



SEATS



Final Report:

MotherCare

**Project Assessment
and
Dissemination Conference Preparation**

**Collaborative Family Planning and
Reproductive Health Services Development Project**

Novosibirsk Oblast and Primorsky Krai

RUSSIA

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Acronym List

ACNM	American College of Nurse-Midwives
AVSC	AVSC, International
BFHI	Baby Friendly Hospital Initiative
CA	Cooperating Agency
CDC	Center for Disease Control and Prevention
COC	Combined oral contraceptive
CYP	Couple-year of protection
IEC	Information, education, and communication
JHPIEGO	JHPIEGO Corporation
JHU/CCP	Johns Hopkins University/Center for Communication Programs
LAM	Lactational amenorrhea method
MIS	Management information systems
MOU	Memorandum of understanding
PATH	Program for Appropriate Technology in Health
RFPA	Russian Family Planning Association
RH/FP	Reproductive Health/Family planning
RTI	Reproductive Tract Infection
SEATS	Family Planning Service Expansion and Technical Support Project
SOMARC	Social Marketing for Change Project
STI/HIV	Sexually transmitted infection/human immunodeficiency virus
TTI	Target training institution
UNESCO	United Nations Education Social and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WRHP	Women's Reproductive Health Project

I. INTRODUCTION

As a prelude to the design of a ***Conference on Results of the Collaborative Family Planning and Reproductive Health Services Development Project***, the Family Planning Service Expansion and Technical Support (SEATS) and MotherCare projects conducted joint assessments of their two Russian project sites: Siberia (Novosibirsk Oblast) in May 1997 and the Russian Far East (Primorsky Krai) in September 1997. The purpose of these assessments was to assess progress, to gather lessons learned and to summarize this information and that learned in other project monitoring activities in order to plan and organize the dissemination conference on program results in both sites. The conference was held November 3 through 5, 1997 in Vladivostok, Primorsky Krai, and supported by core funds available for dissemination activities.

This report includes the results of the assessment, description of conference preparation, and the agenda, participant list, and list of available abstracts from the dissemination conference.

II. PROJECT DESCRIPTION

A. Background

In November 1994, USAID/Russia initiated the four-year, \$7.5 million Women's Reproductive Health Project (WRHP) to address the reproductive health needs of Russian women, the goal and purpose of the WRHP being "to decrease Russia's current high rates of maternal mortality and morbidity by promoting change in current information and family planning service delivery systems, leading to greater adoption of modern contraception as an alternative to repeat abortion". The project was modeled after USAID's successful Central Asia Reproductive Health Services Expansion Program.

The major WRHP project activities to be implemented through a variety of USAID cooperating agencies (CAs) — as in the Central Asian program — included: information, education, and communication (IEC) for the general public about the safety and health benefits of modern contraception; development of model family planning centers; enhancement of existing reproductive health curricula; improved availability of contraceptives in the private sector; and policy dialogue at the local level.

Initially, several USAID Cooperating Agencies (AVSC International and JHPIEGO primarily) were invited to implement the WRHP in four sites in Western Russia: Ivanova, St. Petersburg, Yekaterinburg and Tver. Other initial WRHP partners were the Johns Hopkins University/Center for Communication Programs (JHU/CCP), the Social Marketing for Change Project (SOMARC), the Centers for Disease Control and Prevention (CDC), and The Policy Project.

Midway through the first project year, USAID decided to begin project implementation in two additional sites outside Western Russia - the first in Siberia (Novosibirsk Oblast) and the second in the Russian Far East (Primorsky Krai) and SEATS was asked to lead this effort in those two places.

In the third calendar quarter of 1995, SEATS was invited by USAID/Russia to conduct a preliminary assessment in Novosibirsk Oblast and Primorsky Krai to determine the potential feasibility of implementing WRHP activities at these sites. Officials and service providers at both sites strongly endorsed the potential collaboration and a draft implementation plan was submitted. At this point, USAID/Russia suggested joint collaboration between SEATS and MotherCare and preparations were begun for a joint mission to develop an Implementation Plan for both sites.

In the fourth calendar quarter of 1995, this joint SEATS/MotherCare mission to develop an Implementation Plan was conducted and a detailed plan negotiated, revised, and finalized for each site. This Implementation plan is included as Appendix C. Implementation of actual project activities began in the first quarter of 1996.

B. Project Goals and Objectives

Goals and objectives for WRHP and for the SEATS/MotherCare component of the project follow.

A key finding of the assessment is that all planned activities were successfully implemented, and all in the same quarter for which they were planned, despite the extremely tight time frame for a project of this scope.

Goal of SEATS/MotherCare activities:

Strengthen family planning and reproductive health service delivery in Novosibirsk Oblast and Primorsky Krai.

Overall SEATS/MotherCare Objective:

Expand access to, availability of, and use of high-quality, sustainable modern contraception and reproductive health services.

Sub-objectives:

- ▶ **Increase knowledge and use** of modern contraceptives among women of reproductive age in the project catchment areas;
- ▶ Expand and strengthen contraceptive service delivery by **enhancing the client-centered approach**, with a focus on counseling, quality of care, and provision of equipment and materials;

- ▶ **Enhance the knowledge and skills of RH/FP** service providers and trainers through competency-based, participatory training activities;
- ▶ **Strengthen the capability of key training institutions** to produce trained family planning service providers by integrating competency-based, participatory training materials and approaches into their curricula.

C. Project Design and Strategy

USAID assigned SEATS/MotherCare responsibility for the final two of the six WRHP sites almost one year after other WRHP partners had begun to develop IEC and training materials, form training teams, and hire in-country staff. Mindful of this fact, SEATS/MotherCare decided early in the design phase for the Novosibirsk Oblast and Primorsky Krai sites that — in addition to being cost-effective and cost-efficient with regard to scarce resources — greater national synergy would result if programs in the six USAID-supported pilot oblasts/krais used consistent standards and protocols. In other countries, often the various CAs have proceeded separately and trained participants somewhat differently, leading to a certain amount of confusion and incongruity when a national program was later developed.

Thus, to ensure some standardization of technical approaches and skill levels, SEATS/MotherCare decided to make every reasonable attempt to adopt the approaches and practices already introduced by other CAs. This strategy was intended to enhance the chances for smooth program replication in non-project oblasts, if the opportunity arose at a later time. Standardization was also supported by health authorities at both sites who, despite geographic isolation, saw themselves as part of a national strategy. However, to foster "ownership" on the part of the Oblast and Krai, it was decided to bring relevant WRHP trainers to the project sites rather than send trainees to other WRHP sites for training.

To ensure complementarity across project sites, SEATS/MotherCare coordinated closely with WRHP associates AVSC, JHPIEGO, JHU/CCP, CDC, and SOMARC, individually and through regular coordination meetings with USAID. Other partners included the SEATS and MotherCare subcontractors American College of Nurse-Midwives (ACNM) and Program for Appropriate Technology in Health (PATH).

In summary, the strategy for complementarity with other WRHP sites included:

- ▶ a consistent approach to training, including use of AVSC and JHPIEGO trainers, where feasible;
- ▶ the use of IEC and training materials already developed and/or adapted for the Russian context by CAs which had begun project work in Russia up to a year prior

to SEATS/MotherCare;

- ▶ data collection using standard WRHP service statistics forms;
- ▶ regular coordination meetings with partners.

D. Implementation

Counterparts for the SEATS/MotherCare Project were the Novosibirsk Oblast Health Administration, the Novosibirsk City Health Administration, the Primorsky Krai Health Administration and the Vladivostok City Health Administration. In discussion with Oblast and Krai health officials, pilot clinical sites and target training institutions were chosen that the leadership felt would best incorporate, and disseminate within their catchment areas or spheres of influence, the technical and capital inputs of the project.

Memoranda of understanding (MOUs) outlining the respective project responsibilities of SEATS/MotherCare and the health administrations were negotiated and signed, as were more detailed MOUs with almost all training institutes and clinical sites involved in the project. MOUs were particularly important for ensuring the sustainability of project inputs, as they documented official approval of the use of training facilities and personnel for ongoing support to reproductive health programming. MOUs were effective in securing the commitment of all parties to fulfilling their respective project responsibilities and the assessment team found that, indeed, all specified commitments were fulfilled.

Pilot service sites received training, reporting assistance, equipment, and materials, and a "starter" supply of contraceptives. Target training institutions received training, equipment and materials. (A listing of the equipment and materials supplied to the sites is included as Appendix J.)

Pilot clinical sites in Novosibirsk Oblast included:

1. Novosibirsk Oblast Family Planning Center (Novosibirsk City)
2. Maternity Hospital # 4 (in Novosibirsk City)
 - Women' Consultation
 - Postpartum Ward
 - Gyn Ward
3. Kuybyshev Women's Consultation/ Family Planning Center
4. Karasuk Family Planning Center

After the first rounds of training, two sites requested to be included as pilot sites and, with the support of the Oblast administration, were added as project sites. These included:

5. Municipal Family Planning Center of Novosibirsk (Novosibirsk City) and
6. Berdsk Family Planning and Adolescent Health Center

Target Training Institutions in Novosibirsk included:

1. Medical College #1 (pre-service: mid-level)
2. Medical College # 3 (pre-service: mid-level)
3. Medical College # 4 (pre-service: mid-level)
4. Oblast Medical College (refresher: mid-level)
5. Medical Institute (pre-service: physicians)
6. Refresher Institute (refresher: physicians)

Pilot clinical sites in Primorsky Krai included:

1. Primorsky Krai Family Planning Center (in Vladivostok)
2. Krai Maternity Hospital (in Vladivostok)
3. Maternity Hospital #3 (in Vladivostok)
Women's Consultation
Post-partum Ward
Gyn Ward
4. Lesozavodsk Hospital Women's Consultation
5. Ussuriysk Women's Consultation
6. Pevorechensky Women's Consultation (in Vladivostok)

Target Training Institutions in Primorsky Krai included:

1. Vladivostok Basic Medical College (in Vladivostok)

2. Primorsky Krai Refresher Medical College (in Vladivostok)
3. Ussuriysk Medical College
4. Lesozavodsk Medical College
5. Vladivostok State Medical University (in Vladivostok)
6. Refresher Medical University (in Vladivostok)

A part-time local resident co-ordinator was identified and hired in Novosibirsk and in Vladivostok. These resident coordinators provided invaluable support to project implementation and were significant contributors to the timely and high-quality implementation of program activities.

A detailed list of planned, and completed, project activities can be found in Appendix C. In brief, project activities included:

- ▶ a series of site assessments and follow-up visits to identify and address management and policy issues, to select pilot service sites and training institutes, and to develop work plans;
- ▶ focus group research with men and women to determine their perceptions of the quality of maternity services to identify areas for strengthening;
- ▶ development of a joint training strategy which determined how pre-service and in-service training institutions would integrate the project's training materials and approaches into their curricula and training programs;
- ▶ a series of intensive training activities including, in each site:
 - 1) a four-day seminar on reproductive health, safe motherhood, and family planning, with emphasis on a contraceptive technology update;
 - 2) a two-week skills workshop for physicians on family planning and reproductive health;
 - 3) a two-week skills workshop for mid-level service providers on family planning and reproductive health;
 - 4) a one-week workshop for training of master trainers;
 - 5) a three-day, curriculum-development meeting for master trainers;

- 6) and follow-up visits to training and clinical sites to reinforce information and skills presented in the training program.
- ▶ technical assistance in management information systems (MIS) so that service statistics were gathered in accordance with data collection at all sites of the WRHP.

III. ASSESSMENT SCOPE

The authors of this report visited Novosibirsk Oblast in May 1997 and Primorsky Krai in September 1997 to visit project clinical and training sites and talk to health administrators, project trainers, trained service providers and clients. The aim of the assessment was to assess progress and document lessons learned from the project in anticipation of dissemination conferences in both project sites. SEATS/MotherCare also sought to advise USAID/Russia regarding full integration of the two sites into ongoing WRHP activities.

In both Novosibirsk Oblast and Primorsky Krai, one or two senior health officials accompanied the SEATS/MotherCare team on all visits to pilot clinics, target training institutions, and roll-out sites. Due to the size of the team and the seniority of the Russian staff, interactions with project trainers and staff at pilot clinical sites were at times somewhat formal presentations. However, there was also opportunity at each site to observe and to talk privately to trainers, staff, clients and students. Because of the distances involved, only one (Kuybyshev) of the two rural sites in Novosibirsk Oblast was visited. All clinical sites in Primorsky Krai were visited, although, because the Krai Maternity Hospital was closed for disinfection at the time of the visit, the team met with staff of the Maternity at the Basic Medical College located in the same facility.

The team also visited two youth centers in Novosibirsk and one in Primorsky Krai and a number of maternities that were not pilot sites, but whose staff attended project training and incorporated counseling and/or optimal breast-feeding practices into their regular work. Additionally, in Novosibirsk, the team attended a SOMARC pharmacist training to observe three of the SEATS-trained master trainers.

To check for contraceptive availability and pricing, the team visited a small convenience sample of private pharmacies in Novosibirsk City and Vladivostok as well as pharmacies or kiosks in each of the pilot clinical sites.

The schedules for the assessment visits are included as Appendices D (Novosibirsk Oblast) and E (Primorsky Krai). Descriptions of each individual site visit are included as Appendices A (Novosibirsk Oblast) and B (Primorsky Krai). Persons contacted are listed in Appendix I.

IV. ASSESSMENT FINDINGS

A. Integration of SEATS and MotherCare

The integration of SEATS' and MotherCare's expertise and inputs strongly contributed to the success of the implementation of the WRHP in Novosibirsk Oblast and Primorsky Krai. The teaming of SEATS and MotherCare fostered the implementation of an integrated reproductive health program in its two sites that went beyond the original project scope to include rooming-in, promotion of optimal breast-feeding and safe delivery practices, and prevention and management of reproductive tract infections (RTIs).

Despite the strong initial resistance on the part of some Oblast and Krai officials to the inclusion of rooming-in in a family planning training program, it became apparent as the program evolved, and particularly during the assessment, that this integrated approach enhanced the acceptability of the FP component to service providers as a key aspect of quality reproductive health services for women. The involvement of pediatricians and neonatologists together with ob-gyns created a broad base of support for all aspects of the project.

Although the collaboration between SEATS and MotherCare was not specified in the preliminary project design, the benefits of USAID/Moscow's vision for this collaboration became clear as the project was implemented and results emerged. SEATS, which received its funding somewhat prior to MotherCare, was funded at a level sufficient to enable it to implement a fairly comprehensive program; MotherCare's funding level seemed initially to present serious constraints in terms of the scope and depth of the initiatives that could be developed from MotherCare's careful needs assessment. Creative solutions were found in the close programmatic collaboration between SEATS and MotherCare, a collaboration that both maximized financial and technical resources and presented a consistent technical and programmatic strategy to Russian counterparts.

Economies of scale were created as MotherCare focused its resources on specific consultant costs for training and program monitoring in LAM and breast-feeding, while SEATS covered its own technical scope and also funded the core (fixed) costs of most SEATS/MotherCare activities including workshop participant costs, and most of the equipment, materials, translation, communication with Russian officials, and supplies required to conduct and sustain activities. This subsidization was done in addition to SEATS focus on a wide range of family planning and reproductive health issues, such as training in provision of contraceptive methods, counseling, and RTI and STI and prevention, counseling and treatment, supply of contraceptive commodities, furnishing the Novosibirsk FP center, providing IEC and educational equipment and materials, and equipping joint teams of master trainers.

This complementarity of activities and economy of scale not only streamlined some administrative and financial issues, but most importantly, generated *real* synergy in implementation of technical activities. Nevertheless, SEATS and MotherCare, being two distinct USAID contracts with their own specific USAID contractual and reporting needs, some amount of duplication of administrative, tracking, and reporting of tasks naturally occurred, mitigated since both contracts are being managed by John Snow, Inc. and SEATS/MotherCare continually took steps to coordinate these issues at the headquarters level.

B. Project Design and Strategy

In contrast to the way in which the WRHP was implemented at other sites, SEATS/MotherCare was responsible for all aspects of the program in its two assigned sites including policy development, curriculum development, training implementation, contraceptive forecasting, etc. In the other sites, these functions were split among at least two CAs. In addition, the distance of the two sites from each other, and either site from Moscow, intensified the number of technical assistance trips needed to complete the implementation plan. External technical assistance to the project is summarized in Appendix K.

SEATS/MotherCare implemented a series of intensive training courses of up to two weeks for core groups of trainers and service providers in each site. At other WRHP sites, service providers received one-day technical updates. SEATS/MotherCare also improved six service delivery sites in each of the two oblasts/krais for a total of 12, versus one clinical site improved in other WRHP sites.

Both Novosibirsk Oblast and Primorsky Krai appeared well served by the SEATS/MotherCare overall project strategy which stressed collaboration and consistency with the other WRHP CA partners and project sites. AVSC, PATH, and JHPIEGO provided both training materials and trainers to the effort and AVSC — also a SEATS subcontractor — helped with in-country organization of the training. JHU/CCP supplied IEC materials to all project sites. Although SEATS/MotherCare did its own contraceptive projections, CDC was helpful in sharing this method and reviewing these to ensure that the initial contraceptive supply would be adequate. To link the new master training team to pharmacist training activities in Novosibirsk, the project team also liaised closely with SOMARC. (SOMARC did not have any activities in Primorsky Krai at the time).

Twelve of the 21 clinical sites improved by the WRHP are in Novosibirsk Oblast and Primorsky Krai.

This effective coordination should enable other CAs to build more seamlessly in the

future on the SEATS/MotherCare work. Such efforts include SOMARC's work training pharmacists, AVSC's further expansion of services to include minilap, and AVSC's expansion of the program from Novosibirsk Oblast to neighboring oblasts and to additional sites in Primorsky Krai.

C. Institutionalization

SEATS/MotherCare activities in Russia began in January 1996 and were scheduled for completion by March 1997, as SEATS and MotherCare were under specific instruction from USAID/Russia to implement project activities as quickly as feasible. To their credit, SEATS/ MotherCare met this time frame and implemented an intensive set of activities in a compressed period of time. Consequently, some of the next steps for full institutionalization of project inputs, as outlined in this assessment report, are evolutionary and will need some time to be fully realized.

The absorptive capacity of the FP/RH programs in the two SEATS/MotherCare project sites should be underlined. The ability of the Russian program to so quickly absorb, adapt, and institutionalize the training and other inputs committed by the WRHP was exceptional and contributed directly to the success of the program.

1. Services

a. Counseling

Service providers and trainers visited during the assessments often cited improvements in client-provider interactions, including informed choice and the client-centered approach, as the most important changes resulting from the project. Clients interviewed also mentioned the attentiveness of staff and their concern for women's problems as a reason for choosing a particular clinic. In some cases, such as the Kuybyshev FP Consultation Center, women came from other towns and even other oblasts because of the center's reputation for quality services and supportive staff.

As evidence of the increased importance of a client focus, the Municipal FP Center in Novosibirsk recently used student interns to poll clients about their perceptions of the services they receive. Although clients in this study complained of long waits and wanted expanded services, they also complimented the attentiveness of the staff, referred the clinic to their family and friends, and asked for a "club" to be established at the site where women could exchange experiences and ideas — findings that point out the overall acceptability of the services offered. On the other hand, staff in Novosibirsk feel pressured by insurance schemes that pay them by client volume rather than quality of services and they struggle to provide quality care within the time constraints of 12-15 minutes per client imposed on them. In fact, trainers trying to implement a quality

counseling program pressured oblast authorities to extend the amount of time available per client for counseling and the Oblast MCH Director reported at the dissemination conference in November 1997 that a policy had been implemented to extend time for counseling. In Primorsky Krai as well, as a result of the training program, policymakers extended the amount of time available per client for quality counseling.

All sites visited had adequate supplies of IEC materials for clients, including counseling cue cards, posters, and client pamphlets on the different contraceptives developed by the Russia Family Planning Association (RFPA) and JHU/CCP. A number of the hospital sites had also developed their own materials, including display boards on contraception, the lactational amenorrhea method of contraception (LAM) and breast-feeding. For example, Maternity #4 in Novosibirsk developed simple instructional materials on breast-feeding and put them in plastic sleeves. These were available in each maternity room for use by mothers, at their convenience.

In at least one instance, the team saw printed LAM posters stamped with a message that said "Caution! This method is unreliable", pointing to the need for further internalization of program messages by service providers. Also, several facilities in both sites had anti-abortion posters in evidence and staff spoke of increasing activities in this area and their lack of preparation in dealing with the criticisms and negative messages of these groups.

In addition to client materials, AVSC FP flipcharts were provided to each training participant and prominently displayed in their service sites. The Novosibirsk training team has abundant client materials for future roll-out training, but they do not currently have enough cue cards and flipcharts for future trainees. The Primorsky Krai team feels it has adequate access to all IEC and training materials they will need.

Counselors appreciate the information in all the materials provided, but would like even more information about the management of side effects associated with hormonal methods, particularly for Depo Provera, whose side effects can be prolonged.

Although there was little direct evidence of antenatal or postabortion FP counseling in most sites visited, most maternity ward staff and mothers visited spoke about FP counseling and FP informational materials and poster boards were evident in all maternity wards visited. At Novosibirsk's Gynecological Hospital No. 1, a staff lounge was converted to a FP IEC room for group education sessions and for use as an information resource room for postpartum and postabortion women.

b. Clinical Services

Training in use of the no-touch technique for IUD insertion was generally well received and was extended by training participants to other service providers at their clinical

sites. At least one site (Kuybyshev women's consultation) reportedly has noticed a reduction in infection rates, due, they believe, to the use of this technique. In addition, staff at this site have decided to designate two midwives to do most IUD insertions so as to maintain sufficient client load to ensure quality insertions. The Pevorechensky Women's Consultation in Primorsky Krai also reports that use of Zoe models for training in IUD insertion has reduced the rate of post-insertion complications.

In discussions with clinic staff, trainers, and clients and during observation of the SOMARC pharmacist training in Novosibirsk, there was little evidence of bias against hormonal methods, although service providers still are perhaps overly cautious in prescribing Depo Provera due to concern about delays in return to fertility and prolonged side effects. This caution is more pronounced in sites in Novosibirsk Oblast than in Primorsky Krai, yet Siberian service providers feel they just need more time to "get used" to this method before they can recommend it without qualifications to all clients.

c. Contraceptive Availability

During the assessment, staff at all sites reported an expanded method mix as a result of the project, with fewer IUD insertions and abortions, and expanded use of hormonal methods, particularly oral contraceptives. Birth and abortion rates have declined in both the krai and the oblast over the past three years, suggesting more effective contraceptive practices, yet officials report no change in the ratio of abortions to deliveries (approximately 2 : 1 in Novosibirsk, 1.7 : 1 in Primorsky Krai).

