communication risk assessment to be conducted in all 15 counties of Liberia. PSI was also charged with the reproduction of immunization and vaccine cards distributed under the activity. Project activities were completed in March 2020.

Objective 1: PSI/Liberia will facilitate improved access to new and under-utilized vaccines to children and adolescents through support to the Division of the Extended Program of Immunizations (EPI) of the MoH of Liberia

Key Activities and Results:

- Conducted County-level community engagement meetings organized and facilitated by MoH EPI staff and consultants for advocacy and awareness to increase immunization uptake.
- Reproduced and delivered 14,380 child health vaccination cards to the EPI division central offices.
- Provided logistics and administrative support to the EPI division in carrying out Liberia's first HPV vaccination campaign benefiting girls and adolescents in all 15 counties.

MALAWI (HIV)

In June 2015, USAID/Malawi obligated field support to PSI/Malawi using President's Emergency Plan for AIDS Relief (PEPFAR) and PRH funds channeled through the SIFPO2 mechanism. In Q4 of FY 2016, additional funding was made available through SIFPO2 for activities related to the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) partnership, field support for condom social marketing, and voluntary medical male circumcision (VMMC).

In the first half of FY 2020, PSI/Malawi has focused on using SIFPO2 funding for four objectives: increasing enrollment in HIV treatment and care, scale-up access to and uptake of high quality VMMC service, increasing access to and demand for condoms to prevent HIV, and increasing voluntary FP/RH services provided to girls through the DREAMS partnership. SIFPO2 funding has enabled PSI/Malawi and its partners to make progress on these objectives and advance the goal of controlling the HIV/AIDS epidemic in Malawi.

More specifically, PSI/Malawi aims to strengthen access to youth-friendly HIV services through various channels. Its activities support increasing case finding via focused HIV testing services (HTS), including HIV self-testing (HIVST) kit distribution. Another critical work stream SIFPO2 supports is PSI/Malawi's condom programming, including supply chain support for IPs, creating demand for condoms, and social marketing of male and female condoms. USAID's Family Health Team contributes funding through SIFPO2 to support youth-friendly, voluntary FP activities. SIFPO2 funds also support provision of quality VMMC services across six districts of Blantyre, Chiradzulu, Machinga, Mangochi, Mulanje and Phalombe. Finally, SIFPO2 also support PSI/Malawi's DREAMS efforts, where PSI/Malawi aims to reach adolescent girls and young women (AGYW) in Machinga and Zomba districts, with the objective of increasing uptake of HTS, voluntary FP and post-violence care services.

In the second half of FY2020, PSI/Malawi continued to use additional SIFPO2 funding to support development of the DREAMS Database and adaptation of the "Every Hour Matters" gender-based violence (GBV) campaign to Malawi national campaign. The funding mechanism for VMMC transitioned to the Expanding Malawi HIV/AIDS Prevention with local Organizations Working for an Effective Epidemic Response (EMPOWER) Mechanism from SFPO2 starting in April FY2021.

Objective 1: Increase enrollment in HIV treatment and care

PSI/Malawi works to increase the number of HIV positive cases identified and linked to treatment and care. In order to achieve this objective, PSI/Malawi performs community-based index case testing, as well as focused self-testing kit distribution with on-site confirmation in Chikwawa, Machinga, Mangochi, and Zomba districts. In this manner, PSI/Malawi identified 391 new HIV positive cases against an annual projection of 391 (100% achievement), with 352 of these enrolled in anti-retroviral treatment (ART) (90% linkage rate).

Key Activities and Results:

- **Index Testing:** PSI/Malawi aims to offer index testing services to all HIV positive clients identified through the HTS teams and test contacts of those clients who voluntarily accept index testing services. In addition, PSI works with facility-based partners and provided community-based index testing services to partners of new ART clients enrolled at the health facility. In this period, PSI/Malawi offered index testing services to 774 clients, and 610 accepted the services. Additionally, 733 contacts were elicited and 593 were tested for HIV (81% success rate). Of those 593 contacts tested, 135 were HIV positive (23% yield), 130 of which were successfully linked to treatment services (96% linkage rate).

- HIVST kit distribution and confirmation: PSI/Malawi distributed HIVST kits in focused communities to increase access to HIV testing services, especially among those reluctant to use traditional HTS. In this reporting period, 13,002 self-tests were distributed and used. Out of these, 412 clients screened HIV positive (3% yield). PSI/Malawi HTS providers confirmed 345 of the positive self-testers using the validated national algorithm, and 95% of those individuals were successfully linked to treatment. These numbers include clients identified through index testing efforts who opted for self-testing.
- Linkage to treatment and care: PSI/Malawi HTS providers work with community-based linkage facilitators to provide client support and facilitate client enrollment into treatment and care. Of 391 new positive cases identified, 350 were linked to care, yielding a linkage rate of 90%.

Objective 2: Increasing access to and demand for condoms to prevent HIV

PSI/Malawi works closely with USAID implementing partners, including One Community, Linkages, HP+, and others to improve availability of and accessibility to condoms and lubricant. PSI/Malawi also socially markets Chishango male condoms across Malawi. PSI/Malawi also introduced a female condom under the brand CARE in 2009, and SIFPO2 has facilitated PSI/Malawi's CARE social marketing.

Key Activities and Results:

Support supply chain logistics for Condoms and Lubricant

- PSI/Malawi, in collaboration with the MoH, continued providing technical support to strengthen the supply chain logistics for condoms to 57 health facilities in the seven PEPFAR priority districts. The support is mainly on condom supply chain logistics ensuring steady supply, monitoring condom stock levels and proper condom storage. Below is an outline of a summary on key prioritized areas during the reporting period.

