

The RESPOND Project: A Legacy of Leadership, Learning, and Impact

Final Project Report

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The RESPOND Project
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info-respond@engenderhealth.org
www.respond-project.org

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Acronyms and Abbreviations

BLM	Banja la Mtsogolo
CDC	U.S. Centers for Disease Control and Prevention
CHW	community health worker
COMMPAC	Community Mobilization for Postabortion Care
CoP	community of practice
COPE [®]	client-oriented, provider-efficient (services)
CPR	contraceptive prevalence rate
CYP	couple-year of protection
DHS	Demographic and Health Survey
DRH	Division of Reproductive Health (Kenya) Directorate of Reproductive Health (Malawi)
FIGO	International Federation of Gynecology and Obstetrics
FOJASSIDA	Fórum Juvenil da Apoio a Saúde e Prevenção da SIDA
FP	family planning
GBV	gender-based violence
IBP	Implementing Best Practices
ICM	International Confederation of Midwives
ICN	International Council of Nurses
IEC	information, education, and communication
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
JHU•CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
LA/PMs	long-acting and permanent methods [of contraception]
M&E	monitoring and evaluation
MA	member association
MAP [®]	Men As Partners [®]
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare [Tanzania]
MSI	Marie Stopes International
MVA	manual vacuum aspiration
NFPCIP	National Family Planning Costed Implementation Program
NGO	nongovernmental organization
NSV	no-scalpel vasectomy

OCAT	organizational capacity assessment tool
PAC	postabortion care
PEPFAR	President’s Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission [of HIV]
PSI	Population Services International
RH	reproductive health
RHSC	Reproductive Health Supplies Coalition
RTP	RESPOND Tanzania Project
SEED	supply–enabling environment–demand
SSD-I	Support for Service Delivery-Integration [Malawi]
TA	technical assistance
UCF	União Cristã Feminina
USAID	United States Agency for International Development
VCT	voluntary counseling and testing [for HIV]
WHO	World Health Organization

Executive Summary

The RESPOND Project (which stands for Responding to the Need for Family Planning) is a five-year Leader with Associates Cooperative Agreement that was awarded to EngenderHealth by the United States Agency for International Development (USAID) in September 2008 (and that was extended for one additional year in 2013). RESPOND was established to advance the use of reproductive health (RH) and family planning (FP) services, with a focus on informed and voluntary use of long-acting and permanent methods of contraception (LA/PMs). RESPOND partners the Futures Institute, FHI 360, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP), Meridian Group International, Inc., and the Population Council brought expertise and complementary competencies to provide global leadership, generate new knowledge driven by country-level experiences, and assist FP programs to address individuals' unmet need for FP and help them to achieve their reproductive intentions.

As a global catalyst and technical resource for FP programming, particularly for LA/PMs, RESPOND's legacy lies in its pivotal advocacy and thought leadership on fundamental considerations in LA/PM service provision, such as the centrality of rights and choice, the importance of considering and meeting reproductive intentions across women's and men's reproductive life cycles, the need to conceptualize and program holistically, the extent of the demand and unmet need for limiting, and the importance of male engagement in HIV and GBV prevention and response efforts. RESPOND also leaves an important legacy of key models, tools, information resources, and programming approaches that have been widely disseminated and institutionalized to strengthen commitment for LA/PM programming, increase access to LA/PMs, and transform harmful gender norms through constructive male involvement.

Among the highlights of RESPOND's implementation are that the project:

Exerted Global Thought Leadership

At the global level, RESPOND highlighted, in papers and at international FP meetings, the need to meet reproductive intentions across the life cycle; the extent of the demand for limiting and the importance of meeting unmet need for limiting; and the centrality of rights and choice as the international FP community works to expand access to modern methods of FP and to address unmet need, including having:

- Published 13 articles in peer-reviewed publications, cited by 123 others
- Developed an e-learning course ("LA/PMs: A Smart FP/RH Program Investment") on the USAID Global Health eLearning Center
- Established and served as the secretariat of the LA/PM Community of Practice
- Revised the couple-year of protection conversion factors to reflect changing technologies (These factors are widely used by USAID and other partners.)
- Codeveloped web-based Implants and Permanent Methods toolkits
- Promoted and built capacity for LA/PMs through collaborations with the International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN)
- Served as the Secretariat for the interagency USAID-led Postabortion Care Connection Working Group

- Participated in World Health Organization (WHO) expert consultations on: task-shifting for FP; postpartum contraception; community-based provision of injectable contraceptives; revision of the WHO Medical Eligibility Criteria; and consideration of the possible association of HIV with use of hormonal contraception, including how to communicate WHO recommendations accurately and optimally on this important topic with great potential for fear and misperception
- Provided a total of 72 expert consultations
- Provided peer review of 22 manuscripts submitted to a range of important scholarly journals in the RH/FP field

Advanced Holistic Programming for LA/PMs

RESPOND advocated for and built capacity in holistic FP programming through the dissemination and use of EngenderHealth’s Supply–Enabling Environment–Demand (SEED)TM Programming Model. This conceptual model emphasizes the centrality of meeting reproductive intentions and of the client-provider nexus, and it posits that FP programs will be most successful and sustainable if they address the multifaceted determinants of health in a coordinated and comprehensive fashion, at both global and country levels.

At the global level, SEED has been used as an overarching construct for USAID’s High-Impact Practices in FP; used to structure the high-level Francophone West Africa conference—“Population, Development, and Family Planning: Urgency to Act”; and applied as an organizing framework for postabortion FP action plans. At the country level, RESPOND used SEED to guide the long-term technical assistance (TA) to ministries of health in Burkina Faso, India, Malawi, Tanzania, and Togo and short-term TA in Cambodia, Nigeria, and Rwanda.

Developed and Applied Models, Tools, and Approaches for LA/PM Programming

RESPOND developed and institutionalized key models, tools, and approaches, including the following:

Produced and Utilized Tools for Data for Decision Making

- RESPOND provided training and support for FP programming using Reality Check, a planning and advocacy tool, enabling local leaders to translate commitments into action by setting achievable FP goals and creating realistic plans. Highlights include:
 - In Senegal, Reality Check data were used to establish a realistic, evidence-based FP goal and to develop district, regional, and national plans to achieve the goal.
 - In Malawi, Reality Check was used to successfully advocate for increased resources for FP and increased focus on LA/PMs. It was subsequently used for goal-setting at the national level and planning at the district level.
- RESPOND conducted secondary analyses of Demographic and Health Survey (DHS) data from 47 countries, comparing users and nonusers of different FP methods against key background variables, and compiled the findings from this analysis into an application called *Stat-Shot: Focused Family Planning Data at Your Fingertips*. The tool can inform advocacy presentations by highlighting disparities in method use and can facilitate evidence-based decision making and priority setting by identifying knowledge gaps or underserved groups. Data from Stat-Shot have been used to develop a journal article (“Women’s Growing Desire to Limit Births in Sub-Saharan Africa: Meeting the Challenge”) highlighting the demand for limiting births and the low use of LA/PMs for limiting. Stat-Shot data have also informed country assessments in Cambodia and Nigeria, as well as presentations at international conferences and USAID meetings.

Created and Institutionalized Models for Capacity Building for Service Delivery

- From 2011 to 2014, RESPOND provided TA, including a participatory self-assessment of capacity and small grant funding for the implementation of action plans, to International Planned Parenthood Federation (IPPF) Member Associations (MAs) in six West African countries, to ensure contraceptive choice by helping them build their capacity to provide long-acting FP methods through their network of clinics. Key results included increases in services and the leveraging of a total of \$2.2 million in new funding by the MAs using SEED as the organizing framework for proposals submitted to donors. Further, the IPPF Africa Regional Office has cobranding, has endorsed, and will apply RESPOND’s technical materials throughout their MAs.
- In Kenya, RESPOND and the Division of Reproductive Health leveraged local resources to train 72 trainers and implement cascade and on-the-job training of 156 FP providers, quickly producing an increase in LA/PM capacity and substantial increases in the use of long-acting methods.

Developed Approaches for Capacity Building for Demand Generation

- In Kenya, RESPOND implemented the Community Mobilization for Postabortion Care (COMMPAC) activity, improving community involvement in treatment of postabortion complications and building community capacity to address postabortion care (PAC)–related needs. An evaluation found that awareness of danger signs in early pregnancy was higher among women in intervention areas than in the comparison sites, and the proportion of PAC clients who reported receiving FP information at intervention sites increased.
- RESPOND implemented an employer-based approach to introduce FP, particularly LA/PMs, to employees of industries in Kanpur, Uttar Pradesh, India. An evaluation found that more workers who were exposed to the intervention were more likely to report discussing FP with their spouse in the last year (85%) than those who were not so exposed (51%) and that 65% of users of nonpermanent methods of contraception who both participated in a health talk and visited a health desk switched to a different method.

Strengthened Contraceptive Security for LA/PMs

RESPOND contributed to the global dialogue about and resources for improving contraceptive security and implemented field interventions to address the challenges that many programs face in forecasting contraceptive needs and transporting contraceptives and supplies, critical to the quality provision of LA/PM services, to facilities from the district level.

At the global level, RESPOND’s thought leadership was evident in the publication of a widely cited journal article, “Contraceptive Security: Incomplete Without Long-Acting and Permanent Methods of Family Planning.” This article, which proposed a definition of contraceptive security emphasizing the importance of having full method choice and of not neglecting LA/PMs in global and national contraceptive security efforts, was disseminated in plenary presentations that RESPOND made at annual global meetings of the Reproductive Health Supplies Coalition (RHSC) in Paris and Kampala. RESPOND collaborated with the RHSC and with the USAID|DELIVER Project to ensure the inclusion of LA/PMs in products guiding contraceptive security strategies to ensure clients’ informed choice and access to a full range of FP methods.

RESPOND piloted and evaluated the COPE for Contraceptive Security tool in Tanzania. Providers reported that COPE for Contraceptive Security had helped them to identify and resolve contraceptive security issues at the facility level, resulting in reductions in stock-outs. Subsequently, the numbers of new FP users increased by 61% (from 2,341 to 3,779), and the approach was scaled up in other

districts. In Malawi, RESPOND facilitated a South-to-South collaboration, with Tanzanian facilitators introducing COPE for Contraceptive Security.

Promoted Focus on Contraceptive Choice and Human Rights in FP Programs

RESPOND advanced the global conversation on contraceptive choice and human rights in FP programs through an expert consultation at The Rockefeller Foundation's Bellagio Center that led to the development of the Checkpoints for Choice orientation and resource package; the creation of a conceptual framework for voluntary, rights-based FP; and a systematic review of tools that support voluntary FP programs that respect, protect, and fulfill choice. These resources position programs to better address the challenge of ensuring informed choice in FP services and factors that affect clients' access to FP options and their ability to choose freely.

Enhanced the Evidence Base for LA/PM Programming

Through four research studies, RESPOND deepened the international FP community's understanding of the barriers to LA/PM use, the dynamics of informal payments for RH services, different models for mobile FP service delivery, and the safety and acceptability of a new long-acting method (Sino-implant (II)).

Provided Support for Country Programs

Through field support funding, RESPOND provided long-term TA for LA/PM training and service delivery and gender programming for gender-based violence (GBV) prevention and HIV prevention in 11 countries.

- RESPOND provided long-term TA in Burkina Faso, India, Malawi, and Togo to strengthen holistic programming for FP, with a focus on LA/PMs, using the SEED Model. RESPOND introduced global tools, models, and approaches to public- and private-sector entities to build their capacity to program for LA/PMs.
- In Côte d'Ivoire, Namibia, and South Africa, RESPOND provided long-term TA in the use of the Men As Partners® (MAP®) approach to engage men in HIV prevention efforts.
- In Angola, Burundi, Guinea, and Tanzania, RESPOND used MAP to address gender norms that lead to GBV and to inadequate health system responses to GBV survivors.

Conclusions

RESPOND provided technical, programmatic, and advocacy leadership; generated evidence and knowledge; and facilitated knowledge sharing at both global and country levels. It also built capacity for RH and FP programming, particularly for LA/PMs, in the field.

Over six years, the project advocated widely and successfully in many ways for donors and implementers to place a greater emphasis on LA/PMs, contributed to increasing knowledge about LA/PMs among program leaders and donors, developed, enhanced, and applied tools, models, and curricula for LA/PM programming, built capacity for LA/PM programming and for gender programming, and advanced the understanding of the importance of taking a holistic, synergistic approach and developing comprehensive programming for LA/PMs.

Yet the availability of LA/PMs in FP programs will likely remain limited and uneven, especially in low-resource settings. Much remains to be done to ensure that women, men, and couples everywhere are able to choose and access the FP method that best suits their needs. In particular, FP programs must

pay attention to clients' reproductive intentions. From RESPOND's six years of implementation stem several lessons that can be applied to future FP programs:

1. When designing FP strategies and programs, work holistically, by addressing supply, enabling environment, and demand. Holistic planning and programming should shape and guide strategy development and program implementation. When local resources are too limited to address together all of these aspects, USAID/Washington can play a global role in issuing guidance and facilitating linkages to foster such programming.
2. Maintain a focus on contraceptive choice and human rights. FP programs must ensure that clients face neither barriers to accessing a wide range of methods nor coercion (either direct or subtle) to use a particular method.
3. Global projects can play a critical role in advocating, creating, synthesizing, and disseminating evidence, approaches, and high-impact practices. Such projects have the ability to apply tools and lessons from the field at the global level and at the same time apply global lessons and information strategically at the country level.
4. LA/PMs will continue to have an important role to play in health programs' ability to meet the reproductive intentions of their clients. Despite increased attention to LA/PMs in general, permanent methods remain neglected and not widely available in many FP programs, despite the very large unmet need for limiting future births.
5. The LA/PM Community of Practice has proven to be a useful mechanism for sharing information about LA/PMs and for providing an opportunity for dialogue among policymakers, program planners, and RH professionals. It needs to be nurtured and supported in the future, to continue its role as a clearinghouse for LA/PM-related knowledge and experiences.

With more than 220 million women having an unmet need for FP, USAID and other donors must continue to invest in dedicated FP programming with a focus on LA/PMs, to ensure that couples everywhere are able to access the method that best meets their needs in a timely manner. RESPOND's work to advance support and capacity for LA/PM programming will have to be continued if the RH challenges of the future are to be overcome and the needs of couples around the world are to be met.

Overview

The use of family planning (FP) brings a variety of benefits to the health of individuals and to the development of communities and countries as a whole. Contraceptive use has increased in recent decades in much of the world,¹ with an estimated 645 million women in the developing world currently using modern FP methods. However, more than one in every four women (26%) in low-resource countries (222 million women) have an unmet need for modern contraception, and in the world's 69 poorest countries, the number of women with an unmet need increased from 153 million in 2008 to 162 million in 2012.^{2,a} Thirty-one percent of married women in Sub-Saharan Africa report having an unmet need. In Middle Africa, unmet need for modern contraception (37%) is five times greater than modern method use (7%), and 84% of total demand for modern contraception is *not* being met. Similarly, in West Africa, unmet need for modern contraception (30%) is more than triple the level of modern method use (9%), and 77% of total demand for modern contraception is unmet. Young, sexually active, and never-married women often face the greatest difficulties in accessing contraception, and unmet need among these women in West and Middle Africa is 51%.

Seventy-nine percent of unintended pregnancies in low-resource countries occur among women with an unmet need for modern contraception, and half of the estimated 80 million annual unintended pregnancies in low-resource countries end in abortion. Recent data from a number of Eastern and Southern African countries (e.g., Kenya, Madagascar, Malawi, Namibia, Rwanda, South Africa, and Swaziland) indicate that the demand to limit births not only has risen among married women, but now exceeds demand to space births.³ If all unmet need for contraception were met, 104,000 maternal deaths would be prevented each year, mainly in Sub-Saharan Africa and South Asia; in addition, for every instance of mortality, there are 20 of serious morbidity.⁴

Moreover, current FP users may not be using the method that most conveniently and effectively meets their reproductive intentions. Long-acting and permanent methods of contraception (LA/PMs)—the intrauterine device (IUD), the hormonal implant, male sterilization (vasectomy), and female sterilization—are highly effective,⁵ but in many low-resource countries, these methods are neither available nor accessible.^{6,7,8} However, when these highly effective provider-dependent methods are available, accessible, and affordable, they are widely chosen: More than a quarter billion women and couples rely on a permanent method, and female sterilization is the most widely used modern method in the world (with a prevalence of 19%).⁹ The lack of LA/PM availability and access continues to be a major barrier to women and couples having meaningful choices from a range of modern methods suitable for their reproductive intentions. Furthermore, poor and disadvantaged populations generally have much lower access to LA/PMs.

To address unmet need and “uneven” access to and availability of LA/PMs, in 2008 the United States Agency for International Development (USAID), through its Bureau of Global Health/Office of Population/Services Delivery Improvement Division, awarded EngenderHealth with The RESPOND Project (which stands for Responding to the Need for Family Planning), a five-year Leader with Associates Cooperative Agreement. RESPOND programmed \$51,453,703.40 (Appendix C). In 2013, RESPOND received a one-year extension to further enhance its global leadership on LA/PMs, to

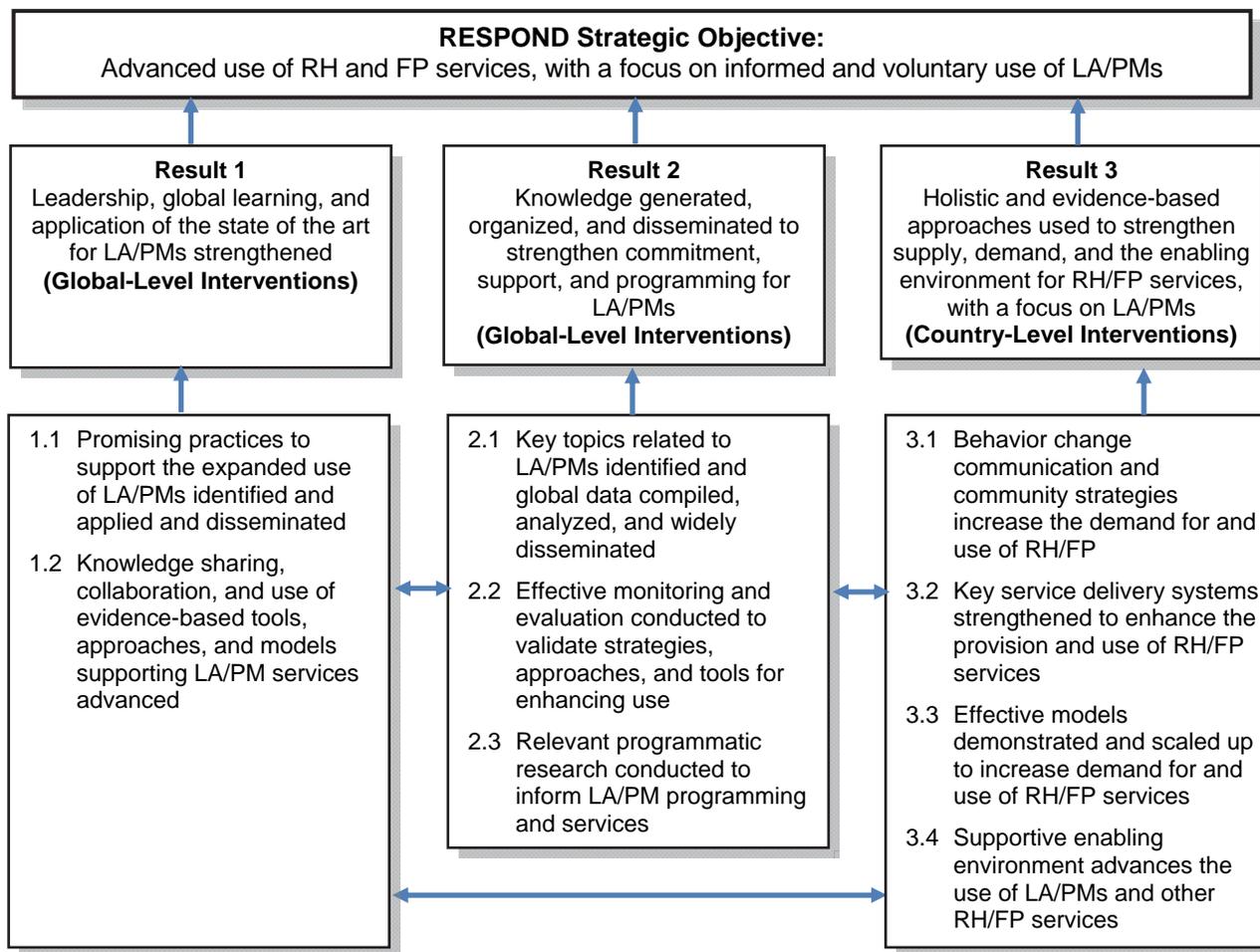
^a Unmet need for contraception is the percentage of women of reproductive age (15–49) who would like to prevent or delay pregnancy but are not currently using contraception.

continue to support in-country capacity development and health systems strengthening, and to document its technical assistance (TA) and experiences.

Led by EngenderHealth, RESPOND was implemented as a partnership with six other organizations: the Futures Institute, FHI 360, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP), Meridian Group International, Inc., and the Population Council. This partnership united complementary competencies to provide global leadership, generate new knowledge driven by country-level experiences, and assist FP programs to address individuals' unmet need for FP and help them to achieve their reproductive intentions.

RESPOND's Strategic Objective was to advance the use of reproductive health (RH) and FP services, with a focus on informed and voluntary use of LA/PMs, through the achievement of three key results (Figure 1). The first two results constituted RESPOND's collaboration with USAID to advance a global leadership agenda in support of increased commitment, resources, and action related to LA/PM programming. The third result entailed provision of TA and other support to USAID country programs to expand RH/FP services, often testing or bringing to scale models, tools, and approaches to advance country programs and global learning.