There is some indication that the marked change in acceptability of hormonal methods is influenced by their availability — free of charge — in project clinical sites. Indeed, in a number of counseling interactions observed, this was presented as a benefit to use of hormonal methods, even though all methods supplied by USAID are available free of charge to needy clients. (Because hormonals are less expensive than IUDs, they are apparently given away more freely). Whether the popularity of hormonal methods will endure when women must pay for them remains to be seen.

Although sessions on sexually transmitted infection/human immunodeficiency virus (STI/HIV) were included in both the launch conferences and the clinical training programs, virtually no clinic staff or clients interviewed during the assessment — with the exception of the Berdsk and Luventus youth programs in Novosibirsk and the Krai FP Center and Lesozavodsk youth program in Primorsky Krai — even mentioned condoms. Condoms were not included as part of the contraceptives made available by the project, but were available for sale in private pharmacies and in the kiosks within the clinics visited. The Krai FP Center in Vladivostok does provide counseling on dual method use -- condoms for protection against STIs and a second method for more effective prevention of unwanted pregnancies.

The assessment team visited a number of pharmacies in both Novosibirsk Oblast and Primorsky Krai and found that a full range of contraceptives was available in each — a dramatic improvement from the time of the SEATS/MotherCare assessment visit in July 1995. Methods were generally attractively and prominently displayed. However, there was a wide range of prices for the same products. Prices will probably stabilize over time as consumers become better aware of their choices.

CONTRACEPTIVE PRICES IN PHARMACIES

	Novosibirsk June 1997			Vladivostok September 1997	
	Pharmacy				
	#1	#2	Kiosk	#1	#2
Contraceptive					
Postinor	5,700	5,100	5,500	6,800	7,200
Marvelon	27,600/3 pack	25,075/3 pack	27,200	27,000/1	35,000/1 pack
Blue Lady/ TriQuilar	36,900/3 pack	25,350/3 pack	N/A	42,300/3 pack	N/A
Depo Provera	37,500	39,500	N/A	N/A	43,000 (150 mg) 68,300 (500 mg)
IUDs	T Cu 380A 63,600	T Cu 380A 29,800	N/A	Multiload 51,300	N/A
Condoms	6,950/3	15,000/12	7,000-10,000/3	8,000-10,000/3	6,700-9,200/3

1US\$=~5800 Rubles

Change in Method Mix, Novosibirsk Oblast		
	1991	1996
IUD	24%	17%
Hormonals	0.8-1.5%	7.1%

Novosibirsk Oblast Health Statistics

Krai-wide statistics on method mix were not available for Primorsky Krai.

As possible, continued support should be given to trainers and clinic staff to reinforce new information and skills, particularly with regard to contraceptive technology updates. Although there have been positive changes in provider and client attitude towards hormonal contraceptives, in particular, reinforcement for wider use of Depo Provera, interval sterilization, and postpartum/postabortion sterilization or IUDs still remains to be developed. In addition, as everywhere, some providers and master trainers continue to show biases against or for some methods which can be reduced with further reinforcement of international standards. Indeed, health officials and clinicians in Novosibirsk, in particular, acknowledge that they will likely relax constraints to use of Depo Provera as they gain more experience with the method.

d. Service Statistics

Because there were some discrepancies in summaries of clinic data from Novosibirsk, the team collected data forms from all project sites during the assessment. These were re-analyzed by SEATS evaluation staff. (There were no problems with the forms submitted from Primorsky Krai). Preliminary analysis of these data from both sites indicate that SEATS/MotherCare's support for reproductive health in Primorsky Krai and Novosibirsk Oblast has led to rapid increase and dramatic improvement of family planning service delivery. Service statistics collected by participating sites in these two regions show recent, sharp increases of the number of women receiving modern contraceptive services as well as rapid expansion in use of more effective methods. For example, in October, 1996 the reported number of family planning clients more than doubles average monthly attendance during the previous quarter. This indication of sudden and significantly higher performance is maintained through the first quarter of 1997, the last quarter for which complete data are currently available.

Similarly impressive increases are shown for more effective, longer-term contraceptive methods in these two regions. For example, the number of IUDs inserted for new acceptors during both the last quarter of 1996 and the first quarter of 1997 is more than twice what was achieved in the third quarter of 1996, the first period for which data are available. Other effective methods, such as Depo Provera and progestin-only oral

contraceptives, exhibit similar levels of increase.

In all, during the ten months for which data are available, couple-years of protection (CYP) achieved by provision of family planning services within participating sites in the two regions amounted to over 20,000. New acceptors of family planning and women who changed contraceptive methods contributed well over half of this total with a combined CYP in excess of 12,000 during the period. The remainder were attributed to continuing users who attended clinic sessions for re-supply of short-term methods or consultation or follow-up for long-term methods.

New acceptors of family planning increased in the same time period. In Novosibirsk Oblast, the number of new acceptors per month prior to October 1996 averaged just 100 per month. From October onwards, the average number had increased to well over 350 new acceptors per month. New acceptors similarly increased in Primorsky Krai from an average of nearly 170 per month before October 1996 to nearly 250 new acceptors per month during the following six month period. See following Figures 1-4.

Contraceptive Method Switching

Primorsky Krai: 6 pilot sites

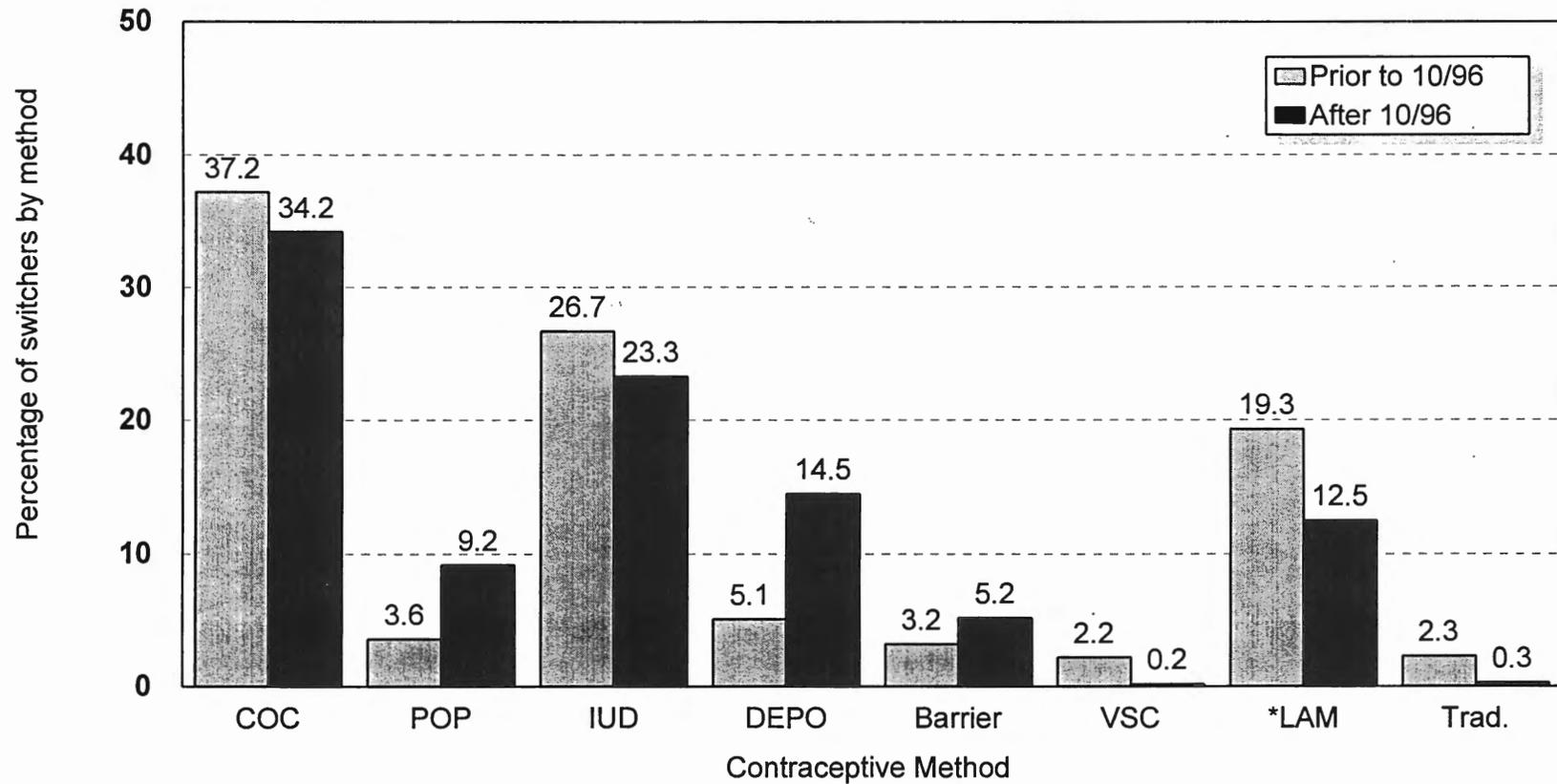


Figure One

Contraceptive Method Switching

Novosibirsk Oblast: 6 pilot sites

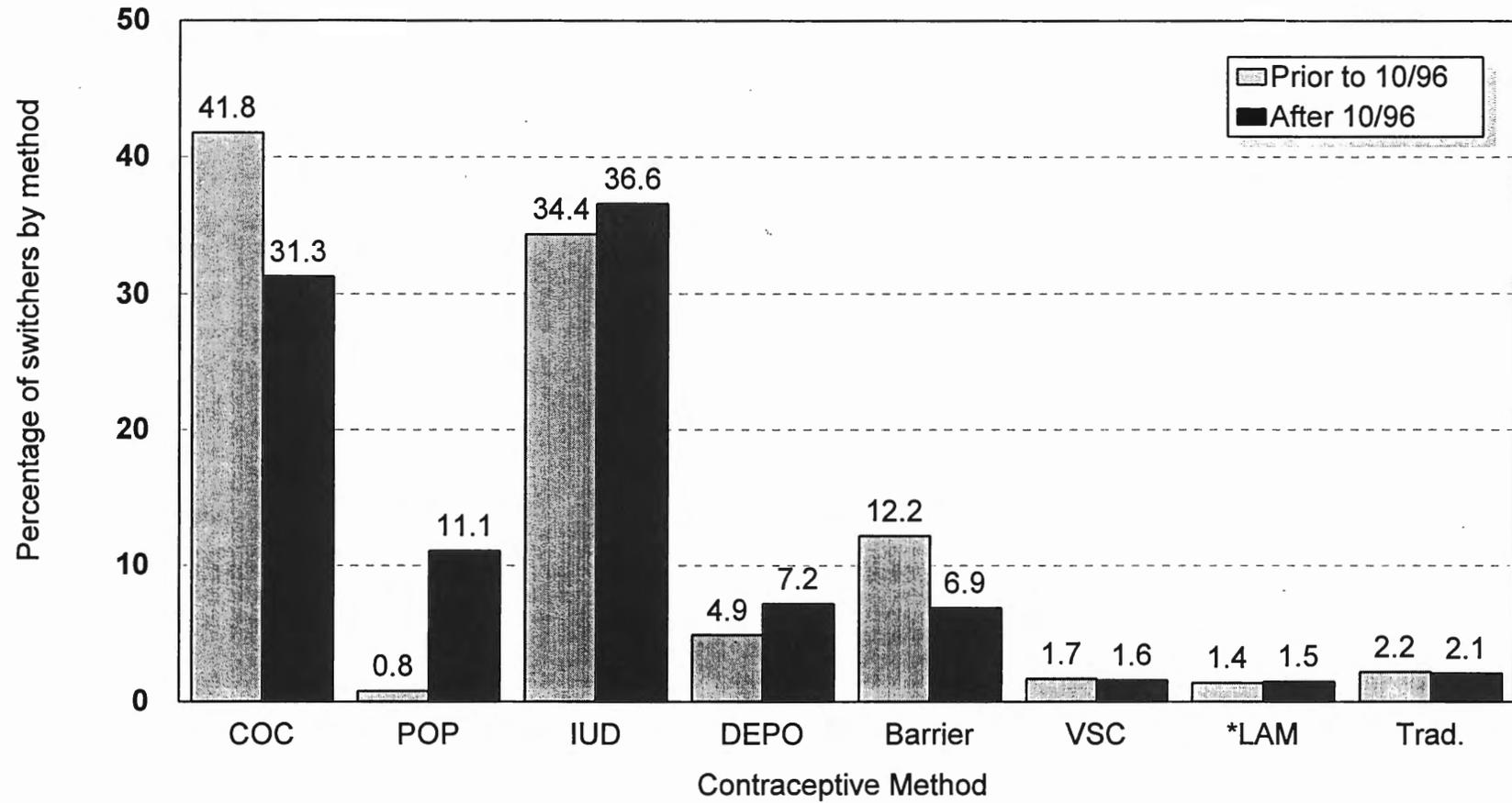


Figure Two

Women Receiving FP Method

Novosibirsk Oblast: 6 pilot sites

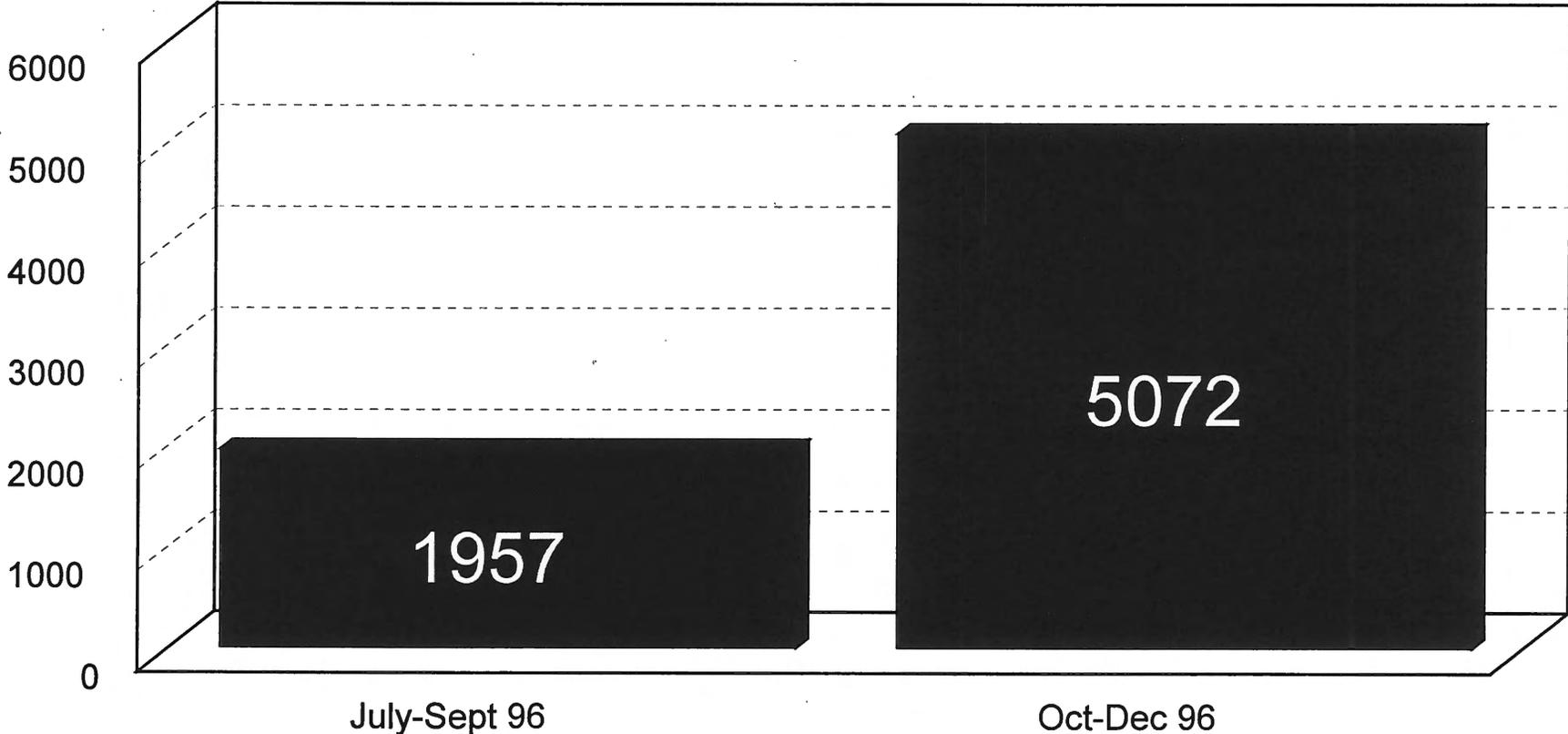


Figure Three

Women Receiving FP Method

Primorsky Krai: 6 pilot sites

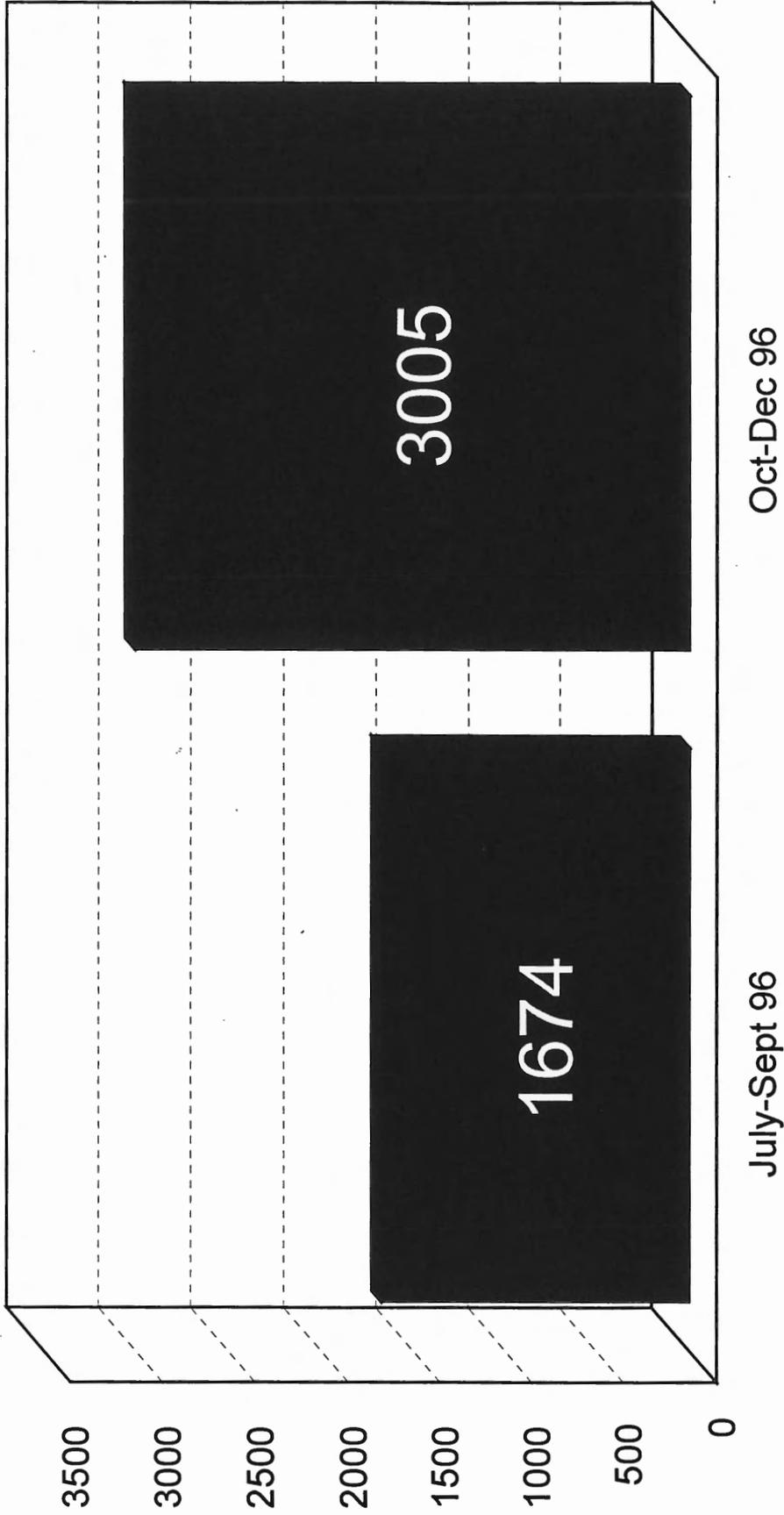


Figure Four

In addition to serving greater numbers of clients than ever before, service providers were able to help large numbers of women choose methods which they preferred, and they often chose more effective methods than they had been using previously. As a result of improved counseling and greater method availability, method mix became more evenly distributed over time. In Novosibirsk, where 76% of women who had changed methods switched to either the combined pill or IUD before October 1996, during the ensuing seven months this declined to just under 70% with corresponding increases noted in use of progestin-only pills and Depo Provera injectables (Figure 2). Similarly, in Primorsky Krai the same percentage decline occurred - from 64% of those who changed methods switched to either the combined pill or the IUD before October 1996 to 58% after - with corresponding increases in use of progestin-only pills and Depo Provera injectables (Figure 4).

It should be noted that women who choose to change contraceptive methods took great and immediate advantage of the wider range of methods that were now available in the expanded contraceptive method mix. Combined data from Novosibirsk Oblast and Primorsky Krai shows that women who had been using combined oral contraceptives (COCs), for example, acted on the greater opportunity to select other hormonal alternatives: in the months before October 1996, only 5.4% of those switching from COCs selected Depo Provera as an alternative, with none selecting progestin-only pills. During October and afterwards, this rapidly increased to a level of 26% who decided that progestin-only pills or injectables were their preferred alternative.¹ Also notable is the decline in the use of traditional methods, with corresponding increase in use of more effective methods. While IUDs have remained the second most preferred method for both new acceptors and those who changed methods, the standard product now provided is the higher-quality TCu 380A, which was previously unavailable at any of the facilities in Primorsky Krai and Novosibirsk Oblast.

Primorsky Krai data show an increase in the use of condoms consistent with their decision to stress the use of condoms and "double protection" to protect against the spread of STIs, although no similar rise is noted in Novosibirsk Oblast, which did not explicitly adopt this strategy.