Stock Status and Condoms Ordering

- The supervision results highlighted a lack of proper understanding of the condom forecasting tools by the responsible personnel in seven out of the 57 health facilities. This presented a challenge on health facility condom stock status. It was noted that some health facilities had stock levels for more than a year. This was mainly because restocking of condoms was not based on forecasted monthly condom consumption numbers. To help address this challenge, PSI in collaboration with the MoH, arranged for one-on-one refresher training on condom forecasting with each of the health facility condom focal point personnel in the seven health facilities. The targeted refresher training helped to iron out the challenges they were facing on proper use of condom forecasting tools. *Condom Storage Systems*
- To ensure the condoms distributed meet the required quality standards, PSI, in collaboration with MoH, regularly inspected the storage rooms for condoms at both district and health facility levels in all the 57 targeted Health Facilities. The supervision results done within the reporting period show significant storage improvements in all the seven health facilities that had challenges.
- PSI/Malawi supported supply chain logistics for condom and lubricant distribution for KP partners and government health facilities working with One Community. A total of 3,162,096 male and female condoms, and 765,206 sachets of lubricants, were transferred to IPs and health facilities in FY20. IPs serving KPs distributed these commodities via peer educators and drop-in centers across Malawi.

Social Marketing: Chishango Male condom and CARE female condom

- PSI has placed Chishango and Care condoms on a pathway to financial sustainability. This necessitated a price adjustment for both Chishango and Care condoms. For Chishango, the price was increased in October 2019 from MK70 to MK100 a pack of three condoms reflecting an increase in Cost of Goods Sold (COGS) recovery percentage from 46% to 61%. Similarly, Care price was adjusted from Mk20 to Mk100 increasing COGS recovery from 5% to 22%. As expected, the price adjustments led to a trade reaction affecting the volumes sold in both Q1 and Q2. In line with this, the Q1 and Q2 set targets for both Chishango and Care condoms were lower than the targets set for the same period in previous years.
- In line with the sustainability plans for Chishango and CARE condoms, PSI/Malawi started working on a comprehensive five-year business plan that optimizes market volumes, cost structure, and pricing to increase cost recovery. During the reporting period a Malawi condom landscape analysis was done looking at both market breadth and depth and how Chishango and CARE fits in the market space and the overall market share. The analysis shows that Chishango has 75% of the condom paid up Market in Malawi and it covers 25% market share of the overall condom market in Malawi.
- Due to increased demand for CARE in FY19, the project experienced a stock out for CARE female condom in the first half of FY20 (Oct 2019- March 2020). The project introduced a team of Condom Promoter to help with targeted Interpersonal Communication efforts marketing CARE female condoms. The strategy was an instant success and PSI/Malawi was able to achieve sales beyond the projections set for FY19. However, due to the large increase in sales, it became apparent the product traditional supplier within the African region could not sustain orders from PSI/Malawi. This forced PSI/Malawi to directly engage the manufacturer of the product “Female Health Care Company” to supply CARE condoms for sales activities in the period under review. The manufacturer could only take a minimum order of 300,000 condoms and failed to deliver the product in October 2019 as expected due to a backlog of orders. The manufacturer only managed to supply the product to PSI/Malawi in March 2020. By this time funding priorities had shifted away from condoms leading to suspension of Condom Promoters in Q2 halting all sales activities. Condom Promoters were re-engaged the last two weeks of March 2020 after confirmation of funding through EMPOWER. However, the activities of Condom Promoters were also short lived as they were withdrawn from the field amidst COVID-19 challenges.

Objective 3: Scale up access to and provision of high quality VMMC services

Key Activities and Results:

Provision of quality VMMC services: In the first half of FY20, PSI/Malawi performed a total of 16,253 VMMCs against a six-month projection of 25,201 which represents 65% achievement. PSI/Malawi provided services in both static and outreach service delivery points across six districts (Blantyre, Chiradzulu, Machinga, Mangochi, Mulanje and Phalombe). A total of 18 service delivery teams were set up to provide quality VMMC services. A dedicated QA team was available throughout the year to ensure the teams were adhering to quality standards of service delivery.

Demand creation: PSI's demand creation strategy for VMMC is multi-dimensional as it looks at the various factors that affect an individual client's decision in a social ecological model. IPC sessions are conducted with the clients and possible influencers of the clients. In FY20, PSI/Malawi deployed 197 community mobilizers who were responsible for conducting IPC sessions. The mobilizers reached and referred 15,767 men for VMMC, 85% of whom received the service (13,360 men). Additionally, a total of 2,893 walk-in clients were also circumcised. In this reporting period, PSI/Malawi also concentrated on building the capacity of demand creation officers who directly supervise mobilizers to improve their skills in monitoring and supporting community mobilizers. In addition, PSI/Malawi revised the performance reward plan for mobilizers to get the best out of their performance.

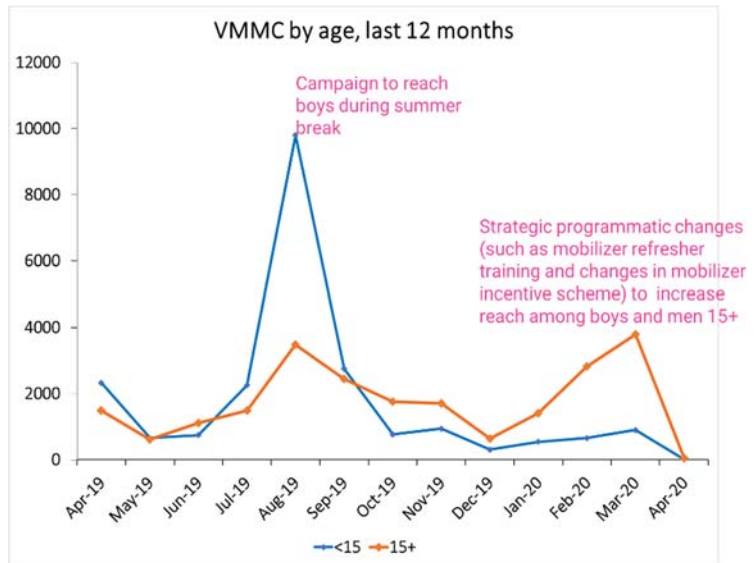


FIGURE 26: VMMC AGE PIVOT IN THE LAST 12 MONTHS (APRIL 2019 – MARCH 2020)

Challenges to VMMC target achievement: There were three critical challenges faced in the provision of quality VMMC especially in Q1; 1) A 30% attrition of mobilizers due to changed incentive scheme: In November 2019, PSI/Malawi changed the incentive scheme for mobilizers and stopped providing any incentives for the mobilization of 10- to 14-year-olds to align with the upcoming COP20 guidance; 2) Late payment of mobilizers: Demand Creation Officers (DCOs) were delaying disbursing funds to mobilizers and reconciling back. This resulted in demoralization of mobilizers and poor performance; 3) Inability to recruit qualified DCOs due to ending funding mechanism: To deliver the current targets, the VMMC program was supposed to deploy 18 DCOs (1 DCO per every service delivery (SD) team). However, since the SIFPO2 funding mechanism was originally ending in March 2020, PSI was unable to attract qualified DCOs. Because of this, the program ended up using lower cadres with limited abilities and in some instances a single DCO supported two service delivery teams. These overstretched and unqualified DCOs affected demand creation efforts.

