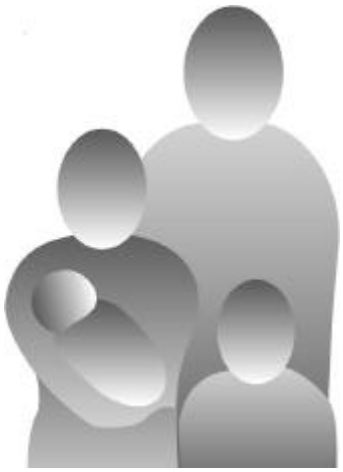

Annual Report

October 1, 1999 – September 30, 2000

Workplan

October 1, 2000 – September 30, 2001

CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH PROGRAM

Cooperative Agreement
CCP-A-00-95-00022-02

Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709

Submitted to:
Office of Population, Research Division
United States Agency for International Development

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INTRODUCTION

In August 1995 the Office of Population, Research Division of the United States Agency for International Development awarded a cooperative agreement[1], entitled "Contraceptive Technology and Family Planning Research," to Family Health International. Separate fiscal year Workplans and Annual Reports have subsequently been prepared annually to summarize planned activities and accomplishments under this program. This document combines the FY'00 Annual Report and the FY'01 Workplan. It provides both a comprehensive picture of 138 completed or on-going USAID funded (or co-funded) subprojects in the period October 1, 1999- September 30, 2000, as well as reports on the plans for all the on-going or newly proposed USAID-funded subprojects in FY'01.

FHI has also chosen to incorporate into this report information on many of its reproductive health projects that are funded by sources other than USAID. By including these projects, the extent and breadth of FHI's work can be better illustrated and understood. Many of these activities extend and enhance the USAID-funded work in contraceptive technology, and constitute a non-USAID contribution to the Cooperative Agreement. There are 76 subprojects described in this report that were, or are now, funded exclusively with funds provided by foundations, international donor organizations, and other cooperating agencies. Combined with the completed, on-going and newly proposed USAID subprojects during this same two-year timeframe, there are a total of 251 individual subprojects detailed in this Report.

Background on FHI and the Contraceptive Technology and Family Planning Research Program

With 30 years of leadership in reproductive health, FHI's mission is to improve the well-being of populations worldwide through research, education and services in family health. The Contraceptive Technology and Family Planning Research Cooperative Agreement is a component in achieving this mission, with its primary goal being to enhance the freedom and abilities of women and men in the developing world to choose voluntarily the number and spacing of their children.

The need to base contraceptive program decisions on sound research was recognized by USAID soon after the Office of Population was founded. FHI was established in 1971 to provide USAID with the data needed to make important decisions concerning the purchase and provision of contraceptives for its programs in developing countries. Family Health International has since worked in over 100 countries carrying out joint research programs to improve the safety, efficacy, acceptability, affordability and correct use of nearly every contraceptive method currently in use. Many leads for new methods have been explored and careful study undertaken to evaluate the more promising technologies. During this process, FHI worked closely with the following international health and development organizations: USAID and its overseas Missions and cooperating agencies (CAs), the World Health Organization (WHO), the Pan American Health Organization (PAHO), the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the United Nations Population Fund (UNFPA), and a host of other agencies working in related areas. With leadership and scientific expertise from USAID and NIH, the US government has played an increasingly significant role in supporting new contraceptive research and development,

[1] When first awarded, the Cooperative Agreement number was CCP3079-A-00-5022-00. It was changed to CCP-A-00-95-00022-02 in FY''7 to conform to USAID'' new numbering system.

as U.S. pharmaceutical companies have reduced their efforts to develop new contraceptives. In implementing its USAID-funded contraceptive development research program, FHI works around the world with national and local governments as well as with nongovernmental organizations. FHI also works frequently works with small, private companies that have innovative leads. FHI then provides the technical assistance and carries out or monitors the research which is required for the approval of new methods by the United States Food and Drug Administration (USFDA)–a prerequisite for USAID purchase of commodities for its developing country service delivery programs.

FHI also works with other USAID cooperating agencies and international organizations involved in contraceptive development. For example, FHI is providing support in biostatistics and data management to several new contraceptive studies sponsored by the Contraceptive Research and Development Program (CONRAD) and In FY'00 provided technical assistance to the Population Council on a microbicide study in South Africa.

Because many questions in contraceptive service provision can not be addressed adequately through clinical research, FHI's role has expanded over the years to include a "social science" or programmatic research component. Programmatic research at FHI provides additional insights on provider and consumer behavior that complement clinical studies and are responsive to the needs of service programs at the country level. This includes, for example, ways to improve adherence to method use regimens and enhance the acceptability of new methods. In recent years, FHI has formed closer linkages with other divisions in the Office of Population, including the Family Planning Services Division, the Commodities and Logistics Management (CLM) Division and the Information and Training Division. FHI has also worked closely with the Office of Population and other CAs to incorporate a stronger gender perspective into its work and to develop and implement a strategy aimed at maximizing access to and improving the quality of family planning services.

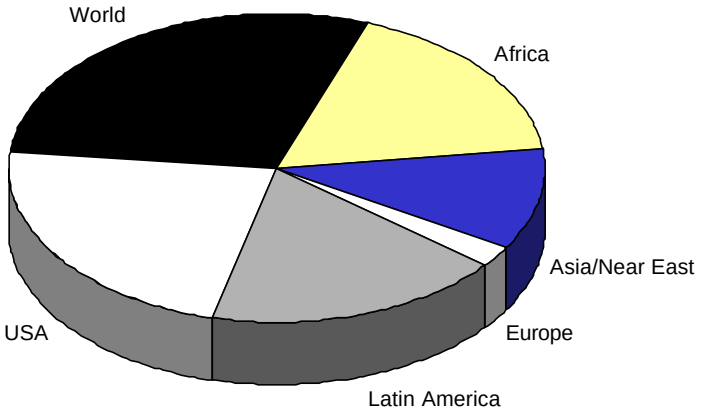
Responding to the worldwide epidemic of human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs), FHI continues to focus increasing attention on developing and evaluating barrier methods and spermicides. Research that can provide further insights into how to best improve the acceptability and consistent use of current and new barrier methods continues to be conducted. FHI is playing a lead role in efforts to assess the feasibility and impact of dual protection strategies that aim to prevent both unwanted pregnancy and STI/HIV infections. Efforts to find a microbicide that will lessen the risk of STIs also continue. In addition, USAID has asked FHI to carry out a program of research and quality surveillance, including evaluation of the integrity of latex condoms stored under specified conditions, both in the laboratory and in actual use. Improved quality surveillance has the potential for significantly reducing wastage associated with poor storage conditions.

FHI's strong research program would have limited value unless the results of the research are widely shared and ultimately used in decision-making by policymakers, health care providers, and those making reproductive health care choices. For this reason, the emphasis FHI has placed on assuring research utilization has grown over the years. FHI has developed a strong in-house capacity in print and electronic dissemination, educational design, and health education and training. In the past few years the importance of widespread dissemination of results through peer reviewed journals has received renewed attention and increased use has been made of the Internet and CD-ROM technology. FHI has increased its efforts to work collaboratively with service CA's to assure that research results have direct input into program design, implementation and scale up.

FHI strives to have a balanced research portfolio and agenda with a broad relevance to programs worldwide, as well as to particular program needs in specific countries. FHI recognizes the importance of country-level input, as well as central input, when setting global research and development priorities. FHI remains responsive, as resources permit, to requests from USAID Missions around the world, giving emphasis to those countries designated as priority by the Office of Population. In FY'00, the geographic distribution of FHI's program is reflected in the following graph:

Program Highlights

FY'00 Subprojects by Geographic Region

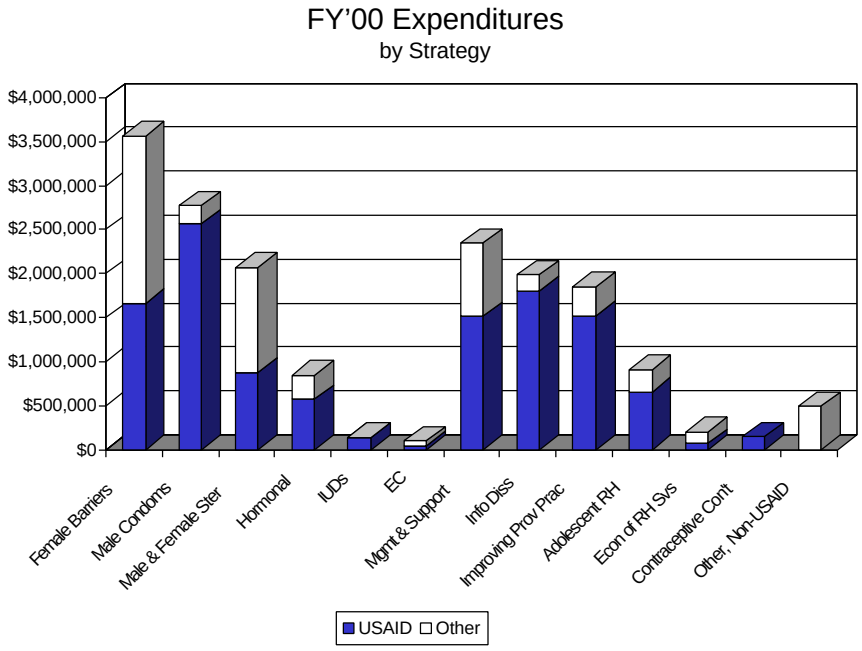


Family Health International is somewhat unique among collaborating agencies in the degree to which it has US-based subprojects. This fits, however, with the Contraceptive Technology's Cooperative Agreement mandate to develop new and improved contraceptive methods. It is generally necessary, as well as desirable, to conduct at least some of the research in the U.S. in order to obtain USFDA approval of such methods. Also, some of the more demanding epidemiological studies, several of which are cofunded by the NIH, are also best done in the U.S. Lastly, all statistics and data management support provided by FHI to CONRAD is done by FHI/NC staff and hence is included in the count of U.S.-based subprojects.

The number of subprojects categorized as U.S.-focused in FY'00 was roughly equal to the number of Africa-focused subprojects. In comparison to the same pie chart shown in FHI's FY'99 Annual Report, the proportion of U.S.-focused subprojects has diminished somewhat over the past year. The portion of subprojects focused on Latin America, Asia/Near East and Europe (the latter largely WHO-affiliated) remained relatively stable. The proportion of subprojects focused either in Africa or in multiple countries and/or with an international-focus grew slightly.

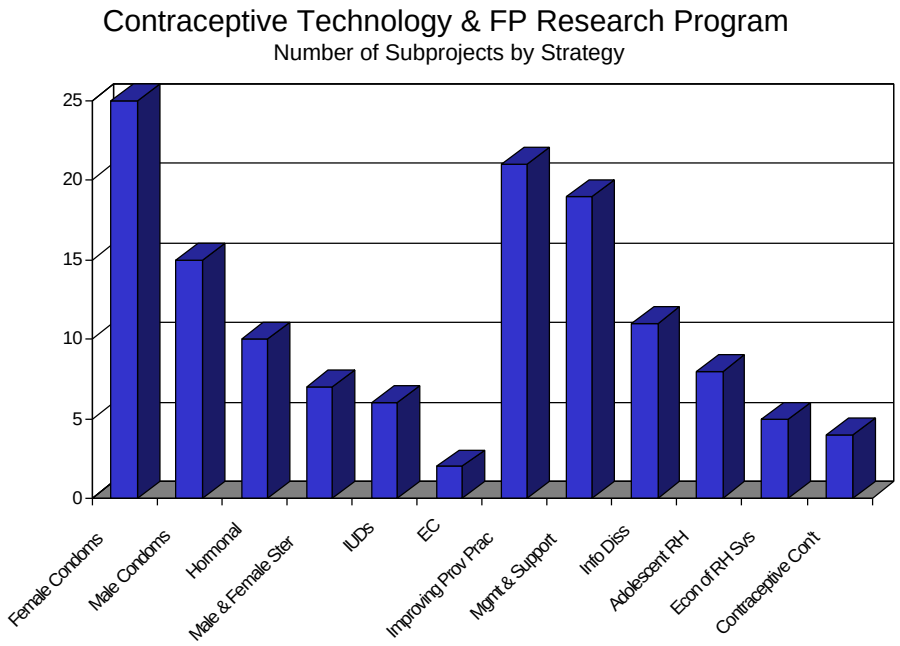
A pie chart of FHI's FY'01 subprojects would look very similar to the one shown above for FY'00. The only notable anticipated change in FHI's geographic distribution of subprojects is that the number and proportion of subprojects in Latin America is expected to decline slightly. Whereas last fiscal year there were close to forty subprojects active in Latin America during

part or all of the year, it is expected that there will be about 25 FHI subprojects active in the region during FY'01. That represents roughly a 5% drop in the representation of Latin America subprojects in FHI's contraceptive technology and family planning program. The continued focus on Africa is consistent with the emphasis on barrier method research, since Africa is the part of the world most seriously affected by the HIV/AIDS epidemic.



The above graph provides an overview of FHI's FY'00 expenditures grouped by both strategy and source of funding, based on the subprojects included in this report. IMPACT and other subprojects funded within the HIV/AIDS Department or within the HIV Prevention Trial group are excluded from the report. As shown, more was spent in FY'00 on work related to female barrier methods – which includes the female condom, spermicides, microbicides and some dual method research—than was spent on work in any other strategy area. Expenditures for male condoms were separated by slightly less than one million dollars in expenditures; all others were separated by at least 1.5 million dollars.

While NIH and private foundations contributed significantly to FHI's FY'00 work in female barriers, it is important to note that USAID's contribution is understated in this category. That is because "other" funding includes monies received directly from other collaborating agencies. In the case of female barriers, FHI had several FY'00 subprojects for which they received funding directly from CONRAD or the Population Council; the original source of these funds, however, was USAID. By contrast, in the area of male and female sterilization, all "other" funding came from private foundations. Overall, in comparison to the previous year, FHI's contraceptive technology and reproductive health program saw a notable increase in the level of non-USAID expenditures in FY'00.



For the year ahead, subprojects in male and female barriers will continue to dominate FHI's Contraceptive Technology and Family Planning Research Program. Efforts to maximize access and quality of services, grouped largely under the improving provider practices strategy, will also loom large.

Organization of This Report

The following report describes FHI's FY'00 program and FY'01 planned activities both under the Contraceptive Technology and Family Planning Research Cooperative Agreement and under private and corporate funds. Following this introduction, qualitative reports on each subproject are organized under various strategy headings, as requested by USAID. Family Health International, in conjunction with USAID, has identified these areas as ones where our contraceptive technology and family planning resources should be concentrated and efforts coordinated. Many of these strategies are method specific, namely:

- Female Condom
- Male Condom
- Barrier Methods Other Than Condoms
- Hormonal Contraceptives
- Emergency Contraception Pills
- Male & Female Sterilization
- Intrauterine Device (IUD)

In addition, there are four other areas of interest that cut across method areas and that were recognized as significant and deserving of FHI's further attention and a coordinated approach. These are:

- Improving Provider Practices
- Contraceptive Continuation

- Adolescent Reproductive Health
- Economics of Reproductive Health Services

Lastly, there are a mix of subprojects that serve either an information dissemination or a management, development, and program support function. These are not part of any individual strategy but serve to support other subprojects and the program's overall goals. There are also a variety of subprojects that are not funded by USAID but that remain an integral part of FHI's reproductive health efforts. This grouping includes subprojects funded with FHI's corporate funds, sometimes for the purpose of strengthening our experience in specific areas such as reproductive health among refugee populations. These groupings of subprojects are cited last in the report under the headings:

- Information Dissemination
- Program Management and Support
- Non-USAID, Other

Subprojects are reported only under one strategy. If they are identified with a particular contraceptive method, they are grouped with that method --even if they also relate to one or more of other more general strategy areas. Within the strategy areas, an effort has been made to group subproject reports in a logical order so those that address similar or sequential objectives appear together.

Because it is often important to know what FHI is doing in any one country or region, an Appendix is provided which lists subprojects according to a geographical grouping. A "worldwide" category is used for those subprojects carried out in multiple geographic regions and/or whose clear primary purposes are to have a global impact. The index at the back of the report, which provides a listing of all final cost objective (FCO) numbers, subproject titles and affiliated page numbers should also prove useful to readers seeking to locate any one particular report. The following table provides key terms that are used in the individual subproject reports:

Collaborating Agency:	A USAID cooperating agency, a private or governmental group, or a nongovernmental organization (NGO) with which FHI is working in partnership and which is providing additional financial or technical services to the subproject.
Subgrantee:	Institution(s) or organization(s) designated by FHI as responsible for executing some or all of the activities described in the subproject. A Subagreement generally exists between FHI and the named party. In past FHI reports, the term "implementing agency" was used in the same manner.
Final Cost Objective (FCO):	The accounting number assigned by FHI's Contracts and Grants Office. It indicates a specific source of funding for a particular subproject. This is the key unit for all financial reports.
Subproject:	An activity within the Cooperative Agreement that has specific objectives and outputs. It usually is assigned only one FCO. Multiple FCOs are necessary, however, if multiple funding sources are involved. Examples of subprojects are individual clinical trials, survey research studies, workshops or training efforts, major publications and regulatory or management support.
Total Approved Budget:	The most recently approved life-of-subproject budget. A subproject's total budget may be supported by one or more FCOs, depending on the number of funding sources. Because subprojects often span more than one fiscal year, the subproject's total approved budget figure is often greater than the FY'00 budget figure for the same FCOs. The approved budget is listed as "N/A- Annual" for a number of subprojects. This notation is made for one of two reasons: 1) the initiation of the subproject preceded the time that life-of-subproject budgets were individually documented and approved by USAID, or, 2) more frequently, the subproject is one that has no defined end point. In both cases, these subprojects' budgets are approved annually, as part of the annual budget and Workplan review process. In cases where USAID or the funding source has not yet approved a total figure, a "Total Estimated Budget" is cited.

Each subproject description provided in this Report includes information on objectives, funding source, and total approved or estimated budget. For subprojects active in FY'00, activities and accomplishments through September 30, 2000 are cited. For subprojects continuing into FY'01 or newly established, a FY'01 workplan is given. For completed subprojects, as well as for those with notable results during the FY'00, findings and outcomes are also presented.

Expenditures for FY'00 and a FY' 01 budget for all USAID-funded subprojects are presented in Section III. Financial information for all USAID-funded activities is provided using FHI's internal accounting number or FCO. If a single subproject is funded by both core and field support monies, both FCOs are noted in the subproject report but financial information for the same subproject is broken out and provided for each FCO. The reader may note that financial information is provided for a few FCOs that are not accompanied by subproject descriptions. These exceptions occur most often when the FCO has been established for general support or management and development purposes. A report on the activities under these FCOs would be largely redundant because their ultimate purpose is the development and management of all the various research, training, and information dissemination subprojects under a Division or section. In the second and more exceptional case, FY'00 expenditures are cited but no subproject report is provided because all subproject activities were reported as completed previously and only final expenses were paid in FY'00.

Highlights from FY'OO

In a report this size it is sometimes difficult to obtain a sense of key results. Therefore, while recognizing the limitations of any selection, below are just a few examples to illustrate the accomplishments of FHI's USAID funded program in FY'00:

1) *Through a community intervention trial and operations research, introduction of the female condom was more fully assessed as a means to reduce STI transmission. Results showed that the intervention increased use of male condoms, with a small percentage also using the female condom, but that there was no greater reduction in STI rates in the sites where female condoms were provided in addition to male condoms. These results indicate that caution is warranted in how programs position this method so that expansion of female condom per se does not become the goal. More targeted distribution of the method may be indicated.*

This research on the female condom in Kenya directly addressed the intermediate result (IR) from USAID's Conceptual Results Framework that seeks to see the "use of contraceptive and reproductive health technologies optimized and expanded." Female condoms can serve the dual purposes of preventing both pregnancy and STDs. Thus the research had implications for the Agency's strategic objectives pertaining to the reduction of unintended pregnancies as well as to the reduction of STI/HIV transmission. More specifically in the family planning arena the research directly addressed SR2.1, expanding knowledge of client acceptability, use dynamics, provider perspectives and the risks and benefits of this new technology. It also addressed the importance of SR2.3, understanding service delivery constraints as related to expanding technologies. For further information about this research and its results see the section of this report on female condom subprojects, or most specifically the reports "Female Condom Use and Risk of STD" (FCOs 5308/5477) and "Male and Female Condom Use among Core Transmitters" (FCO 9473).

2) W*ith the submission by Mayer Laboratories of data from FHI's breakage and slippage study, the eZ·on*[2] *condom, a twin-aperture polyurethane condom, was advanced in the USFDA regulatory clearance process. Full recruitment was attained by the end of FY'00 in an FHI-sponsored, core-funded, comparative contraceptive effectiveness study of the eZ·on condom and latex condoms.*

FHI's efforts in this area directly address USAID's IR1 "Improved and new contraceptive and reproductive health technologies developed, evaluated and approved." In addition, because the eZ·on condom represents an alternative to latex condoms and an alternative some may find more acceptable, it may also have an impact on preventing STIs/HIV. Caution is advised with respect to claiming a direct relationship to that objective, however, because the clinical trials were not designed to assess the effectiveness of the eZ·on condom in preventing the transmission of STIs. The overall goal is to make available a non-latex condom that is less subject to degradation caused by harsh storage conditions or oil-based lubricants, and potentially is more acceptable to users because of different design and product attributes. Further information on the eZ·on condom is found in the male condom section of this report. The subproject report "Comparative Contraceptive Effectiveness Assessment of the Twin-Aperture Slip-on (eZ·on) Condom and Latex Condoms" (FCO 2229) discusses the trial mentioned above.

3) *The "reintroduction" of the IUD was advanced through contraceptive research, program efforts at the national level and worldwide dissemination of accurate and current information*

FHI's efforts in this area also directly addressed the IR "use of contraceptive and reproductive health technologies optimized and expanded." Modern IUDs are safe, highly effective and low-cost form of contraception. Use, however, ranges from over 25% in some countries in Central Asia, Vietnam and Egypt to less than one percent in most of sub-Saharan Africa, Nepal and Brazil. The wide variation in use reflects different patterns of availability, provider and client perceptions, and cultural values. Fears about side effects, concerns about infection and infertility, and lack of trained providers are but some of the factors which discourage use. This report details the preliminary results from an FHI case-control study in Mexico which suggests that nulligravid women are appropriate candidates for the IUD, in contrast to providers' fears that it increases risk of tubal infertility (FCO 5902). This report also discusses FHI's efforts to increase the prevalence of IUD use in El Salvador where, in 1998 it was used by only 1.5% of women of reproductive age (See "Determining Factors to Increase IUD Use," FCO 6489 and "IUD Study Results Dissemination," FCO 3432.) Whereas most of FHI's work specific to IUDs is to be found in the IUD section of this report, FHI's publications list for FY'00 (Appendix B) cites several important IUD articles published in the past year by FHI staff. Notable, too, was an issue on IUDs in FHI's quarterly publication, *Network*, (Vol. 20, No. 1) distributed in English, French and Spanish to approximately 66,000 providers and policymakers.

[2] eZ·on is the trademark of Mayer Laboratories, Oakland, CA.

4) *Cyclofem®, the once-a-month injectable, was assessed to determine if the effectiveness of the method would be compromised if the first injection window were extended to the seventh day of a woman's menstrual cycle, versus the currently accepted 5-day window. Results indicate that the first injection of Cyclofem given on day 7 of the menstrual cycle does not provide the same inhibition of ovarian activity as that observed if it is administered on day 5. Therefore, programs providing this method should continue to use their currently recommended regimen.*

FHI's efforts in this area directly addressed the IR1 "Improved and new contraceptive and reproductive health technologies developed, evaluated and approved." More specifically, this study provided an improved biological knowledge base for the use of Cyclofem. (SR1.1). Prior to this research, no one had evaluated the consequences of extending the first injection of Cyclofem to day seven of the cycle. Increasing the number of days in which the first Cyclofem® injection could effectively be given, would have had the benefit of not only standardizing recommendations for injectable contraceptive methods, but also provide greater access for women. See the specific report (FCO 2236), located in the hormonal contraceptive section, for more information on this subproject.

5) *Research was completed that should help Kenya's family planning program set affordable fees for services that clients are willing to pay.*

FHI's efforts in this area directly addressed the IR1 "use of contraceptive and reproductive health technologies optimized and expanded." More specifically, it informed program mangers and policymakers who are trying to sustain, even increase, access to contraception. Projections of the demand for family planning services in Kenya show that, over the next decade, demand will increase dramatically and that there will be inadequate funds to meet this demand for services. The increased demand for family planning services is driven by a larger cohort of women entering the childbearing ages combined with a greater proportion of these women wanting to use modern family planning methods. On the supply side, government and donor funds are unlikely to grow at a rapid enough rate to meet this demand. FHI research in Kenya helped to define what level of fees those using public family planning services in Kenya would be able and willing to pay (FCO 9463). Further research is planned for FY'01 to, in part, assist the Kenya MOH to establish a pricing plan for both family planning and reproductive health services (FCOs 9357/9426). These two reports are both found in the section on Economic of Reproductive Health Services.

6) *Efforts to maximize the access to and quality of contraceptive services continued and were further evaluated by the FHI/CTR to better direct future efforts. Early findings show clear impact on provider knowledge and on some key practices that increase access to and quality of services.*

All three IRs under the SO of expanding and optimizing the use and availability of safe, effective and acceptable technologies for the prevention and pregnancy and STIs/HIV, have a sub-result that pertains to enhancing or expanding knowledge with the intent of changing behaviors or practices. SO4, having to do with STD and AIDS likewise, has IRs that relate to improved knowledge. Contraceptive Technology Update workshops and conferences (see reports for FCOs 3208, 3215, and 3287) the series of Contraceptive Technology and Reproductive Health Modules (FCO 3210), and Expert slides (FCO 3211) are but three examples of products or outputs aimed at improving provider knowledge. While these efforts have continued, FHI has increasingly sought to assess the extent to which such tools truly bring about a change in attitudes and practices and how the impact of their dissemination can best be optimized. In one study the impact of different models of providing information

on up-to-date service guidelines was assessed in Kenya (FCO 9369). In another study, the impact of adding interactive exercises to CTU modules is being investigated to determine if they assist in the effort to enhance knowledge and change provider practices (FCO 3286 and 9366).

Conclusion

The above-cited key results represent but a few of the contraceptive technology and research activities undertaken by FHI in FY'00. The graphs present a broader, but still incomplete, picture of what was done in FY'00 and what is planned in FY'01. The following individual subproject reports provide a more complete synopsis of FHI's extensive and multifaceted program, both in terms of what was accomplished during FY'00 and in terms of what is anticipated for FY'01.

ACRONYM LIST

FHI Groups/Projects

AIDSCAP	-	AIDS Care and Prevention
AIDSTECH	-	AIDS Technical Support Project (FHI)
CRD	-	Clinical Research Department
FO	-	Field Operations
HPTN	-	Health Prevention Trials Network
HSR	-	Health Services Research
IMPACT	-	Implementing AIDS Prevention and Care
PQC	-	Product Quality & Compliance
PRU	-	Policy & Research Utilization
RA/QA	-	Regulatory Affairs and Quality Assurance
WSP	-	Women's Studies Project (FHI Project)

Organizations and Terms

ACP	-	Advanced Care Products
ADS	-	Asociacio Demografica Salvadoreña
AGOG	-	OB/Gyn Society of Guatemala
AOP	-	Association Des Oeuvres Privees de Sante (Haiti)
APLAFA	-	Asociacion Panamena para el Planeamiento de la Familia
ARH	-	Ashe Adolescent Reproductive Health (Jamaica)
AS	-	Active Sampling
ASA	-	American Statistical Association
ASTM	-	American Society for Testing Materials
AVSC	-	AVSC International
BBSW	-	Brothel-Based Sex Workers
BPMHF	-	B.P. Memorial Health Foundation (Nepal)
BSS	-	Behavioral Surveillance Survey
CANTERA	-	Center for Education and Popular Communication (Nicaragua)
CARE	-	Cooperative for American Relief Everywhere
CBD	-	Community Based Distribution
CEMICAMP	-	Family Planning Medical Centers (Brazil)
CEMOPLAF	-	Centros Medicos de Orientación y Planificación Familiar (Ecuador)
C.E.R.A.	-	Local research organization in Haiti
CERPOD	-	Center for Applied Research on Population and Development
CIEPP	-	Committee for Research, Evaluation and Population Policy
CIES	-	Centro de Investigación, Educación y Servicios (Bolivia)
CLM	-	Contraceptive Logistics Management
CME	-	Continuing Medical Education
CMS	-	Commercial Marketing Strategy
COC	-	Combined Oral Contraceptive

CONASIDA	-	Consejo Nacional para la Prevención y Control del SIDA (Mexico)
CONRAD	-	Contraceptive Research and Development Program
CPI	-	Client Provider Interaction
CSW	-	Commercial Sex Worker
CTR	-	Contraceptive Technology Research
CTU	-	Contraceptive Technology Update
CVAW	-	Coalition for Violence Against Women (Kenya)
DHS	-	Demographic and Health Survey
DMPA	-	Depot Medroxyprogesterone Acetate
DMU	-	Dual Method Use
DPU	-	Dual Purpose Use
DV	-	Domestic Violence
ECP	-	Emergency Contraceptive Pills
EFCS	-	Egyptian Fertility Care Services
EOC	-	Essential Obstetric Care
EVMS	-	Eastern Virginia Medical School
FCO	-	Final Cost Objective (relates to an FHI subproject number)
FCCIT	-	Female Condom Community Intervention Trials
FIGO	-	International Federation of Obstetrics and Gynecology
FLASOG	-	IX Latin American Congress of Gynecology and Obstetrics Organizing Committee
FLE	-	Family Life Education
FOCUS	-	Focus on Young Adults Project (Pathfinder)
FPAK	-	Family Planning Association of Kenya
GCP	-	Good Clinical Practice
GLP	-	Good Laboratory Practice
GON	-	Government of Nepal
GP/FP	-	General Practitioners/Family Physicians
HC	-	Hormonal Contraceptive
HPV	-	Human Papilloma Virus
HRM	-	Human Resource Management
HRT	-	Hormone Replacement Therapy
IAWG	-	Inter-Agency Working Group on Reproductive Health for Refugees
IBC	-	International Bioscience Corporation
ICMER	-	Chilean Institute of Reproductive Medicine (Chile)
IEC	-	Information, Education and Communication
IDE	-	Investigational Device Exemption
IGWG	-	Interagency Gender Working Group (USAID)
IMSS	-	Instituto del Seguro Social
IND	-	Investigational New Drug Exemption
INHSAC	-	Institut Haitien de Sante Communautaire

INMTRO	-	National Weather Metrology Service (Brazil)
INTRAH	-	Program for International Training Health
IPAS	-	International Projects Assistance Services
IPPF	-	International Planned Parenthood Federation
IRB	-	International Review Board
IRH	-	Institute for Reproductive Health (Georgetown)
ISER	-	Institute for Social and Economic Research (Jamaica)
ISO	-	International Standards Organization
IUD	-	Intrauterine Device
IVRS	-	Interactive Voice Recognition System
JFPA	-	Jamaican Family Planning Association
JHPIEGO	-	Johns Hopkins Program for International Education in Reproductive Health
JSI	-	John Snow International
K-VOWRC	-	Kenya Voluntary Woman's Rehabilitation Centre
LAM	-	Lactational Amenorrhea Method
LNG	-	Levonorgestrol
M&E	-	Monitoring and Evaluation
MNH	-	Maternity and Neonatal Health
MAQ	-	Maximizing Access and Quality
MCO	-	Managed Care Organizations
MMS	-	Monthly Monitoring System
MOH	-	Ministry of Health
MVA	-	Manual Vacuum Aspiration
MYOW	-	Maendeleo Ya Wanawake
N-9	-	Nonoxynol-9
NCCC	-	National Curriculum Coordination committee
NFPB	-	National Family Planning Board (Jamaica)
NFPRHA	-	National Family Planning and Reproductive Health Association
NGO	-	Nongovernmental Organization
NIAID	-	National Institute of Allergy and Infectious Diseases
NICHD	-	National Institute of Child Health and Human Development
NPWH	-	National Association of Nurse Practitioners in Women's Health
NSV	-	No-scalpel Vasectomy
NYAM	-	New York Academy of Medicine
OC	-	Oral Contraceptive
OCP	-	Oral Contraceptive Pill
OTC	-	Over the Counter
OYB	-	Operating Year Budget
PAA	-	Population Association of America
PAHO	-	Pan American Health Organization
PATH	-	Program for Appropriate Technology in Health

PBMC	-	Plasma and Peripheral Blood Mononuclear Cells
PCE	-	Plasma Cell Endometritis
PCS	-	Population Communication Services
PHSC	-	Protection of Human Subjects Committee (FHI's IRB)
PID	-	Pelvic Inflammatory Disease
PMA	-	Premarket Approval Application
PPGA	-	Planned Parenthood Association of Ghana
PPCC	-	Planned Parenthood of the Capital and Coast (NC, USA)
PPOD	-	Planned Parenthood of Orange and Durham Counties (NC, USA)
PROFAMILIA	-	La Asociacion Pro-Bienestar de la Familia (Colombia)
PSI	-	Population Services International
QAP	-	Quality Assurance Project
QOC	-	Quality of Care
RCT	-	Randomized Controlled Trial
RH	-	Reproductive Health
RHMWG	-	Reproductive Health Materials Working Group
RHRU	-	Reproductive Health Research Unit (South Africa)
RTC	-	Regional Center for Training
RTI	-	Research Triangle Institute
SAC	-	Strategic Advisory Committee
SMC	-	Social Marketing Company of Bangladesh
SOP	-	Standards of Practice
SPAAC	-	Social Planning, Analysis and Administration Consultants
STI	-	Sexually Transmitted Infections
TOT	-	Training of Trainers
UNC	-	University of North Carolina
UNFPA	-	United Nations Family Planning Association
UNHCR	-	United Nation High Commissioner on Refugees
VCF®	-	Vaginal Contraceptive Film
VSC	-	Vasectomies
WAGGGS	-	World Association of Girl Guides and Girl Scouts
WHO	-	World Health Organization
WONCA	-	World Organization of Family Doctors (Africa Region)
ZNFPC	-	Zimbabwe National Family Planning Council

• FEMALE BARRIER METHOD • **CONTRACEPTIVE EFFICACY** • FEMALE BARRIER METHOD • **STI PREVENTION** • FEMALE BARRIER METHOD • **ACCEPTABILITY** · **AVAILABILITY** • FEMALE BARRIER METHODS **RE-USE** • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD **CONTRACEPTIVE EFFICACY** • FEMALE BARRIER METHOD • **COST** • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD **REDDY** • FEMALE BARRIER METHOD **REALITY** • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD • FEMALE BARRIER METHOD • **FEMALE CONDOM** • FEMALE BARRIER METHOD • FEM

FEMALE CONDOM

Strategic Objectives

1) To evaluate new products
2) To evaluate the public health impact of introducing female condom into programs
3) To improve successful and appropriate client use

FY'01 Subprojects

●	Kenya:	Female Condom Use and Risk of STD (FCO 5308/5477/6308/6477)
	Kenya:	Female Condom Community Intervention Trial: Operations Research Addendum (FCO 9374)
?	Kenya:	Behavioral Research Follow-up for FCCIT Participants (FCO 9321)
?	Kenya:	Intimate Partner Violence and its Relationship to Female Condom Use (FCO 1318/9319)
	Kenya:	Male and Female Condom Use among Core Transmitters (FCO 9473)
?	Kenya:	Measuring the Impact of Male and Female Condom Promotion Among Nairobi Sex Workers (FCO 9330)
	Bangladesh:	The Impact of Female Condom Introduction among Brothel-based Sex Workers (BBSWs) (FCO 9377/9479)
	Madagascar:	Impact of Female and Male Condom Promotion (FCO 9368/9421/9702)
	South Africa:	Female Condom Monitoring and Evaluation, Phase II Special Studies (FCO 9470)
?	South Africa:	Expanding Dual Protection Strategies (FCO 9481)
?	South Africa:	Incorporating Male and Female Condom Promotion within VCT Programs (FCO 9423)
	Mexico:	Factors Favoring Female Condom Use (FCO 1503/9311/85850)
	USA:	Multiple Use Assessments of the Reality® Female Condom (FCO 6384)
●	USA:	Good Laboratory Practices Systems Development (FCO 6388)
●	USA:	Comparative Research Study of the Reality Female Condom and the Reddy Female Condom (FCO 6395)
	USA:	Acceptability of the Reddy Female Condom: Study Two (FCO 2250)
?	India:	Comparative Research Study of the Reality Female Condom and the Reddy Female Condom: Prototype 3 (FCO 2257)
?	Worldwide:	Biostatistical Support: CONRAD PATH Diaphragm Study and Reddy Female Condom (FCO TBD 91xx)
?	Worldwide:	Female Condom Information Dissemination (FCO 9425)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Kenya: Female Condom Use and Risk of STD (FCO 5308/5477/6308/6477)

Technical Monitor: PFeldblum

Objective(s): 1) To compare STD rates in cohorts provided with female condoms with STD rates in cohorts not receiving female condoms; 2) to measure the effect of female condom introduction on male condom use; and 3) to assess the acceptability of the female condom.

Description: The female condom offers the hope of better protection against STDs for women; however, the impact of its introduction and distribution among women at risk of infection has not been shown. Under this subproject, a community intervention trial was conducted among agricultural workers. Pairs of comparable and proximate plantations were matched.
One site in each pair was randomly selected to receive female condoms and information/motivation to use the devices, while the other site in the pair did not receive female condoms. Male condom promotion was continued at all sites. The prevalence of gonorrhea, chlamydia, and trichomoniasis was measured at baseline, 6 months, and 12 months. It was expected that there would be less unprotected coitus in the female condom cohorts and a corresponding reduction in STD incidence.

Subgrantee(s): Family Planning Association of Kenya, Family Planning Private Sector Program, University of Nairobi, Department of Medical Microbiology

Collaborating Agency(s): Department for International Development (DFID), Ministry of Health, Kenya

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Potential study sites were identified and the clinics were visited by FHI staff, January–March 1997.
- DFID agreed to provide 300,000 female condoms and the MOH agreed to donate STD treatment kits to all sites, insuring proper case management.
- After study cohorts were drawn, the baseline phase was initiated in March 1998 and completed in September 1998, with enrollment targets met.
- Interim data analysis in July 1998 confirmed high STD prevalence and found low intracluster correlation coefficients, showing that the study was feasible as designed.
- A poster on the study design was presented at the annual meeting of the American College of Epidemiology in September 1998.
- The first follow-up phase began in October 1998 and was completed in April 1999.
- Folk media and other IEC activities continued, and cost-efficient ways to intensify the intervention were considered and instituted.
- The second follow-up phase began in May 1999 and was completed in November 1999. Ultimately, 1929 women were enrolled in the study, 1613 of whom completed it.
- A presentation on baseline results was made at the ISSTDR meeting in July 1999.
- A research article by Feldblum PJ, Chen-Mok M, Bwayo JJ, Omari M, Kuyoh M, Ryan KA entitled "Intracluster correlation of STD prevalence in community intervention trial in Kenya" was published in *The Lancet* in October 1999.
- Three presentations were made to the University of Nairobi STI conference in January 2000.
- An article by Feldblum PJ, Bwayo JJ, Kuyoh M, Ryan KA, Chen-Mok M entitled "The female condom and STDs: design of a community intervention trial" describing the study design was published in the *Annals of Epidemiology* in August 2000.
- Data cleaning and creation of the final (frozen) analysis file continued into March 2000 due to the discovery and loading of missing data collection forms.

April 1, 2000 - September 30, 2000

- FHI staff traveled to Nairobi to participate in the in-country information dissemination workshop, with the Nairobi regional office staff, staff from collaborating organizations and other Kenyan researchers.
- An article "Baseline STD prevalence in a community intervention trial of the female condom in Kenya" describing the baseline study results is in press at *Sexually Transmitted Infections*.
- Two posters were presented at the International AIDS Conference in Durban, South Africa.
- Data analysis was completed and the manuscript describing basic study results was drafted.
- **This subproject was closed September 30, 2000.**
- Several other papers are planned, though these will be covered under FCO 5352. Two have been started: one on the low condom use despite high STI prevalence and intense intervention and the second on the results of the focus group discussions. Additional articles may cover STI syndrome management at the sites; female condom acceptability at the sites; and the costs of the program.

Findings and Outcomes:

- Participants at intervention and control sites (total N=1929) were similar at baseline: mean age 33 years; 60% married; 59% used family planning; 78% had never used male condoms. Baseline gonorrhea, chlamydia and trichomonas prevalence were 2.6%, 3.2% and 20.4% respectively (23.9% overall).
- Loss to follow up was 13%. Over 60% of women used some male condoms in both study arms; consistent use was close to 20% at six months and slightly higher in the control than in the intervention arm (24 vs. 22%) at 12 months. Male condom use reported by males increased substantially during follow-up, and male condom distribution was higher at control sites. At the intervention sites, 39% of women reported never using the female condom, while 11% reported always using them. Among women who had used both, more preferred the female condom than the male condom. Aggregate STI prevalence was 16.5% and 17.4% at six months, and 18.3% and 18.5% at 12 months at intervention and control sites respectively. Multi-level logistic regression models confirmed that the only factor that protected against STIs was antibiotic use, self-reported at the time of follow-up. Condom use did not protect, nor did the community intervention.
- The prevalence of cervical cancer and vaginal infection is high at these rural Kenyan sites. While female condom introduction was not associated with a reduction in STI prevalence, the overall decrease in STI prevalence from baseline to follow-up indicates that improved STI management can reduce prevalence at these sites.

Funding Source(s):			USAID/Core; USAID/Field Support	**FCO Approved:**	**5308**	May 1998
					5477	Apr 1998
					6308	Sep 1995
					6477	Oct 1996
Total Approved Budget:	**5308**	$	972,764	**Projected End Date:**		Sep 2000
	5477	$	561,000			
	6308		N/A			
	6477		N/A			
		$	1,533,764			

Kenya: Female Condom Community Intervention Trial: Operations Research Addendum (FCO 9374)

Technical Monitor: THatzell

Objective(s): 1) To document the variation in clinic- and community-based male and female condom promotion and distribution activities; 2) to examine clinicians' knowledge, attitudes, and

practices associated with male and female condom promotion for dual protection; and 3) to identify factors affecting outreach workers' performance in conducting male and female condom promotion activities.

Description: This study consists of in-depth interviews with outreach workers and semi-structured interviews with clinicians, family planning clients, and key informants to assess knowledge, attitudes, and practices with respect to the female condom. Clinic-based female condom promotion and distribution activities are observed to assess compliance with standards set in training.

The study elucidates the factors encouraging and inhibiting successful male and female condom promotion in the context of the Kenya Female Condom Community Intervention Trial (FCCIT). The investigators of that parent study will use the insight from this operations research addendum as they document the intervention implementation and attempt to explain variation in male and female condom uptake in their study sites. Secondarily, the results will inform stakeholders interested in the introduction of the female condom in Kenya about the system inputs required for successful female condom promotion.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol, including data collection instruments, was finalized in May 1999.
- Data collection was completed in June and July 1999, consisting of 81 in-depth interviews with outreach workers, 42 observations of service delivery, 158 interviews with clients exiting services, 23 interviews with clinicians, and 46 key informant interviews.
- Quantitative and qualitative data were entered in August 1999, and preliminary analyses were completed.
- A study abstract was prepared and submitted to APHA.

April 1, 2000 - September 30, 2000

- Study results were presented at a dissemination conference in Kenya in May; attended by approximately 100 stakeholders, including USAID officials, ministry of health representatives, clinicians, journalists, researchers and donors.
- Detailed analyses of the qualitative data were completed using Ethnograph.
- Results from quantitative and qualitative analyses were synthesized to draw final conclusions.
- Methods and results were presented to FHI's Technical Advisory Committee in May.

Findings and Outcomes:

- Preliminary analysis of the data suggests that STI reinfection rates in communities provided both the male and female condom were no different from rates in communities provided the male condom alone. This lack of an effect has been attributed to inadequate uptake of the female condom. Preliminary analysis have revealed the following about the service delivery system:
  1) Clinicians have favorable attitudes and sufficient knowledge to conduct male and female condom promotion activities.
  2) There is a gap between clinicians' knowledge and their practices related to condom promotion.
  3) Outreach workers retained a high level of knowledge from training.
  4) The intensity of community-based condom promotion varies greatly from site to site.
  5) The logistical support provided by the FCCIT was adequate to support a steady supply of condoms and IEC materials.
  6) Following some initial resistance, communities liked having the female condom available because it provided another option for dual protection.
  7) In some cases female condom use may be substituting for male condom use.
  8) There is a persistent, negative bias toward any type of condom use in the rural areas of Kenya studied in the trial.

9) Although the female condom is considered an effective method for dual protection in rural contexts, it may be socially unacceptable due to the threat it poses to traditional gender roles in sexual decision-making.

FY'01 WORKPLAN ACTIVITIES:

- Analysis of quantitative and qualitative data will be completed.
- Study results will be presented through briefings at USAID/W.
- The data sets with the service delivery assessment indicators (process data) will be linked with the data sets reflecting male and female condom uptake and STD rates (outcome data).
- Multivariate analyses will then be conducted to investigate how the success of condom promotion programs is influenced by characteristics of the service delivery system.
- Manuscripts and an abstract for a conference presentation will be prepared to disseminate the findings.

Funding Source(s):		USAID/Core	**FCO Approved:**	Apr 1999
Total Approved Budget:	$	69,632	**Projected End Date:**	Mar 2001

Kenya: Behavioral Research Follow-up for FCCIT Participants (FCO 9321)

Technical Monitor: LBroomhall

Objective(s): To qualitatively investigate those factors that may have a significant impact on the acceptance and use of both female and male of condoms by participants in the Female Condom Community Intervention Trials conducted in Kenya.

Description: No immediate explanation for the unexpected increase in male condom use and non-reduction in STI prevalence among study participants has emerged from the Female Condom Community Intervention Trials (FCCIT) data. (See FCOs 5308 and 5477). Although the number of condoms distributed in both control and intervention sites increased, there were only small reductions in STI prevalence in control and intervention arms. The introduction of female condoms at intervention sites did not reduce the rates of STIs in that arm. This situation suggests that other factors may have significant influence on condom use decision-making among study participants as well as the possibility of over-reporting of condom use.
Qualitative research methods will be used, including participant observation; focus groups; in-depth and semi-structured interviews; and freelisting/frame elicitation techniques to: 1) examine the validity of condom use data gathered for the FCCIT; 2) identify and investigate those factors that contribute to data discrepancies in self-reported condom use; 3) investigate alternative methods to elicit more accurate condom data; 4) determine which aspects of the intervention improved condom use; 5) study the impact of the FCCIT on services and client attitudes towards providers and services; 6) investigate potential barriers to female condom use and assess the differences in beliefs and attitudes about male and female condoms.

FY'01 WORKPLAN ACTIVITIES:

- The preliminary budget will be developed and a Preliminary Approval Letter submitted to USAID.
- Lorie Broomhall, FHI Technical monitor, will travel to Kenya in November 2000 to meet with FHI personnel and USAID Mission staff in Nairobi in order to discuss and plan the study design. In addition, a fact-finding trip to the Kericho district will be undertaken in order to talk with clinic administrators and service providers at the Jamji, Naivasha and Karenga tea estates where the follow-up research will be conducted.

- The protocol will be written and research procedures will be finalized.
- Field staff will be trained. Data collection will commence in March 2001and will continue through September 2001.
- A monitoring trip is planned for late in the fiscal year. (Travel costs will be shared with one or more other Kenya subprojects, including that under FCO 9321.)

Funding Source(s):	USAID/Core	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 112,397	**Projected End Date:**	Mar 2002

Kenya: Intimate Partner Violence and its Relationship to Female Condom Use (FCO 1318/9319)

Technical Monitor: DMcCarraher

Objective(s): To determine if the intimate partner violence (IPV) reported in the female condom community intervention trials in Kenya was a consequence of using female condoms; to examine if IPV lead to discontinuation of female condom use; to determine if women have experienced IPV as a result of using contraceptive methods other than the female condom; to determine if other women who participated in this trial experienced IPV but failed to report it to either study monitors or clinic staff and to examine if IPV experienced by these women is related only to contraceptive use or occurs in other circumstances as well.

Description: In 1998, FHI conducted a community -based intervention trial of female condom introduction and sexually transmitted infection (STI) prevalence in 12 coffee, tea, and flower plantations in Kenya. Intimate partner violence (IPV), in the form of physical assault, was reported as an adverse event by the study monitors and clinic staff and subsequently to the FHI Protection for Human Subjects Committee, while the study was being carried out. It is in FHI's interest to investigate the adverse events reported by the women in this study since they have implications for the introduction of female barrier methods and for research conducted on these methods.

This will be a qualitative study; in-depth interviews will be conducted with the women who participated in the community intervention trial. Two study sites (of the original 12) will be selected and all women from these sites will be re-interviewed. It is estimated that approximately 60 women will be re-interviewed.

FY'01 WORKPLAN ACTIVITIES:

- The full study protocol will be drafted the end of October 2000. The protocol will be reviewed by PHSC in November.
- McCarraher will travel to Kenya in January 2001 to implement the study. During this trip, McCarraher will work with the Coalition for Violence Against Women (CVAW) and the FHI Kenya office to finalize the in-depth interview guides that will be used in this study. In addition, the CVAW will participate in the training of the research staff by sensitizing them to issues regarding conducting research in the area of domestic violence.
- Data collection will be implemented by March of 2001.
- After the data has been collected, McCarraher will travel to Kenya to assist in the data analysis.
- A final report and final presentation with local collaborating agencies will be completed by September 30, 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	**1318**	Oct 2000
			9319	Oct 2000

Total Estimated Budget:	**1318**	$	31,918	**Projected End Date:**	Sep 2001
	9319	$	41,970		
		$	73,888		

Kenya: Male and Female Condom Use among Core Transmitters (FCO 9473)

Technical Monitor: THatzell

Objective(s): 1) To examine the sets of factors that both impede and promote male condom use among core STD/HIV transmitters in Nairobi; 2) to estimate the proportion of sex acts that would be covered among core transmitter groups if the female condom became available, and compare to the proportion currently covered by the male condom alone; 3) to examine male and female perspectives regarding the circumstances in which the female condom is preferred over the male condom; and 4) to assess the incremental cost effectiveness of adding the female condom to the existing male condom distribution system.

Description: This subproject is focusing on commercial sex workers (CSWs) recognized as "core transmitters" of STIs and HIV in Nairobi. The investigation employs a time series design to test how the proportion of protected sex acts changes when female condoms are made available as a complement to male condoms. CSWs and their clients will be interviewed at the end of the study to gather information on their experiences with the female condom and to assess their interest in future use of the method. The results will aid REDSO/ESA and USAID/Kenya in deciding whether the female condom should be further pursued as a measure for combating the STD/HIV epidemic in East and Southern Africa.

Subgrantee(s): Kenya Voluntary Woman's Rehabilitation Centre (K-VOWRC)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was drafted in March 1999.
- A field visit was completed in May 1999 to permit the technical monitor to join the FHI/Nairobi team in meeting with the co-principal investigator from the Department of Community Health, University of Nairobi. Their involvement as a sub-contractor for the study was discussed.
- The FHI/University of Nairobi team visited three areas of Nairobi: Korogocho Slums, Eastleigh, and Aden Hotel, where K-VOWRC has worked with commercial sex workers. The group met with CSWs in each place and discussed their interest in participating in the female condom study. Given the high interest in the female condom, the team agreed the female condom should not be completely denied to any of the groups. Consequently, the study design will be a time series study with two pre-intervention and three post-intervention measurements of male and female condom use.
- A subagreement was established with K-VOWRC, a non-governmental organization founded and managed by the principal investigator.
- The protocol was prepared and submitted to the PHSC, which approved it at their February 2000 meeting.
- The technical monitor traveled to Kenya in March 2000 to assist with final preparations for study launch.
- Research assistants were recruited, hired, and trained to collect data.
- Study participants were recruited.