New acceptors of family planning increased in the same time period. In Novosibirsk Oblast, the number of new acceptors per month prior to October 1996 averaged just 100 per month. From October onwards, the average number had increased to well over 350 new acceptors per month. New acceptors similarly increased in Primorsky Krai from an average of nearly 170 per month before October 1996 to nearly 250 new acceptors per

¹ The service statistics referred to here are not particularly sensitive to pick up the use of LAM, due to the facts that (a) most of the data are drawn from women's consultations and family planning centers, and (b) some women choose to use LAM and also select another contraceptive method such as condoms or progestin-only pills.

month during the following six month period.

e. Breast-feeding/LAM

Novosibirsk Oblast and Primorsky Krai were the only WRHP sites in which LAM and rooming-in were fully integrated into the project. The strides that many of the facilities, including non-project service sites, have taken to incorporate optimal breast-feeding practices, including rooming-in, are outlined in site reports in Appendices A and B.

An important lesson learned from the project, particularly regarding the rooming-in and LAM components, was the need to be comprehensive in the approach to training in order to effect change. Inclusion of neonatologists and hospital infection prevention teams was critical to acceptance of rooming-in.

There is still some way to go with other aspects of family-centered maternities, such as allowing fathers to participate in antenatal care, attend deliveries, or even visit their wife and child in the maternity. As one expectant father told the team, "The maternities are like prisons. They don't let anyone in or out". Few of the expectant mothers, and none of the fathers, with whom the team spoke knew that the father's attendance at the delivery was a possibility, although this is theoretically allowed in both project sites. Staff in maternities beginning to offer this option also express difficulties adjusting to this idea. Where fathers are included in prenatal care and other maternity services, women react favorably and report that their partners are also very positive about this change.

At the present, support for breast-feeding is almost exclusively an in-patient program. Oblast and krai health leaders both hope to expand promotion to outpatient services, including the postpartum home visit system and the pediatric follow-up services.

f. Youth

Several of the pilot sites paid special attention to services for youth, including Berdsk, Kuybyshev and Karasuk in Novosibirsk Oblast and Lesozavodsk and the Krai FP Center in Primorsky Krai. The Krai FP Center is exploring the possibility of providing FP training to pediatricians. The new FP Center in Ussuriysk (Primorsky Krai) also plans to add an ob-gyn specializing in services for adolescents.

At the time of the training, participants were interested in applying participatory techniques used in the training to their work with adolescents and, in both Kuybyshev and Berdsk, they had succeeded in institutionalizing active discussions and quality outreach services for youth. In general, the sites made a special effort to support teachers and parents and, in fact, had strong support from these groups.

However, they are beginning to face religious opposition to FP in general and youth

services in particular to the point where conservative members of the Duma have denounced RH programs geared to youth, causing consternation among health workers trying to reach this vulnerable group.

g. Postpartum/postabortion services

All maternity wards visited had FP and breast-feeding client informational materials available and FP, LAM and breast-feeding poster boards in the hallways. Both staff and mothers acknowledged that postpartum FP counseling is regularly done in the wards and some sites would like to expand this counseling to their outpatient services. There was less evidence of postabortion FP counseling where abortion services are offered, although some sites (the Municipal FP Center and Gynecological Hospital #1 in Novosibirsk; no particular site in Primorsky Krai) do emphasize counseling for these clients.

Not a single woman goes away from an abortion here without a family planning method.

Director
Municipal FP Center, Novosibirsk

2. Training

a. Training Teams and Roll-out

The master training teams were thoughtfully selected by Oblast and Krai officials in collaboration with the SEATS/MotherCare technical staff. The teams are well-balanced in terms of institutional representation and geographical coverage, further contributing to a broad institutionalization of project inputs. For example, in Novosibirsk Oblast, half of the trainers are from *raions* outside Novosibirsk City. All are actively improving their regular training programs and, as senior trainers, appear to have the full support of their institutions and the Oblast and Krai health administrations. All of the trainers are physicians, except for two midwife trainers in Novosibirsk.

The strategic decision at the start of the program to bring trainers to the project sites rather than send trainees to other WRHP sites for training worked well, as it gave local visibility to the program and its goals, generated a great deal of interest throughout the Oblast and Krai health systems, and helped to integrate the program into the existing infrastructure and extend its influence. Now that strong, well-supported and well-recognized training teams are in place, visits to other program sites could be very beneficial in terms of further institutionalization of the training function. This was partially accomplished for a number of the Novosibirsk trainers while they were in Primorsky Krai for the dissemination conference.

The Inclusion of neonatologists and hospital infection prevention teams was critical to acceptance of rooming-in. If these staff had not participated, they would not have allowed rooming-in to take place in their facilities

There is some indication that senior health personnel feel that the advantages of the participatory approach to training advocated by the project — simplification of training content and repetition/reinforcement, as they describe it — while appropriate for mid-career refresher training, are perhaps undignified for senior physicians and could border on “trivializing” the training content. They feel the “academic approach” should not be discounted.

At the time of project training, trainees felt the biggest obstacle to successful completion of their work would be whether or not they could effect changes in the traditional training program as a single person or, at most, a two-person team from an institute, particularly in the absence of a policy mandate. Several orders were issued by the respective health administrations to ensure that trainers would be able to participate actively in the program. The assessment also revealed that the master training teams had strong support from the leadership in their institutes and had gone well beyond official expectations to disseminate information and skills. For instance, almost all trainers in Novosibirsk had conducted orientation sessions for staff of their own institutes and for clinicians in their neighborhood who were not involved in the project’s roll-out training.

Roll-out training in Novosibirsk Oblast has been very strong to date. The oblast has sponsored three training sessions for a total of sixty trainees. They have also sponsored several professional meetings related to reproductive health, including a FP Week held May 13-16, 1997 for the entire oblast. One full day of the conference was devoted to breast-feeding and LAM. Future roll-out is planned for Kuybyshev in September and Karasuk later in the year. With these trainings, all mid-level FP workers in western region of the oblast will have been trained.

The team was able to observe three of the Novosibirsk master trainers as they implemented pharmacist training for SOMARC. They exhibited good training skills, including soliciting frequent feedback, using other participatory approaches and visual aids, repeating key points, linking training content to participants’ experience, etc. They also reported their interest in using the training skills they had learned on the project for new content areas, such as marketing. However, it was clear that their limited exposure to this new technical content (i.e., marketing) stilted their training style somewhat, as they needed to rely more on notes and mini-lectures to convey somewhat unfamiliar information. There were a few instances where the trainers expressed personal biases either for or against a contraceptive, but these were tactfully corrected by the SOMARC team. Reinforcement of contraceptive technology information for trainers and trainees alike, as possible, would enhance institutionalization of the project training content.

The master training team in Primorsky Krai is less cohesive than that in Novosibirsk. There have been many staffing changes in the health administration during the project's life cycle and many of the trainers missed at least one of the project's training events, due to shifting responsibilities. The Krai administration completed the roll-out training specified in the Implementation Plan and developed a training plan for further roll-out, with SEATS/MotherCare assistance, which they were committed to achieving. Unfortunately, it has not been implemented due to funding difficulties in the kraï. Nevertheless, the trainers have managed to hold 1-2 day seminars on project topics for clinicians in their area and have fully incorporated materials, models, and training content into their regular work. Further WRHP support to execute the kraï's training plan would be useful for full implementation of the program.

The project provided basic training and clinical equipment to the training institutes and pilot sites covered (See Appendix J for detailed list). Staff at these sites were very grateful and, in general, seem to be using the equipment according to the purposes outlined in the project's Memoranda of Understanding (MOUs). In at least one site (Municipal FP Center), staff reported that they try not to use the clinical Zoe model too much, as they do not want to wear it out. Also, a Zoe model had been given to the Berdsk counseling center, which is inappropriate as they do not do clinical training at that site.

In terms of institutionalization, the oblast may need assistance in promoting its training capabilities outside the oblast. Donors and other relevant agencies will be invited to the Primorsky Krai dissemination conference for that purpose. UNICEF will explore the possibility of using these sites as 2 of their 5 proposed regional training centers for breast-feeding promotion.

b. Curricular Change

In terms of curricular changes, the project had the biggest impact at the medical college level. The specific, significant changes in curriculum related to FP/RH are included in the site descriptions in Appendices A and B. In general, medical colleges in Novosibirsk Oblast were most successful at integrating comprehensive FP, LAM/breast-feeding, and participatory, interactive approaches into their regular curricula. Master trainers from the medical institutes for mid-level personnel revised significant portions of and, in one case, the entire curriculum to make it participatory and these changes were approved by the oblast health administration. In Primorsky Krai, fewer curricular changes have been made at the Basic Medical College, reportedly because they must closely follow the curriculum approved by the Federal Ministry of Health. However, trainers here report changes in their training techniques and the increased use of participatory methods and models in their instruction. They also report 10 hours of attention to LAM and breast-feeding. FP at the Ussuriysk Medical College is covered by the physician who runs the new FP Center. Under a new federal standard this year adding elective hours, the Ussuriysk Medical College choose additional coverage of FP as its elective. Trainers at the Lesozavodsk

Medical College showed the team a number of innovative, participatory exercises developed after participating in the project's training methodologies course. Nursing students at the school made their own cloth breast models, copying the one supplied to the school. These activities seem to indicate that the staff of the training institution have, to a large extent, internalized the training approaches, which should enhance institutionalization of these approaches.

A weakness in institutionalization appeared to be the fact that the Oblast and Krai pre-service and refresher institutions for training physicians were not more adequately included in the program, and that evidence for institutionalization of the program in these institutions was weak. Nonetheless, in Novosibirsk Oblast, training staff at the Medical Institute are only authorized by the state to change 15% of the curriculum in a given year and, in fact, have used this window of opportunity to add 2 hours of FP programming for fourth-, fifth-, and sixth-year students. (Previously only fifth-year students received any FP information). An interesting possible effect of this addition to the curriculum noted by trainers is that there were no reported abortions among medical students last year, in contrast to previous years. In addition, eight hours of FP content has been added to the curriculum of the Refresher Institute for physicians, and FP content is a regular part of in-service programs such as the Family Planning Week recently held for service providers throughout the Oblast. Medical institutes in Primorsky Krai face similar strict regulation of curricular changes, and have also made small, but incremental changes to their curricula. They also have made stronger ties to some of the project clinics for FP practicums for their students.

3. Policy

In the Russian context, official orders and policies are critical to effect institutional change. The Oblast and Krai Health Administrations, in conjunction with SEATS/MotherCare, issued a series of policy documents that allowed for permanent service improvements, including umbrella MOU that were signed between SEATS/MotherCare and each health administration outlining respective expectations and responsibilities.

In addition, separate MOUs were signed with each participating clinical site and training institute which referred to the umbrella MOU with the Oblast or Krai mapping out the directives of the Health Administration for expected changes and outlining the expected contributions of SEATS/MotherCare, the MOH, and the participating sites.

Physicians in Russia are required to participate in refresher training courses every five years. In Novosibirsk, the Oblast Health Administration has issued a decree stipulating that the certificate from a SEATS/MotherCare training workshop is the equivalent of those awarded by the Medical Institute: legal documentation of the physician's "higher level" of specialized training. Other WRHP sites are now working to have their training programs accredited by the government.

In both the Oblast and the Krai, a variety of orders and decrees were issued over the course of the project in support of rooming-in, the duties of the master training team, etc. Orders supported all training-of-trainers activities and participation of master trainers in various activities. Trainers would be trained and training institutes receive equipment if they agreed to continue as a future site for training.

At this point in time, there is no unified national program to support breast-feeding and rooming-in. Nevertheless, in Primorsky Krai, a decree was issued establishing rooming-in and exclusive breast-feeding as the official policy of the Krai Health Administration and calling for its implementation on a Krai-wide basis. In Novosibirsk, there is a draft act on breast-feeding and childhood that will encourage institutionalization of breast-feeding support in medical settings within the Oblast. Approval is expected in the fall. The Oblast MCH Director feels this is just formalizing what has already happened and that, because of the SEATS/MotherCare project, there is now widespread support among medical and nursing personnel for breast-feeding and rooming-in.

Both the Oblast and Krai also have detailed roll-out training plans with the roll-out workshops to be implemented by the project-trained trainers and supported by health officials.

V. DISSEMINATION CONFERENCE

Initially, the assessment team was prepared to plan two separate dissemination conferences, one in each site, using core SEATS funds available for dissemination activities. However, just prior to the Novosibirsk assessment, the Oblast Health Administration had hosted a Family Planning Week, with over 1000 participants from throughout Novosibirsk and neighboring oblasts. Many of the presentations reflected inputs from the SEATS/MotherCare project. The Oblast officials did not, therefore, feel the need to hold a second conference in Novosibirsk. Six or seven presenters from Novosibirsk were selected by the assessment team and oblast health officials, representing policy makers, master trainers, and clinic sites. The assessment team and the local counterparts agreed that one joint dissemination conference, to be held in Primorsky Krai and with representation from both project sites, would be preferable.

As a part of the conference planning process, the team contacted a number of donor agencies in Moscow and the United States that might be interested in building upon the training and service capabilities in the two project sites. Three agencies, UNICEF, UNESCO, and the Open Society Institute of the Soros Foundation, expressed particular interest in the dissemination conference and in exploring the training and adolescent program experiences and program needs and capabilities in the two sites. UNICEF is particularly interested in learning more about the training, rooming-in, and LAM/breast-feeding promotion experiences in the project sites. The British Know How Fund is also interested in sharing project experiences with its own partner agencies and personnel.

Both UNICEF, which targets teens at risk for substance abuse and reproductive health problems, and UNESCO, which is executing a UNFPA-funded sex education program in 16 pilot schools, expressed interest in the youth programs.

SEATS/MotherCare agreed with Krai and Oblast health officials to hold one dissemination conference in Primorsky Krai for both sites. During the assessment team's visit to Primorsky Krai in September 1997, ample time was scheduled to plan for the conference. Preliminary meetings were held with Krai officials to outline the scope and timing for the conference. After assessment visits were made, a group of service providers and master trainers active in the project, the assessment team, and the local project coordinator held a number of meetings to outline the conference agenda, proposed participants, venue, costs, etc. As joint presentations by service providers and trainers from Novosibirsk and Primorsky Krai were to be done for each session, the planning group outlined detailed points for each speaker to cover, in order to compare and contrast the experience in the two sites and avoid duplicative presentations. Local members of the planning group met with Krai officials at several points during the process to inform them of developments and to get their approval and advice regarding key planning issues. Following the assessment visit, Dr. Beitrishvili of MotherCare traveled to Novosibirsk to meet with conference presenters, explain the purpose and agenda, and to guide them in the development of presentations to complement those of their counterparts from Primorsky Krai. In October, SEATS/MotherCare and the local project coordinator communicated via e-mail and fax on an almost daily basis to prepare conference details. The conference agenda, participant list, and abstracts are included in this report as Appendices F-H.

VI. CONCLUSIONS AND RECOMMENDATIONS

The SEATS/MotherCare contribution to USAID/Russia's Women's Reproductive Health Project was generally very successfully implemented in Novosibirsk Oblast and Primorsky Krai. The SEATS/MotherCare Russian counterparts deserve full recognition for their ability to take new information and approaches, assess their applicability and usefulness, and integrate them into their already on-going work. Excellent specialists and trainers have been trained and are making a success of bringing the program to life.

The issues of family planning and support for breast-feeding have been firmly established in the working plans of the Oblast and Krai provincial and city health administrations. The experimental sites, having overcome most of the problems which fall to the lot of pioneers, are working successfully and providing an example for other institutions - both health institutions and others. A new wave of medical personnel trained in a new way are being prepared and services of improved quality are being offered. Real plans have been developed for the expansion and enrichment of future activities.

In order to build on achievements to date, the following activities are strongly recommended for the future:

1. **Further WRHP financial support to training roll-out** in Novosibirsk Oblast and Primorsky Krai is important for full implementation of the program. Novosibirsk is ready to expand the program to neighboring oblasts. The Primorsky Krai administration developed a training plan for further roll-out within the Krai, with SEATS/MotherCare assistance, and has also received expressions of interest from Amursky Oblast. Unfortunately, these have not been implemented due to funding difficulties in the kra. Both sites are eager and quite prepared to implement the program on a wider scale.
2. There is a need for **continued reinforcement of knowledge and skills**, particularly in the area of contraceptive technology. Medical barriers still remain to use of Depo Provera and sterilization that can be addressed through continued exposure of program leaders to current technical information.
3. More attention needs to be given to **RTIs, including HIV, and condom promotion**. Only the youth programs visited even mentioned condoms or prevention and management of RTIs.
4. The FP programs in both Novosibirsk Oblast and Primorsky Krai are ready now for **postpartum/postabortion IUD insertion and tubal ligation services**. Multiple staff are eager to start such services and request a formal policy and training in order to implement both.
5. Because of the telescoped time frame for the project, there was not an opportunity to coordinate **curriculum revision in the training institutes** more closely. Because this was done separately, there was much redundancy in the work. Curriculum revision went well beyond the scope of the project, with some trainers revising their entire training program to reflect adult learning principles and others adding significant FP and breast-feeding components to their programs. An opportunity for training institute personnel to share their curriculum revision experience with each other would be very useful.
6. There is a need for assistance in dealing with the **right-to-life movement**, which has become vocal and very active in both sites.

In summary, the Project Implementation Plan has been successfully implemented by the Russian officials and the CA's in Novosibirsk Oblast and Primorski Krai consistent with the USAID strategy and Action Plan. Nonetheless, it must be acknowledged that successful implementation of the Strategy and Action Plan, even combined with the best intentions of our Russian colleagues, only goes so far. Implementation of the recommendations above will be an important element in assuring that the investments of the past two years continue to generate returns. Without such follow-up, some of the positive outcomes will, no doubt, continue well into the future, but the full effect will likely be diminished.

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Training Agendas and Plans for Launch Conference, Skills Workshops, TOT

Site Visit Descriptions - Novosibirsk Oblast

1. Novosibirsk Oblast FP center (in Novosibirsk city)

The Oblast Family Planning Center serves as the chief clinical training center for the project and as the coordinating center for the execution of the project and for governmental FP services in the oblast. Of the 225 specialists who have been trained by the project, 20 neonatologists, 60 midwives and nurses from maternity and children's departments, 6 pediatricians from other children's medical institutions and 18 other specialists have been trained at this center in mixed training groups. FP, breast-feeding, and LAM training have all been integrated into the clinic's training activities. The many training materials made available by the project (videos, slides, training models, etc.) were in evident use and much appreciated by the clinic staff and associated master trainers.

The Oblast Family Planning Center helps all master trainers in duplicating and/or distributing IEC and training materials and coordinates the distribution of project-supplied contraceptives throughout the oblast. All sites report good distribution of materials and methods and good communication with the center's director, one of the oblast FP leaders and a master trainer.

SEATS fully equipped this clinic to establish it as an oblast training center and the equipment appeared well-maintained and used. The clinic itself is tiny and neither an adequate training venue nor conducive to the provision of quality FP services. In fact, most current clients are staff of the oblast hospital where the clinic is located. Clinic staff report that it will move to more spacious quarters in the hospital before the end of the year, which could sharply increase its capacity if services are adequately promoted.

2. Maternity hospital # 4 (in Novosibirsk city)

One of the largest and most specialized maternity clinics in the city, Maternity #4 accepts women from its own district — the largest industrial district in the city — and from others as well. A third (approximately 3000) of all births in the city of Novosibirsk take place here. The number of births is declining, as it is elsewhere in the oblast and in Russia. There were 5156 births in 1986, and only 2780 in 1996. The abortion rate is also rapidly declining. The ratio of abortions to live births was 3.6 : 1 four years ago and has declined to 1.3 : 1 in 1996, the lowest in the city.

The facility has 260 beds and 140 children's beds and includes 2 post-natal departments, 2 nurseries, 1 obstetric pathology department, 1 surgical department, and 1 newborn resuscitation department. Staff number 70 physicians and 140 mid-level

medical personnel. The women's consultation occupies a separate unit, is designed to accommodate 550 visits per day and serves 28 sections of the district. However, it was not in operation at the time of the assessment, due to extensive remodeling of the building.

The successful implementation of the program for the support of breast-feeding and LAM was not without its challenges. According to the chief physician, the key obstacle was in changing the attitudes of the personnel, since this was the first facility in the city to implement an optimal breast-feeding program.

With the full support of the administration, five physicians and four midwives from the maternity were trained in the SEATS/MotherCare training, and 2 neonatologists and 2 midwives in the roll-out training. These staff have since trained almost all staff in the maternity, which was particularly critical to institutionalization of rooming-in/breast-feeding promotion. The training is conducted according to a lesson plan prepared in advance for physicians and for middle-level medical personnel. The groups are small, made up of 4 - 6 people each (with consideration given to the duty schedule), which makes it possible to devote a great deal of time to each seminar participant.

Practical skills (expression of milk, preparation of the breast, methods for placing the child, etc.) are emphasized in the training plan, first using models, then with mothers in the wards. The instructors estimate that almost 80% of the personnel of the maternity clinic have the necessary level of knowledge and possess skills for counseling and practical assistance. In addition to the personnel of the maternity clinic, 9 doctors and midwives from women's clinic 1 and 4 from women's clinic 2, which are located in same district, have been trained at these seminars.

After this wave of training, the nursery supervisor and post-natal ward supervisor became strong advocates of rooming-in and worked with the administration to fully implement the program. The majority of rooms now keep mothers and children together and the baby is placed at the mother's breast immediately after birth for all mothers, with rare exceptions, which was not the practice previously. During this visit, mothers reported, and practiced, feeding upon demand. In the rare cases where supplementary feeding is required, it is performed with donor milk, and without bottles, but with a small spoon or from a cup.

A positive effect of breast-feeding on the health status of newborns, especially premature babies, has been observed by staff. They report that the rate of illness among newborns has been cut almost in half, and the number of children with physiologic jaundice has been reduced by two-thirds. Mortality among low-birthweight neonates has been reduced by three-fourths, from 200 per 1000 newborns four years ago to 50 - 51 per 1000 in 1996. However, staff note an increase in low-birthweight deliveries and mortality rates for infants and children under two years of age, possibly

due to the exclusion of children's health services from current insurance schemes.

A unit for expressing and collecting mother's milk has been established in the department for premature babies, and the access of mothers to their children in incubators, which previously was prohibited, has been expanded. Staff of this unit have become firm supporters of breast-feeding and now give it a leading role in the care of premature babies.

The level of exclusive breast-feeding in the maternity was 71% in March of this year, but 76% in May. This is not the highest rate in the city, but the personnel themselves explain that, as the obstetric reference center for the oblast, they have the largest number of birth mothers from socially disadvantaged families, mothers who decline to breast-feed, and mothers and infants with severe health problems.

Although incremental, the implementation of the breast-feeding and LAM program is proceeding successfully at maternity clinic 4.