In Q2 of FY20 PSI/Malawi addressed these challenges and put in place an action plan which included recruitment of new mobilizers, rolling out a revised VMMC training curriculum, scaling up use of a performance-based incentive scheme and extensively targeting adult men for VMMC to improve performance. These efforts resulted in a 65% increase in number of MCs performed in Q2 as compared to Q1.

Objective 4: Increasing FP/RH services to girls through DREAMS

Through SIFPO2 funding for DREAMS, PSI/Malawi is increasing availability of integrated voluntary FP/RH services for AGYW between the ages of 15-24 in Machinga and Zomba District. SIFPO2 funds support two youth-friendly integrated teams in these districts, as well as four HTS focused teams. In November 2018, PSI/Malawi rolled out service delivery for integrated voluntary FP/RH services in Zomba. Additionally, DREAMS activities aim to increase the number of AGYW and their male partners with a known HIV status, link HIV positive AGYW and their partners to treatment programs, and support risk reduction activities.

Voluntary FP/RH Services: In FY20, PSI/Malawi provided a broad range of voluntary FP services with specific focus on AGYW. Out of the total 11,584 voluntary FP services provided in the DREAMS districts this year, 7,194

(62%) services were accessed by AGYW. These services were provided in collaboration with One Community Go Girl Clubs (One C). **HTS:** In this reporting period, PSI/Malawi provided HTS to AGYW and men in Machinga and Zomba. PSI/Malawi distributed HIVST kits in the *Go Girl Clubs* focused on DREAMS girls and their potential partners within the

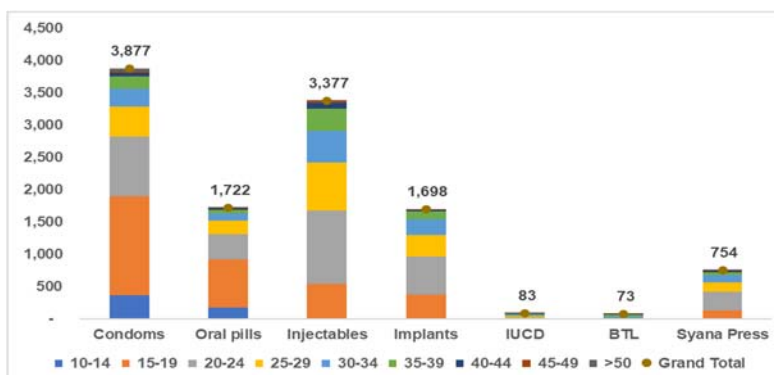


FIGURE 27: FY20 FP METHOD UPTAKE BY AGE (OCTOBER 2019 – MARCH 2020)

community. These efforts yielded 4,007 kits distributed in the DREAMS districts and 15% of the kits were distributed to males who were specifically identified as sexual partners of AGYW. Overall, 15 new positive cases were identified under DREAMS. Of those 15 new HIV positive cases, 3 (20%) were linked to care. From the new HIV positive cases identified, five were AGYW; two were males above age 15 while eight were females above age 24. PSI/Malawi supported linkage for all clients including the AGYW. However, only one of the five AGYWs identified as HIV positive was linked to care. This low linkage rate is not necessarily a challenge with actual linkage itself but rather a challenge with follow up and verification that linkage has happened. The majority of AGYWs identified as HIV positive during the period of reporting resorted to changing their names to remain unidentifiable as they linked to treatment.

DREAMS database: In FY19, PSI received funding from USAID to develop a database that tracks the number of AGYW that have completed the DREAMS primary package of evidence-based services or interventions. Each DREAMS partner uses the database to capture their own intervention data, making it possible to track layering across partners at the central level. The database supports reporting on the AGYW_PREV indicator, which is ultimately reported in Data for Accountability Transparency and Impact (DATIM) database by PEPFAR. During the reporting period, PSI provided TA and worked with partners to understand how their existing data systems related to DREAMS program reporting needs. PSI subsequently developed a prototype of the system, carried out user acceptance tests with partners, and incorporated partners' system improvement feedback. As a result of this process, the database was able to go live at the end of FY19.

In FY2020, PSI/Malawi led an end user training of trainers with PEPFAR and DREAMS implementing partners (IPs). In addition to covering data entry and DHIS2 analytics, the training included group discussions between participants on referral protocols and data entry timelines. In order to incorporate historical FY19 survey data into the system, PSI/Malawi worked with One Community to understand their survey outputs and data needs. PSI/Malawi then developed an event program on the DREAMS DHIS2 instance to house key components of the FY19 survey data and created corresponding program indicators for data analysis. As One Community transitions out of DREAMS implementation in FY21, this event program will continue to serve as a centralized place for retrospective data analysis of the historical FY19 survey data. In February 2020, PSI/Malawi led another end user training for IPs in Blantyre to continue building user capacity.

PSI/Malawi and the global PSI Digital Health & Monitoring team have been engaging with the University of Oslo (UiO) on designing and developing layering analytics as a core functionality of DHIS2. Layering analytics in DHIS2 are critical for AGYW_PREV reporting across multiple IP programs. The current approach requires a very high level DHIS2 architect who supports the project to write custom scripts. The goal of the collaboration with the UiO is to incorporate this capability directly into DHIS2, so that anyone with basic system training can conduct layering analytics.

Despite the challenges faced by COVID-19, PSI/Malawi continued robust support and communication with PEPFAR and DREAMS IPs during lockdown and through the end of the fiscal year in accordance with MoH and Child Care guidance and safety protocols. The last quarter of the year saw an intense level of effort focused on supporting the key IP, project One Community, conduct a rigorous data cleaning exercise of their cohort data. Through this support, One Community was able to finalize a comprehensive record of the AGYW that will be handed to World Education in FY21. Q4 also brought the onboarding of World Education in preparation for FY21 Q1 DREAMS implementation, which included training, workshops, system configuration changes, and work planning support.