April 1, 2000 - September 30, 2000

- Trainings were held for commercial sex workers and their peer educators about STD prevention and male condom use.
- Male condom promotion and distribution was initiated.
- Two rounds of data collection were completed.
- Trainings were held in June 2000 to teach CSWs and their peer educators to use the female condom.
- The female condom was made available at K-VOWRC.
- Preliminary analysis revealed male condom use in >90% of sex acts between CSWs and clients.
- Data collection instruments were prepared for closing interviews with both CSWs and their clients. The major focus was to validate reports of high condom use and examine factors contributing to consistent condom use in this sample.

Findings and Outcomes:

- Commercial sex workers in Nairobi are enthusiastic about trying the female condom; they consider this method a good alternative source of protection for clients who resist male condom use.
- Nairobi sex workers affiliated with K-VOWRC report that they use a condom in nearly every sex act with clients.
- In the few reported sex acts with personal partners, condom use was substantially less consistent.
- Since male condom use was so high the investigators agreed it would be unethical to promote the female condom with the recruited sample. A decision was made to refrain from adding the female condom to the male condom distribution system.

FY'01 WORKPLAN ACTIVITIES:

- Final interviews will be conducted with commercial sex workers and their clients in October to examine condom use practices.
- Data from the interviews with CSWs and clients will be analyzed to substantiate the high rates of reported condom use.
- A manuscript documenting study methods and findings will be prepared.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Mar 1999
Total Approved Budget:	$ 95,000	**Projected End Date:**	Sep 2001

Kenya: Measuring the Impact of Male and Female Condom Promotion Among Nairobi Sex Workers (FCO 9330)

Technical Monitor: THatzell

Objective(s): To monitor the proportion of protected sex acts among commercial sex workers (CSWs) before and after the female condom is added to a male condom distribution system. To examine changes in STI prevalence when the female condom is added to a male condom distribution system. To measure the incremental cost-effectiveness of adding female condom promotion to an existing male condom distribution system. The study will fill important gaps in knowledge about the public health impact and cost-effectiveness of female condom promotion among populations at very high risk for HIV and other STIs.

Description: This study will build on the procedures used in a recent study with Nairobi sex workers. Two rounds of data collection in the earlier study showed over 95% of sex acts with clients were protected by male condoms. The sample was thus considered inappropriate for measuring the impact of female condom introduction. The local Principal Investigator is prepared to recruit a new sample of sex workers who are younger, more disenfranchised, and never having been the target of male condom promotion interventions. Recruited participants will be screened, and those reporting that they always use a male condom with clients will be ineligible for this female condom study. The study will employ a time series design. First the male condom will be promoted and distributed through peer-mediated interventions. Two rounds of data collection will be conducted to measure condom use and STI prevalence in the context of male condom promotion. Then the female condom will be added to male condom promotion. Three rounds of data collection will be conducted again to measure condom use and STI prevalence. Data analysis will reveal whether the proportion of protected sex acts significantly increases and STI prevalence significantly decreases when the female condom was added to male condom distribution. The cost of adding female condom promotion and distribution to the male condom system will be tracked. Cost data will be combined with the outcome data described above to arrive at the incremental cost-effectiveness of adding the female condom to a male condom program.

FY'01 WORKPLAN ACTIVITIES:

- A research protocol will be developed and submitted for PHSC approval.
- Subagreements will be established with the University of Nairobi, Division of Medical Microbiology and University of Nairobi, Department of Community Health (DCH).
- The technical monitor and the study monitor from FHI/Nairobi will collaborate with DCH on site and sample selection.
- Data collection instruments will be prepared and pre-tested.
- STI testing and treatment procedures will be established.
- Peer educators will be recruited and trained.
- Data will be collected as baseline measurements of condom use behaviors and STI prevalence.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$ 302,031	**Projected End Date:**	Mar 2002

Bangladesh: The Impact of Female Condom Introduction among Brothel-based Sex Workers (BBSWs) (FCO 9377/9479)

Technical Monitor: JBSmith

Objective(s): FHI is providing research technical assistance to the Social Marketing Company (SMC) of Bangladesh to study the feasibility and impact of introducing the female condom to brothel-based sex workers (BBSWs). The specific objectives of the study are: 1) To determine the impact of female condom introduction into a high-risk population as measured by proportion of protected sex acts; 2) to provide explanatory information about how and why the female condom introduction worked and; 3) to assess at a gross level the incremental costs of adding the female condom to the existing male condom social marketing program.

Description: Recent sentinel surveillance data suggest that the spread of HIV in Bangladesh remains pre-epidemic but precarious. A strategic response to the situation in Bangladesh involves taking all possible measures to contain HIV levels among multiple transmitter populations, including commercial sex workers (CSWs), to avoid or slow the onset of a generalized HIV epidemic. Various efforts to promote the use of male condoms in CSW populations have already been established. It is an open question as to whether or not the female condom can provide an added level of protection against STI transmission in the context of commercial sex in Bangladesh.

This study, undertaken by the social marketing company with research technical assistance from FHI, will explore the feasibility of social marketing the female condom to BBSWs, assess the impact of female condom introduction on the proportion of protected sex acts among participants, and provide a gross estimate of marginal costs of female condom introduction in this context. The primary quantitative component of this study will be a five point time series among BBSWs screened for initial device acceptability. Program level data will also be obtained to allow gross examination of marginal costs associated with adding the female condom to the existing male condom social marketing program. This study will assist the USAID/Bangladesh and the MOH in making future policy decisions related to the female condom.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Protocol and consent materials were developed in February 2000.
- FHI IRB approval was obtained in February 2000.
- Commodities were received in country.
- The data collection instrument and the training manual were drafted.

April 1, 2000 - September 30, 2000

- An RFP for a data collection subcontractor was circulated and proposals received.
- Key personnel problems were encountered in Spring/Summer 2000 when both the field Principal Investigator and the field site manager left SMC. Significant delays resulted.
- FHI assistance was provided during summer 2000 to orient new Principal Investigator and aid in the selection of data collection contractor. The Timeline was revised to reflect delays
- MOH IRB approval was obtained in May 2000.

FY'01 WORKPLAN ACTIVITIES:

- Necessary training materials will be developed and the social marketing staff will be trained.
- A local data collection contractor will be identified and data collection instruments will be developed.

- Initiation of recruitment is expected to occur in January 2001.
- Data collection will be completed and data analysis will be initiated.

Possible Problems, Barriers to Completion:

- There is a possibility of continuing personnel problems at SMC resulting in further study delays.
- Political instability in Bangladesh regarding brothel-based prostitution may affect study visibility.
- Results of similar studies in Kenya and Mexico demonstrated that social desirability effects can fatally compromise this study design. Although steps are being taken to discourage inaccurate self-reporting in the Bangladesh sites, similar problems could be encountered here as well

Funding Source(s):			USAID/Field Support & Core	**FCO Approved:**	**9377**	Nov 1999
					9479	Nov 1999
Total Approved Budget:	**9377**	$	62,570	**Projected End Date:**		Sep 2001
	9479	$	37,260			
		$	99,830			

Madagascar: Impact of Female and Male Condom Promotion (FCO 9368/9421/9702)

Technical Monitor: THatzell

Objective(s): 1) To determine if female condom introduction increases the proportion of protected sex acts among commercial sex workers (CSWs), over and above those protected by the male condom alone; 2) to measure and compare sexually transmitted infection (STI) incidence rates in cohorts with and without access to female condoms; 3) to assess whether male and female condom promotion is more successful when peer-mediated social marketing is supplemented with face-to-face counseling by a clinician.

Note: In FY'01 the subproject title was changed from Female Condom Service Delivery Research. The current subproject title reflects more accurately the scope of this study.

Description: This two-phased study follows an IMPACT initiative examining ways to improve services for the prevention, diagnosis, and treatment of STIs among CSWs. An important component of IMPACT's STI control services will be the promotion and distribution of male condoms. This study will be conducted in identical fashion in Tamatave and Antananarivo, at the sites first established by IMPACT, and will test whether inclusion of female condom promotion in STI control services leads to an increased level of protection among high-risk sex acts and a subsequent decrease in STI infection rates.

Phase one will begin with baseline measurement of male condom use and STI prevalence. The male condom promotion intervention will then be introduced. Participants will return 3 times, at 2-month intervals, for follow-up. At each visit face-to-face interviews will be conducted to estimate the proportion of protected sex acts. At the third visit only, participants will be tested for gonococcal, chlamydial, and trichomonal infections. This reliance on a combination of biologic and behavioral outcomes will help to reduce any bias brought on by the inherent limitations of either of these measures on its own.

In the phase two, participants will receive education about both the female and male condom. A similar data collection process will be used, with measurement of male and female condom use in all three visits, and STI testing in the third visit only.

In both phases of the study, all participants will be exposed to peer-mediated social marketing of condoms. Half the study participants, randomly selected, will also receive intensive clinic-based counseling on condom use from a professional health care worker.

In addition to determining the impact of the inclusion of the female condom in the contraceptive method mix, the study will also provide insight regarding the intensity of education required to encourage consistent condom use among CSWs.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A concept paper for this research was developed and preliminary approval to develop the subproject was received from USAID/W in February 1999.
- In March 1999, the subproject was put on hold due to lack of USAID/core funding.

April 1, 2000 - September 30, 2000

- Funding for re-initiation of the project was obtained from USAID/Madagascar and Office of Health, HIV/AIDS Division.
- A proposal was drafted and shared with IMPACT/HORIZONS investigators and potential service delivery collaborators in Madagascar.
- The technical monitor traveled to Madagascar in July 2000 to meet with service delivery collaborators and the IMPACT investigators, and to ask for input on the protocol.
- The protocol was revised, submitted to PHSC, and approved.
- A full-time resident advisor was hired to manage the study.

FY'01 WORKPLAN ACTIVITIES:

- A Behavior Change Intervention (BCI) consultant will travel to Madagascar in October to assist with the formulation of the condom promotion intervention.
- Data collection instruments will be designed, pre-tested and finalized.
- Approval to implement the subproject will be sought from USAID/W along with approval of subagreements with UNC-Chapel Hill (for STI laboratory testing); and Medecins du Monde and the National Reference Lab for study implementation.
- Provided approval is received, study participants will be recruited.
- The male and female condom interventions will be implemented sequentially.
- Data management procedures will be established.
- Repeated rounds of data collection will be conducted to measure behavioral and biologic outcomes.

Funding Source(s):			USAID/Field Support; OYB & Core	**FCO Approved:**	**9368**	Feb 1999
					9421	Nov 2000
					9702	Nov 2000
Total Approved Budget:	**9368**	$	558,701	**Projected End Date:**		Mar 2003
	9421	$	39,992			
	9702	$	136,020			
		$	734,713			

South Africa: Female Condom Monitoring and Evaluation, Phase II Special Studies (FCO 9470)

Technical Monitor: THatzell

Objective(s): To support South African counterparts in designing and implementing studies to reveal the correlates of one-time and continued use of the female condom, in terms of user perspectives and service delivery characteristics.

Description: As originally conceived, this research was to have had two major components. First, in-depth interviews and focus group discussions with female condom users were planned to examine factors affecting demand for the method and its sustained use in South Africa. Second, situation analyses were expected to examine how services promote female condom use. The study design has since evolved to consist of in-depth interviews with family planning clients and service providers. The research is intended to generate data to guide policy formulation and possible service delivery refinements related to the distribution of the female condom in South Africa.

Subgrantee(s): Reproductive Health Research Unit, University of Witwatersrand

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop the subproject was obtained from USAID in November 1998.
- A field visit was completed in February 1999, during which staff assisted with Phase I data analysis, advised on preparation of the Phase II research protocol, and drafted a subagreement for Phase II activities.
- The subagreement was signed by the Reproductive Health Research Unit (RHRU) in May 1999.
- A field visit was completed in May 1999, during which FHI staff provided technical assistance for the preparation of the study protocol, including the development of data collection instruments.
- Two RHRU staff assigned to this subproject traveled to FHI/NC in July to work further on the protocol and data collection instruments.
- The protocol was completed in September 1999 and submitted for review by the ethics committee at the University of the Witswatersrand.
- The technical monitor conducted site visits in January and March 2000, first to assist with final preparations of the data collection instruments and then to monitor progress on data collection.

April 1, 2000 - September 30, 2000

- Data collection was completed.
- Quantitative data from provider and client interviews were entered using Epi-Info.
- Transcription and translation of qualitative data were completed.

Findings and Outcomes:

- Preliminary review of qualitative data reveals that a chief cited advantage of the female condom is that it serves as an alternative to the male condom for STI/HIV protection.
- Women reporting sustained use of the Female Condom also report the ability to talk with their partners freely about sexual matters.
- Providers involved in female condom distribution report that they would like to continue these activities. They recommend expansion of distribution to other clinics and to places frequented by adolescents and sex workers.

FY'01 WORKPLAN ACTIVITIES:

- Qualitative and quantitative analyses will be conducted using Ethnograph and Epi Info, respectively.
- The research supervisor from the RHRU will travel to FHI/NC in October 2000 to learn qualitative data analysis techniques and participate in data analysis.
- A report will be prepared and presentations of study methods and findings will be made at a specially convened Department of Health meeting.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 1998
Total Approved Budget:	$ 197,000	**Projected End Date:**	May 2000

South Africa: Expanding Dual Protection Strategies (FCO 9481)

Technical Monitor: TNutley

Objective(s): 1) To design a training and monitoring system on dual protection strategies for health care workers in South Africa; 2) to expand female condom distribution; 3) to investigate service delivery issues surrounding improving dual protection counseling and dual protection practice; and 4) to investigate issues of female condom use in high-risk settings.

Description: At the request of South Africa's Department of Health, the Reproductive Health Research Unit (RHRU) will develop and implement a project aimed at expanding dual protection strategies. FHI will support the RHRU in designing dual protection provision and counseling systems and in conducting operations research on related issues. Results will be applied in the formulation of national strategies on dual protection counseling and promotion, and female condom distribution.

Subgrantee(s): Reproductive Health Research Unit

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A concept paper for the three-year program was developed in February 2000.
- Preliminary approval to further develop the subproject was received from USAID in March 2000.

April 1, 2000 - September 30, 2000

- Project activities have been delayed because delinquent financial reporting by the RHRU on other FHI-RHRU work (FCO 9470).
- A one-year subagreement was drafted but other FHI-RHRU activities need to be addressed before new funds will be released.

FY'01 WORKPLAN ACTIVITIES:

- In-country and USAID approval for the project will be sought.
- A project protocol will be drafted.
- Project staff will be hired.
- The program of activities with the RHRU will be implemented.

Possible Problems, Barriers to Completion:

- Additional funding cannot be released to the RHRU until FHI receives outstanding financial paperwork. Therefore, the field initiation date for this effort remains uncertain.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Mar 2000
Total Approved Budget:	$ 1,063,687	**Projected End Date:**	Sep 2003

South Africa: Incorporating Male and Female Condom Promotion within VCT Programs (FCO 9423)

Technical Monitor: THatzell

Objectives: 1) To refine strategies for incorporating dual protection counseling into HIV voluntary testing and counseling (VCT) programs; 2) to test the impact of dual protection counseling on clients' knowledge, attitudes, and behaviors related to risk-reduction; and 3) to assess whether clients offered both male and female condoms achieve greater levels of protection than clients offered the male condom alone.

Description: The study's first phase will consist of formative research to document the normal formats of VCT programs in different contexts throughout South Africa. Through interviews with VCT staff and observation of service delivery, the investigators will identify opportunities for strengthening dual protection counseling. Required resources, including training, staff time, education material, will be identified. Alternative counseling strategies will be designed and tested for feasibility and impact on client knowledge, attitudes, and behavior.

The second phase will consist of a controlled trial with pairs of matched sites to determine whether clients who are offered both male and female condoms achieve greater levels of protection than clients offered the male condom alone.

Implementing Agency(s): Reproductive Health Research Unit (RHRU)

FY'01 WORKPLAN ACTIVITIES:

- A detailed concept paper will be prepared.
- The concept paper will be shared with South African counterparts and their input obtained.
- A visit to potential VCT sites will be made to gain a more thorough understanding of programmatic research needs.
- A study protocol will be completed.
- The protocol will be submitted for PHSC approval.
- The baseline data collection will be initiated.

Funding Source(s):	USAID/Core & Field Support	**FCO Approved:**	Nov 2000
Estimated Budget:	$180,000	**Projected End Date:**	Mar 2001

Mexico: Factors Favoring Female Condom Use (FCO 1503/9311/85850)

Technical Monitor: DChin-Quee

Objective(s): 1) To compare the change in the proportion of protected sex acts among commercial sex workers (CSWs) when both male and female condoms are available;* 2) to examine the circumstances favoring female condom use among CSWs in casual and stable unions; and 3) to examine male and female perspectives regarding the circumstances favoring female condom use in stable unions.

* The approved objective originally included the intent to compare the change in proportion of protected sex acts among couples in stable unions as well. However, after a development trip to Mexico in January 2000, it became apparent that FHI would not be able to obtain this information from stable couples.

Description: This study is being conducted with two distinct target groups: 1) commercial sex workers (N=100) who will be recruited through CONASIDA (National Council for the Prevention and Treatment of AIDS) clinics; and 2) women from the general population (N= approximately 300) who are recruited by the Mexican Initiative for the Distribution of the Female Condom. The goal of both organizations is to secure the inclusion of the female condom in to the contraceptive method mix in Mexico.

Both organizations conducted baseline interviews of their respective target groups and held educational sessions on safer and protected sex. Female condoms were provided at that juncture to participants. Approximately 1½ months later, a sample of these participants were invited to participate in a focus group discussion in order to describe any difficulties or successes associated with use of the female condom. These participants were given additional supplies of female condoms if needed. Initially it was planned that the women would be re-contacted at the end of three months for a final interview to determine if female condoms increased the proportion of protected sex acts. However, by this time the baseline data had revealed that CSWs were reporting that they used male condoms in almost all cases, so it was decided to do a semi-structured interview instead to probe this finding.

Funded largely under the FHI/IMPACT Project, an FHI/NC staff member is providing technical assistance, including work in Mexico. Corporate funds were contributed to provide supplemental funding for the staff time involved. At the end of FY'00 core funds from the Contraceptive Technology Research (CTR) Agreement were approved to further explore the findings of the baseline interview and the focus groups.

Subgrantee(s): CONASIDA (Consejo Nacional para la Prevención y Control del SIDA), Mexican Initiative for the Distribution of the Female Condom

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- An initial study development visit was made to Mexico in June 1999 at which time FHI, CONASIDA, and the Mexican Initiative for the Distribution of the Female Condom drafted a study plan.
- An additional development trip was made in January 2000 to finalize the Letter of Agreement between CONASIDA and the Initiative.
- In March 2000 the technical monitor returned to carry out interviewer and focus group facilitator training and pretesting of the commercial sex-worker baseline interview instrument.
- Interviews with commercial sex workers began in March 2000.

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- Preliminary results from the baseline interviews and focus group discussions indicated that commercial sex workers were using male condoms almost 100% of the time.
- The technical monitor returned to Mexico in September 2000 to further explore this finding and its implications for female condom introduction in Mexico. Recognizing that it would be more costly to continue this subproject with a somewhat revised focus, USAID/W was asked to approve supplemental funding under the Contraceptive Technology Cooperative Agreement before the trip was undertaken. (FCO 9311)

FY'01 WORKPLAN ACTIVITIES:

- CONASIDA will complete the final phase of data collection with commercial sex workers and conduct data analyses.
- The Initiative will complete data collection and conduct data analysis.
- Preliminary reports and the Initiative will be submitted to the technical monitor by CONASIDA by December 2000.
- The final report will be completed and submitted to CONASIDA, the Initiative and USAID by March 2001.

Funding Source(s):			USAID/Core; USAID	**FCO Approved:**	**1503**	Dec 1999
					9311	Sep 2000
					85850	Oct 1999
Total Approved Budget:	**1503**	$	9,000	**Projected End Date:**		Mar 2001
	9311	$	19,130			
	85850	$	100,000			
		$	128,130			

USA: Multiple Use Assessments of the Reality® Female Condom (FCO 6384)

Technical Monitor: CJoanis

Objective(s): To determine whether the female condom maintains structural integrity, and is safe to use after one and five uses. The study results will be used to support a programmatic statement on the acceptability and feasibility of reusing the female condom multiple times.

Description: Reuse of the female condom is vital to the method's viability as an affordable alternative in disease control and pregnancy prevention. FHI is carrying out a series of studies to potentially re-label Reality®[3] as a multiple use device. Under this subproject, a series of laboratory and small-scale human use studies are being conducted that address questions which must be resolved before large-scale human use studies, involving multiple reuse of the female condom, can be undertaken. More specifically, this series involves laboratory work to: 1) verify the manufacturing specifications; 2) determine the impact of disinfection procedures on the structural integrity of the female condom; 3) assess the impact of the cleaning procedure on structural integrity; 4) analyze whether there is a synergistic effect on structural integrity when the female condoms are both cleaned and disinfected.

[3] REALITY® is the trademark of Female Health Company for the female condom.

In addition, the following in-vivo studies are being conducted under this subproject: 1) a single-use study to examine the structural integrity of the devices after they have been used one time (assessed by tensile strength, tear propagation, air burst, water leakage and dimension measurements); and 2) a comparative reuse/single use study that will assess safety. The latter will involve 80 adult couples, protected from pregnancy and screened for STI risk.

Subgrantee(s): Eastern Virginia Medical School (EVMS)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- For accomplishments prior to October 1998, please refer to FHI's previous annual reports.
- The female condom reuse safety study was taken off "hold" status and funds were made available to continue the research.
- A meeting was held in May 1999 to discuss the status of FHI's research and comparable research being conducted by the University of Wittwaterstrand, Johannesburg, South Africa.
- As a result of the May 1999 meeting, the safety protocol was modified to increase the number of devices tested and to increase the number of reuses per device from three to five.
- Case report forms and other related study instruments for the safety study were modified as well.
- Laboratory research on recovery of STD pathogens from inoculated female condoms was postponed.
- FHI assisted with the process of convening an expert panel to provide independent review of FHI and South African data on female condom reuse.
- A trip was made to Johannesburg, South Africa, to present FHI reuse findings and to obtain data from microbial retention studies conducted in South Africa.
- The subproject was placed on hold again in November 1999 pending a decision of whether to conduct a USFDA relabeling study or to conduct study with programmatic outcomes. The decision to proceed with a programmatic strategy was made in December 1999.

April 1, 2000 - September 30, 2000

- The subagreement with EVMS for the five-use safety study, co-supported by Contraceptive Research and Development Program (CONRAD), was renegotiated and finalized.
- The protocol was modified in the reuse arm to include a disinfection soak after each washing.
- The reuse safety study was initiated by EVMS in August 2000.
- An expert panel, comprised of materials specialists, microbiologists and programmatic advisors was held in Geneva, Switzerland in June 2000. The outcome of the meeting was a programmatic statement on the advisability of reusing the female condom (i.e., a harm/risk minimization statement) and a call for more research on disinfection, device structure and safely.
- A paper titled "Structural Integrity of the Female Condom After a Single Use, Washing and Disinfection" by Joanis C, Latka M, Glover L and Hamel S was accepted for publication by Contraception in August 2000.
- Structural integrity testing (water leakage) of the lot of condoms used in the safety study was completed. Baseline values were obtained, as were values for 1x and 5x washed and disinfections.

Findings and Outcomes:

- As reported in the FY'98 Annual Report, laboratory test results of female condoms used one time for intercourse indicate that there was no significant change in the structural integrity of these devices after a single use. Test results were compared to baseline values of new devices. Five laboratory tests of structural integrity were used in this evaluation: device dimensions; seam tensile strength; airburst; water leakage; and tear propagation.
- Other laboratory study results indicated that the cleaning and disinfection procedures were adequate and the devices maintained strength after multiple washings and disinfection.

FY'01 WORKPLAN ACTIVITIES:

- The safety study will be site monitored three times (once after ten couples are recruited, a second time after all couples are recruited and a final time for closeout activities).
- Completed case report forms will be reviewed for completeness and accuracy of reporting.
- Data queries will be resolved and keyed into the ClinTrials database.

Possible Problems, Barriers to Completion:

- It may be difficult to recruit participants who could prolong the research period.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 1996
Total Approved Budget:	$	735,029	**Projected End Date:**	Dec 2001

USA: Good Laboratory Practices Systems Development (FCO 6388)

Technical Monitor: CJoanis

Objective(s): To develop laboratory procedures and documentation practices to support testing of the Reality female condom in compliance with the USFDA's Good Laboratory Practice (GLP) regulations.

Description: The Reality female condom is currently approved by the USFDA for a single use. In order to evaluate the feasibility of the multiple use potential of this condom, it is necessary to conduct a series of laboratory studies to test structural changes in used devices. According to the USFDA, these studies must be conducted under GLP. This subproject is used to develop systems, (e.g., procedures, filing systems, record keeping practices) associated with GLP compliance.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In FY'97 a consultant was hired to assist in evaluating FHI's Product Quality & Compliance laboratory according to GLP regulations. Two audits were conducted of the laboratory equipment maintenance, staff training and laboratory procedures.
- A GLP compliance project record book was compiled for the study entitled "Multiple Use Assessments of the Reality Female Condom". (Study itself is under FCO 6384.)
- In the first half of FY'98, a consultant audited the clinical files and records maintained by the laboratory and study director to ensure compliance with GLP protocol.
- An internal audit by Regulatory Affairs Division was conducted on the first of a series of female condom single-use studies done to assess potential for multiple use (see FCO 6384).
- No work was completed under this FCO during October 1998–September 1999.
- No work was completed under this subproject (October 1999–March 2000) because the "Multiple Use Potential of the Reality Female Condom Safety" study was placed on hold in November 1999 pending re-evaluation of subproject direction.

April 1, 2000 - September 30, 2000

- In May 2000, an internal audit was conducted of the files and records of the first FHI female condom study entitled "Structural Integrity of the Reality Female Condom After a Single Use, Wash and Disinfection" to ensure compliance with GLP and GCP protocols.
- **A decision was made to close the subproject, effective September 2000,** since USFDA approval of revised labeling will not be sought.

Findings and Outcomes:

- See FCO 6384 for results of the use assessments done on the female condom. Also one can refer to Joanis C, Latka M, Glover LH, Hamel S. Structural integrity of the female condom after a single use, washing and disinfection. *Contraception*, Aug 2000 Vol. 52(2):63-72.
- Laboratory procedures and documentation practices to support the testing of the Reality female condom in compliance with the USFDA's GLP regulations were developed.

Funding Source(s):		USAID/Core	**FCO Approved:**	Apr 1997
Total Approved Budget:	$	25,593	**Projected End Date:**	Sep 2000

USA: Comparative Research Study of the Reality Female Condom and the Reddy Female Condom (FCO 6395)

Technical Monitor: CJoanis

Objective(s): To perform a preliminary assessment of the acceptability and functional performance of the Reddy female condom. Acceptability was evaluated by comparing the physical attributes (device size, amount of lubricant, etc.) of the Reddy female condom with the Reality female condom. A second objective was to assess user opinion and perceptions about the device (use behavior). Functional performance was determined as well.

Description: Women's health professionals have long advocated the use of contraceptive methods that are initiated by women. The increasing incidence of STD and HIV among women necessitates that contraceptive barrier methods under a woman's control be developed. This is particularly true for women at risk and for those who have little power to protect themselves within sexual relationships. The development and introduction of a new female initiated barrier method would add to the contraceptive method mix and to the choices that women have in protecting themselves from pregnancy and disease.

This study evaluated the acceptability and functional performance of a new female condom developed by A.K. Reddy. The new design was compared to an existing, marketed product (the Reality female condom). Participants were instructed to use three devices of each type of condom. Condom use order was randomized. Study outcomes were acceptability, breakage, slippage, and overall device function.

Subgrantee(s): Eastern Virginia Medical School (EVMS), New York Academy of Medicine (NYAM)

Collaborating Agency(s): CONRAD

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study was initiated in January 1999 by NYAM and EVMS.
- Recruitment was completed at both sites at the end of April 1999.
- Data analysis was completed in August 1999.
- CONRAD reviewed the completed analysis and wrote the final study report.
- Study results were disseminated to USAID in November 1999.
- A follow-on study to evaluate product modifications to the Reddy device was developed.
- With the preliminary assessment of the Reddy condom completed, **this FCO was closed October 31, 1999.**

Findings and Outcomes:

- Sixty of the 70 couples enrolled (35 per site) completed the study. Ten couples discontinued due to personal or product related reasons or were lost to follow-up. Participants were 30+ years old. Demographics varied by site; the New York site was primarily Hispanic while the Virginia site was predominantly Caucasian. Virginia participants were more likely to be married and were better educated. However, when results were looked at within subgroups, there were no apparent differences between sites and the data were pooled for analysis.
- The clinical failure rate (the potential for pregnancy or transmission of STI) was greater for the Reddy condom. The Reddy condom broke more often (12% vs. 0%) and had a higher rate of complete or partial slippage (17% vs. 10%).
- Most of the breakage of the Reddy condom occurred when the outer frame pulled away from the latex condom. Reddy condoms were easier to insert and had less semen spillage (4% vs. 8%). On a 7-point scale with #1 being most favorable, both condoms were found to be quite acceptable with average responses being 4 or less. There were few significant differences in acceptability between the two devices.

Funding Source(s):		USAID/Core	**FCO Approved:**	Oct 1997
Total Approved Budget:	$	36,888	**Projected End Date:**	Oct 1999

USA: Acceptability of the Reddy Female Condom: Study Two (FCO 2250)

Technical Monitor: CJoanis

Objective(s): To evaluate the acceptability and functional performance of a modified Reddy female condom. This modified Reddy female condom, designed to correct problems encountered during the testing of the first iteration of the device, will be compared to the marketed Reality product.

Description: This study will be similar to the study conducted on the first iteration of the Reddy condom (see the subproject report under FCO 6395). It will evaluate the acceptability and functional performance of the newly modified female condom developed by A.K. Reddy. Among the design changes of the modified Reddy condom are: 1) a flattened outer ring which should eliminate detachment of the outer ring from the condom sheath; and 2) a larger insertion/retention sponge which should decrease device pull-out during intercourse. Sixty women at a single sponsored site will participate in the study which compares the new Reddy design to an existing, marketed product (the Reality female condom). The study also assesses acceptability and behaviors associated with use of the modified Reddy female condom.

Subgrantee(s): California Family Health Council, Los Angeles, CA

Collaborating Agency(s): CONRAD

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Minor modifications were made to the study protocol and study instruments used for the first study of a Reddy device.
- Quality assurance testing of the Reddy female condoms was completed in February 2000 by FHI.
- FHI prepared the CRFs and assembled the participant study packages.

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- The study was initiated by CONRAD in April 2000 and completed in August 2000. They also provided clinical monitoring.
- Data entry was begun by FHI.

Findings and Outcomes:

- Preliminary analysis indicates that the Reddy female condom is an acceptable method when compared to the established, marketed Reality device. However, the modifications made to the Reddy female condom did not alleviate the outer frame pull-off that was experienced with the first iteration product (see FCO 6395, Findings and Outcomes).
- Based on preliminary findings of this study, a third generation prototype was developed. Results of FHI's laboratory testing indicate the frame pull-off problem has been resolved. Human testing of the third Reddy prototype will be conducted at two sites in India by CONRAD.

FY'01 WORKPLAN ACTIVITIES:

- Data entry data analysis will be completed by FHI in October - November 2000.
- A final report will be drafted by CONRAD in December 2000 and issued in January 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jan 2000
Total Approved Budget:	$ 137,302	**Projected End Date:**	Mar 2001

India: Comparative Research Study of the Reality Female Condom and the Reddy Female Condom: Prototype 3 (FCO 2257)

Technical Monitor: CJoanis

Objective(s): The objectives of this subproject are to evaluate the acceptability and functional performance of a modified (3rd iteration prototype) Reddy female condom. The prototype device was modified to correct problems encountered during the testing of the second iteration, notably outer frame pull-off. In the third prototype, the outer frame is permanently sealed to the latex condom shaft by using a latex weld process.

Description: This is a comparative acceptability study of the Reddy 3 prototype and the Reality female condom. The protocol and related study instruments from Studies 1 and 2 will be used in the third round of testing. Sixty couples protected against pregnancy and STD will participate. Each couple will be asked to use three devices of each type of condom and answer questions related to the use of each condom. Data will be entered in the ClinTrial software and converted to SAS for analysis. CONRAD will be responsible for the conduct and clinical monitoring of the study. FHI will provide quality assurance (laboratory) testing of the Reddy condoms, will purchase and label clinical supplies and will provide biostatistical and data management support.

Subgrantee(s): CONRAD

FY'01 WORKPLAN ACTIVITIES:

- Reddy condoms will be tested for outer frame pull-off, water leakage, tensile strength, and dimensional measurement in the FHI QA lab.
- Clinical supplies (Reality condoms and lubricant) will be purchased. FHI will place a research label on the study packages.
- Clinical supplies will be shipped to the study sites and CONRAD will initiate the study.

- Participants will be recruited and the study monitored by CONRAD.
- Data will be queried and data entry will be completed.
- The final report will be drafted.

Possible Problems, Barriers to Completion:
- The latex weld process, which appeared to have worked in laboratory testing, may not have resolved the outer frame pull-off problem.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$ 60,709	**Projected End Date:**	Jan 2002

Worldwide: Biostatistical Support: CONRAD PATH Diaphragm Study and Reddy Female Condom (FCO TBD 91xx)

Technical Monitor: RDominik

Objective(s): To provide full biostatistical and data management support to CONRAD for one or more studies of female barrier devices in development. It is expected that results of these studies would support applications to the USFDA for clearance or approval of new methods of barrier contraception.

Description: Although the methods to be studied have yet to be selected, the most likely candidates for further development are the PATH Diaphragm and the Reddy Female Condom. A randomized comparative trial of the PATH and Ortho All-Flex®[4] diaphragms is being considered and a randomized comparative trial of the Reddy Female condom and the Reality Female condom is also being considered. Either trial would likely enroll 600-900 participants and follow them through six months of product use. Alternatively, an earlier phase study of the Reddy device (e.g., another small breakage and slippage study of a modified version of the device) or some other female barrier device may be considered. (Ultimately, FHI will establish individual FCO numbers for each study developed. However, for FY'01 budgeting purposes, the projected costs for early development work have been consolidated.)

FY'01 WORKPLAN:
- This fiscal year, FHI expects to provide study design, protocol development and CRF development consultation for approximately two clinical studies of female barriers. Data management start-up activities for at least one project are also expected to begin this fiscal year. A total of $83,714 has been requested for this fiscal year in anticipation of start-up of these projects.

Possible Barriers to Completion:
- The post-coital testing study results for the PATH diaphragm are expected soon. If the device needs further design changes, GMP devices may not be ready for clinical testing in an effectiveness trial.
- Results of the ongoing Reddy female condom breakage and slippage studies may suggest that further device modification and functionality testing are needed before a pregnancy study is initiated.

Funding Source(s):	USAID/Core	**FCOs Approved:**	TBD
Total Approved Budget:	TBD	**Projected End Date:**	TBD

[4] Ortho All-Flex® is a registered trademark of Ortho Pharmaceutical for a diaphragm.

Worldwide: Female Condom Information Dissemination (FCO 9425)

Technical Monitor: THatzell

Objective(s): 1) To raise awareness and stimulate discussion among health sector decision-makers about the appropriate role of the female condom in reproductive health programs; 2) to support the policy-making process regarding female condom distribution through the provision of succinct, objective information about the method; and 3) to strengthen service delivery of existing female condom programs by distributing up-to-date information and educational materials to program managers.

Description: Through this Africa Bureau-supported initiative, FHI will provide policy makers and program planners in Sub-Saharan Africa with information needed to make evidence-based decisions about appropriate incorporation of the female condom into reproductive health services.
FHI will disseminate locally relevant, science-based information to help program managers and policy makers make informed decisions regarding female condom introduction.

FHI will compile results from completed research and package key findings in a practical format for key audiences. Further, FHI will track ongoing research studies and will facilitate dissemination of findings as soon as investigators make them available. Partners in sub-Saharan Africa will be encouraged to weigh the evidence as they consider the introduction of the female condom into programs. FHI will look for an appropriate opportunity to piggyback a one to two-day workshop onto an existing event, in order to have key researchers discuss and interpret current findings, and to produce a consensus document. An anticipated outcome of this exercise would be a consensus statement published in an international journal, such as Lancet. For countries or programs that have already determined to include the female condom in the method mix, FHI will distribute materials to support service delivery.

FY'01 WORKPLAN:

- Approval to develop the subproject will be sought from USAID in December 2000.
- The FHI Library will begin compiling information in December 2000 to create a database of female condom-related research reports, to be accessible via the Internet.
- Reproductive health program managers in sub-Saharan Africa will be interviewed to assess their information needs concerning the female condom in January 2001.
- Key staff will meet with a senior manager of the Female Health Company in January 2001 to discuss collaboration in our respective efforts to disseminate female condom information in sub-Saharan Africa.
- Key staff will meet with Africa Bureau staff to discuss project implementation plans in February 2001.
- A female condom dissemination workshop will be planned and executed in conjunction with a regional conference in sub-Saharan Africa.
- A meeting will be organized in Washington DC to permit FHI and other US-based investigators to present female condom research findings to USAID staff and other CAs managing reproductive health projects.
- Written dissemination materials will be prepared and distributed to decision makers and program managers in sub-Saharan Africa to fill in information gaps revealed through the needs assessment.
- Missions and Ministries of Health will be re-contacted in September 2001 to assess the effect of information dissemination efforts to date and to plan future action.

Funding Source(s):	USAID/Field Support	**FCOs Approved:**	Nov 2000
Total Approved Budget:	$ 150,000	**Projected End Date:**	Mar 2002

MALE CONDOM

Strategic Objectives

1) To improve successful client use
2) To evaluate new products
3) To introduce new products into programs
4) To assure quality of marketed products

FY'01 Subprojects

	USA:	Plastic Male Condom Development and Management (FCO 2224)
	USA:	Comparative Contraceptive Effectiveness Assessment of the Twin-Aperture Slip-On (eZ•on) Condom and Latex Condoms (FCO 2229)
?	Worldwide:	Acceptability of New Male Latex Condom Designs (FCO 2259)
?	Worldwide:	Acceptability of New Non-Latex Male Condom Designs (FCO 2263)
●	Kenya:	Dual-Method Use and Factors Associated with STDs among Kenyan Family Planning Clients (FCO 6313)
●	Jamaica:	Dual Method Use and Factors Associated with STDs among Jamaican Family Planning Clients (FCO 6027)
?	Tanzania:	Supplementing Male and Female Condom Social Marketing with Interpersonal Communication (FCO 9329)
?	Kenya:	Barriers to Informed Choice: Condom Promotion among Health Providers (FCO 9320/9420)
	Kenya:	Cluster Randomized Trial of Two Condom Promotion Strategies (FCO 2251)
?	Worldwide:	Measuring and Explaining Variations in Condom Use (FCO 9334)
?	Zimbabwe:	Choice of Condoms on Incident STI (FCO 2254)
	Zimbabwe:	Re-Entry Grant—Dr. Magwali (FCO 1620)
?	Zimbabwe:	Qualitative Add-on to Condom Survey (FCO 2256)
	Kenya:	Re-entry Grant-Dr. Otieno-Nyunya (FCO 1653)
●	Nicaragua:	Behavioral Surveillance Surveys for HIV/STD-related Behaviors (FCO 84350/84360/84390 and previously 9376)
	USA:	Mapping Dual Method Use: Qualitative Approach (FCO 201)
	Worldwide:	Condom Production Surveillance (FCO 8015)
	Worldwide:	PATH - Condom Research Activities (FCO 8016)
	Worldwide:	Condom Laboratory Monitoring (FCO 8029)
	Worldwide:	Contraceptive Field Stock Evaluations (FCO 8011)
●	Brazil:	Condom Quality Assurance (FCO 8400)
	Worldwide:	Contraceptive Quality Testing Service (FCO 1360/1361/1362/1363/ 1364/1365/1366/1367/1368/1602 and previously 1604/1605)
	USA:	Mayer Labs: Evaluation of eZ•on Condoms' Shelf-life (FCO 1638)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01
? New Non-USAID funded subproject in FY'01

USA: Plastic Male Condom Development and Management (FCO 2224)

Technical Monitor: KNanda

Objective(s): To develop polyurethane condoms functionally equivalent to condoms made of latex and to continue a working relationship with a corporate partner.

Description: Activities, related to the development of new condoms made from polyurethanes, have been ongoing since 1987. Activities specific to the development of the twin-aperture slip-on condom have been ongoing since 1991. Initial efforts focused on the use of stress-softened Platilon®[5] film. Processing and stability concerns resulted in a suspension of this effort in September 1994. The current focus is on the use of a film made from a Dow Chemical resin. A licensing agreement with a commercial partner, Mayer Laboratories, was signed in late 1995 and the technology subsequently transferred. Activities that were overseen by the Materials Technology Division, and conducted under FCOs 8030–8037, were then either closed, or transferred to Clinical Trials under this FCO. FHI continues to assist Mayer Laboratories in this development effort.

Collaborating Agency(s): Mayer Laboratories

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI met with representatives from Mayer Labs in January 1996 to discuss a contraceptive efficacy study with a nested breakage and slippage sub-study.
- FHI and Mayer met with the USFDA in February 1996 to review plans for a contraceptive efficacy study to be conducted in the Netherlands (later changed to the United Kingdom and then the U.S.).
- FHI staff participated in a World Health Organization Consultation on Pre-Clinical and Clinical Requirements for Non-Latex Male Condoms in Geneva, Switzerland, May 1996.
- A paper by Farr G, Katz V, Spivey SK, Amatya R entitled "Safety, feasibility, and acceptability of a prototype polyurethane condom" was published in *Advances in Contraception* in 1997.
- FHI's Regulatory Affairs/Quality Assurance staff conducted a final quality assurance audit of the manufacturing facility at Mayer Laboratories in February 1998.
- FHI assisted Mayer Labs in preparing for a June 1998 pre-IDE/510(k) meeting with the USFDA.
- FHI provided technical assistance to Mayer Labs for finalizing quality control testing, developing standard operating procedures, and preparing for quality assurance audits by a recognized European authority for ISO 9001 compliance.
- FHI continued to support patent research work in accordance with the licensing agreement.
- FHI staff provided technical assistance to Mayer Laboratories in finalizing pre-clinical toxicology testing of the final condom product.
- In 1999 FHI staff assisted Mayer Laboratories in coordinating additional viral permeability testing of the final condom product.
- FHI conducted physical testing of the final condom product.

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- FHI staff provided assistance to Mayer Laboratories in coordinating continuing patent research and filings for the condom product.
- FHI completed 24-month stability testing of the polyurethane condom in September 2000.

[5] Platilon® is a registered trademark of Deerfield for the X-1348 slip-on condom film.

Findings and Outcomes:

- As reported in the FY'99 Annual Report, review of existing, viral permeability data suggests that the data with eZ•on are consistent with findings from studies USFDA has provided or conducted on other non-latex condoms.
- Also, as previously reported, results of pre-clinical toxicology testing suggest that the materials in the finished condom are low in toxicity and have an acceptably low potential for adverse effects in the human population.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will provide assistance to Mayer Laboratories in coordinating continuing patent maintenance and USFDA filings for the condom product.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Comparative Contraceptive Effectiveness Assessment of the Twin-Aperture Slip-On (eZ•on) Condom and Latex Condoms (FCO 2229)

Technical Monitor: MSteiner

Objective(s): To assess the contraceptive effectiveness, safety, acceptability, and rate of breakage and slippage of the twin-aperture slip-on polyurethane condom compared to a marketed latex condom.

Description: As part of a new guidance issued by the USFDA in June 1995, data from a clinic-based contraceptive efficacy study are required before unrestricted labeling will be granted for synthetic condoms. This randomized, multicenter comparative trial is designed to compare the contraceptive effectiveness of the twin-aperture slip-on polyurethane condom with a marketed latex condom. (In November 1995, FHI executed a licensing agreement with Mayer Laboratories for the twin-aperture condom). Per the study design, approximately 900 couples were recruited. Couples are to followed for a period not to exceed 30 weeks of product use and are to use the condoms as their sole means of birth control, although emergency contraception will be provided if desired. Fieldwork is expected to last approximately 2½ years.

Subgrantee(s): Advances in Health (TX), California Family Health Council, Carolina Physician's Research (NC), Magee-Women's Hospital (PA), New York University, San Diego State University, University of California San Francisco, University of Cincinnati Medical Center, University of Colorado Health Sciences Center

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI identified 12 potential sites for the study in the U.K. in November 1996, but the potential recruitment rate was inadequate to complete the study in a timely fashion. USAID, FHI, and Mayer Labs agreed to shift the study to the U.S.
- In January 1997, Mayer Labs informed FHI that condom production was delayed due to moving the production facility to Oakland, CA. The subproject was placed on temporary hold until condom production was restarted.
- The protocol was completed and was approved by PHSC in August 1998 and amended in September 1998.

- An Investigational Device Exemption (IDE) was submitted in November 1998.
- FHI selected nine sites for the study and an investigators' meeting was held in Cary, NC, on January 22, 1999, with an anticipated start date in March 1999.
- In March 1999, preliminary results from the recently completed eZ•on Breakage and Slippage study showed possible higher levels of breakage in the eZ•on condom compared to the latex comparator.
- FHI revised the protocol to incorporate the possible higher levels of breakage in the eZ•on condom as compared to the latex comparator findings, and the revision was approved by expedited review by the PHSC in April 1999.
- Subsequent to this, there were delays in initiating the study, as sites submitted the revised protocol to their IRBs. Recruitment began in May with all sites recruiting by September 1999.
- The current in-house staffed centralized randomization database system (CRAS) was reviewed for cost efficiency and was subsequently replaced with an Interactive Voice Response System (IVRS) run by Dynarand (San Francisco, California).
- A Data Safety Monitoring Board (DSMB) was established and met in November 1999.
- The North Carolina site was closed due to slow recruitment and a new site was opened in Los Angeles, California.

April 1, 2000 - September 30, 2000

- Periodic on-site monitoring visits (every three months) continued.
- In order to meet recruitment goals, the expected number of participants was increased at several of the original sites.
- Safety data and progress of the study were reviewed at the May 2000 DSMB meeting. The DSMB approved the Operational Plan and recommended that the project continue.
- Full recruitment was achieved on August 24, 2000 (N=901).
- All data needed for the scheduled October 2000 DSMB meeting were entered into the ClinTrial database.

FY'01 WORKPLAN ACTIVITIES:

- Analysis of the first half of the trial data will be presented at an October 30, 2000 DSMB meeting.
- Monitoring visits will continue every three months.
- Data entry and cleaning will continue.
- The last scheduled participant follow-up visit will occur at the end of March 2001.
- The final data freeze is scheduled to occur in mid-June.
- The first draft of the final report will be available for review in mid-September with the expectation that the final report and several draft manuscripts for publication will be completed in late October 2001.

Funding Source(s):		USAID/Core	**FCO Approved:**	Feb 1996
Total Approved Budget:	$	3,263,610	**Projected End Date:**	Oct 2001

Worldwide: Acceptability of New Male Latex Condom Designs (FCO 2259)

Technical Monitor: CJoanis

Objective(s): 1) To determine whether choice of condom products is associated with increased condom use; 2) to evaluate user opinions about, and potential consumer preference levels for, various latex condom designs, including several new latex condom designs, with priority being given to those developed by Dr. A. V. K. Reddy (new designs will be compared to the presently marketed, standard

condom in the selected countries); and 3) to explore information on perception of the various condoms (sensitivity, sexual pleasure, strength and other aspects of acceptability) that could prove useful in determining which condom users would chose to purchase and continue to use.

Description: As currently planned this study will be conducted in urban sites in Africa, Asia and Latin America. Approximately 400 sexually active men, who are current or previous condom users, will be enrolled at each site. Current plans are to include four sites. After obtaining consent and demographic information, participants will be randomized to either a standard condom group (no choice) or to multiple products (choice) group. Participants will be given equal numbers of the different condom types , enough of each to cover about one month of coital activity). They will be asked to return to the study location as often as needed to obtain re-supply of condoms, with the first scheduled follow-up occurring at two months. Type and number of condoms requested will be recorded. At the scheduled follow-up an in-depth interview will be used to ascertain information about condom use during the previous 2-month period - whether they used more than one product, which product(s) they liked best, what products they chose for the next two week interval and why. Questions dealing with quality of life, stage of life, lifestyle, sexual attitudes and practices, condom use history, perception of condoms as a useful product, etc. will be asked in order to develop population appropriate promotional messages. Participants will have a final follow-up visit at 4 months. Participants will again be interviewed and asked questions similar to those asked at month 2, plus additional questions on their likelihood to use the products selected in the future, if they were widely available. Data obtained in this study should provide USAID with sufficient information to determine whether the Agency should procure condom products of different designs.

Collaborating Agency(s): PSI/Washington

FY'01 WORKPLAN ACTIVITIES:

- Preliminary approval to develop the subproject using this study design will be sought from USAID.
- The protocol and related study instruments will be developed.
- Potential sites will be identified.
- FHI IRB approval will be obtained and the site IRB approval process will begin.
- Study supplies will be ordered and readied.
- Subagreements will be drafted and budgets negotiated.
- Studies will be initiated and monitored.

Possible Problems, Barriers to Completion:

- Identifying the appropriate products and getting a quality supply of product imported into each country selected may be difficult.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$	237,337	**Projected End Date:**	Sep 2002

Worldwide: Acceptability of New Non-Latex Male Condom Designs (FCO 2263)

Technical Monitor: CJoanis

Objective(s): 1) To determine use opinions about and potential consumer preference levels for several new non-latex condom designs; 2) to gather further information on perception of the various condoms (sensitivity, sexual pleasure, strength and other aspects of acceptability) that could prove useful in developing advertising/promotional materials (messages) for lead products; and 3) to develop condom user profiles which will further assist in the development of promotional messages.

Description: A study design for this subproject has not been finalized and is largely dependent on the number and types of condoms that will be made available during the coming year. Examples of potential study designs might include: traditional, comparative acceptability study of several non-latex condom types; eZ·on versus standard latex; eZ·on versus Reddy latex; and acceptability of the new non-latex condoms among inexperienced or never condom users. Sites have not been selected at this time. The anticipated duration of this subproject is twenty-four months. Data obtained in this study should provide USAID with sufficient information necessary to make informed decisions regarding future purchase and distribution of these new non-latex condoms. If the newer polyurethane condom designs are found to be more acceptable, it is possible that consumers would use these condoms more consistently, thus reducing STIs and unwanted pregnancies.

Collaborating Agency(s): PSI/Washington

FY'01 WORKPLAN ACTIVITIES:

- Approval to develop the subproject under one basic study design will be sought from USAID.
- The protocol and related study instruments will be developed.
- Potential sites will be identified.
- FHI IRB approval will be obtained and the site IRB approval process will begin.
- Study supplies will be ordered and readied.
- Subagreements will be drafted and budgets negotiated.
- Studies will be initiated and monitored.

Possible Problems, Barriers to Completion:

- Identifying the appropriate products and getting a quality supply of product imported into each country selected may be difficult.

Funding Source(s):	USAID/Core	**FCO Approved:**	Dec 2000
Total Estimated Budget:	$ 235,104	**Projected End Date:**	Sep 2003

Kenya: Dual-Method Use and Factors Associated with STDs among Kenyan Family Planning Clients (FCO 6313)

Technical Monitor: ASpruyt

Objective(s): 1) To evaluate prevalence and correlates of dual-method use (DMU) among family planning clients; and 2) to assess methods of identifying family planning clients at increased risk of STD.

Description: This study estimated the level of STD risk and awareness, and evaluated the prevalence and correlates of dual method use (non-barrier and barrier family planning method for prevention of pregnancy and infection) among clients of the Family Planning Association of Kenya (FPAK). A sample of 300 women currently using a family planning method was enrolled from each of three sites (two clinics, one community-based distribution (CBD) program) in the Kisumu and Nakuru districts. Each woman was interviewed to gather demographic and socio-economic characteristics, information on STD risk factors, current and past contraceptive use, factors that facilitate or inhibit dual method use as well as method variation by partner type. Each woman assessed her own risk of current and future infection. Prior to the survey component of the study, eight focus group discussions were conducted with convenience samples of men and women from each of the three study sites.