Because the family planning department was being remodeled, it was not possible to visit these services during the assessment. However, as in all other clinical sites visited, staff report a decrease in IUD insertions and increased use of hormonal methods. They also report that postpartum IUD insertions have dropped as more women accept LAM for postpartum contraception, not necessarily a desirable change. They say use of Depo Provera is increasing "on a daily basis", despite rather stringent restrictions in its use for older, multiparous women. Updated information on hormonal methods is increasingly available to them, both via the media and in medical literature. Since they had only used Depo Provera before September, 1996 for endometrial pathology, they feel they are slowly getting used to its contraceptive qualities and will, in time, allow wider use of the method. This slow introduction to wide use of Depo Provera was also evident in other pilot sites and among FP leaders at the oblast level.

Sterilization is problematic, given restrictive policy limiting services to women over 35 with 2 children, who must pay for the procedure. Women with medical indications can obtain a sterilization for no charge, but this is not common. Women requesting sterilization are referred to the Gynecological Hospital or the Municipal FP Center for sterilization services, where they are charged between \$200-300. Staff would like to provide mini-laparotomy services at the maternity and the director is willing to buy the necessary equipment if staff can be trained.

Staff also report anecdotally that they have had no ectopic pregnancies or IUD expulsions since they began using the USAID-donated Copper T devices, whereas they had some with the ones manufactured in Kazan. Between the USAID supplies they can still obtain from the Oblast FP Center, and supplies from the Russian Family Planning Association (RFPA), they feel they have ample supply of contraceptives.

There were adequate IEC materials on FP and breast-feeding available in the wards, including a number of posterboards produced by staff.

3. Kuybyshev

Kuybyshev, northeast of Novosibirsk city, is the largest referral center in the oblast outside the capital. Although it officially serves a population of 73,000, many women come from the region and from neighboring oblasts to receive services at both the hospital and the high-quality women's consultation/FP center supported by the SEATS/MotherCare program. According to statistics at the women's consultation, 7,000 of the 16,800 WRA in the city (41.6%) are currently using modern contraception.

The **maternity department at the hospital** is a 60-bed clinic in a detached 3-story building on the grounds of the district hospital: the first floor is for pathology of pregnant women, the second floor for post-natal care, and the third for deliveries. There were 870 births here in 1996 (675 to local women), and women in labor come here from other districts, as only one other hospital in western Novosibirsk Oblast provides delivery services. As in Novosibirsk city, the emergency transport system has deteriorated, due to funding difficulties, and there are no longer planes or helicopters available for transport from remote areas or to Novosibirsk city. Despite these difficulties, there were no maternal deaths in 1996 or to date in 1997 and the neonatal death rate remains steady at 15-16/1000 live births.

The hospital performed approximately 1000 abortions last year. Six staff of the hospital participated in the project training, including the director. Since the rest of the staff were oriented by these participants, they estimate that 90% of abortion clients now accept a modern contraceptive after the procedure is done.

There was a graphic anti-choice poster hanging outside the abortion services that oblast officials had the staff remove. The right-to-life movement, primarily exported from the U.S., is becoming very visible in the oblast and staff at many of the facilities visited expressed puzzlement on how to deal with it.

Chief administrators and neonatal specialists at the clinic worked together to implement LAM and breast-feeding and including a rooming-in policy, "skin to skin" contact, and placing the baby at the breast in the birth unit immediately after birth, feeding on demand, etc.

There were only nine birth mothers at the maternity clinic at the time of the visit, as clinic had just started up operations after a full remodeling. All the mothers were in the same rooms with their children. All the mothers were satisfied with being together with their children, feed their children on demand and express milk after each feeding to increase lactation. Multiparous mothers were particularly appreciative of both rooming-

in and the apparently improved attitudes of maternity staff in helping mothers care for their infants.

Although a great deal has already been achieved, not all the steps for optimal breast-feeding are in place. There are still many contraindications to breast-feeding; supplementary feeding with glucose is performed for almost a third of the newborns during the first few days, although from a spoon rather than from a bottle; and the medical personnel still do not fully possess skills in lactation management and counseling. In spite of these challenges, the rate of exclusive breast-feeding was 73% in May, up from 47% last year.

The **women's consultation**, located in the center of town next to the bus station, serves women, men, and youth from the city, the region, and even from neighboring oblasts, although it has only been open for one year. It is a client-centered service, which gives much attention to the comfort and convenience of its clients. The staff renovated the cellar of the building to include a pharmacy, an IEC/meeting area and a private counseling area.

While the team was at the clinic, a steady stream of men, women and young people came in looking for one service or another. The center has developed a special, popular outreach program to secondary school teachers and parents and sometimes has a class or two waiting outside while one is in the IEC room hearing about sexuality and contraception. Mothers bring their daughters to the center for a variety of RH services. Both teachers and parents have expressed their gratitude for the role the center has taken in informing and serving youth. The neighboring city of Barabinsk has asked for the center's assistance in serving youth in that city, which is difficult due to lack of staff and funds. Yet, youth and women looking for "American IUDs" come to the Kuybyshev center from other raions and the neighboring oblast and service providers from these places have also asked for training. As a result, with the support of SEATS and the oblast health officials, master trainers from Kuybyshev and Novosibirsk city will conduct a further roll-out training in September for midwives from seven raions in western Siberia.

During the last quarter, method mix for the center was approximately 35% OCs, 28% IUDs, 2% injectables, 11% LAM, and the remainder, other methods. Despite their client load, the staff decided to have two midwives perform most IUD insertions, in order to maintain the quality of insertions. Staff feel that this decision, and the use of the no-touch technique taught in project training, has led to fewer IUD-related infections and expulsions, which had run as high as 50% in postpartum insertions in previous years. This approach might be recommended to other clinical sites, which have many providers, relatively few IUD clients, and, therefore, limited ongoing practice with no-touch IUD insertion.

Three staff members from the women's consultation participated in the project training, one of whom became an oblast master trainer. This team, on their own initiative, trained all the midwives and nurses in the raion, using the Zoe models for practical skills training. As mentioned above, they plan further roll-out training to all the midwives, nurses and *feldshers* in their region, as these are the front-line FP workers.

The master trainer located at the center has advocated for changing the pre-service curriculum at the local training institute so that practical FP classes are taught at the women's consultation. However, because professors are paid according to the number of hours they teach, this has not been possible. According to this trainer, "high school girls have better FP information than medical students here". She is still advocating for change in the curriculum and the training program.

4. Karasuk FP Center

The assessment team was not able to visit Karasuk. According to oblast officials, this site has successfully implemented rooming-in and optimal breast-feeding in maternities. Youth services in Karasuk are also notable.

5. Berdsk FP and Adolescent Health Centers

At the persistent request of staff who had attended early project training activities, Berdsk was added as a pilot clinic site in October 1996.

The center serves youth in this military and industrial city of 86,000 near Novosibirsk city. Last year, three major industries in the city could no longer afford to maintain their associated clinics, so the city had to absorb both the staff and patient load. The local maternity has 60 obstetric and 60 gynecological beds. The maternity operates at 40-50% capacity, but the gyn ward is usually full with surgery patients; surgery is well-covered in the local insurance scheme. Although the maternity was not an official project site for the rooming-in and breast-feeding component of the project and staff had received no order from the oblast to do so, they have begun to incrementally implement this portion of the training themselves. Infants are put to the breast in the delivery room and then taken away until a neonatologist approves breast-feeding. Wards have been adapted so mothers and infants are together. Some mothers reported that their husbands attended ultrasound procedures and participated in some prenatal visits, which both parents liked. As one mother said of her husband, "participating in pre-natal care made him more fatherly".

The activities of the youth center are involved primarily with educational and counseling programs for adolescents and young people. In cooperation with the Department of Education and the strong support of municipal authorities, the "School for Family Life Training" for school children of grades 7 through 10 is in operation in all 13 schools in

the city. Health education, including sex education, is carried out from kindergarten onwards, with age-appropriate materials and content. A "Future Mother" program is under development.

In addition, a "School for the Young Mother" for young pregnant women is conducted at the center, in which counseling is also conducted on issues of breast-feeding and LAM. Although local health officials appear to give strong support to the center's efforts, oblast officials on the assessment team expressed some concern about the range of medical services offered, particularly antenatal care, which is regulated by the government.

The center uses a project Zoe model to teach teens about anatomy, an inappropriate use of this relatively expensive training aid, which should have gone to a clinical training site. The master trainer associated with this center also developed a curriculum and various lesson plans and aids for use by the staff in their work.

The program emphasizes prevention of sexually transmitted infections (STIs), which are a big, and growing, problem associated with the many spas on the city's lake. Berdsk was the only clinic site of those visited that actively promoted condom use and STI prevention, an area that could be strengthened in pilot sites in the future. Although they receive no condom supplies from the oblast, they purchase them locally and supply them free of charge to youth.

The center also has a branch counseling room adjacent to the city's marriage registration office which couples are obliged to visit before marriage. The head of this counseling service is the deputy mayor in charge of health care, and the center enjoys strong political support for its activities.

Both centers had adequate supplies of contraceptives, and IEC materials, including pamphlets and posters, which they obtain from the Oblast FP Center.

6. Municipal FP Center of Novosibirsk

Like Berdsk, this site was added as a pilot site due to the persistence of staff who attended the project launch conference and wanted to be included in the program. The center covers 500,000 women of reproductive age. Staff are working to be officially accredited as a clinical refresher training facility, which they estimate will occur by September 1997. The center is already a pre-service training site for medical students. From staff reports and form interviews with clients, there appears to be many repeat clients who promote the attentive services to friends and family.

Four seminars with an average duration of 5-10 days have been organized and conducted independently at this center as a "second wave" of training. The total

number of personnel trained is 70, of whom 16 are pediatricians and neonatologists. The level of interest in the classes has been very high; everyone was interested in making changes in the existing maternity practices, but the standard sanitation instructions are an obstacle. In addressing this issue, the Municipal Family Planning Center has introduced an initiative which is very important: holding a special seminar for the personnel of the sanitation and epidemiological services. Such a seminar is especially appropriate in the light of the fact that, according to oblast leaders, the implementation of new provisions for sanitation and epidemiological conditions, the standards documents for which will include support for breast-feeding, is planned for September of this year.

7. Non-project site

luventus center:

The luventus Center provides comprehensive counseling and reproductive health services to youth. It cross-subsidizes these services with high-quality, relatively expensive fee-for-service reproductive health care for adults next door. This increases the budget they get from the city by 30%. The center works closely with the Department of Education, cooperating with many schools, including all schools in four municipal raions, despite early opposition from teachers. They also work with the municipal department providing social services to youth located in every raion of the city. They work closely with raion staff, referring back and forth, as needed. Thirty per cent of the youth served at the center are from rural areas around Novosibirsk

The center does mass media programming, inviting local medical specialists to work with them on radio and TV programs. They have developed an STI prevention booklet for youth, "I Know How to Avoid It: For Teens about Sexual Infections", that has been approved by the chief venerologist in the country for national distribution. They are preparing a revised edition of this material with support from AVSC.

Two staff members participated in the project training. They found the most useful part of the program to be the counseling component, which they call "building and maintaining trust". These staff oriented all center staff to the counseling skills from the training and various counseling posters and aids were evident in consulting areas of the clinic, as were a variety of FP and STI/AIDS posters.

As with other youth programs, they are experiencing increasing opposition from conservative religious leaders and politicians. One member of the Novosibirsk Municipal Council strongly opposed their program, saying they were "seducing children". They invited him to visit, showed him everything, including their financial records, and he publicly retracted his opposition. They are also working with the Orthodox Church on rehabilitation of young prostitutes, so opposition is not universal.

Target training institutions in Novosibirsk included:

1. Medical College # 1

This college is one of the largest and most distinguished in Novosibirsk Oblast; it trains middle-level medical personnel in six specialties, including senior nurses, nurses, midwives and dieticians, among others. The training period is from two to four years, depending upon the specialty. Of the nurses in the province, 60% were trained at this college, and students from other provinces train here as well.

The master trainer from this medical college reported that her work under this program had radically changed her approach to training and that she has tried to revise all her training plans and make them more interesting and participatory. With the support of the college's director, she added FP, interpersonal communication and counseling, and breast-feeding/LAM components to the curriculum for third year nursing students.

Because only a limited number of changes can be made to the curriculum each year, next year she will add breast-feeding/LAM to the curriculum for nurses training for work in pediatric, adolescent and women's consultations. The college is exploring the possibility of adding a 12-day off-curriculum seminar on issues of family planning and reproductive health with certification entitling participants to work in FP services or in maternity hospitals as FP or breast-feeding counselors. As health services contract, trainers feel medical personnel will be interested in having additional skills to broaden their employment possibilities.

The trainer and another doctor trained during project roll-out use many of the techniques and exercises from the training in a school outreach program. She also had done an orientation for all the teachers at the medical college that was recorded on videotape. In the video, which the assessment team viewed, she uses ice-breakers and other participatory techniques, explains the training equipment made available to the college by the project, and does an introduction to LAM and breast-feeding.

All the maternity clinics and children's hospitals of the city of Novosibirsk and most of the children's polyclinics serve as sites for practicums. Two instructors trained in project roll-out training from the pediatrics and obstetrics and gynecology departments conduct practical classes with the students on breast-feeding and LAM.

2. Medical College # 4

The college trains students in two specialties: midwife and general nurse. Last year, the college obtained the midwifery curriculum from Georgetown University School of Nursing, translated it, and adapted and/or adopted pieces into their midwifery training program that included some humanities and new teaching approaches. After her

participation in the SEATS/MotherCare program, the master trainer from this institute set up a small Family Planning Room that she uses both for training and, twice a week, to provide FP information and non-clinical methods to the students and faculty.

Perhaps the greatest success in institutionalizing the program has been achieved at this college. The entire program has been reworked to incorporate all the elements included in the SEATS/MotherCare program, and additional training hours have been added to the program, which has required additional financing. This was not easy under the conditions of general economic crisis.

The new training program at this college includes the following additional components: in Year I, 42 hours (including family planning and counseling); in Year II, 42 hours (family planning, breast-feeding, and group education and individual counseling practice); in Year III, 32 hours (postpartum family planning, including LAM; emergency contraception and youth services; STIs, no-touch IUD insertion). The new curriculum was approved by oblast health officials.

The main clinical facility of the college is the central city hospital, on the grounds of which it is located. This is the largest general hospital of the Novosibirsk Oblast, and the trained mid-level medical personnel of the hospital are also involved in the practical training sessions with the students.

Both the master trainer and several of her students made presentations on FP, informed choice, breast-feeding and counseling at the Family Planning Week recently organized by the oblast, further evidence that these topics have been incorporated into the college's program.

Trainers in both medical colleges for mid-level personnel introduce the no-touch technique for IUD insertion to their nursing students, because they assist with loading the IUDs into the inserter and in anticipation that they will be allowed to do IUD insertions in the future. Indeed, one of the more positive outcomes of the project has been its role in promoting the role of mid-level providers in RH/FP service delivery, an idea that was not wholeheartedly welcome at the beginning of the project.

It is curious that the trainers from Medical Colleges 1 and 2 and master trainers at some clinical sites did not collaborate on their curriculum revision efforts, which may have avoided some duplication of effort, and encouraged synergistic outcomes.

Senior oblast health officials were surprised to learn during this assessment of the extent of changes implemented and planned by the colleges for mid-level practitioners. Although supportive of the staff's initiative and enthusiasm, they also were somewhat chagrined at their lack of control over the change process.

3. Oblast Medical College (refresher training institute for mid-level personnel)

The master trainer at this college had used the training materials to redo the FP curriculum to make it participatory. They also increased the amount of time in the curriculum devoted to breast-feeding, FP, and, especially, counseling skills, which they had not offered before. These topics went from 12 to 18 hours of training time. These curricular changes were approved by oblast. The master trainer also reports that she is using training planning skills to make training plans for each subject taught at the institute. "We're using everything you gave us: guidelines, models, equipment, literature". They have neither enough handouts for their trainees nor the funds to print them, so the trainees copy the content down.

Instruction is conducted at this college for all categories of mid-level medical personnel, i.e., for doctors' assistants, midwives and nurses. The full training cycle at the college lasts 1.5 months for doctors' assistants and midwives and 1 month for nurses. Four training cycles are conducted in a year. The program on breast-feeding and LAM takes from 28 to 36 hours, depending upon the length of the cycle. Practical training is held at the base clinics of the city, including Maternity clinic 6, the oblast maternity clinic, gynecological hospital 1, and women's clinics 6 and 4. This is important, because modern methods of breast-feeding and contraception are also gradually being introduced and reinforced by holding training there.

4. Medical Institute (pre-service training for physicians)

5. Refresher Institute (for physicians)

These institutes were not visited during this visit. Drs. Yershov and Pekarev, staff at the Medical Institute, participated in the assessment. They reported that the Medical Institute is only allowed to change 15% of its curriculum each year, and that these elective changes were used to add FP content to the curriculum last year and that they plan future, incremental changes to continually improve RH training for new physicians.

SEATS/MotherCare also developed an informal relationship with the Kuybyshev training institute. Although this center received no equipment from the project, staff were included in all training activities and functioned much as a project training institute for the Kuybyshev site.

The assessment team also visited a number of sites where staff had participated in the roll-out training to determine the effect on these institutions. These included:

1. Gynecological Hospital #1

This hospital had turned a staff lounge into a comfortable FP education room for patients, the only one of its kind in the oblast in an in-patient facility. The team visited

the room while a physician trained during roll-out was showing a video on hormonal contraceptives to a group of perhaps 20 women, most of whom were under 20 years of age and who had either miscarried or had an abortion. The educator had access to handheld uterine models, and a variety of counseling aids, client educational materials and method samples. Although she has other duties, she also provides patient education in the wards and conducts at least one FP talk per day in the FP room to patients who are interested in attending. The women freely discussed contraceptive use and, particularly their interest in oral contraceptives. Hormonal methods are provided to the facility free of charge by the RFPA.

2. Women's consultation #1, Leninskiy District

This consultation had a welcoming ambiance, with attractive pictures and plants, seating areas that encouraged conversation, and display cases for FP methods and materials, including a set of JHU/CCP cue cards. There was a comfortable FP counseling room whose counselor had been trained during roll-out. She held regular hours, including early evening hours, for regular clients and organized sessions for school students. Young women and women in need received free methods here from the RFPA while others could buy them at the clinic's kiosk. A counseling center on breast-feeding and LAM for pregnant women and for lactation support has also been opened here. There were ample IEC materials and no reported problems with shortages.

The director of the consultation, who had attended the clinical skills training course, had given an orientation, including no-touch technique, to both the clinic staff and to other medical personnel in the raion.

3. Maternity Clinic #2

This small clinic with 40 post-natal beds has changed over completely to keeping mothers and children together. Breast-feeding is started immediately after birth, bottles and glucose water are not used, and feeding is on demand from the child. The rate of exclusive breast-feeding is 80%.

4. Municipal Hospital #1

The maternity department of this hospital is headed by a neonatal care specialist trained in roll-out. There is a comprehensive policy of keeping mother and child together, and the exclusive breast-feeding rate is about 70%.

5. Children's Hospital #5

The newborn department is intended for non-critical care of newborns. Conditions have

been established here for keeping infants with their mothers, which was not the practice previously. Previously, nursing mothers came to the hospital to express milk which was pooled, sterilized, and then used for feeding all the newborns from bottles. Now, when the child is temporarily apart from the mother, she can visit her child for feeding or express milk in a special room in an individual container. The milk is then given to the child with a pipette, from a spoon, or from a cup, according to the condition of the child. The implementation of expanded breast-feeding has promoted improvement in the health status of the newborns and has made it possible to reduce the length of their stay in the hospital from 56 to 21.3 days, which represents a substantial reduction in expenses and earlier unification of the family.

6. Municipal Neurological Hospital

This is a 40-bed department for newborns with neurological disorders. Several rooms have been set aside for keeping mothers with their children. There are separate rooms for children with very severe disorders, but the mothers have the opportunity to interact with the children periodically and to give them expressed milk, and feeding of the child from a spoon or cup is practiced.

7. Children's Polyclinic of the Central District

A neonatal care department for healthy children has been opened here, and counseling is conducted on breast-feeding and LAM.

Site Visit Descriptions - Primorsky Krai

1. Vladivostok

Primorsky Krai Family Planning Center

The Krai FP Center moved in February 1997 to the newer nine-story Krai Health Center building. Built in 1985 as a hostel/hotel for Communist Party officials, the building was turned over to the Krai post-perestroika. The building is still being renovated and retrofitted so not all floors of the Health Center are currently operational. When completed, the Health Center will house the main Krai children's polyclinic as well as a regional immunology center with a 40-bed inpatient service. The Health Center is just beginning to experiment with fee-for-service.

The Krai FP Center coordinates the distribution of project-supplied equipment, print materials and contraceptives. At present, all donated equipment has been distributed to the project sites except for one "traveling" set to be used for off-site training. Print materials and contraceptives still remain in stock for distribution to roll-out trainees. The Center has contraceptives remaining from the project-donated stock, including 1300 IUDs. However, since they resumed activity in the new center, they have been more quickly using the supply. The Center has ample IEC materials for clients.

Spacious and comfortable with a stunning view over the city, the Krai FP Center Training Room is nicely furnished with white tables and chairs, the walls decorated with photos and posters. The project-provided AV equipment and Zoe models appear well-maintained and used. The series of three roll-out trainings for physicians and midlevel health personnel in March 1997 was conducted here.

The Krai FP Center is part of a larger women's health service which includes the gamut of gynecological services (including adolescent and children's gyn) as well as endocrinology/andrology, dermatology and psychiatry. A menopause clinic has just been opened. Two rooms and two ob-gyns (both project-trained and one a trainer) are dedicated predominantly to FP, one serving mostly adolescents and young adults and the other serving mostly women over 20. The service appears welcoming to young people, although they are required to report visits of those under 15 years of age, from whom they do get some visits. Staff are wary of STIs and often recommend dual protection to clients they assess as at risk. Services are available 8 a.m. to 8 p.m. weekdays and 8 a.m. to 2 p.m. Saturday. The Center's services have been promoted in the newspaper as well as on TV and radio; the service providers report a strong word-of-mouth clientele.

The Krai Health Center is an ambulatory clinical site for medical students from Vladivostok State Medical Institute who wish to specialize in pediatrics. The Krai FP Center give lectures to the students on FP but, at present, the students do not rotate through the FP Center specifically.

Pevorechensky Women's Consultation

Pevorechensky Women's Consultation serves a district with a 160,000 total population. It is a clinical training site for fourth- and fifth-year medical students, ob-gyn interns and residents and first-year midlevel students. As the Vladivostok State Medical Institute is located nearby, medical students frequently come to Pevorechensky for their own medical care as well. The Consultation is open from 8 a.m. to 7 p.m. Monday through Saturday.