Figure 1: The RESPOND Project Results Framework

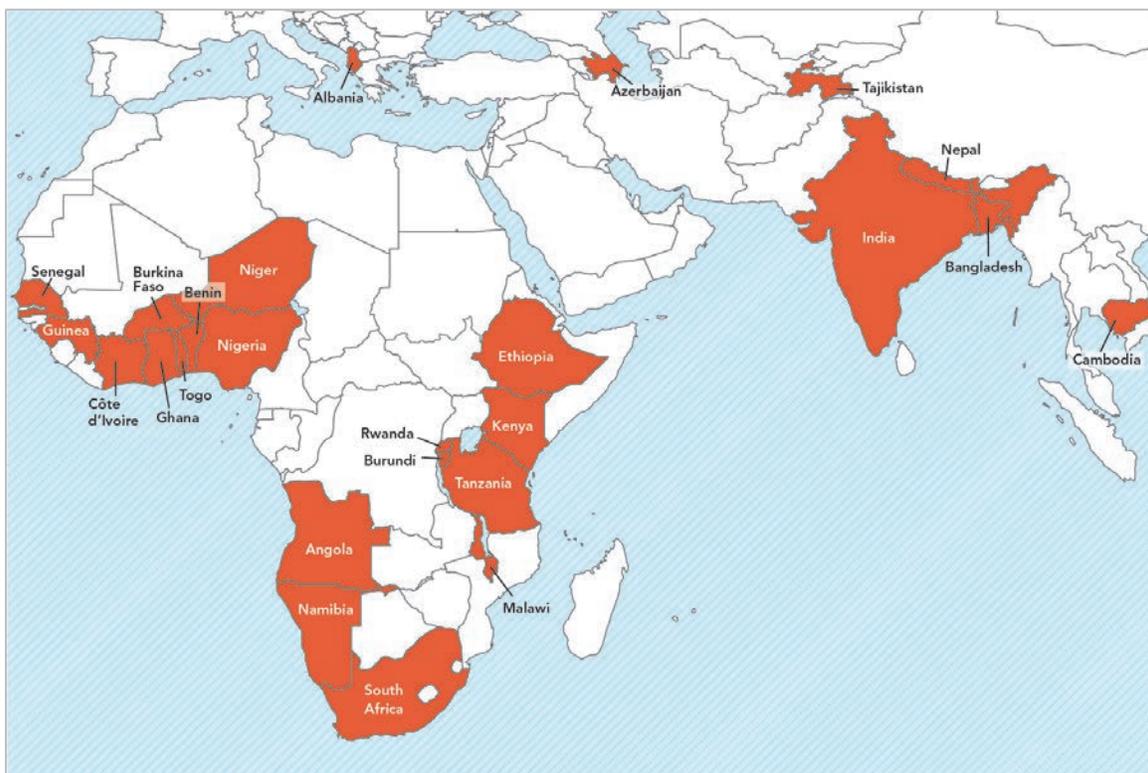


RESPOND's legacy is as a global thought leader, catalyst, and technical resource for FP programming, particularly for LA/PMs. This legacy lives on through:

- Peer-reviewed journal articles, published briefs and special studies, and advocacy and information, education, and communication (IEC) materials, all of which have been widely disseminated and are readily available on public web sites.
- Tested tools, models, and approaches that facilitate the use of data for decision making, organizational capacity building, and contraceptive security, all of which have been deployed and adopted in USAID priority countries.
- Curricula and training resource packages on ensuring informed choice and rights, providing clinical FP services, and transforming harmful gender norms through constructive male involvement in the prevention of HIV and AIDS and gender-based violence (GBV).

In addition to the development and deployment of products and resource materials, RESPOND provided TA, including: short- and long-term TA for FP and gender programming; inclusion of countries in global studies; and testing and evaluation of tools, models, and approaches for use worldwide at different points in time and with varying levels of intensity, in a total of 25 countries (Figure 2). RESPOND's receipt of USAID Mission and President's Emergency Plan for AIDS Relief (PEPFAR) field support from 11 countries is a testament to the value of the project, as is its receipt of funding for three associate awards in Tanzania (\$42,357,285 awarded in 2012 for the RESPOND Tanzania Project) and Bangladesh (\$11,848,773 awarded in 2009 for the Mayer Hashi Project and \$20,000,000 awarded in 2013 for the Mayer Hashi II Project). Appendix D presents more details on RESPOND's specific involvement in each country, except for the associate awards, which are not covered by this final report.

Figure 2: Map of RESPOND countries



The remainder of this report presents information on:

1. Key accomplishments in the following thematic areas:
 - Global thought leadership for LA/PMs
 - Holistic programming for LA/PMs
 - Tools to facilitate data for decision making (enabling environment) and capacity building (supply and demand)
 - Contraceptive security for LA/PMs
 - Respect, protection, and fulfillment of informed choice and rights in contraception
2. Contributions to country programs
3. Conclusions and lessons learned
4. Relevant appendixes

Accomplishments are presented by theme rather than according to the three project results; the report covers all three results and subresults enumerated in Figure 1 and provides information on outputs and outcomes achieved for each.

Key Accomplishments

Key accomplishments for each thematic area are presented, drawing on a range of data sources, including: routine monitoring data; in-depth evaluations; and postactivity follow-up via e-mail, telephone, and in-person discussions. As some monitoring and evaluation activities included qualitative data collection, illustrative quotes highlighting key accomplishments are presented. References are provided in instances where more in-depth descriptions of processes and results are available in a product developed by RESPOND. Results for each of RESPOND’s global indicators are found in Appendix A.

Exerted Global Thought Leadership and Advocacy

At the global level, RESPOND advanced support for and technical capacity to provide LA/PMs by publishing articles in peer-reviewed journals, developing technical resources, establishing and chairing the LA/PM Community of Practice (CoP), making multiple presentations at international and national FP conferences and other similar venues, and providing expert consultations on LA/PM programming, as described below.

Published Extensively on Key LA/PM Topics in Peer-Reviewed Journals and Grey Literature

RESPOND published a total of 13 articles in peer-reviewed publications. (See citations in the full list of RESPOND products in Appendix B.) These commentaries and review articles address important LA/PM topics, including hormonal implants, female sterilization, vasectomy, contraceptive security, unmet need, demand for limiting, and rights. They represent a significant contribution of RESPOND to generating and disseminating knowledge at the global level and are a lasting resource.

Title	Journal (Year)	Citations (as of July 2014)
Progestin-Only Contraception: Injectables and Implants	<i>Best Practice & Research Clinical Obstetrics & Gynaecology</i> (2014)	None to date (pub. Aug. 2014)
Community Mobilization and Service Strengthening to Increase Awareness and Use of Post-abortion Care in Kenya: A Controlled, Pre-Post Assessment	<i>International Journal of Obstetrics and Gynecology</i> (2014)	None to date
Women’s Growing Desire to Limit Births in Sub-Saharan Africa: Meeting the Challenge	<i>Global Health: Science and Practice</i> (2013)	9
Lessons from the Recent Rise in Use of Female Sterilization in Malawi	<i>Studies in Family Planning</i> (2013)	4
Contraceptive Implants: Providing Better Choice to Meet Growing Family Planning Demand	<i>Global Health: Science and Practice</i> (2013)	6
Meeting the Need for Modern Contraception: Effective Solutions to a Pressing Global Challenge	<i>International Journal of Gynecology and Obstetrics</i> (2013)	9
Contraceptive Security: Incomplete without Long-Acting and Permanent Methods	<i>Studies in Family Planning</i> (2011)	7
Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion	<i>International Perspectives on Sexual and Reproductive Health</i> (2010)	22

Title	Journal (Year)	Citations (as of July 2014)
The Ghana Vasectomy Initiative: Facilitating Client-Provider Communication on No-Scalpel Vasectomy	<i>Patient Education and Counseling</i> (2010)	8
Blood, Men and Tears: Keeping IUDs in Place in Bangladesh	<i>Culture, Health & Sexuality</i> (2009)	1
Demographics of Vasectomy—USA and International	<i>Urological Clinics of North America</i> (2009)	34
Fragile, Threatened, and Still Urgently Needed: Family Planning Programs in Sub-Saharan Africa	<i>Studies in Family Planning</i> (2009)	17
Fostering Change in Medical Settings: Some Considerations for Family Planning Programmes	<i>IPPF Medical Bulletin</i> (2009)	6

These publications were cited by others in a total of 123 peer-reviewed articles and were also widely cited in the “grey literature,” one demonstration of the value of RESPOND’s contributions to the field.

Several of RESPOND’s publications put forward pivotal thought leadership regarding the continued importance of FP in global health programs, the role of LA/PMs in meeting reproductive intention, and potential opportunities for the provision of these methods. Key thought leadership articles and their highlights include:

- *Women’s Growing Desire to Limit Births in Sub-Saharan Africa: Meeting the Challenge* presents data from Stat-Shot (see page 15) and additional secondary analyses to highlight the fact that, despite perceptions of low interest in birth limiting, demand to limit births now exceeds demand to space in every region of the world except West and Central Africa; in addition, the average age at which the demand to limit exceeds the demand to space is as low as 23 in some counties. The article was cited in the *Addis Call to Action on the Post-2015 Development Framework* and was *Global Health: Science and Practice*’s sixth most accessed article overall (out of 108 in total) and was the fourth most popular article of that issue, with 4,272 full-text accesses as of July 2014. It has also been cited in nine other publications as of July 2014, underscoring the value of RESPOND’s contribution to this underresourced area of FP programming.
- *Meeting the Need for Modern Contraception: Effective Solutions to a Pressing Global Challenge*, cowritten by staff from USAID and RESPOND, provides a comprehensive analytical overview of FP demand, use, and unmet need, with special attention to reproductive intentions and high-impact practices for addressing unmet need.
- *Progestin-Only Contraception: Injectables and Implants*, also a joint product of RESPOND and USAID, is a comprehensive scientific and epidemiologic summary of the key features of progestin-only contraception. It addresses issues that have at times generated controversy—e.g., whether use of these methods by women who are immediately postpartum is acceptable, whether the methods affect mineral bone density, and, most notably, whether they are associated with HIV acquisition.
- *Contraceptive Implants: Providing Better Choice to Meet Growing Family Planning Demand* discusses the potential of implants to help meet growing demand for FP in low-resource countries. Marked increases in use have already occurred in a number of Sub-Saharan African countries. Even in advance of the recent substantial price reductions brought about as a result of FP2020, implant prevalence has risen above 2% in Burkina Faso, Ethiopia, Mali, Rwanda, Uganda, Tanzania, and

Zimbabwe. The article highlights service delivery approaches that have increased access to and use of implants and programming pitfalls to be avoided in the scale-up of implant services. Further, the article advocates for taking a client-centered approach, nurturing providers, ensuring access to removal services, and using dedicated providers and mobile service delivery approaches.

- *Contraceptive Security: Incomplete Without Long-Acting and Permanent Methods of Family Planning* reviews the importance of LA/PMs and considers why they have been neglected in national contraceptive security strategies and FP programs. The article suggests a new definition of contraceptive security that includes LA/PMs and underscores the centrality of enabling women and men to achieve their reproductive intentions.
- *Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion* reviews the role of FP in postabortion care (PAC) and its benefits, barriers to providing FP through PAC services, and promising trends and best practices in postabortion FP.
- *Fragile, Threatened, and Still Urgently Needed: Family Planning Programs in Sub-Saharan Africa* analyzes trends in modern FP use in eight African countries to highlight ongoing threats to FP programs from factors such as HIV and AIDS, the inadequacy of the health workforce, health-sector reform, and decreased funding. The article underscores the health, equity, demographic, and development rationales for increased support to FP programs, many of which have experienced stagnation or declining performance.

Further, RESPOND and EngenderHealth published a White Paper, *A Matter of Fact, a Matter of Choice: The Case for Investing in Permanent Contraceptive Methods*. This 2014 paper puts forward a rationale for renewed and sustained attention to permanent methods, including vasectomy. It notes that: a quarter billion of the world's women and couples rely on a permanent method of contraception; female sterilization is the most widely used method in the world; the demand to limit exceeds the demand to space in every region of the world except West and Central Africa; and the age at which more married women have a demand to limit future births than have a demand to space births can be surprisingly low (e.g., ages 23 and 24 in Lesotho and Swaziland). However, permanent methods are not widely available or accessible in many low-resource countries. The paper also discusses historical and ongoing challenges to offering permanent methods and proposes a holistic approach to addressing these challenges.

Expanded Knowledge through a USAID e-Learning Course on LA/PMs

In 2012, RESPOND prepared an e-learning course titled “LA/PMs: A Smart FP/RH Program Investment” for the Global Health eLearning Center at USAID’s Bureau of Global Health.^b The course covers a combination of technical information, leadership and training strategies, and holistic programming experiences. Overall, the objective of this course is to provide:

- A solid understanding of LA/PMs, the benefits they provide to both clients and health systems, and why they are vital to fully addressing unmet need for spacing and limiting
- The rationale for investing the necessary resources to make these methods more widely available in the method mixes of national FP programs
- How the gap between intentions and practice could be closed by raising awareness of and correcting misinformation about LA/PMs and increasing their availability

^b Accessible at: www.globalhealthlearning.org/course/la-pms-smart-fp-rh-program-investment.

This evidence-based course provides a lasting opportunity for continuing education on how to address FP and LA/PM challenges in the field. The course was completed by 649 individuals from 65 countries between June 2012 and July 2014.

Established and Led the LA/PM Community of Practice

In June 2009, RESPOND launched the LA/PM CoP. Attended by 80 people from 27 organizations representing the nonprofit, government, and private sectors, this launch galvanized the CoP as a forum for collective learning, knowledge sharing, and coordination, as well as a technical resource related to LA/PMs.¹⁰ As of July 2014, the LA/PM CoP had 187 members from 39 countries, representing 93 organizations.

As the secretariat for the LA/PM CoP, RESPOND facilitated active communication and coordination among CoP members by convening technical consultations, disseminating evidence-based learning, and producing new resources to address important issues related to expanding contraceptive choice, especially LA/PMs, while ensuring quality of care.

Through the LA/PM CoP, RESPOND:

- Disseminated evidence-based learning through the LA/PM community web page on the Implementing Best Practices (IBP) Initiative's Knowledge Gateway,^c which reaches more than 300,000 health and development professionals worldwide
- Engaged community members to produce and disseminate technical resources to enhance programming for FP and LA/PMs, including the Knowledge for Health (K4Health) toolkits on hormonal implants and on permanent methods (see page 9)

Further, RESPOND convened six technical consultations through the CoP that stimulated learning, fostered an exchange of experience among FP professionals, and informed strategic thinking about and programming for LA/PMs in the international FP community.

- In May 2010, 40 people from 15 organizations gathered to discuss what current research on LA/PM use reveals and to identify gaps that need to be filled to strengthen FP programs, particularly to make LA/PMs more accessible. The premise of this meeting was the need to strengthen the link between practice and research and vice versa.¹¹
- In May 2011, the Mobile Services Working Group, a subgroup of 17 LA/PM CoP members representing eight organizations, gathered to compare research and evaluation methodologies and tools and to exchange information regarding the purpose, methods, preliminary findings, and application of current and planned research on this important service delivery modality.
- In September 2011, 38 CoP members representing 15 organizations attended a technical meeting to create an understanding of the process of transforming data into couple-year of protection (CYP) factors,^d including how data are identified, selected, and analyzed, and to generate awareness of the role of CYPs in USAID evaluation reporting¹² (see below).

^c Accessible at: https://knowledge-gateway.org/la_pm_cop.

^d CYPs, the estimated level of protection from pregnancy provided by FP services during a one-year period, are based on the volume of all contraceptives sold or distributed free of charge to clients and are easily calculated by applying CYP factors to service statistics. CYPs provide an immediate estimate of the outcomes of FP provision and allow for comparison of contraceptive coverage provided by different FP methods.

During its final year, RESPOND teamed with Marie Stopes International (MSI) and Population Services International (PSI), under the Support for International Family Planning Organizations (SIFPO), and with Abt Associates, under the Strengthening Health Outcomes through the Private Sector (SHOPS) Project, to conduct a three-part technical consultation series around the theme “Bringing LA/PM Services Closer to the Client.” This collegial and productive collaboration demonstrated effective partnering, cost-conscious coordination of USAID resources, and active global leadership.

- The series began in September 2013 with a consultation on “Innovative Approaches: Mobile Outreach and Dedicated Providers.” Attended by 71 participants representing 18 organizations, the event was cohosted by RESPOND, in collaboration with MSI-SIFPO, PSI-SIFPO, and USAID.¹³
- The series continued in March 2014 with a consultation on “Expanding and Improving Access to Long-Acting and Permanent Contraceptive Methods through the Private Sector.” The SHOPS Project played a lead role in convening this meeting, attended by 35 individuals representing 13 organizations, in collaboration with the two SIFPO projects, RESPOND, and USAID.¹⁴
- The final consultation, in May 2014, focused on the “Role of Social Franchising for Expanding Choice and Access to Long-Acting Reversible Contraceptives.” MSI-SIFPO organized this meeting, attended by 55 individuals representing 20 organizations, in collaboration with PSI-SIFPO, RESPOND, and USAID.¹⁵

Calculated and Introduced Updated CYP Factors

In 2010, RESPOND partner Futures Institute conducted extensive analyses to calculate new CYP factors to account for new FP methods and technological updates. The new CYP factors are now widely used by a variety of organizations, including:

- USAID/Washington, which officially adopted the factors and posted them on its web site¹⁶
- The MEASURE Evaluation Population and Reproductive Health Project, which included the new factors in its online FP/RH Indicators Database
- MSI, which integrated the factors into its monitoring and evaluation database and its Impact2 calculator (The Impact2 calculator also uses the contraceptive continuation curves generated for the calculation of the CYP factors.)
- The Guttmacher Institute, which included the updated factors in its publications, including the widely used *Adding it Up: Costs and Benefits of Family Planning Services*¹⁷ and a memo providing guidance on estimating unintended pregnancies from CYPs¹⁸

Developed and Populated Virtual Toolkits on Implants and Permanent Methods

To provide up-to-date technical information, guidance, tools, and resources about hormonal implants, female sterilization, and vasectomy to programmers and policymakers, USAID, JHU•CCP (through K4Health), RESPOND, and FHI 360 collaboratively developed an expert-filtered web-based Implants Toolkit^e and a Permanent Methods Toolkit,^f both of which are housed on the K4Health web site.

Through the LA/PM CoP, RESPOND convened an expert group of 23 organizations to initiate the development of the Implants Toolkit. The process of developing the toolkit involved the extensive writing of new technical material, review/revision of existing technical materials, and selection of the most relevant and appropriate materials for inclusion. In addition, RESPOND organized an online

^e Accessible at: www.k4health.org/toolkits/implants.

^f Accessible at: www.k4health.org/toolkits/permanent-methods.

forum to publicize the Implants Toolkit and answer questions on its content and use. The process of developing the Permanent Methods Toolkit was similar to that for the Implants Toolkit. Through the LA/PM CoP and online forum, the Implants Toolkit and Permanent Methods Toolkit have been accessed 49,682 and 1,373 times, respectively.

Advocated for the Commitment of Key Professional Organizations to FP and LA/PMs

RESPOND further demonstrated its global leadership by promoting the benefits of, and sharing technical knowledge and expertise on, LA/PMs through fruitful collaborations with the International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN). Each of these organizations provides technical and normative guidance to its member associations worldwide to strengthen the medical competence of their professional members. RESPOND supported them to increase their capacity to promote and support member efforts to provide FP and LA/PM services, as follows:

- In collaboration with FIGO (125 professional societies worldwide), ICM (116 professional associations worldwide), and ICN (130 professional societies worldwide), RESPOND developed two joint consensus statements that were endorsed and widely disseminated to spark support and action by health care providers to promote voluntary and safe contraception. The joint statements are:
 - *The Importance of Voluntary Family Planning and Its Provision by Our Members* (2011)
 - *Family Planning: A Key Component of Postabortion Care* (2013) (This statement was subsequently also endorsed by the UK Department for International Development, the Bill & Melinda Gates Foundation, and the White Ribbon Alliance.)
- To support the XXth FIGO World Congress in 2012, RESPOND organized a one-day Pre-Congress Workshop on unmet need, during which a background paper was presented outlining the nature and extent of unmet need and delineating how FIGO members can help to address unmet need for FP in their respective countries. The paper was ultimately published in the *International Journal of Gynecology and Obstetrics*.¹⁹ RESPOND's guidance and advocacy contributed to the FIGO General Assembly's adopting resolutions on unmet need calling for FIGO's member societies to include knowledge, counseling, and skills acquisition for FP service provision as basic competencies in preservice, in-service, and postgraduate education of each professional discipline and to promote FP as an essential service in individual members' clinical practices.²⁰
- In support of the 30th ICM International Congress in 2014, RESPOND organized and conducted a plenary panel session in collaboration with USAID and the Bill & Melinda Gates Institute for Population and Reproductive Health on the role of the midwife in meeting unmet need for FP. The panel was attended by more than 300 midwives and was the main presentation on FP delivered at the Congress. RESPOND also supported the participation of six "USAID Fellows"—emerging midwifery leaders and future FP champions from USAID priority countries, including Afghanistan, Malawi, Nigeria, Pakistan, and Rwanda.

Supported the Postabortion Care Connection Working Group

RESPOND served as the Secretariat for the interagency USAID-led Postabortion Care (PAC) Connection Working Group, which strives to raise global knowledge on PAC and to improve universal practices of care. In this leadership role, RESPOND: facilitated the development of PAC-related materials; produced and disseminated a periodic PAC Connection e-newsletter; and organized three semiannual PAC Connection meetings.²¹ The meetings provided an opportunity for partners to give updates on PAC programming and research and share and discuss the USAID PAC and maternal and child health strategies.

In October 2013, RESPOND cohosted a meeting of 76 participants, representing eight countries and 11 organizations, in Saly, Senegal. The meeting afforded participants an opportunity to: provide global updates and share findings of an assessment of country-level postabortion FP progress and challenges since 2008; promote sharing of experiences, tools, and practices; and draft country action plans organized around EngenderHealth’s holistic Supply–Enabling Environment–Demand (SEED™) Programming Model (see a more detailed description on page 12).²²

Strengthened Resources for FP and LA/PM Programming through Expert Consultations

As a global leader in FP and LA/PM programming, RESPOND provided a total of 72 expert consultations and instances of TA, including 22 peer reviews of articles submitted to a range of important journals, including *Contraception*; *Global Health: Science and Practice*; *Human Reproduction*; *International Journal of Gynecology and Obstetrics*; *Reproductive Health Matters*; and *Studies in Family Planning*. RESPOND staff made 29 presentations to USAID Bureaus, the U.S. Centers for Disease Control and Prevention (CDC), and WHO and at international FP/RH public conferences and universities. In addition, RESPOND staff contributed many informal reviews of USAID and sister cooperating agency technical and programmatic materials and documents and served on various Technical Advisory Groups (TAGs) (e.g., the TAG for the USAID High-Impact Practices effort). RESPOND’s work in this regard ensured that messages and evidence to support LA/PM programming were factored into important dialogue and materials that shape or influence FP programs.

Selected highlights from the expert consultations that will have a lasting impact include:

- **WHO Department of Reproductive Health and Research (2012 and 2014):** At a WHO technical consultation in 2012, RESPOND clinical staff contributed FP expertise to inform considerations of the scientific and epidemiological evidence, program implications, and recommended guidance about the possible association of hormonal contraceptives with increased risk for HIV. This consultation led to WHO’s guidance statement *Operational Considerations for Hormonal Contraception for Women at Risk of HIV and Living with HIV*. RESPOND also participated in the subsequent consultation on developing a WHO communication strategy to convey the key facts and nuances of this complex, controversial, and widely scrutinized issue. In 2014, a RESPOND staff member served as one of five worldwide external technical reviewers (and the only North American reviewer) of WHO’s updated guidance on this important subject.
- **Reproductive Health Supplies Coalition (RHSC) (2010, 2012, and 2013):** At the RHSC’s 11th annual membership meeting in 2010 in Kampala, Uganda, RESPOND delivered a plenary presentation on the dimensions and importance of contraceptive security for LA/PMs to more than 100 attendees from over 30 African and international organizations. The presentation subsequently evolved into an article in *Studies in Family Planning*. RESPOND staff presented findings from the COPE® for Contraceptive Security pilot (Tanzania) at the Paris and New Delhi RHSC meetings in 2012 and 2013, gaining acceptance for this new tool to address stock-outs at the facility and district levels.
 - In a 2013 review of indicators for contraceptive security, RESPOND ensured that its list of medical equipment, instruments, and expendable supplies necessary for LA/PMs was included. In these ways, as well as via ongoing engagement with the RHSC and its subgroups, RESPOND raised the visibility and priority of LA/PMs, helping to keep these methods “on the radar screen” of this important international coalition.
- **MEASURE Evaluation (2011):** RESPOND developed a toolkit of indicators for LA/PMs, organized by the components of the SEED Model; these indicators are included in MEASURE’s *Family Planning and Reproductive Health Indicators Database*.²³

- **USAID/United Nations Population Fund (UNFPA)/WHO (2009–2011):** RESPOND provided extensive input to method-specific and program-oriented modules in the *Training Resource Package for Family Planning*,²⁴ which is an essential WHO resource for FP/RH trainers, supervisors, and program managers.
- **CDC (2010):** RESPOND gave a plenary presentation, “Involving Men in Reproductive Health and Family Planning Services: Experience from International Programs,” at an expert consultative meeting to identify male RH needs in the United States.
- **MEASURE/DHS (2010):** RESPOND developed indicators for LA/PMs that are now incorporated into the Service Provision Assessment survey tool.
- **WHO (2009):** Following a 2009 WHO technical consultation, “Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives,” in which RESPOND shared expertise, WHO recommended that community health workers (CHWs) can safely provide injectables.