Subgrantee(s): Family Planning Association of Kenya

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff traveled to Nairobi in March 1995 to work with FPAK and the FHI Regional Population Office to develop the study protocol and visit potential sites.
- The study protocol was revised to reflect changes in the study focus and site selection (western Kenya) and approved by PHSC in February 1996.
- The subagreement was completed and approved by USAID/W, USAID/Kenya and FPAK in April 1996.
- FHI staff traveled to Nairobi in May 1996 and, in collaboration with FPAK, trained study staff, conducted focus group discussions, pretested the study instruments and initiated the study.
- Study recruitment and interviews were completed in December 1996.
- In March 1997, FHI and FPAK completed preliminary analysis and presented preliminary results to USAID REDSO/ESA.
- FHI staff completed further analysis and presented findings at a USAID/Kenya workshop in June 1997 and at the Reproductive Health Priorities Conference in South Africa in August 1997.
- FHI and FPAK staff prepared a draft of the final report and in February 1998 held a two day meeting in Kenya to disseminate the study findings to FPAK staff and representatives of almost 20 collaborating and governmental agencies.
- FHI and FPAK summarized input from participants of the meeting.
- Recommendations were made for FPAK program changes. Recommendations were also made for future research as well as additional analysis to be done.
- FHI and FPAK completed a final report in March 1999.

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- FHI continued work on a manuscript to include data from a similar study in Jamaica.
- **The FCO was closed at the end of FY'00.** The final work on the manuscript will be covered under the Health Services Research Paperwriting subproject (FCO 9304).

Findings and Outcomes:

- As noted in the FY'99 Interim Report, 11% of the women reported DMU during the most recent coitus and 13% reported some DMU during the month prior to the interview. Four percent of all study participants used dual methods consistently during intercourse, while eight percent reported DMU some of the time during the past month. For most measures of DMU, the rate of DMU among CBD clients was approximately twice as high as the rate among women from the clinic sites.
- Based on multiple logistic regression ($p<=0.05$), DMU was more likely among women who talked with their partners about STD risk and prevention (OR=13.2); had a casual or visiting partner (OR=4.4.); had multiple partners in the 12 months prior to the study (OR=2.7); received methods and counseling from CBD agents (OR=2.3); and who reported current or past STD symptoms (OR=1.8). Additional factors that were significantly associated with DMU in univariate analysis of site specific data included: ever trading sex for favors; having a partner with other partners; having received condom counseling; and using oral contraceptives.
- As shown in the FY'97 Annual Report, the need for integrated STD and FP services is great: about 16% of the women were reportedly diagnosed with at least one STD in the 12 months before the study and more than one-third consider themselves at risk. Additional recommendations from the February 1998 dissemination meeting were reported in FHI's FY'98 Report.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2000

Jamaica: Dual Method Use and Factors Associated with STDs among Jamaican Family Planning Clients (FCO 6027)

Technical Monitor: ASpruyt

Objective(s): 1) To evaluate prevalence and correlates of dual-method use among family planning clients; and 2) to assess methods of identifying family planning clients at increased risk of STD.

Description: This study was designed to measure STD prevalence, the value of perceived and behavioral risk indicators, and the prevalence and correlates of dual method use (use of two methods for the prevention of pregnancy and infection). The study was conducted among family planning clients at the Jamaican Family Planning Association (JFPA) Lenworth Jacobs Clinic and the Ministry of Health (MOH) Glen Vincent Clinic. Women were interviewed to assess past and present barrier method use, including reasons for use and nonuse with other contraceptives. STD risk assessments were made by the women themselves and by their providers. Each participant received a physical examination and specimens for STD were collected for laboratory analysis. Data were also collected on the cost of providing the STD services offered in the study. This research benefited from the combined efforts of MOH, MOH Epidemiology Unit, JFPA/IPPF, University of North Carolina, and FHI.

Subgrantee(s): Ministry of Health, Epidemiology Unit

Collaborating Agency(s): International Planned Parenthood Federation (IPPF), University of North Carolina, Chapel Hill

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI and IPPF staff traveled to Jamaica in November 1994. With MOH and JFPA staff, they visited potential sites and further refined the study protocol.
- FHI staff, in collaboration with MOH and JFPA, trained study staff, pretested the study instruments and initiated the study in June 1995.

- FHI staff monitored the study in September 1995, and introduced an additional procedure for collecting gonorrhea specimens.
- In November 1995, FHI staff monitored the completion of fieldwork, collected costing data, and, with in-country colleagues, worked on plans for analyzing the data as well as writing and disseminating the final report.
- FHI and the MOH completed preliminary analysis and, in collaboration with MOH and JFPA, held a meeting in Jamaica in July 1996 to disseminate the study findings among family planning administrators and providers.
- FHI made an oral presentation entitled “Dual method use among family planning clients: Kingston, Jamaica” at APHA in November 1996.
- FHI, UNC/AIDSCAP subcontractors, and the Jamaican investigators published a paper entitled: Sexually transmitted diseases are common in women attending Jamaican family planning clinics and appropriate detection tools are lacking (*Sex Transm Inf* 1998; 74:S123-7).
- FHI presented study results at the Conference on Standards & Guidelines for Reproductive Health, Harare, Zimbabwe, June 1998 (entitled: Cost Analysis of Selected STD Detection and Treatment Strategies for Family Planning Clinics).
- FHI presented a paper entitled "Costs of Selected STD detection and treatment strategies for family planning clients" at APHA in November 1998.
- FHI, UNC/AIDSCAP subcontractors, and Jamaican investigators prepared a paper entitled "Strategies for STD Detection Among Family Planning Clients in Jamaica."

April 1, 2000 - September 30, 2000

- The manuscript entitled, "Strategies for STD Detection Among Family Planning Clients in Jamaica" was submitted to *International Family Planning Perspectives* and accepted, pending revisions.
- **The FCO was closed in September 2000.**

Findings and Outcomes:

- Among the 778 clients enrolled, 16% of women reported dual method use (DMU = simultaneous condom use and any non-barrier method) during their last act of intercourse, 20% reported some DMU in past month.
- Multiple logistic regression suggests that DMU is more likely among clients who had a new partner in the past 3 months; know which FP methods offer STD protection; and talk with partners about STD protection.
- Other variables identified through bivariate analysis were: age >=24 years; >1 partner in past 3 months; and having a partner who has other partners.
- As reported in 99 Interim Report, each cervical infection detection strategy was evaluated by total costs and cost per true case of infection identified and treated (based on costs of drugs, labor and materials, and predictive value of each decision model). The decision models ranged from simple to complex and included short interviews (age, sexual history, symptoms, partner characteristics), a leukocyte esterase urine test, pelvic exams, lab tests, or a combination of these.
- As the complexity of each decision model increased, so did sensitivity, positive predictive value, total costs, and cost per infection identified and treated. Appropriateness of each strategy for a given clinic depends on STD prevalence, clinic's capital and human resources, and/or access to lab services.
- While the clinical assessment based on a pelvic exam resulted in significant cost increases, it contributed little to identifying infections. Conversely, adding urine LED to the short interview resulted in almost 50% more infections detected for a relatively small cost increase.
- As reported in 98 Annual Report, based on lab analysis, 27% of clients were diagnosed with at least one of four infections (trichomonas, gonorrhea, syphilis, chlamydia).
- The STD algorithm used at the time of the study to select FP clients at high risk of STD was found to be ineffective.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2000

Tanzania: Supplementing Male and Female Condom Social Marketing with Interpersonal Communication (FCO 9329)

Technical Monitor: THatzell

Objective(s): To develop interpersonal communication strategies to help men and women in overcoming barriers to male and female condom use. To assess whether consistent use of male and female condoms is more frequent when social marketing is supplemented with alternative forms of interpersonal communication. To measure whether STI re-infection rates are lower in communities that are exposed to condom social marketing enhanced with alternative forms of interpersonal communication.

Description: PSI/Tanzania is currently introducing the female condom in 4 urban sites: Dar es Salaam, Mbeya, Arusha and Mwanza. The target groups for the device are commercial sex workers (CSWs) and women in steady relationships. The social marketing program in Tanzania presents a unique opportunity to examine questions relating to the introduction and uptake of the female condom in the context of a social marketing program. The study will begin with formative research to refine messages about correct and consistent barrier method use. Ideas will also be sought on the best approaches for providing women with peer support for condom use, and for providing information to men about male and female condom use and other STI/HIV-preventive interventions. Messages, materials, and communication strategies will be developed based on the focus group findings and pilot tested to assess their clarity and feasibility of implementation. This initial phase will provide insight on the information and support mean and women need to assist them in getting over the obstacles to condom use. The next phase will begin with baseline measurements of male and female condom use. Face-to-face interviews will be conducted to gather information on the proportion of sex acts that are protected by male and female condoms. Information will also be gathered on women's knowledge of and experience with the female condom. Following baseline interviews, women will be supported in organizing peer support groups to implement the newly formulated communication strategies about condom use, with particular accent on the female condom use. In the final phase, face-to-face communication with men about male and female condom use will be added to the intervention. The study will conclude with final interviews with women to measure proportion of sex acts protected by the male and female condom.

FY'01 WORKPLAN ACTIVITIES:

- FHI/Nairobi will negotiate with PSI/Tanzania the nature of our collaborative project.
- A research protocol will be developed and submitted for PHSC approval.
- A local research partner will be recruited and a subagreement will be established.
- Data collection instruments will be prepared and pre-tested.
- STI testing and treatment procedures will be established.
- Interpersonal communication interventions for men and women will be developed.
- Peer educators will be recruited and trained.
- Data will be collected as baseline measurements of condom use behaviors and STI prevalence.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$	540,000	**Projected End Date:**	Sep 2002

Kenya: Barriers to Informed Choice: Condom Promotion among Health Providers (FCO 9320/9420)

Technical Monitor: L Broomhall

Objective(s): To investigate how provider biases about condoms at STI and family planning settings may discourage clients' ability to make informed choices about family planning methods.

Description: Recent evidence from Kenya indicates that condoms are not being widely promoted as a contraceptive method by family planning and STI personnel. One reason may be that the negative association of condoms with 'risky sex', infidelity and promiscuity may discourage health providers from actively promoting them as a means of preventing unwanted pregnancy, thus limiting informed choice.

This subproject will integrate qualitative and quantitative methods to: 1) identify factors influencing provider knowledge, attitudes and biases about condoms, and the sources of that information (e.g. pre-service and in-service training, local knowledge.); 2) understand how these attitudes shape provider messages about condoms and affect informed choice among family planning and STI clients and others seeking reproductive health services; 3) determine how provider messages about condoms may vary depending on the a) age, ethnicity, gender, sexual history and marital status of clients and providers; b) the service delivery setting; c) provider role: FP counselor, STI counselor or CBD worker; and assess the impact of those differences on condom provision; 4) identify possible structural factors (e.g. supply, access) that may influence condom promotion. Approximately 60% of the settings selected will be predominately family planning and 40% will be STI. USAID core funding will support the family planning portion of the study.

FY'01 WORKPLAN ACTIVITIES:

- Lorie Broomhall, FHI's technical monitor, will travel to Kenya in November 2000 to meet with in-country FHI staff, the USAID Mission staff and potential collaborators to better define the proposed study design.
- The preliminary budget will be developed and approval to further develop the subproject will be sought from USAID. (Editor's note: During the early FY'01 approval process, a decision was made to separate FCOs 9320 and 9420 into two complementary efforts. This will be further reflected in FHI's Interim Report.)
- Once the basic study design is agreed upon, the protocol will be written and the study instruments will be finalized.
- The field staff will be trained and data collection will be initiated in spring of 2001.
- A monitoring trip will be undertaken in August or September 2001 (The travel costs will be shared with one or more other Kenya subprojects, including that under FCO 9321.)

Funding Source(s):		USAID/Core; USAID/Field Support	**FCO Approved:**	**9320**	Oct 2000
				9420	Oct 2000
Total Approved Budget:	**9320**	$ TBD	**Projected End Date:**		Dec 2001
	9420	$ 110,796			

Kenya: Cluster Randomized Trial of Two Condom Promotion Strategies (FCO 2251)

Technical Monitor: PFeldblum

Objective(s): To measure the cluster-level impact of promoting condoms exclusively for STI prevention compared with a strategy that promotes condoms for both diseases and pregnancy prevention, using both biological and behavioral outcomes.

Description: This subproject will be conducted in collaboration with FHI/IMPACT that is conducting surveys of employed men in Mombasa, Kenya. FHI/NC will extend their subproject by collecting physical specimens. Sites will be found and then divided into matched pairs. The theory-based dual purpose intervention will promote the effectiveness of latex condoms for preventing both pregnancy and disease (intervention arm). The control arm will receive standard messages about STI/HIV prevention with condoms. During regular follow-up, staff will compare behavioral outcomes between the intervention and control arms. Less frequently (the number of follow-ups to be scheduled is still being determined) physical specimens for leucocyte esterase screening for urethritis will also be collected.

Outcomes of interest are: 1) awareness of on-going condom promotion; 2) attitude towards condoms, including perceived effectiveness; 3) self-reported condom use; 4) self-reported risk behaviors; 5) service statistics on condom distribution; 6) STI screening test results.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In-house approval to proceed with development of this subproject was obtained In March 1999.
- Funding was approved in March 2000.
- FHI staff identified potential collaborating organizations and visited the worksites.
- FHI developed the intervention concept and materials and wrote the analysis plan.

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- Nairobi regional office staff visited the potential collaborating organization in Mombasa.
- Numerous in-house discussions were held and have shaped the conceptual approach for this and other male condom interventions.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will develop a portfolio of male condom research priorities to be initiated in FY'01. This study will be one among that list.
- FHI staff will flesh out the details of this intervention and develop the protocol, subagreement and data collection forms.

Funding Source(s):	USAID/Core	**FCO Approved:**	Mar 2000
Total Approved Budget:	$ 196,416	**Projected End Date:**	Apr 2002

Worldwide: Measuring and Explaining Variations in Condom Use (FCO 9334)

Technical Monitor: CWaszak

Objective(s): This series of studies will provide important information that will be used to improve condom use research and to promote condom adoption and consistent use. Specific objectives include:1) improving measures of "condom use" 2) determining factors relevant to condom adoption and maintenance; and 3) identifying possible differences in these factors related to gender, age, marital/relationship status (i.e. possible target groups).

Description: In Phase 1 of this subproject, potential condom users will be asked to report condom use over a three-month period using one or more reporting methods. A small group of condom users, of varying levels of compliance, will be asked to participate in in-depth interviews to explain their approach to various reporting tasks and how valid/reliable they feel their reporting is. Consideration will also be given to identifying appropriate measures for people with low literacy skills. A larger group of condom users will be asked to complete a questionnaire/interview that includes multiple methods of reporting condom use as well as variables expected to co-vary.

In Phase 2 some of these methods will be revised or created based on results of Phase 1. Data will then be analyzed to determine the degree to which the various methods correlate and their relative predictive value in relationship to known cofactors. Depending on the results from Phases 1 and 2, a study will be designed to test behavioral theories relevant to condom adoption and maintenance. The subproject will be conducted in two to three countries in order to cover more than one region.

FY'01 WORKPLAN ACTIVITIES:

- Literature will be reviewed prior to development of detailed study design.
- A protocol will be written and approved.
- Sites will be identified for study implementation.
- PHSC approval will be obtained.
- Subagreements for the first phase will be approved.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$	500,000	**Projected End Date:**	Aug 2005

Zimbabwe: Choice of Condoms on Incident STI (FCO 2254)

Technical Monitor: MSteiner

Objective(s): To evaluate the impact of providing STI clients a choice of male condoms on 1) incident sexually transmitted infection; 2) self-reported condom use; 3) condom acceptability; and 4) condom uptake during follow-up visits.

Description: This randomized controlled trial (RCT) will assign about 1000 male STI clients to one of two groups. The study size is derived from the following assumptions: a type I error of 0.05, 80% power to find a 33% reduction of the six-month risk (from 25% to 17%) and 20% loss to follow-up. The first group will receive standard 52mm latex condoms and the second group will be provided both

standard 52mm latex condoms and the Reddy Double Springer latex condom. Participants will be followed up every two months for a total of six months to test for STI (gonorrhea, chlamydia, trichomonas) and to be administered a short questionnaire to monitor use and acceptability. Participants will be treated for prevalent STI prior to enrollment. Attempts will also be made to treat regular partners as well.

FY'01 WORKPLAN ACTIVITIES:

- The protocol and study instruments will be developed.
- Sites and investigators will be identified and subagreements negotiated.
- Pretesting of the study instruments and procedures will be implemented.
- It is anticipated that the study will be initiated in early summer 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	TBD	**Projected End Date:**	Sep 2003

Zimbabwe: Re-Entry Grant—Dr. Magwali (FCO 1620)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to FHI's 1999-2000 Fellow, Dr. Thulani Magwali of Harare, Zimbabwe, in support of his re-entry grant study entitled "Dual method and dual purpose use among family planning clients at three family planning clinics in Zimbabwe".

Description: The objective of this study is to determine the prevalence and consistency of dual method use (DMU) and dual purpose use (DPU) among clients at three family planning clinics in Zimbabwe. The characteristics associated with DMU and DPU clients and those associated with non-condom users also will be assessed. The study design consists of a cross-sectional, semi-structured survey of 900 consecutive family planning clients at three clinics located in Bulawayo, Gweru and Kadoma. All three clinics are affiliated with the Zimbabwe National Family Planning Council (ZNFPC), and each attends to approximately 25 family planning clients per day. Of the 900 clients expected to be interviewed (300 at each site), it is estimated that about 15% will be DMU clients and 10% will be DPU clients.

Subgrantee(s): University of Zimbabwe

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Dr. Magwali finalized the study protocol and received approval from FHI's PHSC in May 2000.
- Dr. Magwali completed his Fellowship at FHI and returned to Zimbabwe in August 2000.
-

FY'01 WORKPLAN ACTIVITIES:

- Dr. Magwali will seek local approval for the study and will complete necessary arrangements for implementation of the study.
- The study will be initiated during the fall of 2000.
- The FHI study monitor, Markus Steiner, is scheduled to make a site visit in November 2000.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	Jul 2000
Total Approved Budget:	$30,000	**Projected End Date:**	Sep 2002

Zimbabwe: Qualitative Add-on to Condom Survey (FCO 2256)

Technical Monitor: MSteiner

Objective(s): To enhance our understanding of barriers to condom use among family planning clients.

Description: This subproject will add a qualitative component to an on-going quantitative survey being conducted in Zimbabwe among 900 family planning clients in three towns (Bulawayo, Gweru, Chinhoyi. The quantitative survey is being conducted by Dr. Thulani Magwali, FHI's 1999-2000 Mellon Fellow, as his re-entry grant under FCO 1620. The purpose of the quantitative study is to determine the prevalence and consistency of dual method use (DMU) and dual purpose use (DPU) among clients at three family planning clinics in Zimbabwe. The qualitative study will focus on determining whether males who currently use condoms for STI prevention would be willing to use them for family planning as well.
Findings from both the qualitative and quantitative research will help improve condom promotion activities in family planning settings.

Subgrantee(s): University of Zimbabwe, Dept. of OB/GYN

FY'01 WORKPLAN ACTIVITIES:

- In November 2000, the FHI technical monitor, Markus Steiner will visit Zimbabwe and help Dr. Magwali develop the qualitative study. Potential study designs include: 1) simulated client study; 2) in-depth interviews with both clients and providers; and 3) focus groups with both clients and providers.
- The protocol and study instruments will be developed.
- Investigators will be identified and subagreements negotiated.
- It is anticipated the study will be initiated by the end of FY'01.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$44,613l	**Projected End Date:**	Sep 2002

Kenya: Re-entry Grant-Dr. Otieno-Nyunya (FCO 1653)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to one of FHI's 1998–99 Fellows, Dr. Boaz Otieno-Nyunya of Eldoret, Kenya, in support of his re-entry grant study entitled "Dual method use among adolescents in Western Kenya".

Description: The objective of this study is to compare typical use effectiveness of male condoms plus combined oral contraceptives compared to that of male condoms plus emergency contraceptive pills, in preventing unwanted pregnancy and sexually transmitted infections in sexually active, post-abortion adolescents aged 16–24. A total of 450 subjects will be recruited at two teaching hospitals and their satellite health centers, and randomized to the two study groups. Each participant will be followed for six months and assessed for pregnancy, cervical gonorrhea, and vaginal trichomoniasis.

Subgrantee(s): Moi University

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was approved by FHI's PHSC in May 1999. Dr. Otieno-Nyunya returned to Kenya in August 1999 to finalize study plans locally.

April 1, 2000 - September 30, 2000

- FHI's technical monitor, Paul Feldblum, visited the site in May 2000 to help expedite the tasks that must be completed prior to initiation.
- The study has yet to be initiated due to logistical problems in completing local study arrangements.

FY'01 WORKPLAN ACTIVITIES:

- The study will be initiated in the fall of 2000.
- Recruitment of participants will continue.
- A monitoring visit will be scheduled during spring or summer of 2001.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	May 1999
Total Approved Budget:	$ 46,100	**Projected End Date:**	Apr 2002

Nicaragua: Behavioral Surveillance Surveys for HIV/STD-related Behaviors (FCO 84350/84360/84390/9376)

Technical Monitor: ASpruyt

Objective(s): To monitor trends in male condom use and other behavioral changes related to HIV prevention among sex workers, adolescents, and men who have sex with men in Nicaragua.

Description: At the request of USAID/Nicaragua, FHI/IMPACT developed a Behavioral Surveillance Survey (BSS) to examine condom use among high-risk populations in Nicaragua. This survey obtained data on behavioral trends among sex workers, adolescents, and men who have sex with men.

Future surveillance surveys will be carried out one to two years after completion of the initial survey. This initial survey is particularly important as it will serve as the model for future surveys and provide base-line data for comparison with future results. The surveys will help organizations in Nicaragua to track trends in the evolution of the HIV/AIDS epidemic and to plan their prevention activities accordingly. While this is an FHI/IMPACT Project, FHI/NC staff helped carry it out and, because its findings are also relevant to family planning programs, supplemental funds were provided through the Contraceptive Technology and Family Planning Research Program.

Findings will be of particular use for activities in Nicaragua supported by the Regional Guatemala AIDS project, including social marketing of the VIVE condom as well as other AIDS projects currently being carried out by local NGOs. Results will also guide a contraceptive social marketing project to be carried out with PROFAMILIA, especially with respect to PROFAMILIA's efforts to reach young people.

Subgrantee(s): Fundación Xochiquetzal

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In collaboration with Fundación Xochiquetzal, a local NGO, the protocol and subagreement for this survey were finalized and translated.
- Survey instruments for Nicaragua were adapted in September 1999.
- The sampling frame and mapping were developed in October 1999.
- Field researchers were recruited and trained, and questionnaires were pretested and finalized in November 1999.
- The initial round of BSS was completed in January 2000 in Managua and Estelí.
- Preliminary data analysis and draft tables were completed, and data was entered and cleaned in March 2000.

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- A draft report was prepared and, for the purpose of sharing selected results as quickly as possible, a dissemination meeting was held in June 2000.
- **FCO 9376 was closed on September 30, 2000.** This completes the FHI/NC reporting for this subproject.

Findings and Outcomes:

- Target groups (Managua & Estelí combined): Female sex workers = 450; Adolescents not in school (female = 1000; male = 800); Men who have sex with men = 450
- Mean age of the female sex workers (FSWs) and men who have sex with men (MSM) was 26 yeas for each group, and 17 years for each of the adolescent groups.
- Percent who had not attended any school: lowest among MSM in Managua (1%), highest among FSWs in Estelí (14%).
- One fifth of FSWs and one fourth of MSM reported work experience outside of Nicaragua.
- Alcohol use was lowest among female adolescents (7%), highest among FSWs (75%).
- Drug use was also lowest among female adolescents (4%), highest among MSM (32%).
- Percent reporting no knowledge of practices to reduce risk of HIV infection: FSWs = 20%; Adolescents: female = 35%; male = 19%; MSM = 5%
- Percent who knew that a person who appears to be healthy can be HIV+: FSWs = 66%; Adolescents: female = 54%; male = 59%; MSM = 87%
- Percent who have had a voluntary HIV test and know the result: FSWs = 44%; Adolescents: female = 7%; male = 6%; MSM = 50%
- Median age at first sex: FSWs = 15; Adolescents: female = 15; male = 14; MSM = 15
- Number and type of sexual partners: FSWs (past 30 days): median =10 non-regular clients, 6 regular clients; Adolescents (any partner past 12 months): median for female = 1; and male = 3; MSM = 48% reported at least one male partner in the past 7 days (regular, sporadic or commercial); 11% reported at least one commercial partner in the past 12 months
- Condom use: FSWs: 92% reported condom use during last act with a non-regular client; Adolescents (who were sexually active in past 12 months), condom use with any partner, last act: female = 9%; male = 21%: MSM; among men who reported non-regular male partners in past 12 months, 57% reported condom use at least once in past 7 days with a non-regular male partner; 6% reported risky sex (no condom) with at least one male and female partner in the past 12 months.

Funding Source(s):			USAID/Core; USAID	**FCO Approved:**	**9376**	Oct 1999
					84350	Oct 1999
					84360	Oct 1999
					84390	Oct 1999
Total Approved Budget:	**9376**	$	17,000	**Projected End Date:**		Sep 2000
	84350	$	3,500			
	84360	$	24,030			
	84390	$	48,460			
		$	92,990			

USA: Mapping Dual Method Use: Qualitative Approach (FCO 201)

Technical Monitor: JSmith

Objective(s): 1) To identify factors, both positive and negative, that influence the decision to use or not to use dual methods (DMU) in two groups of adult women, one at high saliency for pregnancy risk and one at high saliency for STD risk; 2) to develop hierarchical models of DMU decision process in each group and determine relative weights for the important identified factors; 3) to suggest strategies for improving adoption and continuation of DMU in each group; and 4) to draw implications from the modeling process for research on DMU in other populations at risk, e.g., men and adolescents.

Description: This study is a collaboration between FHI and the Brazos Valley Community Action Agency (BVCAA) in Bryan, Texas. FHI is principally responsible for design and analysis whereas BVCAA is primarily responsible for participant recruitment and data collection. The methodology for this study integrates qualitative and quantitative data collection in a two-phase design. Phase 1 will consist of 48 in-depth qualitative interviews in which participants will be asked to share their experiences and perspectives concerning dual method use, identifying issues which they believe enter women's decisions to engage or not engage in dual method use. Contributing factors thus identified will be the basis for a hierarchical model with ordering of factors under behavioral theory constructs. In Phase 2, the quantitative survey component, this model will be evaluated by asking 180 women to weigh the relative importance of each factor according to its potential influence on dual method use decisions. Net weight utility scores will be calculated for each risk saliency group. In addition to the weighted hierarchies, study outcomes will include implications for service to women at dual reproductive risk and recommendations for continued dual method use research to test the model in other populations.

Subgrantee(s): Brazos Valley Community Action Agency

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- NIH funds were awarded in June 1998 but only became available for this project in mid-October 1998.
- The subgrant to BVCAA was signed in December 1998 which made it possible to pretest the draft data collection instruments the same month.
- In January 1999 the FHI principal investigator, Jason Smith, and co-investigator, Priscilla Ulin, traveled to Texas to conduct a team orientation, finalize the Phase 1 instruments, and all study arrangements.
- Recruitment for Phase 1 interviews was much slower than expected, especially among STD-salient participants.
- By December 1999, all Phase 1 interviews were completed, transcribed, and coded.

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- Phase 1 data were analyzed.
- Problems were encountered in designing a questionnaire format that followed the underlying Multi-Attribute Utility Theory model and was also understandable to potential Phase 2 participants. Pilot testing is in progress.
- Analysis of the Phase 1 data was used as a basis for the design of instruments for the Phase 2 weighting survey.
- This study was reviewed at FHI's Spring PHSC meeting. As result of slow Phase 1 data collection, a one-year no-cost extension of the grant period was granted by NICHD.

Findings and Outcomes:

- Recruitment in the STD-salient group was slower than anticipated. The study team will investigate possibilities for soliciting recruits from the local health department STD clinic for Phase 2, which has considerably higher recruitment targets.

FY'01 WORKPLAN ACTIVITIES:

- Phase 2 instrument will be finalized.
- Phase 2 data collection will be completed.
- Weighted hierarchies for both saliency groups will be constructed.
- The final report will be prepared.

Possible Problems, Barriers to Completion:

- The actual recruitment targets may vary from estimates.

Funding Source(s):		NIH	**FCO Approved:**	Sep 1998
Total Approved Budget:	$	180,706	**Projected End Date:**	Jun 2001

Worldwide: Condom Production Surveillance (FCO 8015)

Technical Monitor: ECarter

Objective(s): To ensure pre-distribution quality of condoms procured by USAID for developing country programs.

Description: This program began in 1990 to provide closer scrutiny of condom production and to ensure that condoms distributed to developing countries by USAID meet all performance standards. After utilizing the services of two independent testing laboratories, FHI developed internal testing capability and has performed all condom compliance testing for USAID since 1991.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- As an ongoing activity, cumulative accomplishments prior to FY'98 are referenced in previous annual reports. What follows are FY'98 accomplishments and thereafter.
- The Technical Oversight Committee met in December 1997.
- Two GMP audits were performed during the October 1997–March 1998 period, and results were reported.
- A total of 399 condom lots were evaluated for compliance with contract specifications during FY'98. Non-conforming lots were rejected and destroyed.
- Technical Assistance was provided to the USAID/Contraceptive Logistics Management Division in the preparation of the new product solicitation and the resolution of problems.
- During the period October 1998–March 1999, a total of 246 condom lots were evaluated for compliance with contract specifications. Non-conforming lots were rejected and destroyed.
- Throughout the subproject, production monitoring and process audits were performed as planned.
- Due to the continuation of production and quality control problems, production monitoring was increased to the 100% level in March 1999. 715 condom lots were evaluated between March 1999 and September 1999. The enhanced surveillance identified defective lots from the 1610 lots tested, which were destroyed prior to shipment to USAID.
- The Technical Oversight Committee met in October 1999.

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- Site audits were conducted as scheduled.
- The Technical Oversight Committee was held on June 12, 2000.
- Throughout FY'00, 100% of the condom lots produced for USAID were evaluated for acceptance. PQC provided technical assistance to both the contractor and USAID to resolve manufacturing problems.

Findings and Outcomes:

- Since the inception of this subproject, FHI has, through its condom production surveillance, ensured that condoms supplied worldwide by USAID have met USAID testing standards. Causes for products not conforming to contract specifications were identified; corrective measures were implemented and problem(s) solved.

FY'01 WORKPLAN ACTIVITIES:

- Production monitoring and process audits will continue as planned.
- The 100% surveillance will continue until the manufacturing problems are resolved and product quality returns to an acceptable level.
- A second supplier of condoms will be added to the program in November. The surveillance program will be extended to include the new supplier.
- A re-accreditation audit will be conducted by AALA in October.
- A Technical Oversight Committee Meeting will be held November 20, 2000.
- Site audits will be performed at Custom Services International and Alatech.

Possible Problems, Barriers to Completion:

- If open communication between USAID, FHI, and the contractors is maintained, no problems are anticipated. However, completion of activities may be affected by workload from other subprojects or staff limitations.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: PATH - Condom Research Activities (FCO 8016)

Technical Monitor: ECarter

Objective(s): To provide funding to PATH to conduct specific research assignments and to sponsor participation in technical conferences and meetings as deemed appropriate by the USAID/Contraceptive Logistics Management (CLM) Division and FHI.

Description: PATH has significant experience and expertise in condom evaluation and is a valuable resource when condom technical issues arise which require investigation and recommendations to the CLM and FHI controlled programs (i.e., condom production surveillance). This funding is used to cover travel and lodging expenses for meeting attendance, subsequent reporting, and other ad hoc technical assignments. The level of participation and funding is determined by CLM based on the recommendations of FHI.

Subgrantee(s): PATH

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Since the inception of this subproject, PATH has served as a valuable resource when condom technical issues arise which require investigation and reporting of recommendations to the CLM and FHI controlled programs.
- Funds are provided to PATH to cover travel and lodging expenses for meeting attendance, subsequent reporting, and other technical assignments. PATH representatives have participated in several American Society for Testing Materials (ASTM) meetings and International Standards Organization (ISO) meetings at the request of FHI and/or USAID. PATH representatives have generally participated in three ASTM meetings and one ISO meeting per year. PATH representatives attended an Experts Meeting on Latex Condoms held at FHI on May 3, 1996. Technical Assistance was provided when requested to help resolve problems.
- Between April and September 1998, PATH representatives attended the ISO TC 157 meetings in Rio de Janeiro, Brazil, and London, England.
- In March 1999, a PATH representative attended the ISO TC 157 meeting in Chennai, India and in June 1999 PATH representatives attended the ASTM meeting in Seattle, WA.
- Due to prior commitments, PATH was not represented at the December 1999 ASTM meeting.

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- PATH attended the ISO Technical Committee Meeting in Athens, Greece in May 2000.
- Throughout much of FY'00, technical assistance was provided to ISO Technical Committee 157 in drafting revisions to the ISO Standard for latex condoms (ISO 4074).
- PATH also continued to provide assistance to FHI and USAID when needed to address contraceptive–related problems.

Findings and Outcomes:

- PATH has provided technical expertise in product formulations, packaging, and physical property degradation during meeting discussions.
- Dr. Michael Free, of PATH, is convenor of two ISO Working Groups. The first working group has the responsibility of developing an artificial aging test protocol that will effectively predict product shelf-life; the second is charged with developing a package integrity test method. Progress in these working groups was reported in the committee meetings.

FY'01 WORKPLAN ACTIVITIES:

- On request, PATH will attend ASTM meetings and provide technical assistance in addressing contraceptive related problems.

Possible Problems, Barriers to Completion:

- Completion of these activities may be affected by the subcontractor's workload and availability of technical staff.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Condom Laboratory Monitoring (FCO 8029)

Technical Monitor: ECarter

Objective(s): To evaluate FHI's laboratory testing competence through annual inter-laboratory trials.

Description: Data from condom lots tested at different facilities may be inconsistent because condom testing equipment and procedures may vary. To resolve this issue, FHI has established a subagreement with PATH to perform comparative laboratory testing at five testing locations: FHI, Akron Rubber, Smithers, Aladan, and PATH. Samples from condom production lots are tested at each location and test results are compared for consistency. This subproject was initiated in June 1993 with testing at 6-month intervals. In 1995, the frequency of inter-laboratory trials was reduced to once per year.

Subgrantee(s): PATH

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In 1993, PATH was contracted to develop an inter-laboratory testing protocol and to conduct periodic trials to ensure that FHI and other participating laboratories were in compliance with ASTM and ISO testing requirements.
- Between June 1993 and October 1995, six inter-laboratory trials were conducted. FHI performed acceptably in each of these trials.
- The seventh through the tenth inter-laboratory trials were completed in October of each year 1996-1999. A report on each was issued.
- An interlaboratory trial was conducted in October 1999. A report was issued.

April 1, 2000 - September 30, 2000

- There was no activity on this subproject during April–September 2000.

Findings and Outcomes:

- PATH issues reports following each inter-laboratory study that provide results of each laboratory's performance. These reports are provided to the individual laboratories and to USAID.

FY'01 WORKPLAN ACTIVITIES:

- An interlaboratory trial will be initiated by PQC in January.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Contraceptive Field Stock Evaluations (FCO 8011)

Technical Monitor: ECarter

Objective(s): 1) To assess the quality of stored contraceptive stock in selected developing countries; and 2) to evaluate, upon request, contraceptive inventories of questionable quality, and recommend to USAID their proper disposition.

Description: Contraceptive users and potential users must be assured that the products they receive are of good quality. Frequent-use failure may discourage their acceptance. This subproject helps to ensure that the integrity of USAID-provided contraceptives is adequately maintained during in-country storage.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Through September 1996, 24 field stock evaluations were conducted in 14 developing countries.
- Technical assistance was also provided in Bangladesh, Brazil, and Guatemala.
- A site visit was made to Bolivia to assist in the resolution of contraceptive quality concerns in February 1996.
- Technical assistance was provided to field programs in Brazil, Cameroon, and Cote d'Ivoire during FY'97.
- Minimal activity occurred during FY'98. Minimal activity occurred during the latter half of FY'98 as well. Two complaints involving the stability of Depo-Provera®[6] were satisfactorily handled.
- During the early months of FY'99, product complaints received from Ghana and Guatemala were evaluated; reports on both were issued. During April–September 1999, no confirmed complaints were received.
- In late 1999, technical assistance was provided to field personnel in the Congo in obtaining samples for quality evaluation.

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- During FY'00, no confirmed complaints were received.
- Technical assistance was provided to the Government of Jordan Contraceptive Testing Laboratory. Staff was trained to properly interpret international standards and perform laboratory test procedures. Questionable stock was evaluated and dispositioned.

Findings and Outcomes:

- Analysis and reports on all field stock samples have been presented to USAID and to field representatives when necessary. The quality of USAID-supplied contraceptives in the field has been either confirmed or, in those few instances where problems were found, the product was removed from distribution.

FY'01 WORKPLAN ACTIVITIES:

- On request, technical assistance will be provided to field programs to address/resolve any commodity quality problems or concerns.

[6] Depo-Provera® is a registered trademark of Upjohn, Inc. for Depot-Medroxyprogesterone Acetate.

Possible Problems, Barriers to Completion:

- Completion of activities may be affected by workload from other subprojects or staff limitations.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Brazil: Condom Quality Assurance (FCO 8400)

Technical Monitor: ECarter

Objective(s): 1) To help USAID/Brazil address and resolve issues pertaining to in-country evaluation and disposition of USAID donated condoms; and 2) to help Brazilian laboratories enhance their testing capabilities.

Description: During 1994–1996, several condom shipments from USAID were refused based on test results generated in two Brazilian laboratories commissioned by the government to screen foreign imported contraceptives. Following an investigation conducted by FHI's Product Quality and Compliance Division (PQC) staff in 1996, it was determined that the laboratories were not properly conducting the required tests, nor were staff trained in proper sampling and handling procedures. Since governmental regulatory agencies lacked the expertise to correct these deficiencies, USAID/Brazil, with technical assistance provided by PQC, assumed the responsibility for providing the necessary training to the laboratories and to support positive changes in product quality standards. USAID/Brazil is also promoting involvement in the international standards community.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- During the initial stages of the subproject, PQC worked closely with INMETRO (a national meteorology service) and the two government licensed laboratories to resolve sampling and testing discrepancies, culminating in the re-evaluation of the condom shipments. The product was proven to be acceptable for use and was released.
- An interlaboratory trial was initiated in 1997 to evaluate the testing capabilities of several laboratories in Brazil. PQC staff visited and presented results of the trial to each participating laboratory, INMETRO, Instituto de Pesos e Medidas, and USAID/Brazil. ABNT, the Brazilian Standards Committee, was provided assistance in preparing for the ISO TC 157 meeting (April 1998) and was also provided a small grant to help with meeting expenses.
- A second interlaboratory trial was completed in June 1998.
- There was no activity on this subproject in the first half of FY'99. The scheduled workshop on condom testing and standards development for government agencies and testing facilities in Brazil was postponed.
- A planning meeting was held with the ABNT seminar committee in August 1999. The agenda and meeting format were finalized and funding was sent to Brazil to assist with meeting costs.
- A seminar was held on October 28–29, 1999, in Sao Paulo, Brazil. FHI's Product and Quality Compliance Director, Eli Carter, made presentations on proper sampling and testing techniques, and provided an overview of currently marketed synthetic condoms.
- **This seminar marked the culmination of the subproject. It was closed in January 2000.**

Findings and Outcomes:

- The subproject was successful in educating Brazilian regulatory authorities in establishing appropriate methods of monitoring and evaluating imported condoms. It was also successful in interdicting the authorities to the international standards community (i.e., ISO, WHO, EN, ASTM,

FDA, etc.). Through a series of interlaboratory studies, and periodic visits to the testing facilities, FHI identified areas for improvement and demonstrated the need to improve testing capabilities to meet international standards. The subproject culminated with a national technical workshop on mechanical contraceptives (i.e., condoms, IUDs, and diaphragms) for government-operated laboratories and public and private sector organizations.

- As a result of FHI's intervention, condoms supplied by USAID were reevaluated and released for distribution. Although USAID no longer provides contraceptive products to Brazil, the barriers have been removed, and the path has been cleared for other donors to receive a fair and impartial evaluation of products provided for family planning and AIDS prevention programs.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Apr 1997
Total Approved Budget:	$ 100,000	**Projected End Date:**	Jan 2000

Worldwide: Contraceptive Quality Testing Service (FCO 1360/1361/1362/1363/1364/1365/1366/1367/ 1368/1602 and previously 1604/1605)

Technical Monitor: ECarter

Objective(s): To establish a mechanism for tracking expenses and Project-related income from commercial (non-USAID) testing services.

Note: Initially the title of this subproject was "Condom Testing Program". This was changed in FY'98 to its current title, because as explained in the description, the service quickly expanded to include testing of additional products.

Description: The reputation of FHI's contraceptive testing facility and technical expertise of its staff are well known within the contraceptive donor community. For several years, the lab conducted product evaluations and provided technical assistance to other organizations with the approval of USAID. Over time the number of requests from other donors and international agencies increased to the point that additional staff were needed. In April 1995, FHI began to request payment for services rendered to these private manufacturers and international donor agencies. The various FCO numbers assigned to this subproject track different sources of income.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- As an ongoing activity, accomplishments prior to FY'99 are referenced in previous Annual Reports. What follows are accomplishments from FY'99 and thereafter.
- With no further follow-up from Advanced Care Products (ACP) on FHI's bid for a study of compatibility of the All-Flex diaphragm with two ACP contraceptive vaginal products, FCO 1605 was cancelled effective February 1999.
- Technical assistance was provided to two domestic and two foreign condom manufacturers to obtain shipment releases from USFDA detention.
- FHI staff assisted DKT/Brazil in the qualification of potential new contract manufacturers.
- Technical assistance was provided to the London International Group to resolve product quality disputes with INMTRO (Brazil).
- Testing services were provided to existing clients as requested. Technical reports were issued and clients invoiced for payment.
- The subcontract to provide technical assistance on quality assurance to Bristol-Myers (FCO 1604) was closed effective August 1999.

- A five-year contract was established in September 1999 (under FCO 1602) with the Global Protection Corporation to perform quality testing of bulk and packaged condoms prior to distribution. In addition to quality testing, PQC provided technical assistance to manufacturing, quality control, and regulatory affairs.

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- A proposal was submitted to Population Services International to perform pre-acceptance condom lot evaluations.
- Product testing and technical assistance was provided upon request.
- Throughout FY'00, technical assistance was provided to three foreign manufacturers and one domestic manufacturer, in order to obtain shipment releases from USFDA detention.
- Testing services were provided to many existing clients as requested. Technical reports were issued and clients invoiced for payment.

FY'01 WORKPLAN ACTIVITIES:

- Product Testing and technical assistance will be provided upon request. Testing capabilities will be expanded and marketing efforts will be increased to obtain new clients.

Possible Problems, Barriers to Completion:

- The possibility of personnel changes; changing priorities, equipment failure, or customer dissatisfaction exist for any subproject. If we are able to successfully handle these situations when they arise, profitability can be assured. Maintaining laboratory accreditation is also important to the success of the operation.

Funding Source(s):		Aladan Corp; Private Funding	**FCO Approved:**	Feb 2000
			1360	Feb 2000
			1361	Feb 2000
			1362	Feb 2000
			1363	Feb 2000
			1364	Feb 2000
			1365	Feb 2000
			1366	Feb 2000
			1367	Feb 2000
			1368	Apr 1995
			1602	Mar 1998
			1604	Mar 1998
			1605	
Total Approved Budget:	**1360**	N/A-Annual	**Projected End Date:**	Aug 2005
	1361	N/A-Annual		
	1362	N/A-Annual		
	1363	N/A-Annual		
	1364	N/A-Annual		
	1365	N/A-Annual		
	1366	N/A-Annual		
	1367	N/A-Annual		
	1368	N/A-Annual		
	1602	N/A-Annual		
	1604	N/A-Annual		
	1605	$ 13,745		

USA: Mayer Labs: Evaluation of eZ•on Condoms' Shelf-life (FCO 1638)

Technical Monitor: ECarter

Objective(s): To determine the product shelf-life of the eZ•on Condom.

Description: The study will assess the effects of heat aging on the physical properties and determine the shelf life potential of the eZ•on Male Synthetic Condom.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was written by FHI and approved by Mayer in May 1998.
- The study was initiated in July 1998 and the first sample group (7 days) was evaluated the same month.
- The second sample group (30 days) was evaluated in August and a third sample group (90 days) was evaluated in October 1998. Results were reported to Mayer Labs.
- The fourth sample group (12 months) samples were evaluated in July 1999 with results again reported to Mayer Laboratories.

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- The fifth sample group (24 months) was evaluated in September 2000 and results reported to Mayer Labs.

FY'01 WORKPLAN ACTIVITIES:

- The study will continue as planned, and results will be reported to Mayer Laboratories.

Possible Problems, Barriers to Completion:

- Completion of activities may be affected by workload from other subprojects, staff limitations, or the availability of funds.

Funding Source(s):		Mayer Labs	**FCO Approved:**	Jul 1998
Total Approved Budget:	$	13,000	**Projected End Date:**	Sep 2003

• OTHER BARRIER METHODS **CONTRACEPTIVE EFFICACY** • OTHER BARRIER METHODS **STI PREVENTION** • OTHER BARRIER METHODS **ACCEPTABILITY** • **AVAILABILITY** • OTHER BARRIER METHODS **RE-USE** • FEMALE BARRIER METHOD • OTHER BARRIER METHODS **CONTRACEPTIVE EFFICACY** • OTHER BARRIER METHODS **COST** • OTHER BARRIER METHODS • OTHER BARRIER METHODS **SPERMICIDE** • OTHER BARRIER METHODS **MICROBICIDE** • OTHER BARRIER METHODS **DIAPHRAGM** • OTHER BARRIER METHODS • OTHER BAR

BARRIER METHODS OTHER THAN CONDOM

Strategic Objectives

1) To evaluate new products
2) To evaluate the public health impact of introducing female barriers methods into programs
3) To improve successful and appropriate client use

	Worldwide:	Barrier Methods - General Development (FCO 2070)
	USA:	Early Development of a Vaginal Barrier Device (FCO 2237)
	Cameroon:	Conceptrol® Gel & STD (FCO 5396 and previously 6396)
	USA:	IND for Randomized Controlled Trial of Conceptrol® Gel and STD (FCO 1606)
?	Cameroon:	N-9 Gel Follow-on Study (FCO 2253)
	USA:	Collaboration With the International Working Group on Vaginal Microbicides (FCO 2220)
?	Worldwide:	Statistical Methods for Microbicides Research (FCO 9113)
●	USA:	Measuring Contraceptive Efficacy of Condoms and Spermicides: The True Efficacy Approach (FCO 6031)
	USA:	Efficacy Trial of Spermicidal Agents (FCO 500/1508)
●	USA:	Statistics and Data Management: CONRAD Phase 1 Spermicide Trial (Q2) (FCO 9107)
	USA:	Statistics and Data Management: Acceptability of Strapped vs. Unstrapped FemCap™ Barrier Contraceptive (FCO 9109)
?	USA:	Support for the Lea® Contraceptive PMA Application (FCO 9112)
	USA:	Biostatistical Support for FemCap™ Barrier Contraceptive PMA Application (FCO 9111)
	USA:	Statistics and Data Management: Phase I Tolerance Study of CS Spermicide Gel (FCO 1544/1609)
	USA:	Statistics and Data Management: Phase I Tolerance Study of PSS Spermicidal Gel (FCO 1645)
	USA:	Lea® Contraceptive: Colposcopy and Microbiological Testing (FCO 1647)
	USA:	PC-515 Microbicide Study Data Analysis (FCO 1310)
	USA:	Biostatistical Support for a Contraceptive Gel Study (FCO 1727)
	USA:	Sexually Transmitted Disease - Clinical Trials Unit (FCO 1715)
	USA:	Vaginal Microbicide Research Management (FCO 1719)
●	Brazil:	Monitoring Services for a Study of ACIDFORM, an N-9 gel (FCO 1716)
●	USA:	International Studies for GEDA Plus (FCO 1307)
●	S. Africa:	Technical Assistance to Population Council Microbicide Study (FCO 1724/1754)
●	South Africa:	Trade-Off Modeling (FCO 7417)
●	USA:	Opportunities for Industrial Collaboration (FCO 1617/1650/1651/1694)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Worldwide: Barrier Methods - General Development (FCO 2070)

Technical Monitor: DSokal

Objective(s): To support in-house activities related to barrier contraceptive research development, manuscript writing, data and file management, and staff support.

Note: With the FY'00 Workplan the title of this subproject has been shortened from "Vaginal Barrier Methods- General Development". The original objective remains the same but the intention was to underscore that this subproject may, in fact, fund some development or follow-on work pertaining to male barriers as well as female barrier methods.

Description: This subproject supports various activities related to FHI's research on barrier methods of contraception. With the completion of field research activities, a subproject final report or published article is written. Data analysis then often continues and/or papers are prepared for presentation and publication in scientific journals to disseminate the results of FHI-supported research. This subproject supports staff time and travel costs related to these needs. The subproject also supports literature review and other early development efforts for barrier subprojects under consideration.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In May 1996, FHI met with staff of Advanced Care Products (ACP), a Johnson & Johnson subsidiary, to discuss possible collaboration on the development of a vaginal contraceptive sponge for the U.S. market.
- An intern reviewed the existing patent literature regarding vaginal barrier devices (summer 1996).
- New designs for low-cost sponge-type barrier devices were explored.
- FHI evaluated the feasibility of seeking USFDA approval for the Semina diaphragm in May 1996. It was concluded that it is unlikely to be commercially feasible to seek USFDA approval.
- An intern began an analysis of diaphragm size data to determine the feasibility of a one-size fits all diaphragm.
- FHI submitted a provisional patent application for a new vaginal barrier device in November 1996.
- Following initial development, a separate FCO (2237) was established to pursue work on this device.
- Preliminary discussions were held with researchers at Johns Hopkins University / Reprotect Inc. regarding clinical studies of new vaginal microbicides under study at Hopkins.
- A presentation was made at the 1996 National STD Prevention Conference in December 1996, entitled "Impact of promoting spermicides on male condom use among commercial sex workers in Bogota, Colombia: Implications for STD control."
- Due to staff constraints, FHI has put the analysis of acceptability issues from the FHI/CONRAD Reality trial on hold and has not yet prepared the planned paper on the correlation of diaphragm sizes with height, weight, and parity of users.
- FHI staff helped the Johns Hopkins/ReProtect team obtain funding from USAID, via CONRAD, to finish a post-coital study of BufferGel™, following the bankruptcy of UltraFem, Inc., which had been funding the study.
- Preliminary discussions were held about issues concerning the size of OTC vaginal barrier devices.

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- An FHI staff member gave a presentation at the Microbicide 2000 conference on "Methodological Issues in Microbicide Research and Development."

- An article on the results of the male condom breakage and slippage study was submitted for publication.

Findings and Outcomes:

- Major points of the Microbicide 2000 conference presentation were: 1) The utility of a variety of research designs in microbicide research that include the individual RCT, the community intervention trial, cohort studies for examining microbicide use patterns and sequential behavioral and disease surveillance surveys for assessing whether microbicide introduction is linked to HIV control in large populations; 2) Microbicide effectiveness for HIV prevention will be influenced by population characteristics and thus, it is important to conduct effectiveness research in populations that will be targeted for microbicide interventions. 3) Microbicides will be neither 100% effective nor appropriate for all women. Therefore, prevention and research efforts focusing on other barrier methods should continue.
- As previously reported, work started under this FCO led to a U.S. Patent, # 5,819,742, for a new vaginal barrier device. The Patent was issued October 13, 1998. Further efforts pertaining to the development of that device are now reported under FCO 2237.