The SEATS/MotherCare trainer based at Pevorechensky, Dr. Margarita Sugak, describes herself as a contraceptiveologist. Although she is the only ob-gyn there who devotes herself exclusively to family planning, the other ob-gyns at the Consultation also provide FP services. She has done in-service training for the Consultation's physician and midlevel staff using the materials, teaching models, and techniques learned in the SEATS/ MotherCare training; she has also made a series of attractive posters to illustrate key topics. She is now inviting physicians from neighboring health facilities for training and is also involved with the training of medical students and midlevel students.

Dr. Sugak participated as a trainer in the March roll-out training and felt the training went well and was well-received by the trainees. She also recently attended an AVSC-sponsored training on interpersonal communication in St. Petersburg which she found extremely interesting and which allowed her to further improve her training skills.

The Consultation has a specific room dedicated to family planning with abundant materials and a small exam area. On average, 15 women are seen daily with 2-3 having an IUD inserted.

All of Pevorechensky's ob-gyns have been trained in the no-touch IUD technique. The sanitary/epidemiology staff require that IUD insertions be done in a separate gyn minor procedures room where doctors scrub and gown for all procedures. The room has two tables, one dedicated to cervical pathology, the second for IUD insertions. Staff anecdotally report a decreased incidence of IUD complications with the no-touch approach.

Staff also report an expanded method mix, thanks to the SEATS/ MotherCare collaboration. Although some lingering bias against orals still exists among a few physicians, low-dose orals and mini-pills have been well-accepted by most providers.

Breast-feeding and LAM promotion have also been added as well as emergency contraception.

Orals are now the most frequently chosen method; consequently, the number of IUD insertions has decreased somewhat. Injectables are steadily increasing in popularity although staff seem to have some hesitancy about their use and about managing their side effects.

Due to the new emphasis on counseling and choice together with the expanded method options, staff believe that women now feel the doctors are more interested in them. Outreach is also done to local workplaces. After group counseling there, women come to the Consultation for individual counseling and services.

Abortion services are also available at Pevorechensky. The Consultation's director reported a steady decrease in the number of abortion procedures per quarter from 90 (fourth quarter 1996) to 60 (first quarter 1997) to 51 (second quarter 1997) to 30 (third quarter 1997). Staff also report that the number of abortions among medical students at the nearby Medical Institute has decreased due, they believe, to the teaching they now receive on family planning and emergency contraception.

Maternity Hospital #3

Maternity # 3 is a major clinical training site for fourth- and fifth-year medical students from the Vladivostok State Medical Institute as well as for residents in ob-gyn. Since last year, they have had 33 residents; all of whom have been trained in IUD insertion using the no-touch technique and Zoe models introduced by the project.

The maternity has only partially implemented rooming-in, with one floor fully functional and a second, where most of the mothers and infants were at the time of the assessment visit, still practicing separation of mother and infant and scheduled feeding. The staff attribute this to the high rate of syphilis in the maternal population, but others felt it was due to the personal preference of the directors of the maternity.

The staff much appreciated the counseling training and IEC materials they have received. They conduct different group informational sessions on the wards and when a nurse showed us how a video cassette player worked in a sitting area outside several wards, mothers immediately came out of their rooms to see whatever would be playing — demonstrating an obvious interest in the nurses' efforts.

The maternity has a FP room that would be somewhat difficult to find for a regular client. Nevertheless, it has a welcoming atmosphere and an ample supply of contraceptives and IEC materials. Staff would like to have access to more condoms for young people and would like training in postpartum IUD insertion and surgical

contraception. (They have tried, unsuccessfully, to insert postpartum IUDs and feel there is client interest in this method).

Krai Maternity Hospital

The Krai Maternity Hospital has been closed since early May for cleaning and repairing; it was due to re-open during the assessment visit but did not. Nonetheless, as the Maternity is the major clinical teaching site for the Vladivostok Basic Medical College, the team did visit the Maternity and spoke with staff there during a visit to the Basic Medical College classrooms, which are partially located in the Maternity's Department of Ob-Gyn.

The Maternity's chief doctor described rooming-in as well-established with, on average, 85% of babies rooming-in. The Maternity has 30 postpartum beds and now averages 4-5 deliveries a day, reportedly a sharp decrease from the past. Pregnant women are told in advance that the hospital uses the rooming-in approach. In fact, the Maternity follows the Baby Friendly Hospital Initiative (BFHI) guidelines and has applied for BFHI certification. Apropos of the Maternity's long closing, the point was made that infection rates go up when the hospitals are not closed regularly for cleaning. The claim was made that the Maternity sees more high-risk mothers and babies than Maternity Hospital #3, which itself maintains that its mothers and babies are often too high risk to room-in.

Reportedly, a group of ob-gyn interns are carrying out a small study comparing infants born at the Krai Maternity, which uses rooming-in, with infants born at Maternity Hospital #4 which does not. Some 30-60 infants are to be followed up; hopefully, these results will be available in time for the Dissemination Conference.

The Maternity's chief doctor was critical of Maternity Hospital #4 for not introducing rooming-in; the Hospital apparently has an entire empty floor which could be used for an introductory trial. She has recently visited a number of other raions in Primorsky Krai and says rooming-in is being done in each place she visited.

Vladivostok Basic Medical College

The Basic Medical College is the only medical college currently functional in Vladivostok. The College provides pre-service training in midwifery and nursing and postgraduate training in nursing. (Reportedly, a new department has been added this year to the Vladivostok State Medical Institute to train advanced-level nurses.) The College also trains dental and laboratory technicians but does not train feldshers. A separate department is in charge of refresher training for all types of midlevel personnel.

The number of professors has recently been decreased from six to three so consequently the intake of students has also been halved. At present, 60 midwifery and 60 nursing students are accepted annually. There are roughly three applicants for each slot; about 40% of the students are from outside of Vladivostok.

The Department of Ob-Gyn at the Krai Maternity Hospital is the major clinical teaching site for students at the Basic Medical College. Maternity Hospital #3, Pevorechensky Women's Consultation, and two other Consultations are also clinical sites.

Nursing and midwifery students now participate in a newly adopted target curriculum in safe motherhood and family planning. Under the old curriculum, students received eight hours of practical and didactic training in the second year as part of a "healthy woman" module. Family planning now receives 28 hours in which all methods are covered, including LAM. Staff report using all the models, books, slides, brochures, AV equipment, etc. provided by SEATS/ MotherCare with very positive results. The lab and dental technician students, as well as Krai Maternity staff, are offered "voluntary" FP classes by the Basic Medical College staff.

There is a totally separate curriculum for the 4-6 week refresher courses, in which up to 36 hours may be devoted to family planning. Usually there is one refresher course for nurses and one for midwives each year but, so far in 1997, no refresher courses have been offered.

With regard to the SEATS/ MotherCare training, staff particularly found the illustrated lectures and "active" participatory methods innovative and the written materials and cue cards helpful. A TOT-type course for other faculty is being planned.

The Primorsky Krai Refresher Medical College is no longer functional as a separate entity and appears to have merged its functions with the Vladivostok Basic Medical College described above.

2. Ussuriysk

Ussuriysk Women's Consultation

The weekend before the team's arrival, the new Ussuriysk Family Planning Center was commissioned in ceremonies attended by Krai officials and many involved with the SEATS/MotherCare project, including the project coordinator. Centrally located in an attractive two-story old building freshly painted bright blue, the Center has two spaces for counseling, an exam room and a large meeting room. The second floor houses a health education center.

The building itself belongs to the local Health Department and was repaired and

renovated over a three-month period using local funds. The head of the Ussuriysk Health Administration is an ob-gyn who has been very supportive of the SEATS/MotherCare collaboration with Ussuriysk. During visits to other sites, several people mentioned that the establishment of the Ussuriysk Family Planning Center was a direct result of the SEATS/MotherCare collaboration.

The Center is staffed by an ob-gyn and a midwife with services currently available weekdays from 9 a.m. to 4 p.m. Staff prominently display the certificates they received from the project training near their desks, as do trainees visited throughout the Krai. Efforts are being made to make the Center especially hospitable to youth. An adolescent gynecologist who currently provides FP services to adolescents at the Hospital's outpatient clinic will soon be coming to the Center part-time. The head of the Family Planning Center, Dr. Lydia Trushina, a SEATS/MotherCare-trained trainer, has filled the new Center with plants from her home. She also arranged for a local artist to paint large, colorful FP and breast-feeding posters for the walls. The construction group doing the renovations reportedly became so enthusiastic about the Center's work that they donated a TV and video cassette player. The Center receives strong support from the community.

Dr. Trushina collaborates closely with the Ussuriysk Medical College where she is a part-time faculty member specializing in midwifery and family planning, lectures frequently on FP; this year, the curriculum was extended to include breast-feeding and LAM. She is also closely involved with staff at the Ussuriysk Maternity Hospital (where she was head of gyn for many years). In all, in Ussuriysk, three ob-gyns, two neonatologists and four midwives have attended at least one SEATS/ MotherCare training.

She has also done considerable roll-out training on her own. She has provided updates for local pediatricians and for the staff of the Ussuriysk Maternity Hospital as well as for staff from the pediatric outpatient clinics and feldsher/midwife posts in the neighboring raions. She also has a schedule for follow-up visits to each feldscher/ midwife post and, while awaiting completion of the Family Planning Center, has completed 5 visits. The post staff invite village women of reproductive age to come for a group information session and counseling. So far, 493 women have been counseled and have received a method. Dr. Trushina inserts IUDs during these visits as appropriate.

For the 25-30 ob-gyns in Ussuriysk, she has almost completed a cycle of updates on contraception. To date, orals, injectables, IUDs, permanent methods, LAM and emergency contraception have been presented. Post-partum and post-abortion methods, barrier methods and STIs remain to be covered and these remaining sessions will be held in the new Family Planning Center. Dr. Trushina reports very positive results using the project-provided slides, flipcharts, and teaching models and participatory training methods. The no-touch IUD technique has been particularly well

received.

Ussuriysk has a "family parlor" at the local cinema where townspeople come to hear presentations on interesting topics; Dr. Trushina has several times spoken there on modern contraceptive methods and where to obtain them. She has also written news articles and participated in various radio and TV programs. Says Dr. Trushina, "It's a little town and I've been working here 25 years. People know me".

In town, orals and IUDs are the most popular methods; in the rural areas, orals and injectables. The Center currently has a small stock of Depo and Ovrette but is out of the MOH-supplied triphasics. Buying contraceptives at the pharmacy is generally not a major burden for clients.

Ussuriysk Maternity Hospital

Currently, the main Ussuriysk General Hospital includes the 120-bed Ussuriysk Maternity Hospital (60 pre-partum beds; 60 post-partum beds). However, a new Maternity is under construction directly across from the main Hospital and is scheduled to open in a matter of months. The Maternity averages 5-6 births daily with an average six-day stay; at the time of the team's visit, 21 post-partum women and babies were in house.

Rooming-in was introduced on a small scale after the chief physician at the Maternity attended the early skills workshop and was extended somewhat after the head of the Family Planning Center returned from the TOT training. Finally two neonatologists and two neonatal nurses attended the March roll-out training and rooming-in and early attachment have now been institutionalized throughout the Maternity. Now more than 90% of babies room-in with their mothers. Staff reported some initial resistance to rooming-in from both mothers and other staff. However, unlike some other sites, the sanitary/epidemiology staff were not opposed. Staff believe there has been a decreased incidence of neonatal jaundice since rooming-in was instituted, and were requested to collect and submit any data that might document such an effect.

Maternity staff provide both prenatal and postpartum contraceptive counseling, including LAM. One ob-gyn provides post-partum IUD insertions, if requested.

Ussuriysk Medical College

One of five medical colleges in Primorsky Krai and one of two that trains feldschers, the Ussuriysk Medical College offers four training programs for midlevel health personnel: a three-year curriculum for midwives; a four-year curriculum for feldschers; a three-year curriculum for nurses; and a two-year curriculum for dental technicians. Currently, the College has a total enrollment approaching 600 students.

Family planning is touched on in a number of courses as appropriate but currently the midwifery, feldscher, and nursing students all receive a 12-hour family planning module in the third year. Federal curriculum standards reportedly allow some "discretionary learning hours" and Ussuriysk decided to dedicate their "discretionary hours" to family planning as a result of the support provided by the SEATS/MotherCare collaboration. Adding family planning to the dental tech curriculum is currently under discussion. The students reportedly are very receptive to the family planning material and staff speak highly of the print materials, models, and flipcharts provided by SEATS/ MotherCare.

3. Lesozavodsk

Located midway between Vladivostok and Khabarovsk, the town and raion of Lesozavodsk has a 60-mile radius and encompasses a population of some 58,000 people. The Lesozavodsk Hospital serves the entire raion. Additionally, there are 17 feldscher/midwife posts in the raion and a nearby village of 2,000 has a 20-bed hospital with several doctors on staff. The raion has approximately 18,500 women of reproductive age and a TFR of 1.4-1.5. The mayor of Lesozavodsk joined the Hospital's head doctor and head nurse to welcome the team to Lesozavodsk; the mayor was especially interested in youth and was justifiably proud of the soon-to-be-opened Youth Center.

Lesozavodsk Hospital

The eight-building Lesozavodsk Hospital complex was built in 1983; the Women's Consultation, the Maternity House and the in-patient gyn services are all grouped together in one building. The Hospital is the main clinical training site for the Lesozavodsk Medical College.

As in other sites, the number of births has dropped dramatically. In the late 1980's, the Maternity House had more than 1000 births annually; in 1998, there were 480 births. As a result, the maternity service has been combined with gyn pathology under a single chief so that the 45 post-partum beds are used for both. In all, there are 13 ob-gyns on staff, six for ob and seven for gyn.

In the **Women's Consultation**, a SEATS/ MotherCare pilot clinical site, family planning displays cover the walls. There are six consultation rooms, each with a desk, a long bench, an exam table and a gyn chair. The SEATS/ MotherCare trainer, Dr. Faina Shafigulina, has a small office here, her main office is located at the Lesozavodsk Medical College. All of the Hospital's ob-gyns have been instructed by Dr. Shafigulina and Dr. Lydia Cornavalova in the no-touch IUD technique using the handheld uterine models, the Zoe models, and the training schedule used in the original SEATS/MotherCare training. All IUD insertions are done in a special, designated room using the project-donated equipment; the staff were especially appreciative of the

equipment received and commented on the quality of the speculums. In the past 18 months, 480 insertions have been recorded.

Staff here report that rural women prefer IUDs, that they lose time and money coming to town for pills. Depo Provera is increasingly popular with clients and providers. Here, it is often given to adolescents and post-partum women; it is not recommended for women who wish to get pregnant in the next year. Low-dose orals are also increasingly popular. Staff report that women generally are much better informed now about contraception, getting information from the schools, clinics, radio, and TV.

All the SEATS/ MotherCare sites received equal amounts of contraceptives initially. As the smallest of the pilot clinical sites, Lesozavodsk still has an adequate contraceptive supply on hand.

Dr. Cornavalova's office is very inviting and quite full of FP leaflets, posters and videos. She especially reaches out to adolescents and describes herself as doing a lot of basic sex education. She has done some informal roll-out training for the staff from the feldscher/midwife stations. She also works with the youth department of the Municipal Administration to include health promotion in their youth work. Lesozavodsk recently received some travel support from the Khabarovsk branch of the Russian Family Planning Association which allowed several staff, including Dr. Cornavalova, to attend a youth training in Khabarovsk. She plans to share her printed materials and visual aids with the Youth Center Family Planning Clinic when it opens.

In the **inpatient gyn** area, the walls were covered with FP posters (including an anti-choice poem); FP method sheets and FP materials was readily available. The gyn ward also includes post-abortion patients who reportedly are counseled prior to discharge.

In the "healthy child" room in the **Children's Polyclinic** area, breast-feeding was prominently promoted. Pregnant women come here for prenatal classes that stress breast-feeding and LAM, using materials from the SEATS/ MotherCare training. Reportedly, all methods are covered during the prenatal period by the obstetricians, but, in the prenatal classes, only breast-feeding and LAM are included.

In the **Maternity House** section, rooming-in was begun after the initial SEATS/MotherCare training. A neonatologist, a neonatal nurse and a midwife attended the March roll-out training and rooming-in is now well established. Staff feel the mothers and babies are much calmer with rooming-in and report no increase in the infection rate. All babies in-house at the time of the team's visit were rooming-in with the exception of one premature baby occupying one of the two incubators in the nursery.

Two postpartum women with second births were interviewed; neither had experienced rooming-in with their first births and both were extremely positive about the current arrangement. A 37-year old postpartum woman had just delivered a fourth baby and reported six previous abortions. She described being counseled numerous times about IUDs and pills but stated she preferred abortion and relying on God's will; at most she planned to use butter, an approach her mother had used and had taught her. The team interrupted a neonatologist giving a postpartum care talk to three other postpartum women, all of whom seemed engaged in the discussion. A 20-year old post-section woman, interviewed while breast-feeding her infant, planned to use LAM initially and an IUD.

Lesozavodsk Medical College

Like the Ussuriysk Medical College, the Lesozavodsk Medical College is one of five medical colleges in Primorsky Krai and one of two that trains feldschers. Additionally, the College trains nurses, dentists and dental technicians but does not train midwives. Current enrollment totals 350 students.

The feldscher and nursing curriculums have been changed to increase the emphasis given to FP, breast-feeding and LAM. Previously FP was covered in the third year: 12 hours of theory and 6 hours of practicum. Now FP, breast-feeding and LAM are included in both the second and third years: 30 hours of theory and 18 hours of practicum. LAM and breast-feeding are also included in other parts of the curriculum.

Dr. Shafigulina, with great enthusiasm, demonstrated her participatory teaching techniques involving the project-donated models, flipcharts, leaflets, etc. The slide projector is not working so she has made copies of all the slides and assembled them in folders. She has also developed a team game using a "game-show" format with paper medals and team pennants. Her classroom includes an adjoining exam room which is used for actual services, including IUD insertions, as well as for teaching demonstrations.

Most clients here are students and faculty.

The Medical College has a small branch in a nearby village; Dr. Shafigulina has trained the teacher there and set up a family planning room so that training can also be done there.

Lesozavodsk Youth Center

The local Committee on Youth Affairs is currently renovating a rather spacious one-

floor building occupying the center of a large block of apartment buildings. A computer room and a music room are already operational. Scheduled for completion by the end of October, a large open room is still being repaired and the framing is up for what will be the Family Planning Clinic in one corner of the room. Project-donated equipment for this new FP Clinic is being held at the Women's Consultation.

Russia Implementation Plan

Summary

This is a revised version of the implementation plan submitted to USAID/Moscow in September '95 based on a SEATS assessment mission to Russia conducted in October '95. In general, the activities and approach specified in the September version remain essentially unchanged, though additional details are now included. One significant detail is that the MotherCare Project will be integrating its activities, which emphasize breastfeeding, LAM, and family-centered maternity care, into the SEATS activities.

Project Focus - SEATS will focus on activities in service delivery, training, program management and services policy which can subsequently be rolled out to other sites.

- ▶ **Services** - Consistent with the SEATS Project scope, the program in Russia will emphasize transitioning to client-focused, integrated reproductive health/family planning services, including components on counseling, quality, material and equipment. Two to three sites in Novosibirsk and Primorsky Krai will be identified at which to develop and refine these components.
- ▶ **Training** - A crucial aspect of improving and expanding these services will be training service providers (including midlevel practitioners) and integrating SEATS training approaches into training institutions so that these activities can be carried forward by Russian institutions after USAID support terminates. To facilitate this process, SEATS will begin working with Russian medical institutes and medical colleges at the outset of the project to integrate their participation with the service providers' training activities at each step of the process. Further, one criterion for site selection will be that a site at each oblast will be specifically linked with the training institutions to facilitate this process.
- ▶ **Management and policy** - Site assessments will take place at each point in which SEATS is involved, enabling SEATS, along with Russian program managers, to identify management issues relating to more efficient service provision and services policies issues relating to more accessible and higher quality services (e.g. role of midlevel practitioners, barriers to services, data management, cost-effectiveness).

Activities - A detailed schedule of proposed project activities is included in Section III.4 below. The activities will include development of a joint training plan

early in the project which will determine how Russian institutions will integrate training materials and activities and incorporate them into their future plans; a series of site assessments to identify management issues and important issues for policy analysis at the service level; and a series of training activities including a conference, in-depth basic training, and training of trainers.

Collaboration - SEATS intends to work closely with other USAID collaborating agencies in Russia with the objective of enhancing cost effectiveness and establishing standard training objectives that can be replicated in other parts of Russia. In particular, SEATS intends to collaborate closely with MotherCare due to the close link between maternal health and contraceptive services in the Russian context. AVSC International and JHPIEGO have developed training materials for their activities in other parts of Russia which SEATS will work with to the maximum extent feasible. A critical link exists between SEATS and JHU/CCP, whose mass media activities in IEC will play an important role in developing demand for contraceptive services while SEATS activities will develop supply.

Outcome - The combined results of SEATS activities in Russia will be client-focused services -- with well-equipped service sites staffed by providers trained in modern methods of contraception for clients who have accurate, up-to-date knowledge on which to base their reproductive health decisions -- and an established training capability.

The SEATS program proposed below is sensitive to the needs of Russian family planning programs, compatible with the USAID/Russia strategy, and consistent with the Russia Reproductive Health Program Strategy and Action Plan. While the activities outlined in this document will be implemented over a short term, they will have an important long-term impact on the health of Russian women.

I. Purpose of USAID/Russia Women's Reproductive Health Project and SEATS Project

The goal and purpose of the USAID/Russia Women's Reproductive Health Project is to decrease Russia's current high rates of maternal mortality and morbidity by promoting change in current information and family planning service delivery systems, leading to greater adoption of modern contraception as an alternative to repeat abortion. Among the indicators designated by USAID/Russia for measuring progress of the program are (1) quantifiable increase in knowledge of modern contraceptive practices among women, and (2) number of staff trained subsequently incorporating contraceptive counseling and services into their clinical practice.

To achieve the goal of the program, USAID/Russia has invited several USAID collaborating agencies, including the SEATS Project, to implement programs in various geographic areas of the country. The purpose of the SEATS Project is to expand the development of, access to, and use of quality family planning and reproductive health services in underserved populations through the provision of appropriate financial, technical, and human resources.