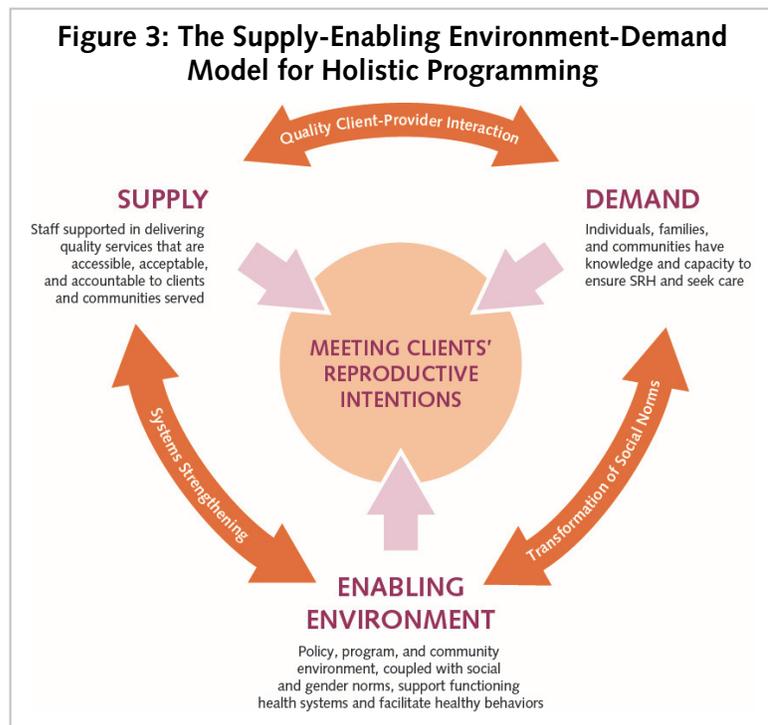
Secured Donations of IUDs through Liaison with the Private Sector

In 2011, RESPOND partner Meridian Group International negotiated with HRA Pharma and the HRA Pharma Foundation, the authorized distributor of the Mona Lisa CuT 380AQL and Mona Lisa NT Cu 380 IUDs, to increase the availability and improve the affordability of high-quality IUDs for various IPPF clinics. The foundation agreed to donate IUDs to IPPF for three years; the donations were made possible and financed by commercialization of the same IUD brands in France and Spain. IPPF assumed responsibility for all logistics, including the cost of distributing the donated IUDs to its MAs. During the period September 2011 to June 2014, the foundation donated a total of 14,760 IUDs to IPPF, valued at US\$398,176.

Advanced Holistic Programming for LA/PMs

RESPOND advocated and built capacity for holistic FP programming through the dissemination and use of EngenderHealth’s SEED Programming Model at the field and global levels.²⁵ The premise of the SEED Model (Figure 3) is that FP and RH programs will be more successful and sustainable if they comprehensively address the multifaceted determinants of health. Interventions should be designed synergistically to:

- Increase the availability of, access to, and quality of LA/PM services and address other *supply*-related issues
- Strengthen health systems and foster an *enabling environment* for LA/PM services
- Improve accurate knowledge of LA/PM methods and services and cultivate *demand* for them



Highlights of Global Experiences

At the global level, SEED has been recognized by donors and other cooperating agencies^g as a useful model, used to frame a high-level international FP conference, and applied as an organizing framework for postabortion FP action plans.

USAID High-Impact Practices for FP

Advocacy by RESPOND staff led to the adoption of the holistic SEED Model as an overarching construct for USAID’s High-Impact Practices,^h which provide decision makers with up-to-date evidence and experiential knowledge to inform strategic decision making and programming for FP. Because the model provides a clear and comprehensive view of FP programming, SEED was seen by the TAG as a useful way to conceptualize and structure an FP program. The model has been included in the *USAID Resource Guide for Family Planning*.ⁱ

Ouagadougou Conference on Population, Development, and FP

Through its TA and presentations, RESPOND introduced the SEED Model to guide the 2011 “Francophone West Africa Conference—Population, Development, and Family Planning: Urgency to Act,” attended by high-level delegations from eight Francophone West African countries. USAID requested TA from RESPOND to shape the technical content for the agenda, prepare technical guidance for country delegations, and support 20 presenters and facilitators. The conference achieved extraordinary political support, including a formal endorsement from President Compaoré of Burkina Faso, an Agence Française de Développement (AFD) pledge of 100 million Euros for FP, a Call to Action through the Ouagadougou Declaration, and a joint donor Statement of Commitment. Following the Conference, the Ouagadougou Partnership, which comprises the French Ministry of European and Foreign Affairs, AFD, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, and USAID as core members, achieved a high level of visibility at the 2012 London Summit on Family Planning. Several countries have since developed national costed FP implementation plans (NFPCIPs); those developed by Guinea,²⁶ Mauritania, Niger, and Togo used SEED as an organizing framework.

Action Plans for Strengthening Postabortion FP

During the 2013 West Africa regional PAC meeting sponsored by PAC Connection in Saly, Senegal, teams from five West African countries used SEED as an organizing principle for action plans on strengthening the integration of PAC-FP services, including LA/PM provision. To facilitate planning, RESPOND staff developed a checklist tool to guide participants between the PAC Global Resource Guide checklists and the SEED Model.

Country Applications

At the field level, RESPOND used SEED to frame and guide the provision of long-term TA to ministries of health (MOHs) in Burkina Faso, India, Malawi, and Togo. In-depth descriptions of RESPOND’s activities and accomplishments in these countries are provided in the section on Contributions to Country Programs, beginning on page 29. RESPOND used SEED for an array of

^g SEED was listed as a “useful tool for developing a costed implementation plan” in: FHI 360. 2013. *Costed Implementation Plans: Guidance and Lessons Learned*. Research Triangle Park, NC. Accessed at: <http://www.fhi360.org/sites/default/files/media/documents/costed-implementation-plans-guidance-lessons-learned.pdf>.

^h Accessed at: www.fphighimpactpractices.org/content/supply-enabling-environment-demand-seed-programming-model.

ⁱ Accessed at: www.k4health.org/sites/default/files/USAID-resource-guide-for-family-planning.pdf.

organizational and FP technical trainings and information, education, and communication (IEC) materials throughout the IPPF Africa Region and also used it to guide short-term TA in Cambodia, Nigeria, and Rwanda.

Built the Capacity of Local NGOs in West Africa to Program Holistically for FP

From 2012 to 2014, RESPOND and six IPPF MAs in West Africa assessed the MAs' existing capacity for delivery of long-acting methods; the MAs developed and implemented action plans guided by the SEED Model to improve access to and use of long-acting reversible contraceptives, using a holistic approach (see more detail about this activity and results on page 18).

Cambodia

In 2010, RESPOND and PSI cohosted a National Workshop on Long-Acting Methods in Phnom Penh, Cambodia, in support of Cambodia's National RH Program Strategy (2011–2015). Recommendations for scaling up the use of LA/PMs were developed based on the SEED Model. A key result was that the MOH agreed to introduce postpartum IUDs nationally and to develop new policy guidelines for implementation.

Nigeria

In 2010, RESPOND led an assessment of LA/PMs to: 1) assess the use of, unmet need for, trends in, and current programs for LA/PMs in Nigeria; and 2) develop strategic approaches for strengthening access to and availability, quality, and use of these services. RESPOND used the SEED Model to frame the assessment as well as the recommendations and encouraged collaboration at all levels to realize a synergistic, coordinated, and unified approach to addressing the expansion of LA/PMs. The assessment was used to frame the FP program for the USAID bilateral project's proposal, and SEED now underpins USAID's bilateral assistance program.

Rwanda

In 2011, RESPOND provided TA to Rwanda's MOH and to the USAID Mission there to develop a five-year national FP policy and related strategies. RESPOND worked with the MOH to develop a results framework and an assessment scope of work based on the SEED Model. As a result, the country has a comprehensive results framework and tools to guide the implementation of its new FP policy and associated strategies, as well as a blueprint for future workplans. The government's realistic, results-based framework for FP was subsequently approved by Rwanda's parliament.

Developed and Applied Models, Tools, and Approaches for LA/PM Programming

Globally, much of RESPOND's legacy will live on in its collection of resources for FP and LA/PM programming. The resources include tools for generating data for decision making to enhance the enabling environment and models/approaches for building capacity for FP and LA/PM service delivery and demand generation. Each of these resources—tested and improved over time—may be used to inform goal and priority setting, as well as the assessment of FP outcomes.

Produced and Utilized Tools for Data for Decision Making

To address the dearth of data to inform evidence-based FP programming, RESPOND developed two tools that provide data for programming, policy, and advocacy to foster an enabling environment for FP. The first presents information from secondary analyses of DHS data to highlight differences in the use of FP methods by key background variables. The second, Reality Check, supports programs in setting and planning to meet realistic FP goals and advocating for required resources.

Stat-Shot Provides Data for Evidence-Based FP Advocacy and Programming

In 2009, RESPOND's partner, the Futures Institute, conducted a secondary analysis of DHS data from 47 countries, comparing users and nonusers of short-acting, long-acting, permanent, and traditional methods against key background variables (e.g., age, parity, ideal number of children, knowledge, residence, source, and wealth). The findings from this analysis were compiled into a user-friendly web-based^j and downloadable application called *Stat-Shot: Focused Family Planning Data at Your Fingertips*. This innovative tool was designed for a wide range of uses: It can inform advocacy presentations by highlighting disparities in method use, and it can facilitate evidence-based decision making and priority setting by identifying knowledge gaps or underserved groups.

The data included in Stat-Shot have been used to:

- Inform a study on the viability of the commercial sector in the provision of LA/PMs²⁷
- Develop presentations to raise the profile of LA/PMs at the International Conference on Family Planning in Kampala (November 2009) and at the USAID Eastern Europe and Eurasia (June 2009) and Latin America and the Caribbean State-of-the Art (March 2010) meetings
- Inform country assessment and activities in Cambodia (advocacy workshop) and Nigeria (strategic assessment on LA/PMs) (see page 14)
- Underpin an article published in *Global Health: Science and Practice* ("Women's growing desire to limit births in Sub-Saharan Africa: Meeting the challenge"; see page 6) showing that demand for limiting exceeds that for spacing in every region of the world except West and Central Africa, and that LA/PM use among limiters is very low, with 80% of limiters in the analysis countries use a short-acting or traditional method

The Futures Institute updated Stat-Shot in June 2014 to include the most recent DHS data available. Stat-Shot will live on, maintained by the Futures Institute, as an easily accessible analytic tool for evidence-based advocacy and planning.

Reality Check Facilitates Evidence-Based Goal Setting and Planning in Eight Countries

The Reality Check tool facilitates the use of data for planning and advocacy by MOHs and local stakeholders, particularly for setting realistic contraceptive prevalence rate (CPR) goals and planning for the programmatic and financial inputs required to meet those goals. It applies widely available demographic data (population and CPR) to estimate the inputs required and potential impact of achieving a given CPR goal. RESPOND introduced Reality Check in eight countries (Bangladesh, Burkina Faso, Ghana, Kenya, Malawi, Senegal, Tajikistan, and Togo). Based on feedback from these applications, as well as findings from a documentation exercise,²⁸ RESPOND finalized Version 3 of the tool in a streamlined Windows application in 2014.^k

Highlights of Reality Check applications include:

- In Senegal, where the stated 2015 CPR goal of 45% represented an unattainable increase from the 9.6% CPR in 2010, RESPOND collaborated with IntraHealth International in 2012 to support the MOH and stakeholders to use Reality Check data to revise the national CPR goal to a more realistic (if still quite ambitious) 27%. Senegal's experience shows the value of using Reality Check for evidence-based FP goal setting and planning. The original national goal did not align with

^j Accessed at: www.respond-project.org/pages/stat-shot/.

^k Accessed at: www.respond-project.org/realitycheck/.

budgeting and planning. Senegal now has a more realistic goal that is based on careful analysis and has developed district, regional, and national plans to achieve its revised goal.

- The Malawi Department of Reproductive Health (DRH) used Reality Check to estimate the inputs necessary to achieve the previously established national goal of 60% modern CPR by 2020. When Reality Check data showed what would be required to meet the 60% goal, the Malawi DRH requested additional TA for advocacy and goal setting at the national level and planning at the district level. RESPOND provided TA to establish: 1) district-level CPR goals, including a balanced method mix inclusive of LA/PMs, for each of the 28 districts; and 2) an associated implementation plan for each district (see page 31).
- In Tajikistan, where CPR has been declining and the total fertility rate increasing, RESPOND led a national stakeholders meeting in 2014, in partnership with the Quality Health Care Project and Mercy Corps, to revitalize interest in FP. As a result, the MOH and its partners are now equipped to use Reality Check to establish a realistic but ambitious CPR goal in the near future, which will be included in the MOH's next RH strategy.
- Burkina Faso, Senegal, and Tanzania¹ used Reality Check to develop NFPCIPs, in support of FP 2020. FHI 360 recognized Reality Check as a useful tool for developing Costed Implementation Plans.²⁹
- The use of Reality Check is now institutionalized in routine FP quantification exercises led by international partners in three countries: Senegal (IntraHealth), Malawi (DELIVER), and Kenya (Management Sciences for Health), allowing countries to accurately quantify the contraceptives and supplies needed to achieve their CPR goals.

“Reality Check is a very helpful tool. One of the main advantages is that it’s easy to understand and easy to use... to set up country-specific and realistic goals for family planning and how to achieve these goals through strategic planning, better planned services, and advocacy. It is also advantageous that the tool can be used starting from the national level by the government policymakers, and down to the district level by family planning health personnel where population and CPR data are available.”

—USAID Mission staff member

“Reality Check came just at the right time where the Directorate of Reproductive Health was thinking about applying to Parliament to set aside money to procure FP commodities, and people were talking about strengthening the FP pipeline... so Reality Check came basically when the house was on fire and you guys were running to us with a bucket of water.”

—Partner staff, Malawi

Created and Institutionalized Models for Capacity Building for Service Delivery

RESPOND piloted, evaluated, institutionalized, and documented three models for building capacity for the delivery of LA/PM services in the public and private sectors. Each model was successful in increasing capacity for LA/PM service provision and laying a foundation for programmatic sustainability, with impact that will be seen into the future. These models are easily replicated in other low-resource settings.

¹ The global RESPOND Project did not use Reality Check in Tanzania but provided Reality Check data to FHI 360, which led the development of Tanzania's NFPCIP, available at http://advancefamilyplanning.org/sites/default/files/resources/NFPCIP_Amendment_NEW2.pdf.

Leveraged Local Resources for Training in LA/PMs by Kenyan FP Providers

With TA from RESPOND, Kenya's Division of Reproductive Health (DRH) piloted an innovative approach designed to quickly and sustainably increase the number of providers offering LA/PMs, while fostering ownership and sustainability by leveraging local resources for training. Between 2010 and 2011, RESPOND and the DRH collaborated to create a national curriculum for LA/PM service delivery, train 72 trainers, implement cascade and on-the-job training of 156 FP providers, and conduct follow-up supervision visits. The new trainers leveraged multiple local resources, including venues, anatomical models, and books contributed by health facilities, as well as medical equipment, instruments, contraceptives, and expendable supplies provided by the Kenya DRH. CHWs mobilized clients to ensure the availability of a sufficient number of clients for training.

This innovative activity was associated with substantial increases in the use of long-acting methods^m at the cascade trainees' facilities. While cascade trainees had inserted only one IUD in May 2010, they were inserting seven per month by May 2011. The number of implant insertions at cascade trainees' facilities increased 25-fold over the course of the year, from seven in May 2010 to 175 in May 2011.

"The way I used to do it was wrong... and I used to teach my interns the wrong way too. I used to give the wrong dosage of local anesthesia. The patient's pain management wasn't right, so the patients were always jumping, jumping, and making life difficult for me as a surgeon. Sometimes I would sedate the patient, but that makes life much more difficult because they can't follow your instructions... It used to take up to an hour. Now, it takes me 15 minutes... The [training] did a lot to help. It made a very good impact...."

—Surgeon, Rift Valley, who had been providing female sterilization for three years before participating in the training of trainers

Built a Corps of Minilaparotomy Trainers in Four Countries

To standardize clinical skills and training, improve quality, and facilitate access to a full range of contraceptive options by women and couples, RESPOND designed the Female Sterilization Standardization Plusⁿ activity. This initiative consisted of four phases implemented between 2012 and 2013:

1. A standardization workshop was organized for teams of clinical trainers, usually a medical doctor/clinical officer and nurse/nurse-midwife, from four countries (Ethiopia, Ghana, Kenya, and Malawi). During the workshop, trainers updated their knowledge of minilaparotomy under local anesthesia (ML/LA), new medical eligibility criteria, and pain management, practiced the procedure on models, and practiced clinical training skills by coaching one another.
2. Clinical skills practice events were organized in each country, during which trainers practiced clinical and facilitation skills by providing ML/LA under the supervision of RESPOND clinical staff.
3. New trainers were then supported by RESPOND staff to facilitate the training of new ML/LA providers.
4. A South-to-South consultation was organized to allow newly trained trainers and MOH stakeholders to share experiences, lessons learned, and challenges and to plan for a continuation of capacity-building efforts.

^m There were too few cascade trainees in minilaparotomy under local anesthesia to see changes in the use of the method.

ⁿ The "plus" signifies provision of technical support to trainers throughout the cascade training process.

Capacity in ML/LA provision was updated in the public health system of each country and with a local nongovernmental organization (NGO), Banja la Mtsogolo (BLM), in Malawi. Notable outcomes of the activity include:

- All 27 trainers were deemed competent to perform ML/LA and to train others in the procedure.
- New trainers trained 142 providers across the four countries. Through follow-up, RESPOND learned that in all countries, cascade training continued after project support ended.
- Two unused operating theaters at Kenyatta National Hospital in Kenya were reopened to provide ML/LA, in addition to other minor surgical procedures.
- On-the-job-training for postgraduate medical students and medical interns was established at three hospitals in Ethiopia, one in Ghana, and two in Kenya.
- Public- and private-sector trainers received the standardization updates in Malawi, thus strengthening both systems. BLM projected that in 2012, almost half of Malawian women using a modern FP method received it from BLM, including 117,000 women using an LA/PM.^o
- The Ethiopian government committed to conducting cascade training at eight teaching hospitals around the country.

“My training skills really improved, especially those for counseling. I was not previously trained in counseling because I did not usually do it as a surgeon.” —Advanced trainer, Kenya

Built the Capacity of Local NGOs in West Africa to Program Holistically for FP

RESPOND provided TA from 2011 to 2014 to IPPF MAs in Benin, Burkina Faso, Côte d’Ivoire, Niger, Senegal, and Togo. The work built local capacity in each MA to expand the method mix to include long-acting FP methods through each MA’s network of clinics. In the first phase, in Benin, Burkina Faso, and Togo, RESPOND^p:

1. Facilitated a participatory self-assessment of capacity for FP programming using the Organizational Capacity Assessment Tool (OCAT), which was designed around the SEED Model (The OCAT³⁰ helps organizations to quickly evaluate their own capacity to improve access to, demand for, and use of long-acting methods in the context of their existing FP program.)
2. Led an organizational capacity building and design workshop
3. Trained providers and supervisors from the three MAs to improve FP services, reach out to community leaders, men and women to improve FP’s image, and increase demand
4. Supported the implementation of action plans for all elements of SEED with small grant funding
5. Used the OCAT to facilitate a second self-assessment of the three MAs’ capacity for delivering FP services
6. Led a South-to-South consultative meeting to allow the MAs to share their experiences

Noteworthy outcomes³¹ reflecting the MAs’ enhanced capacity include:

- In Benin, CYPs from the pill, injectables, implants, and IUDs increased by 24%, from 35,017 in 2011 to 43,249 in 2012.
- In Burkina Faso, CYPs from the four methods climbed by 72%, from 11,699 to 20,077. The increase was particularly large for implants; the MA provided nearly 2.4 times more CYPs from implants in 2012 (8,265) than in 2011 (3,485).

^o Accessed at: www.banja.org.mw/our-impact, Sept. 1, 2014.

^p Activities 1–4 were completed in all six countries. Activities 5–6 were completed only in Benin, Burkina Faso, and Togo.

- In Togo, CYPs from the four methods rose by 83%, from 9,770 in 2011 to 17,847 in 2012. A rise in injectable use accounted for 59% of the increased CYP in 2012 for Togo's MA. Moreover, the average client load on a mobile service day increased from eight clients in 2011 to 23 in 2012.

Enhanced capacity is further reflected by the fact that in addition to expanding services, after receiving training from RESPOND, the MAs in Benin, Burkina Faso, and Togo leveraged a total of \$2.2 million in new funding when using the SEED model as the organizing framework for proposals they submitted to donors.

[The RESPOND Project has] has increased awareness of working techniques and the most effective way to provide family planning services, by supporting existing capacities with a comprehensive approach that puts clients' needs at the forefront. —MA staff

Pleased with the results in the three MAs, RESPOND and the IPPF ARO agreed to replicate the SEED and OCAT models in three additional countries in a South-to-South initiative of MAs. RESPOND coached newly trained MAs from the three original countries to train staff from MAs in Côte d'Ivoire, Niger, and Senegal to use the SEED model and the OCAT. The work was successfully introduced by June 2014, pursuant to which RESPOND and IPPF/ARO agreed to endorse and cobrand the OCAT tool and to use it, the SEED Model, and other technical materials throughout their MAs.

Developed Approaches for Capacity Building for Demand Generation

RESPOND developed and tested two models with major emphasis on building capacity for demand generation in the community and in the private sector. The first was designed to mobilize communities around PAC services, including FP, while the second involved the provision of information about FP in workplace settings.

Mobilized Kenyan Communities to Address the Needs of Women Postabortion

In an activity led by JHU•CCP, evaluated by Population Council, and implemented by the Kenya Ministry of Public Health and Sanitation and by EngenderHealth staff, RESPOND implemented the Community Mobilization for Postabortion Care (COMMPAC) activity in 2010 and 2011. RESPOND:

- Strengthened service delivery points to provide PAC services, including FP
- Conducted community mobilization to improve community involvement in and knowledge of the prevention and treatment of postabortion complications
- Built community capacity to address PAC-related needs

The evaluation, which used a quasi-experimental design, found the following:

- Overall, awareness of danger signs in early pregnancy was higher among women in the intervention areas than among their peers in comparison areas.
- The proportion of PAC clients who reported receiving FP information at intervention sites increased from 4% at baseline (n=24) to 29% (n=42) at endline. Among clients in comparison areas, a decline occurred (from 5% [n=19] to 0% [n=12]).
- Providers' confidence in offering PAC services increased. By endline, all intervention providers considered the provision of PAC services as a responsibility of their facility, assessed themselves as being competent to practice manual vacuum aspiration (MVA), and reported that they had used MVA to treat PAC clients. Conversely, none of the comparison providers considered PAC to be an integral part of services, and PAC services were not offered at these facilities.