FY'01 WORKPLAN ACTIVITIES:

- At present, little USAID funding is available to pursue further development of new barrier method studies apart from those already under development and identified in other reports under the female or male barrier strategies. Data and file management will be maintained.
- Preliminary efforts to respond to any new barrier opportunities that may be identified by USAID or FHI during the year will be covered.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Early Development of a Vaginal Barrier Device (FCO 2237)

Technical Monitor: ACancel

Objective(s): 1) To develop a new vaginal barrier device which is inexpensive, easy-to-use, and can be used to efficiently deliver a spermicidal and/or microbicidal agent in the vagina; and 2) to conduct preliminary clinical testing of the device.

Description: FHI staff invented a new vaginal barrier device, which may provide a cheaper and more efficient and acceptable way to deliver vaginal spermicides and microbicides, as well as providing some barrier protection. A patent application has been submitted. The purpose of this subproject was originally to develop prototypes, and to conduct initial clinical testing of the prototypes. The Population Council was subcontracted to manufacture the prototypes. Subsequently, due to funding constraints, it was agreed that non-USAID monies would be sought for the clinical testing.

Subgrantee(s): Population Council

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The final patent application for the vaginal barrier device was submitted in November 1997.
- A protocol for a small acceptability study was approved by the PHSC and two investigators were identified.

- Prototypes, with a new version of the disposable device, were prepared by the Population Council.
- FHI staff completed work on a new design for the disposable device.
- International patent applications were filed under the Patent Cooperation Treaty, and in India.
- The subproject supported a visit by Dr. Tapani Luukkainen in the fall of 1998 so that he could help finalize the design of the new vaginal barrier method.
- In early October 1998, FHI submitted a "Continuation in part" application that includes more specific details of the new design for the disposable device. The U.S. Patent, # 5,819,742, was issued on October 13, 1998.
- A local engineering firm, Applied Technologies, was identified to produce the new prototype.
- Applied Technologies also assisted FHI in identifying a new non-woven material and a more reliable supplier for the non-woven material.
- Production of the prototypes began in mid-March and was completed in April 1999.
- Funding for additional studies has not been obtained.
- The patent status as of March 30, 2000, was as follows: (1) The PCT (Patent Cooperation Treaty) application was examined and received a favorable review. The report of that review has been sent to the patent offices to which FHI is applying. (2) Applications have been filed, and patents are currently pending in Brazil, Canada, the European Patent Office (EPO), and India.
- Continuing Review Approval was granted by the Protection of Human Subjects Committee (PHSC) on February 18, 2000 for 12 months.

April 1, 2000 - September 30, 2000

- No activity occurred under this FCO during this reporting period. There have been no substantive responses yet from Brazil, Canada, the European Patent Office (EPO), and India.

Findings and Outcomes:

- In addition to this device's potential use for contraception and STD prevention, a marketing consultant advised that it might be of commercial interest for the vaginal delivery of OTC antifungal agents.

FY'01 WORKPLAN ACTIVITIES:

- At present, no USAID funding is available to pursue this subproject, except for the pursuit of planned U.S. and international patent applications.
- FHI will incur costs related to patent maintenance-in particular, to apply for and pay fees for a second U.S. patent and to apply for international patent protection.
- After the EPO reviews the application, FHI will proceed to apply for patent protection in Germany, Italy, Spain, France & U.K.
- If additional USAID or non-USAID funding becomes available, one or two prototypes may be studied with respect to functionality and acceptability.

Possible Problems, Barriers to Completion:

- A source of funding needs to be identified.

Funding Source(s):		USAID/Core	**FCO Approved:**	Oct 1997
Total Approved Budget:	$	212,205	**Projected End Date:**	Aug 2005

Cameroon: Conceptrol® Gel & STD (FCO 5396 and previously 6396)

Technical Monitor: KRyan

Objective(s): Primary Objective: To assess the effectiveness of 100 mg nonoxynol-9 (N-9) gel in preventing male to female transmission of gonorrhea and chlamydia infection among women at high risk of infection through heterosexual vaginal intercourse.

Secondary Objective: To assess the effect of N-9 gel use on the acquisition of HIV.

Description: A prospective, two-armed, randomized, open-label controlled trial of Conceptrol®[7] vaginal gel was conducted in Yaounde, Cameroon. Per the study design, more than 1,200 eligible gonorrhea/chlamydia/HIV negative women at risk of becoming infected with these STDs were recruited. Those who consented and agreed to follow study procedures for a total of six months were then enrolled.

If the N-9 gel were to prove effective in preventing male to female transmission of gonorrhea and chlamydia among this population, it might provide women an additional means of protecting themselves from STDs.

Subgrantee(s): Cameroon Health Program (CHP)

Collaborating Agency(s): Advanced Care Products

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A waiver for conducting this study in a non-presence country was obtained from USAID in January 1998.
- Stability of the product was determined to be suitable for warm climates.
- Approvals by the Cameroon local IRB, FHI's PHSC, and the Cameroon Ministry of Public Health were obtained.
- An IND was submitted to USFDA who gave their approval to proceed with the study.
- The subagreement was approved and signed.
- The study design was changed to an open-label trial due to the activity of the placebo against gonorrhea, chlamydia and HIV.
- A Manual of Operations was developed and, in September 1998, FHI staff traveled to Cameroon to assist in training the study staff.
- Screening of participants began in October 1998; enrollment began the next month.
- Case report forms from the field were first received in December 1998. These data were entered the same month and queries generated.
- The site was monitored in January 1999 and all outstanding queries were resolved.
- Assistance with financial administration was provided by FHI/Nairobi in January 1999 and a financial desk-top evaluation of the site was conducted in March 1999 by FHI/NC's internal auditor.
- An interim monitoring visit was conducted in April 1999.
- A financial audit of the implementing agency was conducted by Ernst & Young in July 1999.
- Interim monitoring visits were conducted in October 1999 and March 2000.
- An interim analysis was completed and reviewed in February 2000.
- The Data Monitoring Committee (DMC) agreed to the continuation of the study in March 2000.

[7] CONCEPTROL® is a registered trademark of Ortho/McNeil for vaginal foaming tablets.

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- An accounting audit was conducted by Ernst & Young in June 2000.
- The site met its goal of recruiting 1250 study participants in June 2000.
- An interim monitoring visit was conducted in July 2000.
- A quality assurance evaluation was done in July 2000.
- Follow-up was completed on September 29, 2000.

Findings and Outcomes:

- The site has enrolled 1250 study participants with a retention rate of 98%.

FY'01 WORKPLAN ACTIVITIES:

- The USFDA IND annual report will be submitted in October 2000.
- Final data forms will be sent to FHI in November 2000.
- The study close-out visit will be conducted in December 2000 and field activities will end the same month.
- Data analysis will begin in January 2001, with final results reported by September 2001.

Funding Source(s):			USAID/Core	**FCO Approved:**	**5396**	Apr 1998
					6396	Nov 1997
Total Approved Budget:	**5396**	$	1,531,773	**Projected End Date:**		Sep 2001
	6396		N/A			

USA: IND for Randomized Controlled Trial of Conceptrol® Gel and STD (FCO 1606)

Technical Monitor: PBush

Objective(s): 1) To prepare and maintain the IND for a study of Conceptrol® Gel and STD; and 2) to audit the study against USFDA requirements.

Description: This subproject covers the cost of FHI's Regulatory Affairs and Quality Assurance staff in the preparation and maintenance of an IND associated with the USAID-supported Conceptrol® Gel and STD study (FCO 5396). The IND effort will also include Cameroon site audit(s).

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A letter was drafted April 1998 to Advanced Care Products (ACP) to explore their funding of this effort. A finalized bid was submitted in May 1998.
- In collaboration with ACP, the IND was prepared and submitted to the USFDA in July 1998.
- On August 12, 1998, the USFDA informed FHI that the clinical study could proceed. In January 1999, a response was completed and sent to USFDA to fulfill their request for additional IND information.
- Clinical supplies were procured from ACP and shipped to the Cameroon study site.
- A full GCP site audit was conducted at the Yaounde, Cameroon, site in January 1999.
- The IND Annual Report was completed and submitted in October 1999.
- In December 1999 a total of 20,000 doses of Conceptrol Gel were procured and shipped to the Cameroon site.

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- An additional 4,000 doses of Conceptrol Gel were shipped to the site.

FY'01 WORKPLAN ACTIVITIES:

- FHI will prepare and submit the final study report and may withdraw the IND upon completion of the study.
- RA/QA will monitor any serious adverse events if they should occur, and provide regulatory input and action steps as needed.
- FHI staff will maintain communications with the site and advise as needed.

Funding Source(s):		Advanced Care Products	**FCO Approved:**	Apr 1998
Total Approved Budget:	$	59,788	**Projected End Date:**	Apr 2001

Cameroon: N-9 Gel Follow-on Study (FCO 2253)

Technical Monitor: KRyan

Objective(s): To investigate the long-term effect of an intense condom promotion and counseling intervention among the N-9 Gel study participants.

Description: As a follow-on to the randomized open-label controlled trial N-9 gel study (conducted between October 1998-September 2000 under FCO 5396), this subproject will involve locating as many of the 1,250 former participants as possible. Those located will be asked about their current condom use and sexual behavior. The study is a post quasi-experimental design.

Subgrantee(s): Care and Health Program (CHP)

FY'01 WORKPLAN ACTIVITIES:

- The protocol for the study will be drafted, reviewed and finalized.
- A subagreement with CHP will be negotiated.
- Interviewers will be trained and the study implemented in March 2001.
- Data collection will be completed by the end of FY'01.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$	166,033	**Projected End Date:**	Sep 2002

USA: Collaboration With the International Working Group on Vaginal Microbicides (FCO 2220)

Technical Monitor: RRoddy

Objective(s): To collaborate with researchers who are developing new vaginal microbicide products.

Description: The World Health Organization (WHO) proposed the formation of an informal network to coordinate work on the development of new vaginal microbicides for HIV prevention. The title of the group was originally the Interagency Working Group on Vaginal Microbicides (IWGM). This has since changed to the International Working Group on Microbicides to reflect the expanded network of

collaborators. The organizations now involved include WHO, NIH, CONRAD, The Population Council, USFDA, and the British Medical Research Council. In particular, FHI continues to explore the feasibility of developing a spermicidal virucide and/or a compound that would also be effective against human papillomavirus (HPV).

Collaborating Agency(s): British Medical Research Council, CONRAD, NICHD, Population Council, World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff attended meetings of the collaborative group including the October 1995 and 1996 meetings of the Working Group in London.
- FHI staff met with researchers at Johns Hopkins University in September 1995 to give them regulatory advice on barrier products they are developing. Informal contacts continued between FHI and The Population Council, CONRAD, WHO, and others.
- FHI staff gave two invited presentations, one at NICHD and one at CDC, on vaginal microbicides in April 1996. Staff also attended the meeting of the collaborative group in Washington, DC.
- An FHI staff member attended a related meeting titled "Reproductive Tract and HIV Transmission", which was held at NIH in March 1997.
- Several FHI staff attended the "Vaginal Microbicide Formulations Workshop" hosted by CONRAD in November 1997.
- An FHI staff member was invited to join the "Microbicide Alliance" and FHI was subsequently represented at the first meeting in February 1998.
- FHI staff attended an NIAID-hosted meeting in Atlanta in May 1998, on research results from the NIH-funded research centers working on development of new vaginal microbicides.
- An FHI staff member participated in the June 1998 meeting of the Microbicide Alliance.
- An FHI staff member attended the NICHD-sponsored meeting "New Models for Preclinical Evaluation of Vaginal Contraceptives", in October 1998, and the CONRAD-sponsored meeting on Colposcopy in January 1999.
- An FHI staff member attended the Microbicide Alliance meeting in May 1999, in Washington, DC.
- An FHI/NC staff member attended the Microbicide 2000 meeting held in Washington DC in March and presented a summary of the status of all known clinical research on microbicides to the audience of approximately 650 policymakers and researchers.

April 1, 2000 - September 30, 2000

- No work was conducted under this FCO during this reporting period.

Findings and Outcomes:

- As reported in FHI's FY'98 Annual Report, liaison with other research groups working in this area has provided a forum for FHI to share its experience and research results with other researchers. Working with these groups has helped FHI identify the need for a low-cost vaginal barrier device that could also be used to deliver vaginal microbicides. That recognition led to the invention of a new vaginal device, which is now patented. In addition, contacts made at these meetings led to (1) a collaborative NIH grant application (not funded); and (2) a contract between FHI and a for-profit firm to help evaluate a novel vaginal microbicide.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will continue to participate in collaborative activities with the International Working Group and the Microbicide Alliance.
- Sites for potential microbicide studies will be sought in India.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	$ 171,687	**Projected End Date:**	Aug 2005

Worldwide: Statistical Methods for Microbicides Research (FCO 9113)

Technical Monitor: DTaylor

Objective(s): To review statistical methods needed to answer questions concerning the effectiveness of microbicides in preventing HIV/STI transmission; 2) to conduct research on such methods; and 3) to develop recommendations for study design and analysis.

Description: Randomized trials designed to evaluate the effectiveness of microbicides in preventing HIV/STI transmission pose a number of statistical challenges. These include, but are not limited to: choice of an appropriate control, adjustment for differential condom use in two or more arms of a trial, heterogeneity of randomized participants, interval censoring of outcomes, and competing risks due to co-infections. The relevant statistical literature will be reviewed in order to help address these concerns. Data from previous studies (e.g., the Cameroon N-9 film and Conceptrol gel studies) will be used to motivate the selection of appropriate statistical models for analysis of randomized microbicide effectiveness trials, and to develop recommendations for the design and analysis of future studies.

FY'01 WORKPLAN ACTIVITIES:

- A working group consisting of FHI statisticians and microbicide investigators will be assembled to address problems and concerns related to the design and analysis of microbicide effectiveness trials.
- A thorough review of the statistical literature will be undertaken to identify existing methods applicable to the identified problems.
- Relevant analysis methods will be applied to previous FHI effectiveness study data. Limitations of existing methods will be identified, and research on new solutions will begin.
- A summary of findings will be presented to FHI researchers as they are obtained. Selected results will be further disseminated at scientific meetings and in the statistical and clinical research methodology literature.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$	99,229	**Projected End Date:**	Aug 2005

USA: Measuring Contraceptive Efficacy of Condoms and Spermicides: The True Efficacy Approach (FCO 6031)

Technical Monitor: MSteiner

Objective(s): The two primary objectives of this research study were: 1) to test the feasibility of this newly developed methodology in a full-scale research study; and 2) to estimate the true contraceptive efficacy of two barrier methods (male latex condoms and spermicidal gel).

Secondary objectives were: 1) to compare the true contraceptive efficacy of two barrier methods; 2) to evaluate the influence of compliance with the study protocol on the risk of pregnancy for the two barrier methods; and 3) to evaluate pregnancy loss among the women who conceive while enrolled in the research study.

Note: In the FY'99 Workplan the subproject title and objectives were slightly different, referring specifically to VCF®[8] and four barrier methods. As plans progressed VCF was dropped from the study, women were subsequently to be randomized into one of three groups (condoms, spermicidal gel, or no method).

Description: Under this subproject, 625 women were to be randomized into three groups (condom, spermicidal gel, or no method). The incidence of pregnancy in each group during one menstrual cycle was to be measured. Including one group of women using no contraception would have made it possible to measure the underlying ability to conceive, (i.e. pregnancy rate among non-contraceptors) and to thereby quantify the reduction in pregnancy risk, or the prevented fraction, due to method use.

The initial study design restricted participants to two acts of intercourse. During a pilot-phase of this study, with 29 participants, compliance with restricting intercourse to two acts was poor. It was determined that in the full study, intercourse would not be restricted.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol was reviewed in-house, and by USAID, during the first quarter of FY'99 and approved by PHSC in February 1999.
- Approval to implement the subproject was formally requested from USAID/W in March 1999.
- All study products were ordered from the manufacturer.
- Prior to initiation, study documents as well as the fully-automated telephone survey, were pretested.
- Twenty-nine participants were enrolled or pre-enrolled into the study from mid-July to mid-August 1999.
- The pilot phase of the study was completed and protocol compliance was evaluated. A high degree of noncompliance was observed.
- The protocol was modified in the hopes of decreasing noncompliance and recruitment began in October 1999.
- A full-scale study that relied solely on phone and mail contact with participants was initiated. We discovered high levels of participant fraud through interactive voice recognition system (IVRS) technology.
- Various modifications were made to the advertising strategy to speed recruitment. Recruitment remained slow and non-compliance continued.
- **This subproject was closed effective March 31, 2000, due to recruitment difficulties.**

Findings and Outcomes:

- Participants in the pilot study were determined to have provided fraudulent data. An interactive voice response system (IVRS) was used. Participants called a toll-free number once a day to provide information about their coital activity and product use using the keypad of their phone. This IVRS collected information about when participants called and the phone number they used. From this information, it was discovered that a sizable proportion of participants were using the same phone number and calling minutes apart.
- This study provided valuable experience using IVRS and should improve data quality in future trials. We are currently exploring alternative approaches of measuring true efficacy.
- We deem this mail-in approach to contraceptive technology research to be infeasible.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	$ 472,827	**Projected End Date:**	Mar 2000

[8] VCF® is a registered trademark of Apothecus, Inc. for Vaginal Contraceptive Film.

USA: Efficacy Trial of Spermicidal Agents (FCO 500/1508)

Technical Monitor: ERaymond

Objective(s): To compare the contraceptive effectiveness, safety, acceptability, and consistency of use of five nonoxynol-9 spermicides.

Description: Although spermicides have been available in the United States for over 40 years, reliable estimates of their effectiveness in preventing pregnancy are unavailable. This randomized clinical trial compares the contraceptive effectiveness, safety, acceptability, and use of five spermicidal products. As planned, a total of 1,800 sexually active women who intend to use spermicide as their primary method of contraception were to be recruited at eleven domestic research centers. Subsequently, the closing and addition of sites has resulted in 12 active sites.

Each participant is randomly assigned to use one of the five spermicides and is followed for 30 weeks after admission. Participants are asked to keep diaries on which to record dates of menses and coitus. Pregnancy tests are performed at approximately monthly intervals during the follow-up period. Participants are advised about the availability of emergency contraceptive pills, which is provided free of charge when indicated. A Data and Safety Monitoring Board reviews the results of semiannual progress reports and one interim analysis of pregnancy data during the trial.

Subgrantee(s): Baylor College of Medicine (TX), Eastern Virginia Medical School, Hospital of University of Pennsylvania, Johns Hopkins Medical Services Corporation, Magee-Women's Hospital (PA), Medical University of South Carolina, Minneapolis Medical Research Foundation, New York University, Ohio State University, Planned Parenthood of Central and Northern Arizona, University of Alabama at Birmingham, University of Arizona Health Sciences Center, University of Tennessee at Memphis, University of Texas Health Science Center, Vermont Women's Health Center

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- This contract was awarded in September 1997. Contracts were then signed with 11 clinical sites, a Pap Smear laboratory, a microbiology laboratory, and manufacturers of clinical supplies.
- An investigators' meeting was held April 1998 in North Carolina.
- Recruitment was initiated in June 1998.
- A twelfth site was added on April 14, 1999, to enhance recruitment as it has proceeded more slowly than expected.
- CRAS, the randomization system used by FHI, was working well but was not cost effective. This aspect of the study was outsourced to DynaRand, San Francisco, California in October 1999.
- A second investigator's meeting was held in October 1999 in Research Triangle Park, North Carolina.

April 1, 2000 - September 30, 2000

- Site monitoring has been performed every six months.
- Recruitment and follow up continued. As of September 2000, a total of 1,029 participants had been recruited.
- Three sites (Planned Parenthood of Central & Northern Arizona, Minneapolis Medical Research Foundation, Medical University of South Carolina) were discontinued from the study due to slow recruitment and loss of critical site personnel.

- Three new sites (NYU School of Medicine, University of Tennessee Memphis, Ohio State University) were added, and negotiations were initiated with one additional site (Stanford University School of Medicine).
- NIH extended the study by 28 months to allow recruitment to the full complement of participants.

FY'01 WORKPLAN ACTIVITIES:

- An interim analysis will be reviewed by the DSMB in October 2000.
- The budget will be renegotiated with NIH in order to compensate for a 28-month project extension.
- A subagreement with Stanford University will be completed and work will be initiated with the two additional sites.
- Recruitment and follow-up will continue.

Funding Source(s):		FHI Corporate;	**FCO Approved:**	**500**	Sep 1997
		NIH		**1508**	Sep 1997
Total Approved Budget:	**500**	$ 4,681,559	**Projected End Date:**		Dec 2003
	1508	N/A-Annual			

USA: Statistics and Data Management: CONRAD Phase 1 Spermicide Trial (Q2) (FCO 9107)

Technical Monitor: DWeiner

Objective(s): To provide all necessary biostatistical and data management support to a Phase I study by CONRAD of an investigational spermicide, Q2.

Description: This double-masked study was to compare an investigational spermicide (Q2), in toto or by component, to two commercially available spermicides as controls. Initially, two sites were to randomize a total of 108 women to one of nine conditions that vary by product (Q2, Q2 component, Gynol II®[9] or Conceptrol®) and dosage (2.5ml or 5.0 ml); although revision to a four- armed study with 12 women in each arm was being considered before the study was canceled. Irritation, colposcopic findings, leakage, and product vaginal distribution were to be evaluated after one insertion and again after an additional five insertions.

FHI was to provide data management and analysis support to CONRAD, who was responsible for the overall conduct of the study. Favorable results would encourage continued development and possibly eventual USFDA approval of a new vaginal formulation with optimal spermicidal and anti-viral activity and maximal mucosal coating and spreading.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol and case report forms were finalized in spring 1998.
- Data entry programs and error checks were designed, programmed, and validated.
- Study start up was placed on hold because of manufacturing problems.

April 1, 2000 - September 30, 2000

- The IND was put on inactive status July 14, 2000 because of concerns about the use of N-9, the active component of the IND formulation.
- **The FCO was closed September 30, 2000.**

[9] Gynol II® is a registered trademark of Johnson & Johnson for contraceptive jelly for use with a diaphragm.

Findings and Outcomes:

- The study was terminated before data collection began.
- The IND may be reactivated with another formulation.

Funding Source(s):	USAID/Core	**FCO Approved:**	May 1998
Total Approved Budget:	$ 97,374	**Projected End Date:**	Sep 2000

USA: Statistics and Data Management: Acceptability of Strapped vs. Unstrapped FemCap™ Barrier Contraceptive (FCO 9109)

Technical Monitor: DWeiner

Objective(s): To provide all necessary biostatistical and data management support to a CONRAD study of a modified FemCap™[10] barrier device.

Description: Women in the FemCap arm of a previously conducted Phase II/III study (FCO 2218) reported problems removing the device. The device has since been redesigned to contain a removal strap. This study collects safety and acceptability data (problems with removal, dislodgment, participant and partner pain or discomfort) from FemCap naïve women using the new device as their primary means of contraception. One hundred and twenty women will be followed for eight weeks. These data will be compared to the experience of the women in the FemCap arm of the Phase II/III study who had used the unstrapped device (historical controls). FHI provides analysis and data management support to CONRAD, who is responsible for the overall conduct of this study. Favorable results may lead to USFDA approval of a new female-controlled contraceptive method.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Recruitment began in January 1999.
- Error-check programs and the data entry system were completed and verified.
- A data management plan was drafted.
- By March 2000, approximately 55% of the anticipated forms were entered and queries generated.
- An unplanned interim analysis requested by CONRAD was completed March 13, 2000.
- Table shells for the final report were drafted.

April 1, 2000 - September 30, 2000

- A data audit was initiated with RA/QA in June 2000.
- The analysis plan for the final report was finalized in August 2000.
- Follow-up ended September 2000.
- Table shells are in the process of final review.

FY'01 WORKPLAN ACTIVITIES:

- Analysis programming will continue for the final report.
- Final data will be received mid-October.
- Site closeout will take place in November and the data will be frozen mid-December 2000.
- With this schedule, the final statistical report will be completed February 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jul 1998
Total Approved Budget:	$ 197,750	**Projected End Date:**	Jun 2001

[10] Femcap® is a registered trademark for FemCap, Inc. for a vaginal barrier device.

USA: Support for the Lea® Contraceptive PMA Application (FCO 9112)

Technical Monitor: WRountree

Objective(s): To provide documentation, analysis and scientific support for a PMA application for the Lea[11] Contraceptive barrier device.

Description: Under this subproject, documentation, analysis, and scientific support will be provided for a PMA application for the Lea Contraceptive female barrier device. Data relating to two studies will be involved: 1) a Phase II safety and efficacy trial of Lea's Shield used with or without spermicide (FCO 2059); and 2) a colposcopic and microbiological testing study of Lea Contraceptive (FCO 1647).

YAMA, Inc. and the USFDA have agreed to submit and review, respectively, the PMA for Lea Contraceptive using the module approach. FHI will review clinical modules assembled by CONRAD and will assist CONRAD in addressing USFDA questions, conducting further analysis, providing documentation and aiding other related activities as needed in support of the application.

This effort may lead to USFDA approval of another female-controlled barrier device.

FY'01 WORKPLAN ACTIVITIES:

- Most of the effort under this subproject will take place after completion of the colposcopic and microbiological testing Lea Contraceptive study in the spring of 2001.

Funding Source(s):		USAID/Core	**FCO Approved:**	Sep 2000
Total Approved Budget:	$	29,164	**Projected End Date:**	Mar 2002

USA: Biostatistical Support for FemCap™ Barrier Contraceptive PMA Application (FCO 9111)

Technical Monitor: DWeiner

Objective(s): To provide documentation, analysis, and scientific support for a PMA application for the FemCap™ barrier contraceptive device.

Description: Under this subproject, documentation, analysis, and scientific support will be provided for a PMA application for the FemCap female barrier device. Data relating to two studies will be involved: (1) a Phase II/III trial comparing the FemCap to the diaphragm on effectiveness, safety, and acceptability (FCO 2218); and (2) a safety/acceptability study of a modified FemCap with a removal strap (FCO 9109). After completion of the strapped FemCap study, CONRAD plans to submit an application for pre-marketing approval to the USFDA.

FHI will assist CONRAD in providing documentation, addressing questions, conducting further analysis, and aiding in any other related activities in support of the application. This effort may lead to USFDA approval of another female-controlled barrier contraceptive.

[11] Lea® Contraceptive is the registered trademark of YAMA, Inc. for a vaginal barrier device.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subproject was approved October 1998.
- A manuscript, authored by CONRAD and FHI staff, reporting the Phase II/III results, was published in *Contraception*, (1999; 60:71-80).

April 1, 2000 - September 30, 2000

- Activity on this subproject is largely dormant until the completion of the strapped FemCap study that is expected to take place in the spring of 2001.

Findings and Outcomes:

- As reported in the manuscript resulting from this effort, contraceptive equivalence of FemCap to the diaphragm was ruled out, but FemCap was generally safe and led to significantly fewer urinary tract infections. (See FCO 2218 for further details.)

FY'01 WORKPLAN ACTIVITIES:

- Documentation of the Phase II/III Study will continue.
- Most of the effort under this subproject will take place after completion of the strapped FemCap study in the spring of 2001.

Funding Source(s):		USAID/Core	**FCO Approved:**	Oct 1998
Total Approved Budget:	$	51,947	**Projected End Date:**	Jun 2002

USA: Statistics and Data Management: Phase I Tolerance Study of CS Spermicide Gel (FCO 1544/1609)

Technical Monitor: DWeiner

Objective(s): To provide all necessary biostatistical and data management support to a Phase I safety/tolerance study, being conducted by CONRAD and funded by CICCR, of a new spermicide (CONRAD Protocol A98-047.)

Description: This subproject provided for the biostatistical and data management support to a closed label, randomized, double-blind study of two doses of an investigational spermicide (2.5 ml, 5.0 ml) versus an active control (2.5 ml Conceptrol) and a passive control (applicator only). Forty-eight women were randomized to one of the four study groups.
This product may be a safe and effective vaginal formulation that will optimize spermicidal and antimicrobial activity. The results of this study were submitted to the USFDA.

This subproject is funded largely by CICCR, with a limited contribution from FHI's corporate funds.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Data collection began in April 1999 and ended late September 1999.
- Data freezes occurred in November 1999 and mid-January 2000.
- The final statistical report was completed in December 1999/January 2000.
- An abstract based on these data, co-authored by a site PI and CONRAD and FHI staff, was presented at the Microbicide 2000 Meeting.

- A final clinical report, written with assistance of FHI staff, was completed and sent to the USFDA in the spring of 2000.

April 1, 2000 - September 30, 2000
- FHI provided feedback on CONRAD's final study report and a draft manuscript is being prepared for publication.

Findings and Outcomes:
- The results suggest that CS is associated with less genital irritation than Conceptrol and has a similar acceptability profile. The 2.5 ml dose may be preferable in terms of subjective reports of product leakage.
- A secondary analysis found that objective measurement of product leakage is not consistent with subjective reports but may distinguish among products.
- A manuscript reporting these results is being written by CONRAD and FHI staff.
- CONRAD and FHI are discussing a Phase II/III efficacy study with the USFDA.

FY'01 WORKPLAN ACTIVITIES:
- CONRAD is preparing a manuscript, with FHI co-authors, based on the final report.
- In addition, some planned secondary analyses regarding the clinical interpretation of colposcopy findings will be conducted in FY'01.

Funding Source(s):			CICCR; FHI Corporate	**FCO Approved:**	**1544**	Nov 1998
					1609	Nov 1998
Total Approved Budget:	**1544**	$	31,870	**Projected End Date:**		Jun 2001
	1609	$	83,867			
		$	115,737			

USA: Statistics and Data Management: Phase I Tolerance Study of PSS Spermicidal Gel (FCO 1645)

Technical Monitor: DWeiner

Objective(s): To provide all biostatistical and data management support to a study designed to determine the effects of several concentrations of PSS spermicidal gel on vaginal irritation and compare them to irritation observed in a Conceptrol control group. (CONRAD Protocol #A98-048)

Description: PSS is a promising contraceptive with antimicrobial properties. In a study conducted by CONRAD, 49 women at two sites were randomized to one of four conditions: 2.5 ml Conceptrol or 2.5 ml PSS at 0% (vehicle only), 5% or 10% concentration. Colposcopic measurements and reports of irritation and other vaginal problems were collected after one nightly insertion of study product and after five additional nightly insertions. FHI is responsible for all data management and analysis. The Biostatistics group will complete a statistical report and assist CONRAD, as requested, in preparing the final report for USFDA.

ACTIVITIES & ACCOMPLISHMENTS:
Through March 31, 2000
- Case report forms were printed, and data entry and error check programs were completed and validated.
- Recruitment began October 1999.

April 1, 2000 - September 30, 2000

- Data collection ended May 2000 and site closeout occurred August 2000.
- The analysis plan and table shells were approved.
- At CONRAD's request, a preliminary acceptability report was completed in July 2000.
- Data were frozen.
- The final statistical report was completed September 2000.

FY'01 WORKPLAN ACTIVITIES:

- FHI will assist CONRAD, as requested, in preparing a final report for USFDA and addressing USFDA questions.

Funding Source(s):		CICCR	**FCO Approved:**	Apr 1999
Total Approved Budget:	$	75,713	**Projected End Date:**	Jun 2001

USA: Lea® Contraceptive: Colposcopy and Microbiological Testing (FCO 1647)

Technical Monitor: WRountree

Objective(s): To provide all necessary biostatistical and data management support to a CONRAD study assessing the signs and symptoms of vaginal and cervical irritation during an 8-week period of Lea Contraceptive use.

Description: Under this subproject, a CONRAD-sponsored safety study of the Lea Contraceptive device will receive full biostatistical and data management support from FHI's Biostatistics and Data Management groups. Plans were to recruit 30 women who will not be at risk for pregnancy, with the expectation that 20 women will complete the study. These women will receive a colposcopy exam at enrollment, a 2-week visit, and a final visit within 48 hours after an 8-week visit. These women will receive microbiological tests at enrollment, at an 8-week visit, and at a final visit within 48 hours after the 8-week visit.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The case report forms were printed and study recruitment began in December 1999.
- Error specifications and test data were written by Biostatistics.
- Data tables, record layouts, and error programs have been completed by data management.

April 1, 2000 - September 30, 2000

- The error programs were tested.
- The first batch of data arrived at the beginning of April 2000 and data entry began.
- Recruitment ended July 2000 with the target of 30 women enrolled.
- Table shells for the final report were drafted by Biostatistics for approval by CONRAD.

FY'01 WORKPLAN ACTIVITIES:

- The final data freeze will be made on November 27, 2000. The final statistical report will be sent to CONRAD by the end of February 2001.

Funding Source(s):		CONRAD	**FCO Approved:**	May 1999
Total Approved Budget:	$	116,626	**Projected End Date:**	Aug 2001

USA: PC-515 Microbicide Study Data Analysis (FCO 1310)

Technical Monitor: DTaylor

Objective(s): To provide all necessary biostatistical support to a Population Council pilot and phase I/II study of the safety and acceptability profile of a PC-515 microbicide gel.

Description: The Population Council will conduct a randomized, placebo-controlled, double-masked trial of PC-515 microbicide. Approximately 300 eligible women who are willing to apply a vaginal microbicide three times per week, or as often as they engage in vaginal intercourse if that exceeds three times per week, will be recruited for six to twelve months of study participation from family planning clinics and a general health clinic in South Africa. A pilot study, consisting of the first 80 women-months of follow-up, will be performed to evaluate initial product safety. Likewise, the primary objective of the full phase I/II study is to assess the safety of PC-515 gel. Secondary objectives include an assessment of 1) the acceptability of PC-515 gel among study participants, 2) the effectiveness of PC-515 gel in preventing male to female transmission of STI/HIV, 3) PC-515 gel's effects on vaginal flora, 4) women's reactions to a candidate microbicide which is non-contraceptive, and 5) the feasibility of large-scale microbicide testing in a non-sex worker population.

The Biostatistics Group at FHI will provide statistical consultation for the pilot and phase I/II studies, as well as full statistical support for the phase I/II trial, including an analysis plan, tables creation, two interim and final data analyses, and statistical report writing.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI's Biostatistics group began consultation on the Population Council (PopCouncil) study in October 1999 and completed an analysis plan in November 1999.

April 1, 2000 - September 30, 2000

- Draft table shells were completed in August 2000 and reviewed with Population Council investigators during an FHI site visit in September 2000.

FY'01 WORKPLAN ACTIVITIES:

- Final table shells and listings will be developed between November 2000 and March 2001.
- Study enrollment is scheduled to be completed in January 200l.
- Data set transfer issues will be resolved.
- Table analysis programs will be completed for an interim analysis and a Data Safety and Monitoring Board meeting tentatively scheduled for April 2001.

Funding Source(s):	Population Council	**FCO Approved:**	Dec 1999
Total Approved Budget:	$ 77,195	**Projected End Date:**	Aug 2001

USA: Biostatistical Support for a Contraceptive Gel Study (FCO 1727)

Technical Monitor: RDominik

Objective(s): To assist in protocol development of a Phase II/III study of a CS contraceptive gel.

Description: To provide biostatistical assistance in protocol development of a Phase II/III study of a CS contraceptive gel. If this protocol is approved, this FCO will be used to complete all biostatistical and data management activities for the study.

Collaborating Agency(s): CICCR

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- A draft protocol was prepared by CONRAD, with FHI input, and submitted to the USFDA in April 2000.
- USFDA comments were received and a response was submitted to them in May 2000.

FY'01 WORKPLAN ACTIVITIES:

- The protocol will be revised based on USFDA feedback. Further protocol development may be funded by another sponsor.

Funding Source(s):	CICCR/Private	**FCO Approved:**	Mar 2000
Total Approved Budget:	$ 10,000	**Projected End Date:**	Sep 2001

USA: Sexually Transmitted Disease - Clinical Trials Unit (FCO 1715)

Technical Monitor: J Welch

Objective(s): 1) To establish a unit to conduct trials to test the safety and effectiveness of experimental diagnostics, therapeutics, topical microbicides, vaccines, and behavioral interventions aimed at preventing and controlling STD; and 2) to disseminate the results of that research.

Description: This subproject is funded by NIH through a subcontract from University of North Carolina, Chapel Hill. Under this FCO, FHI will manage the research activities for the STD-Clinical Trials Unit. The management will include protocol development, IND development and management, monitoring of studies, data management, data analysis, and preparation of manuscripts for publications. Some clinical trials managed by the unit will be assigned individual FCOs.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In 1998 several sites were prepared to initiate a phase III microbicide study using the product Geda Plus. Progress on the IND, however, was stalled at DMID. Confusion over patent rights arose. In 1999, the manufacturing facility was visited by a member of FHI's RA/QA group and an outside consultant. The facility was found not to meet GMP; corrections were suggested but a final certification was never completed.

- FHI hired Marybeth McCauley in the fall of 1999 to serve as STD-CTU project manager in its Arlington office. Dr. Zeda Rosenberg also joined this contract part time in the summer of 1999 to bring technical expertise in the area of microbicides.
- In 2000, Barbara Savarese became the DMID project officer; the Geda product was dropped and a new product sought. Advantage-S was tentatively selected, but results of the UNAIDS COL-1492 study announced at the AIDS 2000 conference ended enthusiasm for N-9 as a microbicide and the protocol was put on hold.
- Representatives of the STD-CTU attended the International Society for STD Research Conference and the Conference on Global Strategies for the presentation of HIV transmission from mothers to infants.
- FHI was assigned implementation responsibilities for a study to assess the safety/acceptability of the female condom among men who have sex with men (Phase I Acceptability and Safety Study of Rectal Use of the Reality Condom).
- A protocol and analysis plan for a HSV Study was prepared for the study's PI in the fall of 1999. DMID/NIAID decided to not pursue this study under the STD-CTU mechanism so all work on it was stopped.
- In February 2000, FHI staff made site initiation visits to Kenya for the PID study (Etiology of Acute Salpingitis) and to Seattle, WA for the Phase I study of the Reality Condom.
- FHI staff, Sarah Martin Deer, conducted two site initiation visits for the Phase III Efficacy Trial of Azithromycin vs. Benzthine Penicillin for the Treatment of Early Syphilis, in Birmingham, AL.

April 1, 2000 - September 30, 2000

- FHI staff, Amy Lovvorn, conducted a monitoring visit to Kenya for the PID study (Etiology of Acute Salpingitis), in July 2000.
- FHI staff conducted several meetings in the area of microbicides to begin developing next steps for research in the STD CTU infrastructure in light of the UNAIDS COL-1492 results.
- General administration tasks related to the STD-Clinical Trials Unit (STD-CTU) were carried out.
- The semi-annual report for DMID was prepared.
- Monitoring trips were made to Kenya, Seattle, Washington and Birmingham, Alabama.

Findings and Outcomes:

- A study sponsored by the STD-CTU, “Role of Mass Media in Population-Level Intervention for Chlamydia Screening within Managed Care Organizations (MCO), showed preliminary findings of understanding the potential role of the mass media as a means for targeting adolescents for chlamydia screening.
- Data from an STD-CTU sponsored study in Nairobi, Kenya (a study that was subsequently stopped by DMID/NIAID in Spring of 1999) supported the study team's hypothesis that anaerobic bacteria may be associated with plasma cell endometritis (PCE) in HIV-1 infected women. Such findings may impact upon prevention strategies and guide treatment of PID.

FY'01 WORKPLAN ACTIVITIES:

- FHI will consider the DMID request that FHI take over project management from EMMES Inc., for the ongoing syphilis study (A Phase III Efficacy Trial of Azithromycin vs. Benzathine Penicillin for the Treatment of Early Syphilis). A trip to Washington DC to discuss this is planned for October. (Update: The decision was made that FHI would assume management responsibility for the study and hence a study team will be formed.)
- Monitoring trips will be made to Kenya, Washington, Alabama, and other study sites, as required.
- Development of protocols in the area of microbicides will take place, focusing on tool development and biomarkers for product use and sexual activity, correlating with self-report.
- General administration tasks related to the STD-Clinical Trials Unit (STD-CTU) will be carried out.

Funding Source(s):		UNC	**FCO Approved:**	Dec 1997
Total Approved Budget:	$	972,479	**Projected End Date:**	Dec 2002

USA: Vaginal Microbicide Research Management (FCO 1719)

Technical Monitor: J Welch

Objective(s): To manage a vaginal microbicide clinical trial, originally involving GEDA Plus, to be conducted at three U.S. sites.

Note: Originally this subproject was reported under the title "UNC: GEDA Plus Clinical Trial" but, as described below, plans changed and the GEDA plus trial will not be undertaken. For this reason, the subproject title has been changed. Funding remains the same.

Description: FHI will manage the research activities for the vaginal microbicide study. The study will assess the microbicide for the prevention of gonorrhea and chlamydia infection. FHI's management role will include protocol development, IND development, study monitoring, data management, data analysis, and preparation of manuscripts for publications. While FHI's efforts are being funded by the University of North Carolina, NIH is providing the funding to UNC for the overall project.

Collaborating Agency(s): University of North Carolina Hospitals

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In March 1999, approval was given for the GEDA Plus trial management budget and a separate FCO (1719) was assigned for the trial. The protocol, analysis plan and the data management budget for the study were initially developed under FCO 1715, the STD Clinical Trials Unit (STD-CTU).
- Case report forms were developed for the GEDA study.
- Both an Investigator's Brochure and a draft for the IND submission were written for the GEDA study. An FHI staff member made a trip to NIH to work with the Division of Microbiology and Infections Diseases staff on preparation for the Investigator's Brochure and IND.
- Pharmaceutical Product Development, Inc. (PPDI) made pre-study site visits and conducted regulatory training.
- FHI's RA/QA staff made a site visit to the manufacturer for a GMP audit.
- FHI established a timeline/framework for a go/no go decision on GEDA Plus.
- RA/QA re-inspected the manufacturer for GMP compliance in October 1999.
- In March 2000 a decision on using GEDA Plus or choosing another product for testing in the STD-CTU was made. GEDA Plus was dropped, primarily because the manufacturer was not ready to provide product for testing and because of regulatory issues concerning an IND.

April 1, 2000 - September 30, 2000

- Advantage-S was chosen as the new test product but then dropped after the UNAIDS study results on N-9 were reported.
- A meeting with DMID was held in Washington, DC in April 2000 to discuss uses for the microbicide infrastructure while waiting for a product to test.

FY'01 WORKPLAN ACTIVITIES:

- A new product will be chosen for the STD-CTU and preparations will be made for the clinical trial.

Possible Problems, Barriers to Completion:

- No one product may be selected as a reasonable option.

Funding Source(s):	UNC	**FCO Approved:**	Mar 1999
Total Approved Budget:	$ N/A-Annual	**Projected End Date:**	Jun 2001

Brazil: Monitoring Services for a Study of ACIDFORM, an N-9 gel (FCO 1716)

Technical Monitor: MCommins

Objective(s): To provide clinical monitoring services for a study of the vaginal tolerance of ACIDFORM, an acid buffering, bio-adhesive gel with Nonoxynol-9.

Description: This agreement provided financial support for clinical monitoring of CONRAD's study in Brazil under CIG-98-24.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Funding was received in December 1998 to initiate the FHI activities and the first monitoring visit was completed in the same month.
- A second monitoring visit was performed in May 1999 at that time the study was closed out, and a monitoring report was submitted to CONRAD.

April 1, 2000 - September 30, 2000

- **FCO 1716, established with the specific objective of monitoring the ACIDFORM study, was closed September 30, 2000.**

Findings and Outcomes:

- As agreed with CONRAD, monitoring services were performed for the ACIDFORM study.

Funding Source(s):		CONRAD	**FCO Approved:**	Dec 1998
Total Approved Budget:	$	3,954	**Projected End Date:**	Sep 2000

USA: International Studies for GEDA Plus (FCO 1307)

Technical Monitor: RRoddy

Objective(s): To provide consultation on phase III microbicide studies to the International Bioscience Corporation (IBC).

Description: IBC asked FHI to consider assisting IBC with phase III studies in India and possibly Brazil. The scope of work for FHI included: 1) submission of an investigational new drug (IND) application to the United States FDA; 2) preparation of a study protocol; 3) design of the data collection forms and consent forms; 4) monitor the study; 5) handle data management; and 6) conduct the study analysis.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A letter of intent was signed by IBC and funds provided for a consultation with FHI staff.
- In December 1999, FHI staff met with IBC representatives and researchers from Brazil in West Palm Beach, FL.

April 1, 2000 - September 30, 2000

- IBC decided not to develop their product at this point. **This subproject was subsequently closed September 30, 2000.**

Findings and Outcomes:

- IBC had several regulatory, financial, and legal matters to work out before the subproject could proceed. It was cancelled when IBC decided not to further develop their product.

Funding Source(s):	International Bioscience Corporation	**FCO Approved:**	Nov 1999
Total Approved Budget:	$ 2,200	**Projected End Date:**	Sep 2000

South Africa: Technical Assistance to Population Council Microbicide Study (FCO 1724/1754)

Technical Monitor: KRyan

Objective(s): To provide technical assistance to the Population Council on a microbicide study (PC-515).

Description: The Population Council is testing PC-515 in an expanded safety and preliminary effectiveness study. Specifically, this subproject aimed to assist the Population Council with the monitoring and conduct of the study.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff attended the training for the South African staff that was conducted in Durban, South Africa, by the Medical Research Council of South Africa in September 1998.
- Roddy gave a presentation on Phase I-IV clinical trials during this training as well as a talk on conducting physical examinations. Monitoring issues were also discussed with the group.
- The Population Council began an applicator study (filled with placebo) that began in March 1999 and ended in July 1999.
- TA was provided during the close-out of the applicator study in July 1999.
- The Population Council was assisted with finalizing their case report forms and training agenda in September 1999. Assistance was also given in the training of study staff for the expanded safety study.
- The initial subaward (under FCO 1754) ended September 30, 1999.
- A new subaward (under FCO 1724) from the Population Council was initiated, effective October 1, 1999, to continue the work.
- Ron Roddy and Kelley Ryan assisted with the training of staff in Pretoria in January 2000. Roddy worked with the clinical staff while Ryan worked with the counselors/interviewers.

April 1, 2000 - September 30, 2000

- Monitoring visits were made in May 2000 and in August 2000.
- Patti Bush, of FHI's FHI Regulatory and Quality Assurance group, visited sites in mid-September to perform a quality assurance audit.
- **This technical assistance ended in September 2000 and the FCO was closed.**

Findings and Outcomes:

- In a memo from Population Council staff it was noted FHI's "...help has been invaluable in the success of the study to date, and the collaboration has been very effective, as well as a pleasure." In particular Ron Roddy's role in working with study clinicians was noted, as was Kelley Ryan's experience in training interviewers and their "encyclopedic knowledge of FDA regulations". Lastly, the visit to the sites by at FHI RA/QA staff member, Patti Bush, to evaluate the quality of the procedures and documentation "was extremely useful."
- The Population Council said they hoped to schedule another trip for Patti Bush to visit the sites. Funding for this next trip, as well as assistance from Ron Roddy and Kelley Ryan in analyzing the data and preparing papers at the end of the study, will be worked out in the future.

Funding Source(s):			Population Council	**FCO Approved:**	**1724**	Jan 2000
					1754	Sep 1998
Total Approved Budget:	**1724**	$	68,307	**Projected End Date:**		Sep 2000
	1754	$	76,270			
		$	144,577			

South Africa: Trade-Off Modeling (FCO 7417)

Technical Monitor: TNutley

Objective(s): 1) To examine the implications of the family planning method mix, behavioral interventions, and STD reductions on unintended pregnancy and HIV/AIDS using the Trade-Off Model; and 2) to make this information available to policymakers and service providers.

Description: The Reproductive Health Research Unit (RHRU) was to hire a consultant to gather the data and estimates needed to input into the model. FHI was to run a series of analyses based on questions posed by the RHRU and Division of Health. The results of these analyses were to be disseminated to the Division of Health and to professional meetings in South Africa and recommendations for intervention projects.

This information was also to be used to assist the Government of South Africa to prepare a policy on barrier contraceptive methods.

Subgrantee(s): Reproductive Health Research Unit

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The FCO was established and USAID approval was received in August 1999.
- This subproject was put on hold due to staffing shortages and competing priorities at the Reproductive Health Research Unit (RHRU).

April 1, 2000 - September 30, 2000

- The decision was made with RHRU and USAID/South Africa to cancel the subproject. **The FCO was subsequently closed in August 2000.**

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jul 1999
Total Approved Budget:	N/A	**Projected End Date:**	Aug 2000

USA: Opportunities for Industrial Collaboration (FCO 1617/ 1650/1651/1694)

Technical Monitor: STenorio

Objective(s): 1) To improve communication between reproductive biologists and contraceptive development researchers; 2) to acquaint basic scientists and clinicians with the contraceptive development process; 3) to identify possible new leads; and 4) to foster public-private sector collaborations to enhance the possibility of bringing new products to market.

Description: In 1992, FHI proposed a new initiative designed to build bridges between the worlds of basic reproductive biology research and contraceptive development research programs and to promote the exchange of information and ideas between the scientists working in these two fields. The goal was to lead to more promising contraceptive research. For example, basic scientists could perform a vital role in identifying promising new contraceptive leads, in ensuring technology transfer to the applied-research stage, and in solving technical problems that arose during product development. But it was logical to conclude that basic scientists would have been able to perform this role to maximum effect if they are fully informed of the complex issues involved in: 1) the process of developing new drugs and devices, 2) meeting the regulatory requirements to have a new drug approved, and 3) introducing a new contraceptive product to providers and consumers.

To this end, the Mellon and Rockefeller Foundations provided support to FHI to organize biennial special interest meetings. These meetings started out with Mellon-supported Centers in Reproductive Biology and those in applied contraceptive development and other agencies interested in contraception research. The meetings made a natural progression to having increased participation of the pharmaceutical industry in contraceptive development. In seeking to forge linkages among the basic scientists, contraceptive development programs, and industry, conferences addressing opportunities for industrial collaboration were held.

Collaborating Agency(s): CICCR

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The first of the jointly sponsored meetings was held in November 1993. Representatives from each Mellon Reproductive Biology Center as well as from applied contraceptive development agencies, funding agencies, the pharmaceutical industry, and the USFDA attended the meeting.
- The second meeting, held in April 1995, focused on selected areas of male contraception research and development. In addition to contraceptive development researchers, social scientists, and women's health advocates participated in this meeting.
- The third meeting, held in November 1996, was an international conference that addressed opportunities for industrial collaboration in contraceptive development. The conference included senior industry officials and costs were shared by the Rockefeller Foundation. The theme of the conference followed on the Bellagio meeting, the Institute of Medicine Workshop, and strategies developed to involve industry in new contraceptive development.
- A directory of all organizations performing contraceptive research was completed.
- A re-evaluation of the 1996 conference was completed in April 1998.
- The fourth meeting, "Microbicides/Spermicides: Opportunities for Industrial Collaboration" was held in October 1998 in Durham, North Carolina.
- The summary report for the October 1998 conference was completed and distributed by Rockefeller at a March 1999 meeting.

April 1, 2000 - September 30, 2000

- In discussions with donors, it was decided that at this time no further meetings would be pursued. If the need for another such meeting emerges, a new subproject be established with any remaining funds.
- **FCOs 1650 and 1651 were closed on September 30, 2000.**

Findings and Outcomes:

- In a survey conducted 17 months after the 1996 meeting on Opportunities for Industrial Collaboration, 13 participants reported they had initiated partnerships or collaborations as a result of attending the meeting (eight during the meeting, three within three months of the meeting, one more than a year after the meeting, and one that did not indicate the time period).