At the end of September, PSI/Malawi began supporting IPs with annual performance report (APR) to ensure their data sets are complete, comprehensive, correct and in line with the standard operating procedures (SOPs) and guidance provided. In October, the team will continue to support PEPFAR and partners on APR reporting of AGYW PREV and the cascade of DREAMS indicators through EMPOWER.

Every Hour Matters (EHM) campaign: In FY19, PSI/Malawi was given financial resources by USAID to lead the adaptation and localization of the “*Every Hour Matters*” gender-based violence (GBV) campaign to Malawi to improve GBV case reporting with a focus on sexual violence and related cases that increase risk of HIV for AGYW and others. The campaign was meant to be a national campaign involving all key stakeholders in the GBV response. To facilitate the adaptation process, PSI/Malawi was expected to work with stakeholders to diagnose the specific barriers sexual assault survivors face in accessing post-rape care and adapt the campaign to address the specific communication issues identified.

Activities implemented in the reporting period

1. *Approval of the Communication Materials by the Minister of Gender (July 2020)* – Objective: *to get an official sign-off of the materials by the Principal Secretary and the Minister of Gender:*
On July 21, 2020, the Minister of Gender, Community Development and Social Welfare approved all communication materials developed for the localized Every Hour Matters (EHM) campaign for Malawi. The materials are accessible by all other implementing partners working on GBV issues from the Ministry of Gender’s repository for subsequent use. Additionally, a poster on access to critical post-GBV services from the global campaign was also adapted as an additional IEC material for the campaign resulting in the production of a two-minute radio slot, as well as a poster in the local language, Chichewa. The materials were produced specifically to inform communities as well as encourage survivors of sexual violence to access critical post GBV services. Two national tollfree lines were included in the materials for easy access to information as well as reporting GBV incidences.
2. *Launch of the EHM Campaign by the Minister of Gender (August 2020)* – Objective: *To signal start of implementation of the Malawi EHM campaign by stakeholders:*

In respect of COVID 19 restrictions on public meetings, a symbolic handover event involving a maximum of 15 people was planned to officially launch the campaign and handover the materials to government. The launch ceremony took place at the Ministry of Gender, Community Development and Social Services' boardroom in Lilongwe on August 14, 2020 and was presided over by the Minister for Gender, Community Development and Social Services, Hon. Patricia Kaliati. In attendance were The USAID Missions Director to Malawi, Mr. Littleton Tazewell, PEPFAR Coordinator in Malawi, Ms. Funmi Adesanya and PSI/Malawi Country Director, Mr. Jephtha Mtema. Members of the press came from Malawi Broadcasting Corporation (MBC) and Malawi News Agency (MANA). A press statement from the ministry was published in the local newspapers. Malawi News and The Weekend Nation.



FIGURE 28: SPECIAL PROGRAM ON GBV UNDER THE CAMPAIGN BANNER AIRED ON TIMES TV

3. Campaign Activations through the media (September 2020)
 – Objective: To help amplify the campaign using Radio, TV and Billboard Placements:

Following the launch of the GBV campaign, radios were engaged to kick-start activations by running radio jingles that were produced. The following national radio stations were engaged; Times Radio and Zodiak Broadcasting Station (ZBS). These were identified for their program diversity and increase in current listenership which has been a result of the recent political dispensation which saw a lot of people tune in to Times Radio and ZBS for balanced programming and coverage on current affairs. YONECO FM acted as both a community and national radio – a community radio because it has specific coverage and popularity in the eastern region districts of Zomba, Mangochi and Machinga, and a national radio because it has much emphasis on promotion of women and children rights and the advocating of ending GBV through its community engagement programs across the country. This proved as a good medium to partner with for the campaign.

The selected community radio stations included Chanco Community Radio in Zomba, and Radio Lilanguka in Mangochi. These two radio stations were selected because of the local listenership in the two districts of interest, Zomba and Machinga where a lot of GBV cases are usually reported especially among adolescent young women and girls. A total of 168 radio slots were aired in September 2020. A special GBV program focusing on the role of gate keepers (cultural, religious, and local authority) was produced and aired on YONECO FM. One special television discussion was aired on Times TV that focused on raising awareness of the available reporting channels, the immediate services available for survivors, current bottlenecks in the fight against GBV in local communities and the community's role in the fight against gender-based violations.

The program was in Chichewa and an audio version was subsequently aired on Times Radio to reach out to the audience that could not tune to the program on television. Finally, under the campaign two billboards with approved key messages were mounted to fly for three months from October to December 2020. One billboard is adjacent to the main bus terminal in Zomba and the other is prominently placed at Liwonde in Machinga district.

Challenges:

Program data for March 2020 included in this report could not be fully verified as VMMC services were suspended and staff withdrawn. As such M&E staff were not allowed to visit facilities to verify

the data amidst the threat of the COVID-19 pandemic. Currently services are back, and data verifications have resumed. Some of the COVID-19 preventive measures in place include:

- Developed and implemented standard sites-based SOPs for clients screening, clients flow and service provision in the context of COVID -19.
- All providers including M&E team received training on COVID-19 prevention, control measures and case reporting channels.
- VMMC providers work on a rotational basis to decongest theatres and minimize staff exposure.

KODI MUKUDZIWA CHIFUKWA CHOMWE OLA LIRIRONSE NDILOFUNIKA MUKACHITIDWA NKHANZA YOGWIRIRIDWA?

Mukachitidwa nkhanza yogwiriridwa, ola lirironse ndi lofunika kuti tichepetse chiopsezo cha mavuto ochuluka azaumoyo okhudza thupi komanso maganizo omwe munthu angathe kukhala nawo. Izi ndi zomwe mukufunika kudziwa zokhudza kuchepa kwa maola amene amakhalapo kuti mulandire chithandizo chofunikira kwambiri panthawi imene mwagwiriridwa.