Although clients' awareness of FP increased, their FP *use* did not. However, lessons from the activity with implications at the global level, which are outlined in a peer-reviewed journal article,⁹ include the following:

- The social stigma associated with abortion may affect recognition and/or reporting of early bleeding in pregnancy, as well as use of PAC services.
- Mechanisms are needed to address underreporting of bleeding early in pregnancy.
- The duration of community engagement activities should be expanded to sufficiently influence cultural and gender norms that inhibit FP use.³²

In-country dissemination at the district and national levels ensured that lessons learned were shared across Kenya and with the DRH, so that the Kenyan DRH may consider scaling up the model in other districts and build on existing capacity. Follow-up in 2014 found that that the approach has been included in the RH component of the community strategy and other national-level strategies.

Increased Access to and Use of LA/PMs via an Employer-Based Approach

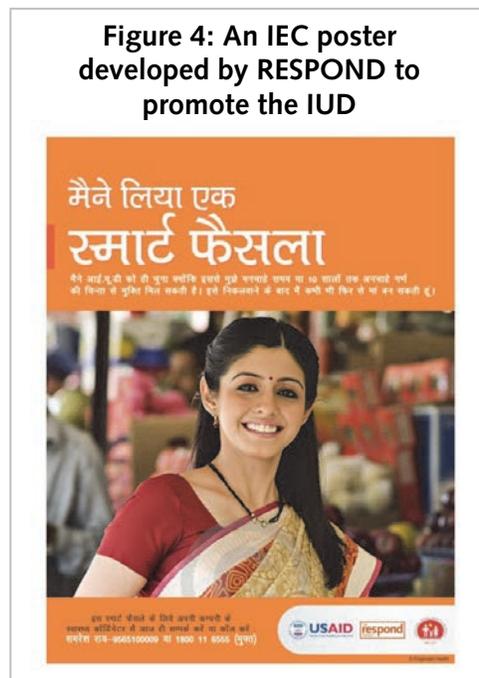
Between 2011 and 2012, RESPOND partner, Meridian Group International led the implementation of an employer-based approach to introduce FP, particularly LA/PMs, to employees of industries in Kanpur, Uttar Pradesh, India.³³ The initiative consisted of five interventions implemented by RESPOND:

1. Health talks conducted among small groups of employees
2. Health desks staffed to provide one-on-one information
3. IEC materials distributed to employees (Figure 4)
4. Company-based health coordinators identified and trained
5. Referral sites for LA/PM services identified

A 2012 retrospective endline survey among 1,500 employees of six companies showed that:

- Ninety-eight percent of respondents reported having seen at least one FP poster or banner at their workplace.
- More married respondents who attended a RESPOND-sponsored intervention reported discussing FP with their spouse in the last year (85%) than those who did not (51%).
- Sixty-five percent of users of nonpermanent methods of contraception who both participated in a health talk and visited a health desk switched to a different method, as did 50% of those who participated in one but not the other. Among pill and male condom users who switched methods, 77% and 72%, respectively, switched to an LA/PM.
- Nearly all of those who either participated in a health talk or visited a health desk (95%) said they would consider FP use in the future. In comparison, about 60% of those who did not participate in the intervention said they would consider using FP.

Figure 4: An IEC poster developed by RESPOND to promote the IUD



⁹ Undie, C., Van Lith, L., Wahome, M., Obare, F., and Curtis, C. 2014. Community Mobilization and Service Strengthening to Increase Awareness and Use of Postabortion Care and Family Planning in Kenya. *International Journal of Gynecology and Obstetrics* 126[1]:8–13.

“It was very important for my husband to get information on family planning at work. He is normally not home if I am visited by a community health worker, and he doesn’t have much time to listen to the radio or watch TV—so even though there is information out there, it did not reach him.”

—28-year-old social worker whose husband was employed at a participating factory

This simple, low-resource intervention was successful in providing information about all FP methods to and encouraging adoption by individuals who may not be reached by other community-level interventions.

Strengthened Contraceptive Security for LA/PMs

RESPOND contributed to the global dialogue on and resources for contraceptive security and implemented country-based interventions to address the challenge that many programs face in forecasting contraceptive needs and transporting contraceptives and supplies to the health facility from the district level. To ensure that the full range of methods and services are available to clients, RESPOND collaborated with leaders in the field of contraceptive logistics management to identify the LA/PM contraceptives, medical equipment, instruments, and expendable supplies required for service delivery. RESPOND also created and tested a tool—COPE[®] for Contraceptive Security—designed to address supply chain issues at facilities and districts.

Global Experiences

RESPOND’s thought leadership was evident in the publication of a journal article³⁴ proposing a definition of contraceptive security: “Contraceptive security exists when all people are able to choose, obtain, and use the contraceptive methods and services they desire, from the full range of potential methods, in order to achieve their reproductive intentions.” The article, cited by seven related articles as of July 2014, makes the case that LA/PMs have been relatively neglected in contraceptive security efforts, analyzes why this might be so, and makes recommendations for giving LA/PMs greater attention in FP programs and therefore increasing clients’ access to them. It also underscored the importance of including the medical instruments, equipment, and expendable supplies required for the quality provision of LA/PM services in lists of essential medicines and equipment.

RESPOND also contributed information on Reality Check to *Getting the Numbers Right: A Guide to USAID-Developed Contraceptive Forecasting Tools*.³⁵ Moreover, RESPOND collaborated with the RHSC and the USAID|DELIVER Project to ensure the inclusion of LA/PMs in key conversations and materials described in this section.

Reproductive Health Supplies Coalition

RESPOND’s active membership in the RHSC and its working groups (the Caucus on New and Underused Reproductive Health Technologies, the Systems Strengthening Working Group, and the West Africa Working Group Sécurité Contraceptive en Afrique Francophone [SECONAF]) served to bring issues about, evidence on, and needs for LA/PM programming to the attention of the coalition, which was otherwise more focused on short-acting resupply methods of contraception. For example, RESPOND contributed written guidance on the medical equipment, instruments, and expendable supplies needed for LA/PMs to ensure contraceptive security for all FP methods (see page 11), which is now part of RHSC’s contraceptive security indicators.

Furthering influencing the agenda of the RHSC, RESPOND delivered a plenary presentation entitled *Contraceptive Security: Incomplete without Long-Acting and Permanent Contraception* at the RHSC annual meeting in Uganda (May 2010), which was attended by 120 individuals from more than 30 organizations. The

presentation, based on a review of 13 national and two regional contraceptive security strategies, key documents, and a secondary analysis of DHS data from 19 countries (including an examination of met and unmet need, demand for spacing and limiting births, and the method mix among spacers and limiters), introduced a proposed new definition of contraceptive security that made explicit the need for programs to meet individuals' reproductive needs at all stages and times of their lives (see page 7). This definition was subsequently translated into French and presented at an RHSC meeting in Paris.

USAID|DELIVER

RESPOND and USAID|DELIVER jointly produced two products to guide contraceptive security strategies to ensure informed choice and clients' access to a full range of FP methods. These include:

- A technical brief—*Using Quantification to Support Introduction and Expansion of Long-Acting and Permanent Methods of Contraception*³⁶—that suggests strategies for improving tools for quantifying the medical equipment, instruments, and expendable supplies needed to provide LA/PMs, as well as the likely rate of product consumption
- A contraceptive forecasting guide—*Quantification of Health Commodities: Contraceptive Companion Guide, Forecasting Consumption of Contraceptive Supplies*³⁷—that includes a list of products required for each LA/PM, as well as related forecasting considerations

Country Applications and Highlights

COPE® for Contraceptive Security Prepares Facilities to Better Meet Clients' Needs

Three elements are essential for FP service provision at a service delivery point: contraceptives themselves; medical equipment, instruments, and supplies; and trained staff. RESPOND piloted *COPE for Contraceptive Security: An Assessment Guide [English and French]* (an adaptation of the COPE quality improvement approach) and the COPE for Contraceptive Security Job Aid at 26 facilities in two districts of Tanzania.

In a 2012 endline documentation exercise, providers explained that COPE for Contraceptive Security had helped them to pinpoint, identify solutions for, and take action to solve problems on-site, resulting in an increase in teamwork and shared responsibility, as well as reductions in stock-outs.

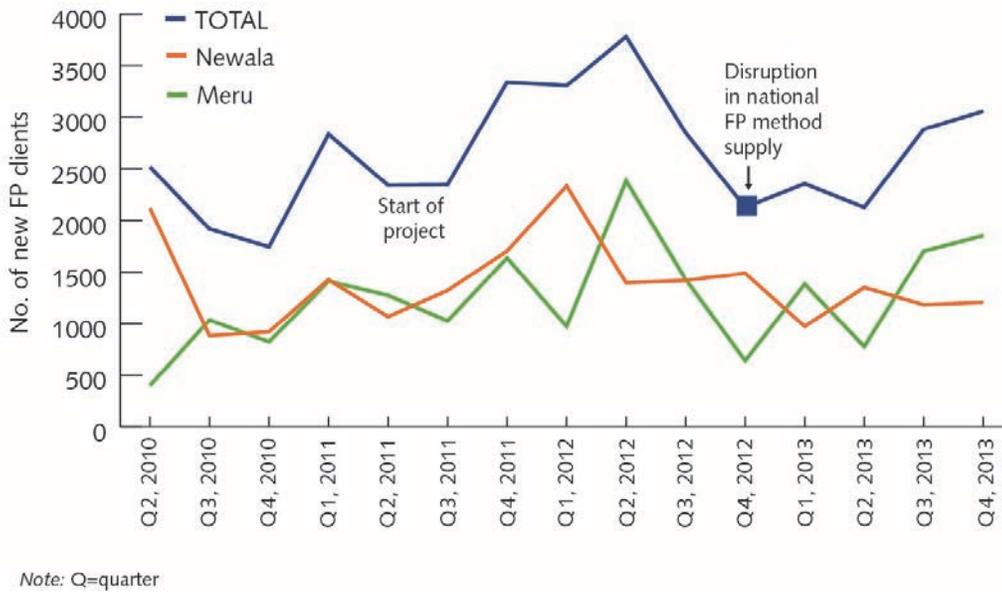
Facility audits substantiated this feedback. From baseline (2011) to endline (2012), the percentage of facilities with the progestin-only or combined oral contraceptives in stock rose from 62% to 92%, and those with injectables increased from 42% to 92%. A 2013 follow-up audit revealed that these increases were largely sustained. While implant availability rose slightly between 2011 and 2012, at the time of follow-up in 2013, almost 90% of facilities had implants in stock.

“With COPE, you work with confidence that if you counsel a client for a method, it will be available and not expired... I know when the method will arrive, because I have ordered it.”

—Provider, Newala District

Reviews of service statistics corroborated providers' feedback. At participating facilities, the total numbers of new FP users (see Figure 5, page 23) increased by 61% (from 2,341 to 3,779 new users) during the periods April–June 2011 and April–June 2012; follow-up in June 2013 showed that these increases were largely sustained. Success is further demonstrated by the Tanzania Ministry of Health and Social Welfare's having scaled up the approach in other districts. Furthermore, USAID|DELIVER has incorporated the guide and job aid into its Integrated Logistics System Gateway in Tanzania, thereby making it available for use countrywide.³⁸

Figure 5: Number of new FP acceptors at facilities using COPE® for Contraceptive Security, by quarter and year



In Malawi, RESPOND introduced COPE for Contraceptive Security at 18 facilities in two districts in 2014; experienced COPE facilitators from Tanzania trained Malawian facilitators. Preliminary follow-up after the initial COPE exercises has been positive, with facility staff reporting that COPE helped to identify problems and solutions and helped them make use of existing resources by encouraging staff to address issues themselves (e.g., rededication to reporting and requesting health products, community outreach, minor facility upgrades) and to reach out to pharmacists and district FP coordinators to request FP commodities and supplies. Previously, communication with pharmacists in particular was strained, causing staff to disregard reporting and requisition protocols. The COPE exercise helped them understand the importance of communication with the district—and to push, when necessary—to address issues related to contraceptive security. One provider explained that “before COPE, we didn’t know that we could demand and push.” The local offices of John Snow Inc. and PSI have adopted the tool to expand its use throughout the country, and UNFPA is supporting the continuation of COPE for Contraceptive Security in the original districts and sites.

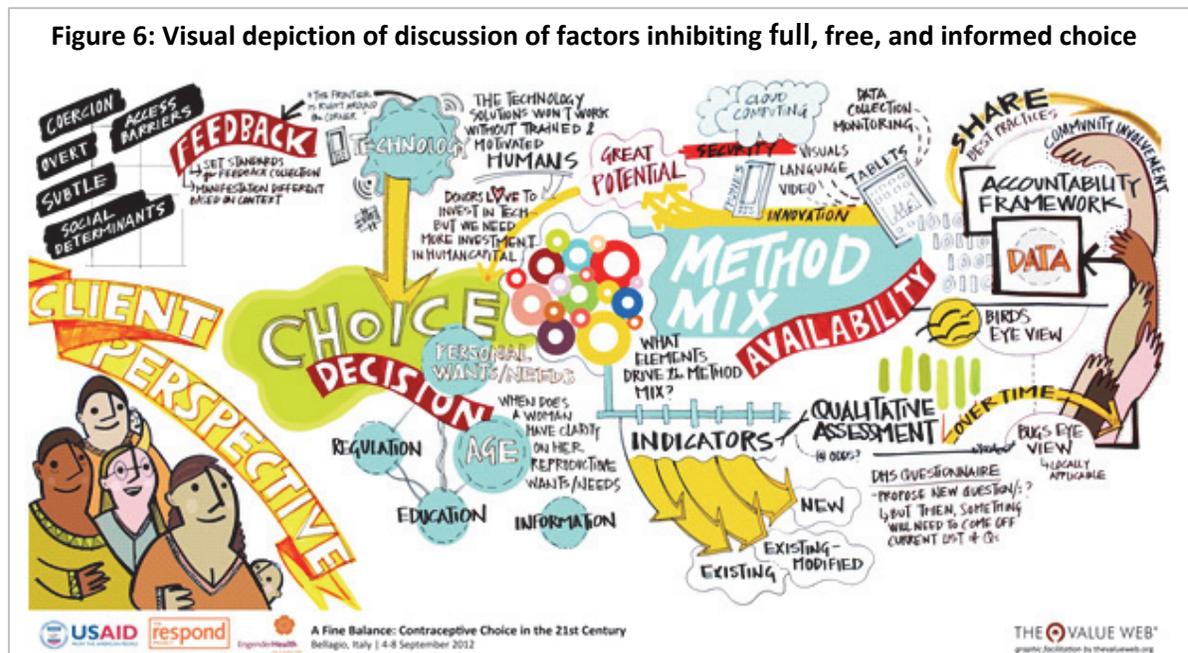
Promoted Focus on Contraceptive Choice and Human Rights in FP Programs

RESPOND advanced the global conversation on contraceptive choice and human rights in FP programs through: 1) a global consultation on contraceptive choice that led to the development of an orientation and resource package; 2) the creation of a conceptual framework for voluntary, rights-based FP (in collaboration with the Futures Group); and 3) a systematic review of tools that support voluntary FP programs that respect, protect, and fulfill choice.

Technical Consultation on Contraceptive Choice in the 21st Century Spurs Increased Attention to Rights and Choice in FP Programs

In September 2012, RESPOND led an international consultation entitled “A Fine Balance: Contraceptive Choice in the 21st Century” at The Rockefeller Foundation’s Bellagio Center.³⁹

Eighteen multidisciplinary global experts representing 11 countries in Africa, Asia, Latin America, and North America participated. Through the lens of female sterilization programs, participants explored the challenge of ensuring informed choice in FP programs and factors that affect clients' access to FP options and their ability to choose freely (see Figure 6).



This event was a significant milestone in RESPOND’s continuous effort to realize contraceptive choice in practice, by increasing access to the widest possible range of FP method options and by preventing both coercion and barriers to access. Moreover, participants recommended messages and actions for different stakeholders⁴⁰ and produced an action agenda that urged programs to:

1. Offer the full range of FP methods, including female sterilization as an option for women and couples who want no more children
2. Address the full spectrum of challenges to choice and rights, including access barriers as well as coercion, both subtle and blatant
3. Support holistic programs that address policy, service delivery, and community factors that affect choice and rights
4. Hold donors and programs accountable for ensuring choice and rights in FP programs
5. Take a client-centered, rather than program- or method-centered, perspective to FP programs
6. Bring the rights and public health communities together to embrace a common agenda

To build on the momentum for dialogue about choice and rights in FP programming generated by the consultation, RESPOND launched and sustained a blog, Champions4Choice (<http://champions4choice.org/>), to share ideas, experience, events, new evidence, and resources related to choice and rights in FP. As of July 2014, the blog had received a total of 3,926 visits by 2,651 unique visitors.

Following the July 2012 London Summit on Family Planning, RESPOND’s consultation attracted the attention of the Bill & Melinda Gates Foundation and led to partnerships with the Gates Foundation, via the Futures Group, and the William and Flora Hewlett Foundation (leveraging a total of more than US\$600,000).

Conceptual Framework for Voluntary, Rights-Based FP

Through the Bill & Melinda Gates Foundation–funded partnership with the Futures Group, RESPOND cocreated a conceptual framework and paper titled *Voluntary Family Planning Programs That Respect, Protect, and Fulfill Human Rights*,⁴¹ an accompanying User’s Guide,⁴² and a systematic review of tools that support voluntary FP programs that respect, protect, and fulfill human rights.⁴³ These resources offer a practical approach for operationalizing human rights in the design, implementation, monitoring, and evaluation of FP programs. The WHO included the framework in the consultation “Ensuring and Monitoring Rights, Equity, Choice and Quality in Family Planning Programmes” in April 2013. The framework was featured in FP2020’s first annual progress report.⁴⁴ The User’s Guide orients stakeholders to the voluntary, rights-based family planning conceptual framework and assists them with applying it during assessments, action planning, and program design to strengthen human rights in FP programs and with using it to monitor and evaluate programs and hold them accountable.

Checkpoints for Choice: An Orientation and Resource Package

With leveraged Hewlett funding, RESPOND cofunded and developed *Checkpoints for Choice: An Orientation and Resource Package*.⁴⁵ This document takes a closer look at the concept of voluntarism—one component of a rights-based approach—and helps stakeholders understand the client’s experience and ability to make full, free, and informed choices about FP. The tool includes adapted exercises developed for the expert consultation on contraceptive choice held in Bellagio. It can be an effective resource for increasing participants’ awareness and understanding of key concepts related to full, free, and informed choice, of the rights-based approach to FP programs, and of the many factors at the policy, service delivery, community, and individual levels that both support and hinder choice and rights in FP programs.

Journal Articles

The leveraged funding from the Bill & Melinda Gates Foundation also led to coauthorship and publication of two journal articles, in collaboration with the Futures Group:

1. Voluntary, Human Rights–Based Family Planning: A Conceptual Framework, *Studies in Family Planning*, March 2014, <http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2014.00373.x/pdf>.
2. Achieving FP2020 Goals through Voluntary, Rights-Based Family Planning: What Can We Learn from Past Experiences with Coercion? (pending publication in *International Perspectives on Sexual and Reproductive Health*, December 2014).

Enhanced the Evidence Base for LA/PM Programming

Through its global research agenda, RESPOND deepened the international FP community’s understanding of the barriers to LA/PM use, the dynamics of informal payments for RH services, different models for mobile FP service delivery, and the safety and acceptability of a new long-acting method.

Gained Insight on Barriers to FP and LA/PM Use in Cambodia, Malawi, and Nigeria through Client Use Dynamics Studies

In 2011 and 2012, co-led by partners JHU•CCP and EngenderHealth, RESPOND conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. Key informant interviews, focus group discussions, conceptual mapping, and multidimensional scaling explored how people “position” LA/PMs with regard to the positive and negative characteristics they attribute to contraceptives (e.g., effectiveness, ease of access, cost, or fear of side effects).

Study findings across the three countries have important implications for advocacy, demand generation, and the provision of services. They include:

- FP advocacy efforts should promote smaller family size and challenge negative attitudes toward couples with a small family.
- FP services should address gender issues and relationship insecurities that prevent FP use, engage men in FP promotion efforts, and support women to develop negotiation skills.
- Efforts to educate potential users about long-acting methods should target increasing knowledge and correcting misinformation, as well as promoting the methods' positive characteristics.
- Permanent methods should be positioned via community education as a good choice for couples who want to end childbearing after attaining their desired family size. For each method, such education should clarify the procedure, benefits, and possible side effects.
- Satisfied users should be engaged to share their experiences and encourage others to adopt a particular method if it seems appropriate to their reproductive intentions.
- Providers' knowledge about LA/PMs should be increased and negative attitudes addressed. Any misconceptions should be corrected, and their interpersonal and counseling skills and technical competence to provide each method should be strengthened.

Findings from each country were disseminated to local USAID missions and partner staff and were presented at the 5th African Congress on Sexuality and Rights in Windhoek, Namibia, in September 2012. Results for Malawi were presented at the National Conference on Leadership in Development and Population in Malawi in May 2013. In Nigeria, USAID/Nigeria used the findings to inform the development of a new FP strategy.

Increased Understanding of the Dynamics of Informal Payments for RH Services in Albania and Azerbaijan

In Albania and Azerbaijan in 2012, RESPOND partner FHI 360 led the implementation of two descriptive studies to explore whether informal payments for health care create disincentives for providers to promote FP options or contribute to high abortion rates and low modern-method prevalence in these countries. The results of interviews conducted with obstetrician-gynecologists, as well as with abortion, antenatal care, and FP clients, suggest that the determinants of low FP use in both countries are complex and involve both financial and nonfinancial factors. Study recommendations included: updating protocols for FP counseling and provision in line with WHO guidelines; training and supporting health care providers to offer comprehensive FP counseling to abortion and antenatal care clients; and educating the public about the availability and official costs of FP methods.

Findings were disseminated to stakeholders representing USAID, the MOH, local NGOs, multilateral organizations, universities, and the media at the country levels in both Albania and Azerbaijan and at a 2013 PAC Connection meeting.

Documented Varied Approaches to Mobile FP Service Provision

To add to the scant evidence base concerning mobile service delivery, RESPOND led a systematic documentation of mobile FP service delivery activities in Malawi, Nepal, and Tanzania. RESPOND partner FHI 360 also led a costing study of mobile services in Tanzania. Recommendations based on observations of mobile outreach services and on interviews with clients, providers, managers, and policymakers included:

- When working outside of the static service setting, program managers and staff should adapt to ensure quality of care, identifying appropriate supervision processes and ensuring the availability of contraceptives, medical equipment, instruments, and expendable supplies.
- Mobile services offer opportunities for on-the-job training, coaching, and skills improvement in LA/PMs for new staff and for those needing refresher training.
- Demand creation via a combination of interpersonal communication and community mobilization, particularly through CHWs or volunteers, can be effective in reaching underserved populations, but needs careful planning and coordination.
- Public-private partnerships are key and should be coordinated at the district level.
- Governments should ensure that mobile outreach services are free of charge or affordable to clients.
- Improvements in data collection and analysis are needed, including disaggregation of data by service delivery mode to facilitate evidence-based planning and decision making.

Dissemination of findings included a technical consultative meeting convened under the auspices of the LA/PM CoP (see page 8) and distribution of the results and report in each country.