Funding Source(s):			Rockefeller Foundation; Mellon Foundation	**FCO Approved:**	**1617**	Mar 1993
					1650	Oct 1998
					1651	Oct 1998
					1694	Jul 1996
Total Approved Budget:	**1617**	$	112,813	**Projected End Date:**		Sep 2000
	1650	$	50,532			
	1651	$	73,402			
	1694	$	119,680			
		$	356,427			

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HORMONAL METHODS

Strategic Objectives

1) To evaluate new delivery systems
2) To improve successful client use
3) To evaluate STI/HIV relationship

FY'01 Subprojects

	Worldwide:	General Systemics (FCO 2030)
●	Worldwide:	Extending the Initial Injection Window in Cyclofem Users (FCO 2236)
	USA:	Prevention of DMPA-Induced Bleeding Irregularities (FCO 1302/ 2246)
●	Bolivia:	DMPA Provision by Community Based Distribution Workers and Other CIES Clinic Staff in El Alto (FCO 6486)
	Kenya:	Fellowship Re-entry Grant - Dr. Joseph Ruminjo (FCO 2240 and previously 1633)
	Worldwide:	Pregnancy Rates in DMPA and OC Users (FCO 2249)
	Zimbabwe:	Depo Provision by CBD Workers (FCO 9327)
	Jamaica:	Quality of Information for Over-the-counter OC Clients (FCO 9363)
?	Jamaica:	Evidence-based Pill Provision (FCO 9335)
●	USA:	Chemical Laboratory (FCO 8020)
	Worldwide:	Production Surveillance - Other Contraceptives (FCO 8017)
	USA:	Statistics and Data Management: CONRAD Phase 1 Implant (FCO 9108)
?	USA:	Biostatistical Support: CONRAD Levonorgestrel Implant Study (FCO TBD 91xx)
	USA:	Statistics and Data Management: CONRAD Phase 1 Injectable (FCO 9110)
	USA:	Hormonal Contraceptive Use, Cervical Ectopy and Cervical Infections (FCO 5311/5901 and previously 6311/6901)
	Worldwide:	Hormonal Contraception and the Risk of HIV Acquisition (FCO 331/502)
?	Worldwide:	Effect of Hormonal Contraception on HIV Genital Shedding among Women with Primary HIV Infection (FCO 503)
	USA:	HRT/Breast Cancer Mortality Systematic Review (FCO 1309)
●	Dom. Republic:	Norplant II Monitoring Services (FCO 1671)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01
? New Non-USAID funded subproject in FY'01

Worldwide: General Systemics (FCO 2030)

Technical Monitor: KNanda

Objective(s): 1) To support early developmental work on systemic-related projects; 2) to conduct secondary analyses on selected and completed systemic projects; 3) to write papers for presentations and publication based on these analyses; and 4) to occasionally support the completion of final reports for systemic studies.

Description: This subproject supports various activities related to FHI's research on systemic methods of contraception. The major activities involve secondary analyses. Following the completion of field research activities culminating in a subproject final report, data analysis continues and/or papers are prepared for presentation and publication in scientific journals to disseminate results of FHI-supported research. This subproject supports staff time and travel costs related to these needs. The subproject also supports literature review and other very early development efforts for new systemic subprojects under consideration. Lastly, on few occasions, the completion of final reports for systemic studies is supported by this subproject.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Ruminjo JK, Amatya RN, Dunson TR, Krueger SL and Chi I-C. "Norplant acceptability and user satisfaction among women in two African countries" was published in *Contraception* in 1996.
- Chetri M, Bhatta A, Amatya RN, Lama H, Dunson TR, Spivey SL, McMahan JM and Balogh S. "Five-year evaluation of safety, efficacy, and acceptability of Norplant®[12] implants in Nepal was published in *Advances in Contraception* in 1996.
- Dunson TR, Amatya RN and Krueger SL. "An analysis of discontinuation of Norplant use due to menstrual problems" was published in *Advances in Contraception* in 1996.
- Nutley T and Dunson TR. "Treatment of bleeding problems associated with progestin-only contraceptives: survey results" was published in *Advances in Contraception* in 1997.
- Ba MG, Moreau JC, Sokal D, Dunson R, Dao B, Kouedou D, Diadhiou F. "A 5-year clinical evaluation of Norplant implants in Senegal" was published in *Contraception* in 1999.
- The progestin-only oral contraceptive report was disseminated in English and the Spanish translation of the report was completed and also disseminated.
- Trussell J, Ellertson C, Stewart F, Koenig J, Raymond, EG. A review paper on Emergency Contraception entitled "A cost-effective approach to preventing unintended pregnancy" was published in the February 1998 issue of *Women's Health Care*.
- Castro S, Guidos MA, Hernandez M, Salazar MA, Rudder B, Dunson TR. The paper "Clinical evaluation of Norplant implants in El Salvador" was published in *Obstetricia y Ginecologia Latino Americanasin* 1998.

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- The draft of the Norplant Cervical Mucus study report was revised and approved. The final report was then submitted to USAID/W.
- Rivera R, Yacobson I, Grimes D. The mechanism of action of hormonal contraceptives and intrauterine contraceptive devices" was published in *Am J Obstet Gynecol* 181(5 Pt 1):1263-9 (1999).

[12] NORPLANT® in a registered trademark of The Population Council, Inc. for subdermal contraceptive implants. NORPLANT® implants (levonorgestrel subdermal contraceptive implants) are manufactured by Leiras Pharmaceuticals, Turku, Finland.

- Rivera R, Chen-Mok M, McMullen S. " Analysis of client characteristics that may affect early discontinuation of the TCu 380A IUD" was published in *Contraception* 60(3):155-60 (1999).
- Roberto R and Roundtree W. "Menstrual characteristics associated with discontinuation of the TCu-380A due to bleeding and pain" was submitted to *Contraception* in September 2000.

Findings and Outcomes:

- The Norplant cervical mucus study found cervical mucus and hormonal changes are suggestive that Norplant becomes effective as a contraceptive within 3 days post insertion. These results challenge the current recommendations for 7-day back up advice and suggest 3 days would be adequate.
- Reasons for early discontinuation of the TCu-380A IUD were evaluated among women participating in a large multicenter trial. The gross cumulative 12-month life table rates of reasons for discontinuation were 13.3 for all reasons and 4.5, 4.3, and 3.1 for removals for bleeding/pain, personal reasons and expulsion, respectively. Study site, age and religion had a significant effect on early discontinuation. Significantly higher expulsion rates were seen in women who had IUD insertions in the African centers compared to other centers and women <20 years old compared to older women. In addition Muslim women had significantly higher rates of removal for bleeding and pain than women of other religions. This information may guide the counseling and follow-up process of women with such characteristics and result in improved IUD continuation rates.
- As reported in the FY'98 Annual Report, the paper "A Cost-effective Approach to Preventing Unintended Pregnancy" noted increased availability of emergency contraception would greatly reduce the incidence of unintended pregnancy and the consequent need for abortion.
- The principal objective of the Senegal 5-year clinical study of Norplant implants was to introduce these implants into the family planning program and to determine their overall acceptability and safety in Senegalese acceptors. The pooled cumulative discontinuation rate was 40.8 +/- 2.91 per 100 women resulting in a continuation rate of 59.2 +/- 2.91 per 100 women. Menstrual problems were the reason most given for early removal during the first two years. After year two, desire for another pregnancy was the main reason for implant removal.

FY'01 WORKPLAN ACTIVITIES:

- Roberto Rivera and other FHI staff plan to write the following manuscripts: "Characteristics of bleeding conditions that lead to discontinuation of Norplant implants for reasons of bleeding and pain", and "Analysis of client characteristics that may affect early discontinuation of Norplant implants".
- Planning for a clinical trial of newly reformulated norethindrone biodegradable pellets (Annuelle®[13]) will begin if the company obtains funding for product development and manufacture.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Extending the Initial Injection Window in Cyclofem Users (FCO 2236)

Technical Monitor: LCook

Objective(s): To determine if contraceptive efficacy is supported if the first injection of Cyclofem is administered on days six and seven of the menstrual cycle.

[13] Annuelle® is a registered trademark of Endocon, Inc. for norethindrone pellet implants.

Description: This subproject investigated cervical mucus changes in Cyclofem users when given the initial injection on day 7 of the menstrual cycle, compared to day 5 as currently indicated. Serum estradiol and progesterone concentrations and follow-up of ovarian follicle development by vaginal ultrasound scan were secondary parameters used to determine whether suppressed ovarian activity may have occurred. Changes over time in cervical mucus were used as a secondary surrogate marker for contraceptive efficacy and were determined by *in vitro* sperm penetration testing and cervical mucus scoring. A total of 160 women who were on days 5 or 7 of their menstrual cycle were admitted to the study. Each subject had ultrasound scanning, blood drawn for serum hormone levels and cervical mucus collected at baseline, and at 24 hours, days 3, 5, 10, and 14 postinjection. The study, including recruitment (approximately 7 months) and follow-up (14 days postinjection) was completed in December 1999. Programmatically, the study is important as the findings may result in extending the initial injection window for Cyclofem to 7 days. This should, in turn, result in more women starting the method, and reduce the need for a backup method during initiation. The FCO for this project has been closed.

Subgrantee(s): Family Planning Medical Centers (CEMICAMP), Campinas, Brazil, ICMER, Santiago, Chile, PROFAMILIA, Santo Domingo, Domincan Republic, Zhejiang Academy of Medical Sciences (PR China)

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subproject was proposed to USAID by CEMICAMP in 1996. It was passed to FHI for development at that time; protocol development began in June 1997.
- Funding for this subproject was increased to expand the study to 120 women, 40 at one site each in Chile, Brazil, and the Dominican Republic.
- The protocol was revised to make follicle size the primary endpoint, and the study was approved by PHSC in March 1998.
- WHO expressed interest in adding a site in China to provide geographic and ethnic diversity.
- An Investigators' Meeting, held in the Dominican Republic in March 1998, included standardization of laboratory and ultrasound techniques for each investigator and sub-investigator.
- WHO participated in the investigator meeting to enable a Chinese center to participate. WHO also provided reagents for the hormone assays.
- The study was initiated at the three Latin American sites, after local IRB approval, between June and July 1998. WHO initiated their China site in November 1998.
- In March 1999, recruitment was completed in all three Latin American sites with 120 women enrolled (Chile 46, Dominican Republic 26, and Brazil 48).
- The final analysis was delayed until the closure of the China site in December 1999 (40 women).

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- An investigators' meeting was held in April 2000.
- The first paper titled "Delayed First Injection of the Once-A- Month Injectable, Cyclofem: Part I: Effects on Ovarian Function" was written and accepted for publication by *Fertility and Sterility*.
- The second paper titled "Delayed First Injection of the Once-A- Month Injectable, Cyclofem: Part II: Effects on Cervical Mucus" was drafted and will be completed under FCO 5352.
- **The FCO was closed in July 2000.**

Findings and Outcomes:

- As discussed in the paper on ovarian function, the first injection of Cyclofem given on day 7 of a menstrual cycle does not provide the same inhibition of ovarian activity as injection administered on day 5. Ovarian activity in the control group was suppressed. However, since very few women in the delayed injection group ovulated and those who did had abnormal cycles, the probability of

pregnancy is likely to be low in women receiving Cyclofem on day 7 of their cycle, although slightly higher than on day 5.

- As discussed in the second paper, the first injection of Cyclofem given on day 7 of a menstrual cycle does not provide the same inhibition of mucus quality and sperm penetration as that observed if it is administered on day 5. Cyclofem administered on day 5 suppressed cervical mucus quality and sperm penetration as expected. If the injection was given on day 7, good baseline mucus had already developed in 3% of the cases. The injection was able to prevent the remaining participants from developing mucus of good quality, but it took up to five days until all mucus was of poor or fair quality.
- Our results show that ovulation combined with good cervical mucus is an infrequent event when injection of Cyclofem is delayed to day seven, and theoretically the chance of pregnancy is low, although higher than on day 5. Based on these results, the injection window could possibly be extended to day 7, but women should be counseled about the possible higher chance to get pregnant when adopting this procedure.

Funding Source(s):		USAID/Core	**FCO Approved:**	Jun 1997
Total Approved Budget:	$	423,248	**Projected End Date:**	Aug 2000

USA: Prevention of DMPA-Induced Bleeding Irregularities (FCO 1302/2246)

Technical Monitor: KNanda

Objective(s): 1) To evaluate prospectively the changes in endometrial vascularity induced by the combination of Depot Medroxyprogesterone Acetate (DMPA) and raloxifene compared with DMPA alone; and 2) to assess the incidence of breakthrough bleeding and side effects in subjects treated with DMPA alone compared with DMPA and raloxifene.

Description: One of the major reasons for discontinuation of DMPA is frequent and irregular menstrual bleeding. Retrospective studies have shown vascular changes such as dilated venules in the endometria of DMPA users; it is presumed that these are the source of bleeding. No study has examined such changes prospectively. Other studies have evaluated the use of therapies such as estrogens, estrogens plus progestins, and non-steroidal anti-inflammatory agents to treat this bleeding, with mixed results. Raloxifene, a selective estrogen receptor modulator and inhibitor of angiogenesis may prevent the changes that lead to irregular bleeding.

This subproject entails a randomized, controlled pilot study. Approximately 30 women presenting for the initiation of treatment with DMPA will be consented and randomized to receive either DMPA alone, DMPA with raloxifene, 60 mg/day for 30 days, or DMPA with raloxifene, 60 mg/day for 90 days. Women are followed with serial endometrial biopsies, vaginal ultrasounds, and bleeding diaries. Endometrial changes in DMPA users will be observed prospectively, and raloxifene will be used to prevent these changes. If raloxifene can be shown to inhibit endometrial angiogenesis and prevent irregular bleeding in subjects using DMPA for contraception, this treatment may be used to improve DMPA continuation.

Subgrantee(s): Baystate Medical Center

Collaborating Agency(s): Mellon Foundation

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Dr. Daniel Grow of Baystate Medical Center (the principal investigator) and FHI drafted and finalized the protocol in January 1999.
- FHI obtained IRB and PHSC approval in February 1999.
- FHI finalized the paper case report forms, data entry procedures and error specifications.
- FHI sent the study protocol to Dr. Michael Harper for review, requesting Mellon support to cost-share subagreement costs. FHI subsequently obtained additional funds from the Mellon Foundation (FCO 1302).
- USAID approved the final subagreement.
- During the latter half of FY'99, the FHI Board recommended that PharmaLink services be used for electronic data collection.
- Study initiation was subsequently delayed while Phase Forward and PharmaLink worked with FHI to devise an electronic database and electronic case report screens. FHI corporate funds were used to cover all Phase Forward and PharmaLink efforts.
- FHI, Phase Forward, and PharmaLink programmed error specifications for the electronic database and tested the revised electronic case report screens. PharmaLink subsequently trained the staff at Baystate Medical Center on the electronic case report screens.
- The site began enrolling in October 1999, with recruitment proceeding much more slowly than originally anticipated.

April 1, 2000 - September 30, 2000

- Data collection, database maintenance, and query resolution continued.
- Efforts to improve recruitment, including increased advertising, continued.
- A second site was considered and work on a proposal started in September 2000.

Findings and Outcomes:

- As reported in the FY'99 Annual report, FHI learned the procedure for working with PharmaLink and Phase Forward to implement electronic data capture. Corporate funds were used to support the Phase Forward and PharmaLink work.

FY'01 WORKPLAN ACTIVITIES:

- Data collection, database maintenance, and query resolution will continue.
- Efforts to improve recruitment, including increased advertising, will continue.
- A second site will be added if recruitment at Bay State remains slow. Negotiations will continue and the site could be recruiting participants by early 2001.
- Recruitment is expected to be completed by June 2001.

Possible Problems, Barriers to Completion:

- Change to electronic data capture was both time- and resources-consuming.
- Recruitment has been slow, leading to temporary cessation of electronic data capture.

Funding Source(s):			Mellon Foundation/ Corporate; USAID/Core	**FCO Approved:**	**1302**	Sep 1999
					2246	Dec 1998
Total Approved Budget:	**1302**	$	25,000	**Projected End Date:**		Dec 2001
	2246	$	192,769			
		$	217,769			

Bolivia: DMPA Provision by Community Based Distribution Workers and Other CIES Clinic Staff in El Alto (FCO 6486)

Technical Monitor: DMcCarraher

Objective(s): 1) To train Centro de Investigacion, Educacion y Sercicios (CIES) clinic staff and CBD workers in El Alto to provide DMPA to their clients; and 2) to assess acceptability of DMPA provision by the CBD workers.

Description: This subproject had two components, a training component and a qualitative study component. The objective of the training component was to train clinic staff and workers of the CIES in El Alto to administer DMPA. The training component had two parts. The first training was conducted with CIES clinic staff and the second with CIES CBD workers. In conjunction with CIES staff and an in-country trainer, FHI staff aided in the development of the curricula for both trainings using pre-existing materials developed in-country by PSI and Pathfinder. Training costs were covered by CIES and Cooperative for American Relief Everywhere (CARE). After completion of the training, FHI conducted a qualitative study regarding the acceptability of DMPA provision by CBD workers. In-depth interviews were to be conducted with 30 new users after their first and second injections. In addition, ten in-depth interviews were to be conducted with the CBD workers themselves.

Subgrantee(s): Centro de Investigacion, Educacion y Servicios (CIES)

Collaborating Agency(s): CARE

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Beginning in January 1998, the training curricula were developed by FHI and in-country consultants.
- An in-country trainer was hired and trainings were conducted in April and June 1998 with 15 CIES clinic staff and 25 CBD workers.
- The qualitative study was initiated in June 1998.
- Meetings were held with the clinic staff and the CIES staff members in August 1998 to discuss barriers to participant recruitment. Ultimately, a total of 28 new DMPA users were recruited for this study.
- As of March 1999 four of the study participants had discontinued DMPA use.
- A draft report summarizing the results of the first interviews was completed.
- There was a two-month delay in data collection due to problems locating study participants.
- In August 1999, all final interviews were completed with study participants.
- A focus group discussion was held with the CBD workers to document their concerns and suggestions regarding providing DMPA.
- The study coordinator for this project, Claudette Chapentier, traveled to FHI/NC to work with FHI's technical monitor, Donna McCarraher, on the final report for this subproject. Substantial revisions were made to the previous drafts.
- The final report was completed in February 2000.
- FHI's technical monitor traveled to Bolivia to attend final presentation on March 27, 2000. Approximately 50 people attended the presentation.
- **All accounting was completed for this subproject and it was closed July 2000.**

Findings and Outcomes:

- Main study findings were presented by the local Principal Investigator at the final meeting in March.
- Of the 29 new DMPA users who were enrolled in this subproject, half chose to receive their subsequent injections at the clinic and half chose to use a CBD worker. There was a high continuation rate in this study, only four women had discontinued DMPA use during the course of the study. However, three of these four women subsequently reinitiated DMPA use and with the help of CBD workers. In addition, post-tests and evaluations revealed that providers had an increased knowledge of DMPA and had positive attitudes towards the training the received. Overall, the study results indicate that trained CBD workers can extend the pool of DMPA providers in Bolivia.
- As of the final presentation, CIES had not yet decided if they were going to expand the CBD worker training to their other sites. CIES had hoped that they might collaborate with the MOH in expanding its provision of DMPA via CBD workers. However, CIES has concerns regarding the MOH's ability to coordinate the logistics of providing DMPA. Proper storage of DMPA has reportedly been a problem for the MOH with some supplies discarded because the integrity of the product was questionable. Such problems will need to be addressed if the MOH is to provide DMPA outside a clinic setting.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Dec 1997
Total Approved Budget:	$ 123,416	**Projected End Date:**	Mar 2000

Kenya: Fellowship Re-entry Grant - Dr. Joseph Ruminjo (FCO 2240 and previously 1633)

Technical Monitor: TNutley

Objective(s): To provide funding and technical assistance to FHI's 1994-95 Fellow in support of his re-entry grant study entitled "Acceptability of Cyclofem and Depo-Provera in Kenya".

Description: This prospective, multicenter acceptability study of Cyclofem and Depo-Provera injectable contraceptives by women attending three family planning clinics in Kenya was initiated in February 1997. It was planned under FHI's Fellowship in Contraceptive Technology as a re-entry grant for the 1994–95 Fellow, Dr. Joseph Ruminjo. The Mellon Foundation (through its support to the Fellowship) and WHO's Human Reproduction Programme (through a grant directly to the Principal Investigator) have both funded the study. A nurses' strike in Kenya increased the cost of staff support as well as extended the study duration. USAID subsequently was asked to supplement the funding provided by other donors.

The study employs a randomized, parallel design. Women who agreed to be randomly assigned to either Cyclofem or Depo-Provera were provided their assigned method and were then to be followed for one year on a schedule that mirrors what would be required for that method (i.e. every month for Cyclofem users, every three months for Depo-Provera users). Three clinics, with each to recruit 60 subjects, participated in the study.

Subgrantee(s): University of Nairobi

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study was initiated in February 1997 at the three sites.
- Monitoring visits were conducted in June and October 1997, May 1998, and February 1999.

- Supplemental funding for the study was obtained from USAID/W in February 1998.
- Enrollment of the total caseload of 180 participants was completed in February 1998, follow-up of participants was completed one year later.
- Dr. Ruminjo moved from Kenya in 1999, which delayed completion of the final subproject activities.

April 1, 2000 - September 30, 2000
- The University of Nairobi completed the data analysis.

FY'01 WORKPLAN ACTIVITIES:
- A final report will be completed in Kenya by November 2000.
- FHI will review the report in December 2000. Final documentation will be submitted to FHI and WHO for dissemination.
- If Dr. Ruminjo writes a manuscript on the study for publication, FHI will validate the report before it goes to the journal editors.

Possible Problems, Barriers to Completion:
- Due to the heavy workload of the PI, the manuscript may take awhile to be drafted.

Funding Source(s):		Mellon Foundation; USAID/Core		**FCO Approved:**	**1633**	Dec 1994
					2240	Feb 1998
Total Approved Budget:	**1633**	$	33,811	**Projected End Date:**		Sep 2001
	2240	$	9,212			
		$	43,023			

Worldwide: Pregnancy Rates in DMPA and OC Users (FCO 2249)

Technical Monitor: ERaymond

Objective(s): To measure typical use pregnancy rates among users of OCs or DMPA in Uganda, Zimbabwe, and Thailand and thus to correct flaws and fill gaps in previous research.

Description: This subproject is an addition to a HC-HIV study entitled "Hormonal contraception and the risk of HIV acquisition", which is funded by the National Institute of Child Health and Human Development and which is being conducted in Uganda, Zimbabwe, and Thailand (see FCOs 331/502). The HC-HIV study is designed to evaluate the association between use of oral contraceptives and depot-medroxyprogesterone acetate and HIV infection. Approximately 4,240 women using either OCPs or DMPA will be followed for up to 18 months.

This additional study will support a contraceptive technology objective that is to measure typical use pregnancy rates among users of these contraceptive methods in these countries. The large number of study participants may allow evaluation of possible ethnic and racial differences in the contraceptive efficacy of DMPA, which were suggested by previous studies showing differences in the pharmacokinetics of DMPA by Mexican and Thai women.

Collaborating Agency(s): NICHD

ACTIVITIES & ACCOMPLISHMENTS:
Through March 31, 2000

- The funding approval process was completed; USAID provided approval for initial pregnancy testing in December 1999. The initial budget supports the cost of pregnancy testing for the first year of the study.

- *April 1, 2000 - September 30, 2000*
- Sites began pregnancy testing at all follow-up visits. Support for the pregnancy tests came from FCO 2242 for the first year.
- In July 2000 FHI submitted a new proposal for the study (and associated ancillary studies) to NICHD. A new contract was awarded by NICHD to FHI beginning October 2000. NICHD will cover the costs of future pregnancy tests.

FY'01 WORKPLAN ACTIVITIES:

- Sites will continue pregnancy testing at all follow-up visits. Data collection will continue for approximately two more years.

Possible Problems, Barriers to Completion:

- Additional funding will be needed to support the cost of the analysis of pregnancy rates and reporting writing. The intention is to seek this from other sources as the parent study progresses.

Funding Source(s):		USAID/Core	**FCO Approved:**	Dec 1999
Total Approved Budget:	$	15,654	**Projected End Date:**	Nov 2003

Zimbabwe: Depo Provision by CBD Workers (FCO 9327)

Technical Monitor: JStanback

Objective(s): To determine whether it is safe and feasible for trained CBD workers in a sub-Saharan African country to provide Depo-Provera injections using “single-shot” or “auto-destruct” syringes.

Description: Training will be provided to a cohort of CBD workers in a selected sub-Saharan African country, using a curriculum developed by FHI in Bolivia. Training will emphasize injection safety, asepsis, commodity storage, sharps disposal, HIV prevention, and other topics crucial to safe provision of DMPA. After training, a cohort of CBD providers and their DMPA clients will be followed for six months to assess overall safety and feasibility of this service delivery mechanism. Specifically, side effects (particularly at the injection site), client satisfaction, provider knowledge, and stakeholder attitudes will be assessed.

FY'01 WORKPLAN ACTIVITIES:

- Approval to develop the study will be obtained from USAID.
- FHI staff will make final decision on the study country and principal investigator.
- The technical monitor will work with the principal investigator to draft a protocol.
- The final subagreement with local institution will be signed.
- The study will be initiated.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$169,692	**Projected End Date:**	Sep 2002

Jamaica: Quality of Information for Over-the-Counter OC Clients (FCO 9363)

Technical Monitor: DChin-Quee

Objective(s): To assess the quality of counseling provided by pharmacists to clients who obtain oral contraceptives over-the-counter.

Description: Because the commercial sector has become an important provider of OCs, quality of counseling provided in pharmacies is of concern. With the cooperation of Jamaica's Ministry of Health, a short survey of pharmacists will be conducted. It will assess pharmacists' knowledge, attitudes, and practices in dispensing oral contraceptives. An intercept survey of exiting clients and a simulated client study will also be conducted to obtain the client perspective.

Implementing Agency: HOPE Enterprises, Ltd.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study was first approved in October 1998.
- In March 1999, the technical monitor met with officials at the NFPB and the Ministry of Health to finalize details of the study but, due to funding constraints, the subproject was placed on hold.
- Funding became available to implement the study in July 1999 and an on-site coordinator was subsequently identified.

April 1, 2000 - September 30, 2000

- The technical monitor returned in August 2000 to meet with officials at the Pharmaceutical Services Division, the Pharmaceutical Society and the Ministry of Health to re-introduce study and to obtain approval.
- The on-site coordinator secured the participation of pharmacists in the Kingston Metropolitan Area.
- HOPE Enterprises, Ltd. was selected as the implementing agency and a subagreement negotiated.

FY'01 WORKPLAN ACTIVITIES:

- The protocol and subagreement will be finalized.
- Work in the field will be initiated in November of 2000, when the technical monitor will oversee intensive training and pretesting of study instruments.
- Pharmacist surveys will be conducted during November and December 2000.
- Administration of client intercept surveys will begin in January 2001 and will be followed by simulated client observations in selected pharmacies and health clinics.
- A preliminary report will be submitted in June 2001 to the Pharmaceutical Society of Jamaica and the Southeastern Regional Health Authority and the MOH.

Funding Source(s):	USAID/Core	**FCO Approved:**	Oct 1998
Total Approved Budget:	$ 154,266	**Projected End Date:**	Jan 2001

Jamaica: Evidence-based Pill Provision (FCO 9335)

Technical Monitor: DChin-Quee

Objective(s): To inform current recommendations for oral contraception provision.

Description: This study will be conducted in public sector clinics in two country sites that provide services to pill clients. Providers will be trained to provide counseling on all aspects of oral contraceptive use, including managing side effects and dangerous signs and symptoms. Providers will instruct clients to return before the scheduled re-supply if they experience any problems with the method. New pill clients will be provided with either one cycle of pills or four and asked to return for check-up and re-supply.

FY'01 WORKPLAN ACTIVITIES:

- The technical monitor will contact USAID missions in Jamaica and Tanzania, the selected sites for the subproject and obtain approval for the study.
- Implementing agencies will be identified and sites selected in each country's public sector health system. The protocol and subagreement will be submitted and PHSC approval will be sought in May 2001.
- Thereafter, training and data collection will commence.

Funding Source(s):		USAID/Core	**FCO Approved:**	Dec 2000
Total Approved Budget:	$	250,239	**Projected End Date:**	May 2002

USA: Chemical Laboratory (FCO 8020)

Technical Monitor: ECarter

Objective(s): To ensure pre-distribution quality of pharmaceutical products procured by USAID for developing countries; 2) to evaluate the quality of field stocks and assist in the resolution of product complaints; and 3) to evaluate product stability in adverse environments.

Description: The Chemical Laboratory was established to support the contraceptive surveillance program (FCO 8017) by evaluating pharmaceutical product quality through pre-distribution evaluation and monitoring stocks stored in field warehouses. Since the laboratory was formed, it has performed regular assessments of pharmaceutical product shipments and evaluated the acceptability of field stocks. Several research projects were initiated to assess product stability and to investigate product anomalies.

In 1997 PQC demonstrated that the contraceptives procured by USAID met product specifications at the time of purchase. The specifications and stability requirements, however, might not be adequate to ensure that the product will remain usable for the expected life of the product under conditions common to USAID and in-country distribution pipelines. The Environmental Impact Study showed that, over time, some of the properties tend to shift toward the extremes of the acceptability range. Additional research may help clearly define the clinical implications. Continuation and enhancements of the research agenda initiated by the chemical laboratory will provide a more reliable basis from

which to make informed decisions on the clinical significance and program implications for the products distributed by USAID.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The strategic plan for the Chemistry Laboratory was approved by USAID in January 1997. At this point a separate FCO for the Chemistry Laboratory was established.
- Two contract chemists were hired to work in the lab in 1997, becoming full time FHI employees in January 1998.
- Quarterly progress reports were issued to USAID during the first year of the project.
- Project accomplishments were presented to USAID and resulted in a two-year extension to the program (through FY'00).
- Production Surveillance Testing continued as scheduled and reports were issued.
- Environmental impact study samples were evaluated and field sample testing continued. Reports for both were issued.
- Testing was completed on the 3-year samples from the environmental impact study.
- Testing of field samples continued.
- The laboratory's testing capability was expanded during the latter half of FY'98 to include spermicide analyses.
- Throughout FY'99, production surveillance and the environmental impact study continued as scheduled.
- During FY'00, surveillance evaluation of Depo–Provera, OCs, and IUDs continued as planned. Intra-laboratory trials were conducted as part of the American Association for Laboratory Accreditation renewal.

April 1, 2000 - September 30, 2000

- Surveillance evaluation of Depo-Provera, OCs, and IUDs continued.
- **The subproject ended September 30, 2000.** No additional activities are planned.

Findings and Outcomes:

- OCs (LoFemenol and Ovrette) and Conceptrol are very stable products even after their five-year expiration date. They have shown resistance to degradation at elevated temperatures and other adverse storage conditions. This was concluded from our Environmental Impact Study and evaluation of field samples.
- Surveillance of DMPA resulted in establishing better storage and warehouse monitoring criteria to avoid caking and re-suspension problems, and eventually prevented the premature disposal of acceptable product.
- Surveillance of IUDs resulted in better internal quality control at the manufacturer, improved packaging, and improved logistic planning to shorten the time the product remains in the pipeline prior to use.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jan 1997
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2000

Worldwide: Production Surveillance - Other Contraceptives (FCO 8017)

Technical Monitor: ECarter

Objective(s): To ensure that contraceptive products distributed by USAID comply with the respective product specifications at the time of manufacture. In addition, proper storage and distribution procedures in the field are assessed to ensure each product's acceptability for use throughout its expected shelf-life.

Description: USAID distributes a wide range of contraceptives other than condoms, including IUDs, OCs, implants, and injectables. To verify contractor compliance and to ensure and maintain product acceptance, FHI has initiated a production surveillance program for these commodities. Since 1992, regular audits of manufacturers have been conducted and representative lots selected for evaluation by independent analytical testing laboratories. In-house testing capabilities have been developed to allow expansion of the program to include additional contractors and increase the number of lots evaluated.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- During the period 1992–1995, production surveillance programs were established with Wyeth-Ayerst, Finishing Enterprises, Ortho/McNeill, UpJohn, Sharp Packaging and General Packaging. Initially, quarterly surveillance audits were conducted with these groups. The frequency of audits has decreased and varied somewhat over time.
- A pre-qualification of PQC's laboratory for Depo-Provera evaluation was completed by UpJohn.
- The laboratory has now been approved for routine analysis of Depo-Provera as well as all other contraceptive products procured by USAID, with the exception of Norplant.
- In 1996, a Laboratory Manager was hired and the laboratory was accredited by the American Association for Laboratory Accreditation.
- On an on-going basis, product lot samples have been evaluated for compliance with contract specifications and an Environmental Impact Study has continued, with stability samples being evaluated as scheduled.
- In February 1998, an Associate Director of PQC, with training in chemistry and 14 years prior experience in the pharmaceutical industry, was hired. A strategic plan was developed for the chemical laboratory and a separate FCO (8020) was established to track specific activities of that laboratory.
- During FY'98, audits were performed at FEI Products, General Packaging, Ortho-McNeill, Sharp-Ivers Lee, UpJohn-Pharmacia, Finishing Enterprises, and London International.
- During FY'99, audits were performed at Wyeth (PR) and UpJohn-Pharmacia. Reports were issued to USAID.
- During the first half of FY'00, a site audit was performed at Chartex (London, UK).

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- Site audits were performed at Finishing Enterprises and UpJohn. Reports were issued to USAID.

FY'01 WORKPLAN ACTIVITIES:

- Site audits will be conducted at Ortho-McNeil and Wyeth.
- Technical assistance will be provided as needed.

Possible Problems, Barriers to Completion:

- In many instances, pharmaceutical and device manufacturers may not be willing to divulge proprietary information and/or may limit technical scrutiny of production and testing processes.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Statistics and Data Management: CONRAD Phase 1 Implant (FCO 9108)

Technical Monitor: AWheeless

Objective(s): To provide all necessary biostatistical and data management support to a Phase I study by CONRAD of a single silastic rod containing levonorgestrel (LNG).

Description: Under this subproject FHI provides data management and analysis support to CONRAD for a Phase I open label comparative pharmacokinetic study comparing a single LNG rod to the marketed Norplant system. Thirty women at one site were enrolled (15 not at risk for pregnancy in the LNG-1 arm and 15 women who might be at risk for pregnancy in the Norplant arm). SHBG, estradiol, and progesterone levels with vaginal ultrasound were obtained at multiple timepoints over 52 weeks as were changes in physical exam, CBC, Chem 12, UA, Pap smear, blood pressure, weight, and bleeding/spotting information. LNG levels were measured at multiple timepoints over 53 weeks.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- CONRAD, with assistance from FHI, finalized the protocol and case report forms, Feb-Jun 1998.
- Recruitment began under CONRAD's stewardship in July 1998.
- Data entry screens and error check programs were completed, tested and put into production at FHI.
- CONRAD's recruitment was completed in November 1998.
- Data entry began in March 1999.
- An interim analysis was completed in July 1999.

April 1, 2000 - September 30, 2000

- Data entry was completed and query production continued.
- Table shells and analysis plan were finalized in August 2000.
- Medical and in-house coding began.

FY'01 WORKPLAN ACTIVITIES:

- Work on programming for final analysis will continue.
- Coding and query production will continue until completion.
- Biostatistics will assist CONRAD in the preparation of an annual report.
- Final analysis will be completed.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 92,770	**Projected End Date:**	Jun 2001

USA: Biostatistical Support: CONRAD Levonogestrol Implant Study (FCO TBD 91xx)

Technical Monitor: RDominik

Objective(s): To provide full service biostatistical and data management support to CONRAD on a Phase I or Phase IIa study of the LnG rod. The study is being conducted as part of the clinical development plan to obtain USFDA approval for a new contraceptive implant.

Description: The primary objectives of this study have not yet been finalized. The study would likely further define the pharmacokinetic profile of the LnG rod and may gather limited data on pregnancy protection as well. A randomized comparison to another implant group is also being considered. The LnG rod is being developed to provide pregnancy protection for 1 year.

FY'01 WORKPLAN ACTIVITIES:

- Study design consultation, protocol development support and CRF development support are expected for FY'01.
- Data management set-up may begin as well, depending on how quickly the study is developed and sites are identified. A total of $31,149 has been requested for this fiscal year in anticipation of start-up of this project.

Possible Barriers to Completion:

- The decision to move forward with this study and the final objectives will depend on the results of an ongoing LnG rod study (FCO 9108). The final report for the ongoing study is expected in the second quarter of FY 01.

Funding Source(s):	USAID Core	**FCOs Approved:**	TBD
Total Estimated Budget:	TBD	**Projected End Date:**	TBD

USA: Statistics and Data Management: CONRAD Phase 1 Injectable (FCO 9110)

Technical Monitor: KTweedy

Objective(s): To provide all necessary biostatistical and data management support to a CONRAD study assessing the pharmacokinetic properties of Cyclofem during the first and third months of use and two months post-use.

Description: Under this subproject, a CONRAD-sponsored pharmacokenitic study of the injectable Cyclofem will receive full biostatistical and data management support from FHI's Biostatistics and Data Management groups. Plans are to recruit 25 women with the expectation that 15 women will complete the approximately six and a half months study. These women will receive three shots of Cyclofem over a 3-month period. The pharmacokinetic properties of the product will be assessed following the first and third injection and two months post-use by gathering information on ovulation suppression evidenced by urine LH and serum progesterone levels.

The main function of this study is the comparison of the pharmacokinetic effects of Cyclofem with other studies' assessment of the pharmacokinetic effects of Cyclofem as reported in the literature.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol and case report forms were reviewed twice by FHI between January and November 1999.
- From December 1999 to present, CONRAD has placed the study "on hold".

April 1, 2000 - September 30, 2000

- The study has been "on hold" during this time period.

FY'01 WORKPLAN ACTIVITIES:

- If the study once again becomes active, an analysis plan will be updated after the final version of the protocol and case report forms have been completed by CONRAD.
- FHI will create variable names, specifications, and the database in BBN Clintrials.
- Recruitment start is unknown.
- Study status is "on hold" indefinitely.

Possible Problems, Barriers to Completion:

- The study may be cancelled.

Funding Source(s):		USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	$	91,497	**Projected End Date:**	Sep 2001

USA: Hormonal Contraceptive Use, Cervical Ectopy and Cervical Infections (FCO 5311/5901 and previously 6311/6901)

Technical Monitor: CMorrison

Objective(s): 1) To measure the impact of the initiation of oral contraceptive (OC) and Depo-Provera (DMPA) use on the presence and degree of cervical ectopy and on the incidence of cervical infections (chlamydia, gonorrhea); and 2) to evaluate the impact of hormonal contraception on the acquisition and persistence of human papilloma virus (HPV) infection

Note: The second objective was added in October 2000.

Description: A number of studies have documented an association between cervical ectopy and chlamydial infection, a possible association between cervical ectopy and HIV infection, and a possible association between OC use and cervical ectopy. However, until now, no prospective studies have carefully examined changes in the cervix after initiation of hormonal contraceptives, including OCs and DMPA. This study examines the impact of the initiation of hormonal contraception (OC and DMPA) on the presence and degree of cervical ectopy at a U.S. site. The study also measures the impact of hormonal contraceptive use and cervical ectopy on incident chlamydial and gonococcal infection.

Subgrantee(s): Johns Hopkins University, Planned Parenthood of Maryland

Collaborating Agency(s): NICHD

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was approved by relevant IRBs (FHI, UNC, Planned Parenthood) and subproject subagreements were signed, January–April 1996. Recruitment started in May 1996.

- Beginning in September 1996, strategies were identified and implemented to increase enrollment, including: 1) opening a second site in Towson, Maryland; 2) starting Saturday recruitment at the Baltimore site; 3) advertising for study participants; 4) arranging for clinicians to work overtime; 5) beginning DMPA injections two weeks post-abortion; 6) increasing staff time on the study.
- The entering of questionnaire, physical exam, and coital log data at FHI has been on-going.
- Reliability/validity checks of digitizing and measuring cervical ectopy images were done by an independent (expert) rater.
- A presentation of study progress was made to USAID and NIH in April 1998.
- Data management and query generation in the Oracle-based system were implemented.
- Data collection was completed in June 2000. Overall, 1,004 women were enrolled (489 OC users (49%), 153 DMPA users (15%), and 362 controls (36%)). 742 participants were followed at 3 months, 616 at 6 months, and 708 women at 1 year.
- Two abstracts were presented at the International Society for STD Research meeting: "Cervical Ectopy and the Risk of Cervical Infection" and "Measurement and Prediction of Cervical Ectopy."
- Baseline data were cleaned and an analysis data set created.
- An analysis of the reliability of ectopy measurements was conducted and a manuscript drafted.

April 1, 2000 - September 30, 2000

- All data collection was completed.
- The ectopy reliability paper was submitted for publication to the *American Journal of Ob/Gyn*.
- Cleaning of longitudinal data sets was conducted and all queries answered by field sites.
- Computer programming for analyses of the effects of hormonal contraception on cervical ectopy and on acquisition of cervical infections began.

Findings and Outcomes:

- Preliminary analysis of the baseline data was done on the first 806 participants enrolled through November 1998, 782 (97%) of whom had measurable photographs. Results showed:
  1) The area of ectopy was proportionately larger in younger women. Ectopy was also related to white ethnicity, non-smoking, older age at sexual debut, parity and the lack of DMPA use within one year. OC use in the past one year did not predict ectopy. Multivariable linear regression was used to evaluate these factors.
  2) In a second preliminary multivariate analysis cervical ectopy (> 0.20 cm^2) and age independently predicted an increased risk of cervical infection (chlamydia and gonorrhea) controlling for education, ethnicity, douching, and condom use.
- An analysis of the reliability of cervical ectopy measurements found that intrarater and interrater reliability of measurements conducted by computer planimetry were very high while there was moderate agreement between ectopy measurements made by computer planimetry and those made by unaided clinical assessment. This suggests that ectopy measurements made by computer planimetry are appropriate for evaluating the impact of hormonal contraceptive use on cervical ectopy and the relationship of cervical ectopy to incident cervical infections.

FY'01 WORKPLAN ACTIVITIES:

- Longitudinal analysis data sets will be created.
- Analysis of the effects of hormonal contraception on acquisition of cervical infections will be done and a manuscript drafted and submitted for publication.
- A manuscript on the effect of hormonal contraception on the presence and degree of cervical ectopy will be drafted and submitted for publication.
- Testing of cervical specimens for HPV infections will be conducted at Johns Hopkins University.
- HPV data will be merged into the longitudinal data set and analysis on the effect of hormonal contraception on HPV acquisition and persistence will be conducted.

Possible Problems, Barriers to Completion:

- HPV testing make take longer than expected.

Funding Source(s):			USAID/OYB; USAID/Core	**FCO Approved:**	**5311**	Apr 1998
					5901	Apr 1998
					6311	Sep 1995
					6901	Oct 1996
Total Approved Budget:	**5311**	$	712,994	**Projected End Date:**		Sep 2001
	5901	$	890,490			
	6311		N/A			
	6901		N/A			
		$	1,603,484			

Worldwide: Hormonal Contraception and the Risk of HIV Acquisition (FCO 331/502)

Technical Monitor: CMorrison

Objective(s): The primary objective of the study is to measure the effect of combined oral contraceptive (COC) and Depot-Medroxyprogesterone Acetate (DMPA) use on the acquisition of HIV infection by comparing the rate of infection among women using COCs and DMPA with the rate among women not using hormonal contraception.

The secondary objectives of the study are to determine if the rate of HIV infection in hormonal contraceptive (HC) users compared with non-users is modified by the presence of other sexually transmitted infections (STIs); and to measure whether the type of hormonal contraception (COC vs. DMPA) has a differential impact on the rate of HIV acquisition among women.
The tertiary objective is to acquire, preserve, store and ship serum, plasma and peripheral blood mononuclear cells (PBMC) for subsequent viral isolation and genetic/antigenic characterization in support of HIVNET's HIV-1 vaccine development initiatives.

Description: A three-arm prospective clinical study is being conducted in three cohorts in three countries. The three study groups are COC users, DMPA users, and women not using hormonal contraception. Women using IUDs at enrollment are excluded because it is not known whether IUDs confer an independent risk of HIV acquisition. About 6,000 HIV-1 negative women equally divided among the three study groups will be recruited into the study over 21 months. Women are retested for HIV every 12 weeks until they either HIV seroconvert or have been followed for 15-24 months. Women are being examined for STIs at each visit and treated as necessary.
The primary hypothesis of the study is that COC or DMPA use result in a two-fold increase in the risk of acquisition of HIV infection. The primary study endpoint is acquisition of an incident HIV infection which is defined as a positive HIV test result in a previously HIV negative woman. The secondary hypotheses are that 1) the rate of HIV infection in HC users compared with non-users is modified by the presence of other STIs, and 2) the type of hormonal contraception (COC vs. DMPA) affects the risk of HIV acquisition.

In July 2000, FHI submitted a new proposal for the study (and associated ancillary studies) to NICHD. A new contract was awarded by NICHD to FHI beginning October 2000. With the new contract, FCO 502 was opened; FCO 331 will be closed as the monies are exhausted.

Subgrantee(s): Case Western Reserve University-Uganda, Fred Hutchinson Cancer Research Center, Johns Hopkins University-Thailand, University of California at San Francisco-Zimbabwe

Collaborating Agency(s): NICHD

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- This study was originally approved by the Scientific Steering Committee of HIVNET in December 1998. Three HIVNET sites - Johns Hopkins University-Thailand, Case Western Reserve University-Uganda, and the University of California at San Francisco-Zimbabwe - joined FHI and the Statistical Center for HIV/AIDS Research and Prevention at the Fred Hutchinson Cancer Research Center as collaborators.
- Training was conducted in the field in April-July 1999 and study enrollment began in October 1999.
- Currently, 14 study sites are enrolling women into the HC-HIV Study (seven sites in Thailand, three sites in Uganda and four sites in Zimbabwe).

April 1, 2000 - September 30, 2000

- In June and September 2000, site-monitoring visits were conducted at the 3 sites in Uganda and the 4 sites in Zimbabwe. Site monitoring was conducted in Thailand in April 2000. Training updates were provided on clinical, interviewing and counseling issues. Plans for upgrading laboratory procedures were outlined.
- In June 2000, the editors of *The Lancet* informed the study team that the HC-HIV Protocol has been accepted for provisional publication upon successful completion of the project. This is the first protocol for an observational study pre-approved by *The Lancet*.
- In July 2000, FHI submitted a new proposal for the study and associated ancillary studies to NICHD. A new contract was awarded by NICHD to FHI beginning October 2000 (FCO 502). As a result, with the new contract, FCO 331 will be closed.
- Through August 2000, 2,664 women have been recruited into the study including 879 COC users (33%), 1,131 DMPA users (42%) and 654 controls (25%). Approximately 90% of enrolled participants in all three countries were followed during this time.

FY'01 WORKPLAN ACTIVITIES:

- Subcontracts will be drawn up and signed for each of the implementing organizations.
- New sites (1-2) in Zimbabwe will be opened and study recruitment will be completed by the end of September 2001.
- Follow-up of study participants will continue with a goal of achieving 90% follow-up across study sites.
- An Investigators' Meeting will be held in October 2000.
- Data entry, data query, and data management processes will continue.
- The study protocol and study specific procedures manual will be updated as necessary.

Possible Problems, Barriers to Completion:

- Recruitment may go more slowly than expected, particularly among the control group. HIV incidence rates may necessitate changes in study size or study size allotment by country.

Funding Source(s):			NICHD; NIH	**FCO Approved:**	**331**	Mar 1998
					502	Oct 2000
Total Approved Budget:	**331**	$	N/A	**Projected End Date:**		Nov 2003
	502	$	14,025,632			

Worldwide: Effect of Hormonal Contraception on HIV Genital Shedding among Women with Primary HIV Infection (FCO 503)

Technical Monitor: CMorrison

Objective(s): 1) To determine if women have increased levels of HIV genital shedding in the acute/early stage of HIV-1 infection (< 3 months post-infection) compared with in the chronic stage of infection (> 3 months post-infection); 2) to evaluate whether HIV-1-infected women who use combined oral contraceptives (COCs) or depot-medroxyprogesterone acetate (DMPA) have higher levels of HIV-1 genital shedding compared with HIV-1-infected women not using hormonal contraception; 3) to evaluate whether higher levels of HIV-1 genital shedding in women who use COCs or DMPA compared with women not using HC are mediated by higher plasma viral loads; 4) to determine if, among women with acute/early HIV-1 infection, infection with particular HIV-1 subtypes is associated with higher HIV-1 viral loads in blood and genital secretions than is infection with other HIV-1 subtypes; and 5) to determine if hormonal contraceptive use influences HIV-1 disease progression (as measured by immunologic and virologic parameters) and whether markers of disease progression are associated with changes in HIV-1 genital shedding.

Description: To date, several studies have found increased HIV-1 genital shedding among users of hormonal contraception. However, each of these studies was cross-sectional and all were conducted among women with prevalent HIV infection. This study will enroll COC and DMPA users and women not using hormonal contraception with a newly acquired HIV-1 infection (identified during their participation in the Hormonal Contraception and HIV Acquisition Study – FCO 502). Participants will be followed up at 7 time points over a 60-week period. At each time point contraceptive and sexual history information will be gathered along with specimens for measuring cervical, vaginal and plasma HIV-1 viral load.

Subgrantee(s): Case Western Reserve University-Uganda, Fred Hutchinson Cancer Research Center, University of California at San Francisco-Zimbabwe

FY'01 WORKPLAN ACTIVITIES:

- A contract will be negotiated and signed with NICHD. (NB: This occurred October 2000.)
- Case report forms will be developed and sent to the field.
- IRB reviews and approvals will be completed.
- Study procedures manuals will be written and sent to field sites.
- Clinical and laboratory equipment and supplies will be procured.
- Enrollment and follow-up of study cohort will begin.
- Study specimens will be sent from Zimbabwe to core labs in Uganda.
- A datafax system for receiving and processing data will be implemented.

Possible Problems, Barriers to Completion:

- The number of women who HIV seroconvert in the HC-HIV Study and the ability to recruit these women are possible barriers.
- Informed consent forms must be approved by IRBs in Uganda, Zimbabwe and the U.S.

Funding Source(s):		NICHD	**FCO Approved:**	Oct 2000
Total Approved Budget:	$	825,592	**Projected End Date:**	Aug 2004

USA: HRT/Breast Cancer Mortality Systematic Review (FCO 1309)

Technical Monitor: KNanda

Objective(s): To conduct a systematic review of the available literature on the association between hormone replacement therapy and breast cancer mortality.

Description: In a recent meta-analysis of individual patient data, hormone replacement therapy (HRT) for 5 or more years was associated with a moderate increased risk of breast cancer (RR=1.35 95%CI=1.21-1.49). However, this meta-analysis also showed a trend towards a higher proportion of localized tumors in HRT users. Another large cohort study published since then showed that breast cancers in HRT users are more likely to be of a favorable histology. Researchers have hypothesized that hormone replacement therapy may promote the growth of less aggressive tumors. If these tumors are less aggressive, HRT may not have as much as an effect on breast cancer mortality, (which was not evaluated in the meta-analysis), and may even be protective. The purpose of this project is to systematically review the evidence on HRT use and breast cancer mortality.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol for the systematic review was developed by December 1999.
- Literature was searched and study selection was made.
- Data were abstracted.
- By the end of March, an evidence table and a summary graph were produced. Evidence was reviewed to determine the feasibility of doing a meta-analysis of the selected studies. It was decided that a meta-analysis was not appropriate.
- FHI staff presented the results of the systematic review to 600 physicians, pharmaceutical representatives in March 2000 at "The New Science of HRT Meeting".

April 1, 2000 - September 30, 2000

- FHI staff began preparing the manuscript based on the results.

Findings and Outcomes:

- Although there is wide clinical heterogeneity around the studies, most of the published observational evidence to date suggests a reduced risk of breast cancer mortality among women who have ever used HRT.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will finalize and submit a manuscript for publication.

Funding Source(s):	Wyeth-Ayerst	**FCO Approved:**	Dec 1999
Total Approved Budget:	$ 8,346	**Projected End Date:**	Aug 2001

Dominican Republic: Norplant II Monitoring Services (FCO 1671)

Technical Monitor: MCommins

Objective(s): To provide monitoring services to Wyeth-Ayerst, Inc. for a study titled "An Open Multicenter Long-term Outpatient Study to Evaluate the Safety of Norplant II".

Description: This contract provided financial support for costs incurred by a bilingual (Spanish/English) FHI field monitor.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The contract was negotiated and initiated in February 1996.
- Twelve monitoring visits were performed, with detailed reports forwarded to Wyeth-Ayerst after each monitoring visit.
- A close-out trip was completed in October 1999, after which a monitoring report and remaining data from the site were forwarded to Wyeth-Ayerst.