According to SEATS' contractual agreement with USAID/Office of Population, SEATS activities are required to meet the following criteria, each of which will be addressed by the SEATS/Russia program: (1) have the potential for a large number of service delivery points; and/or (2) have a potential beneficiary population of at least 100,000 WRA; (3) increase CPR by at least 2% annually; and (4) have the potential for replication. USAID/Russia is providing funding to the SEATS Project to enable it to carry out a modest program of activities which will demonstrate effective modes of service delivery and catalyze Russian health officials to replicate successfully piloted activities.

The objective of SEATS' activities in Russia will be to expand access to, availability of, and use of high quality, sustainable modern contraception and reproductive health services. In the long term, SEATS activities will contribute to reduced rates of maternal mortality and morbidity by addressing promotion of contraceptive services and prevention of unsafe abortion. In addition to the improvement in women's health, this approach will have the effect of lowering cost to the Russian health care system by reducing the number of more expensive clinical procedures such as abortion.

II. Background

The general issues concerning reproductive health/family planning in Russia are well-documented in the *USAID Russia Reproductive Health Program Strategy and Action Plan* (January '95), Irina Eramova's USAID/Russia Trip Reports for Novosibirsk and Vladivostok (April/May '95), and other sources. Those general issues appear to apply to Novosibirsk and Vladivostok as well. Small family size is the norm, women and service providers have become accustomed to using repeat abortions to control fertility, contraceptive use is relatively low in general (22% CPR) and infertility is high. Both sites quoted high rates of maternal mortality, a substantial portion of which is attributed to repeat abortion. SEATS-supported activities at each site are expected to resemble each other though they are not likely to be identical due to local variations in the situation. Oblast priorities, institutional capabilities, and other local conditions have been and will continue to be taken into consideration during planning and implementation.

1. Service Structure

Novosibirsk Oblast: Approximately half of the oblast's 2.8 million inhabitants reside in the metropolitan area of Novosibirsk city. In the oblast there are 584 ob/gyn's and 1273 midwives and nurses. The oblast has 34 women's consultations, 17 of which are in the city, and a "family planning center" which is a largely inpatient facility providing mostly infertility services and relatively little in the way of contraception. Notably, the *luventus* Center in Novosibirsk city is a specifically adolescent health center, providing contraceptive services and emphasizing STD prevention.

Novosibirsk oblast has developed a *Family Planning Program* for '94-95 which is an important first step, however modest, in program development; the oblast conducted a three-day conference on family planning in April '95. The program consists mostly of lectures to clinicians, educators, and politicians; provision of a modest amount of equipment; and budgetary provision for some reduced price and free contraceptives to those who qualify due to youth or means testing. Oblast and city authorities have all agreed that expanding and improving contraceptive services is a high priority for the health program.

Primorsky Krai: There are about 700 ob/gyn's in the Krai, which has a population of approximately 2.2 million. The city of Vladivostok has about 630,000 residents and 220 ob/gyn's. There are five maternity homes, five women's consultations, and one family planning center in Vladivostok. Contraceptive prevalence in the Krai was estimated anecdotally at around 35% (two-thirds of that being IUD's and one-third oral contraceptives), though in the city of Vladivostok it was estimated to be around 28%.

The maternity homes in Novosibirsk and Primorsky Krai deliver babies, but generally appear to provide relatively little in the way of contraceptive counseling and virtually no contraceptive services. The "Family Planning Centers" also provide little contraception, and practices are based on a medical model that does not appear to be client-oriented. The "women's consultations" appear to be busy outpatient services which provide relatively easy access to clients and are likely to be the sites that would be most appropriate for development of contraceptive service delivery and counseling programs.

Traditionally, contraception in Russia has placed heavy emphasis on IUD's (old models). All discussions indicated a provider bias against LAM and VSC and a previous bias against hormonal methods which now appears to be changing -- at least in the large cities.

2. Nurses and Midwives

The roles of nurses and midwives in contraceptive service delivery and counseling are currently fairly minimal, limited to ancillary and support services. There is no midwifery association in either Novosibirsk or Primorsky Krai. Virtually all patient interaction is provided by ob/gyn's, many of which are subspecialists - some known as "contraceptologists" (in Vladivostok, though not Novosibirsk). Reportedly, midwives and feldshers do play a much more active role in rural areas. Typically, family planning services focus on infertility services as opposed to contraceptive services and follow a medical model.

3. Contraceptives

Availability of modern contraceptives has been constrained in both Novosibirsk and Primorsky Krai, though the supply is reportedly improving. During several random visits to a convenience sample of pharmacies, staff indicated that supply in the market is increasing, though it remains variable and price may be a significant barrier. Several brands of oral contraceptives were available, as were condoms and some Depo Provera. Pharmacists did reveal they had serious concerns about hormonal contraceptives. Service delivery points generally have separate pharmacy kiosks which sell contraceptives. Contraceptives are provided at reduced prices for clients who were identified as impoverished. The Iuventus Center in Novosibirsk provided services free of charge to clients under the age of 18. (Most service sites provide contraceptives at no charge for those under the age of 18.)

4. Training

In general, physicians are trained at *medical institutes* and other staff, including nurses, midwives, and feldshers, at *medical colleges*.

Novosibirsk: Medical training is provided by the Novosibirsk Medical Institute which graduates 600 doctors annually, of which 20 are ob/gyn's. There are nine medical colleges in Novosibirsk oblast (four in the city and five in the raion) which train nurses and midwives. Officials of several medical colleges visited expressed strong support for collaborating in this program. Pre-service training programs range from one year for basic nursing to four years for sub-specialized feldshers. Nurses, midwives, and feldshers theoretically attend refresher training every three years, doctors every five years.

Primorsky Krai: Medical training in Primorsky Krai is provided at the Vladivostok Medical Institute, which graduates 200 doctors annually, including 25 ob/gyn's. There is one medical school for nurses and midwives in the city and

several in the other larger towns (including Ussirisk, Partizansk, and Lesozevordsk). Refresher training is offered on a similar basis as at Novosibirsk. Medical training in both Novosibirsk and Primorsky Krai is reputed to emphasize an old-fashioned, lecture approach with relatively little opportunity for hands-on clinical practice.

III. Implementation

1. Roles

SEATS activities will be undertaken in very close collaboration with local government agencies in Novosibirsk Oblast and Primorsky Krai including both city and oblast/krai officials. Service delivery activities will be implemented by the existing Government health resources with SEATS providing specific inputs according to the activity timeline. The Government will continue to provide administration/coordination, salaries for service providers/managers, and clinical and training sites.

SEATS' role in the collaboration will be to develop or adapt training materials and provide training in clinical family planning and support development of models of effective family planning program management which demonstrate the effectiveness of efficient, high quality contraceptive service delivery systems. Subsequently, this model will be 'rolled out' to other sites within each oblast/krai without adding to the health financing burden. SEATS will also support the analysis of management and policy issues as well as provide extensive technical support, basic equipment, and some contraceptives. Moreover, representatives from educational institutions will be included in the development of materials and training in order to facilitate integrating these into the educational institutions' programs.

In both Novosibirsk and Primorsky Krai, the oblast/krai Health Department will be SEATS primary counterpart organization. The Novosibirsk oblast proposed the Director of MCH for the oblast, Dr. Nechaeva, as Director for the SEATS activities with the Chief Ob/Gyn for the oblast, Dr. Erchov, as senior consultant. In Primorsky Krai, the Krai Director of MCH, Dr. Ostapenko, was also identified as the primary contact for SEATS activities. The concluding meetings in both Novosibirsk and Primorsky Krai strongly endorsed the proposed schedule of activities.

2. Approach

Quality: The SEATS approach to quality promotes collaboration with host-country institutions to integrate key quality principles and techniques into each

subproject's design, implementation and evaluation cycle. This integration includes activities, processes and outcomes focused on the six elements of the Quality of Care framework for FP programs², the concepts of the USAID initiative for Maximizing Access and Quality, and appropriate quality improvement techniques and processes, such as continuous quality improvement.

SEATS family planning and reproductive health service delivery activities will include all aspects of quality of care, including choice of methods, counseling and client information, provider competence, interpersonal relations, acceptability and access to services, and contraceptive supply.

A client-centered orientation to family planning services is the key feature of the SEATS approach to quality. Such an orientation guides service providers, managers, trainers and other staff in ensuring informed choice and contributing to overall client satisfaction and continuation rates.

Client Oriented: Assessments have indicated that the traditional service approach at women's consultations and maternities has not been client-oriented which affects quality of care and, in all likelihood, acceptance and/or continuation of services. SEATS activities on counseling, method provision, organization of services, and follow-up will strongly emphasize a client-oriented perspective. To support the client-orientation, SEATS has encouraged the Health Departments to obtain qualitative information from clients regarding services provided through conducting focus group interviews. SEATS' offer to conduct the data collection and analysis in Primorsky Krai was rejected by Health Department officials. The collection and analysis of this data should reveal to providers the concerns of potential service users so that these concerns can be taken into consideration in service design and service implementation.

To foster a client orientation, SEATS activities will focus on the provider/client interaction by (1) improving counseling techniques and client follow-up mechanisms, and (2) attempting to develop a more active role for midwives, nurses, and feldshers in counseling and service provision.

High-quality family planning programs should offer access to a wide variety of contraceptive and reproductive health services and include strategies such as post-partum and post-abortion contraception, prevention and control of sexually transmitted diseases/human immune deficiency virus (STDs/HIV), and special services for young adults.

²- Bruce, Judith, (Population Council): *Studies in FP*, vol. 21, no. 2; Mar. 1990.

Service activities supported by SEATS will be integrated with other reproductive health services, particularly those supported by MotherCare. MotherCare will focus its activities on breastfeeding, LAM, and family-oriented maternity care. Their focus on antenatal and postnatal activities will also complement contraceptive counseling activities targeting these points in the service system

Contraceptive Methods: SEATS plans to begin its collaboration by taking advantage of this incipient moderation by emphasizing expansion of use of hormonal methods -- oral contraceptives and injectables -- and modern IUD's through clinical training and counseling. The lactational amenorrhea method will also be included. Subsequent to successful establishment of these methods, SEATS' collaboration will expand to include immediate post-partum contraception (IUD's, mini-pills) and, if it appears promising, VSC as a family planning method.

Training: SEATS-supported training activities will focus primarily on refresher and in-service components rather than pre-service activities though pre-service institutions will be included. The training program will take a 'training of trainers' approach. Activities will be competency-based, hands-on, participatory, and based on adult learning theory.

SEATS will arrange for the service providers from pilot sites to obtain refresher training in clinical family planning or basic family planning training, as appropriate. Though the quality of training at the refresher institutes has not yet been determined, it is not anticipated that the current training being provided by the refresher institutes will be appropriate for this purpose at this time. SEATS will arrange a training program specifically for this purpose.

Subsequently, these trained providers will undertake service provision at the pilot sites. After a sufficient period of time has elapsed to enable the providers to achieve competency, services will be re-assessed to identify the most suitable candidates to be developed as trainers for the oblast/krai. At that time, these candidates will participate in a TOT course to become trainers for the oblast. Subsequently, SEATS will work with the trainers to conduct wide-scale training for other providers in the city and oblast/krai.

Other USAID collaborating agencies, i.e., AVSC and JHPIEGO, have already developed substantial training materials for their work in St. Petersburg, Ivanovo, and Ekaterinburg as well as their previous work in the Central Asian Republics. These materials include slides, trainer's notes, and trainee manuals on selected contraceptive methods as well as training methodology.

Since the Women's Reproductive Health Project is to implement activities in several fairly far-flung oblasts, the establishment of standard clinical approaches and practices (and therefore developing/conducting training according to these standards) would be a strong factor in the eventual establishment of a national family planning program. In contrast, training to somewhat varying standards, according to the particular cooperating agency working in that oblast, can subsequently cause some inconsistency or incongruence as a truly national program emerges. To this end, SEATS has discussed collaborating with JHPIEGO and AVSC and will make use of existing materials to the maximum extent feasible. This *may* include training the first service providers at other sites to establish this link if it is operationally feasible.

It is anticipated that this approach will generate a groundswell of support for services that will coalesce to increase demand and supply. The JHU/CCP IEC activities are expected to improve knowledge and attitudes of potential clients; the SEATS activities will improve these clients' access to high-quality contraceptive services by training clinicians and improving service infrastructure. By focusing improvement activities at several service points, access to services will be increased.

3. Site selection

Service improvement will focus on specific pilot sites. At this juncture, SEATS expects to work closely with two or three consultations within Primorsky Krai and Novosibirsk to pilot this approach to contraceptive services. Based on successful pilot activities, the program will rely on city and krai health departments to implement activities in other sites within the capital city.

It is expected that the respective Health Departments, in very close collaboration with SEATS, will identify pilot sites in each oblast. All sites should be busy service sites providing a sufficient volume of services to satisfy training needs as well as to have an effect on family planning/reproductive health services. SEATS activities will emphasize activities at women's consultations since it is these sites at which most women routinely obtain health services and these sites will provide access for family planning services to the broadest cross-section of clients. However, women's consultations that have strong links to maternity homes (preferably on-site) will be sought as pilots since the linkage between ante-natal and post-natal care and family planning will also present an important point of service. Service sites that also have relationships to teaching institutes (i.e., practical sites) will also be sought since this will present an opportunity to enhance the already strong link between the education and service programs. Sites will provide a mix including one in the capital city and one outside the capital city (though we hope that the site(s) outside the capital are not too

remote for transportation and logistics reasons). Sites outside of the capital area are particularly interesting pilot opportunities because (1) they are often already organized as referral points for women from other parts of the raion, and (2) they generally provide in-service training opportunities for other service providers in more remote areas. At this point, SEATS has indicated to local health authorities its interest in working with the following sites:

Primorsky Krai-

- Krai Family Planning Center and Maternity Hospital
- Women's Consultation and Maternity Home #3 (Medical Institute)
- Kirovsky Women's Consultation and Regional Hospital

Novosibirsk-

- Maternity Hospital #4 and its associated women's consultation in Novosibirsk
- Iskitim Women's Consultation and Central Hospital, or
- Kuybyshev Women's Consultation and Regional Hospital

Following is a brief description of the sites above as well as some others that might/might not turn out to be potential candidates.

Primorsky Krai

Women's Consultation at Maternity Home #3 and Primorsky Krai Medical Institute: SEATS collaboration with the Medical Institute will be important insofar as it will enable the Medical Institute to integrate SEATS training materials and approaches into their preservice and in-service training. The women's consultation appears quite busy and it along with Maternity Home #3 appears to be a good candidate as one of the SEATS pilot sites. The Chief Ob/Gyn, Dr. Ishpatkin, strongly endorsed the SEATS proposal at the concluding meeting.

Kirovsky Regional Hospital: About a 3-4 hour drive north of Vladivostok, Kirovsky is a town of 16,000 in a raion of 29,500. Kirovsky raion comprises 26 villages, 19 of which have feldsher sites that are supported by six ob/gyn's. The staff of the hospital seemed very enthusiastic about family planning. Kirovsky would provide a very interesting site at which to pilot development of an approach to raion-wide family planning including a range of different types of sites and integration of feldshers into services.

Lesozevodsk Hospital: About a 5 hour drive north of Vladivostok, this 500-bed hospital serves a raion of approximately 60,000. Though we were not able to see the women's consultation during business hours, there is a strong and broad base of support to developing an adolescent family planning center in the town.

Vladivostok Medical College: Encouraging meetings took place at the Krai Medical College which trains feldshers, nurses and midwives. Officials of the Medical College expressed interest in integrating SEATS family planning training materials into their curriculum and participating in SEATS training activities.

Krai Family Planning Center/Krai Maternity Hospital: This Center, which is located on the grounds of the 90-bed Maternity Hospital (as well as the Krai Hospital), will certainly play a role in SEATS' activities and its Director, Dr. Borovik, will provide important guidance to the program. Moreover, the staff of the Maternity Hospital was very enthusiastic about developing ante-natal and post-partum counseling activities which would refer clients to the family planning center.

Meetings also took place at Fruzensky Women's Consultation, a busy free-standing consultation, and Maternity Home #5, which does not have a women's consultation on-site.

Novosibirsk

Oblast Regional Clinical Hospital/Maternity Hospital: This 1,700-bed hospital has a very recently renovated neonatal intensive care unit and is the base for the Medical College and 11 chairs of the Medical Institute. Being a referral hospital, there is no women's consultation on the grounds.

Municipal Maternity Hospital #2: This 90-bed maternity is affiliated with two women's consultations, though neither is located at this site. The hospital has obtained permission to pioneer a post-partum oxygen-saturated bathing technique for infants and is very enthusiastic about participating in a family planning program.

Iskitim Central Hospital/Iskitim Women's Consultation: Serving the 70,000 residents of the town and an additional 70,000 in the raion, this referral hospital and its women's and children's consultations provide a very progressive patient education program, School of Health, for pregnant women, mothers, and young adults. There is also strong collaboration with the local television station, which provides 30 minutes of prime time every Thursday for health topics. The women's consultation serves approximately 300 women per day.

Oblast Medical College #1: Of the nine medical colleges in the oblast, this is the central one with an enrollment of over 1,500 students including nurses and feldshers (not midwives). College officials expressed a very strong interest in learning new pedagogical approaches and adapting its curriculum to include new approaches to contraception.

Novosibirsk Medical Institute indicated its support in collaborating with SEATS and interest in integrating SEATS training materials into their curriculum. However, due to scheduling conflicts, SEATS was not able to meet with the head of the Ob/Gyn refresher training program, Dr. Anastasia. The Institute has freedom to alter up to 30% of the national curriculum (up to 50% for some sub-curriculums).

Kuybyshev Central Hospital and Women's Consultation: With a raion population of 70,000, of which 50,000 reside in the town, Kuybyshev (also referred to as Kainsk by the townspeople) is about a five-hour drive west of Novosibirsk. The hospital has 920 beds with 120 for maternity. The consultation is located about a kilometer from the hospital, in a lovely, refurbished, old-fashioned home in the center of town. The downstairs of the consultation has been very nicely renovated to serve as a family planning counseling center. There are also 32 feldsher midwifery sites affiliated with the hospital.

Maternity Hospital #4: With 260 beds and 140 bassinets, a catchment area of 170,000 and affiliation with two women's consultations, this hospital appears to have more progressive policies and practices and a willingness to try new approaches to women's health. It is a practical training site for both the medical institute and a medical college.

4. Planned activities

SEATS will identify a resident advisor who will be responsible for coordinating the implementation of the program in Novosibirsk and Vladivostok. It is anticipated that the resident advisor will be a Russian national.

The following activities will be conducted during the initial phase of the SEATS collaboration.

SEATS/MotherCare Collaborative Project in Primorsky Krai and Novosibirsk Oblast

ACTIVITY TIMELINE for NOVOSIBIRSK:

STAGE 1: Establishment and Initial Training: Activities 1-12 below

STAGE 2: Roll-out and Dissemination: Activities 13-17 below

STAGE 3: Potential Advanced Topics and Activities: Activities 18-19 below

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
1. Focus Group Research with Women of Reproductive Age from project target areas.	Nov. 1995-Jan 1996	SEATS MotherCare
2. Planning for upcoming Launch Conference.	Nov. 1995-Jan. 1996	SEATS MotherCare
3. Launch Conference/Seminar.	February 1996	SEATS MotherCare
4. Joint Development of a Training Strategy for the upcoming workshops and strengthening of curricula of local training institutions, including the refresher institutions, medical school, and medical colleges.	February 1996	SEATS MotherCare
5. Medical Site Assessments of project pilot sites.	February-March 1996	SEATS MotherCare
6. Final selection of project pilot sites and participants for upcoming workshops on family planning knowledge and skills (see 9.a. & b. below).	February-March 1996	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
7. Development or purchase of client-provider counseling materials (e.g., brochures or counseling cards)	January-March 1996	MotherCare
8. Joint curriculum planning for upcoming workshops on family planning knowledge and skills (upcoming training, see 9.a. & b. below).	late March 1996	SEATS MotherCare
9.a. Family Planning knowledge and skills training (refresher training: physicians, 2 weeks, 20 participants).	April 1996	SEATS MotherCare
9.b. Family Planning knowledge and skills training (refresher training: midwives, nurses, and feldshers, 2 weeks, 20 participants).	April 1996	SEATS MotherCare
10. Establishment of project site monitoring and reporting systems, including on-the-job training of staff responsible for service site monitoring and reporting.	April-May 1996	SEATS
11. Site visits for: - Competency-based training follow-up and support of participants trained in round 1, including selection of the most proficient service providers to attend the upcoming training of trainers course - Medical site assessment - MIS support and project evaluation	July 1996	SEATS MotherCare
12. Joint curriculum planning for upcoming training of trainers (TOT)	July 1996	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
13. Training of trainers workshop (10-12 participants; physicians, midwives, nurses, feldshers)	September 1996	SEATS MotherCare
14. Site visits for: - Competency-based training follow-up and support of participants trained in round 1, including selection of the most proficient service providers to deliver upcoming training courses (15 and 16, below) - Medical site assessment - MIS support and project evaluation	January 1997	SEATS MotherCare
15. FP Knowledge and Skills Workshop conducted by trainers trained at TOT and co-facilitated and supported by SEATS/MotherCare (training physicians)	January 1997	SEATS MotherCare
16. FP Knowledge and Skills Workshop conducted by trainers trained at TOT and co-facilitated and supported by SEATS/MotherCare (training midwives, nurses, feldshers)	January-February 1997	SEATS MotherCare
17. Trained trainers conduct FP Knowledge and Skills training on their own	as designated in Training Strategy (developed under time #4)	
18. Evaluation and dissemination of project results; seminar series to be determined	To be determined	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
<p>19. Potential Additional (Advanced) Topics Topics and activities to be determined, for example:</p> <ul style="list-style-type: none"> - VSC - Post-partum, post-abortion IUD insertion - International models for Quality Improvement, including Total Quality Management (TQM), Continuous Quality Improvement (CQI), and Client-Oriented-Provider-Efficient (COPE) Methodology 	<p>To be determined</p>	

SEATS/MotherCare Collaborative Project in Primorsky Krai and Novosibirsk Oblast

ACTIVITY TIMELINE for VLADIVOSTOK:

STAGE 1: Establishment and Initial Training: Activities 1-12 below

STAGE 2: Roll-out and Dissemination: Activities 13-17 below

STAGE 3: Potential Advanced Topics and Activities: Activities 18-19 below

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
1. Focus Group Research with Women of Reproductive Age from project target areas.	Nov. 1995-Jan 1996	SEATS MotherCare
2. Planning for upcoming Launch Conference.	Nov. 1995-Jan. 1996	SEATS MotherCare
3. Launch Conference/Seminar.	Late January-February 1996	SEATS MotherCare
4. Joint Development of a Training Strategy for the upcoming workshops and strengthening of curricula of local training institutions, including the refresher institutions, medical school, and medical colleges.	Late January-February 1996	SEATS MotherCare
5. Medical Site Assessments of project pilot sites.	February 1996	SEATS MotherCare
6. Final selection of project pilot sites and participants for upcoming workshops on family planning knowledge and skills (see 9.a. & b. below).	February 1996	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
7. Development or purchase of client-provider counseling materials (e.g., brochures or counseling cards)	January-March 1996	MotherCare
8. Joint curriculum planning for upcoming workshops on family planning knowledge and skills (upcoming training, see 9.a. & b.below).	late March 1996	SEATS MotherCare
9.a. Family Planning knowledge and skills training (refresher training: physicians, 2 weeks, 20 participants).	April 1996	SEATS MotherCare
9.b. Family Planning knowledge and skills training (refresher training: midwives, nurses, and feldshers, 2 weeks, 20 participants).	April 1996	SEATS MotherCare
10. Establishment of project site monitoring and reporting systems, including on-the-job training of staff responsible for service site monitoring and reporting.	April-May 1996	SEATS
11. Site visits for: - Competency-based training follow-up and support of participants trained in round 1, including selection of the most proficient service providers to attend the upcoming training of trainers course - Medical site assessment - MIS support and project evaluation	July 1996	SEATS MotherCare
12. Joint curriculum planning for upcoming training of trainers (TOT)	July 1996	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
13. Training of trainers workshop (10-12 participants; physicians, midwives, nurses, feldshers)	September 1996	SEATS MotherCare
14. Site visits for: - Competency-based training follow-up and support of participants trained in round 1, including selection of the most proficient service providers to deliver upcoming training courses (15 and 16, below) - Medical site assessment - MIS support and project evaluation	January 1997	SEATS MotherCare
15. FP Knowledge and Skills Workshop conducted by trainers trained at TOT and co-facilitated and supported by SEATS/MotherCare (training physicians)	January 1997	SEATS MotherCare
16. FP Knowledge and Skills Workshop conducted by trainers trained at TOT and co-facilitated and supported by SEATS/MotherCare (training midwives, nurses, feldshers)	January-February 1997	SEATS MotherCare
17. Trained trainers conduct FP Knowledge and Skills training on their own	as designated in Training Strategy (developed under time #4)	
18. Evaluation and dissemination of project results; seminar series to be determined	To be determined	SEATS MotherCare

ACTIVITY	DATES	PROJECT PROVIDING INPUTS
<p>19. Potential Additional (Advanced) Topics Topics and activities to be determined, for example:</p> <ul style="list-style-type: none"> - VSC - Post-partum, post-abortion IUD insertion - International models for Quality Improvement, including Total Quality Management (TQM), Continuous Quality Improvement (CQI), and Client-Oriented-Provider-Efficient (COPE) Methodology 	<p>To be determined</p>	

Develop management and policy activities: SEATS' activities will work to improve family planning service delivery policies by supporting small-scale analyses of particular issues and developing data on which to base rational policy decisions. Possible areas of focus include reducing medical and regulatory barriers to care, and a cost analysis of different modes of service. As a basis for these analyses, SEATS will support development and implementation of appropriate data management, reporting, and analysis systems and procedures. A seminar for policymakers presenting these analyses may subsequently be supported.