PASANATHE MAOLA 72 (MASIKU ATATU)

ARVs Pitani kuchipatala kuti mukalandire ma ARV apangozi (PEP) pasanathe masiku atatu ndipo imwani pambuyo pogwiriridwa kuti muchepetse chiopsezo chotenga HIV. Maola 72 (masiku atatu) akadutsa ndi kofunikabe kuyezetsa HIV kuphatikiza pa kulandira uphungu ndi chithandizo choyenera malingana ndi m'mene zinthu ziriri

PASANATHE MAOLA 120 (MASIKU ASANU KAPENA KUTI 5)

Pitani kuchipatala kuti mukalandira njira yakulera yapangozi pasanthe masiku asanu ndipo imwani kuti mupewe kutenga mimba yosakonzekera

MOFULUMIRA

Pitani kuchipatala kuti akaone ngati mwavulala komanso kuti mukalandire chithandizo mwachangu.

- Landirani mankhwala kuti mupewe matenda ena opatsirana pogonana
- Landirani katemera opewa kafumbata ndi Hepatitis B/matenda otupa chiwindi (ngati kuli kotheka)
- Achipatala angathe kukuthandizani kutenga umboni umene ungakuthandizeni kulembetsa lipoti ku polisi
- Mukhoza kupatsidwa chithandizo china monga kuthandizidwa ndi a polisi, a zamalamulo, ndi ena omwe amathandizira nkhani zokhudzana ndi nkhanza zotere

NTHAWI INA ILIYONSE

- Landirani uphungu ndi chithandizo chothetsa nkhanza kwa akatswiri ogwira ntchito zotere
- Mukalandira mankhwala mwachangu, mankhwalawo amagwira ntchito bwino m'thupi mwanu.
- Komabe mukalephera kulandira mankhwala panthawi yake, chithandizo china cha zaumoyo ndi zothetsa nkhanza chingakhale chofunika ndi chothandiza

Kuti mudziwe zambiri kapena kunena za nkhanza zomwe mwakumana nazo imbani phone mwaulere pa nambala izi : 5600 kapena 116 ndipo mudzathandizidwa moyenera

Logos for USAID, VMMC, and other partners are shown at the bottom.

FIGURE 29: CAMPAIGN BILLBOARD CLOSE TO MAIN BUS TERMINAL IN THE CITY ZOMBA

NIGER

With SIFPO2 field support funding (March 2020-February 2021), PSI/Niger provided mobile outreach services for voluntary FP and support to public health centers. Between March 2020 and September 2020, mobile services included the provision of a wide range of contraceptive method options, as well as LARC removal services, demand creation activities, and training for healthcare providers. SIFPO2 activities in Niger were implemented in the remote and under-served region of Zinder (located 1,000km from the capital Niamey), and specifically in the four districts of Magaria, Doungas, Gouré and Damagram Takaya.



FIGURE 30: SENSITIZATION SESSION

The detailed achievements of SIFPO2 funding are as follows, organized by workplan objective:

Objective 1: Train 125 public sector providers (100 doctors, nurses, and midwives from 50 Integrated Health Centers in contraceptive technology and youth-friendly health services; 25 community health agents in contraceptive technology).

In addition to training/refreshing PSI's own midwives and quality assurance providers on PSI's Mobile Clinic Standard Operating Procedures (developed through the SIFPO2 core workplan in Year 5), SIFPO2 in Niger trained 100 public sector providers such as doctors, nurses and midwives in contraceptive technology and youth friendly-services. An additional 25 community health agents based at rural health posts were also trained in contraceptive technology.

Provider training (n=100, 54 of whom are female) was inclusive of LARC insertions and removals, in which many of these providers had little or no prior training. Insertions and removals were administered on anatomic models before being provided to actual clients under the supervision of trainers. Counseling using roleplaying, simulation, and interaction with actual patients was included in the training. All 100 public sector providers were also trained provision of healthcare services to youth.



FIGURE 31: ON-THE-JOB TRAINING OF PROVIDERS

25 community health agents (eight of whom are female) were also trained in contraceptive technology. These community health agents are based in rural health posts and are often the primary contact for clients seeking voluntary FP services in the absence of, or in between, mobile outreach services.

125 total providers were trained during the reporting period, meeting the workplan objective.

Objective 2: In collaboration with trained public sector providers, conduct mobile outreach activities in the districts of Gouré, Damagaram Takaya and Magaria districts in the region of Zinder

Between March and September 2020, PSI/Niger equipped 15 mobile teams in the intervention area with the necessary supplies, materials, and equipment to carry out mobile outreach events. This included LARC insertion and removal kits and medical consumables, as well as contraceptive commodities that were provided by the public sector.

During the reporting period, PSI/Niger organized and supported 15 mobile outreach events and 120 ‘field outings’, which are similar to mobile outreach services but conducted more routinely at health facilities by the public sector and tracked differently through Niger’s health information system. The field outings took place at 50 primary health facilities and 25 rural health posts.

In addition to the provision of voluntary FP counseling and services, services were integrated with the provision of prenatal consultations and childhood immunizations, which are part of the package of services offered by the public health system in Niger.

During the reporting period, PSI/Niger staff and public sector staff in four health districts provided 21,078 short-acting methods (10,985 injectables and 10,093 pills packs), 2155 contraceptive implants, and 22 IUD insertions to clients seeking voluntary FP services at the fixed/static sites supported by SIFPO2. IUD and contraceptive implants removals at the fixed sites totaled 2 and 85, respectively, during this period.

The mobile outreach services and field outings provided 2,830 short-acting methods (915 injectables and 1,915 pills packs), 790 contraceptive implants, and eight IUDs. Three implant removals were provided during this period, which had been initially inserted by other health providers/mobile clinics.

Objective 3: Foster public sector engagement and collaboration throughout the project duration to ensure both buy-in and skills transfer for sustained impact

PSI and the regional public health management team conducted 27 joint supervision visits within the four SIFPO2-supported health districts. The primary purpose of these visits was to supervise the providers who had been trained in contraceptive technology and evaluate them on the five quality assurance standards of: 1) technical competency; 2) client safety; 3) informed choice; 4) privacy and confidentiality; and 5) continuity of care.

The scores obtained by the providers varied by district (Mallaoua 88 %; Doungas 85%; Dagradi 65%; Goubdi 68%) and enabled both PSI staff and the public sector supervisors to identify and support facilities that were facing challenges reaching high quality assurance scores.