April 1, 2000 - September 30, 2000

- No work was carried out under this FCO during this reporting period.
- **This FCO was closed September 30, 2000.**

Findings and Outcomes:

- Monitoring was done and reports were submitted to Wyeth-Ayerst, as agreed.

Funding Source(s):	Wyeth-Ayerst	**FCO Approved:**	Feb 1996
Total Approved Budget:	$ 76,240	**Projected End Date:**	Sep 2000

EMERGENCY CONTRACEPTION

Strategic Objectives

1) To introduce emergency contraception into programs
2) To promote successful client use
3) To evaluate new products, as appropriate

FY'01 Subprojects

	Ghana:	PPAG Emergency Contraceptive Training (FCO 7423)
	Uganda:	Evaluation of Emergency Contraception in Uganda (FCO 2248)
●	Worldwide:	Assessing the Potential Impact of EC on Abortion (FCO 9372)
	Mexico:	Fellowship Re-entry Grant - Dr. Marta Durand (FCO 1643 and previously 2244)
	India:	Rockefeller: Fellowship Re-entry Grant - Dr. Kamal Hazari (FCO 1642)
?	USA:	EC OTC Labeling Comprehension Study (FCO 1321)
?	USA:	EC OTC Actual Use Study (FCO 1320)
●	USA:	Assessment of Barriers to EC Provision in U.S. Family Planning Clinics (FCO 1632)
?	USA:	North Carolina Emergency Contraception by Phone Project (FCO 1319)
	Worldwide:	Monitoring Services for Bilingual Monitor (FCO 1698 and previously 1639)
?	Venezuela:	Provision & Use of Emergency Contraceptive Pills in Venezuela (FCO 1669)

● Completed subproject in FY'00
? New Non-USAID funded subproject in FY'01

Ghana: PPAG Emergency Contraceptive Training (FCO 7423)

Technical Monitor: JCollins

Objective(s): To provide IEC materials for providers who will deliver emergency contraception in 8 Planned Parenthood Association of Ghana (PPGA) clinics and increase use and knowledge of emergency contraception among clients at these clinics.

Description: This subproject will provide assistance to the PPAG in their pilot program to train providers in emergency contraception services. PPAG's Emergency Contraception Training Project aims to 1) increase the knowledge of women (15-45 years) in the pilot communities on emergency contraception by 50% by December 2001; 2) increase the use of EC among women in fertile age in the pilot communities by 10% by December 2001; 3) increase the knowledge of PPAG and MOH service providers in the pilot communities from the baseline figure to 95% by December 2001.
A total of 8 PPAG clinics in Cape Coast, Accra, Kumasi, Takoradi, Tamale, Nkawkaw, Sogakope and Adukrom will be involved in the pilot project. Sogakope and Adukrom are youth service clinics while the others are main line clinics. FHI will provide funding for developing and testing IEC materials for the various clinics.

Collaborating Agency(s): International Planned Parenthood Federation (IPPF)

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Approval to implement the subproject was obtained from USAID/W in September 2000.

FY'01 WORKPLAN ACTIVITIES:

- IEC material will be developed in country and made available at the clinics. Clients will be routinely informed of EC services.
- Available data will be collected and analyzed and used during a final planning workshop to shape the outreach service pilot program.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Aug 2000
Total Approved Budget:	$ 12,000	**Projected End Date:**	Dec 2001

Uganda: Evaluation of Emergency Contraception in Uganda (FCO 2248)

Technical Monitor: ERaymond

Objective(s): To evaluate the effect of the availability emergency contraceptive pills on the use of other contraceptive methods.

Description: Commercial Marketing Strategy (CMS) is receiving funding from USAID to advance the introduction of emergency contraceptive pills (ECPs) in Uganda. This FHI subproject will be conducted in conjunction the CMS introduction. A series of studies will be carried out to evaluate the effect of the availability emergency contraceptive pills in Uganda on the use of other contraceptive

methods. The initial study will consist of a survey of clients purchasing ECPs and a mystery client study of providers.

Collaborating Agency(s): Commercial Marketing Strategy, Uganda

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- During the last part of FY'99, several meetings were held with staff from USAID/W, CMS, and FHI to discuss project goals and study design.
- The initial study design was finalized during a field trip to Uganda in November 1999.
- A protocol was written and approved by the PHSC in February 2000.

April 1, 2000 - September 30, 2000

- Negotiations were held with CMS for a firm date for ECPs introduction; no agreement was made.
- A subagreement was drafted with Makerere Institute of Social Research and was approved by USAID/W and USAID/Uganda. However, the subagreement was not signed because of the delay in the CMS product information.

FY'01 WORKPLAN ACTIVITIES:

- The subagreement will be finalized and signed.
- Initiation of this study will begin upon product introduction.

Possible Problems, Barriers to Completion:

- The budget of the in-country implementing agency was higher than anticipated. The unexpected delay on the part of CMS has also required additional work by FHI. Therefore, additional funds may be required in order to complete the research.
- The timing of Commercial Marketing Strategy's introduction of ECPs in Uganda continues to be uncertain.

Funding Source(s):		USAID/Core	**FCO Approved:**	Aug 1999
Total Approved Budget:	$	197,754	**Projected End Date:**	Apr 2001

Worldwide: Assessing the Potential Impact of EC on Abortion (FCO 9372)

Technical Monitor: TNutley

Objective(s): To measure the proportion of abortions that could have been prevented had the woman known about and used emergency contraception in the menstrual cycle prior to the pregnancy.

Description: This study was to be conducted among women who recently had abortions because they reflect a specific subgroup of women with unwanted pregnancies. It is widely believed that education about and easy access to EC will increase its use and significantly decrease the number of unwanted pregnancies and abortions. However, due to the lack of empirical data, the extent of the decrease cannot currently be estimated.

During the proposed study period, 300 women were to be interviewed to determine their potential for having prevented their unwanted pregnancy had they had information about the menstrual cycle that preceded the pregnancy. This information was to include: the type of contraception used (including traditional methods of EC), consistency of use, whether she can identify the specific act that led to the

pregnancy, and how soon after that act she suspected she was at risk for pregnancy. Also, we planned to assess each woman's knowledge about when in the menstrual cycle intercourse is most likely to result in conception and about how soon after sex pregnancy could begin.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop the subproject was obtained in March 1999.
- The subproject was put on hold until funding could be identified. **When funds were not identified as of March 2000, the FCO was closed.**

Funding Source(s):		USAID/Core	**FCO Approved:**	Feb 1999
Total Approved Budget:	$	48,717	**Projected End Date:**	Mar 2000

Mexico: Fellowship Re-entry Grant - Dr. Marta Durand (FCO 1643 and previously 2244)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to FHI's 1996–97 Fellow, Dr. Marta Durand, in support of her re-entry grant study entitled "Effect of Progestin-only Emergency Contraceptive Pills on Ovulation, Corpus Luteum Function and the Endometrium."

Description: The primary objective of this study is to evaluate the effect of the progestin-only regimen of emergency contraception (two doses of levonorgestrel 0.75 mg taken 12 hours apart) on ovulation, corpus luteum, and endometrium when the pills are administered at three different times in the menstrual cycle: at ovulation minus four days (day 10), ovulation minus one day (day 13), and ovulation plus one day (day 15). Three groups of 15 healthy, sterilized women (total study size = 45) were recruited to participate in the study during one untreated cycle and one treated cycle.

Subgrantee(s): Instituto Nacional de la Nutricion Salvador Zubiran

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study was initiated in November 1997.
- Subject enrollment was completed in February 1999, at which time an FHI sponsored statistician traveled to Mexico to assist with data analysis.
- Data analysis was completed in June 2000.

April 1, 2000 - September 30, 2000

- A final report was drafted.
- Dr. Durand presented her results at the World Congress of Obstetrics and Gynecology (FIGO) held in Washington, DC, on September 3-8, 2000.

Findings and Outcomes:

- As a post-coital contraceptive, progestin-only ECPs appear to inhibit corpus luteum function when administered during the preovulatory phase (LH-6 to LH-1), corresponding to the fertile phase of the cycle. Inhibition of ovulation was observed in 33% of the women who received ECPs at this time (day 10, Group A).
- The administration of ECPs during the LH peak (day 13, Group B) or post-follicular rupture (day 15, Group C) did not alter ovarian function, suggesting that the mechanism of action may be at the endometrial level. Endometrial biopsy analysis is underway.

FY'01 WORKPLAN ACTIVITIES:

- The final report will be submitted for publication in December 2000 and the subproject will then be closed.

Funding Source(s):		Mellon Foundation; USAID/Core		**FCO Approved:**	**1643**	Jul 1997
					2244	Aug 1998
Total Approved Budget:	**1643**	$	54,870	**Projected End Date:**		Dec 2000
	2244	$	46,538			
		$	101,408			

India: Rockefeller: Fellowship Re-entry Grant - Dr. Kamal Hazari (FCO 1642)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to FHI's 1996–97 Fellow, Dr. Kamal Hazari, in support of her re-entry grant study entitled "Emergency Contraception among Women Relying on Condoms as their Primary Contraceptive Method".

Description: This is a prospective multicenter, non-blinded, randomized study of compliance with an emergency contraceptive pill (ECP) regimen among women relying on condoms as their main contraceptive method with ECPs as a back-up method. The study will evaluate two ways of providing ECP and will be conducted at three family welfare clinics of the Institute for Research in Reproduction in Mumbai, India.

Subgrantee(s): Institute for Research in Reproduction

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The Fellow returned to her home country in August 1997. Following a series of delays, the Fellow completed pre-study preparations and obtained local approval from the Ministry of Health in September/October 1998.
- During a site visit in January 1999, the study was initiated by FHI's Fellowship Coordinator.
- Study recruitment of the planned 200 caseload was completed in January 2000.

April 1, 2000 - September 30, 2000

- Follow-up of all participants was completed in May 2000.
- Data entry, editing and analysis were carried out.

FY'01 WORKPLAN ACTIVITIES:

- Final analysis and a draft report will be completed by December 2000.
- Preliminary findings from this study will be presented at the International Conference on Adolescent Reproductive Health, to be held in Mumbai, India in November 2000.

Funding Source(s):	Rockefeller Foundation		**FCO Approved:**	Jul 1997
Total Approved Budget:	$	50,297	**Projected End Date:**	Dec 2000

USA: EC OTC Labeling Comprehension Study (FCO 1321)

Technical Monitor: ERaymond

Objective(s): To document whether women are able to comprehend emergency contraception patient labeling (instructions or use) which has been modified for use in over-the-counter EC provision.

Description: The current EC labeling will be rewritten for over the counter (OTC) use and pre-tested for comprehensibility with approximately 20 women through in-depth interviews. The labeling will be modified based on the pre-test results. A much larger sample (approximately 400 women) will test the modified labeling through a mall-intercept study. The women will read the labeling and then complete a questionnaire to test for comprehensibility. Three concepts will be tested: use, directions, and contraindications. This subproject is closely tied to one that looks at the way in which ECPs are actually used and the labeling that is produced will be used in both subprojects (see FCO 1320).

FY'01 WORKPLAN ACTIVITIES:

- A meeting will be held with the USFDA in mid-January to discuss the protocol.
- In-depth interviews will be conducted with approximately 20 women to pre-test the revised labeling.
- Revisions will be made to the labeling based on the pre-test results.
- A mall intercept survey of approximately 400 women will be conducted on the comprehensibility of the modified labeling.

Funding Source(s):	Women's Capital Corp/ Private	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 216,000	**Projected End Date:**	Sep 2003

USA: EC OTC Actual Use Study (FCO 1320)

Technical Monitor: ERaymond

Objective(s): To estimate the frequency of inappropriate use of ECPs, specifically contraindicated use and incorrect use, when dispensed under OTC-like conditions

Description: This study will be conducted at clinics where ECPs are currently frequently prescribed or dispensed. At least 800 women who present to the clinic for emergency contraception, who have not used ECPs previously, and who can read English will be asked to participate in the study. Each woman who agrees to participate will be asked to examine a prototype package of levonorgestrel ECPs labeled as for OTC distribution (This labeling will be that developed FCO 1321). Each woman will then be asked to indicate whether she wishes to receive the medication and, if so, to complete a questionnaire to record background and screening data. If the participant chooses to use ECPs, a prototype OTC package will be provided. All participants who receive the study product will be contacted one week later and asked about use of the product and side effects.

FY'01 WORKPLAN ACTIVITIES:

- Suitable clinics will be identified.
- The survey instrument will be developed, as will interviewing guidelines.

- Approval of the study will be obtained from FHI's Protection of Human Subjects Committee.
- Interviewing training will take place and the study will be implemented in the summer of 2001.

Possible Problems, Barriers to Completion:
- Initiation of the study is dependent on the completion of the labeling subproject under FCO 1321.

Funding Source(s):	Women's Capital Corp/ Private	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 434,000	**Projected End Date:**	Sep 2003

USA: Assessment of Barriers to EC Provision in U.S. Family Planning Clinics (FCO 1632)

Technical Monitor: ASpruyt

Objective(s): To evaluate potential obstacles to the provision of emergency contraception in U.S. family planning clinics.

Description: A cross-sectional telephone survey of providers from a national sample of approximately 4,000 family planning clinics (primarily Title X) will be completed. Letters will be sent to Title X clinics and approximately 450 private practices that offer family planning, asking recipients to call a toll-free number and to complete a 10-minute automated telephone survey. The results of this study will contribute to a general understanding of barriers to the provision of emergency contraception. More specifically, this survey will assist efforts of the National Family Planning and Reproductive Health Association (NFPRHA) and the National Association of Nurse Practitioners in Women's Health (NPWH) to reduce obstacles to emergency contraception provision among their member clinics throughout the U.S.

Subgrantee(s): MCI

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000
- During the latter half of FY'99 FHI, in collaboration with NFPRHA and NPWH, prepared a scope of work, survey instrument, and sampling plan.
- FHI worked with MCI to develop an automated telephone survey based on the questionnaire.
- In September 1999, letters were sent to 2,193 Title X family planning clinics, including public health departments, Planned Parenthood affiliates, and university-based clinics. Approximately 450 private practices that offer family planning were also sent letters, asking that the recipient call a toll-free number and complete a ten minute automated telephone survey.
- All data were collected by November 1999.
- The data were cleaned, and analyzed.
- A draft report was prepared in March 2000.

April 1, 2000 - September 30, 2000
- An abstract was accepted for oral presentation at the November 2000 APHA meeting.
- The final report was completed and disseminated in September 2000.
- **The FCO was closed in September 2000.**

Findings and Outcomes:

- Of approximately 2,643 questionnaires mailed, 885 providers and administrators called. A total of 110 records were deleted due to incomplete or duplicate information. The final data set included 775 records (29% of questionnaires mailed).
- About half of the clinics (47%) were in rural locations, 19% were suburban, and 34% were urban. Respondents included providers (66%), administrators (27%), and administrative staff (7%).
- Almost all respondents (n=722, 93%), reported that their clinics informed clients about EC.
- 82% of respondents (n=638) reported that their clinics dispense ECPs directly to clients and 60% said that they provided prescriptions for ECPs. 13% of respondents said that they neither provided prescriptions nor dispensed ECPs to clients.
- Among clinics that provide ECPs, 31% reportedly prescribe ECPs over the phone to eligible full service clients, and 33% provide ECPs in advance of need. About half of these clinics reported dispensing ECPs to more than five clients in the past month.
- Among clinics that do not dispense ECPs (n=137, 18%), almost half (46%) cited lack of demand. The next most frequent reason (30%) was opposition by clinic director, followed by opposition by board of directors (22%), opposition by staff (22%), need for training (22%), and opposition by clinicians (20%). When all categories of opposition are combined, 53% of respondents reported some form of opposition as a reason for not dispensing ECPs.
- Almost three-quarters (74%) of respondents from clinics that do not dispense ECPs said that they do refer clients to another source.
- Similar proportions of public and private clinics, and clinics in rural or urban settings reported dispensing ECPs. However, 93% of clinics in the Northeast dispense ECPs, compared to 76% in the South and 70% in the South Central region of the U.S.

Funding Source(s):		NFPRHA	**FCO Approved:**	Apr 1999
Total Approved Budget:	$	28,638	**Projected End Date:**	Sep 2000

USA: North Carolina Emergency Contraception by Phone Project (FCO 1319)

Technical Monitor: ASpruyt

Objective(s): 1) To increase awareness of and access to emergency contraceptive pills (ECPs) for women in North Carolina; and 2) to demonstrate program feasibility and potential for replication in other states

Description: The efficacy of ECPs drops significantly with time after unprotected intercourse, and access to ECPs in North Carolina is limited. The North Carolina EC-by-Phone Project, a collaborative effort between FHI and the NC Planned Parenthood affiliates, will increase prompt access to ECPs in North Carolina.

After calling a toll free number, callers will be connected to a centralized call center. The call center will provide information and counseling about ECPs (and other methods) and determine eligibility. If the caller desires ECPs and eligibility criteria are met, informed consent will be obtained and arrangements made for a prescription of ECPs to be obtained from a Planned Parenthood clinic or pharmacy. Telephone prescription of ECPs is justifiable because of the extraordinary safety profile of this treatment and the simplicity of the ECP regimen.

FHI will collect statistics that will be useful in assessing the demand for this service in North Carolina and its public health impact. Moreover, data will be used for quality assurance and to improve the operation of the project and to determine how it could be made financially sustainable. FHI will also

help finalize plans for, and implement the advisory and management structure, staffing requirements, clinical protocols, phone system and other equipment needs, education and marketing, a pharmacy database, financial projections, and an exit plan.

Subgrantee(s): Planned Parenthood of Orange and Durham Counties (PPOD), Planned Parenthood of the Capital and Coast (PPCC)

FY'01 WORKPLAN ACTIVITIES:

- Funding for a two-year period, with a possible third year extension, was approved in October.
- A subagreement with Planned Parenthood will be finalized.
- FHI will supervise installation of call center equipment at Planned Parenthood of Orange and Durham counties (phone and computer system, automated databases, etc.).
- FHI and PPOD will adapt service delivery protocols for call center.
- FHI will monitor staff hiring and training.
- FHI, in collaboration with PPOD and PPCC, will create and implement an education and marketing plan.
- In collaboration with PPOD and PPCC, FHI will prepare and implement the service and program evaluation component.
- FHI and PPOD will test all systems and open the call center by February 2001.

Possible Problems, Barriers to Completion:

- The third year of funding is not guaranteed. Additional funds will be needed to fully advertise the service.

Funding Source(s):	Corporate Funds; Hewlett Foundation	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 585,714	**Projected End Date:**	Sep 2002

Worldwide: Monitoring Services for Bilingual Monitor (FCO 1698 and previously 1639)

Technical Monitor: MCommins

Objective(s): To provide clinical monitoring services to CONRAD on three studies: 1) vaginal ring use in lactating women (Chile); 2) clinical trial of emergency contraception (Dominican Republic); and 3) Phase II anti-progesterone.

Description: This subproject provides financial support for all clinical monitoring costs of CONRAD's studies in Latin America.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The contract with CONRAD was initiated in July 1998 (under CC-99-263).
- Clinical monitoring of two studies in Chile (ICMER) and one study in the Dominican Republic (PROFAMILIA) was initiated in May 1998.
- Site visits were made to the Dominican Republic in April 1999 and to Chile in July and October 1998, and January and June 1999.
- FCO 1639 was closed in July 1999 when CONRAD's cooperative agreement was completed.
- In the same month a new contract (FCO #1698) was signed with CONRAD under their new cooperative agreement.

- A monitoring visit to the Dominican Republic was conducted in October 1999 to close out the clinical trial of emergency contraception.

April 1, 2000 - September 30, 2000

- No activity occurred under this subproject during this reporting period.

FY'01 WORKPLAN ACTIVITIES:

- A close out visit to the vaginal ring study in Chile will made when the study is completed.
- Any follow-up questions on the studies will be answered.

Funding Source(s):			CONRAD	**FCO Approved:**	**1639**	Jul 1998
					1698	Jul 1999
Total Approved Budget:	**1639**	$	70,490	**Projected End Date:**		Sep 2001
	1698	$	50,843			
		$	121,333			

Venezuela: Provision & Use of Emergency Contraceptive Pills in Venezuela (FCO 1669)

Technical Monitor: ASpruyt

Objective(s): 1) To describe EC clients, and evaluate the provision and use of ECPs in Venezuela; 2) to document the steps leading to the successful launch of ECPs in Venezuela; and 3) to share these lessons learned with other countries, particularly in Latin America.

Description: Venezuela is the first and only Spanish speaking country in Latin America where women have access to a dedicated ECP product (POSTINOR-2). POSTINOR-2 was registered in October 1999 and launched in March 2000. It is now available at approximately 4,300 pharmacies throughout the country, and over 14,000 cycles have been distributed.

ECP users and providers will be recruited through pharmacies and clinics, and descriptive data will be gathered including: socio-demographic characteristics of ECP users; contraceptive use (including substitution); reasons for ECP use; client and provider knowledge, attitudes and practices; access and acceptability. The process by which APPRENDE registered and launched POSTINOR-2 will also be documented, including: preliminary research conducted with potential clients and providers; distribution arrangements with the manufacturer of POSTINOR-2; efforts to inform and gain support from potential providers, physicians, Venezuelan medical societies, and the Ministry of Health. Similarly, the efforts and accomplishments since the introduction of POSTINOR-2 will be reported. Potential outlets for dissemination include Network, professional meetings, and the Consortium for Emergency Contraception.

Implementing Agency(s): Asociacion Para la Prevencion de Embarazos No Deseados (APPRENDE)

FY'01 WORKPLAN:

- Approval for the subproject will be sought from the Rockefeller Foundation.
- The protocol, a subagreement, and survey instruments will be prepared.
- The fieldwork will be initiated.

Funding Source(s):		Rockefeller	**FCOs Approved:**	Dec 2000
Total Approved Budget:	$	29,000	**Projected End Date:**	Sep 2002

MALE & FEMALE STERILIZATION

Strategic Objectives

1) To evaluate the effectiveness of currently used vasectomy techniques and modifications
2) To improve informed consent/informed choice

These objectives are specific to a male sterilization strategy, developed, in part, to help prioritize activities which were to be USAID funded. Female sterilization research is currently supported with private funds and, therefore, not reflected in these objectives.

FY'01 Subprojects

	Worldwide:	Evaluation of Vasectomy Success (FCO 2241)
	Worldwide:	Randomized Controlled Trial of Two Vasectomy Techniques (FCO 2239)
	New Zealand:	Case Control Study of Vasectomy and Prostate Cancer (FCO 5900 and previously 6900)
?	Brazil:	Pilot Randomized Controlled Trial of Cautery versus Fascial Interposition for Vasectomy (FCO 2262)
?	Worldwide:	Expert Review of Vasectomy Effectiveness (FCO 2258)
?	USA:	Phase I: Vas Irrigation During Vasectomy (FCO 2261)
	Worldwide:	Sterilization Paper Writing and Project Development (FCO 2231)
	Chile:	Cohort Study of Chilean Women Who Received Insertions of Quinacrine as a Transcervical Method of Sterilization (FCO 1317/1603 and previously 1635/1680/2219)
	Vietnam:	Long-term Follow-up Study of Women Who Underwent Quinacrine Pellet Sterilization (FCO 1315 and previously 1637
	Vietnam:	Pilot Case Control Quinacrine Study (previously FCO 1636)
	Vietnam:	Case-Control Study of Gynecological Cancers in Northern Vietnam (FCO 1316)
	Worldwide:	Non-Clinical Quinacrine Studies (FCO 1658)
	Worldwide:	Non-Clinical Erythromycin Studies (FCO 1656)
	Worldwide:	Consumer Advisory Committee (FCO 1663)
	Worldwide:	Technical and Data Monitoring Committees (FCO 1668)
	Philippines:	Fellowship Re-entry Grant - Dr. Cesar Maglaya (FCO 1661)

? New subprojects proposed for USAID funding in FY'01

Worldwide: Evaluation of Vasectomy Success (FCO 2241)

Technical Monitor: HNazerali

Objective(s): To measure, retrospectively and prospectively, the success rates of vasectomies in selected family planning programs worldwide.

Description: Recent research by FHI and AVSC International (AVSC) suggests that the failure rate following vasectomy may be higher than the quoted 1%, and perhaps as high as 5%. Retrospective studies will estimate the failure rate among men who underwent vasectomy in the Nepal and Mexico programs. Using a 3-year sampling frame, providers in each country program will locate at least 1000 men to obtain a single semen specimen for testing. A simple on-site test for sperm in semen will provide a screening result. Preserved semen specimens will then be analyzed for sperm concentration and sperm viability at a designated off-site laboratory. Screened-positive cases will receive confirmatory results and counseling. Findings will guide the design of future prospective studies.

Subgrantee(s): Management Support Services (MSS) (Nepal)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary issues regarding the study design and time allocations for staff were resolved in the latter half of FY '98, and a protocol for a cross-sectional study was approved by the PHSC in February 1999.
- Semen processing techniques appropriate to the setting were developed for the study, and a laboratory consultant (HCLA, PhD) from Fertility Solutions, Inc. was contracted to provide training and quality assurance for the duration of the study. Semen screening tests (VasMARQ) were donated by Embryotech laboratories.
- FHI's Nepal POP/RH office facilitated selection of investigators, provided premises for Kathmandu-based study personnel and a simple andrology laboratory, and compiled a sampling frame of clients who underwent vasectomy in the previous three years.
- A subagreement for the Nepal study was endorsed by USAID in July 1999, and the Nepal Health Research Council approved the study protocol in September 1999.
- The probability sample of 1,262 clients was selected for study in four districts in Nepal, and a pilot study among an additional 50 vasectomy clients was completed in January 2000.

April 1, 2000 - September 30, 2000

- As of May 2000, Nepal district staff had interviewed 1060 clients (84% of the sample) and obtained semen specimens from 982 clients (78% of the sample).
- Utilizing new-in house capability provided by PharmaLink-FHI, Kathmandu staff were trained in web-based data entry. Between May and September 2000, the Kathmandu study staff entered all data, and the U.S. based study team reviewed the key outcomes electronically.
- Interim monitoring and closeout visits to Nepal were made during July and September 2000. Electronic data were verified against paper sources and key outcomes were reviewed. The technical monitor accompanied the Nepal study physician to two of the four study districts, where follow-up visits were conducted. Those men having laboratory evidence of vasectomy failure, or reported postvasectomy pregnancy, were counseled.
- A prospective implementation agency, Instituto Mexicano del Seguro Social (IMSS), was identified for a similar study in Mexico City, the study protocol was reviewed with the management, and an IMSS co-investigator was appointed as a Mellon/USAID Fellow for one year in FHI North Carolina beginning in August 2000.

- During a preliminary visit to Mexico City, data on vasectomies were collected for the first stage of sampling, and an implementation model was developed in collaboration with IMSS staff.
- A bilingual laboratory consultant from Phoenix, Arizona evaluated the candidate facilities and staff for a study laboratory in Mexico City.

Findings and Outcomes:

- As noted in FHI's FY'99 Annual Report, the Nepal and Mexico vasectomy programs represent two different models of service delivery. Since the 1970s Nepal's Ministry of Health has provided vasectomy services to the majority through rural mobile services staffed by a relatively small number of experienced surgeons. By contrast, the national provider in Mexico (IMSS) greatly expanded access to vasectomy in the early 1990s through a decentralized model, training a large number of surgeons to provide vasectomy services at the local health centers. A retrospective, cross-sectional study of vasectomy success rates is considered feasible in both countries.
- Thailand offers a possible third vasectomy service model for study. The Thai Population Development Association indicated interest in evaluating a prospective sample limited to urban residents.

FY'01 WORKPLAN ACTIVITIES:

- The Nepal data will be analyzed following the final validation of Nepal laboratory findings by Fertility Solutions, Inc., Cleveland, Ohio.
- Remaining clinical and counseling follow-up visits in the Nepal study are expected to be completed by November 2000.
- Additional data will be collected from 16 Nepal surgeons who performed vasectomies among the study sample.
- Findings of the Nepal study will be disseminated at a one-day meeting in Kathmandu, and a journal article will be submitted for publication.
- FHI will draft a subagreement with the IMSS for implementation of the study in Mexico. IMSS will submit the Mexico study protocol for ethical review and approval.
- Upon USAID approval of a subagreement with IMSS, the facilities and staff will be established in Mexico City, and a pilot study will be implemented.
- Sampling frames will be constructed, and a probability sample of approximately 1,250 - 1,500 subjects (depending on results of the Pilot Study) will be selected in four delegations (i.e., districts) across Mexico.
- FHI monitoring visits are planned on a quarterly basis and a bilingual laboratory consultant will be contracted to perform training and quality assurance for the duration of the study.
- PharmaLink-FHI will program the web database for the Mexico study, and FHI's Information Technology Department will host a web server for the study.
- Two visits by the FHI laboratory consultant and project team are planned. Mexico study staff will be oriented on the study protocol, trained in the laboratory methods, and in web-based data entry prior to the launch of the study.
- Recruitment and evaluation of the Mexico study subjects will be phased in by delegation, beginning second quarter of FY'01. All field work is expected to be completed by the end of the fiscal year.

Funding Source(s):	USAID/Core	**FCO Approved:**	Mar 1998
Total Approved Budget:	$ 1,582,145	**Projected End Date:**	Sep 2002

Worldwide: Randomized Controlled Trial of Two Vasectomy Techniques (FCO 2239)

Technical Monitor: BIrsula

Objective(s): 1) To compare the success of vas occlusion with or without fascial interposition; and 2) to compare safety and surgical difficulties of vas occlusion with or without fascial interposition.

Description: This subproject involves a randomized, controlled, multicenter trial comparing two vasectomy occlusion techniques: ligation and excision with versus without fascial interposition, both using the No-Scalpel Vasectomy (NSV) approach. A minimum of 1,200 healthy, sexually active men who have chosen vasectomy as a means of contraception, who meet all the study criteria and who freely sign an informed consent form will be admitted into the study in eight research centers worldwide: Sri Lanka, Nepal, El Salvador, Brazil, Panama and two sites in Mexico. The study is now scheduled to last three years, including an enrollment period of up to 18 months, a follow-up period of 12 months.

This study is a collaborative project between AVSC and FHI. FHI is responsible for the development of the protocol and case report forms; the identification, selection and management of research centers; routine monitoring of the study sites; and data collection, entry and analysis. AVSC is responsible for the standardization and training of the surgeons and laboratory technicians; monitoring the medical quality of services at the study sites; and the subagreements with the study sites that cover study-related costs.

Results of this study will provide information on whether or not fascial interposition decreases vasectomy failure rates. As such, this information could lead to direct improvements in service delivery programs throughout the world. The study results are likely to influence vasectomy training programs as well, by answering the question of whether or not fascial interposition should be routinely taught. In addition, the study will provide information that, hopefully, will lead to improved instructions for clients on when they can rely on their vasectomy for contraception.

Subgrantee(s): Asociacion Demografica Salvadoreña (ADS), Asociacion Panamena para el Planeamiento de la Familia (APLAFA), Centro de Pesquisa e Assistencia em Reproducao Humana (CEPARH) (Brazil), Family Planning Association of Sri Lanka (FPASL), Instituto Mexicano de Seguro Social (IMSS), UMF 14, Instituto Mexicano de Seguro Social (IMSS), UMF 61, Nepal Fertility Care Center (NFCC), University of Washington (USA)

Collaborating Agency(s): AVSC

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The protocol was approved by PHSC in August 1998.
- Eight sites were selected and approved by AVSC. Early in FY'99, subagreements were signed with six of the selected sites.
- An Investigators Meeting was held in Mexico City in March 1999. The two participating surgeons and the study coordinator from each site attended this meeting.
- In collaboration with AVSC, the following two guidelines were developed and translated: 1) A vasectomy procedures guideline for the investigators, and 2) a semen analysis guideline for the laboratory technicians.
- An instruction manual for the study staff on the management of the study, including instructions on the proper completion of case report forms, was finalized.

- The study protocol was amended to address discrepancies identified during the preparation of the instruction manual and resubmitted for PHSC approval in August 1999.
- The instruction manual, as well as the vasectomy procedures guideline and the semen analysis guideline, were translated into Spanish in September 1999.
- The informed consent form was translated into the four native languages (Portuguese, Nepalese, Sinhali and Spanish).
- The first participant was recruited in November 1999 at the U.S. site.
- An Operational Plan was developed for the Data Monitoring Committee (DMC) early in 2000.

April 1, 2000 - September 30, 2000

- Periodic monitoring visits to each site were conducted every four months.
- AVSC implemented subagreements for the two IMSS sites in June 2000. This process was delayed because there were issues that needed to be resolved between the AVSC and the local institution. Participant recruitment began in June 2000 at these sites.
- Participant recruitment continued at all sites. As of September 30, there were 452 participants enrolled.

FY'01 WORKPLAN ACTIVITIES:

- Periodic monitoring visits to each center will continue every four months.
- A planning meeting will be conducted with the Data Monitoring Committee (DMC) in November 2000.
- FHI will conduct an interim analysis in February 2001.
- Recruitment is expected to be completed by June 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jan 1998
Total Approved Budget:	$ 1,384,084	**Projected End Date:**	Jun 2003

New Zealand: Case Control Study of Vasectomy and Prostate Cancer (FCO 5900 and previously 6900)

Technical Monitor: B Jenkins

Objective(s): To determine whether having had a vasectomy alters the risk of prostate cancer.

Description: This is a national case-control study, being conducted in New Zealand. The study was designed to compare 650 men who have been newly diagnosed with prostate cancer with 1,300 men who are randomly selected from a national population base and who are not known to have prostate cancer. The study is part of a multi-center study coordinated by the Human Reproduction Programme of the World Health Organization and WHO is also contributing $200,000 towards the New Zealand field costs for this study. The protocol is consistent with the WHO protocol except that it is population-based rather than hospital-based. In early 1998, an additional 222 cases with early stage (T1) cancer were interviewed to reduce the impact of detection bias.

Subgrantee(s): Department of Preventive and Social Medicine, University of Otago

Collaborating Agency(s): NICHD, World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A proposal for the study was developed by the New Zealand researchers and approved by NICHD, WHO, and FHI.
- An Interagency Agreement with NICHD was signed in early July 1996 and the subagreement was executed in late July 1996. The NICHD IAG funded all FHI and subagreement costs for this study.
- FHI's PHSC exempted the study from IRB review, and the study ultimately began in January 1997.
- Almost all (>94%) physicians approached early in the study gave permission to contact their patients.
- The Technical Monitor made site visits in November 1997, November 1998 and February 2000.
- Because the prevalence of vasectomy in both cases and controls was higher than initial assumptions used to estimate power, it was decided that 1137 controls were sufficient to provide adequate power.
- The last interview was completed in December 1999, with a total of 771 men with stage T2 or higher, and 222 men with stage T1 prostate cancer. 1261 eligible controls were interviewed (with a response rate of 83%).
- The final data set of analyzable cases and controls was prepared.

April 1, 2000 - September 30, 2000

- A one-year no cost extension was arranged to allow for paper writing in the field. This compensated for the late start caused by administrative delays in Washington.
- The diagnostic specimens of 101 randomly selected cases were reviewed by an external pathologist. Three specimens could not be located; for the remaining 98, the diagnosis was confirmed.
- Three papers were drafted.

Findings and Outcomes:

- Complete findings will be provided in the next report.
- The prevalence of vasectomy in New Zealand was found to be much higher than expected.

FY'01 WORKPLAN ACTIVITIES:

- At least three papers will be finalized and sent to FHI for review before they are submitted for publication.

Funding Source(s):			USAID/OYB	**FCO Approved:**	**5900**	Apr 1998
			from NIH		**6900**	Jul 1996
Total Approved Budget:	**5900**	$	500,000	**Projected End Date:**		Jun 2001
	6900	$	500,000			
		$	1,000,000			

Brazil: Pilot: Randomized Controlled Trial of Cautery versus Fascial Interposition for Vasectomy (FCO 2262)

Technical Monitor: BIrsula

Objective(s): To conduct a pilot study to evaluate the success of cautery versus ligation with fascial interposition for vasectomy; and 2) to compare safety and surgical difficulties of vas occlusion with cautery versus fascial interposition.

Description: This subproject is a randomized, controlled, single center pilot trial comparing two vasectomy occlusion techniques: excision and cautery versus ligation and excision with fascial interposition, both using the No-Scalpel Vasectomy (NSV) approach. Approximately 120 healthy,

sexually active men who have chosen vasectomy as a means of contraception, who meet all the study criteria and who freely sign an informed consent form will be admitted into the study in one research center in Brazil. The study is now scheduled to last 18 months, including an enrollment period of 6 months, a follow-up period of 12 months. Interim data will be analyzed after 6 months of follow-up to evaluate the likelihood that use of cautery could improve upon vasectomy success rates, and determine whether a full-scale study of cautery should be considered.

Results of this study and any subsequent larger-scale study will provide information on whether or not cautery decreases vasectomy failure rates. As such, this information could lead to direct improvements in service delivery programs throughout the world. The study results are likely to influence vasectomy training programs as well, by answering the question of whether or not cautery should be routinely taught. In addition, the study will provide information that, hopefully, will lead to improved instructions for clients on when they can rely on their vasectomy for contraception.

Implementing Agency(s): Centro de Pesquisa e Assistencia em Reproducao Humana (CEPARH), Brazil

FY'01 WORKPLAN ACTIVITIES:

- The protocol for the Randomized Controlled Vasectomy Study (RCVS) will be modified to fit this pilot study design.
- Negotiations with AVSC will begin to determine if the proposed study design is the most appropriate.
- All study documents, including the study manual and CRFs, will be modified according to the documents of the Randomized Controlled Vasectomy Study.
- The subagreement will be completed and recruitment will begin once recruitment for the RCVS at this site is completed. This is anticipated to occur in May 2001.
- The first monitoring visit will occur one month after enrollment begins.

Possible Problems, Barriers to Completion:

- The study design is yet to be fully decided and agreed upon.

Funding Source(s):		USAID/Core	**FCO Approved:**	Dec 2000
Total Estimated Budget:	$	420,022	**Projected End Date:**	Nov 2002

Worldwide: Expert Review of Vasectomy Effectiveness (FCO 2258)

Technical Monitor: HNazerali

Objective(s): To improve understanding of vasectomy effectiveness, define future research needs and plan for dissemination of recent FHI research findings.

Description: This subproject will support an expert meeting, organized by FHI, to review recent findings in vasectomy effectiveness and discuss future areas of research needs. Findings will be disseminated in collaboration with other key organizations (AVSC, IPPF, MSI, CDC and WHO).

Collaborating Agency(s): AVSC, International Planned Parenthood Federation (IPPF), World Health Organization (WHO)

FY'01 WORKPLAN ACTIVITIES:

- Experts in vasectomy and collaborating agencies will be identified and invited to participate in the proposed Experts Meeting.
- Background information will be compiled from the scientific literature and FHI research.
- Organize the meeting.
- The information dissemination strategy will be planned.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$99,475	**Projected End Date:**	Sep 2001

USA: Phase I: Vas Irrigation During Vasectomy (FCO 2261)

Technical Monitor: DSokal

Objective(s): To conduct one or more Phase I studies to determine the potential efficacy of a new approach to vas irrigation, which would be an improvement of the standard no-scalpel vasectomy procedure.

Description: Over the past 25 years, vas irrigation has been proposed by various urologists as an improvement to the vasectomy procedure. This technique flushes sperm from the vas and should dramatically shorten the time to azoospermia following vasectomy. However, vas irrigation has never been seriously studied. Preliminary FHI data from a survey of urologists showed that 90 of 177 pregnancies after vasectomy (50.8%) were attributed to non-compliance or failure of a backup method in the immediate post vasectomy period. This suggests that the problem of the downstream sperm deserves more attention. Recently, we have identified several spermicidal agents that appear well-suited for vas irrigation. The spermicidal activity of these agents has been evaluated by CONRAD and they are currently looking at one additional agent. Following the completion of CONRAD's current evaluation we will have discussions with the USFDA as needed, and plan a Phase I study of the lead compound(s).

Subgrantee(s): Research Triangle Institute

FY'01 WORKPLAN ACTIVITIES:

- Evaluate results from CONRAD testing and choose a lead compound(s).
- Design a Phase I study to evaluate the lead compound(s).
- Initiate the Phase I trial.
- Begin work on a patent application.
- Finish the analysis of the survey of urologists and begin work on a manuscript for publication.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$368,114	**Projected End Date:**	May 2002

Worldwide: Sterilization Paper Writing and Project Development (FCO 2231)

Technical Monitor: DSokal

Objective(s): 1) To conduct secondary analyses on data from completed studies of male and female sterilization, and to write papers for presentations and publications based on these analyses; and 2) to develop new subprojects for male and female sterilization.

Description: Following the completion of a clinical trial, staff continued to analyze data and/or prepare papers for presentation and publication in scientific journals to disseminate the results to providers and policymakers. This subproject supports staff time and travel costs related to these needs. This subproject also supports development of new male and female sterilization studies.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- "Time to Infertility after Vasectomy: Pilot Study" was published in *Contraception* in October 1997.
- A comparative, multi-country study of vasectomy was developed in collaboration with AVSC. A separate FCO (2239) was established for those subproject activities involving a comparison of vasectomy technique with vs. without fascial interposition.
- The paper "A Comparative Study of the No-Scalpel Approach and the Standard Incision Approach to Vasectomy in Five Countries" was accepted for publication on the second submission, and published in the *Journal of Urology*, November 1999.
- The exploration of the feasibility of a new vas irrigation method began. In the summer of 1998, an intern conducted a mail survey of 2,000 urologists, and CONRAD screened four agents that could be potentially used for vas irrigation. CONRAD's report identified one of the four as quite promising. Additional work on this topic has been proposed as a new sub-project.
- The early development of a multi-country observational study of vasectomy success was funded by this subproject. That study was approved and is now reported separately (see FCO 2241).

April 1, 2000 - September 30, 2000

- The pivotal safety and efficacy study, "Efficacy and Safety of the Filshie Clip and Falope Ring Applied via Laparascopy or Minilaparatomy" was accepted for publication in the September 2000 issue of *Fertility and Sterility*.
- A paper on the other pivotal study, the "Efficacy and Safety of the Filshie Clip vs. Hulka (Wolf) Clip applied via Laparascopy or Minilaparatomy" was revised per comments from the editor and then accepted by *Contraception*. The paper will be published soon.
- A paper on the primary result of the expanded "Time to Azoospermia After Vasectomy" study has been drafted.

Findings and Outcomes:

- In comparative Filshie Clip and Tubal Ring studies among 2746 women, two women in each group became pregnant in the year after surgery, giving a 12-month life-table pregnancy probability of 1.7 per 1000 women in both groups. The Tubal Ring was more difficult to apply and had higher rates of tubal or mesosalpingeal injuries at surgery. The Filshie Clip group had 3 cases of spontaneous clip expulsion during the follow-up period. Both devices were concluded to be effective and safe for use in tubal occlusion.
- In two multicenter trials of 2126 women, the 12-month life table pregnancy probability was 1.1 per 1000 women in the Filshie Clip group and 6.9 per 1000 women in the Hulka group. The difference neared statistical significance (p=0.06). Both devices were determined to be effective and safe.

- A preliminary tabulation from the survey of U.S. urologists suggests that about half of all pregnancies after vasectomy are conceived immediately following the procedure.
- As reported in the FY' 98 Annual Report, the article "Pilot study of the time azoospermia after vasectomy," published in *Contraception*, October 1997, reported an unexpected number of vasectomy failures. At the end of the study, there were three failures out of 38 vasectomies. The high failure rate may have been "due to the fact that neither fascial interposition nor cautery of the vas were used." These findings were confirmed by the full study and led to a randomized controlled trial to evaluate the effectiveness of fascial interposition.
- As reported in the FY'97 Report and published in the *Journal of Urology* in November 1999, "A Comparative Study of the No-Scalpel Approach and the Standard Incision Approach to Vasectomy in Five Countries", confirmed that the no-scalpel method (NSV) was just as effective an approach to the vas as the standard incision method. The vasectomy failure rates were virtually identical for the two methods. However, there were significantly fewer complications with NSV.

FY'01 WORKPLAN ACTIVITIES:

- A paper on the primary results of the expanded "Time to Azoospermia after Vasectomy" study will be submitted for publication.
- Analysis of the vas irrigation survey of urologists will be completed and a descriptive article will be submitted for publication.
- Depending on priorities established in collaboration with USAID and the results of the ongoing controlled trial of fascial interposition, developmental work may begin on a prospective study to explore another method of vas occlusion such as cautery.
- Acceptability research might be pursued to determine whether either vas irrigation or a simple, rapid non-microscopic test for semen analysis would be useful to consumers and/or programs providing vasectomies.

Possible Problems, Barriers to Completion:

- Resources may not be available for the exploration of another method of vas occlusion.

Funding Source(s):	USAID/Core	**FCO Approved:**	Dec 1996
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Chile: Cohort Study of Chilean Women Who Received Insertions of Quinacrine as a Transcervical Method of Sterilization (FCO 1317/1603 and previously 1635/1680/2219)

Technical Monitor: DSokal

Objective(s): To assess the long-term safety of quinacrine sterilization and to measure the cancer incidence among women who have undergone this method of nonsurgical sterilization.

Description: This study involves the long-term follow-up of women who received transcervical insertions of quinacrine pellets for nonsurgical female sterilization at two sites in Chile (Valdivia and Santiago). An original retrospective cohort study, which gathered data through 1991, was prompted by a cancer cluster in Chile among women who had been sterilized with quinacrine. Expert reviews of that study found the results inconclusive and recommended continuing the long-term follow-up of these women. With varying sources of funding, the subproject has subsequently been extended several times. Long-term follow-up interviews began again in 1999.

Subgrantee(s): Hospital Sotero del Rio, Universidad Austral de Chile, Escuela de Medicina

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The follow-up study was initiated in January 1994 with Mellon Foundation funding. Funding switched from the Mellon Foundation to USAID in October 1994 (FCO 2219) and back to the Mellon Foundation from January 1996 to September 1998.
- Further private funding was identified to support additional data analysis and continuation of the study for an additional round of interviews that began in early 1999.
- In Valdivia, a third round of follow-up interviews was completed in December 1999. In Santiago, the follow-up period for the first round of interviews was extended from 12 to 18 months.
- Approximately 800 women were located out of a possible 1,492 in the initial study.

April 1, 2000 - September 30, 2000

- The Santiago team, with a much larger number of women, continued to conduct interviews.
- An article entitled " Cancer risk among women sterilized with transcervical quinacrine in Chile: an update through 1996" was published in the July 2000 edition of *Fertility and Sterility*.

Findings and Outcomes:

- The pregnancy analysis, published in Contraception in June 2000, showed that for women who were under 35 years at insertion, the 10-year pregnancy rate was 10.7 (7.4, 13.9). For women who were 35 years of age or older at the time of insertion, the 10-year rate was 3.1 (0.7, 5.5). The 10-year cumulative ectopic pregnancy probabilities for women with 2 and 3 insertions of quinacrine were 0.9 (<0.1, 2.6) and 0.7 (<0.1, 1.6), respectively, which is similar to the rate found in the U.S. by the CDC (CREST) study, after surgical sterilization.
- The rates of cancer were not significantly increased compared to population based rates.

FY'01 WORKPLAN ACTIVITIES:

- Depending on when the current round of follow-up activities is completed, another update paper on cancer risk will be drafted.
- A paper on safety issues aside from cancer will also be drafted.

Funding Source(s): Private Foundation; Private Foundation; Private Foundation; Mellon Foundation; USAID/Core

FCO Approved:

1317	Sep 2000
1603	Jan 1998
1635	Aug 1998
1680	Sep 1990
2219	Sep 1995

Projected End Date: Sep 2003

Total Approved Budget:

1317	$	126,238
1603	$	30,565
1635	$	72,000
1680	$	628,194
2219	$	165,699
	$	1,022,696

Vietnam: Long-term Follow-up Study of Women Who Underwent Quinacrine Pellet Sterilization (FCO 1315 and previously 1637)

Technical Monitor: DSokal

Objective(s): To determine the pregnancy rates and long-term safety of quinacrine pellet sterilization among women who underwent voluntary sterilization procedures provided by the Vietnamese Ministry of Health between 1989-1993.

Description: Between 1989 and 1993, about 50,000 women in Vietnam accepted the quinacrine pellet sterilization method under a program organized by the Ministry of Health. In late 1993, WHO recommended that the program be halted because not enough was known about the long-term safety of quinacrine sterilization. The Ministry of Health subsequently halted the program and requested FHI assistance to assess the safety of the quinacrine sterilization method. A retrospective study was conducted in 1994 involving about 3,500 women to assess the quality of informed consent that had been used in the sterilization program, and whether women considered the method acceptable. At the time of the quinacrine program, surgical sterilization services were not available, so a control group composed of IUD users was chosen.
Following the completion of the retrospective study, the current long-term follow-up study was initiated. The goal of the follow-up study, which is more biomedically-oriented, is to estimate pregnancy rates, including ectopic pregnancy rates, and to identify and evaluate other adverse events, including cancer cases, that could be due to quinacrine sterilization.

Subgrantee(s): Research Center for Rural Population and Health, Thai Binh Medical College, Thai Binh, Vietnam

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Beginning in June 1995, interviews were conducted among a sample of women who had received quinacrine between 1989 and 1993. The planned sample size was initially about 3,600 women, equally divided between a quinacrine group and a control group of women who had received IUDs.
- The sample size was expanded by the addition of approximately 800 women who had had only a single quinacrine insertion in order to better estimate parameters of interest for women with one insertion.
- A total of 4,251 women have been enrolled into the study. About 300 have been lost to follow-up.
- Five annual surveys of about 4,000 women have been conducted. The annual rounds of interviewing began in June 1995, November 1996, November 1997, December 1998 and December 1999, respectively.
- An interim analysis workshop was held in San Francisco, CA, in October 1997, which included FHI and Vietnamese researchers.
- A new research agreement was signed with the Thai Binh research center, effective July 1, 1998.
- The draft results of the interim analysis were presented in Vietnam in November 1998 and to the Medical Committee of the Planned Parenthood Federation of America in December 1998.
- Medical coding issues and additional reviews of adverse event data by FHI and Thai Binh researchers delayed completion of the interim analysis. When completed, data were presented to FHI's Technical Advisory Committee in May 1999.
- A site audit was conducted in January 2000 and did not identify any major problems with study implementation.

April 1, 2000 - September 30, 2000

- Two manuscripts were accepted for publication by *Fertility and Sterility*, describing the interim safety and efficacy analyses respectively. A third manuscript, on the retrospective study, was revised and resubmitted to another journal.
- Follow-up interviews for the fifth round of interviews were completed.
- Data cleaning for the five-year data analysis began.
- A proposal to extend the study for an additional three years was submitted and approved. FCO 1315 was established for these new monies and FCO 1637, the first grant, was closed effective September 30, 2000.

Findings and Outcomes:

- Results of the interim analysis confirm findings from Chile that quinacrine is more effective in women age 35 and above. Among this group, five-year cumulative pregnancy rates are likely to be about 3% after two insertions.
- Also based on the interim analysis, ectopic pregnancy rates in Vietnam after one or two quinacrine insertions were similar to ectopic pregnancy rates after surgical sterilization in the U.S.

FY'01 WORKPLAN ACTIVITIES:

- A sixth round of annual interviews will be conducted.
- Data cleaning for the five-year analysis will be completed.
- A workshop will be held with the participation of the Vietnamese colleagues to work on the five-year data analysis, and a draft report will be prepared.

Funding Source(s):			Private Foundation	**FCO Approved:**	**1315**	Aug 2000
					1637	Jun 1993
Total Approved Budget:	**1315**	$	1,170,491	**Projected End Date:**		Dec 2004
	1637	$	978,498			
		$	3,319,480			

Vietnam: Pilot Case Control Quinacrine Study (FCO 1636)

Technical Monitor: R Hanenberg

Objective(s): 1) To evaluate the feasibility of a case-control study to assess the risk of gynecologic cancers associated with the use of quinacrine for non-surgical sterilization; and 2) to conduct a pilot case-control study of gynecologic cancers in provinces of Vietnam where large numbers of women received quinacrine for non-surgical sterilization during the years 1989-1993.