5. Roll-out

SEATS will obtain Russian officials' agreement to support the replication of the pilot program to other service sites within the capital city. As part of project roll-out, SEATS will support a seminar series through which Russian participants will be encouraged to share the experience of this program with other Russian colleagues. For example, a pilot site women's consultation might conduct a seminar for other women's consultations or units of a maternity home at which it explains the components of the family planning program and the results. Subsequently, an oblast/krai - wide seminar might be sponsored, at which the experience can be publicized and discussed. If assessments indicate there is strong interest in specific issues, a seminar may be designed around particular issues with participation from other oblasts within the region.

6. Contraceptives

The Russian health system has suffered from a lack of the most modern formulations of contraceptives due to the isolation of recent years. Moreover, the Russian health system (like virtually all others) would be hard-pressed to be able to afford to provide contraceptives free of charge to all users during current times of economic adjustment. There are indications that contraceptive availability is improving (see Ravenholt reports) especially through the privatization of pharmacies, the opening-up of trade with European contraceptive manufacturers, and consumer education. (In addition to 'private' pharmacies operating in store-fronts, women's consultations and maternities often had 'private' pharmacies operating within the service sites as franchises to meet clients' needs for a wide variety of products.) It is not clear that this is taking place at a rapid enough pace to support broad program expansion nor that it is spreading to the smaller towns and rural areas. Though pharmacies now stock a broader range of contraceptives, the full range of contraceptives is not always available even in the large cities much less smaller towns. Prices may also be a significant barrier for Russian consumers. The USAID *Strategy* calls for continuing to foster the privatization of pharmacies and encouraging their marketing of contraceptives by not including a large component of free contraceptive distribution in the public sector program. In

the SEATS program, USAID will support the provision of start-up stocks of some contraceptives at pilot service delivery points. However, subsequently, it would be necessary for clients to purchase contraceptive supplies.

In Novosibirsk Oblast and Primorsky Krai, availability of oral contraceptives at pharmacies is fair although they are not inexpensive. However, newer IUD's and Depo Provera are not as widely available.

USAID is arranging for the SOMARC Project to conduct pharmacist training in Ivanovo, Ekaterinburg, and St. Petersburg and will likely include Primorsky Krai and Novosibirsk as well.

7. Potential obstacles/barriers

- (1) The traditional pro-natalist philosophy of the Soviet Union espoused large family size in order to develop a large enough base of workers to maintain industrial and other activities. Moreover, in recent years Russia has experienced a negative population growth rate. There seems to be a strong sense among the population that a greater number of births is desirable. In preliminary meetings, this does not appear to be a major constraint, although it remains to be seen how important it is in the more rural areas.
- (2) It has been acknowledged that there has in the past been a fairly strong provider bias against contraception. This has largely been due to experience with older formulations of contraceptives that had more and stronger side-effects and a lack of exposure to both new products and new research. The USAID/Russia Women's Reproductive Health Project will be addressing this through both clinical training of providers and provision of translations of educational materials and research reports. According to the relatively small sample of service providers that have been interviewed, this bias is changing and should not pose a significant constraint after training of service providers.
- (3) Supply of contraceptives has been a program constraint in the past. One of the critically important assumptions of this program is that the burgeoning private-sector will meet the demand for contraceptive supplies at affordable prices that the consumer and provider education generate. Though the private sector might well be interested and willing to address this market, it is also not certain that the Russian regulatory processes will enable it to proceed.

- (4) Preliminary assessments of the cost of contraceptives at private pharmacies indicate that their cost is substantial, particularly given the restructuring that the economy has undergone in recent years. The cost to users of private-sector contraceptives may be an obstacle to effective use of contraceptives.
- (5) Logistics and distribution of USAID-donated supplies may be an obstacle since this mechanism has not been tested previously either in Novosibirsk Oblast or Primorsky Krai.
- (6) The current practice of contraception is fairly low for a country as developed as Russia. Accurate knowledge of methods has been constrained by lack of access to accurate, up-to-date information, which has affected attitudes. Although this pattern can be altered, it will take some time to do so, notwithstanding the availability of materials.
- (7) SEATS-supported activities will be largely dependent on the goodwill and trust of local officials working together to implement effective programs. If this goodwill and trust is lacking, program effectiveness will be diminished.

8. Cooperating Agencies Collaboration

SEATS intends to work closely with AVSC International, JHPIEGO, and JHU/CCP in order to enhance cost effectiveness of the program and to establish standards that will contribute to the programmatic sustainability of activities implemented during the project. Currently, there are no known other donors or collaborating agencies actively working in Novosibirsk Oblast or Primorsky Krai with the exception of the USAID Zdrav Health Reform Project which has an office in Novosibirsk. The JHU/CCP activities in IEC will be critically linked to SEATS' activities insofar as the IEC activities will stimulate demand for which the SEATS' activities will develop supply. Collaboration with AVSC and JHPIEGO will be important in establishing standards for training and service delivery which may then be replicated in non-project oblasts. SEATS is looking forward to continuing the good working relationship that has already been established with these agencies.

SEATS also looks forward to collaborating closely with the MotherCare Project since maternal health and family planning are so closely linked in the Russian context. Training programs will provide good opportunities for integrating MotherCare and SEATS activities.

In Novosibirsk, the Zdrav Health Reform Project is testing the establishment of family practitioners and a health insurance organization. SEATS will investigate the appropriateness of including one of the family practitioners or health insurance organization's providers into the implementation activities. Also, as suggested by USAID/Moscow, it would be useful for coordination if the SEATS resident coordinator for Novosibirsk could be based at the Zdrav offices in Novosibirsk.

IV. Outcome

Successful implementation of these activities will have important long-term impact on the health of Russian women: providers will be better trained in modern approaches to reproductive health, service sites will be better equipped and managed to enable better quality of care, and clients will have a better knowledge base on which to base their reproductive health decisions. However, measuring the impact of project activities *vis à vis* the goal of the Women's Reproductive Health Project -- decreasing Russia's current high rates of maternal mortality and morbidity -- will be difficult to measure over the short- to medium-term covered by project activities. To an extent, measuring impact will be addressed by the contraceptive prevalence survey(s) to be conducted by CDC. SEATS will concentrate on measuring service delivery output indicators (e.g., sites established, availability of methods, couple years of protection, method mix, changes in clinical practices, etc.) and a variety of process and functional output indicators for training and management (providers trained in specific methods, achievement of learning objectives, etc.). SEATS will also participate in the evaluation working group coordinated by the Evaluation Project to ensure a unified approach to project monitoring and evaluation.

ATTACHMENT 1

Inputs -

- Subprojects established with 2 oblasts (Novosibirsk and Primorsky Krai)
- Supplies, equipment, and contraceptives shipped
- Resident coordinator fielded
- Programmatic and technical backstopping provided
- Technical assistance provided to pilot sites
- Financial support provided to support program activities
- Training materials and equipment provided

Process - planning

- Training needs assessment conducted in two oblasts
- Joint training strategy developed with host oblast officials
- Design workshops conducted
- Data collection and analysis systems for monitoring and evaluation established
- Ongoing monitoring of sites conducted

Process - implementation

- Qualitative data collection completed and analyzed
- Launch conferences conducted in 2 oblasts
- Materials adapted or developed
- Joint curriculum planning completed
- 4 workshops for family planning/breastfeeding service providers conducted in 2 oblasts
- Providers trained
- Training follow-up conducted
- Training of trainers conducted in 2 oblasts

Output-

- Sites established and functional
- Family planning client education materials provided for use in 2 oblasts
- Family planning curriculum for service providers adapted/developed
- 60 providers certified as competent
- Family planning training of trainers curriculum adapted/developed
- 20 trainers certified as competent
- Qualified trainers in family planning/breastfeeding available in local training institutions
- Revised/developed family planning and breastfeeding curriculum available
- Increased availability of and access to contraceptive methods
- Increased and improved client counseling at service sites
- Increased knowledge and improved attitudes among providers
- Increased contraceptive use
- Improved method mix

Assessment Visit Schedule - Novosibirsk Oblast

MONDAY, MAY 19:

morning: Meet with Novosibirsk health officials

afternoon: Visit Oblast FP Center, Dr. Mackiyan, Director

TUESDAY, MAY 20:

all day: Visit to Municipal FP center, Dr. Olga Chernyakina, Director

WEDNESDAY, MAY 21:

morning: Oblast Refresher College for Mid-Level Practitioners;
Meet with director and Dr. Valentina Boboshkina

afternoon: Visit to Medical College #1
Meet with director and Dr. Adelina Reykhrud, Instructor

THURSDAY MAY 22:

morning: Visit to Medical College # 4
Meet with director and Dr. Olga Izmaylova, Instructor

afternoon: Visit to 1st Gynecological Hospital and Women's Consultation (2 sites with staff trained in roll-out)

FRIDAY MAY 23:

morning: Visit to Maternity # 4: women consultation; Dr. Irina Alabugina
Director of Women's Consultation at Maternity Hospital #4

afternoon: Team meeting (including oblast health officials)

SATURDAY MAY 24: off

SUNDAY MAY 25:

Travel to Kuybyshev

MONDAY MAY 26:

morning: Visit to Kuybyshev Women's Consultation, FP center and adolescent center, Dr. Ludimilla Starivotiva

afternoon: Visit to model maternity hospital; postpartum and post abortion FP, rooming-in

TUESDAY MAY 27:

Travel to Novosibirsk

WEDNESDAY MAY 28:

morning: Visit to Berdsk FP/adolescent center and Municipal Hospital
Dr. Nadezhda Murzintseva, Ob/Gyn at Women's Consultation at Berdsk Municipal Hospital

afternoon: Travel back to Novosibirsk city

THURSDAY MAY 29:

morning: Attend SOMARC training to observe master trainers

afternoon: Visit to Iuventus youth center

FRIDAY MAY 30:

Team meeting for wrap-up and conference planning

Assessment Visit Schedule: Primorsky Krai

Monday, September 15

Morning: Meet with key counterparts to discuss plans for the visit and the dissemination conference
Dr. Inna A. Khalchenko
Dr. Tatiana Stankevich
Dr. Natalya N. Ostapenko
Dr. Ludmilla Nesvichonaia

Afternoon: Visit the Krai FP Center and Krai Maternity Hospital
Dr. Liudmilla Nesvichonaia
Dr. Ana Chaikina

Tuesday, September 16

Morning: Visit Maternity #3
Dr. Yuri Ispaktin
Dr. Nina Semernia

Afternoon: Visit Vladivostok Basic Medical College

Wednesday, September 17

Morning: Ussuriysk Women's Consultation

Afternoon: Ussuriysk Medical College

Thursday, September 18

Morning: Pevorechensky Women's Consultation

Afternoon: Primorsky Krai Refresher Medical College

Friday, September 19

Morning: Roll-out Training Site (where service providers work who were trained by the project)

Afternoon: Team meeting

Sunday, September 21

Travel to Lesozavodsk

Monday, September 22

Morning: Lesozavodsk Regional Hospital Women's Consultation

Afternoon: Adolescent Center
Roll-out site

Tuesday, September 23

Morning: Return to Vladivostok

Afternoon: Prepare for Conference Preparation Meeting

Wednesday, September 24

Thursday, September 25

Both days: Outline topics and papers for dissemination conference with presenters, and other conference preparations, as needed.

Friday, September 26

Final meetings with:

Dr. Khalchenko
Dr. Stankevich
Dr. Ostapenko
Dr. Nesvichonaia

**Agenda: Conference on Results of
Collaborative Family Planning and Reproductive Health Services
Development Project
Vladivostok, November 3-5, 1997**

Primorsky Krai Administration Department of Health
Novosibirsk Oblast Department of Public Health
United States Agency for International Development
SEATS and MotherCare Projects

**Dissemination Conference
Collaborative Family Planning and Reproductive Health
Services Development Project
Vladivostok, November 3-5, 1997**

Monday, November 3

Co-chairs: Drs. Ostapenko and Necheava

9.00-10.00	Registration
10.00-10.45	Opening Ceremony with Remarks by officials from: Primorsky Krai Parliament and Health Administration, USAID, Novosibirsk Oblast Health Department
10.45-11.15	Summary Information from Russia Women's Reproductive Health Survey (Russia Center for Public Opinion and Market Research/US Centers for Disease Control and Prevention) Ms. Liese Sherwood-Fabre
11.15-11.30	Coffee Break
11.30-12.00	Client-centered Approach and Results of Focus Group Research Dr. Leila Beitrishvili, Ms. Linda Ippolito
12.00-12.45	Outline of Project Activities and Significance to the Krai/ Oblast Dr.s Ostapenko, Necheava
12.45-13.30	Impact of Program on Service Delivery Dr.s Mackiyan, Stankevich
13.30-14.30	Lunch
15.00-17.00	Visit to Krai Maternity/Medical College or Krai FP Center: Descriptions & Demonstrations: Use of Models in Training: Zoe/no-touch technique Diana model; Training Materials & equipment; Drs. Pogorelova, Achkasova, Chaikina, Sugak Shafigullina, Virayasova
17.30-18.30	Site-seeing tour of Vladivostok

**Dissemination Conference
Collaborative Family Planning and Reproductive Health
Services Development Project
Vladivostok, November 3-5, 1997**

Tuesday, November 4

Co-chairs: Drs. Mackiyan and Stankevich

9.00-10.30	Impact of Program on Breast-feeding/LAM Drs. Ostapenko, Trushina, Galina Pogorelova; Drs. Agayman (oblast data), Alabugina (experience in Maternity 4)
10.30-11.30	Impact of the Program on Training-Drs. Mackiyan and A.I.Reikhrud; Drs. FF. Antonenko, L.A. Nesvichonaia and
11.30-12.00	Demonstration of participatory training technique: brainstorming and group participation on subject of prevention of STIs. Dr. M. Sugak
12.00-12.30	Policy Changes (Rooming-in, rollout training plans, training certificate)-Drs. Burmistrova, Necheava
12.30-13.30	Youth Services Drs. Chaikina, Starivotiva Show youth video
13.30-14.30	Lunch
14.30-15.00	USAID sponsored Mass Media Campaign, Ms. Micky Birdy
15.00-15.30	Next Steps (Future training plans, policy changes) Drs. Gorshinova, Nechaeva
15.30-16.30	General Discussion
16.30	Closing Remarks, Certificates and Words of Appreciation

**Dissemination Conference
Collaborative Family Planning and Reproductive Health
Services Development Project
Vladivostok, November 3-5, 1997**

Wednesday, November 5

Field Visit to Ussuriysk: Dr. Trushina

9.00	Depart
10:00 - 12:30	Visit to newly established Ussuriysk Family Planning Center; tour and presentations by staff on improved service site, counseling and outreach on family planning and breastfeeding, and collaboration with local government and news papers.
13.00-14.00	Lunch
14.00-16.00	Visit to Ussuriysk Maternity Hospital for Rooming-in and breastfeeding
17.00	Depart

Participant List for Dissemination Conference

**Collaborative Family Planning and Reproductive Health Services Development
Project
Vladivostok, November 3-5, 1997**

Participants	Position	Location
1. Alexandra I Itzkovich	Far Eastern State Medical University, Head of Children's Diseases Dept.	Vladivostok
2. Fidalia F. Shafigullina	Medical School, Teacher	Lesozavodsk
3. Nina I Nechaeva	Oblast Health Department	Novosibirsk
4. Adelina I. Reikhrud	Oblast Basic Medical College, Teacher	Novosibirsk
5. Nikolai Kch. Makian	Oblast Family Planning Center, Director	Novosibirsk
6. Natalia N. Ostapenko	Far Eastern Branch of the International Foundation for Mother and Child Health Care, President	Vladivostok
7. Linda Ippolito	Senior Training and Technical Advisor, SEATS	USA
8. Irina G. Alabugina	Municipal Maternity Hospital #1, Head of Women's Consultation	Novosibirsk
9. Nelli M. Agamyan	Mayor's Office, Chief Ob/Gyn	Novosibirsk
10. George G. Peegnasty	Interpreter for the Project	Moscow
11. David O'Brien	Regional Director, SEATS	USA
12. Tatiana G. Stankevich	Health Department, Chief Ob/Gyn	Vladivostok
13. Micheal Berdy	Johns Hopkins University, Representative in Russia	USA
14. Alexandra G. Mukholtina	Organon, Medical Representative	Vladivostok

15. Margarita G. Sugak	Women's Consultation #7, Doctor	Vladivostok
16. Elena S. Lutsenko	Far Eastern State Medical university, Dept. Of Obstetrics and Gynecology	Vladivostok
17. Marina E. Mazurova	Women's Consultation #7, Doctor	Vladivostok
18. Ludmila S. Matushkina	Far Eastern State Medical University, Dept of Ob/Gyn, Assistant Professor	Vladivostok
19. Elena V. Ratchkova	Far Eastern State Medical University, Dept. Of Ob/Gyn, Assistant Professor	Vladivostok
20. Alexey P. Smirnov	Chief Ob/Gyn	Partizansk
21. Fedor F. Antonenko	Krai Family Planning and Reproductive Health Center, Chief Physician	Vladivostok
22. Lidia I. Konavalova	Central Regional Hospital, Women's Consultation, Children/Adolescent Gynecologist	Lesozavodsk
23. Valentina A. Bondarchuk	Maternity Hospital	Arseniev
24. Asia A. Abrashina	Maternity hospital #3, Women's Consultation	Vladivostok
25. Natalia L. Shushentieva	Central Municipal Hospital, Women's Consultation	Lesozavodsk
26. Alexandr A. Ivaschenko	Municipal Maternity hospital	Nakhodka
27. Anna P. Chaikina	Krai Family Planning Center, Head of "Marriage and Family" Department, Children/Adolescent Gynecologist	Vladivostok
28. Alexandr N. Zhelunov	Municipal Hospital, Deputy Chief Physician	Spassk-Dalniy
29. Lidia A. Trushina	Family Planning Center, Chief Physician	Ussuriysk

30. Ludmila V. Atchkasova	Medical College, Teacher	Vladivostok
31. Marina V. Viriasova	Medical College, Teacher	Vladivostok
32. Raisa F. Yakovleva	Maternity Hospital, Doctor	Artyom
33. Galina F. Pogorelova	Krai Maternity Hospital, Deputy Chief Physician	Vladivostok
34. Tamara M. Makarova	Krai Maternity Hospital, Neonatologist	Vladivostok
35. Alexandr G. Korolev	Municipal Children's hospital, Head of Neonatal Dept.	Vladivostok
36. Svetlana M. Poddubnaya	Health Committee, Chief Pediatrician	Blagoveschensk
37. Elena A. Blunyuk	Municipal Maternity Hospital, Head of Obstetrical Center	Blagoveschensk
38. Irina S. Ishina	Maternity Hospital #3, Women's Consultation	Vladivostok
39. Svetlana V. Palganova	Women's consultation, Head	Spassk-Dalniy
40. Ludmila A. Nesviachenaya	Krai Family Planning and Reproductive Health Center	Vladivostok
41. Larisa B. Petrosian	USAID, Project Coordinator, Dept of Environment and Health	Moscow
42. Olga F. Cherniakina	Family Planning Center, Chief Physician	Novosibirsk
43. Nelli N. Perelstein	Far Eastern State Medical University, Dept of Pediatrics, Postgraduate Medical Education, Head of Training Course	Vladivostok
44. Valentina A. Miroshchichuk	Far Eastern State Medical University, Head of Pediatrics Department	Vladivostok
45. Valeriy N. Prikhodko	Krai Administration, Head of Health Department	Vladivostok
46. Tatiana I. Burmistrova	Krai Administration, Head of Maternity and Child Health	Vladivostok