To ensure the quality of demand creation activities, both PSI technical staff and community actors collaborated to develop key messages that directly addressed rumors and misconceptions associated with voluntary FP methods, and in particular



FIGURE 32: SUPPORTIVE SUPERVISION

with LARCs. These messages were used by community health workers to raise awareness of the importance of voluntary FP in general, and the mobile outreach events particularly. SIFPO2 in Niger also carried out community mobilization activities using posters and other sensitization materials printed in collaboration with CHWs at the local level. These activities took place before each day of outreach mobile service delivery to ensure that the community was aware of the upcoming event.

Objective 4: Ensure real-time collection and analysis of service delivery and quality data (including DHIS2).

As part of the routine activities of SIFPO2, PSI/Niger has implemented a quality assurance system that ensures that services are provided according to global standards and in accordance with national protocols. The quality assurance system is based on PSI's *HNQIS* checklists, as well as Standard Operation Procedures for mobile outreach events.

During the implementation period, all SIFPO2 intervention sites used HNQIS to assess the quality of service provision at the level of the fixed health facilities, as well as during mobile services. The elements evaluated using this system included but were not limited to: assessment of the workplace environment/infection prevention, quality client counseling, availability of voluntary FP products, and quality provision of LARC and short-acting methods. The average HNQIS score 89% out of a possible 100%. Continuous challenges include the availability of sterilizers and adequate waiting rooms/space for both fixed and mobile sites.

Objective 5: Provide technical assistance to DFSA and Health Service Delivery Project partners for religious leader approach and financial capacitation approach

The PSI Zinder coordination team conducted regional-level meetings with the Save the Children and Catholic Relief Services (CRS). These meetings were intended to present the various projects and activities as well as the areas of intervention and enable the three organizations to coordinate on their respective geographic coverage zones.



FIGURE 33: ON THE ROAD TO A MOBILE OUTREACH EVENT

In the field, the PSI supervisors are in contact with their counterparts at Save the Children and CRS, specifically around activities that include mobile clinics and community-based distribution. In fact, PSI often collaborates with these actors to leverage distribution days to carry out activities to offer voluntary FP methods, especially in the town of Guidimouni.

Challenges:

- Despite coordination efforts, collaboration with the DFSA partners can be challenging without a formal framework. Partners do their best to coordinate effectively but efforts are sometimes ad-hoc and not systematic.
 - Community and religious norms continue to pose barriers for demand generation; SIFPO2 is working to address these myths and misconceptions through communication efforts.
- Limited human resources in very remote areas result in immense workloads for providers at the rural health posts.

- Trained providers may move or be transferred to different health facilities or health posts.

ZAMBIA

PSI network partner SFH Zambia received SIFPO2 funding to conduct research on the prevailing use and access to ECPs in Zambia to help inform policy and practice. By the end of the workplan in February 2020, SFH Zambia established critical groundwork for expanding ECP use within the context of informed choice, further diversifying the available mix of voluntary FP methods in the country. After conducting a study, a landscape analysis, and a literature review during previous reporting periods, PSI Zambia designed and implemented a catalytic intervention to improve service delivery and increased awareness of ECP use in Zambia.

Objective 1: Use evidence gathered to design and pilot a catalytic intervention that will bring greater ECP access in both the private and public sector and change social norms



FIGURE 34: PSI STAFF AND PARTICIPANTS DURING DESIGN WORKSHOP

SFH Zambia held a three-day catalytic intervention design workshop in July 2019. A number of stakeholders participated including MoH officials, USAID and UNFPA, medical store and private pharmacy representatives, voluntary FP providers and regulatory bodies such as the Health Professions Council of Zambia (HPCZ) and the Zambia Medicines Regulatory Authority (ZAMRA). At the end of the workshop, a catalytic intervention was developed which focused on youth interventions through an integrated SBCC strategy. The interventions aim to work with private sector pharmacists and pharmacy attendants through medical detailing and the

provision of job aids to improve knowledge and awareness of ECP. The initial SIFPO2 work plan was refined to accommodate this new approach and new timelines were incorporated. Prior to implementing the intervention, SFH Zambia conducted a pharmacy mapping activity in Lusaka and Copperbelt. Pharmacists and pharmacy attendants identified through the mapping exercise will be provided with a job aid that discusses all methods of contraception with specific messaging on ECPs. In addition, a mystery client survey has been proposed to assess whether private sector pharmacy staff who have received messaging and medical detailing regarding ECPs, are able to successfully engage with potential beneficiaries by providing clients with correct and complete information.

Key Activities and Results:

- ECP training materials were developed in collaboration with the Pharmaceuticals Society of Zambia (PSZ). Training materials were reviewed and approved by the PSZ who also proposed the addition of two chapters covering the following topics:
 - Chemical, pharmacological and pharmaceutical properties of levonorgestrel, and
 - Pharmacies practice of dispensing ECPs
- ECP provider job aids and client fliers were developed.

- SFH Zambia conducted ECP trainings for pharmacists, marketing agency and brand ambassadors. Between October and November 2019, SFH Zambia trained 32 pharmacists in the Lusaka and Kitwe regions with the goal of increasing their knowledge of voluntary FP and reproductive health including ECP provision.

Implemented a catalytic intervention promoting the use of FP to prevent unintended pregnancies and dispelling myths about emergency contraception. The intervention consisted of 16

“roadshows” in Lusaka and Kitwe township reaching around 37,500 community members. The aim of the roadshow was to prevent unintended pregnancies by providing communities with information on the full range of available voluntary FP methods as well as where they could be obtained. SFH Zambia contracted a marketing agency to create informational flyers and brand two buses with the tagline “*Pregnancy by Choice, Not by Accident*”. The buses were equipped with a sound system and stage for performances by hired celebrity brand ambassadors.



FIGURE 36: MOBILE STAGE/BUS WITH BRANDING

As a result, 21 out of the surrounding 28 pharmacies reported an increase in ECP consumption after the intervention with young women between the ages of 20 to 24 years being the largest consumers.



FIGURE 35: BRAND AMBASSADOR DISSEMINATING MESSAGES DURING A ROADSHOW IN LUSAKA

Following this intervention, SFH interviewed 28 pharmacies in communities where the roadshows were conducted (20 in Lusaka and 8 in Kitwe) to assess their immediate impact. The goal was to learn whether they experienced any increase in ECP sale.