Supported Expansion of Contraceptive Choice in Bangladesh via a Sino-implant (II) Acceptability Study

To assess the acceptability of Sino-implant (II) among Bangladeshi women during an initial introduction period and before nationwide scale-up, RESPOND conducted a noncomparative prospective observational study complementing a global FHI 360 study.⁴⁶ Researchers collected information from 595 women using a structured survey to evaluate insertion complications, method acceptability, pregnancy, and adverse events at three, six, and 12 months. Study conclusions and recommendations included:

- With no adverse events or pregnancies reported, and with 89% of women continuing use 12 months postinsertion, Sino-implant (II) is safe, effective, and acceptable to Bangladeshi women and should be introduced into the national FP program.
- Implant training curricula and protocols should be reviewed and revised with a focus on insertion technique and infection prevention procedures.
- Counseling protocols for side effects management should be revised and conducted according to WHO guidelines.

RESPOND shared the findings with the National Technical Committee, which recommended that the method be introduced into the national FP program. However, as of July 2014, Sino-implant (II) had yet to be registered in Bangladesh.

Contributions to Country Programs

Increased Capacity for LA/PM Programming in USAID Priority Countries

RESPOND provided long-term TA in four countries to strengthen holistic programming for FP, with a focus on LA/PMs, using the SEED Model. RESPOND introduced global tools, models, and approaches to public- and private-sector entities to build their capacity to program for LA/PMs.

Burkina Faso—Breaking Down Barriers to Contraceptive Choice in the Public Sector Leads to Increased FP Uptake

From 2010 to 2013, RESPOND built public-sector capacity in Burkina Faso at the national level (e.g., by updating curricula and trainers, and producing and sharing IEC materials) and in two districts to overcome barriers to contraceptive choice by providing TA to the MOH for holistic programming. RESPOND conducted the following activities:

- Assisted the MOH in updating standardized national curricula for in-service provider training in counseling and clinical FP, and trained 20 MOH trainers
- Trained 234 providers in FP counseling, 58 in infection prevention, and 59 in clinical FP
- Conducted advocacy meetings with 388 local leaders
- Successfully advocated to reduce and standardize client fees for long-acting methods and to allow auxiliary birth attendants to counsel clients on all FP methods
- Trained 24 FP clients and 24 CHWs as FP champions to raise awareness about services
- Reached 24,000 women and 7,500 men with messages about FP through 688 health talks in public spaces, such as markets, and reached more than 14,500 women and 34,000 men through community plays about couple FP communication
- Produced and disseminated counseling guides, posters, and job aids (see Figure 7)

The FP program experienced a dramatic increase in the availability of implant and IUD services. The number of facilities offering implant services increased from eight at baseline to 25 at endline, and those offering IUD services increased from two at baseline to 26 at endline. As a result of the increased availability of services, FP uptake also rose dramatically. Most notably:

- IUD insertions at supported facilities in the two districts increased from two in the month of January 2011 to 46 in the month of December 2012. Implant insertions increased from 388 to 1,198 over the same time period.

Figure 7: Poster developed by RESPOND for use in Burkina Faso



“What affects you, my dear faithful, calls me. That’s why I am discussing the benefits of family planning with you. Advise families to use FP!”

- The number of CYP (from the pill, injectables, implants, and IUDs) in intervention districts increased by 39%, compared with 9% in comparison districts.
- Increases in long-acting method use alone contributed an additional 1,130 CYP per quarter beyond what the facilities had provided before the project.

“It has really changed my life. I have more time to cultivate vegetables, I take better care of my child...”
—32-year-old mother of seven who chose the implant as her first modern FP method

The MOH applied its newly acquired skills to use Reality Check to inform the National Plan for Repositioning FP (2013–2015), estimating what it would need to meet the country’s FP goal and the potential health impact of reaching the goal.

The remarkable improvements in contraceptive availability and increases in use, particularly of long-acting methods, demonstrate the impact of holistic planning on contraceptive choice in Burkina Faso.

India—Capacity Building Leads to Greater Contraceptive Choice

To ensure that men and couples have access to quality no-scalpel vasectomy (NSV) services and accurate information about all FP methods, RESPOND provided TA to the governments of Uttar Pradesh and Jharkhand states from 2009 to 2013. The project’s TA followed the holistic SEED Model to expand awareness of and access to NSV services. RESPOND’s legacy includes:

- Establishing five Centers of Excellence at which 231 NSV surgeons were trained
- Transitioning a total of 66 facilities that previously offered NSV services only by referral or through mobile services to offer routine, facility-based NSV and FP services
- Coaching a total of 682 CHWs in both states to provide accurate and complete information about all FP methods to men and women in their communities
- Inspiring India’s Ministry of Health and Family Welfare to develop an NSV training curriculum based on EngenderHealth’s NSV training manual.

“Earlier, the doctors came to the facility from [the district] and performed NSV. As a result, the patients had to wait for the whole day. But now NSV is performed daily, as there is a trained provider at the facility.”
—Nurse

Further evidence of increased capacity for NSV provision and promotion comes from service statistics. RESPOND-trained surgeons provided NSV services to 17,094 clients over the life of the project. Although RESPOND-supported districts comprised just 15% of the population of all districts in the state of Uttar Pradesh and 37% in Jharkhand,⁴⁷ by 2013 the facilities in RESPOND-supported districts provided nearly half (48%) of all NSV procedures in Uttar Pradesh and more than two-thirds (68%) in Jharkhand.

A 2012 midterm assessment found that some NSV clients were so satisfied with their choice of NSV and with the services they had received that they were motivated to share their experiences to encourage others to consider the method.

“I am so happy and satisfied... that recommending NSV has become a habit of mine. I stand as an example among the group and prove myself as a best husband after adopting NSV. I feel proud in sharing the experience with others. Also, I started volunteering [for] RESPOND by encouraging others to opt for NSV.”
—Client

Malawi—Evidence-Based Advocacy and Holistic Program Planning Yield Strengthened Capacity and Resources for FP

From 2010 to 2014, in partnership with the Malawi DRH, local organizations, donors, and global and bilateral projects, RESPOND improved support for and implementation of FP programs at the national and district levels in Malawi. RESPOND's TA followed the SEED Model, first building national-level support for FP by:

- Organizing national and regional stakeholder meetings emphasizing FP's role in health and development, using Reality Check data to show the resources needed to increase CPR and the importance of holistic programming using SEED
- Creating a corps of Malawian Reality Check trainers and building district-level capacity to use the tool
- Supporting all 28 districts to use Reality Check data and the SEED Model to set realistic, evidence-based FP goals and to prepare holistic plans to meet those goals (see page 16)
- Supporting 18 facilities in two districts to increase their readiness to offer a full range of FP methods through the use of COPE for Contraceptive Security (see page 22)
- Orienting 327 providers and district health officials to be FP champions
- Providing TA and seconding a youth advisor to the DRH to improve FP/RH for youth, including TA for a national youth services assessment

Evidence of improved support and capacity for FP programming includes:

- The 13 districts supported by the Support for Service Delivery-Integration (SSD-I) project for which data are available secured more than twice as much FP funding in 2013–2014 (US \$317,600) as in 2012–2013 (US \$144,000).
- Of those 13 districts, nine requested more funding in 2013, and eight received more.
- In 2013, 11 of the 13 districts requested money for activities covering all three elements of SEED, compared with only two districts in 2012.

RESPOND's experience in Malawi shows that evidence-based advocacy coupled with support for holistic programming can dramatically increase support of and capacity for FP and LA/PM programming.

Togo—Expanding Contraceptive Choice Leads to Increased Use of IUDs and Implants

From 2011 to 2013, RESPOND built public-sector capacity in Togo to identify and address barriers to contraceptive choice. As in Burkina Faso, RESPOND supported the MOH to achieve results through activities based on the SEED Model that were conducted in two districts. RESPOND:

- Assisted the MOH in updating standardized national curricula for in-service provider training in counseling and clinical FP, and trained 20 MOH trainers
- Trained 45 providers in FP counseling, 80 in infection preventions, and 45 in clinical FP
- Introduced special FP service days, which brought FP services to underserved areas and allowed providers an opportunity to reinforce skills via supervised practice
- Trained 16 FP clients and 24 CHWs as FP champions to raise awareness of FP services in their communities (During supervision visits at the end of the project, 100% of RESPOND-trained CHWs could competently provide injectables and offer condom demonstrations.)

- Produced and disseminated counseling guides, posters, and job aids (see Figure 8)

These efforts resulted in improved contraceptive choice in the public sector in Togo. Most notably, the number of facilities offering implant services increased from five at baseline to 32 at endline, and those offering IUD services increased from three at baseline to 31 at endline.

As a result of this increased capacity:

- IUD insertions at supported facilities increased from five in the month of January 2011 to 17 in November 2012. Implant insertions increased from 57 to 187 over the same time period.
- The number of CYPs from the pill, injectables, implants, and IUDs in intervention districts increased by 54%, from 5,934 at baseline to 9,166 at endline, compared with a 32% increase in comparison districts.
- A total of 3,223 clients received FP during 75 special service days; 880 of these clients lived in underserved areas.

As a result of advocacy by RESPOND, the government of Togo used SEED to develop its national FP action plan for 2013–2017. RESPOND’s experience in Togo shows that holistic programming can increase the availability and use of FP services.

HIV Prevention

In three Sub-Saharan African countries, RESPOND provided long-term TA in the use of the MAP approach to engage men in ongoing HIV prevention efforts.

Côte d’Ivoire—Provider and Peer Educator Training Increases Male Participation in HIV Services

To address men’s low participation in services for the prevention of mother-to-child transmission of HIV (PMTCT) and for voluntary counseling and testing for HIV (VCT) in Côte d’Ivoire, RESPOND worked from 2008 to 2014 to build the capacity of the following partners in the MAP approach: PSI, the Ministère de l’Éducation Nationale, the Programme National de la Santé de la Reproduction, the Programme National de la Prise en Charge des Personnes Vivant avec le VIH, and the Elizabeth Glaser Pediatric AIDS Foundation and its local affiliate, the Fondation Ariel Glaser. RESPOND conducted the following activities:

- Trained trainers in partner organizations to include gender-transformative messages and to engage men in their HIV prevention work

Figure 8: Poster developed by RESPOND for use in Togo



- Trained staff at seven pilot facilities to provide male-friendly services and facilitated the implementation of action plans to make facilities more friendly and welcoming to men
- Collaborated with JHU•CCP to develop messages and materials (see Figure 9) challenging harmful gender norms and encouraging men to participate in HIV and PMTCT services
- Trained 163 community educators, religious leaders, and social workers to include messages about gender in ongoing HIV prevention efforts, who in turn sensitized 34,908 men and 34,636 women

Key results from a 2013 midline evaluation included the following:

- Six pilot facilities reported having outreach systems in place to encourage men and boys to use health services, whereas no facilities had reported such systems at baseline.
- Five facilities included topics related to men’s health and men’s participation in RH services in education sessions, compared with zero at baseline.

“We would recommend the MAP approach because it has increased the rates of attendance by men and women and has improved cost recovery. The approach has made the hospital more attractive and has reinforced the capacity of the personnel, leading to a better quality of health care.”

—MAP focal point (provider)

As a result of the increased capacity for male engagement, substantial increases in service use occurred at the seven pilot facilities:

- The number of men tested for HIV jumped by nearly 900% between the first and last quarters of the project (from 201 in October–December 2011 to 1,800 in April–June 2014).
- Over the same period, the number of women tested rose by 72%, from 3,899 to 6,722, and the number of couples tested increased from zero to 231.
- Men represented 21% of all individuals tested for HIV at supported facilities in April–June 2014, compared with just 5% in October–December 2011.

Namibia—Building Gender into the Dialogue on HIV and AIDS Inspires an Increased Focus on Male Engagement

RESPOND collaborated with a local Namibian partner, LifeLine/ChildLine, to deepen the policy dialogue in the government about the role of traditional gender norms as a key driver of the HIV epidemic in the country. To build the capacity of PEPFAR partners and other key stakeholders to engage boys and men in HIV prevention, RESPOND supported LifeLine/ChildLine to:

- Train nearly 50 religious leaders, representing a wide array of Christian denominations, to better understand how harmful gender norms are linked to negative health outcomes, such as the risk of

Figure 9: BCC poster developed by RESPOND



“Her appointment is my appointment. I accompany my pregnant wife to the hospital!
– Partners for health, Partners for life”

HIV infection, and to build their skills in how to address gender inequality (After the training, religious leaders conducted sessions for 101 individuals.)

- Implement communications and outreach activities with national bodies to deepen the dialogue on the role of gender norms as a driver of the HIV epidemic
- Train and provide TA to PEPFAR partners to address gender issues in ongoing HIV prevention and response work

With LifeLine/ChildLine, RESPOND developed two tools to facilitate gender-transformative work. The first⁴⁸ is a supplement to the broader MAP group education manual, while the second⁴⁹ is a school-based curriculum designed to prevent HIV infection among Namibian youth.

The partnership between RESPOND and LifeLine/ChildLine had several other important successes:

- The LifeLine/ChildLine Male Engagement team became the “go to” organization in Namibia to contribute a gender perspective to national-level working groups and RH policies, facilitating government meetings on gender and reviewing documents to ensure the inclusion of gender concepts.
- After working with LifeLine/ChildLine, other partners became committed to male engagement activities, incorporating gender into their work. For example, NawaLife adapted the MAP group education curriculum for use in community action forums.

Through its capacity building and training, RESPOND established LifeLine/ChildLine as a recognized leader in gender issues. As a final testament to the successful partnership, USAID/Namibia awarded the organization with follow-up funding to build on the work accomplished with RESPOND.

South Africa—Changing Harmful Gender Norms Increases Male Participation in HIV Testing Services

From 2008 to 2011, RESPOND supported local organizations and the South African government to implement the MAP program, working primarily with youth and adult men to change harmful gender norms and practices. RESPOND:

- Conducted skills-building workshops on gender norm transformation to help men and women achieve low-risk behaviors, such as: sexual abstinence and fidelity to one partner, and motivating men to know their HIV status and to take action if they are positive
- Mobilized communities through community education events and the formation of community action teams
- Produced IEC materials to motivate men and boys to challenge gender norms, countering men’s fears about testing through the use of the phrase “I am not afraid to test” to encourage more men to “show their strength” by knowing their HIV status
- Provided TA and support to nine universities to provide ongoing behavior change education and capacity-building initiatives to youth
- Launched a male-focused mobile VCT program

As a result of RESPOND’s capacity-building work, more than 18,000 individuals received VCT services through the mobile outreach program.

GBV Prevention and Response

In four Sub-Saharan African countries, RESPOND used the MAP approach to address gender norms that lead to GBV and to inadequate health system responses to GBV survivors. Experiences and key accomplishments from each of the countries are described.

Angola—Building the Capacity of HIV/GBV Activists and Conducting a Communication Campaign Improve Community-Level Attitudes toward Gender Equity

In partnership with União Cristã Feminina (UCF [Christian Women’s Union]), a Young Women’s Christian Association member association, and the Fórum Juvenil da Apoio a Saúde e Prevenção da SIDA (FOJASSIDA [Youth Forum for Support for Health and AIDS Prevention]), RESPOND:

- Built the capacity of UCF and FOJASSIDA by training their HIV/GBV activists in gender and GBV prevention and support
- Facilitated the design and implementation of an awareness-raising campaign on gender and GBV in Cazenga, a submunicipality of Luanda, from March to August 2013

The “Together for the end of domestic violence” campaign, the logo (see Figure 10), and the campaign themes were positive, focusing on maintaining healthy relationships or speaking out against violence. Activists distributed more than 64,000 campaign materials through nearly 3,000 home visits and distribution points at stores and markets; facilitated dozens of community discussions in public spaces, schools, and churches; performed in community theater; and ran radio spots on local stations. An evaluation using a randomized household survey⁵⁰ showed that:

- Women had a significantly higher gender attitude score, indicating positive attitudes toward gender equity, at endline than at baseline (35% versus 11%). The change in men’s attitudes was positive but not statistically significant.
- The percentage of respondents believing that their partner exhibited at least one controlling behavior declined from 89% at baseline to 82% at endline.
- Respondents were more likely to agree that women should have equal rights and receive the same treatment as men at endline than at baseline (68% vs. 60%). A greater increase was observed among men than among women (9.5 percentage points vs. 5.6 percentage points).
- The percentage of women who said that they usually shared equally in or jointly conducted domestic chores increased from 10% at baseline to 23% at endline, while men’s responses did not significantly change.

The brief campaign thus was able to improve community-level attitudes toward gender equity. However, the campaign objectives were limited to improving attitudes rather than changing behavior.

Figure 10: The campaign logo for “Together for the end of domestic violence”



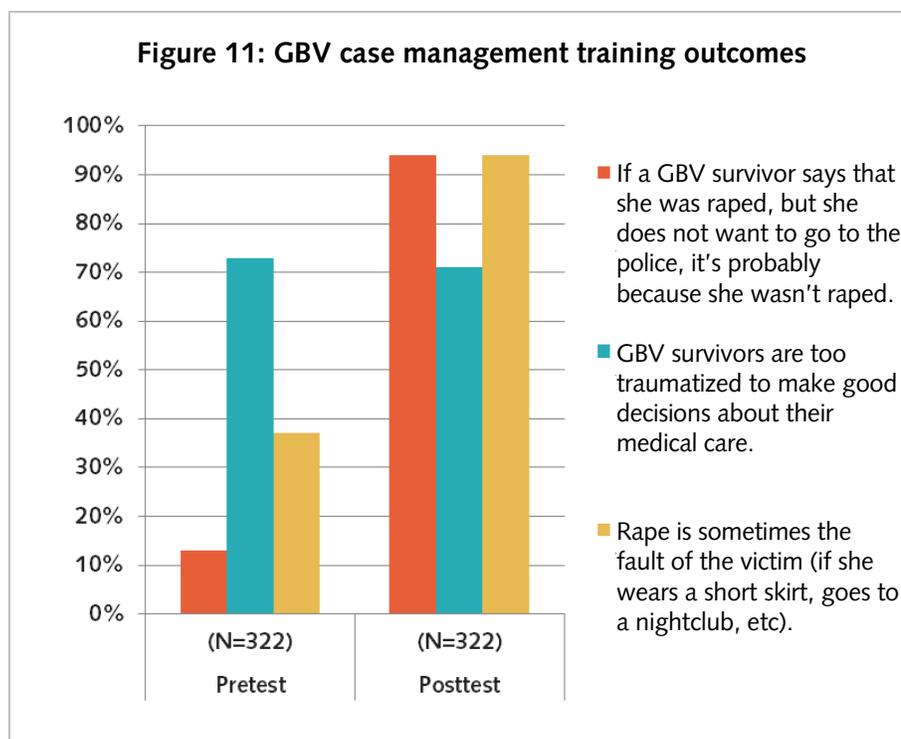
Burundi—Changing Gender Norms at the Community and Health-Sector Levels Improves the Response to GBV

From 2012 to 2014, RESPOND supported the Ministry of Public Health and the Fight against AIDS in Burundi to strengthen GBV prevention and response efforts in two provinces. Complementary interventions were carried out to:

- Strengthen the capacity of 19 facilities to provide services to GBV survivors by training 322 health care providers in GBV as a social and public health problem; holistic management of GBV cases; referral for other services; confronting harmful stereotypes; and understanding challenges faced by survivors
- Promote gender-equitable norms at the community level by training 699 men (100 tea plantation workers, 449 miners, and 150 taxi drivers)
- Facilitate access to GBV response services by establishing linkages between the community and the health system, by training 172 CHWs, 89 local administration staff, 69 local association and NGO members, 41 providers, 23 religious leaders, and two national police officers.

A 2014 endline assessment, which included facility assessments, provider interviews, and analysis of pretest and posttest results,⁵¹ found that:

- A significantly higher percentage of providers disagreed with statements reflecting negative statement that “If a GBV survivor says that she was raped, but she does not want to go to the police, it's probably because she wasn't raped” rose from 13% at baseline to 94% at endline (see Figure 11).
- A significantly higher percentage of providers were able to mention at endline, unprompted, 10 of the essential steps they would take to manage a GBV case than at baseline. For example, the percentage of providers saying that they would test for HIV rose from 37% to 76%, and those mentioning that they would offer postexposure prophylaxis increased from 13% to 53%.
- Among workshop participants, disagreement with justifications for domestic violence rose significantly from before the workshop to after it: from 38% to 50% among community leaders and from 18% to 36% among miners, plantation workers, and taxi drivers.
- Community leaders, miners, plantation workers, and taxi drivers were more likely to agree that women should have equal rights and receive the same treatment as men after the workshop than they were



before. Among community leaders, the change was from 44% before to 58% after the workshop; among miners, plantation workers, and taxi drivers, this proportion changed from 14% to 38%.

The interventions led to a significant increase in knowledge of GBV care among trained providers and a significant decrease in gender-inequitable norms among workshop participants.

Guinea—Health System Strengthening Improves the Response to GBV Survivors

Following violence in Guinea in 2009, especially an incident on September 28 at a political demonstration during which women and girls were raped, RESPOND supported follow-up services for survivors, strengthened local capacity for GBV prevention, and improved the health sector's response to GBV.⁵² RESPOND TA spanned 18 months, from January 2011 to June 2012, and consisted of:

- Training 10 master trainers to engage communities in challenging gender norms and GBV, using the MAP resources
- Building the capacity of 10 GBV prevention committees in two neighborhoods of Conakry, with a total of 110 members
 - Each GBV prevention committee conducted at least four GBV awareness-raising sessions per month, including sermons, community discussions, and dramas, reaching a total of 8,892 men and women over a four-month period.
- Training 53 health care providers from 21 public-sector facilities to appropriately treat survivors of sexual violence.

The initiative vastly surpassed its benchmarks for the number of September 28 survivors whose needs were assessed and addressed, reflecting the enormous ongoing need for services following the violence. Original project targets are noted in parentheses. In total, RESPOND:

- Assessed the needs of 179 survivors of the September 28 violence (50)
- Facilitated the provision of medical care, such as sexually transmitted infection treatment, surgery for severe perineal tears, and treatment for uterine hemorrhage, for 87 survivors (20)
- Provided 50 survivors with psychosocial services (25)
- Supported social workers to provide assistance to 153 survivors and helped the survivors reconcile with family members who had rejected them after the incident (25)
- Facilitated the participation of 60 survivors in economic reintegration services, including training in business and vocational skills (25)

Based on the success of this activity, USAID/Guinea funded a pilot intervention to integrate GBV screening services into one FP clinic in Conakry. RESPOND and the MOH pilot-tested and subsequently revised a curriculum that can be used to build capacity for GBV-FP integration services across Guinea⁵³ and developed and validated a national curriculum on the care of GBV survivors.

Tanzania—Integration of GBV Services into Health Facilities Improves the Response to Survivors

Through the RESPOND Tanzania Project (RTP), RESPOND worked to integrate GBV services and violence against children services into supported health facilities in Iringa and Njombe regions between 2013 and 2014. During that year, RESPOND:

- Supported the development of a curriculum for training clinic staff on GBV services in collaboration with the Ministry of Health and Social Welfare (MOHSW) and other USAID-funded GBV implementing partners

- Trained 10 master trainers in GBV services and 113 health care providers in the two regions to respond appropriately to GBV survivors

These efforts resulted in the provision of a number of GBV-specific services:

- Over the implementation period, the number of GBV survivors served at supported health facilities increased from 79 in the month of May 2013 to 2,494 in April 2014.
- The number of facilities offering emergency contraception increased from 10 in May 2013 to 15 in 2014.
 - Subsequently, the number of monthly clients receiving emergency contraception increased from two in May 2013 to 165 in April 2014.
- The number of monthly clients receiving postexposure prophylaxis increased from 35 in May 2013 to 91 in April 2014.