Description: The pilot study included development of questionnaires, development of sampling procedures for cases and controls, and an evaluation of referral patterns from provincial hospitals to the National Cancer Hospital. Cases were identified among women being treated at the National Cancer Hospital. Controls were randomly selected from the same community as the cases. Thirty cases and 30 controls were interviewed during a period of about 6 months. A sub-study was undertaken in four provincial hospitals to estimate the number of cancer cases seen at those hospitals and to determine whether or not they were referred to Hanoi.

Subgrantee(s): National Cancer Hospital, Hanoi, Vietnam

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Meetings were held July 1998 with researchers at the National Cancer Hospital and a study protocol, budget and subagreement were drafted.
- The protocol was approved by the Protection of Human Subjects Committee in November 1998.
- The questionnaire was finalized.
- The subagreement was finalized and approved.
- The interviewing and other field work began in January 1999 following a monitoring trip to Hanoi.
- Analysis of the data was completed and recommendations were made for the full study.
- The feasibility of a full-scale study was reviewed in several meetings at FHI, including participation of two UNC faculty, a pathologist, and an epidemiologist.
- Additional discussions were held in Vietnam regarding the design of a full-scale study during a trip in January 2000.
- A detailed protocol and budget for the full study was developed at a working meeting in San Francisco, including both U.S. and Vietnamese researchers.
- A proposal for the full study was sent to the donor.

April 1, 2000 - September 30, 2000

- Funding for the proposal was received. **This subproject was subsequently closed in June 2000** and in August 2000 a new subproject (FCO 1316) was established for the full case-control study.

Findings and Outcomes:

- In order to have enough cases to conduct a full-scale case-control study, we 1) will need to recruit from provincial hospitals as well as the main referral hospitals; 2) the procedures for selecting cases and controls were feasible; and 3) a new procedure for selecting controls was tried and proved successful.
- Funding from a private foundation was subsequently received for the full case-control study.

Funding Source(s):	Private Foundation	**FCO Approved:**	Aug 1998
Total Approved Budget:	$ 140,291	**Projected End Date:**	Jun 2000

Vietnam: Case-Control Study of Gynecological Cancers in Northern Vietnam (FCO 1316)

Technical Monitor: RHanenberg

Objective(s): To assess the association between quinacrine sterilization and an increased risk of various kinds of gynecological cancers. Secondarily to identify and quantify risk factors for cervical, uterine and ovarian cancer in Vietnam; to assess the association between quinacrine and a decreased risk of ovarian cancer; to assess the association between quinacrine and an increased risk of leiomyosarcoma and to improve the capabilities of the provincial hospitals to diagnose and treat gynecologic cancers in Vietnam.

Description: The “Case-Control Study of Gynecologic Cancers in Northern Vietnam” is a study of the relationship between quinacrine and gynecological cancers. FHI will work with 17 hospitals in northern Vietnam, to identify approximately 1,800 women with gynecological cancers ("cases"), and a matched control group of 5,400 women without cancer ("controls"), over a five-year period. Comparing the prevalence of quinacrine use in the two groups should reveal if there is an association between quinacrine and gynecological cancers. Separate analyses for cervical, uterine and ovarian cancer will be done, controlling statistically for confounding variables.

Subgrantee(s): Ministry of Health of Vietnam

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- The Ministry of Health signed a subagreement at the end of August. The subagreement begins on October 1, 2000 and ends on April 30, 2003.
- FHI staff and Vietnamese colleagues drafted the protocol for the study in September and sent it to a consultant at the International Cancer Research Institute.

FY'01 WORKPLAN ACTIVITIES:

- After receiving comments from the consultant at the International Cancer Research Institute, the protocol will be finalized and submitted to FHI's PHSC.
- The manuals, forms and guidelines for the study, as well as the detailed analysis, monitoring and data management plans will be written.
- Fieldwork in five of the 17 hospitals is scheduled to begin in April 2001.

Possible Problems, Barriers to Completion:

- The study will not be done after the first phase if: 1) quinacrine appears so carcinogenic in an ongoing neonatal mouse study that the USFDA would probably rule out its approval; 2) the number of confirmed cases of gynecologic cancer appears insufficient to carry out the planned statistical tests; or 3) the number of users of quinacrine in the control group appears insufficient to carry out the planned statistical tests.

Funding Source(s):	Private Foundation	**FCO Approved:**	Aug 2000
Total Approved Budget:	$ 1,955,875	**Projected End Date:**	Sep 2003

Worldwide: Non-Clinical Quinacrine Studies (FCO 1658)

Technical Monitor: ACancel

Objective(s): To conduct toxicologic studies of quinacrine in order to satisfy USFDA requirements for review.

Description: This subproject will support the following toxicology studies: one-year neonatal mouse carcinogenicity study; two-year rat carcinogenicity study with intrauterine dosing; and reproductive toxicology studies. Depending on the toxicology results from the neonatal mouse study and the reproductive toxicology studies, FHI will decide whether to initiate a Phase II clinical study.

Subgrantee(s): Covance Labs, Huntingdon Life Sciences, Research Triangle Institute

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Funds were awarded for this subproject in July 1999.
- A research associate was hired to carry out subproject activities in August 1999.
- FHI chose Covance Labs to conduct the neonatal mouse carcinogenicity study.
- Details regarding the dose range finding study were finalized after consultation with the USFDA, consultants and Covance.

- The dose-ranging study for the neonatal mouse carcinogenicity study (Covance Labs) was conducted in December 1999.
- The dose-ranging study for the two-year rodent study (RTI) was conducted in January 2000 at RTI.

April 1, 2000 - September 30, 2000

- FHI chose Huntingdon Life Sciences to conduct the 2-year rat carcinogenicity study (April 2000) and started development of a study protocol.
- In April 2000 the results of the neonatal mouse dose range finding study and a protocol for the 1-year mouse carcinogenicity study were submitted for USFDA CAC Executive Committee review.
- Planning and protocol discussion for the quinacrine reproductive toxicology studies was initiated (spring 2000).
- A pyrogenicity and bioburden test of quinacrine powder (lot 18) was conducted in August 2000.
- (NB: October 11, 2000, USFDA CAC Executive Committee approved plans to conduct a neonatal mouse carcinogenicity study pending an agreement on the addition of a higher dose that would produce some toxicity.)

FY'01 WORKPLAN ACTIVITIES:

- The results of the dose range finding will be reviewed and submitted to the USFDA, along with a protocol for the 2-year rat carcinogenicity study.
- A neonatal mouse dose range finding study will be conducted with higher doses than the previous study, to determine the tolerance of a quinacrine suspension via intraperitoneal administration and to justify final dose selection for a carcinogenicity study.
- The protocol for a one-year neonatal mouse carcinogenicity study will be finalized and signatures from the USFDA CAC Executive Committee will be obtained and the study will be initiated.
- Studies to investigate the feasibility of dosing pregnant animals for reproductive toxicology will be conducted.
- A contract manufacturing facility to make quinacrine pellets will be selected.

Possible Problems, Barriers to Completion:

- The development of a suitable method for sterilizing the quinacrine pellets remains a critical condition for completion of the studies.

Funding Source(s):	Private Foundation	**FCO Approved:**	Jun 1999
Total Approved Budget:	$ 2,353,157	**Projected End Date:**	Oct 2002

Worldwide: Non-Clinical Erythromycin Studies (FCO 1656)

Technical Monitor: ACancel

Objective(s): 1) To conduct nonclinical studies of erythromycin for a new indication: nonsurgical sterilization

Note: Previously, this subproject noted a second objective, "If results of the nonclinical studies are satisfactory, to conduct Phase I human studies". While that statement is still true, it has now been omitted as an objective under FCO 1656. For administrative and accounting purposes, a new FCO will be established if FHI proceeds to Phase I studies.

Description: This subproject involves in-vitro and animal studies of erythromycin. FHI plans to study two types of formulations of erythromycin–one solid formulation and one gel formulation. Based on the results, FHI will then choose one or two formulations to be studied in humans. Phase I studies would be initiated as a new subproject.

Subgrantee(s): Dow Pharmaceutical Sciences, Research Triangle Institute

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Monies were awarded in July 1999 for this activity.
- A research associate was hired to assist with the effort.
- Collaborators were identified at Johns Hopkins University and Magellan Labs.
- A "no observed adverse effect level" (NOAEL) study in rats using erythromycin lactobionate was initiated in January 2000 at RTI.
- Based on solubility characteristics and toxicology data, FHI decided not to pursue a solid formulation.

April 1, 2000 - September 30, 2000

- Dow Pharmaceutical Sciences was chosen to conduct formulation work because of their expertise with topical formulations.
- Dow Pharmaceutical Sciences conducted pre-formulation studies. Stability problems with the formulation were identified. Plans were made to test additional solvents.
- A draft Pre-IND package was prepared and reviewed in-house.
- Preparations for a Phase I trial began.

FY'01 WORKPLAN ACTIVITIES:

- Additional formulation stability studies will be conducted.
- Sterilization of the erythromycin formulation will be explored.

Possible Problems, Barriers to Completion:

- Proceeding with non-clinical studies depends on FHI's ability to overcome current formulation stability issues.

Funding Source(s):	Private Foundation	**FCO Approved:**	Jun 1999
Total Approved Budget:	$ 1,198,415	**Projected End Date:**	Jun 2001

Worldwide: Consumer Advisory Committee (FCO 1663)

Technical Monitor: KKatz

Objective(s): To establish an international committee of consumer advocates to provide feedback to FHI on the development of non-surgical methods of sterilization and assist in planning the introductory phase after USFDA approval of a method.

Description: One of the lessons learned from quinacrine introduction is that the support of the international health community is crucial for the introduction of a nonsurgical method of sterilization. Opposition to quinacrine by many health advocates has led to negative publicity about the method that has influenced attitudes of providers, users, and policymakers. Therefore, FHI will establish a Consumer Advisory Committee composed of six members of the international health community to

ensure that health concerns are adequately addressed and women's reproductive rights are protected if a non-surgical method is developed to the point of program introduction.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Monies for this activity were awarded in July 1999.
- Several potential members of the committee were identified and a scope of work was discussed.

April 1, 2000 - September 30, 2000

- An informal meeting with two potential members was held at FHI in May 2000.
- An information sheet on FHI's activities was developed and distributed at the Beijing +5 meeting held in June.

FY'01 WORKPLAN ACTIVITIES:

- The reminder of the committee members will be identified.
- The first full committee meeting will be held in January 2001.

Funding Source(s):	Private Foundation	**FCO Approved:**	Jun 1999
Total Approved Budget:	$ 675,364	**Projected End Date:**	Sep 2008

Worldwide: Technical and Data Monitoring Committees (FCO 1668)

Technical Monitor: DSokal

Objective(s): To provide independent technical advice and data monitoring for FHI's research on nonsurgical sterilization.

Description: This subproject involves the organization and management of a technical advisory committee and data monitoring committee to provide FHI with scientific and technical oversight to assure utmost safety and adherence to human rights concerns in the performance of human research on nonsurgical sterilization. The name and objectives were expanded to provide for a technical advisory committee.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Funding to initiate this subproject was received July 1, 1999.

April 1, 2000 - September 30, 2000

- Several candidates for the technical advisory committee were identified.

FY'01 WORKPLAN ACTIVITIES:

- Plans for the first meeting of the technical advisory committee will be developed. The timing of this meeting will depend on the progress of pre-clinical work.
- Additional members for the technical advisory committee will be recruited.
- The first meeting of the technical advisory committee will be held.
- The data monitoring committee will be formed, if progress of pre-clinical work warrants it.

Funding Source(s):	Private Foundation	**FCO Approved:**	Jun 1999
Total Approved Budget:	$ 549,298	**Projected End Date:**	Sep 2008

Philippines: Fellowship Re-entry Grant - Dr. Cesar Maglaya (FCO 1661)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to one of FHI's 1997–98 Fellows, Dr. Cesar Maglaya of Manila, Philippines, in support of his re-entry grant study entitled "Zero Percent Motile Sperm as an Alternative to Azoospermia in Post-vasectomy Semen Examination".

Description: Dr. Maglaya's re-entry grant was for a study to determine the time in weeks and the number of ejaculations following vasectomy that are needed to achieve complete absence of sperm motility. A total of 110 clients undergoing no-scalpel vasectomy with fascial interposition were recruited. The study was conducted at the Comprehensive Family Planning Center at Dr. Jose Fabella Memorial Hospital.

Subgrantee(s): Dr. Jose Fabella Memorial Hospital

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Following the Fellow's return to his home country in August 1998, all study preparations, including local IRB approvals, were completed.
- The study was initiated in October 1998, and monitored by FHI's Fellowship Coordinator in January 1999.
- Study enrollment was completed in January 2000.

April 1, 2000 - September 30, 2000

- Follow-up of all cases was completed in May 2000.
- Data analysis was underway.
- Dr. Maglaya visited FHI on September 11-15, 2000, in conjunction with his attendance at the International Federation of Obstetrics and Gynecology (FIGO) meeting. During his time at FHI, he worked with FHI statisticians to complete data analysis and prepare a draft report.

FY'01 WORKPLAN ACTIVITIES:

- A final report will be submitted in the spring 2001.
- The subproject will be closed.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 55,466	**Projected End Date:**	Mar 2001

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Strategic Objectives

1) To reintroduce the IUD into programs
2) To improve successful client use

FY'00 Subprojects

	Mexico:	Copper IUD Use and Tubal Infertility (FCO 5902 and previously 5403/ 6205/6481/6902)
?	USA:	Algorithm for Selection of IUD Users (FCO 2260)
●	El Salvador:	Determining Factors to Increase IUD Use (FCO 6489)
	El Salvador:	IUD Study Results Dissemination (FCO 3423)
	Haiti:	IUD Acceptability Study (FCO 9477)
	Russia:	Fellowship Re-Entry Grant: Dr. Svetlana Rogovskaya (FCO 7012)
●	Egypt:	Fellowship Re-entry Grant - Dr. Gamal Sayed (FCO 1692)
	Russia:	Fellowship Re-entry Grant - Dr. Vera Grigorieva (FCO 1660)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Mexico: Copper IUD Use and Tubal Infertility (FCO 5902 and previously 5403/6205/6481/6902)

Technical Monitor: DHubacher

Objective(s): To determine whether IUD use among nulligravid women increases their risk of developing tubal infertility.

Description: Previous research has shown an association between IUD use and tubal infertility among nulligravid women. Though the studies are widely cited, design flaws could have introduced biases that, in turn, resulted in spurious associations. This case-control study recruited nulligravid cases of tubal infertility, and two control groups: nulligravid infertile women who had no tubal pathology and primigravid women in their first or second trimester of pregnancy. The research compares the groups on previous IUD use, risk factors for exposure to sexually transmitted diseases, as well as previous exposure to chlamydia (serologic antibody test). NICHD is providing the funding for this study through the CTR Cooperative Agreement.

Subgrantee(s): Berumen and Associates

Collaborating Agency(s): NICHD

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In 1994, the National Perinatology Institute and the Women's Hospital in Mexico City undertook pilot surveys among infertility clients to help estimate the prevalence of previous IUD use among nulligravid women; 4% had used an IUD previously.
- A large hospital within the Mexican Social Security Institute agreed to participate in the study, increasing the total number of sites for this study to three.
- The study protocol was approved by FHI's PHSC in 1995.
- A second control group consisting of primigravid women in their first or second trimester of pregnancy was added to the study protocol and was approved by FHI's PHSC.
- This study was put on hold for nearly two years until funding was secured.
- In 1997, USAID/Mexico approved the use of up to $100,000 in Field Support funds to begin the study. Later in 1997, NICHD decided to fund the complete study.
- Recruitment of nulligravid women began in September 1997.
- The progress of the study was monitored to ensure that all enrolled women had completed questionnaires, and results of their hysterosalpingogram and blood tests were recorded correctly.
- Recruitment of primigravid women began in November 1998.
- An interim analysis was conducted with data on nearly 1,000 subjects in February 1999.
- Preliminary results of study were presented at the Association of Reproductive Health Professionals Annual Meeting in Dallas, Texas in September 1999.
- Due to the end of field support funds, FCO 5403 was closed on March 31, 1999. Work continued under FCO 5902.
- Recruitment ended in November 1999. Ultimately, 2,028 women were enrolled into the study. A total of 108 different subjects were classified as lost-to-follow-up because some missing data were deemed unrecoverable.
- The hysterosalpingogram facility in one of the Mexican hospitals was closed for about 6 months, delaying the assessment of the main study outcome for about 20% of recruits.

April 1, 2000 - September 30, 2000

- Data cleaning and analysis continued in this period.
- An oral presentation was given at the XVI FIGO World Congress of Gynecology and Obstetrics in Washington, DC in September 2000.

Findings and Outcomes:

- An oral presentation was given at the 2000 FIGO meeting in Washington, DC. Three hundred and fifty nine incident cases of primary tubal occlusion were compared to two different control groups: 953 incident primary infertile women without tubal occlusion and 584 primigravid women in their first or second trimester. Hysterosalpingogram and/or laparoscopy findings were used to distinguish the two types of infertile women. Retrospective data on previous contraceptive use, sexual relations, history of STDs, and standard sociodemographic characteristics were collected on all women. In addition, participants donated a sample of blood to check for presence of Chlamydial antibodies. The multivariable logistic regression indicated that previous copper IUD use was not an independent risk factor for tubal infertility, controlling for numerous factors simultaneously. Presence of chlamydial antibodies and previous abdominal surgery were associated with an increase in the risk of tubal infertility. The results of this preliminary analysis suggest that nulligravid women are appropriate candidates for IUDs.
- Since copper IUDs do not protect women from the dangers of STIs, barrier methods should be used concomitantly by women who desire an IUD, but are not in mutually monogamous relationships.

FY'01 WORKPLAN ACTIVITIES:

- FHI will complete the data analysis.
- Several manuscripts will be prepared for publication in a peer-review journal.

Funding Source(s):			USAID/Core; USAID/Field Support; USAID/OYB	**FCO Approved:**	**5403**	Mar 1999
					5902	Apr 1998
					6205	Sep 1995
					6481	Mar 1997
					6902	Aug 1997
Total Approved Budget:	**5403**	$	37,138	**Projected End Date:**		Mar 2001
	5902	$	318,420			
	6205		N/A			
	6481		N/A			
	6902		N/A			
		$	355,558			

USA: Algorithm for Selection of IUD Users (FCO 2260)

Technical Monitor: CMorrison

Objective(s): To develop an algorithm/checklist to identify the majority of women who are appropriate candidates for IUD insertion in countries with moderate to high levels of STI.

Description: FHI staff will endeavor to develop an algorithm that can accurately identify, across countries, the majority of women who are at very low risk of cervical infections (and subsequent PID) and who are appropriate candidates to receive IUDs. In addition, it is hoped that it will be possible to outline how to use this algorithm to identify women at moderate and at high-risk of cervical infections

and to help service providers make informed choices regarding IUD service provision for these women.

Based on the Kenya IUD study, an algorithm for identifying appropriate candidates for IUD insertion was developed. Further development of the algorithms will be conducted using additional data from one or more studies. Developed algorithms will then be validated with data from the Population Council (Kenya and Zimbabwe) and "final" algorithms/checklists will be created.

FY'01 WORKPLAN ACTIVITIES:

- The current algorithms from Kenya IUD study will be reviewed.
- The current algorithms based on the Jamaica data or other data will be further developed.
- The developed algorithms will be validated with data from the Population Council.
- The algorithms will be further refined, as necessary.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$57,256	**Projected End Date:**	Nov 2001

El Salvador: Determining Factors to Increase IUD Use (FCO 6489)

Technical Monitor: KKatz

Objective(s): 1) To explore family planning client knowledge, source of knowledge, experience, and attitudes about IUDs and client/provider interaction; 2) to assess providers' attitudes regarding the IUD; 3) to determine whether IUDs are offered and/or recommended to clients who request family planning services; and 4) to assess the quality (as defined by quantity, content, and correctness) of IUD counseling provided to family planning clients.

Description: The purpose of this subproject was to determine the reasons for low use of the IUD in El Salvador, as well as the relation of the IUD to other methods in the mix. This information will aid the Ministry of Health in their efforts to increase the IUD's acceptability and generate increased demand for the method within the overall national family planning program.

Subgrantee(s): A.P.I. Merc

Collaborating Agency(s): Ministry of Health, El Salvador

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subproject protocol was drafted and in July 1998 a trip was made to El Salvador to identify the most appropriate subcontractor.
- USAID approvals for the subagreement and protocol were obtained in December 1998.
- Data collection instruments (mystery client questionnaires, provider in-depth interview guides, and focus group guidelines) were developed and translated into Spanish.
- Data collection was initiated in April 1999 and completed in July 1999.
- Data entry was completed in August 1999.
- Two focus groups were added to the study to collect data on the male perspective toward the IUD.
- Data analysis and report writing were completed.
- A meeting was held in March 2000 in San Salvador, attended by representatives of USAID/El Salvador, the Ministry of Health, the OB/GYN Society, the Demographic Association of El Salvador

and the Institute of Social Security. Participants were very interested in the results and committed to incorporating them into a reintroduction strategy.

- **The FCO was closed on March 31, 2000.**

Findings and Outcomes:

- The study revealed three main barriers to IUD use: rumors and myths create fear among potential users; the IUD is not always given enough attention during counseling services; and providers do not receive enough training about the IUD.
- Most family planning clients and husbands of family planning users had negative opinions about the IUD mostly due to fear of the method. Many believe the IUD causes cancer or can get lost in the woman's body.
- Women who had used the IUD had mostly positive opinions of it and said providers had dispelled myths during counseling sessions.
- Most providers expressed a positive opinion of the IUD yet were more likely to discuss injectables and pills in counseling sessions.
- While most providers were trained about the IUD, the results showed that IUD-specific counseling was not thorough.
- Some doctors indicated that even though they were trained, they did not have any real experience providing IUDs.
- The results are now being used to develop a strategy to reintroduce the IUD. At the March 2000 meeting, it was agreed that providers, including medical students, need more training and the IEC materials need to be developed targeted to clients. FHI has been asked to take the lead on the reintroduction strategy for interval IUDs while PRIME will concentrate on postpartum IUDs. FHI's initiative will be funded under FCO 3423.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 115,000	**Projected End Date:**	Mar 2000

El Salvador: IUD Study Results Dissemination (FCO 3423)

Technical Monitor: TOronoz

Objective(s): 1) To implement activities in El Salvador that will further the prevalence of the IUD and 2) to facilitate workshops for providers and potential users of the IUD.

Description: This subproject was developed to disseminate the results of the IUD study conducted under FCO 6489 (El Salvador: Determining Factors to Increase IUD Use). Its primary purpose is to further increase the availability and use of the IUD as part of the method mix in El Salvador. As a result of this subproject, providers as well as clients who are seeking a contraceptive method, will have a better understanding of how to properly use an IUD. In addition, myths and rumors should decrease and IUD use should increase.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In February 2000, preliminary approval was given to begin work on this subproject.
- FHI staff traveled to El Salvador to begin planning the strategy for the re-introduction of the IUD in that country.
- An FHI consultant from Mexico traveled to El Salvador and served as an IUD expert in the planning of the strategy.

April 1, 2000 - September 30, 2000

- The approval to implement was received in April.
- The country strategy was agreed on. Two trainings will take place as part of the IUD reintroduction effort.
- In June 2000, the development of an IUD curriculum was started in collaboration with Dr. Roger Lara; FHI's consultant from Mexico.
- The planning for the first training took place.
- The first training was scheduled for September 17-21 but was postponed due to a country national emergency.

FY'01 WORKPLAN ACTIVITIES:

- The first training will be held in October or November 2000.
- The second training is planned for the week of December 4, 2000.
- The subproject will be completed and impact will be measured using pre- and post-tests.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Feb 2000
Total Approved Budget:	$ 15,934	**Projected End Date:**	Jan 2001

Haiti: IUD Acceptability Study (FCO 9477)

Technical Monitor: PMcQuide

Objective(s): To determine if there would be a demand for IUDs if they were reintroduced into the method mix in Haiti.

Description: There is an effort to increase the family planning method mix in Haiti, especially access to long-term methods. One method that is being considered is the IUD. However, in the 1970s when the Lippes Loop IUD was originally introduced there were numerous complications resulting from the poor training of providers and the type of IUD. Currently, less than 1% of family planning clients use an IUD and there are numerous misperceptions about this method. USAID and the MOH in Haiti would like to know if there would be sufficient demand for IUDs if they were reintroduced with in-depth training of providers and careful screening of women.

To determine whether or not IUDs should be reintroduced, the following research will be conducted: 1) Interviews with 300 family practice providers in three departments to determine their knowledge and attitudes about IUDs; and 2) focus groups with current family planning clients, women community leaders and men to explore the existing myths and culture regarding IUDs and their opinion about key informants (physicians and MOH) in two regions of Haiti to discern their opinion of IUD reintroduction.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- USAID/Haiti gave FHI permission to develop and conduct the IUD study in October 1999.
- Letter to implement was signed by USAID on June 2, 2000.

April 1, 2000 - September 30, 2000

- The protocol, instruments, and subagreement have been developed.
- Data collection occurred between June-July 2000.
- Data entry was done in August 2000.

FY'01 WORKPLAN ACTIVITIES:

- Two seminars will be planned for key physicians and Ministry of Health officials. Topics will include results from current IUD research as well as a discussion on strategies used by other countries; especially those with a high prevalence of STIs to prevent complications associated with IUDs.
- Data analysis will be completed and a draft report will be written by November 2000.
- The final report will be written and approved by the end of September 2001. It will be disseminated to USAID and Ministry of Health.

Possible Problems, Barriers to Completion:

- Due to Presidential elections planned for November 2000, it is anticipated that the final phase of the evaluation will be delayed until February or March 2001.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 1999
Total Approved Budget:	$ 68,027	**Projected End Date:**	Dec 2000

Russia: Fellowship Re-Entry Grant: Dr. Svetlana Rogovskaya (FCO 7012)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to one of FHI's 1998–99 Fellows, Dr. Svetlana Rogovskaya of Moscow, Russia, in support of her re-entry grant study entitled, "Intrauterine Levonorgestrel—Releasing System in Women with Insulin-Dependent Diabetes Mellitus: The Influence on Glycemic Control".

Description: The primary objective of this study is to evaluate the effect of the levonorgestrel IUD on glucose metabolism in women with Type I diabetes mellitus, compared to the TCu 380A IUD. A secondary objective is to compare the continuation rates and reasons for discontinuation between the two IUD study groups. A total of 62 women were enrolled in the study, using a randomized, prospective, partially blind study design.

Subgrantee(s): Research Centre of Obstetrics, Gynecology and Perinatology

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was approved by FHI's PHSC in May 1999.
- Dr. Rogovskaya returned to Russia in August 1999 to finalize study plans locally.
- Local regulatory approval was obtained in October 1999.
- Client recruitment began in November 1999.

April 1, 2000 - September 30, 2000

- Study enrollment was completed in June 2000.

FY'01 WORKPLAN ACTIVITIES:

- In October 2000, the Fellowship Coordinator will travel to Moscow to monitor the study.
- Follow-up will continue through June 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 62,828	**Projected End Date:**	Sep 2001

Egypt: Fellowship Re-entry Grant - Dr. Gamal Sayed (FCO 1692)

Technical Monitor: SBalogh

Objective(s): To provide support to the 1995–96 Contraceptive Technology Research Fellow, Dr. Gamal Sayed of Assiut, Egypt, to conduct a clinical trial as part of the re-entry grant phase of his fellowship.

Description: Dr. Sayed's re-entry grant study was entitled "Comparative Study of Breastfeeding Performance in Users of Levonorgestrel and CuT 380 IUDs in Assiut, Egypt." The study was to compare 12-month breastfeeding rates among 770 women who requested to have either one of these two devices inserted between 6–8 weeks postpartum.

Subgrantee(s): Assiut University

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Dr. Sayed completed his one-year fellowship at FHI in August 1996 and returned to Egypt. During the fellowship, he completed the study protocol, case report forms, and other documentation related to the study.
- Further work on the study was postponed when Dr. Sayed subsequently returned to the U.S. with his family and his wife, who was working on her Ph.D. Dr. Sayed returned to his center in December 1998.
- The study was cancelled due to the inability of the investigator to carry out the study as originally designed. Supply of the levonorgestrel IUD was one of the barriers.
- **The FCO was closed effective March 2000.**

Findings and Outcomes

- FHI has placed increased emphasis on the idea that the re-entry grant is part of the fellowship and should not be postponed. This study as designed was ambitious, and ultimately overly ambitious, for the funding and situation. Subsequent re-entry grants have been designed to a smaller scale and/or more thoroughly integrated with complimentary FHI efforts.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	Jul 1996
Total Approved Budget:	$ 44,384	**End Date:**	Mar 2000

Russia: Fellowship Re-entry Grant - Dr. Vera Grigorieva (FCO 1660)

Technical Monitor: SBalogh

Objective(s): To provide funding and technical assistance to one of FHI's 1997–98 Fellows, Dr. Vera Grigorieva of St. Petersburg, Russia, in support of her re-entry grant study entitled "The Levonorgestrel-releasing Intrauterine System as a Contraceptive and Treatment in Women with Uterine Leiomyoma".

Description: The purpose of this study is to investigate the effect of the levonorgestrel intrauterine system on the size of uterine myomas, as well as its effect on menstrual blood loss and indicators of iron deficiency anemia (hemoglobin and serum ferritin). A total of 68 women, aged 20–45 years, with uterine leiomyoma, diagnosed clinically and confirmed by ultrasound examination, were recruited to participate in the study.

Subgrantee(s): Ott Institute of Obstetrics and Gynecology

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Following the Fellow's return to her home country in August 1998, she completed study preparations and obtained all necessary local approvals.
- The study was initiated in November 1998, and monitored by FHI's Fellowship Coordinator in January 1999.
- Study enrollment proceeded. As of January 2000, 51 of the planned 68 participants had been recruited to the study.

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- Study enrollment was completed in June 2000.

FY'01 WORKPLAN ACTIVITIES:

- A monitoring visit is scheduled for October 2000.
- Follow-up will continue through June 2001.

Funding Source(s):	Rockefeller Foundation	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 53,177	**Projected End Date:**	Dec 2001

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IMPROVING PROVIDER PRACTICES

Strategic Objectives

1) To improve service delivery systems and provider practices to maximize client access to methods

FY'01 Subprojects

	Worldwide:	Maximizing Access and Quality: Development and Support (FCO 3021)
	Worldwide:	Contraceptive Technology Update Modules Series (FCO 3210)
	Worldwide:	Marketing of CTU Modules (FCO 3271)
	Worldwide:	Expert Slide Sets (FCO 3211)
	USA:	Translation of MAQ Slides (FCO 1725)
●	USA:	Men and Reproductive Health: An Orientation Tool (FCO 3282)
	Worldwide:	FHI Technical Support for MAQ (FCO 3212)
	Worldwide:	Contraceptive Technology Update Seminars for Maximizing Access and Quality (FCO 3208)
	Kenya:	Do CTUs Reduce Medical Barriers? (FCO 9369)
●	Zambia:	CTU Modules Training: Traditional versus Interactive (FCO 3286)
	Zambia:	Evaluation of FHI CTU Modules (FCO 9366)
?	Worldwide:	CTU/RH Series on CD-ROM (FCO 3214)
●	Haiti:	Training in Reproductive Health (FCO 1851/1852/1853)
	Haiti:	Reproductive Health In-Service Training (FCO 3421/7418/9475/9482)
●	Haiti:	Alternative Approaches to Mobile Delivery of VSC/Norplant® (FCO 9469)
	Mexico:	Technical Cooperation and Training (FCO 7420)
●	Guatemala:	Continuing Medical Education (CME) Seminars (FCO 3414)
●	Guatemala:	Training Workshops (FCO 3425)
	Guatemala:	Contraceptive Technology Updates (FCO 3426)
	El Salvador:	Dissemination of National Family Planning Guidelines (FCO 3422)
●	LA Regional:	XVIth FLASOG Meeting (FCO 3287)
?	Worldwide:	Do Pregnancy Checklists Improve Access to Family Planning? (FCO 9312)
	Ghana:	The Impact of Family Planning Service Delivery Guidelines (FCO 9483/9417)
●	Worldwide:	Prevalence of Menstruation Requirements (FCO 9325)
	Paraguay:	The Impact of Family Planning Service Delivery Guidelines Dissemination (FCO 9354 and previously 9478)
●	Senegal:	Impact of Family Planning Service Delivery Guidelines (FCO 9458)
●	Senegal:	Trend Analysis for Program Evaluation (FCO 9358)
●	Worldwide:	Impact of Reproductive Health Guidance Documents (FCO 9361)
●	Bolivia:	KAP Survey to Assess the Impact of PSI Activities in Bolivia (FCO 6488)

●	Kenya:	Method Mix Modeling (FCO 5478/6478)
?	Worldwide:	Family Planning Worker Motivation Maximizing Access and Quality Research (FCO 9331)
?	Worldwide:	Provider Perspectives on Family Planning and Quality of Care (FCO 9332)
●	USA:	Informed Consent in a Spermicidal Agents Study (FCO 5211)
?	El Salvador:	Informed Choice (FCO 9310)
?	Worldwide:	Comprehensibility of Contraceptive Counseling (FCO 2255)
●	Kazakhstan:	Family Planning Training to Improve Maternal and Child Health (FCO 1800/1801/1802/1803)
●	Madagascar:	The Impact of Post-partum Contraception on Training Providers in LAM (FCO 1723)
	Egypt:	Improving Post-Abortion Care in Egypt (FCO 1654)
●	USA:	Dr. Magwali Fellowship (FCO 1673)
	USA:	Fellowship in Contraceptive Technology Research (FCO 1314)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Worldwide: Maximizing Access and Quality: Development and Support (FCO 3021)

Technical Monitor: RRice

Objective(s): 1) To improve contraceptive service delivery practices in developing countries; and 2) to encourage collaborating agencies to include a focus on improving access to contraception.

Description: This subproject provides general oversight to the Policy and Research Utilization (PRU) Division's Maximizing Access and Quality (MAQ) Unit activities, as well as supports active participation in USAID/W initiatives and other MAQ initiatives. More specifically, this subproject contributes to the development and implementation of new and improved information, tools, strategic plans, and service delivery guidelines and standards that strengthen reproductive health policies, improve service delivery practices, and increase access to appropriate contraceptive services.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Support was provided for MAQ activities including exploring opportunities for new information and education activities; coordinating with FHI groups and MAQ CAs; distributing English and French editions of Recommendations for Updating Selected Practices in Contraceptive Use, Vol. I; producing a list of MAQ-related materials for the Policy, Advocacy, Communication and Education Committee and Client Provider Interaction subcommittees; the MAQ Exchange and promoting information-sharing.
- Examples of MAQ activities included: compiling a list of interpersonal communication training materials; assisting on Recommendations for Updating Selected Practices in Contraceptive Use, Vol. II; participating in a WHO Technical Meeting to update their Medical Eligibility Criteria for Contraceptive Use, producing posters on specific topics for providers; preparing slides, translations, materials and presentations at interregional and regional meetings and supporting regional MAQ activities.
- Support was provided to address concerns about contraception and to develop a paper on contraceptive mechanism of action.
- Support was provided for the Francophone Africa MAQ meeting in March 1999.
- FHI prepared three modules and reviewed most other modules for the MAQ Exchange.
- A dissemination plan was designed and multiple materials drafted and disseminated to introduce the Pregnancy, DMPA and COC checklists. Presentations were made at USAID/W and several Cooperating Agencies in FY'99.
- Participation and support continued for the PACE, Technical and client provider interaction (CPI) MAQ Subcommittees and the Steering Committee.
- Support was provided in the development of the Tiahrt Strategy and for the Cairo Plus Five initiatives.

April 1, 2000 - September 30, 2000

- Staff attended meetings of the Steering Committee, PACE, the Francophone Africa Group, Client Provider Interaction and the Technical Working Group. The Francophone Africa Group held a regional meeting in West Africa that involved the West African partners as well as several meetings of the US-based agencies.
- FHI participated in review sessions on the modules and sponsored a facilitator for the Guatemala MAQ Exchange.
- The checklists on How to Determine if a Woman is Not Pregnant, Initiating COCs and Initiating DMPA were disseminated widely through the post and electronic mailings and were posted on the

FHI Web site. In addition, the checklists were discussed with CARE, INTRAH/ PRIME and JHPIEGO staff and have been distributed widely to their field staff.

- FHI collaborated with WHO, AVSC, IPPF, USAID, JHPIEGO, JHU/CCP and other cooperating agencies in the development of a major new WHO strategy to promote the utilization of guidance documents. Called the DAU (Dissemination, Adaptation and Utilization Framework), this strategy draws upon the success of MAQ efforts to disseminate evidence-based guidance. FHI, with WHO, SEARO and the other partners organized and conducted a workshop to launch this strategy in Kathmandu, Nepal in June. Bangladesh, India, Indonesia and Nepal teams were updated on the most recent guidance documents and other evidence based best practices, learned about the strategy, and developed plans to utilize the DAU strategy in implementing best practices in one specific area.
- Technical expertise was provided for several Latin America Regional meetings including AIBIR.
- Through the MAQ CPI Policy Working group, two drafts of a paper on CPI and Policy were written.
- A poster on ECPs was published in French.

Findings and Outcomes:

- As of September 2000 Volume I of Recommendations for Updating Selected Practices in Contraceptive Use had been distributed to approximately 1,400 health care providers and policymakers; Volume II had been distributed to approximately 600 persons. In numerous countries, these recommendations are being used to reexamine national policies or medical guidelines and standards.

FY'01 WORKPLAN ACTIVITIES:

- Support will be provided for the USAID MAQ Steering Committee and its Subcommittees, including the Technical Working Group, PACE, CPI and the Francophone Africa Subcommittee.
- The FHI strategy on improving provider practices will continue to be implemented through multiple subprojects. Key subprojects will include an assessment of impact.
- Limited support will be provided for expert presentations at local, regional and international events and for appropriate medical expert technical assistance. Expert speakers will be provided for Latin American and possibly other Exchange activities.
- Leadership will be provided for the CPI Policy Subcommittee and its preparation of a paper on the topic and to the MAQ PACE Subcommittee. Input will also be provided to the MAQ Technical Committee and the Steering Committee and to WHO in their revision of the guidelines on contraceptive provision. Support may be provided to present the CPI work at the upcoming SARC meeting.
- FHI will actively participate in collaborative planning and implementing WHO and partners implementation of the DAU strategy in other regions and countries. FHI will participate in presenting this strategy to the broader WHO audience and to MAQ groups.
- One, and possibly two, posters for providers in English will be designed, printed and distributed. Pending availability of funds the poster(s) will also be translated and printed in Spanish and French.
- FHI factsheets and provider tools on how to determine if a woman is pregnant and CBD provision of DMPA and pills will be further disseminated.

Possible Problems, Barriers to Completion:

- Funding and staffing levels may curtail some activities.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2001

Worldwide: Contraceptive Technology Update Modules Series (FCO 3210)

Technical Monitor: NFrankel

Objective(s): To provide trainers and presenters of family planning information with easy-to-use, current, and scientifically accurate overviews of various contraceptive methods.

Description: The Contraceptive Technology Update (CTU) series is a set of modules that provide trainers with a 60-120 minute slide presentation about a single method or issue in reproductive health. The modules are used as a tool for influencing policymakers as well as changing the knowledge and updating the practices of family planning service providers. This subproject is a collaborative effort between FHI and other cooperating agencies like Pathfinder International, Population Communication Services, INTRAH, JHPIEGO, and PATH and includes the development of consensus on key issues.

Subjects for the modules have included Injectables, Postpartum Contraception After Pregnancy, the Lactational Amenorrhea Method, Intrauterine Devices, Oral Contraceptives, Barrier Methods, Female and Male Sterilization, and Emergency Contraceptive Pills, Client-provider Interaction and Introduction to Methods. The technical content addresses issues such as method advantages and disadvantages, indications and contraindications, client care issues, care provider requirements, counseling, and quality of care issues. Each module includes a suggested narrative, 35mm color slides, audience handout materials, a list of key reference materials, and reprints. In 1999, the new "Reproductive Health" series of modules was designed to broaden the scope of the modules and to include pre- and post-tests and interactive exercises. Modules on Sexually Transmitted Diseases and Reproductive Health of Young Adults are included in this series.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

Since 1993, the following modules have been completed, printed, and distributed:

Module	English	Spanish	French	Portuguese
Injectable		(slides only)		
Printed	1695	631	506	41
Distributed	1684	617	482	39
Postpartum				
Printed	1215	553	570	50
Distributed	1115	562	408	49
LAM				
Printed	1125	465	386	50
Distributed	1121	442	358	50
IUD				
Printed	846	515	515	50
Distributed	836	510	396	49
OCs				
Printed	962	512	517	50
Distributed	923	390	230	48
Barriers				
Printed	1256	520	509	50
Distributed	1234	429	318	46
Adolescent				
Printed	1155	700	510	50
Distributed	1026	3410	350	45

Module	English	Spanish	French	Portuguese
Sterilization				
Printed	740	1019	322	50
Distributed	732	712	217	49
ECPs				
Printed	702	720	310	50
Distributed	686	405	232	49
Rev. Injectables				
Printed	653	740	420	
Distributed	665	384	159	
Client Provider Interaction				
Printed	764	744	430	
Distributed	410	516	225	
STDs				
Printed	750	658	407	50
Distributed	797	487	309	
Intro/Methods				
Printed	792	734	440	
Distributed	549	0	0	
Paper modules				
Printed	4650			
Distributed	1529			

April 1, 2000 - September 30, 2000

- Distribution of all available modules and paper modules continued. Reprints continued for out-of-stock modules.
- French and Spanish versions of the Introduction to Contraceptive Methods module were produced.
- The English version of the Contraception After Pregnancy module was produced.

Findings and Outcomes:

- As previously reported, a mail survey to 421 recipients—137 (32.5%) returned—of the IUD and other modules indicates that respondents have trained 32,146 persons in university classrooms, workshops, seminars, and other settings using the modules. Results of the 1995 mail survey to 318 recipients of the Postpartum Contraception module show that 96 percent report having read and/or used the module for reference or training. Fifty-four percent had used the module for a presentation or for a training. Eighty-six percent predicted they would use the module in the future. Ninety-seven percent said that the module addressed the most important programmatic and clinical issues regarding postpartum contraception. The slides and scientific reprints rated highest in the list of most useful module components.

FY'01 WORKPLAN ACTIVITIES:

- Distribution of all available modules/paper modules will continue. Reprints will be continued for out-of-stock modules.
- French and Spanish versions of the Contraception After Pregnancy module will be produced and distributed.
- The Portuguese Injectables module will be produced and distributed when translation is complete.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1996
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Marketing of CTU Modules (FCO 3271)

Technical Monitor: WWall

Objective(s): 1) To pursue marketing opportunities for the CTU modules; and 2) as needed, to recover costs for reprinting modules.

Description: The Contraceptive Technology Update (CTU) series is a set of modules that provide trainers with a 60–120 minute slide presentation about a single method or issue in reproductive health (see FCO 3210). The modules are used as a tool for influencing policymakers, changing the knowledge, and updating the practices of family planning service providers. This subproject, funded by project income from sales of modules to private sector individuals and agencies, covers much of the costs to market the modules and has included an informal market analysis to determine target audience and anticipated demand. The modules are now being marketed by exhibit at conferences, direct mail of brochures, advertisement in trade magazines, and direct contact through mail and telephone.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Approval to market the modules was obtained in February 1997.
- A color brochure was designed, and more than 8,000 have been mailed and distributed at conferences. The brochure was updated in FY'99 to include new modules and represent the Reproductive Health Series modules.
- Simple brochures for free modules for developing countries have been developed, printed, and maintained in English, French, and Spanish.
- Paper modules without 35mm slides or scientific articles were printed in English, French, and Spanish.
- Modules have been exhibited and advertised at many national conferences. Internationally they have been exhibited at conferences in Malaysia, Czech Republic, Finland, Puerto Rico, South Africa, Madagascar, Guatemala, and El Salvador.
- Design and production of a new FHI traveling exhibit, including Spanish and French panels was completed.
- Research continues on appropriate venues for module promotion.
- An interactive brochure promotion was placed on the FHI Web site in three languages.
- Mailing lists were acquired for audiences determined to be potential buyers of CTU modules.
- In 1998 a new distributor, WRS Group, Inc., was contracted to market modules through advertising in their catalog.
- The modules were also listed in the book, Contraceptive Technology, as a training resource.
- The Reproductive Health of Young Adults module and an online order form was formatted for the FHI Web site.
- Numerous educational organizations were contacted to identify possibilities for recognition of the module series.
- A full module, with the updated ordering information on a live order form was placed on the FHI Web site.

April 1, 2000 - September 30, 2000

- Modules were promoted at the following conferences: 38th annual meeting of the Association of Reproductive Health Professionals (ARHP), Sept. 12-15, 2000 in DC; Adolescent Pregnancy Prevention Coalition of NC, Greensboro, May 8, 2000; FIGO Sept. 3-8, 2000 in DC and SEARO, in Kathmandu, Nepal, May 28-June 1, 2000.

- In the second half of FY '00, a total of 359 Hardback and 47 Paperback modules were sold producing a net revenue of US$ 14,160.00.
- Brochures and Web site order forms will be updated to include information on purchases with credit cards.
- Module brochures will continue to be mailed.
- 5000 flyers "Intro to Methods" module were mailed to IPPFs and other family planning organizations.

Findings and Outcomes:

- To date 3,764 paper and full modules have been sold, resulting in US $143,661. Revenues collected from the sales of CTU and RH modules have made additional printing and distribution of modules possible.
- Interest has been firmly established not only from other CAs for their family planning training activities within developing countries but also from state health departments and U.S. family planning organizations.
- Module sales, other than sales directly attributable to past conferences or past contacts, ceased during the last half of FY'99, making it evident that conference promotion should continue to play a role in modules promotion.
- As reported in the FY'97 Annual Report, preliminary results of the mail survey sent in June 1996 to recipients of the IUD and other modules (421 questionnaires were mailed) are: 141 (33%) have been returned to date and 37% of responses indicate that the recipient or someone s/he knows would be interested in purchasing CTU modules.
- Interest in the activities of FHI and USAID programs has been generated in audiences by exposure to the modules through marketing activities including posting promotional information on FHI's Web Site.
- Through marketing the modules, experience has been gained which will continue to serve well in the promotion of other FHI materials and services.

FY'01 WORKPLAN ACTIVITIES:

- Recognition by prestigious educational materials associations will be sought. FHI will also continue to pursue becoming an accredited CME organization, thereby allowing the modules to be used for CME credit.
- Responses from a questionnaire on module usage will continue to be entered into a database and tabulated.
- Modules will be reprinted as needed. All module orders will be filled and inquiries regarding the modules will be addressed.
- Modules will be promoted at the following conferences: Contraceptive Technology Updates in Atlanta, DC and San Francisco; APHA.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jan 1997
Total Approved Budget:	N/A (Income-based)	**Projected End Date:**	Aug 2005

Worldwide: Expert Slide Sets (FCO 3211)

Technical Monitor: NFrankel

Objective(s): To produce and distribute, in collaboration with other cooperating agencies, 35mm color slide sets on contraceptive technology topics for use by leading international family planning experts when giving presentations.

Description: This subproject funds the development and production of a series of 35mm color slide sets covering various topics related to contraceptive technology. Unlike the CTU modules series, these sets are designed for presenters who are content experts in the subject area. Expert Slide Sets are developed with input and review comments from collaborating agencies like Pathfinder International, Population Communication Services, INTRAH, JHPIEGO, and PATH. The information in the slides is targeted specifically for technically competent clinical audiences. There are no speaker notes, suggested narrative, or supplemental materials. Currently, the topics included in Volume I of the slide sets are DMPA, IUDs, Combined Oral Contraceptives, Maximizing Access & Quality, and General Items and Issues. Slide presentations on a number of other topics are also prepared as needed.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Volume I of the Expert Slide Sets was revised in 1997, based on the WHO and USAID recommendation documents, and cumulatively, 495 hard copies and 40 paper-only versions of Volume I of the Expert Slide Sets including slides on COCs, IUDs, MAQ, DMPA and General Items and Issues have been printed. Three hundred sixty-eight hard copies and 39 paper-only versions have been distributed.
- Electronic files were prepared for distribution in both PC (20 sets) and Macintosh (10 sets) formats.
- Twenty-nine disk versions of the slides were distributed.
- In 1996, graduate students from UNC-CH developed a storyboard of a Quality of Care slide set with guidance from FHI content experts, graphics, and instructional designers. Production of the Quality of Care Expert Slides has not proceeded as planned due to the needs of the modules project and reduced staff levels.
- A mail survey was conducted to verify the Expert Slide Sets recipients' mailing list.
- An outline of an Expert Slide Set was developed for possible use in introducing WHO Eligibility Criteria and the Working Group Guidelines regarding updating practices.
- Slides were designed and produced on an as-needed basis for USAID and others for various training, information, and policy events.
- Revised Vol. I slide sets in French (100) and Spanish (100) were produced in 1998. One hundred French and 365 Spanish sets were distributed.
- An Expert Slides Set on emergency contraception was initiated, but then converted to a module project.

April 1, 2000 - September 30, 2000

- Slides for USAID/W and FHI staff continued to be designed and produced as needed.
- Distribution of Volume 1 of the Expert Slides Set in English, French, and Spanish continued (21 English sets total).

Findings and Outcomes:

- As previously reported in the FY'98 Annual Report, results of a mail survey sent to recipients of the Experts Slides Sets Volume 1 in September 1996 indicated that 45 respondents (of 219 surveys mailed) had trained approximately 27,000 persons using the sets.

FY'01 WORKPLAN ACTIVITIES:

- Design and production of slides for USAID/W and FHI staff will continue, as needed.
- Distribution of Volume 1 of the Expert Slides Set in English, French, and Spanish will continue.

Possible Problems, Barriers to Completion:

- The staff assigned to work on this subproject are also key players in the development of the CTU modules. Additional demands on their time or production delays on the modules could effect this subproject.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Translation of MAQ Slides (FCO 1725)

Technical Monitor: TOronoz

Objective(s): To translate the MAQ Exchange slides into Spanish so that they may be used in any reproductive health training or educational activities that are conducted in Latin America.

Description: Translation of the slides from the MAQ Exchange modules into Spanish will assist USAID and its CAs in sharing new information, data and lessons learned on improving access and quality to reproductive health services. Translating the MAQ Exchange package of slides will help FHI to improve service delivery throughout Latin America.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- An agreement with JHPIEGO was reached on January 12, 2000, to begin work on this activity.

April 1, 2000 - September 30, 2000

- Translation and editing of the MAQ Exchange modules was undertaken and the first draft completed.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will complete the translation of the MAQ Exchange module slides from English to Spanish, incorporating recent changes in existing modules and several new modules.

Possible Problems, Barriers to Completion:

- The MAQ Exchange is currently under review and revision. Consequently, translating the new material into Spanish will be delayed until the final English revisions are received by FHI.

Funding Source(s):		JHPIEGO	**FCO Approved:**	Jan 2000
Total Approved Budget:	$	12,711	**Projected End Date:**	Dec 2000

USA: Men and Reproductive Health: An Orientation Tool (FCO 3282)

Technical Monitor: RRice

Objective(s): To design and produce an introductory orientation workshop guide on men and reproductive health, focusing on needs of developing countries.

Description: The men and reproductive health workshop guide will be used in approximately ten workshops with U.S.-based agencies working in developing countries. The guide will provide an orientation to this subject for health professionals and program planners and is designed to increase awareness of the participants' personal gender perspectives; allow participants to determine how gender perspective affects their own institution's decision-making process regarding men and reproductive health programming; and assist participants to initiate concrete strategies for designing programs that involve men in reproductive health. FHI developed the guide as a project of the Men and Reproductive Health Subcommittee of the USAID Gender Working Group.