Objective 2: Conduct Mystery Client Survey to assess knowledge and practices around ECPs after intervention implementation

Key Activities and Results:

IRB approval was recently granted to develop a mystery client survey study protocol to assess pharmacy staff knowledge of ECP and the quality of service provided to clients who obtained this method from pharmacies in the Lusaka and Kitwe Districts. This will help determine whether the knowledge levels and service delivery of the method has improved after the implementation of the intervention.

Challenges:

- Four of the roadshows planned as part of the catalytic intervention were rescheduled due to heavy rains. Additional unanticipated delays were experienced in securing permission from the Council and State Police.
- Despite all invitees confirming their participation well in advance, the pharmacy trainings in both Kitwe and Lusaka had lower than anticipated attendance.

ZIKA (LATIN AMERICA AND THE CARIBBEAN)

PSI, and its Central American network partner PASMO, implemented a broad array of SBCC activities as part of the regional Zika Prevention Project in Central America and the Eastern, English-speaking Caribbean. Zika project field activities were concluded during this reporting period.

Objective 1: SBCC for increased use of personal safeguards, including the voluntary use of voluntary FP and condoms to prevent unintended pregnancy and sexual transmission of Zika among women of reproductive age, pregnant women and their sexual partners

PSI and PASMO implemented a regional mass media campaign across multiple countries through the end of November 2019. The third wave of the campaign aired in Guatemala, Honduras, and El Salvador from July through September 2019 and in the Dominican Republic from October to November 2019. In English Speaking Caribbean (ESC) countries, the campaign aired from August to November 2019. The campaign materials were printed and distributed through local MoHs, social security, and other national health authorities to ensure continued use of the program deliverables beyond the end of the project. The radio spots and TV spots were also shared with MoHs to continue promoting vectoral disease prevention.

Cybereducators continued to provide information on vectoral transmission diseases, including Zika, Dengue, and Chikungunya, through social media outlets, such as Facebook. Cybereducators in Guatemala and El Salvador continued working through October, in Honduras through November, and in Dominican Republic through December 2019.



FIGURE 37: EXAMPLE OF SBCC PRINT MATERIALS USED IN THE CARIBBEAN

SIFPO2 also distributed 133 Zika prevention kits to pregnant women during this reporting period, consisting of one can of DEET-based repellent spray, latex condoms, and SBCC print materials with information related to Zika prevention and voluntary FP messages.

Key Activities and Results:

- The third wave of the SBCC campaign aired in Guatemala, El Salvador, and Honduras
- The second wave of SBCC second campaign aired in Dominican Republic and in ESC
- 133 Zika prevention kits distributed to pregnant women
- 1,129 people were directly engaged through Cyber-education interventions

Objective 2: Developed body of evidence regarding intended communities' knowledge about Zika transmission and prevention-seeking behavior to strengthen SBCC messaging and program responses at the community, regional and national levels

As part of PASMO's commitment to develop a body of evidence during this reported period, the following research activities were implemented during this reporting period:

- Round 7 of the Omnibus Survey and Round 3 of the AdTrack took place in Guatemala, El Salvador, and Honduras in September 2019.

- SIFPO2 conducted a total of seven rounds of a face-to-face Omnibus study in each country between 2017 and 2019. On January 29, 2020, SIFPO2 hosted a webinar to disseminate historical regional results from all seven rounds of the study. USAID representatives, MoH representatives, and other interested stakeholders were invited to attend the webinar virtually.
- AdTraC study, a quantitative analysis on people's behaviors, attitudes, and common practices related to Zika, was conducted in 2019 and surveyed over 1,000 individuals in each Guatemala, El Salvador, Honduras, and Dominican Republic. The results were disseminated through webinars to USAID representatives, MoH representatives, working groups, and other IPs and stakeholders. The webinars in Guatemala, El Salvador, and Honduras took place on September 3rd, 4th, and 5th, respectively, and in the Dominican Republic on October 10th.
- For the AdTrack study in ESC, the PASMO Regional Office circulated a tender to complete a review of the communication campaign in the three largest countries (T&T, Guyana, and Jamaica) and selected Market Facts and Opinions (MFO) Ltd, based in T&T. MFO completed the assessments between September and November of 2019, interviewing over 400 individuals in each of the 3 countries. On December 11th, virtual presentations were conducted for key stakeholders in each of the countries, including USAID, Ministries of Health, and CARPHA. Despite having confirmed attendance, unfortunately the MoH representatives from Guyana and Jamaica were not able to join the presentations due to last minute scheduling conflicts. The Guyana presentation was rescheduled for December 23rd, and both the MoH and the USAID rep in Guyana were able to join. The MoH in Jamaica was unable to confirm a new date or time in December, so the final report was sent via email and PSI Caribbean has offered to present the presentation at any time.

Key Activities and Results:

- Dominican Republic: Adtrack in October 2019
- ESC: Adtrack in October/November 2019
- Cumulative Omnibus webinar was presented **on January 29, 2020**

Objective 3: Increased provider knowledge about Zika and increased number of private health service providers who incorporate Zika counseling into integrated FP/RH services

Local teams in Guatemala and El Salvador participated in close out activities during October 2019 with providers, teachers, and students participating in Zika prevention activities. In Honduras, the local project team participated in a close out activity in November 2019 with teachers participating in the training and replica processes.