In interviews, community and regional health management team members credited RESPOND with providing equipment and facility upgrades essential to the provision of effective GBV care.

Conclusions and Lessons Learned

RESPOND provided technical leadership, generated evidence and knowledge, and facilitated knowledge sharing at both the global and the country levels. It also built capacity for RH and FP programming, with an emphasis on LA/PMs, in the field. Over six years, the project:

- Advocated widely and successfully in many ways for a higher priority among donors and implementers for LA/PMs, by analyzing the data and making the case that in low-resource countries:
 - Unwanted fertility is an impediment to individual and family health, community well-being, and national development. Demand to limit future births exceeds demand to space births in every region except West and Central Africa, notwithstanding the “youth bulge.” Furthermore, even in West and Central Africa, demand to limit is rising and likely to continue to do so as desired family size falls.
 - Unmet need among women with a demand to limit is very high; moreover, many women considered to have a “met need” for contraception use less-effective traditional methods. Actual fertility among those who wish to limit births (“limiters”) exceeds wanted fertility in many countries by more than one child per woman.
 - Millions of women and couples want LA/PMs so as to conveniently, safely, and effectively achieve their reproductive intentions—but many are unable to access these methods.
 - Limited LA/PM availability and access is a major barrier to women’s and couples’ having meaningful choice from a range of methods suitable for their reproductive intentions. LA/PMs, particularly permanent methods, are neglected by donors and FP programs in contraceptive security efforts.
 - Not all women would need, want, or choose to use an LA/PM to achieve their reproductive intentions to delay, space, or limit, but many would if the methods were available, accessible, and affordable.
 - These patterns represent not only a health burden on individuals and communities, but also an inequity within and across countries and regions. LA/PM access and availability is usually much lower in poor and disadvantaged populations.
- Contributed to peer-reviewed and grey literature and other modalities to increase LA/PM knowledge and advocacy among program leaders and donors, and to improve LA/PM programming
- Formulated and disseminated curricula and other teaching and training tools for LA/PMs, programming approaches, and HIV and gender
- Increased support and capacity, at both global and country levels, to understand, advocate for, and provide LA/PMs, including ensuring informed choice, quality, and safety of services
- Developed, enhanced, and applied tools and models for LA/PM programming
- Built capacity for LA/PM programming through provision of long-term TA and related support in four countries
- Built capacity for gender programming through long-term TA in seven countries
- Confirmed and advanced the understanding of the importance of holistic approaches and comprehensive programming for LA/PMs that factor in key aspects of supply, demand, and the enabling environment in a coordinated and (ideally) synergistic manner

Yet the limited and uneven availability of LA/PMs in FP programs, particularly in low-resource settings, remains a matter of reproductive health central to improving family health and well-being.

Despite the renewed attention to FP stemming from international conferences, global movements such as FP2020, and mobilization of funding, much remains to be done to ensure that women, men, and couples everywhere are able to choose and access the FP method that best suits their needs. Further, as posited by “Women’s growing desire to limit births in sub-Saharan Africa: meeting the challenge,” FP programs must pay attention to reproductive intention; contrary to conventional wisdom, many women in high-fertility settings are eager to prevent future births, but 80% of limiters in selected countries rely on methods other than LA/PMs. From RESPOND’s six years of implementation stem several lessons that can be applied to future FP programs.

Lesson 1. Program holistically by addressing supply, enabling environment, and demand components in the design of FP strategies and programs.

Though the importance of planning holistically is not a new finding or approach, it should not be neglected or forgotten as an essential paradigm for successful FP programs. RESPOND’s conceptualization of holistic programming for FP service delivery, which places the client and her reproductive intentions at the center of program focus, has been useful at the global level to influence the agendas of international and regional donors. Holistic planning and programming can shape and guide strategy development and program implementation. RESPOND’s experience in supporting FP programs in Burkina Faso, Malawi, and Togo has shown that holistic programming can accelerate progress toward contraceptive choice. Yet at the country level, many USAID missions have limited funding and/or limited capacity to address together the supply, enabling environment, and demand generation requirements. USAID/Washington can play a global role in issuing guidance and facilitating linkages to foster holistic programming.

Lesson 2: Keep a focus on contraceptive choice and human rights in FP programs.

FP programs must ensure that clients have full, free, and informed choice of FP methods and that clients do not face barriers to accessing a wide range of FP methods, from which they can choose the method best suited to their intentions and needs and face no coercion to use a particular method. RESPOND’s work in this sphere flourished by means of collaboration with the Futures Group, through leveraged funding from USAID, the Bill & Melinda Gates Foundation, and the William and Flora Hewlett Foundation. The new tools and resources developed through this collaboration serve as essential normative guidance to support voluntary FP programs that respect, protect, and fulfill choice. The three agencies that funded these resources have a vested interest to apply these tools in their programs.

Lesson 3: A critical role remains for focused global projects.

Global projects such as RESPOND serve as advocates, creators, disseminators, synthesizers, and repositories of the latest evidence, approaches, and high-impact practices, as well as recognized global leaders. RESPOND’s ability to generate relevant analyses and syntheses, as well as to apply tools and lessons from the field at the global level and vice versa, resulted in a legacy of increased global knowledge. In addition, RESPOND increased capacity to program strategically at the country level, relying on an expanded set of tools, models, and approaches. RESPOND’s experience demonstrates that global programs add value to country programs, providing useful resources, leveraging, and lessons from global experience otherwise not available.

The success of any global project is highly dependent on: 1) awareness and understanding at the field level of what the particular global project offers; 2) perceptions (and the reality) of added value and

complementarity to a bilateral program; 3) receipt of field support funding; and 4) an ability to work at a level of resource support and a duration that enables meaningful and sustainable results.

Lesson 4: Continue to underscore the need for long-acting and permanent methods.

LA/PMs have a critical role to play in meeting clients' reproductive intentions. This is particularly important in light of the very large unmet need for limiting and the lack of wide and equitable access to LA/PM services, as articulated in RESPOND and EngenderHealth's White Paper "A Matter of Fact, a Matter of Choice: The Case for Investing in Permanent Contraceptive Methods." Despite the increased attention to LA/PMs, permanent methods in particular are still neglected and not widely available in FP programs. These are important method options that are feasible for low-resource countries to make equitably available at the national scale.

Lesson 5: Nurture the LA/PM CoP.

The LA/PM CoP serves as a useful mechanism for sharing information through its technical consultations and its work on electronic toolkit development and information exchange via the IBP Knowledge Gateway. The steadily growing number of members attests to the interest of public health professionals to engage in such dialogue. Without a dedicated LA/PM community effort, the focus on LA/PMs may easily fall to the wayside.

The groundwork laid by RESPOND includes significant advancements in support and capacity for LA/PM programming. However, much work remains to be done, and much is at stake, with more than 222 million women having an unmet need for FP. USAID and other donors must continue to invest in dedicated FP programming with a focus on LA/PMs, to ensure that couples everywhere are able to access the method that best meets their needs in a timely manner.

Appendix A: RESPOND Global Indicators

Indicators	Unit of measurement	Years 1–2	Year 3	Year 4	Year 5	Extension	Cumulative total	EOP benchmark	Achievement (total benchmark)
1A. No. of organizations actively participating in RESPOND global forums, and nature of that participation	Cumulative count of organizations	64	3	0	17	9	93	33	Exceeded by 60
1B. Extent and nature ^r of influence on others to include LA/PMs as a priority or to strengthen LA/PM programming	Cumulative count of expert consultations ^s	8	17	18	20	9	72	34	Exceeded by 38
2A. Development and use of new evidence (materials and information) to strengthen LA/PM programming	Publications posted to RESPOND web site	36	8	11	37	51	143	32	Exceeded by 111
	Downloads of publications	539	608	164	357	432	2100	N/A	N/A
	Publications distributed	2939	2150	4590	4023	4840	18,542	N/A	N/A
	Journal articles or online publications	4	3	2	4	2	15	10	5
2B. Extent and nature of monitoring, evaluation, and research (ME&R) support provided to global activity and country program implementation	ME&R plans	10	7	5	1	0	23	25	Not met by 2 ^t
2C. Extent to which study findings have been utilized by RESPOND or others	Dissemination plans within research	10	8	4	7	0	29	11	Exceeded by 18

^r A summary description of the nature of the influence is provided on page 11.

^s Due to revisions in the definition of this indicator, the annual and cumulative counts vary from the data previously reported in RESPOND annual reports.

^t The benchmark was not met because RESPOND did not get field support in as many countries as originally anticipated (15 anticipated at the start of the project; 13 countries have provided field support).

Indicators	Unit of measurement	Years 1–2	Year 3	Year 4	Year 5	Extension	Cumulative total	EOP benchmark	Achievement (total benchmark)
3A. Extent and nature to which global models/approaches and tools have been developed, applied, and evaluated	Concept papers/performance management plans for models/tools/approaches	4	4	2	0	0	10	10	Met
3B. Extent and nature of TA provided to country programs to implement models/tools/approaches	The count of countries where RESPOND has provided TA	9	9	4	3	1	26	19	Exceeded by 7

Appendix B: RESPOND Knowledge Products

Below is a comprehensive list of all knowledge products developed by RESPOND. Many of these products can be accessed via the RESPOND Digital Archive at: <http://www.respond-project.org/archive/>.

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- Undie, C., Van Lith, L., Wahome, M., Obare, F., and Curtis, C. 2014. Community Mobilization and Service Strengthening to Increase Awareness and Use of Postabortion Care and Family Planning in Kenya. *International Journal of Gynecology and Obstetrics* 126[1]:8–13.
- Van Lith, L., Yahner, M., and Bakamjian, L. 2013. Women’s growing desire to limit births in Sub-Saharan Africa: Meeting the Challenge. *Global Health: Science and Practice* 1[1]:97-107.
- Wickstrom, J., and Jacobstein, R. 2011. Contraceptive Security: Incomplete Without Long-Acting and Permanent Methods. *Studies in Family Planning* 42[4]:291-298.

BOOK CHAPTER

Jacobstein, R. 2014. Fostering Change in Medical Settings: A Holistic Programming Approach to “Revitalizing” IUD Use in Kenya. *Critical Issues in Reproductive Health: The Springer Series on Demographic Methods and Population Analysis*, 33: 243-264.

PRESENTATIONS (73)

- Connor, H. Holistic programming and systems strengthening with the Seed Model. Family Planning Saves Lives: National Stakeholders Meeting, June 18, 2014, Tajikistan.
- Yahner, M. Planning for the future: Family planning scenarios to advance Tajikistan's health and economic development agenda. Family Planning Saves Lives: National Stakeholders Meeting, June 18, 2014, Tajikistan.
- Connor, H. and Yahner, M. Family planning saves lives: The health and economic rationale for investing in family planning in Tajikistan, June 18, 2014, Tajikistan.
- Jacobstein, R. Family planning methods and approaches: what's new and particularly relevant to midwives. Plenary Panel: Unmet Need for Family Planning: What Midwives Can Do to Help. Presentation at the International Conference of Midwives Triennial Congress, June 4, 2014, Prague, Czech Republic.
- Jacobstein, R. Global and regional overview: FP demand, use and unmet need. Presentation at the Accelerating Contraceptive Choice: Expanding Options through Country Leadership in Sub-Saharan Africa, April 2-4, 2014, Nairobi, Kenya.
- Searing, H. The Intersection of Program and Research: Results of the User's Survey. LA/PM Research Working Group Meeting, March 18, 2014, Washington, DC.
- Jacobstein, R., and Radloff, S. 13 ways of looking at unmet need. Presentation at the 13th Annual Global Health Mini-University, March 7, 2014, Washington, DC.
- Wickstrom, J., and Cisek, C. Employer-based approach to increase support for and provision of LA/PMs in India. Presentation at the Reproductive Health Supplies Coalition's 14th Membership Meeting, October 10-11, 2013, New Delhi, India.
- Yanulis, J. and Jackson, A. Sowing the seeds to expanded contraceptive choice: Using a holistic framework to strengthen capacity of three IPPF member associations in West Africa. 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Van Lith, L., Yahner, M. and Bakamjian, L. Women's growing desire to limit births in Sub-Saharan Africa: meeting the challenge. 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Jacobstein, R. Start too soon, stop too late: the importance of addressing the reproductive intentions of women who want to delay a first birth or limit further births (Panel: Unmet Need and Method Mix: What They Tell Us About Equity, Choice and Program Priorities) 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Jacobstein, R. Contraceptive implants: The future is here, it's just not widely distributed yet. (Panel: The Great Promise and Potential Pitfalls of Implants Scale-Up, in the Context of Ensuring Contraceptive Choice) 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Van Lith, L., Babalola, S. and Sy-Ar, M. Factors underlying couple communication in Burkina Faso (Panel: Pillow Talk: Encouraging Family Planning Use Through Couple Communication) (led by JHU), 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Killian, R., Wickstrom, J., Msuya, A., and Attanas, E. Use of COPE tool for Contraceptive Security in Tanzania (Panel: Getting Down to Business the Critical Steps to Getting Shelves Stocked) (led by RHSC). 2013 International Conference on Family Planning, November 12, 2013, Addis Ababa, Ethiopia.
- Wickstrom, J. Bringing long-acting reversible and permanent contraceptive methods and services closer to the client: innovative approaches to mobile outreach services: Malawi, Nepal and

Tanzania. Presentation at the LA/PM Community of Practice Technical Consultation, September 24, 2013, Washington, DC.

- RamaRao, S., Undie, CC., Obare, F., Van Lith, L.M., Searing, H., and Wahome, M. To the fullest extent of policy: post-abortion care in Kenya. Presentation at the 27th International Population Conference, August 26, 2013, Busan, Korea.
- Eichleay, M., and Searing, H. Study results from Albania and Azerbaijan. Presented to USAID, July 30, 2013.
- Stanley, H. A fine balance: engaging multiple perspectives to strengthen contraceptive choice and protect rights. First Global Conference on Contraception, Reproduction and Sexual Health, May 25, 2013, Copenhagen, Denmark.
- Searing, H. A prospective acceptability study on Sino-Implant (II) in Bangladesh. Presentation to FHI 360 LA/PM End-of-Project Meeting, February 13, 2013, Washington, DC.
- Jackson, A. Expanding contraceptive choice in Togo and Burkina Faso. Presentation of EOP evaluation results, presented to USAID, February 25, 2013.
- Cisse, M. Collaboration entre le MS et l'USAID pour relancer la PF: Project RESPOND. Presentation at the Burkina Faso EOP meeting, February 25, 2013.
- Cisse, M. Résultats de l'évaluation du Project RESPOND. Presentation at the Burkina Faso EOP meeting, February 25, 2013.
- Cisse, M. Leçons apprises du Project RESPOND. Presentation at the Burkina Faso EOP meeting, February 25, 2013.
- Ministère de la Sante. Approbation et mise à l'échelle des acquis du project RESPOND. Presentation at the Burkina Faso EOP meeting, February 25, 2013.
- Amegan, E. Collaboration entre le MS et l'USAID pour relancer la PF: Project RESPOND. Presentation at the Togo EOP meeting, February 2013.
- Amegan, E. Résultats de l'évaluation du Project RESPOND. Presentation at the Togo EOP meeting, February 2013.
- Amegan, E. Leçons apprises du Project RESPOND. Presentation at the Togo EOP meeting, February 2013.
- Ministère de la Sante. Approbation et mise à l'échelle des acquis du Project RESPOND. Presentation at the Togo End-of-Project meeting, February 2013.
- Wickstrom, J., Yahner, M., and Yanulis, J. Meeting Malawi's FP 2020 contraceptive prevalence goal: How will we get there? National Post-FP 2020 Summit Meeting, January 23, 2013, Lilongwe, Malawi.
- Jacobstein, R. Meeting unmet need and increasing contraceptive options and services through postpartum family planning. Presentation at the XX FIGO World Congress, October 7-12, 2012, Rome, Italy.
- Jacobstein, R. A Deeper look at unmet need for modern contraception. Presentation at the FIGO Pre-Congress Workshop on Unmet Need for Family Planning, October 7, 2012, Rome, Italy.
- Wickstrom, J. Cope for contraceptive security. Presentation at the Reproductive Health Supplies Coalition 13th Meeting, October 4-5, 2012, Paris, France.
- Jacobstein, R., and Radloff, S. The What-nots and why-nots of unmet need for FP. Presentation at the 2012 Global Health Mini-University, September 14, 2012, Washington, DC.
- Barry, M.S., Yinger, N., and Jackson, A. Integrating gender-based violence support into family planning clinics in Guinea. Presentation at the Integration for Impact Conference, September 12-14, Nairobi, Kenya.

- Wahome, M. Community engagement holds promise for sustainable postabortion care in Kenya. Presentation at the International Seminar on Increasing Use of Reproductive Health Services through Community-based and Health Care Financing Programmes: Impact and Sustainability, August 23-25, 2012, Bangkok, Thailand.
- Cisek, C. Employer-based models to increase support and provision of LA/PMs in India. Presentation at the SHOPS LA/PM E-Conference, May 8-10, 2012.
- Jacobstein, R. Lessons from Malawi's FP Program about successful private sector provision of LA/PMs. Presentation at the SHOPS LAPM E-Conference, May 8-10, 2012.
- Clyde, M., and Sonneveldt, E. Bolster Your Knowledge (Stat-Shot). Presentation at the USAID All Staff Meeting, May 3, 2012, Washington, DC.
- Van Lith, L. Impediments to meeting reproductive intentions to limit in Africa: Client perspectives and the role of behavior change communication. Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Van Lith, L. Expanding access to family planning: Community mobilization for postabortion care in Kenya. Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Jacobstein, R., and Ominde, J. Strong as its weakest link: Holistic programming in action to increase FP service delivery. Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Jacobstein, R., Wickstrom, J., and Wachepa, J. Don't call me fragile: The remarkable performance of Malawi's FP program and what it teaches us. Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Bakamjian, L., and MacDonald, P. For those who've had enough: What do we know about women with an intent to limit? Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Yahner, M. Reality Check: A planning and advocacy tool for family planning programs. Presentation at the 2011 International Conference on Family Planning: Research and Best Practices, November 29-December 2, 2011, Dakar, Senegal.
- Van Lith, L. Pay attention to reproductive intention: Limiters have needs, too. Presentation at the USAID 11th Annual Global Health Mini-University, September 30, 2011, Washington, DC.
- Sonneveldt, E. 2011 CYP Update: Newly Calculated Factors, Process, Calculation, Justification, Implications. Presentation at LA/PM CoP Technical Consultation New Developments in the Calculation and Use of Couple-Years of Protection (CYP) and Their Implications for the Evaluation of Family Planning Programs, September 8, 2011, Washington DC.
- Janowitz, B., and Eichleay, M. Use of reproductive health services in Eastern Europe and the Caucasus: Background paper and country studies. Presentation to RESPOND Project, March 15, 2011, New York, New York.
- Israel, E., and Van Lith, L. Community mobilization around postabortion care and integration of family planning. Presentation at the FP-MNCH-Nutrition Integration Technical Consultation, March 30, 2011.
- Killian, R., Mwanga, F., Kikumbih, N., Kanama, J., Rimoy, M. Integration of FP into decentralized comprehensive postabortion care (cPAC) services: A case study of Tanzania. Presentation at the FP-MNCH-Nutrition Integration Technical Consultation, March 30, 2011.
- Van Lith, L. Improving Uptake of Vasectomy in Uttar Pradesh: Insights from Community-Based Participatory, Qualitative Research. Presented at USAID/Washington, February 2011.

- Jacobstein R. The only people who like change are babies with dirty diapers: Useful considerations about fostering behavior change in your health programs. Presentation to the US Mission in Cambodia, December 21, 2010, Phnom Penh, Cambodia.
- Wickstrom, J. International experiences and rationales for expanding access to long-acting and permanent contraception. Presentation at the National Workshop on Long-Acting Contraception for Birth Spacing, December 16-17, 2010, Phnom Penh, Cambodia.
- Jacobstein, R. Overview of the latest scientific findings about the IUD and the WHO medical eligibility criteria. Presentation at the National Workshop on Long-Acting Contraception for Birth Spacing, December 16-17, 2010, Phnom Penh, Cambodia.
- Jacobstein, R. From WHO guidance to provider practice: Knowledge translation in action and actuality. Presentation at the WHO Consultation on Postpartum Family Planning, November 22, 2010, Geneva.
- Bakamjian, L. For those who have had enough: Taking a new look at postpartum sterilization. Presentation at the First WHO Global Symposium on Health Systems Research, November 17, 2010, Montreux, Switzerland.
- Jacobstein, R. Programming for Long-acting and Permanent FP Methods in Community Settings: Overview. Presentation at the First WHO Global Symposium on Health Systems Research, November 17, 2010, Montreux, Switzerland.
- Wahome, M. Expanding Access to Family Planning through Community Mobilization for PAC. National Population Leaders Conference, Nairobi, Kenya, November 15, 2010.
- Jacobstein, R. The only people who like change are babies with dirty diapers: Useful considerations about fostering behavior change in your health programs (and the rest of your life). Presentation at the USAID Global Health Mini-University, October 8, 2010, Washington DC.
- Bakamjian, L. To tie the knot or not: A case for permanent family planning methods. Presentation at the USAID Global Health Mini-University, October 8, 2010, Washington DC.
- Jacobstein, R. Contraceptive security for LA/PMs, and the compelling case for the postpartum IUD. Presentation at the USAID Global Health Mini-University, October 8, 2010, Washington DC.
- Jacobstein, R. Involving Men in Reproductive Health and Family Planning Services: Experience from international programs. Presentation at the Centers for Disease Control meeting on Advancing Men's Reproductive Health in the United States: Current Status and Future Directions, September 13, 2010, Atlanta, Georgia.
- Jacobstein, R. Holistic programming leads to sustained increase in IUD use in Kenya. Presentation at the Women Deliver Conference, June 8, 2010, Washington, DC.
- *Jacobstein, R. Contraceptive security: Incomplete without long-acting and permanent contraception (LA/PMs). Presentation at the Reproductive Health Supplies Coalition 11th Membership Meeting. May 27-28, 2010, Kampala, Uganda.*
- Jacobstein, R. What's Hot, and What Does It Mean for LAC. Presented at the USAID LAC HPN Officers SOTA, March 9, 2010, Miami, Florida.
- Foster, P., Ndong, I., Jacobstein, R. and Subramanian, L. The Role of Family Planning in Meeting Millennium Development Goals (MDGs). Presented at the East, Central and Southern African (ECSA) Health Ministers Annual Meeting, February 16, 2010, Kampala, Uganda.
- *Wickstrom, J., and Jacobstein, R. Contraceptive security: incomplete without long-acting and permanent methods of contraception. Presentation at the International Conference on Family Planning, November 15-18, 2009, Uganda.*

- Nagendi, G., Ngobi, C., Farrell, B., Jobri, N., Subramanian, L., Searing, H., and Kakande, H. Addressing the family planning needs of people living with HIV and AIDS through integration of family planning services at an ART Center in Uganda. Presentation at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Ndong, I.; Co-authors: Ashley Jensen, Nicholas Kanlisi, Grace Lusiola, Erin K. McGinn, Fredrick Ndede, John M. Pile. Is that a vasectomy in your pocket? Presentation at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Demissie Asfam, Y. Opportunities and challenges for investment in long-acting and permanent methods of contraception in Ethiopia. Presentation at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Cisek, C. Promoting long-acting and permanent methods of contraception: understanding and addressing client concerns. Presentation at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Van Lith, L. Building will, sparking action – communicating the need for FP. Presentation at the RESPOND Team Meeting, October 19, 2009.
- Bakamjian, L. 2009. Long-Acting and Permanent Methods Community of Practice: Setting the Stage. LA/PM Community of Practice Launch Meeting, June 23, 2009, Washington DC.
- Jacobstein, R. *What's New, What's Hot, and What Does It Mean for E&E*. Presented at the USAID E&E HPN Officers SOTA, June 10, 2009, Budapest, Hungary.