47. Ludmila A. Grigorieva	Far Eastern State Medical University, Assistant Professor	Vladivostok
48. Lali E. Beitrishvili	Consultant, MotherCare Project	Tbilisi
49. Evgenia V. Shutka	Krai Maternity Hospital, Doctor	Vladivostok
50. Margarita V. Zuga	Krai Clinical and Diagnostic Center, Doctor	Vladivostok
51. Evgeniy I. Gorkushin	Polyclinic #7, Chief Physician	Vladivostok

List of Abstracts and Papers
SEATS/MotherCare/Russia Dissemination Conference

Review of Activities under Joint Project in the Area of Family Planning Service Development and Reproductive Health, Their Importance for Novosibirsk Oblast and Implications for Service Delivery by N.I. Nechaeva, Novosibirsk Oblast

Implementation of SEATS/MotherCare Project in Primorsky Krai by N.N. Ostapenko, Primorsky Krai

Client-centered Approach and Results of Focus Group Research by L.A. Ippolito and L. Beitrishvili, SEATS/MotherCare

Impact of USAID Women's Reproductive Health Program on Training of Specialists in Primorsky Krai F.F Antonenko and L.A. Nesvyachenaya, Primorsky Krai

Prospects for Future Implementation of "Family Planning and Reproductive Health" Program (Revised Policy) by G.P. Gorshunova and T.I. Burmistrova, Primorsky Krai

Contraception for Youth by A.P Chaikina, Primorsky Krai

Youth Problems by O. Chernyakina, Novosibirsk Oblast

QUESTIONNAIRE "WHAT DO YOU KNOW ABOUT PREGNANCY PREVENTION (CONTRACEPTION)?" By Municipal Center of Family Planning and Reproductive Health Family Planning Association, Novosibirsk Oblast

Program of Education and Training of Specialists for the Family Planning Service in Novosibirsk Oblast by N. Kh. Makiyan, Novosibirsk Oblast

Impact of the Program on Breast-feeding / Lam Under the Setting of Rerinal Center by I.G.Alabugina, Novosibirsk Oblast

Impact of the Program on Service Delivery by N.Kh.Makiyan, Novosibirsk Oblast

**Impact of the Project on Curriculum at Educational Institutions of Novosibirsk by
A.I.Reikhrud, Novosibirsk Oblast**

**Rooming-in, Breast-Feeding and Lactational Amenorrhea Method Experience
Gained in Novosibirsk by N.M. Agayman**

Local Dissemination through Newspapers

Newspaper: *Communar*,

**Your Health by A.A. Skiruta: "Remember: Tomorrow There Will Be Another
Day for Medicine (Saturday - August 30, 1997)**

"Your Health A Wanted Child – Joy for Lifetime" (Thursday - October 9, 1997)

Newspaper: *Press Club*

"My Family" (Thursday – August 28, 1997)

"School for Future Mothers" (No date)

Contact List

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Liese Sherwood-Fabre, Senior Women's Health Advisor, Office of Environment and Health

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Novosibirsk Health Administration

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Dr. Nikolai Mackiyan, Director Novosibirsk Oblast FP Center

Dr. Nellie Agayman, Chief Ob/Gyn, Novosibirsk City

Dr. Oleg Pekarev, SEATS project coordinator

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Dr. Ludmila Gorenkova

Kuybyshev FP Center and Maternity Ward

Dr. Mikhail Bukarev

Dr. Lyudmila Starivotiva

Dr. Tamara Brega

Dr. Olga Ketova

Dr. Tatyana Kukushkina

Refresher College for Mid-level Practitioners

Dr. Larisa Gorbatenkova

Dr. V. Baboshkina

Dr. Ludmila Kokovihina

Dr. Nina Vedernikova

Medical College No. 1

Dr. Vladimir Yergonov

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Gynecological Hospital #1

Dr. Yershov
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Dr. Lyudmila Peeven

Women's Consultation #1

Dr. Galina Yemelyanova
Dr. Natalia Fedorova

Maternity # 4

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Dr. Irina Alabugina
Dr. Vera Serova, Newborn Department
Dr. Tatyana Kokina
Dr. Tatyana Voydovskaya

Berdsk Youth Center

Olga
Tatyana
Alexina
Ina

Primorsky Krai Administration Board of Public Health

Dr. Valery N. Prikhodko, Chief of the Board
Dr. Gallina Gorshunova, Deputy Chief
Dr. Tatiana Burmistrova, Krai Chief Pediatrician/Neonatologist
Dr. Tatiana Stankevich, Krai Chief Ob-Gyn
Dr. Natalya Ostapenko, Head, Maternal Child Health Fund

Primorsky Krai Regional MCH Clinical Center

Dr. Feodor Antonenko, Director (also Professor, Vladivostok State Medical University)
Dr. Ludmilla Nesvichonaia, Head, Krai Family Planning Center
Dr. Anna Chaikina, Project Trainer

Maternity House #3

Dr. Andrei Griban, Chief Doctor
Dr. Yuri Ishpaktin, Chief Ob-Gyn
Dr. Ludmilla Grigorieva
Irina Ishina, FP room

Marina Gotsuba

Pevorechensky Women's Consultation

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SEATS/ MotherCare Primorsky Krai Project)

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Natasha

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Lesozavodsk

Sergei , Mayor of Lesozavodsk

Lesozavodsk Medical School

Dr. Faina Shafikulina

Lesozavodsk Maternity House

Dr. Tatiana Korzun

Lesozavodsk Women's Consultation

Dr. Natalia Shuliateava

Other

Claire Hughes, British Know How
Dr. Irina Eramova, AVSC/Russia (September visit)

UNESCO

Carin Berg, Representative

UNICEF

Dr. Gianni Murzi, Representative
Tatyana Shoumilina, Programme Officer

UNFPA

Arthur Erkin, Desk Officer

Table No. 1: Resources: Provision of Equipment and Materials				
ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
TRAINING EQUIPMENT				
Zoe pelvic models	20	10	10	Family Planning skills training; Training Of Trainers then distributed to Target Training Institutions and clinical training sites
Hand-held uterine models	120	60	60	FP skills training; TOT; TTIs & FP skills roll-out training
Overhead projector (220v)	10	5	5	TTIs and FP roll-out skills training
TCU 380A Copper IUDs	98	98	0	Training
Betadine solution 16 oz.	20	10	10	FP skills and roll-out training; TTIs
Chloromine powder, 8 oz.	14	7	7	FP skills and roll-out training; TTIs
Bucket for instruments	2	1	1	FP skills and roll-out training; TTIs
Surgical gloves (medical; non-sterile latex)	6 boxes	3 bxs.	3 bxs.	FP skills and roll-out training; TTIs
Sharps disposal units	2	1	1	FP skills and roll-out training; TTIs
Extra bulbs: overhead	60	30	30	TTIs and FP roll-out skills training
Slide projector (220v)	10	5	5	TTIs and FP roll-out skills training
Lens for slide projector	10	5	5	TTIs and FP roll-out skills training
Slide Trays	30	15	15	TTIs and FP roll-out skills training
Extra lamps Slide Projector	40	20	20	TTIs and FP roll-out skills training
Extension Cords/Surge Protectors	2	1	1	TOT and FP roll-out skills training

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
TRAINING MATERIALS				
Infection Prevention publications (JHPIEGO)	18			Reference manual: 3 English; 3 Russian Course Handbook: 3 English; 3 Russian Trainer's Notebook: 3 English
Contraceptive Technology Update books (Hatcher; Russian edition)	2100	1050	1050	FP skills and roll-out training; Target Training Institutions
IUD Reference Manual (JHPIEGO; Russian edition)	45	22	22	TOT participants; 2 copies for trainers and translators; extras to TTIs for roll-out training
IUD Participant Course Book (JHPIEGO; Russian edition)	45	22	22	TOT participants; 2 copies for trainers and translators; extras to TTIs for roll-out training
IUD Trainers Handbook (JHPIEGO; Russian edition)	45	22	22	TOT participants; 2 copies for trainers and translators; extras to TTIs for roll-out training
Pocket Guide for FP Service Providers (JHPIEGO; Russian edition)	100	50	50	Distributed by trained trainers in co-facilitated FP roll-out skills training in early 1997
Postabortion care video (JHPIEGO); Russian	2	1	1	Training
Infection prevention video (JHPIEGO); Russian	2	1	1	Training
"How to plan your family"; (AVSC; Counseling flipcharts)	360	180	180	Clinical sites; TTIs and roll-out training
Contraceptive Technology slide sets (SEATS)	10	5	5	TTIs and used for roll-out training

Table No. 1: Resources: Provision of Equipment and Materials				
ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
Overhead transparency sets on training (SEATS/JHPIEGO)	10	5	5	TTIs and used for roll-out training

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
IEC MATERIALS FOR (“EXPERIMENTAL”) SERVICE DELIVERY SITES				
Population Reports (Russian): - IUD, condom, low-dose pills, counseling, female sterilization	400	200	200	CTU conference; distributed by trained trainers in co-facilitated FP skills roll-out training in early 1997
Video player	1	1	0	For new pilot site Berdst (instead of slide projector and overhead projector), which will be the equipment for client IEC activities
Sets of PCS counseling cue cards on contraceptive methods in Russian	100 sets	50	50	For trainers at the TOT
Additional PCS Counseling Cue Cards - Set of 8 (Russian; provided by PCS)	300 sets	150	150	For skills training at TOT; then distributed by trained trainers in co-facilitated FP roll-out skills training in early 1997
“Contraceptive Services for the Postpartum and Postabortion Woman” (article in Russian)	100	50	50	For trainers at the TOT
“Women’s Reproductive Rights” (article in Russian)	100			
“What we have learned from recent IUD studies” (article in Russian)	100			
“Progestin only oral contraceptives: its place in postpartum contraceptives” (article in Russian)	100			

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
“Using syndrome-based STD treatment” (article in Russian)	100			
“What you should know about STDs” (article in Russian).	100			
“Prevention of STDs: The challenge of changing behaviors” (article in Russian)	100			
“The pill is safe” (article in Russian)	100			
“Contraception and the adolescent” (article in Russian)	100			
“Comparing quality of care with contraceptive access” (article in Russian)	100			
“STD/AIDS prevention: new challenges for FP programs” (article in Russian)	100			
“Postpartum options: matching the methods to individual needs” (article in Russian)	100			
“Quality contraceptive services for adolescents: focus on interpersonal aspects for client care” (article in Russian)	100			

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
“Quality of care framework in family planning” (Bruce; article in Russian)	100			
Felicity Savage King breastfeeding book (in Russian)	120	60	60	
“Breastfeeding: Protecting a natural resource” (video in Russian)	6	3	3	
“Guidelines for breastfeeding, family planning, and LAM” (video in Russian)	6	3	3	
Guidelines - BF, FP, and LAM, in Russian	120	60	60	
LAM/Breastfeeding brochure (IRH; in Russian)	120	60	60	
“Breastfeeding in the first 6 months, no need for extra fluids” (article in Russian)	120			
“The LAM: a postpartum introductory family planning method with policy and program implications” (article)	120			
Breastfeeding cue cards	120	60	60	
“Infant feeding issues for Women’s reproductive health” (presentation)	120	60	60	

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
“LAM, child spacing and intrapartum breastfeeding support” (presentation)	120	60	60	
“Breastfeeding practices and their clinical context” (presentation)	120	60	60	
LAM/Breastfeeding slides (copies)	360	180	180	

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
EQUIPMENT FOR ("EXPERIMENTAL") SERVICE DELIVERY SITES				
#2 IUD insertion kits	50	30	20	Clinical sites
Ob/gyn table for examinations	1	1	0	Establishment of the Novosibirsk Oblast FP Center (under Dr. Mackiyan)
Ob/gyn lamp for exams	1	1	0	Establishment of the Novosibirsk Oblast FP Center
Ob/gyn stool	1	1	0	Establishment of the Novosibirsk Oblast FP Center
Ob/gyn instrument table	1	1	0	Establishment of the Novosibirsk Oblast FP Center
Ob/gyn screen for privacy during exams	1	1	0	Establishment of the Novosibirsk Oblast FP Center
Ob/gyn scale	1	1	0	Establishment of the Novosibirsk Oblast FP Center
TRAINING SUPPLIES				
Flipchart stands	10	5	5	TOT, then TTIs
Flipchart pads	120	60	60	10 for Novo TOT 10 for each TTI in Novo Oblast 10 for Vlad TOT 10 for each TTI in Primorski Krai
Flipchart markers	50 sets	25	25	5 sets for Novo TOT 4 sets to each TTI, Novo Oblast 5 sets for Vlad TOT 4 sets to each TTI in Primorski Krai
Overhead transparencies	30 boxes	15	15	TOT; FP skills training in early 1997
Markers for overhead transparencies	50 sets	25	25	5 sets for Novo TOT 4 sets to each TTI, Novo Oblast 5 sets for Vlad TOT 4 sets to each TTI in Primorski Krai

Table No. 1: Resources: Provision of Equipment and Materials

ITEM	TOTAL #	BREAKDOWN		IMMEDIATE USE AND EVENTUAL DESTINATION
		NOVO	P.K.	
Blank certificates	8 packs	4	4	TOT; FP roll-out skills training
Three-ring binders	160	80	80	TOT; FP roll-out skills training
Hole punch	2	1	1	TOT; FP roll-out skills training
Pens	40	20	20	TOT; FP roll-out skills training
Pads of paper	36	18	18	TOT participants
Sheet protectors	26	13	13	TOT; FP roll-out skills training
Masking tape	30 rolls	15	15	10 for TOT; 2 for each TTI and FP roll-out skills training
Index cards	30 packs	15	15	10 for TOT; 2 for each TTI and FP roll-out skills training
Name tags	4 boxes	2	2	TOT and FP roll-out skills training
Post-it notepads	40	20	20	TOT; FP roll-out skills training

External Technical Assistance by Activity

**SEATS/MotherCare/Russia
John Snow, Inc. (JSI)**

**Introductory and Initial Assessment Visit
August 1996**

Dr. Laurel Cappa
SEATS Deputy Director

Mr. David O'Brien
SEATS, Regional Director, Asia/ Near East

**Needs Assessment and Program Design Visit
October-November, 1996**

Ms. Colleen Conroy
MotherCare, Deputy Director

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

Mr. David O'Brien
SEATS, Regional Director, Asia/ Near East

Dr. Peg Marshall
MotherCare consultant: Breast-feeding/LAM [via American College of Nurse-Midwives (ACNM)]

**Launch Conference on Contraceptive Technology, Family Planning and
Reproductive Health**

Novosibirsk Oblast, February 19 - 22, 1997

Primorsky Krai, February 27 - March 1, 1997

Mr. Bill Brady
SEATS consultant for STDs/HIV prevention and treatment (via MotherCare)

Dr. Kelly O'Hanley
SEATS Consultant for Contraceptive Technology

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

Dr. Elena Stroot
MotherCare consultant for Breast-feeding and LAM (via subcontract with Institute
for Reproductive Health, Georgetown University)

**Focus Group Research
Novosibirsk Oblast and Primorsky Krai**

Dr. Elena Perysheva
SEATS/MotherCare consultant researcher
Moscow University

Dr. Irina Gorshoti
SEATS/MotherCare consultant researcher
Moscow University

**Intensive Training in Family Planning and Reproductive Health
Novosibirsk Oblast**

Physicians: May 13 - 23, 1996

Mid-level service providers: May 27 - June 5, 1996

Dr. Leila Beitrishvili
MotherCare consultant: Breast-feeding/LAM trainer and program monitor

Dr. Sara Danner
MotherCare consultant Breast-feeding/LAM Trainer
(via subcontract with ACNM)

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

Marina Kiseliova
SEATS consultant: OB/GYN clinical trainer for mid-level training (via AVSC
subcontract)

Dr. Tatiana Sansinger
SEATS consultant: OB/GYN clinical trainer for physician training (via AVSC
subcontract)

Ms. Nina Schwabe
Workshop Advisor and Coordinator

AVSC Country Director for Russia (via AVSC subcontract)

Ms. Sue Schneider
SEATS consultant: counseling trainer (via PATH subcontract)

Dr. Simone Serbu
SEATS consultant: counseling trainer (via AVSC subcontract)

Dr. Bruce Steer
SEATS OB/GYN consultant trainer

**Intensive Training in Family Planning and Reproductive Health
Primorsky Krai**

Physicians: June 3 - 13, 1996

Mid-level service providers: June 17 - 26, 1996

Irina Bairamova
SEATS consultant OB/GYN clinical trainer (via AVSC subcontract)

Dr. Leila Beitrishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Dr. Irina Tishaeva
SEATS consultant: counseling trainer (via AVSC subcontract)

Dr. Jan Shephard
SEATS OB/GYN consultant trainer

Mr. Carlos Ugarte
SEATS consultant: counseling trainer (via PATH subcontract)

**Service Statistic Systems Establishment and Monitoring Visit to Pilot Sites
Novosibirsk Oblast, June, 1996**

Mr. Peter Wondergem
SEATS Technical Advisor, Management Information Systems

**Service Statistic Systems Establishment and Monitoring Visit to Pilot Sites
Primorsky Krai, June, 1996**

Ms. Carolyn Vogel
SEATS Technical Coordinator, Management Information Systems

**Pilot Site Monitoring, Training Follow-up, On-the-job Training
Novosibirsk Oblast, October 11- 18, 1996**

Dr. Leila Beirishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Ms. Nancy Pendarvis-Harris
Director, SEATS

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

Dr. Natalia Samedova
SEATS OB/GYN Clinical/Master Trainer

**Pilot Site Monitoring, Training Follow-up, On-the-job Training
Primorsky Krai, November 2 - 9, 1996**

Dr. Leila Beirishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Mr. David O'Brien
SEATS, Regional Director, Asia/ Near East

Ms. Nancy Pendarvis-Harris
Director, SEATS

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

**Training of Trainers Workshop and Curriculum Development Meetings
Novosibirsk Oblast, October 22 - 27, 1996**

Dr. Leila Beirishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Ms. Linda Ippolito
SEATS, Senior Technical Advisor, Quality of Care and Training

Dr. Natalia Samedova
SEATS OB/GYN Clinical/Master Trainer

**Training of Trainers Workshop and Curriculum Development Meetings
Primorsky Krai, November 11 - 16, 1996**

Dr. Leila Beitrishvili

MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Ms. Linda Ippolito

SEATS, Senior Technical Advisor, Quality of Care and Training

Dr. Gilberte VanSantijan

SEATS OB/GYN Consultant trainer

**Roll-out Workshops on Family Planning and Reproductive Health
Novosibirsk Oblast, January - February 1997
Primorsky Krai, February - March, 1997**

- ▶ Obstetrician/ Gynecologists: 6-days multi-contraceptive method family planning course including counseling, a module on breast-feeding, rooming-in and LAM
- ▶ Neonatologists and pediatricians: 5-days: breast-feeding, rooming-in, LAM, and module on other post-partum contraceptive methods
- ▶ Midwives, nurses, feldchers: 9-day multi-contraceptive method family planning course including counseling breast-feeding, rooming-in, and LAM

Dr. Leila Beitrishvili

MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Dr. Natalia Samedova

SEATS OB/GYN Clinical/Master Trainer

**SEATS/MotherCare Project Assessment
Novosibirsk Oblast, May 1997**

Dr. Leila Beitrishvili

MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Dr. Laurel Cappa

SEATS Deputy Director

Ms. Joan Haffey

SEATS Senior Technical Advisor

Program for Appropriate Technology in Health (PATH)

**SEATS/MotherCare Project Assessment
Primorsky Krai, May 1997**

Dr. Leila Beitrishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Dr. Laurel Cappa
SEATS Deputy Director

Ms. Joan Haffey
SEATS Senior Technical Advisor
Program for Appropriate Technology in Health (PATH)

**Project Dissemination Conference
Novosibirsk Oblast and Primorsky Krai (venue: Vladivostok), October - November
1997**

Dr. Leila Beitrishvili
MotherCare consultant: Breast-feeding/LAM Trainer and program monitor

Ms. Linda Ippolito
SEATS Senior Technical Advisor for Quality and Training

Mr. David O'Brien
SEATS Regional Director, Asia Near East Region

SUMMARY OF TRAINING OUTPUTS
NOVOSIBIRSK OBLAST & PRIMORSKY KRAI

Background:

During the 21 month period from February 1996 through November 1997, SEATS/MotherCare Russia will have conducted 16 workshops and seminars, three rounds of on-the-job training at ten clinical sites, training follow-up visits at clinical sites and training institutions, and technical assistance and material support to more than 20 clinical service delivery sites and target training institutions. The number of sites to which the program has now expanded is approximately double the number targeted at the outset of the SEATS/MotherCare Russia project.

Specific SEATS/MotherCare training activities have included:

- two seminars on contraceptive technology and reproductive health (including quality of care, breastfeeding and prevention and treatment of STDs and HIV);
- four workshops on skills for family planning and reproductive health,
- two workshops for training of trainers,
- five roll-out workshops by trained trainers, with support from SEATS/MotherCare, and
- one Dissemination Conference.

On-the-job training has included concepts of family planning and counseling practices well as MIS and program monitoring. In addition, SEATS/MotherCare has developed a training strategy incorporating clinical sites and training institutions, and conducted curriculum development meetings to strengthen future training.

Accompanying SEATS/MotherCare activities has been the provision of service delivery and training equipment and supplies, as well as logistical support for the provision of contraceptives to all its clinical sites and target training institutions.

Training Outputs, 1996:

203 certificates awarded (complete four day attendance) (total attendance 375)

- 2 4-day conferences: Update on contraceptive and reproductive health technology, introduction to models for quality and the client-centered approach, counseling, breastfeeding support, and STD/HIV prevention and treatment.

85 trained (40 physicians)

- 4 10-day workshops Intensive Skills for Family Planning and Reproductive Health Service Provision@

25 trained (23 physicians)

- Training skills for trainers in FP/RH

Training Outputs, 1997:

140 trained (96 physicians)

- Seven roll-out workshops by SEATS/MotherCare trained trainers:
 - two 6-day workshops on FP/RH for OB/GYNs;
 - two 5-day workshops on RH/FP for neonatologists and pediatricians;
 - three 8-day workshops on FP/RH for mid-level practitioners: midwives, nurses and feldshers.

47 attended

- Dissemination Conference

Cascade Training (conducted and reported by Russian counterparts)

875 trained

- Short sessions (1 -3 hours) on various topics FP/RH, through cascade training events by those trained in formal SEATS/MotherCare workshops.



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