The Dominican Republic team hosted the following closeout activities:

- **Zika integration activity:** SIFPO2 team hosted an integration event for project trained Zika providers, "*Estrategias integradas para el abordaje en la prevención del Dengue, Zika y Chikungunya*," (Integrated strategies for Dengue, Zika and Chikungunya prevention) in Santo Domingo Este on November 27, 2019 with 45 attendees. The country team shared project results and best practices, opening a discussion about shared experiences in Zika prevention work. The three Area Managers from Santo Domingo Este, Santo Domingo Centro, and Santo Domingo Este Municipal, the regional Office Manager, the Local Project coordinator, and 35 health providers participated in the event. Among the themes discussed were innovative processes for Zika, Dengue, and Chikungunya prevention, cyber-education strategies, and project results.
- **Zika symposium:** SIFPO2 team presented a Zika symposium in Santo Domingo on October 9th, 2019 in coordination with the MoH of the Dominican Republic. The symposium

aimed to discuss prevention measures and experiences with Zika, Dengue, and Chikungunya and to increase capacity for communication and Social behavior change. Over 100 individuals participated in the event, including the USAID Zika focal point, the Minister of Health and other authorities from the MoH, provincial directors, National Health Areas Managers, directors and technicians from various government departments, allied Zika providers, representatives from the public and private health sectors, Catholic Church, Cruz Roja Dominicana, UNICEF, UAPA, and OPS. The topics covered during the event included private sector response to Zika; capacity building using impact strategies to decrease arboviruses; strengthening and enhancing communication in education processes to promote healthy behavior change; strategic alliances on Dengue, Zika, and Chikungunya prevention; and psychosocial support in response to Zika.

Key Activities and Results:

- Close out activities in Guatemala, El Salvador, and Honduras
- 45 participants attended the Dominican Republic Zika Integration Activity
- 100 participants attended the Dominican Republic Zika Symposium

Objective 4 in Phase I: Responsible oversight of project resources and efficient, cost-effective implementation at all levels

The program team has worked to continuously monitor and improve data entry systems as well as to provide supervision and quality control of activities implemented at the local level. Additionally, the team has supported rigorous budget monitoring to meet all project objectives.

Objective 4 in Phase II: Increased youth and adolescent knowledge about Zika, and increased number of public educational institutions that incorporate Zika counseling into integrated FP/RH services

As youth in Central America and the Caribbean represent a significant proportion of the sexually active population, SIFPO2 implemented specific efforts in Guatemala, El Salvador, and Honduras to engage and sensitize youth and their teachers on Zika prevention as part of the broader FP/RH issues affecting the wellbeing young people. Throughout the life of the project, SIFPO2 has reached more than 60,000 young people across three countries and trained and sensitized more than 2,100 teachers. In many cases, the young people served as teacher liaisons or points of contact for the sustainability of interventions.

Sustainability Activities:

With the program ending, local teams worked to ensure the program's sustainability strategy:

- **Distribution of materials to local governments:** SIFPO2 has taken measures to ensure that local governments and Ministries of Health have the campaign materials to continue distributing them after the close of project. The team has distributed educational/recreational materials to the District -level health department (DAS), which will be used to continue providing information on Zika prevention at health fairs and through other prevention activities. Disseminating printed educational materials to Ministries of Health and other entities that are trusted by the intended beneficiaries facilitates the implementation of social behavior change activities after the closeout of SIFPO2. For example:
 - The MoH in Dominican Republic requested campaign materials (printed, radio and TV spots) and continues using these materials in different activities nationwide.
 - The El Salvador team prepared materials to be distributed to the Social Security Institute (ISSS), who distributed these materials to health centers and hospitals to help health providers share accurate information.



FIGURE 38: CUMULATIVE RESULTS OF INTERACTIONS THROUGH THE PROJECT FACEBOOK PAGE “CUIDATE BIEN”, A KEY COMPONENT OF THE PROJECT’S SOCIAL MEDIA STRATEGY

- USAID Partner’s Communication Committee (PASMO is a member) in El Salvador presented a document called “Estrategia de comunicación y participación comunitaria, para el abordaje integral del Zika y otras arbovirosis” (Community participation and communication towards Zika and other arboviruses) to the MoH. The document is an attempt to coordinate risk communication actions from the intersectoral level with community participation before, during, and after an epidemic, informed by the Zika prevention strategy.
 - The Guatemala team has shared the Zika prevention methodologies developed under SIFPO2 with health centers and schools located in several MoH Health Areas.
 - The Guatemala team developed a Nutritional Guide for children with Zika Congenital Syndrome (ZCS). The nutritional guide was widely distributed, including to the MoH.
 - **Building capacity of service providers:** SIFPO2 worked to sensitize, train, and provide follow-up support to both private and public sector doctors and other healthcare professionals, including nurses, health promoters, and clinicians. The aim was to integrate Zika prevention counseling into routine antenatal care to promote community-level prevention. During this activity, the project discovered that, for many individuals, the first point of contact for care is a Pharmacy Attendant. As a result, Pharmacy Attendants were trained to provide accurate information about Zika prevention. In order to ensure the continued quality of these services, SIFPO2 staff conducted follow-up visits with providers and pharmacy attendants to confirm that the providers were retaining and relaying accurate information about Zika prevention to their beneficiaries. Project staff conducted 96 follow-up visits between September and October 2019. SIFPO2s also worked with Social Security clinics to build capacity of trained medical and nursing staff to continue presenting information about Zika prevention at clubs and at health fairs. In some countries, community leaders were included in awareness-raising efforts to ensure a broad range of stakeholders engaged in Zika prevention.
- To guarantee sustainability of activities under “*Jóvenes Saludables*” SIFPO2 is working to integrate four SSIAAs (clinics within schools) in Honduras into the health network (RISS) in order to maintain support from the MoH and continue provider training on Zika prevention. The Secretaries of Education and Health are currently reviewing a Memorandum of Understanding to integrate these clinics into the health network.
- **Continued campaigns through online platforms:** As part of the SBCC campaign, SIFPO2 implemented an interactive social media strategy which included a Facebook Fan Page, “*Cuidate Bien*” with key messages adapted for the online format and disseminated among intended beneficiaries. The “*Cuidate Bien*” Facebook page continues to post information about voluntary FP and Zika prevention to promote ongoing practice of healthy behavior for Zika prevention. As part of the exit strategy, SIFPO2 team worked with its social media team before the close of project to setup automatic bi-weekly posts for the following year to ensure continued interaction for Zika prevention behaviors.

Challenges:

One challenge facing the project is in ensuring the participation of private sector providers, including pharmacies, in the response to Zika after project close out. The project worked to ensure that providers had all required tools to continue their response to Zika and promoting Zika prevention.

Another challenge was that planning close out events required authorizations from the MoHs or Ministries of Education as well as the other stakeholders and parties involved which lead to delays.

Lastly, the Dengue outbreak, declared an emergency in Honduras, challenged coordination efforts and participation during the working group close out event. As a result, only three organizations participated, and participant numbers were lower than anticipated.

[End]