POSTERS (11)

- Jackson, A., Cisse, M., Amegan, E. Breaking down barriers to contraceptive choice: increasing access to the implant and IUD in Burkina Faso and Togo. Poster presented at the International Family Planning Conference, November 12-15, 2013, Addis Ababa, Ethiopia.
- Yinger, N., Babalola, S. A qualitative study on the use of long-acting and permanent methods of contraception (LA/PMs) in Cambodia, Malawi, and Nigeria. Poster presented at the Population Association of America 2012 Annual Meeting, May 3-5, 2012, Francisco, CA.
- Raman, S., Alam, D., Van Lith, L. Vasectomy in Uttar Pradesh, India: participatory qualitative research insights related to role of women. Poster presented at the 139th APHA Annual Meeting, October 29-November 2, 2011, Washington, DC.
- Ndong, I., Jacobstein, R., Bakamjian, L., MacDonald, P., McGinn, E., and Connor, H. Holistic programming leads to sustained increase in IUD Use in Kenya. Poster presented at the First WHO Global Symposium on Health Systems Research, November 16-19, 2010, Montreux, Switzerland.
- Ketele, L., Farlane, L., Mbi-njifor, C. Z.A. Man enough to test: bringing VCT services to men. Poster presented at the International AIDS Conference, July 18-23, Vienna, Austria.
- Ntalangulah, S., Farlane, L., Mbi-njifor, C. Z.A. Constructive involvement of police as partners in the fight against HIV/AIDS and gender-based violence. Poster presented at the International AIDS Conference, July 18-23, Vienna, Austria.
- Sharpe, J., Mfalapitsa, M., Mbi-njifor, C. Z.A., Farlane, L. Transforming harmful male gender norms through constructive male involvement in HIV/AIDS and gender-based violence prevention- the men as partners strategy. Poster presented at the International AIDS Conference, July 18-23, Vienna, Austria.
- Mehta, M. Mobilizing married youth in Nepal to improve reproductive health. Poster presented at the International Conference on Family Planning, November 15-18, 2009, Uganda.

- Aglah, O.E, Subramanian, L., Russell, N., Wickstrom, J., Killian, R., and Farrell, B. Addressing the family planning needs of people living with HIV in Ghana: a community-facility referral approach. Poster presented at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Connor, H., McGinn, E., Pile, M.J., Babamuradova, M., and Ndede, F. The supply-demand advocacy family planning program at work: case studies from Kenya and Azerbaijan. Poster presented at the International Conference on Family Planning, November 15-18, 2009, Uganda.
- Sonneveldt, E. Profiles of long-acting and permanent method users and estimations of potential new markets. Poster presented at the International Conference on Family Planning, November 15-18, 2009, Uganda.

TECHNICAL BRIEFS (2)

- **Technical Brief No. 2.** Hormonal Implant Services: Delivering a Highly Effective Contraceptive Method Now Available at Reduced Cost (*September 2013*) [*English/French*]
- **Technical Brief No. 1.** Hormonal Implants: Service Delivery Considerations for an Improved and Increasingly Popular Method (*March 2010*)

PROJECT BRIEFS (27)

- **Project Brief No. 27.** Holistic Approach Enhances Family Planning Programs: RESPOND's Experience with the SEED Programming Model™ (*August 2014*)
- **Project Brief No. 26.** Expanding Access to Modern Contraception Using Advocacy to Spur Action: RESPOND's Experience in Malawi (*August 2014*)
- **Project Brief No. 25.** Increasing Male Engagement in HIV Prevention in Côte d'Ivoire (*August 2014*)
- **Project Brief No. 24.** Improving Clients' Access to Long-Acting Methods: Enhancing the Capacity of IPPF Member Association in West Africa (*August 2014*)
- **Project Brief No. 23.** Prevention of and Response to Gender-Based Violence in Two Provinces of Burundi (*August 2014*) [*English/French*]
- **Project Brief No. 22.** Reality Check Experiences: Use of a Program Planning and Advocacy Tool for Family Planning Initiatives (*July 2014*)
- **Project Brief No. 21.** The Female Sterilization Standardization Plus Initiative: Building Capacity for Providing Minilaparotomy in Four Countries (*July 2014*)
- **Project Brief No. 20.** Improving and Sustaining Contraceptive Security in Tanzania (*June 2014*)
- **Project Brief No. 19.** Breaking Down Barriers to Contraceptive Choice in the Public Health Section in Burkina Faso and Togo (*December 2013*)
- **Project Brief No. 18.** Reaching Young Married Couples in Bangladesh: An Underserved Population for Long-Acting Methods of Contraception (*September 2013*)
- **Project Brief No. 17.** Introducing Postpartum Family Planning in Maternal Health Services in Low-Performing Areas of Bangladesh (*September 2013*)
- **Project Brief No. 16.** Strengthening National Family Planning Information Systems through Data Quality Assessment: Lessons from Bangladesh (*September 2013*)
- **Project Brief No. 15.** Expanding Contraceptive Choice in West Africa: Building the Capacity of Local Nongovernmental Organizations to Program Holistically (*June 2013*)
- **Project Brief No. 14.** Using a Quality Improvement Approach to Improve Contraceptive Security in Tanzania (*May 2013*)

- **Project Brief No. 13.** Communities Take Action in Kenya: Strengthening Postabortion Care (March 2013) [English and French]
- **Project Brief No. 12.** Views on Family Planning and Long-Acting and Permanent Methods: Insights from Cambodia (February 2013)
- **Project Brief No. 11.** Views on Family Planning and Long-Acting and Permanent Methods: Insights from Malawi (February 2013)
- **Project Brief No. 10.** Views on Family Planning and Long-Acting and Permanent Methods: Insights from Nigeria (February 2013)
- **Project Brief No. 9.** Adapting an Employer-Based Approach to Support Increase Access to and Use of LA/PMs (January 2013)
- **Project Brief No. 8.** Achieving Positive Policy Changes for Family Planning in Bangladesh (September 2012)
- **Project Brief No. 7.** Acceptability of Sino-Implant (II) in Bangladesh: Six-Month Findings from a Prospective Study (July 2012)
- **Project Brief No. 6.** Making Family Planning Accessible, and Affordable: The Experience of Malawi (April 2012)
- **Project Brief No. 5.** Building the Capacity of IPPF Affiliates in West Africa: Use of a New Tool for Program Assessment (March 2012)
- **Project Brief No. 4.** Kenyan Family Planning Providers Leverage Local Resources to Train Their Peers on Long-Acting and Permanent Methods (September 2011)
- **Project Brief No. 3.** Factors Affecting Acceptance of Vasectomy in Uttar Pradesh: Insights from Community-Based Participatory Qualitative Research (May 2011)
- **Project Brief No. 2.** Preventing Postpartum Hemorrhage: Community-Based Distribution of Misoprostol in Tangail District, Bangladesh (May 2010)
- **Project Brief No. 1.** Promoting Hormonal Implants within a Range of Long-Acting and Permanent Methods: The Tanzania Experience (May 2010)

RESEARCH REPORTS (17)

- **Report No. 17.** Effects of a Gender-Based Violence Awareness Campaign in Luanda, Angola: A Quasi-Experimental Study (September 2014)
- **Report No. 16.** Integrating Intimate Partner Violence Screening and Counseling with Family Planning Services: Experience in Conakry Guinea (July 2014)
- **Report No. 15.** End-of Project Evaluation of the RESPOND No-Scalpel Vasectomy Initiative in Uttar Pradesh and Jharkhand States, India (June 2014)
- **Report No. 14.** Mobile Outreach Services for Family Planning in Tanzania: An Overview of Financial Costs (October 2013)
- **Report No. 13.** Approaches to Mobile Outreach Services for Family Planning: A Descriptive Inquiry in Malawi, Nepal and Tanzania (August 2013)
- **Report No. 12.** Factor Influencing Women's Reproductive Health Choices in Tirana, Albania (July 2013)
- **Report No. 11.** Reproductive Health and Family Planning Services Received by Public-Sector Clients in Baku, Azerbaijan (July 2013) [English and Azerbaijani]
- **Report No. 10.** Encouraging Men's Participation in HIV and AIDS Prevention and HIV Testing Services: Evaluation of the Men As Partners (MAP) Approach in Cote d'Ivoire (July 2013) [English and French]

- **Report No. 9.** Replication of the Community Mobilization for Postabortion Care (COMMPAC) Model in Naivasha District, Rift Valley Province, Kenya: An Evaluation Report (*December 2012*)
- **Report No. 8.** Acceptability of Sino-Implant (II) in Bangladesh: Final Report on a Prospective Study (*December 2012*)
- **Report No. 7.** Using an Employer-Based Approach to Increase Support for and Provision of Long-Acting and Permanent Methods of Contraceptive: The India Experience (*December 2012*)
- **Report No. 6.** Capacity Building to Prevent and Respond to Gender-Based Violence: Project Description and Evaluation of RESPOND/Guinea (*October 2012*) [*English and French*]
- **Report No. 5.** Factors Underlying the Use of Long-Acting and Permanent Family Planning Methods in Nigeria: A Qualitative Study (*August 2012*)
- **Report No. 4.** Baseline Assessment of the Readiness of Health Facilities to Respond to Gender-Based Violence in Guinea (*January 2012*)
- **Report No. 3.** Factors Affecting Acceptance of Vasectomy in Uttar Pradesh: Insights from Community-Based, Participatory Qualitative Research (*May 2011*)
- **Report No. 2.** Community Mobilization for Postabortion Care in Kenya: Baseline Evaluation Report (*November 2010*)
- **Report No. 1.** Payments in the Public Sector for Reproductive Health Services in Eastern Europe and the Caucasus (*November 2010*)

OTHER REPORTS (7)

- Changing Gender Norms and Practices, Improving Sexual and Reproductive Health: Tools and Lessons from the RESPOND Project (*September 2014*)
- Kenya Pre-service Training for Long-Acting and Permanent Methods of Contraception: Assessment Report (*September 2012*)
- Services for Sexual Violence Survivors in Kayanza and Muyinga Provinces, Burundi (*August 2012*) (*baseline assessment report*)
- Three Successful Sub-Saharan Africa Family Planning Programs: Lessons for Meeting the MDGs. *Compiled by USAID/Africa Bureau, USAID/Population and Reproductive Health, Ethiopia Federal Ministry of Health, Malawi Ministry of Health, and Rwanda Ministry of Health. The section on Malawi in this report was prepared by RESPOND Project staff. (2012)*
- Assessment of Rwanda's National Family Planning Policy and its Five-Year Strategies (2005–2010) (*June 2011*)
- Synchronizing Gender Strategies—A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations (*September 2010*)
- Community-Based Distribution of Misoprostol for the prevention of Postpartum Hemorrhage: Evaluation of a Pilot Intervention in Tangail District, Bangladesh. Mayer Hashi Project (*2010*)

TRAINING CURRICULA/MANUALS (8)

- Juntos pelo Fim da Violência Doméstica [*Together to End Domestic Violence*] (*August 2014*)
- Checkpoints for Choice: An Orientation and Resource Package (*September 2014*)
- Integration of Family Planning and Intimate Partner Violence Services Trainer's Guide (*September 2014*)
- Hommes comme partenaires dans la lutte contre les violences sexuelles au Burundi: Guide des animateurs pour le travail en équipe [*MAP Guide for RESPOND/Burundi*] (*December 2012*)

- Stay Healthy: A Gender-Transformative HIV Prevention Curriculum for Youth in Namibia (*September 2011*)
- Engaging Boys and Men in Gender Transformation: A Spiritual Supplement Facilitating the Men as Partners Group Education Manual in Christian Settings (*2011*)
- A Guide to Action for Community Mobilization and Empowerment Focused on Postabortion Complications: Facilitator’s Manual (*May 2010*)
- Getting the Numbers Right: A Guide to USAID-Developed Contraceptive Forecasting Tools (*November 2009*)

ADVOCACY MATERIALS (5)

- A Matter of Fact, A Matter of Choice: The Case for Investing in Permanent Contraceptive Methods (*September 2014*)
- Tajikistan’s National Family Planning Stakeholders Meeting: Summary Report, Key Highlights, and Recommendations (*July 2014*)
- Post Abortion Family Planning: A Key Component of Post Abortion Care Consensus Statement—International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), and International Council of Nurses (ICN) and the United States Agency for International Development (USAID) [*English/Spanish/French/Portuguese*] updated (*November 2013*)
- A Fine Balance: Contraceptive Choice in the 21st Century (Bellagio Consultation) (*September 2012*)
- The Importance of Voluntary Family Planning and its Provision by Our Members Consensus Statement—International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), and International Council of Nurses (ICN) [*English/French/Russian*] (*May 2011*)

TOOLS (15)

- Reality Check: A Planning and Advocacy Tool for Strengthening Family Planning Programs—Users’ Guide Version 3 (*August 2014*)
 - User’s Guide (*English/French*)
 - Reality Check Tool (*English/French*)
 - Reality Check Brief (*English/French*) (*December 2012*)
- Responding to the Impact of Gender-Based Violence: An Annotated Bibliography for Integrating Family Planning and Gender-Based Violence Services (*May 2014*)
- COPE[®] for Contraceptive Security Job Aid (*January 2014*)
- COPE[®] for Contraceptive Security: An Assessment Guide—An Adaptation of the COPE[®] Quality Improvement Approach (*October 2013*) [*English/French*]
- Medical Instruments and Expendable Medical Supplies Needed to Provide Long-Acting and Permanent Methods of Contraception (*July 2013*)
- STAT-Shot: Focused Family Planning Data at Your Fingertips User’s Guide (*2013*)
- STAT-Shot: Focused Family Planning Data at Your Fingertips (*March 2012*)
Web-based and downloadable versions (Updated June 2014)
- STAT-Shot Brief (*February 2013*)
- The Training Resource Package for Family Planning (*2013*) (*link on WHO website*)
<https://www.fptraining.org/about>

- Organizational Capacity Assessment for Family Planning Programming [*English/French*] (*December 2012*)
- LA/PMs: A Smart FP/RH Program Investment, a course for the USAID Global Health eLearning Center (*June 2012*)
- Permanent Methods Toolkit <https://www.k4health.org/toolkits/permanent-methods>
- Implants Toolkit <https://www.k4health.org/toolkits/implants>
- Quantification of Health Commodities: Contraceptive Companion Guide (*November 2011*)
USAID | DELIVER and RESPOND Project LA/PM Technical Brief
http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/QuantHealCommConCompGuid.pdf
- Using Quantification to Support Introduction and Expansion of Long-Acting and Permanent Methods for Contraception (*October 2010*)
USAID | DELIVER and RESPOND Project LA/PM Technical Brief
http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/TechBriefQuantLongTermMethods.pdf

BCC MATERIALS (51)

- **Angola Campaign Materials**
 - **Brochures**
 - Somos felizes porque Partilhamos! (We are happy because we share!)
 - Numa familia onde ha violencia todo mundo perde! (in a family where there is violence everyone loses!)
 - Em briga de marido e mulher, nos metemos a colher (in fights between a couple, we can intervene)
 - Posters
 - Somos felizes porque partilhamos! Partilhe voce tambem! (We are happy because we share! Try it out!)
 - Onde ha violencia todo mundo perde! (Where there is violence we all lose!)
 - Em briga de marido e mulher nos metemos a colher (In fights between a couple, we can intervene)
 - Comic Books
 - A Familia Nzagi 1: o dia a dia de Mica (The Ngazi Family 1: Mica's Day to Day Life)
 - A Familia Nzagi 2: O Despertar de Miga (The Ngazi Family 2: Mica's Awakening)
 - A Familia Nzagi 3: A Mudanca (The Ngazi Family 3: The Change)
 - Cazenguinha Newsletters (8)
 - Radio Spots (6)
 - Other Materials
 - Juntos pelo fim da violencia domestica manual (Together to end domestic violence manual)
 - Juntos pelo fim da violencia domestica blocas de nota (Together to end domestic violence notebooks)
 - Campanha: Juntos pelo fim da violencia domestica (Together to end domestic violence)
- India NSV BCC materials (October/November 2012)
 - NSV Brochure
 - NSV Poster
 - NSV Radio Spots

- Burkina Faso BCC materials (August 2012)
 - Family Planning Methods Chart
 - Client Brochure
 - Posters
 - Wouldn't it be nice if you worked with your wife? Work with her to choose a family planning method. Please visit a health care center!
 - We are available to help the community, we respect the rights of our clients on family planning issues. Fellow colleagues. Let us be exemplary!
 - What affects you affects me dearly, that is why I am discussing the advantages of family planning with you. Let us encourage families to practice family planning! [poster 1 – poster 2]
- Togo BCC materials (August 2012)
 - Family Planning Methods Chart
 - Client Brochure
 - Posters
 - I am promoting the use of long term methods of family planning, I keep couples happy. Fellow Community Health Workers, stand out as community leaders!
 - I work with my wife to choose a family planning method that will ensure a future for our family. Please visit a health care center!
 - The success of my work is derived from the satisfaction of my clients, I always share information on all the available family planning methods. Fellow health care providers, stand out as community leaders!
 - What affects you affects me dearly, that is why I am discussing the advantages of family planning with you. Let us talk about family planning! [poster 1 – poster 2]
- Partners for Health, Partners for Life Public Awareness Campaign Materials (Côte d'Ivoire) (July 2012)
 - Poster 1: “Play your role: accompany your pregnant wife to the hospital”
 - Poster 2: “Her appointment is my appointment: I accompany my pregnant wife to the hospital”
 - Brochure: “Everything men need to know about pregnancy”

VIDEOS (3)

- Long-Acting and Permanent Methods: Stories from the RESPOND Project (West Africa) (*Mòoré with English subtitles, and French*) (December 2012)
- The Right Decision at the Right Time: Dispelling Myths around NSV in India (January 2012)
- Fadal Dey: Male Engagement (Côte d'Ivoire) (*French*)

COUNTRY PROFILES (18)

RESPOND Country Profiles were developed for the following 18 countries:

Burkina Faso [<i>English/French</i>](February 2010/ April 2010)	Cambodia (May 2010)	Democratic Republic of Congo (June 2009)
Ethiopia (June 2009)	Guinea [<i>English/French</i>] (May 2012/ June 2012)	India (June 2009)
Kenya (June 2009)	Madagascar (June 2009)	Malawi (June 2009)
Mali [<i>English/French</i>] (April 2010)	Nigeria (January 2010)	Pakistan (October 2009)
Rwanda (June 2009)	Senegal [<i>English/French</i>] (June 2009/ September 2010)	Tanzania (June 2009)
Togo [<i>English/French</i>] (March 2010/ April 2010)	Uganda (June 2009)	Zambia (June 2009)

Appendix C: Funding Overview

On September 24, 2008, USAID awarded the RESPOND Project to EngenderHealth as a Leader with Associates Cooperative Agreement (No. GPO-A-00-08-00007-00) with a ceiling of \$240,000,000. USAID obligated a total of \$51,453,703.40 over the life of the project via the following modifications:

Table C-1: USAID obligations and modifications to RESPOND (in \$US)

Date	Mod.	Amount	Subtotals by USAID FY	USAID FY	Notes/Subject
9/24/08		\$6,480,245	\$6,480,245	FY 2008	
12/30/08	1	\$907,333			
9/22/09	2	\$7,996,202	\$8,903,535	FY 2009	
9/30/10	3	\$10,433,393	\$10,433,393	FY 2010	
12/23/10	4	\$100,000			
3/22/11	5	0			Administrative
9/1/11	6	\$2,000,000			
9/13/11	7	0			Administrative
9/27/11	8	\$5,590,000	\$7,690,000	FY 2011	
12/22/11	9	\$2,862,747			
7/27/12	10	\$5,610,000			
9/25/12	11	\$1,155,000	\$9,627,747	FY 2012	
1/11/13	12	0			No-cost extension
2/12/13	13	\$2,238,783			
4/4/13	14	\$600,000			(funds obligated in error)
9/24/13	15	(\$600,000)			(correcting deobligation)
9/29/13	16	\$3,400,000	\$5,638,783	FY 2013	
3/27/14	17	\$1,800,000			
6/26/14	18	\$880,000	\$2,680,000	FY 2014	
		TOTAL	\$51,453,703		

Figure C-1 shows the breakdown by year.

RESPOND incorporates an allocables mechanism and deducts 10% from all gross obligations for managing program activities.

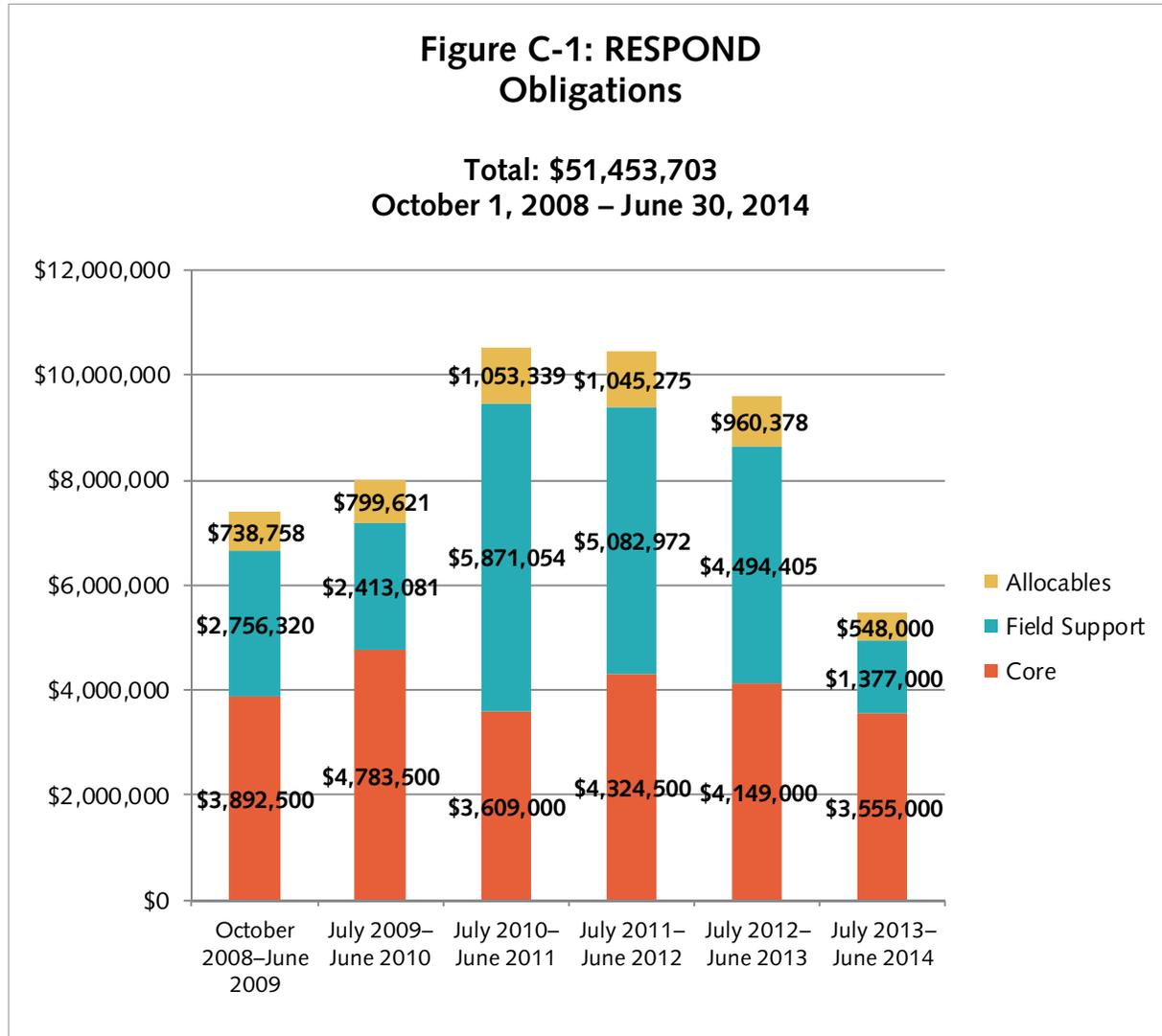


Figure C-2 shows the total obligations through June 30, 2014, for the RESPOND Project (\$51,453,703) disaggregated by core, field support (including Modified Acquisition and Assistance Request Documents), PEPFAR, and allocables. PEPFAR funding for South Africa and Côte d'Ivoire ensured continuity in program development for activities that were begun under the ACQUIRE Project. All activities in South Africa were completed by September 30, 2011. New PEPFAR funding in Angola, Burundi, and Tanzania was programmed for GBV work. Additional funding from the West Africa Regional Program Bureau (for Burkina Faso and Togo) provided the continuation of activities begun in FY 2011. The Mission in Malawi provided funding for the application of the SEED Model™ and use of Reality Check. The Mission in Senegal provided direct funding for Reality Check training. The field support funding for India supported continued work on the NSV Initiative.

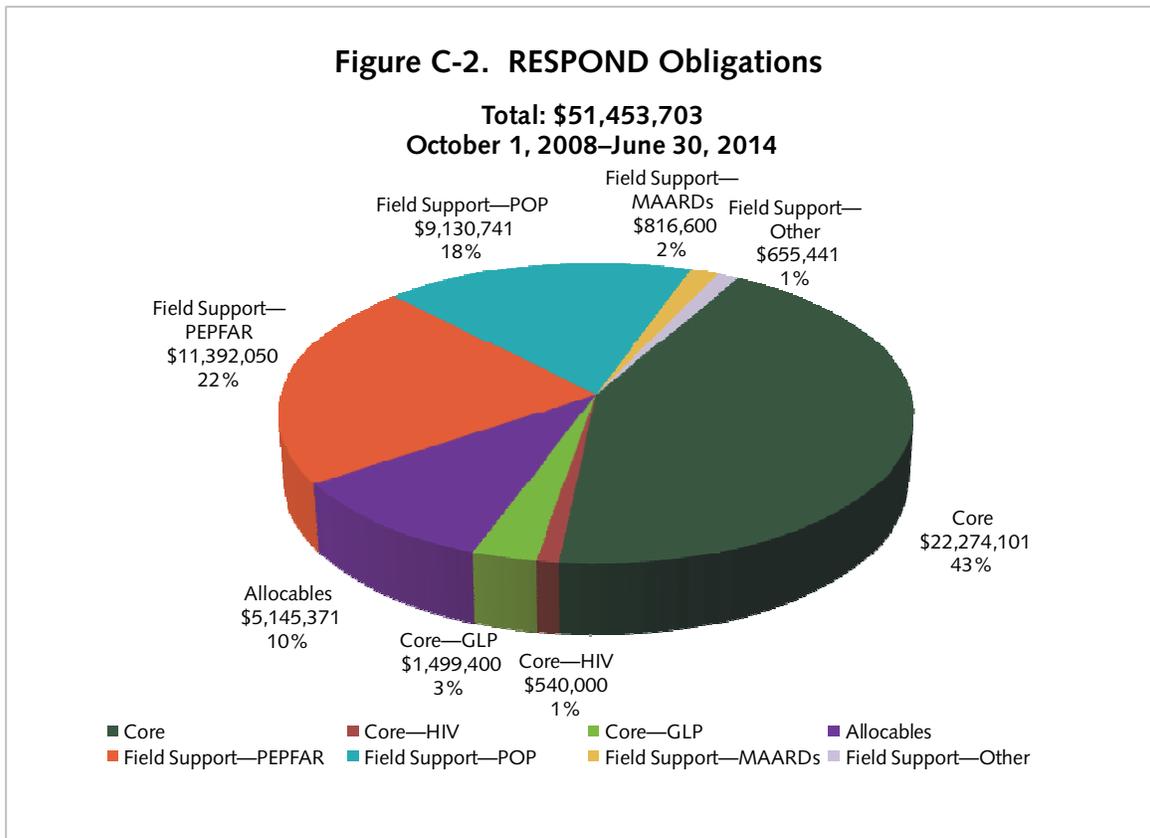


Figure C-3 shows expenses for the period October 1, 2008–June 30, 2014 (\$50,141,185), broken down by:

- The launch period (October 1, 2008–June 30, 2009)
- Year 2 (July 1, 2009–June 30, 2010)
- Year 3 (July 1, 2010–June 30, 2011)
- Year 4 (July 1, 2011–June 30, 2012)
- Year 5 (July 1, 2012–June 30, 2013)
- Year 6 (July 1, 2013–June 30, 2014).

The proportionate increase in core expenses in Year 2 can be attributed to expansion in appropriate staff, activity development, and the encumbrances of the subawards with the partners. The breakdown of expenses in Year 3 tracks closely with the level of core activities begun in Year 2 and the increase of field support revenue received in Year 3. In Year 4, the increase in Field Support expenses tracks closely with the additional field support obligations received. In Years 5 and 6, as new funding decreased relative to prior years and the project entered the final stages of its life cycle, expenses also decreased.

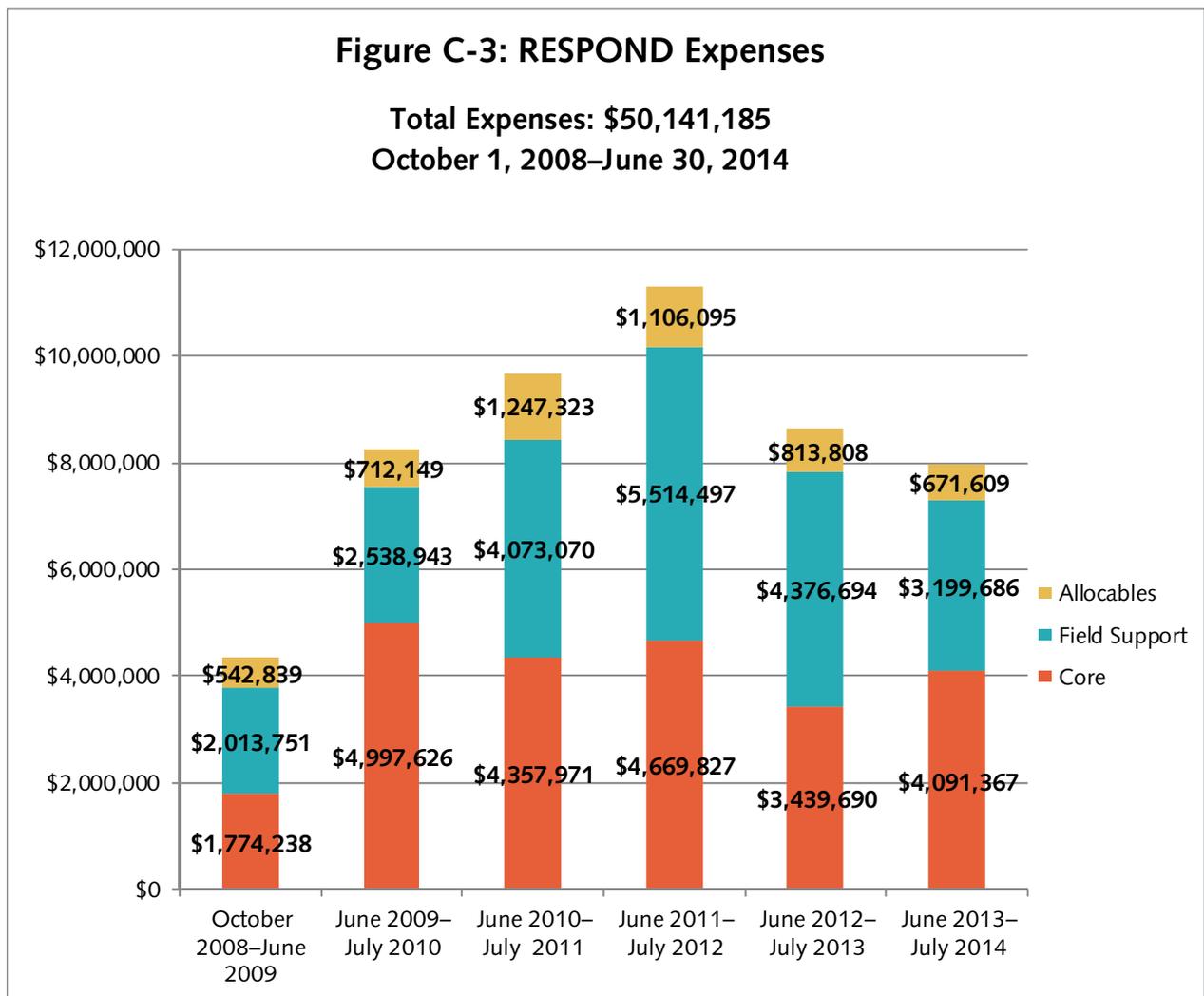
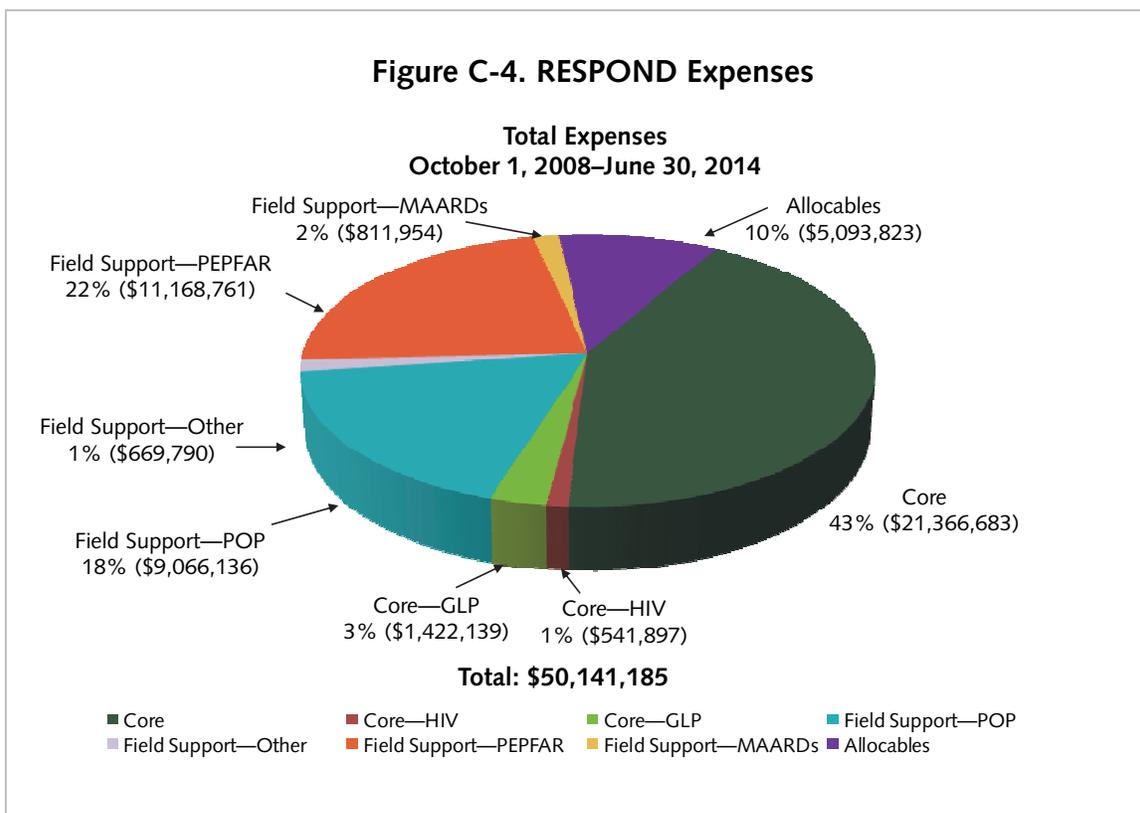


Figure C-4 shows the total expenses through June 30, 2014, for the RESPOND Project (\$50,141,185) disaggregated by core, field support, PEPFAR, and allocables.



Cost Share: The cost share requirement for RESPOND was 20% of all expenses incurred. As of September 30, 2013, EngenderHealth claimed \$20,602,582 in cost share from other programs to satisfy the cost share requirement for RESPOND.

Subawards

Over the life of the project, RESPOND made subawards to 40 different institutions, totaling \$7,482,779. Below is a summary of subrecipients, area of focus, dates of performance, and amounts expended. By the final year (FY 2014), five of the six original major partners were active.

Table C-2: RESPOND subawards (in \$US)

Area	Recipient	Start Date	End Date	Amount	Subtotal
Global—main partners					
Global	JHU•CCP	10/1/2008	6/30/2014	\$2,069,433	\$4,160,125
Global	Meridian Group International	10/1/2008	6/30/2014	\$391,340	
Global	FHI 360	10/1/2008	6/30/2014	\$600,012	
Global	Futures Institute	10/1/2008	6/30/2014	\$295,004	
Global	Population Council	10/1/2008	6/30/2014	\$638,352	
Global	Cicatelli Associates	10/1/2008	6/30/2010	\$165,984	
Global—in support of global activities					
Global	Paper Trail Solutions	10/1/2008	9/23/2014	\$543,563	\$1,039,286

Area	Recipient	Start Date	End Date	Amount	Subtotal
Global	SWAK (Kenya)	4/1/2010	3/31/2011	\$38,927	
Global	Domrei Research (Cambodia)	1/24/2011	3/31/2012	\$31,579	
Global	Market Audits and Research (Nigeria)	6/15/2011	3/31/2012	\$91,287	
Global	College of Medicine CRH (Malawi)	10/1/2011	5/31/2012	\$100,465	
Global	Strategy to Impact, LLC	6/10/2011	1/31/2012	\$33,236	
Global	ABPF (Benin)	2/14/2012	4/15/2013	\$23,997	
Global	Exceed Digital Systems	9/1/2013	4/30/2014	\$74,975	
Global	ANBEF (Niger)	1/1/2014	6/30/2014	\$17,369	
Global	AIBEF (Cote d'Ivoire)	1/1/2014	6/30/2014	\$24,475	
Global	Equilibres & Populations	12/1/2010	2/28/2011	\$46,288	
Global	Strategy to Impact, LLC	9/10/2013	10/31/2013	\$13,124	
Asia					
India	GFK MODE	6/21/2013	6/15/2014	\$57,552	\$57,552
Eastern Europe					
Azerbaijan	SIAR LLC	12/22/2010	4/30/2012	\$20,287	\$37,079
Albania	IPOS/ Tirana University	4/30/2012	9/30/2012	\$16,793	
Africa					
Angola	PMA	2/1/2012	7/31/2014	\$715,138	\$808,229
Angola	COSEP Consultoria Lda	1/7/2013	10/31/2013	\$93,091	
Burkina Faso	ABBEF	2/23/2012	2/15/2013	\$47,675	\$47,675
Burundi	IMC	11/15/2012	7/25/2014	\$500,767	\$500,767
Cote d'Ivoire	AIBEF - Cote d'Ivoire	10/1/2009	9/30/2010	\$39,289	\$39,289
Guinea	CONAG	4/1/2011	6/30/2012	\$93,086	\$93,086
Togo	ATBEF (Togo)	2/23/2012	12/31/2012	\$42,625	\$113,859
Togo	ATBEF (Togo)	8/1/2012	2/15/2013	\$41,306	
Togo	ADESCO (Togo)	8/1/2012	2/15/2013	\$29,927	
Namibia	Lifeline/Childline	2/1/2009	5/31/2010	\$204,045	\$420,903
Namibia	Lifeline/Childline	4/13/2010	6/30/2011	\$196,166	
Namibia	ETR Associates	12/15/2010	5/15/2011	\$20,692	
South Africa	Stellenbosch University	3/1/2009	9/30/2009	\$12,856	\$124,473
South Africa	CPUT - Cape Town	3/1/2009	9/30/2009	\$12,466	
South Africa	CPUT – Bellville	3/1/2009	9/30/2009	\$12,151	
South Africa	UCT	3/1/2009	9/30/2009	\$11,442	
South Africa	Personal Concept Project	3/1/2009	9/30/2009	\$13,573	
South Africa	University of Fort Hare	3/1/2009	9/30/2009	\$12,902	
South Africa	PACSA	3/1/2009	9/30/2009	\$18,799	
South Africa	Zanempilo HBC	3/1/2009	9/30/2009	\$16,550	
South Africa	Qedusizi CDP	3/1/2009	9/30/2009	\$13,734	
	TOTAL				

Core-Funded

RESPOND had six major partners on the team. Specific roles and activities of each partner are described below.

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU•CCP)

JHU•CCP served as the lead partner on RESPOND for behavior change communication (BCC) activities. This included leadership, coordination, and management of the BCC component and activities across the three results areas of the project. Under this leadership, JHU•CCP provided technical oversight of staff assigned to BCC across the project. JHU•CCP's involvement provided support to core-funded activities in Kenya, Malawi, and Nigeria and field programs in Burkina Faso, India, Malawi, and Togo. JHU•CCP continues to be involved in a similar role on the Bangladesh associate award.

- Activity 1.1.1. LA/PM CoP
- Activity 1.2.7. Defining Limiters as an Underserved Population
- Activity 2.1.5. LA/PM Toolkits
- Activity 2.3.1. Multicountry Use-Dynamics Study
- Activity 2.3.3 Mobile Outreach Case Study
- Activity 3.1.1. Ghana LA/PM Strategy (completed)
- Activity 3.1.2. LA/PM Couple Communication Study and Tool
- Activity 3.3.1. Replication and Scale-Up of COMMPAC Model (Kenya)
- Activity 3.4.3. TA to Field for LA/PM Programming and Implementation

Meridian Group International, Inc.

Meridian contributed to the social marketing, advertising, public relations, and promotion of service delivery networks and LA/PMs, as part of the implementation of the larger BCC component of the project. This included activities such as communications strategy development, baseline consumer studies, target-audience focus group discussions for communications campaigns, communications tracking studies on increased awareness/knowledge, and participation in knowledge sharing across the project and with external organizations. Meridian provided TA to the NSV project in India, and participated in six global activities:

- Activity 1.1.1. LA/PM CoP
- Activity 1.1.2. Advance SOTA Global Learning
- Activity 1.2.1. Public-Private Partnership with Pharmaceutical Companies
- Activity 2.1.5. Implants Toolkit
- Activity 3.1.1. Ghana LA/PM strategy Activity 3.3.4. Test Model for Expanding Private-Sector Provision of LA/PM Services in India

Additionally, Meridian continues to be involved in the RESPOND associate awards in Bangladesh and Tanzania.

FHI 360

FHI 360 focused on setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This served to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. FHI 360 was also tasked to develop and

refine global and country-level analysis suitable for use with national and local-level governments and institutions to assist with advocacy, strategy development, goal setting, planning, and resource allocation for FP/RH programming. This included research/special studies related to areas such as the identification and removal of barriers to FP/RH service delivery, systems strengthening, provider performance, integration of FP with HIV and AIDS services, FP needs of people living with HIV and AIDS or at risk of HIV infection, and youth. FHI 360 participated in four specific global activities:

- Activity 1.1.1. LA/PM CoP
- Activity 2.3.3. Case Studies Exploring Mobile Services
- Activity 2.3.8. RH Payments Study in Azerbaijan and Albania
- Activity 2.3.9. Sino-implant (II) Acceptability Trial in Bangladesh (serves as a technical advisor and supports the study through the FHI 360 Institutional Review Board)

Futures Institute

The Futures Institute participated in setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This served to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. The Futures Institute was also tasked to perform global and country-level analysis and to develop tools suitable for use with national and local-level governments and institutions to assist with advocacy, strategy development, goal setting, planning, and resource allocation for FP/RH programming. The Futures Institute participated in the Bangladesh associate award and in seven global activities:

- Activity 1.1.1. LA/PM CoP
- Activity 1.1.2. Advance SOTA Global Learning
- Activity 1.2.6. Consultations on Female Sterilization
- Activity 2.1.1. Country Profiles (completed)
- Activity 2.1.2. Secondary Analysis of DHS Data
- Activity 2.1.3. Update of CYP Numbers for FP
- Activity 3.4.1. Enhancement of Reality Check Tool and Production of Version 2
- Activity 3.4.6. TA to West Africa for LA Methods (IPPF)

Population Council

As with the other partners, the Population Council contributed in setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This served to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. The Population Council provided support to the RESPOND bilaterals in Bangladesh and Tanzania and participated in two global activities:

- Activity 1.1.1. LA/PM CoP
- Activity 3.3.1. Replication and Scale-Up of COMMPAC Model (Kenya)

Cicatelli Associates Inc.

Cicatelli Associates was a RESPOND partner from 2009 to June 2010. It worked to develop appropriate distance learning approaches and tools that can be used globally and applied in low-resource developing countries for disseminating state-of-the-art approaches, best practices, and evidence-based knowledge for supporting LAPM services and for improving the knowledge and skills of service providers and/or trainers program planners, managers, and supervisors.

Appendix D: Tools, Models/Approaches, and TA Provided, and Studies Conducted, by Country

COUNTRY	TOOLS			MODELS/ APPROACHES			TECHNICAL ASSISTANCE					GLOBAL STUDIES			
	SEED (12)	Reality Check (9)	CYP factors (24)	COMMPAC (1)	COPE for CS (2)	Private sector (1)	FP/LA/PM programming (11)	IPPF West Africa (6)	Female Sterilization Standardization(4)	Clinical support (8)	Gender norms (7)	Mobile services (3)	Use-Dynamic (3)	Informal Payments (2)	Sino-Implant (1)
1. Albania			x											x	
2. Angola			x								x				
3. Azerbaijan			x											x	
4. Bangladesh	x	x	x				x		x						X
5. Benin	x		x				x	x							
6. Burkina Faso	x	x	x				x	x	x						
7. Burundi	x		x						x	x					
8. Cambodia	x		x				x					x			
9. Côte d'Ivoire			x					x		x					
10. Ethiopia	x		x						x						
11. Ghana	x	x	x						x						
12. Guinea	x		x								x				
13. India	x		x			x	x		x						
14. Kenya	x	x	x	x			x		x	x					
15. Malawi	x	x	x		x		x		x		x	x			
16. Namibia			x								x				
17. Nepal			x									x			
18. Niger			x					x							
19. Nigeria	x		x				x						x		
20. Rwanda	x		x												
21. Senegal		x	x				X	x	x						
22. South Africa			x								x				
23. Tajikistan		x	x												
24. Tanzania	x	x	x		x		X		x	x	x				
25. Togo	x	x	x				X	x	x						

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