Collaborating Agency(s): Planned Parenthood of NYC, Management International (Sanger Center)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In October 1998, FHI, working closely with other CAs involved with the Men and Reproductive Health Subcommittee, coordinated a meeting to determine objectives for the guide.
- Final approval to implement the subproject was obtained from USAID/W in February 1999.
- FHI developed several drafts, incorporating review comments, and conducted an informal field test of part of the guide at the February 1999 quarterly meeting of the Subcommittee.
- A team-oriented working meeting was called for May to review project objectives and redo the guide.
- In September 1999, after several scheduling delays, a seven-person editorial team met to work on revisions. FHI staff worked on conceptualizing this new version and developing the new draft.
- FHI coordinated the editing and production process for the new draft of the guide, which involved close collaboration with USAID/W and Margaret Sanger.
- In February, a small pilot field test was held with representatives from USAID/PHN.

April 1, 2000 - September 30, 2000

- Working closely with USAID/W, FHI staff coordinated the final editing and production process for "Involving Men in Sexual and Reproductive Health: An Orientation Guide," incorporating comments from the field test.
- **This subproject was closed in June 2000.**

Findings and Outcomes:

- "Involving Men in Sexual and Reproductive Health: An Orientation Guide," will be facilitated by USAID in approximately ten presentations in the U.S. in FY'01.
- Following the initial workshops using the guide, USAID will assess how this product should be modified, packaged and distributed more widely.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	$ 39,269	**Projected End Date:**	Jun 2000

Worldwide: FHI Technical Support for MAQ (FCO 3212)

Technical Monitor: RRice

Objective(s): To support USAID/W, WHO, and other cooperating agencies to implement the Maximizing Access and Quality (MAQ) initiative.

Description: This subproject supports one part-time technical support person working with USAID/W and missions, as well as WHO and USAID cooperating agencies, on the implementation and direction of the MAQ initiative. Currently Ms. Jennifer Smith holds this position.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Since fall 1997, the technical support staff, Ms. Jennifer Smith, has traveled two to three days each month from Lyon, France to Geneva to work at WHO on projects that address issues related to contraceptive technology, post-abortion family planning, and the evaluation of contraceptive technical and managerial guidelines.
- In March 1998, the technical support staff worked with FHI colleagues; provided assistance to evaluate reproductive health guidance materials and their impact; and developed, in collaboration with WHO, materials based on the WHO and the USAID/W guidance document.
- The technical support staff completed the draft of a postabortion/postpartum family planning document for health care workers, which was submitted to WHO for review.
- The technical support staff attended the MAQ Guidelines Meeting in Washington, DC, (May 11–12, 1998), and worked on follow-up activities after the meeting.
- In FY'99, the technical support staff served in the role of liaison as FHI collaborated with WHO to develop an evaluation of the impact of the WHO Medical Eligibility Criteria documents.
- Ms. Jennifer Smith assisted with organizing, and then attended, the WHO international meeting on Contraceptive Eligibility Criteria which was held in Geneva on March 8–10, 2000.
- She also has provided technical assistance on reproductive health issues, such as the prevention of STDs and cervical cancer.

April 1, 2000 - September 30, 2000

- Ms. Jennifer Smith continued to assist FHI/WHO collaborative efforts by traveling one to two days each month to Geneva to work at WHO.
- Assistance was provided for revisions to the post-abortion/post-partum family planning document for health care workers. The Guide is now awaiting WHO approval.

FY'01 WORKPLAN ACTIVITIES:

- The technical support staff will continue to travel two to three days each month to Geneva to work on various projects addressing issues related to contraceptive technology, reproductive health technical guidelines and the evaluation of contraceptive technical and managerial guidelines.
- The technical staff will continue to provide assistance to WHO staff to complete the postabortion/postpartum family planning document for healthcare workers.
- Additionally, the technical staff may assist WHO staff in the preparation and follow-on activities of a meeting at WHO, Geneva to revise Medical Eligibility Criteria for contraceptive use worldwide.

Possible Problems, Barriers to Completion:

- Time constraints for technical staff and development of a future workplan may affect the work on this activity.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2000

Worldwide: Contraceptive Technology Update Seminars for Maximizing Access and Quality (FCO 3208)

Technical Monitor: RRice

Objective(s): 1) To organize educational events in developing countries; 2) to sponsor individual participation at international educational events which emphasize current contraceptive technology information; 3) to correct misconceptions about family planning methods; and 4) to encourage improved service delivery practices and an increase in quality of care provided.

Description: Updating service providers and policymakers based on recent research in the fields of reproductive health, contraceptive technology, and service delivery is the focus of these activities. FHI employs a variety of appropriate educational activities to share up-to-date information about contraceptive research and service delivery practices to family planning providers, program managers, and policymakers.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Please refer to FHI's FY'98 Annual Report for a complete report on cumulative accomplishments FY'96–FY'98. Previous efforts supported the development of multiple Contraceptive Technology Update presentations, workshops, and seminars: SAC meeting in the Philippines (FCO 3275); a series of meetings to address "Adolescent Reproductive Health Meetings and Guidelines Development" in conjunction with the FOCUS Project (FCO 3276); SAGO in Dakar, Senegal (FCO 3278); ECSAOGS in Zimbabwe (FCO 3279); AOFOG in Malaysia (FCO 3272); and the Fourth Reproductive Health Priorities Meeting (FCO 3277) in Guateng, South Africa.
- October 1998, FCO 3284 was approved to plan and implement a "mini-university" event in Senegal with WHO to train WHO Francophone staff on the Reproductive Health of Young Adults module.
- November 1998, FCO 3285 was established and preliminary approval received for support of and participation in ALIRH (Chile), and in February 1999, FCO 3287 was established and preliminary approval received for FLASOG (El Salvador). Budgetary constraints subsequently limited support for ALIRH and FLASOG; participation in ALIRH was canceled, participation in FLASOG was down-sized.
- The agenda and consultants were finalized for a pre-Congress symposium at FLASOG. Plans for participation in a FLASOG roundtable discussion on "Myths and Realities in Contraception" and a breakfast meeting for expert presenters were finalized.
- Support continued for a collaborative effort with WHO to train WHO Francophone staff on the Reproductive Health of Young Adults module.

April 1, 2000 - September 30, 2000

- Planning was completed for SEARO, in conjunction with WHO and other CAs, in May 2000 and FIGO in September 2000. At SEARO FHI facilitated a mini-university in which over 30 presentations were coordinated for participants to attend. At SEARO, FHI played a key role in facilitating the five-day conference, in the evaluation process and in team-building.
- Additional activities included curricula development and standardization of in-house staff planning meetings.

FY'01 WORKPLAN ACTIVITIES:

- General management and administration for opportunities that can be accomplished under the current budget ($149,678 in FY'01) will continue.

- Participation in international conferences, as each is approved, will continue.
- Additional activities will include work to further standardize and improve existing training curricula, for example the mini-university, a “standard” Training-of-Trainers (for expert presenters), and other initiatives that will upgrade providers’ knowledge and access to evidence-based contraceptive health.
- An impact assessment for the over 100 providers who attended FLASOG (FCO 3287) in November of 1999 will be done to see whether attending FHI’s pre-congress workshop changed provider practices.
- Collaboration with WHO and other CAs will continue in order to identify how to best meet providers needs in the Dissemination, Adaptation, and Utilization (DAU) of the best practices in reproductive health.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Kenya: Do CTUs Reduce Medical Barriers? (FCO 9369)

Technical Monitor: JStanback

Objective(s): To assess whether district-level Contraceptive Technology Update workshops (CTUs) designed to disseminate guidelines information reduce medical barriers and improve client access to services.

Description: JHPIEGO provides technical assistance to the Kenyan Ministry of Health's family planning training program. To complete the dissemination of Kenya's newly revised reproductive health guidelines, JHPIEGO held district-level CTUs throughout Kenya in early 2000. Since FHI's training modules and checklist for non-menstruating clients are primary components of these CTUs, JHPIEGO requested that FHI evaluate the impact of the CTUs on medical barriers and client access. The intervention was randomly allocated to experimental districts, and surveys were to be conducted in both experimental and control districts before and after the CTU workshops. Record reviews will be conducted in both types of districts a year after the intervention.

Collaborating Agency(s): JHPIEGO, Population Council

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop the subproject was obtained in February 1999.
- The FHI monitor, John Stanback, collaborated with JHPIEGO training staff in Kenya and JHPIEGO evaluation staff in Baltimore to draft a study protocol for evaluating guideline CTUs in Kenya.
- The FHI monitor collaborated with the Population Council to plan a joint data collection activity.
- The protocol was finalized and approved.
- Baseline data collection began in September 1999 and preliminary analysis of baseline data was conducted.

April 1, 2000 - September 30, 2000

- Follow-up data were collected in seventy-two clinics in June-July.
- Data were entered and cleaned in Nairobi in August.
- FHI/Nairobi and FHI/NC staff conducted preliminary analyses.

Findings and Outcomes:

- Preliminary analysis of baseline vs. follow-up data suggests that the intervention had significant impacts in many areas, and that the impact was stronger in areas receiving the enhanced intervention.
- Provider knowledge and practice scores increased in both groups, but by a larger margin in the "experimental" group. For example, after provision of FHI's checklist to rule out pregnancy, the proportion of new clients sent home without services declined by half, from 18% to 9%.

FY'01 WORKPLAN ACTIVITIES:

- The data will be entered and cleaned by Population Council staff. FHI will collaborate with them to produce a preliminary analysis for JHPIEGO.
- JHPIEGO and FHI will collaborate to produce a score by which provider training will be measured.
- Follow-up data collection will begin one year from baseline per the study protocol. The protocol will be amended if all parties agree to an early follow-up schedule.
- FHI will conduct final analysis and prepare final report.

Funding Source(s):		USAID/Core	**FCO Approved:**	Feb 1999
Total Approved Budget:	$	80,000	**Projected End Date:**	Jun 2001

Zambia: CTU Modules Training: Traditional versus Interactive (FCO 3286)

Technical Monitor: NFrankel

Objective(s): 1) To organize and conduct a CTU training for approximately 100 public health professionals about 50 of whom will receive the traditional module presentation, lasting half a day and about 50 of whom will receive a full day, interactive training in small groups; and 2) to provide a mechanism whereby FHI can evaluate the comparative effectiveness of the modules in terms of content retention and subsequently reported change in provider practices.
Note: Evaluation of this training is taking place under FCO 9366.

Description: This subproject provided a training intervention in order to establish the effectiveness of the modules in enhancing provider knowledge and practices, and help guide the development of future modules to ensure the greatest effectiveness. More specifically, the subproject involved the organization and implementation of a 5-day CTU training for approximately 100 public health professionals— including policy makers, program managers, and providers— about 50 of whom received a traditional module presentation lasting half a day and about 50 of whom received a full day, interactive training in groups of 12–13. A corresponding subproject in HSR (FCO 9366) supported an evaluation to measure changes in knowledge and to determine whether provider practices have changed.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop this subproject was obtained from USAID/W in January 1999.
- Progress was slowed due to difficulty in identifying a country in which to carry out the intervention.
- Zambia was identified as an evaluation site and a final budget was developed.
- Approval to implement this subproject was obtained from USAID/W.
- An in-country coordinator was hired and initial logistics were completed including confirming location, beginning participant invitations, and hiring an in-country co-facilitator.

April 1, 2000 - September 30, 2000

- Logistics planning was completed.
- FHI staff traveled to Zambia in October 1999 to implement the trainings.
- **A final report was written and, once all charges against the subproject were obtained, the FCO was closed in June 2000.**

Findings and Outcomes:

- The subproject was carried out as planned. One hundred Zambian health providers were trained and their initial knowledge, attitudes and behaviors toward reproductive health care for adolescents was assessed. Under FCO 9366, a six-month follow-up evaluation was conducted. A final assessment is being prepared under that FCO.

Funding Source(s):	USAID/Core	**FCO Approved:**	Dec 1998
Total Approved Budget:	$ 55,989	**Projected End Date:**	Jun 2000

Zambia: Evaluation of FHI CTU Modules (FCO 9366)

Technical Monitor: KKatz

Objective(s): To measure the impact of CTU modules on reproductive health knowledge and practices of workshop participants and other module recipients.

Description: For many years, FHI has used Contraceptive Technology Update (CTU) modules to educate health care providers about contraceptive methods and other reproductive health topics. These modules are presented in CTU workshops and have also been sent to other health care providers and trainers in many countries throughout the world. Interactive exercises were added to some modules in an effort to make the modules more effective. To evaluate the modules, a series of CTU workshops were conducted, some using the traditional modules and some using the interactive ones. (These trainings were conducted under FCO 3286.)

A pre- and post-test survey were conducted to measure changes in knowledge from the CTUs. Participants were followed-up about four months later and again surveyed to measure knowledge, as well as an in-depth interview to ascertain how the modules may have influenced provider practices. In addition, providers and others who have received the modules in the mail, were surveyed to learn how they have used the modules and what, if any, impact they have made on their practices. Finally, the costs associated with the two types of modules are being assessed.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop this subproject was obtained in January 1999.
- USAID/Zambia agreed to allow the evaluation to be conducted there.
- The protocol and data collection instruments were developed.
- Approval to implement this subproject was obtained in June 1999.
- The CTU workshop took place the week of October 28, 1999, and the pre- and post-test surveys were conducted by FHI staff attending the workshop.
- The follow-up evaluation was scheduled for March 2000, but was delayed because the local study coordinator took a position at WHO in Geneva.
- The mail survey was sent to module recipients in Kenya.

April 1, 2000 - September 30, 2000

- The follow-up evaluation in Zambia was completed in July 2000. Thirty-five surveys and 25 in-depth interviews were conducted.
- Surveys were returned from 18 Kenyan module recipients.
- Data cleaning was completed.

FY'01 WORKPLAN ACTIVITIES:

- Data analysis and report writing will be completed.

Funding Source(s):		USAID/Core	**FCO Approved:**	Dec 1998
Total Approved Budget:	$	55,155	**Projected End Date:**	Mar 2001

Worldwide: CTU/RH Series on CD-ROM (FCO 3214)

Technical Monitor: NFrankel

Objective(s): To increase access to and utilization of the FHI-produced Contraceptive Technology Update and Reproductive Heath modules by making the slides and text available in CD-ROM format.

Description: This subproject will enhance provider practices by making educational materials on contraception and reproductive health more available to an increasing number of people in developing countries. Increasingly, we are receiving requests for our modules on CD-ROM. The intended audience for these CDs include both providers, program managers and policy makers who already receive and use the modules, and those who have not used them in the past. Making our materials available in this increasingly important format will enable users easier access to the information as well as enabling them to adapt and supplement the materials with local information more easily.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Approval to initiate the subproject in FY'01 was obtained from USAID/W in September 2000.

FY'01 WORKPLAN ACTIVITIES:

- To "translate" the module slide images and text from current software to PowerPoint program, it is estimated that approximately 10 of the modules can be finished in FY'01.

Funding Source(s):		USAID/Core	**FCO Approved:**	May 2000
Total Approved Budget:	$	149,255	**Projected End Date:**	Sep 2002

Haiti: Training in Reproductive Health (FCO 1851/1852/1853)

Technical Monitor: HMahler

Objective(s): 1) To work with UNFPA and the Haitian Ministry of Health (MOH) to implement a training program in contraceptive technology and counseling for 340 providers in three departments over a two year period; 2) to form departmental training teams capable of continuing reproductive health training in their areas; and 3) to evaluate the knowledge, attitudes, and practices of providers for the purposes of refining the curriculum, and to determine the impact of training.

Description: This two-year training program focused on improving family planning and reproductive health knowledge of Haitian providers. Two one week in-service training sessions were to be held for 340 providers, including doctors and nurses, but primarily auxiliary nurses who are the mainstay of reproductive health services in the rural areas. Training covers health centers and dispensaries in three departments: Artibonite, Central and Northwest. Refresher training and technical assistance are provided to form departmental training teams capable of continuing in-service reproductive health training. A group composed of staff from MOH, FHI, and the Institut Haitien de Sante Communautaire (INHSAC), a local training agency, developed the curriculum and implemented the supervisory training and the training of trainers and visited field sites to provide assistance where needed. Capacity building included the development of a supervisory system for departmental personnel to follow up on training activities. A baseline data collection and follow-up evaluation measured impact of the training approach. This subproject incorporated three different FCOs, all contributing to the objectives outlined above. These separate FCOs allowed FHI to track expenditures for general coordination (FCO 1851); the evaluation component (FCO 1852); and the training component (FCO 1853).

Subgrantee(s): Haitian Ministry of Health

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A contract between FHI and UNFPA was signed in February 1998.
- A field research trip took place in March 1998 to meet with departmental managers for their input, to meet with potential trainers, and to assess current supervisory approaches.
- Baseline information was collected in July 1998 to assess training needs and to serve as a reference for evaluation activities.
- A basic curriculum on CTU and counseling was developed by the project team. Five manuals were produced: a TOT manual, plus trainer and participant handbooks for each workshop.
- A planning workshop was held with departmental health directors and supervisors. A TOT was held for 8 trainers from the three departments.
- Finance management problems at UNFPA/Haiti and a general reduction of UNFPA funds worldwide led to two suspensions of UNFPA participation in the project, one in December of 1998 and the other in September 1999.
- As of December 1999, a total of 147 trainees were trained in both CTU and counseling with UNFPA funds.
- All trainees received a package of IEC materials for their clinic, including sample methods to show clients plus a set of job aids for counseling on each method.
- The draft curriculum received final approval from the MOH and UNFPA and was sent for printing.
- UNFPA/Haiti reduced the project budget due to lack of funds. UNFPA project activities ended in December 1999.

- USAID agreed to fund an extension of the training project to other departments; a decision was made to continue in the same departments until all nurses and auxiliary nurses working in family planning have been trained.

April 1, 2000 - September 30, 2000

- **Final accounting was completed and the UNFPA-funded subproject closed in May 2000.**

Findings and Outcomes:

- Findings from the baseline data were previously reported in the FY'98 Annual Report. These data indicated the majority of providers do not themselves use modern methods. Most providers indicated they would not prescribe long-term, permanent methods, oral contraceptives or injectables to unmarried women or women who have not had a previous child. The preferred method for these clients was the condom. Similarly, providers agreed adolescents can be given condoms, but other modern methods were generally not administered.
- Providers indicated women should have their menstrual period in order for methods other than condoms to be initially prescribed/administered. Clients using OCs were given only one packet of oral contraceptives on their first visit and a maximum of three packets on re-supply visits.
- If a client has a STD, 85% of providers interviewed reported condoms should be given; only 13% of providers would prescribe the pill.
- Although 50-83% of providers indicated the woman should have a physical exam prior to prescribing a method, direct observations show less than 50% of providers performed a physical exam, took a medical history, or describe the advantages and disadvantages of methods prior to administering a method. Only 24% of providers had any kind of IEC material at their disposal.

Funding Source(s):			UNFPA	**FCO Approved:**	**1851**	Jan 1998
					1852	Jan 1998
					1853	Jan 1998
Total Approved Budget:	**1851**	$	127,466	**Projected End Date:**		May 2000
	1852	$	59,378			
	1853	$	302,491			
		$	489,335			

Haiti: Reproductive Health In-Service Training (FCO 3421/7418/9475/9482)

Technical Monitor: PMcQuide

Objective(s): To improve the knowledge and quality of service delivery skills of 300 Haitian nurses and auxiliary nurses in family planning.

Description: This two-year training program will work with the Ministry of Health and NGOs to update and improve the family planning and reproductive health knowledge of 300 Haitian providers, mainly nurse auxiliaries who are the mainstay of family planning services in rural areas. Public, mixed and private health centers and dispensaries will be included. The subproject includes the development of a training curriculum in administration and service management and monitoring for performance enhancement (funded under FCO 3421); as well as an evaluation to assess training needs and to measure the change in provider knowledge, attitude and practices as a result of the training (funded under 9475 and 9482).

This subproject will contribute to a sustainable training capacity in reproductive health service provision for Haiti. In keeping with the Haitian government's goal of decentralizing the service structure, the subproject will work with departmental staff and NGO partner organizations to identify local trainers to build departmental capacity to carry out long-term, in-service training activities. By building departmental capacity in three departments in Haiti, the accessibility and quality of family planning and reproductive health services will be increased. An estimated 150,000 women of childbearing age will benefit from these enhanced services.

Subgrantee(s): C.E.R.A., CARE-Haiti, INHSAC

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subproject was approved by USAID/Haiti in September 1999 and a subagreement established with INHSAC, the local health training institute and with C.E.R.A., a local research organization.
- A total of 150 nurses and nurse auxiliaries attended two one-week workshops during the period September 1999 and June 2000, one centered on contraceptive technology and the other on developing counseling skills.
- A draft curriculum was developed on basic management skills covering record keeping, logistics, and improving the organization and quality of care for clients.
- A baseline and post-training evaluation protocol and instruments were developed. Data from the post-training evaluation were collected and processed by C.E.R.A.

April 1, 2000 - September 30, 2000

- Under FCO 3421 and 7418, preparations were made for the expansion of the reproductive health training project to three new departments. This involved meetings with NGOs and the public sector representatives, and the selection of trainers, sites and trainees. The management curriculum was finalized and a Training of Trainers (TOT) for the new departments was conducted September 18-29, 2000 with 12 participants from Grand Anse, South and West regions. The TOT curriculum included the new management curriculum as well as CTU, and Counseling in Family Planning.
- Under FCO 9475, the post-training evaluation instruments were developed and approved to measure the change in provider knowledge, attitude and practices as a result of training 300 family planning providers. Fieldwork was done in June and July 2000 to collect data from these family planning providers. All data were entered into the computer at C.E.R.A. by September.
- Additional field support funding was approved in September 2000, under a new FCO 9482, to evaluate baseline and post-training knowledge, attitude and practices in the three new departments (South, Grand Anse and West). Only minor modifications were needed to the protocol and instruments developed under FCO 9475.

FY'01 WORKPLAN ACTIVITIES:

- Under FCO 9475: The post-training evaluation will be completed at sites surveyed in the 1998 UNFPA funded baseline. Data analysis will be completed for the post-training evaluation in the departments of the Artibonite, Central, and North. A draft report should be completed by November 1, 2000 and the final report completed by December 31, 2000.
- Under FCO 9482: A baseline and post-training evaluation will be developed and carried out in the departments' of the Grand Anse, South and West. A subagreement will be developed with C.E.R.A., to conduct this study.
- Under FCO 3421 and 7418: Management and coordination of the project will continue. Four trips to Haiti will be undertaken for this purpose during the year. Staff will explore how to implement training in management in the initial three departments covered by the project together with the departmental trainers from those three departments. Training sessions also will be held for 150 new family planning providers (36 providers in the Grand Anse, 50 providers in the South and 64 providers in the West) between November 2000 and April 2001. A sub-agreement with CARE will allow one of the project monitors to be based in the field attached to a CARE suboffice. The

monitor will continue to provide TA to the new trainers and will begin to test new approaches to strengthening providers' skill applications at their sites.

Possible Problems, Barriers to Completion:

- Due to presidential elections planned for November 26, 2000, training of providers may be delayed because of political unrest. Political instability could delay any of the scheduled training and research projects.

Funding Source(s):			USAID/Field Support	**FCO Approved:**	**3421**	Jul 1999
					7418	Jul 1999
					9475	Jul 1999
					9482	Sep 2000
Total Approved Budget:	**3421**	$	223,561	**Projected End Date:**		Dec 2001
	7418	$	110,167			
	9475	$	64,893			
	9482	$	44,500			
		$	443,121			

Haiti: Alternative Approaches to Mobile Delivery of VSC/Norplant® (FCO 9469)

Technical Monitor: PMcQuide

Objective(s): To evaluate and recommend a strategy for providing VSC/Norplant services in Haiti provincial cities and rural areas over the next five years.

Description: Haiti's Mobile Team Strategy was introduced in 1976 to provide tubal ligations and vasectomies nationwide at various health facilities where personnel trained in VSC were not available. It was anticipated that mobile teams would provide coverage for VSC services only for an interim period while an extensive training program would train enough personnel to establish permanent sites for services. However, the plan to train providers or establish permanent sites was not implemented. The MOH/H requested assistance from FHI to determine the best strategic approach to promote quality VSC/Norplant services at fixed sites and the role that mobile teams should play in Haiti's reproductive health system.

Key informant interviews were used to document the impact the mobile units have had in Haiti, to assess the feasibility of developing more fixed sites over the next five years, and to determine what resources would be needed in order to have more fixed sites. Focus group discussions with clients evaluated satisfaction with mobile unit services and with local providers to explore how mobile units worked at their facility. A secondary analysis of the Association Des Oeuvres Privees de Sante (AOPS) database was used to identify potential fixed sites and a map was developed of current fixed and mobile sites and potential fixed sites. Interviews were conducted with current providers of VSC and Norplant services to determine training needs, quality of care, and care coordination issues.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Three consultants were hired since January 1999, to develop the protocol instruments, conduct in-depth and focus group interviews, and identify current and potential sites on a map for VSC/Norplant.

- The technical monitor traveled to Haiti from April 7-27, 1999, pretested the instruments, made logistical arrangements for data collection, collected the data in five provinces and in ten sites, and developed an analysis plan with the consultants in Haiti. The data collection was completed in April 1999.
- The draft final report was completed in October 1999 and shared with USAID and the MOH.
- The results were disseminated in November 1999 in conjunction with a Quality of Care workshop held in Xaragua, Haiti; the technical monitor discussed recommendations to improve the quality of mobile unit services.
- FHI obtained approval of the MOH to circulate the final report. Approximately 50 copies were sent to the MOH, to the NGO's that were assessed, and to all attendees at the QOC workshop.

April 1, 2000 - September 30, 2000

- **This FCO was closed in September 2000.**

Findings and Outcomes:

- The findings indicated several areas where the quality of mobile unit services needs to be improved if the mobile services were to be continued. Full recommendations are available in the report submitted to the MOH but findings included the following:
- Poor department-level coordination of family planning services results in inefficient use of scarce resources.
- Quality of information available to clients to inform them about family planning choices for VSC and Norplant services is poor.
- No universal standards exist for delivery of long-term methods.
- Logistical/transportation problems prevent mobile unit providers from offering services regularly.
- Unequal training among physicians providing mobile unit services and family planning providers counseling clients about family planning methods results in poor quality services (e.g., poor counseling, excessive pain/discomfort during VSC, poor screening for long-term methods, client confidentially not respected, infection prevention practices inadequate, and client records inadequately used for screening).
- Fixed health care facilities have not been reinforced to provide VSC services and local providers have not been trained to offer long-term methods. Instead, mobile unit sites are unequally distributed across different departments, generally near the area where the mobile unit physician practices. Although the department level hospitals generally have the potential for providing long term family planning methods, they do not offer these services on a regular basis. There are physicians in most departments willing to deliver long-term family planning methods if training and equipment were provided.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 1998
Total Approved Budget:	$ 82,713	**Projected End Date:**	Sep 2000

Mexico: Technical Cooperation and Training (FCO 7420)

Technical Monitor: BConn

Objective(s): To provide technical assistance in reproductive health by experts from Mexico to similar programs in other countries in the region.

Description: Under this subproject, FHI will coordinate several ongoing technical cooperation and training (TC&T) activities in Latin America using Mexican reproductive health expertise. Having

worked actively in Mexico since 1972, FHI has extensive working relationships with many Mexican reproductive health research institutions.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Mexican consultants made their first visit in February 2000 - one for the national Family Planning Guidelines (see FCO 3422) and the other for the IUD reintroduction subproject (see FCO 3423) - both to El Salvador.

April 1, 2000 - September 30, 2000

- FHI staff visited Mexico in June 2000 to work on the IUD reintroduction plan in El Salvador with a Mexican consultant. A dengue fever outbreak in El Salvador has put the subproject on hold for a few months.
- Travel plans and the program for the Colegio de Mexico workshop in Bolivia were finalized.
- Dr. Roberto Rivera, FHI staff and co-founder of the AIBIR, attended the 25th anniversary meeting of AIBIR in Mexico in June 2000.

FY'01 WORKPLAN ACTIVITIES:

- Mexican consultants will travel to El Salvador in November, December, and March to provide technical assistance in family planning guidelines dissemination and the dissemination of the results of the IUD Acceptability Study.
- A series of seminars in social aspects of reproductive health research will be held in Bolivia in October/November 2000 with experts from the Colegio de Mexico.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Dec 1999
Total Approved Budget:	$ 46,679	**Projected End Date:**	Sep 2001

Guatemala: Continuing Medical Education (CME) Seminars (FCO 3414)

Technical Monitor: RRice

Objective(s): 1) To disseminate up-to-date reproductive health and family planning information to service providers attending Continuing Medical Education Seminars throughout Guatemala; 2) to strengthen the infrastructure and institutional capacity of the OB/GYN Society of Guatemala (AGOG); and 3) to provide materials in Spanish that can be distributed at the CME Seminars.

Description: A series of CME Seminars will be facilitated by AGOG in different geographical areas of Guatemala. Seminar topics will include reproductive health and family planning. Each seminar will last at least four hours and will be facilitated by physicians who attended the Expert Presenters Workshop (FCO 3413). An interactive, participative format will be used. Approximately 50-75 physicians, policymakers, and other service providers are expected to attend each seminar.

Collaborating Agency(s): OB/Gyn Society of Guatemala (AGOG)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop the subproject was obtained from USAID in July 1998.
- An in-country administrative-logistical coordinator was hired by FHI and AGOG at 50% time.

- An Approval to Implement letter was approved by USAID in October 1998. A final "Letter of Agreement" between AGOG and FHI was signed in the same month.
- Four CME Seminars took place between December 1998 and May 1999. The topics presented for all four meetings were maternal mortality in Guatemala; barrier methods; injectables; oral contraceptives; emergency contraceptives; intrauterine devices; and criteria of medical eligibility of WHO.
- Participation by Dr. Frank Alvarez, an international contraceptive technology expert was arranged for the first CME, held in Quetzaltenango, Guatemala, on December 4, 1998.
- Dr. Gloria Alvarado, another international contraceptive technology expert and expert presenter, was supported to participate in the second CME, held in El Peten, Guatemala, on February 27, 1999.
- More than 70 people attended the CME seminars that took place on December 4, 1998 and February 27, 1999.
- In April 1999, a third CME seminar was implemented in coordination with CARE in Verappaz, Guatemala.
- In May 1999, a fourth CME seminar was implemented in Zacapa, Guatemala, with Dr. Hans Candell from El Salvador as the expert presenter.
- Approximately 60 health care providers attended the CME seminars that took place in April and May 1999.
- **All work has been completed and the subproject was closed July 31, 2000.**

Findings and Outcomes:

- Better promotion of the CME seminars is necessary, including newspaper ads, follow-up confirmation with local potential participants, and announcements in the local clinics/hospitals. While more than 70 people attended the CME seminars that took place in December 1998 and February 1999, and approximately 60 health care providers attended the CME seminars that took place in April and May 1999, more could have been accommodated at the workshops.
- Many providers in Guatemala exhibit medical barriers that inhibit the effective and efficient provision of many modern family planning methods. These barriers include resistance to change and cultural belief in local myths about reproductive health.
- The CME seminars made an impact on the knowledge of providers who attended. Impact was determined by an increase in correct responses on post-test questionnaires as well as by the nature of questions that were asked by the attending providers.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 70,845	**Projected End Date:**	Jul 2000

Guatemala: Training Workshops (FCO 3425)

Technical Monitor: TOronoz

Objective(s): To conduct a training of trainers (TOT) and a training in contraceptive technology workshop for 20 Guatemalan health providers.

Description: This subproject was important in establishing a core group of Guatemalan trainer/presenters who can take part in a country-wide effort to update providers on current research in contraceptive service provision. Specifically it aimed to 1) train more specialists as trainers in contraceptive technology; 2) to have international criteria applied by family planning service providers; 3) to ensure that medical and paramedical personnel have a better capacity to provide quality services in reproductive health and family planning; and 4) to launch an Initiative of Association Guatemalteca

de Obstetricia y Ginecologia (AGOG) and the Asociacion Guatemalteca de Mujeres Medicas (AGMM) for advocacy related to reproductive health.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Participants from the AGOG and AGMM were selected to be part of the trainings on all methods.
- A TOT, facilitated by FHI staff members Rice and Oronoz, and attended by 18-20 people was held in Panahachel on July 23-28, 2000.
- A CTU facilitated by FHI staff Rivera and Conn, and Gloria Alvarado, a Mexican FHI consultant, was held in Guatemala City on August 28-29 and also attended by 18-20 people.
- **The subproject was closed as of September 30, 2000 as both trainings were completed.**

Findings and Outcomes:

- The same representatives from both organizations, AGOG and AGMM, will be part of another subproject. A series of CTUs with a clinical training component will be part of the next subproject.
- Myths regarding some methods as well as medical barriers were identified and discussed during both trainings.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jun 2000
Total Approved Budget:	$ 73,384	**Projected End Date:**	Sep 2000

Guatemala: Contraceptive Technology Updates (FCO 3426)

Technical Monitor: TOronoz

Objective(s): To further build on local capacity by training key MOH health providers on current research in contraceptive service provision. Approximately 150 MOH providers will be trained in each area, thereby totaling between 300 and 450 Guatemalan family planning providers trained.

Description: This subproject will provide technical assistance to the Asociacion Guatemalteca de Obstetricia y Ginecologia (AGOG) and the Asociacion Guatemalteca de Mujeres Medicas (AGMM) to implement contraceptive technology updates (CTU) to the Ministry of Health personnel in two or three areas in Guatemala (Santa Rosa, Escuintla and El Progreso). The subproject will also include funding to monitor the content and progress of the CTUs. Lastly, a supervisory workshop to build on local capacity will be conducted.

Subgrantee(s): Asociacion Guatemalteca de Ginecologia y Obstetricia, Asociacion Guatemalteca de Mujeres Medicas

FY'01 WORKPLAN ACTIVITIES:

- AGOG and AGMM will submit and finalize their proposals.
- FHI staff will travel to Guatemala to monitor implementation of the CTUs and to provide feedback on teaching/training methodology.
- FHI will work closely with the two implementing agencies, AGOG and AGMM, to ensure that impact can be determined from the CTUs. Impact will be measured via a pre- and post-test as well as in numbers of new clients served. Feedback on “how to” best implement the training to the MOH personnel will also be given to AGOG and AGMM.

- FHI will provide project development guidance, project monitoring and evaluation, training implementation advice as well as the pre- and post-test, and other didactic materials, such as *Network* en espanol, contraceptive fact sheets and job aids.

Possible Problems, Barriers to Completion:
- MOH "buy in" has been slow, to date.
- AGOG and AGMM are inexperienced in developing projects of this nature.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 100,000	**Projected End Date:**	Aug 2001

El Salvador: Dissemination of National Family Planning Guidelines (FCO 3422)

Technical Monitor: TOronoz

Objective(s): 1) To disseminate revised and updated National Family Planning Guidelines to family planning service providers throughout El Salvador; and 2) to educate and inform family planning service providers and health educators from hospitals, medical and nursing schools, the Ministry of Education, UNFPA, and clinics about the guidelines and their use to improve family planning service provision nationwide.

Description: FHI is working with the Salvadoran Ministry of Health (MOH) to disseminate the National Family Planning Guidelines that were developed under FCO 3411 by Salvadoran family planning experts and FHI. Under the current subproject, approximately 60–75 service providers and health educators from 14 Salvadoran institutions and/or universities were trained to disseminate the Guidelines to their co-workers and provide instruction on using of the document to improve the quality of family planning service provision nationwide. Approximately 3,500 copies of the Guidelines were distributed. It is anticipated that approximately 500–1,000 service providers will have access to improved knowledge of current service delivery practices as a result of this subproject.

Collaborating Agency(s): PRIME (INTRAH)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000
- FHI assisted with final revisions prior to printing the Guidelines document and worked with a local PRIME representative based at the MOH to disseminate the document.
- In August 1999, FHI worked with the MOH to conduct three one-day workshops for family planning service providers and health educators from hospitals, clinics, medical and nursing schools, the Ministry of Education and UNFPA.
- Approximately 20–25 participants attended each of the three workshops. Participants applied the guidelines to clinical and programmatic situations and prepared their own plan of action to disseminate the guidelines in their workplace.
- A pre- and post-test was utilized to establish a baseline of participant knowledge of the guidelines. Note:

April 1, 2000 - September 30, 2000
- Participants from three one-day workshops held in August reconvened in March 2000 for a half-day, follow-up workshop and will complete the same pre/post-test administered in August to measure the impact of using the Guidelines. Participants shared the successes and failures of implementing their action plans.

- Following the in-country institution workshops, a Salvadoran evaluation consultant was contracted to conduct interviews with participants to assess the level of impact of the guidelines on family planning service provision in El Salvador.

FY'01 WORKPLAN ACTIVITIES:

- A series of one-day dissemination workshops will be conducted in rural areas of El Salvador to reinforce the dissemination efforts of urban participants from the August and December 1999 workshops.
- Several one-day dissemination workshops for the university faculty, the OB/GYN Society and the Society of General Medicine among others, will be conducted.
- Following these one-day workshops, a Salvadoran evaluation consultant will be contracted to conduct post interviews with participants to assess the level of impact of the guidelines on family planning service provision in El Salvador. Additionally, another series of one-day dissemination workshops will be conducted in rural areas of El Salvador to reinforce the dissemination efforts of urban participants from the March 2000 workshops.
- Participants will reconvene in early 2001 for a follow-up workshop. FHI staff will meet with the mission to discuss the next steps as the post evaluations have not been held delaying the next planned steps.

Possible Problems, Barriers to Completion:

- The second part of the evaluation process was difficult to conduct due to people moving jobs or finishing school. The process of locating these people to determine their progress/activities level is continuing.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Aug 1999
Total Approved Budget:	$ 100,000	**Projected End Date:**	Aug 2001

Latin America Regional: XVIth FLASOG Meeting (FCO 3287)

Technical Monitor: RRice

Objective(s): 1) To provide and disseminate the most recent information on reproductive health and contraceptive technology to the Latin American community of physicians, obstetricians, and gynecologists; 2) to host and implement an eight-hour pre-congress CTU session, a breakfast panel session, a round-table event, and the dissemination of resources and information via the information booth; and 3) to provide financial support to the FLASOG organizing committee.

Description: FLASOG is an international five-day conference for physicians, obstetricians, and gynecologists from Latin America. The XVIth such meeting was held November 7-12, 1999. The sponsors were expecting approximately 1,500 persons to attend. FHI sponsored the participation of four international contraceptive technology experts, as well as Dr. Roberto Rivera, to present at the eight-hour pre-congress event and to participate in the conference.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop the subproject was obtained from USAID/W in February 1999.
- An agenda for the eight-hour pre-congress event was negotiated and printed.
- The four international experts were contacted and their participation was confirmed.
- Approval to implement the subproject was obtained from USAID/W in May 1999.

- Biographies and a pre-congress course abstract were submitted to congress organizers.
- One-page "fact sheets" in Spanish, on various reproductive health topics, were developed and printed.
- The meeting was held in November and the objectives, as noted above, were implemented successfully.
- **A brief final report was written, all expenses submitted, and the FCO closed in March 2000.**

Findings and Outcomes:

- Over 120 participants attended the pre-congress event. Each participant received a three-ring binder that contained fact sheets describing each contraceptive method, a subscription form to *Network* en español, a sample *Network* en español issue, and a certificate of completion signed by prominent individuals from the region. Posters on Adolescent Reproductive Health and Emergency Contraception Pills, and copies of FHI's Module series were given away for ice breakers to motivate participants to ask questions and encourage participation. Participants were awarded prizes for their participation.
- The impact of this meeting can be measured by the interest of the participants - not a single participant left early. All but a couple of the participants turned in their subscription forms to solicit *Network* en español and all participants eagerly lined up to receive their "certificate of completion" diploma. The president of FLASOG 2001 asked FHI to replicate this Pre-congress event twice - once for physicians and again for other providers at the FLASOG in Bolivia.
- Based on this experience the following recommendations have been made for similar events:
  1) Involve the cadre of expert presenters that FHI is nurturing. If they are unable to participate, share the agenda and/or proposed session format for their review and feedback.
  2) Begin planning with as much lead time as possible. Communicate as often as possible. Communicate in ways (e-mails, letters, in person) that are suited to the individual "styles" of the expert presenters and conference organizers.
  3) Have an expert presenters' training prior to the event. This may be part of a planning session immediately before the presentations.

Funding Source(s):	USAID/Core	**FCO Approved:**	Feb 1999
Total Approved Budget:	$ 53,352	**Projected End Date:**	Mar 2000

Worldwide: Do Pregnancy Checklists Improve Access to Family Planning? (FCO 9312)

Technical Monitor: JStanback

Objective(s): To assess whether simple training in the use of a checklist to rule out pregnancy leads to its routine use by providers; to assess whether checklist introduction leads to a reduced proportion of family planning clients being denied services based on menstrual status; to assess whether simple checklist introduction leads to increased new client volume; and to assess whether provider attitudes towards provision of services to non-menstruating women are improved by introduction of the checklist into clinic services.

Description: This study will use an experimental design to determine whether the intervention of interest, introduction of a checklist tool, improves access to family planning services. NGOs and government research offices in two countries–Mali and Senegal–will manage the studies using a common protocol. The sample size of 150 new, non-menstruating clients in each of six clinics per country will ensure adequate power for the results from each country to stand alone.

The intervention to be conducted in the experimental sites will consist of a half-day orientation of clinic personnel to the purpose and correct use of the pregnancy checklist. In each site, the study will last long enough to collect simple service provision data from 75 new, non-menstruating clients immediately before and then six months after the intervention. Clinic staff will also be interviewed to assess whether simple training in the use of the checklist changes provider attitudes regarding service provision to non-menstruating clients. During the follow-up data collection period , service statistics on new client volume will be collected from the previous 18 months. This will allow researchers to assess whether introduction of the checklist increased total new client volume

Collaborating Agency(s): World Health Organization (WHO)

FY'01 WORKPLAN ACTIVITIES:

- FHI's technical monitor will work with local principal investigators (PIs) to get final approval and funding from WHO and USAID/W.
- Local PIs will get IRB approval within their countries.
- FHI technical monitor will travel to Senegal and Mali to initiate study. A third country will be considered.

Funding Source(s):		USAID/Core	**FCO Approved:**	Oct 2000
Total Estimated Budget:	$	155,694	**Projected End Date:**	Sep 2002

Worldwide: Prevalence of Menstruation Requirements (FCO 9325)

Technical Monitor: LJohnson

Objective(s): To survey the extent to which menstruation requirements are a barrier to the provision of hormonal methods and IUDs worldwide.

Description: Several FHI studies have found that menstruation requirements can be a barrier to method provision for non-menstruating clients, but the extent of this problem is not known. This study proposes to use several types of data sources to survey these requirements in a sample of countries worldwide. Data sources would include existing data, from past FHI studies and from situation analyses; interviews with stakeholders; and a brief questionnaire to be administered to providers. We will examine this restriction from a policy level and at the clinic level. Within each country, we will classify the stringency of the requirement and the level of evidence used to draw this conclusion. In the past, menstruation barriers have been an unrecognized barrier to method provision. The results from this study should shed light on the extent to which menstruation requirements are barriers and help to determine where our efforts in this area should be focused

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In November 2000, during the FY'01 budget review and **soon after the FCO was approved in-house, the decision was made to cancel the subproject**. No further work was undertaken.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:		N/A	**Projected End Date:**	Nov 2000

Ghana: The Impact of Family Planning Service Delivery Guidelines (FCO 9483/9417)

Technical Monitor: JStanback

Objective(s): To measure the impact on provider practices of new family planning service delivery guidelines developed in Ghana.

Description: This study used a pretest/post-test design to assess the impact of a joint MOH, PRIME, FHI intervention. The intervention involved the development and dissemination of new standards and protocols for reproductive health with the goal of improving Ghanaian women's quality of care by removing barriers to access and by replacing differences between clinical practices with uniform, quality services. In order to judge the eventual impact of this effort, to propose future improvements to the guidelines, and to provide decision-making input for future efforts in Ghana and other countries, USAID/Ghana asked FHI to evaluate family planning providers adherence to the new guidelines, as well as the broader impact of the guidelines themselves on services to clients.

To this end, FHI has followed the collection of situation analysis data by the Ghana Statistical Service since before the 1995 cooperative agreement and has contracted with QBR Research and Communication to collect three rounds of mystery client data since 1996. Special guideline dissemination activities concluded in 1999, so FHI will now collect a third round of situation analysis data in a seven region sub-sample of 48 of the more than 100 clinics where situation analyses were conducted in both 1993 and 1996. QBR will also be contracted to collect a sample of client data from cards and registers while at those same clinics.

Subgrantee(s): Ghana Statistical Service, QBR Research

Collaborating Agency(s): Ministry of Health, Ghana, PRIME (INTRAH)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The study protocol was finalized and approved by USAID/Ghana and the simulated client protocol and subagreement were finalized in June 1996 in preparation for fielding by QBR Research and Communications, Ltd.
- The Simulated Client study was conducted at 20 clinics in four urban areas during August 1996 and May 1998.
- Guidelines dissemination planning and pretesting were undertaken by the Ghana MOH and INTRAH. The actual dissemination was much delayed from original projections.
- The Ghana Statistical Service conducted a nationwide Situation Analysis of family planning service delivery points in 1997.
- QBR conducted a midterm mystery client study in April 1998.
- FHI's Technical Monitor, John Stanback, met with INTRAH/PRIME staff to plan a follow-up schedule and at FHI's request, INTRAH/PRIME prepared a comprehensive timeline of Ghana activities.
- MOH/Ghana requested a postponement until January 2000 due to continued delays in program implementations.
- Mystery client data collection (third round) was completed in 20 clinics.

April 1, 2000 - September 30, 2000

- The 1999 situation analysis was cancelled, so FHI had to collect post-test data.
- FHI finalized the subagreement and questions for post-test data collection.
- A USAID Mission MAARD was provided in April to fund full completion of the subproject (FCO 9483).

- FHI contracted with QBC for data collection. FHI's technical monitor traveled to Ghana in May to help train data collectors and initiate the data collection.
- FHI staff analyzed mystery client data.
- FHI staff conducted preliminary analysis of new situation analysis data

Findings and Outcomes:

- As reported in the FY'98 Annual Report, the first two rounds of simulated client studies in Ghana reveal that young, low parity, and non-menstruating clients often have difficulty attaining access to family planning services.
- Preliminary analysis of three rounds of situation analysis data indicate gradually improving service quality and access.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will complete final analysis of situation analysis data.
- FHI staff will draft and print final study report.
- FHI will contract with QBC Research & Communications, Ltd. in Ghana to coordinate two regional workshops to disseminate findings from the 2000 situation analysis.

Funding Source(s):			USAID/Field Support	**FCO Approved:**	**9483**	Apr 2000
					9417	Sep 1995
Total Approved Budget:	**9483**	$	70,000	**Projected End Date:**		Mar 2001
	9417	$	78,000			

Paraguay: The Impact of Family Planning Service Delivery Guidelines Dissemination (FCO 9354 and previously 9478)

Technical Monitor: DChin-Quee

Objective(s): 1) To determine the most cost-effective means of disseminating family planning guidelines; 2) to measure provider adherence to new family planning guidelines approximately one year after their dissemination; and 3) to document improvements in quality of care and reductions in barriers to family planning service delivery in the year after guidelines dissemination.

Description: A pretest/post-test quasi-experimental design is being used to evaluate the effects of the dissemination of new family planning service delivery guidelines in Paraguay. Interviews with staff at family planning service delivery study sites will assess provider knowledge and adherence to the guidelines. Client exit interviews will be compared to provider statements in order to document barriers that may exist in those settings. A simulated client study will be conducted as another way to measure access to and quality of services. Data will be collected before guidelines dissemination and again approximately one year after.

Subgrantee(s): BASE IS

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- An implementing agency, BASE IS, was identified and a subagreement was developed in April 1998. In the same month, interviewers were trained and data collection instruments were pre-tested.

- Baseline data collection, including provider and client exit interviews as well as simulated client observations, was initiated in May. The intervention--guidelines dissemination workshops were executed in June 1998.
- Data collection was completed in October 1998 following a protracted strike by physicians at several study sites.
- Data cleaning and analyses were completed in spring 1999.
- A change in the government and personnel at the Ministry of Public Health occasioned the suspension of study activities. However, an interim government, installed in March 1999, facilitated the continuation of the study and the implementation of a supervisory skills workshop in April 1999.
- Also in March 1999, FHI facilitated the transfer of monies for Georgetown University's Institute of Reproductive Health's three-day workshop on natural family planning methods. FCO 9478 was established for this specific field-supported activity.
- Since May 1999, the trained supervisors have been making supervisory visits and distributing fact sheets on contraceptive methods to providers of family planning services. The Ministry's financial resources are limited, however, and the implementation of supervisory visits and fact sheet distribution was not uniform across all study sites.
- In August 1999, a preliminary report based on the findings of the pretest phase of the study was submitted to the Ministry of Health.
- In November, 1999, the technical monitor, traveled to Paraguay in order to supervise interviewer training for the third and last phase of the study.
- Data collection for this phase commenced in November 1999 and was completed in February 2000.

April 1, 2000 - September 30, 2000

- Data cleaning has been completed and data analysis is currently underway.

Findings and Outcomes:

- Results from analyses of the baseline data indicate that providers generally do not deny contraceptives to women due to age, parity, or marital status. They also rarely insist on spousal consent for non-permanent contraceptive methods.
- However, obtaining family planning services can be onerous to clients, since many providers insist on as many as five IUD revisits in one year and do not dispense more than one cycle of pills per visit to either new or continuing users.

FY'01 WORKPLAN ACTIVITIES:

- The final report with recommendations will be sent to the Paraguayan MOH and other interested parties by November 30, 2000.

Funding Source(s):			USAID/Field Support; USAID/Core	**FCO Approved:**	**9354**	Dec 1997
					9478	Sep 1999
Total Approved Budget:	**9354**	$	290,177	**Projected End Date:**		Mar 2001
	9478	$	10,000			
		$	300,177			

Senegal: Impact of Family Planning Service Delivery Guidelines (FCO 9458)

Technical Monitor: JStanback

Objective(s): 1) To measure service provider adherence to new family planning service delivery guidelines approximately one year after their dissemination; and 2) to document changes in the quality of care and in barriers to access in the year after guidelines dissemination.

Description: An evaluation was made of the impact of new family planning guidelines that were distributed in Senegal. The evaluation methodology had three consecutive main components. Results from two Situation Analysis studies–conducted by the Population Council four years apart–comprised baseline and follow-up data for an examination of changing provider practices. A time series model based on a clinic record review was used. It measured the significance of guideline dissemination as a causal factor in changes over time of access and quality of care indicators.

Collaborating Agency(s): JHPIEGO, Management Sciences for Health (MSH), Population Council

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- USAID funding was secured and the subproject began in the first quarter of 1997.
- FHI's technical monitor, John Stanback, participated in discussions with JHPIEGO and Population Council staff regarding the study.
- The Population Council conducted a national situation analysis in July 1998.
- FHI researchers finalized the protocol and subagreement for supplementary data collection.
- The consultant, Daba Nguer, led a team that collected supplementary data from up to 10,000 client records from 50 clinics in September 1998.
- In March 1999 FHI received data from the Population Council for a secondary analysis of Senegal's 1994 and 1998 situation analyses.
- Staff cleaned the data in preparation for an assessment of improvements in service delivery and whether or not they are linked to dissemination of national family planning guidelines. Systematic problems with data quality delayed data analysis.

April 1, 2000 - September 30, 2000

- FHI staff continued the secondary analysis of the situation analysis.
- FHI staff conducted a trend analysis of client record data to corroborate situation analysis findings.
- **The subproject was closed in September 2000.**

Findings and Outcomes:

- Analysis of client data suggests some improvement in the likelihood that select groups of high risk clients will receive services. However, improvements were not associated with provider exposure to guidelines.
- Secondary analysis of situation analysis data show minimal impact of guidelines dissemination on standard indicators of quality of care.
- There was no evidence of greater impact in groups that were exposed to guidelines via distribution of documents and training workshops.
- A final report will be distributed to USAID/Dakar. In addition, findings will be submitted to a peer-reviewed journal.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Feb 1997
Total Approved Budget:	$ 30,000	**Projected End Date:**	Sep 2000

Senegal: Trend Analysis for Program Evaluation (FCO 9358)

Technical Monitor: JStanback

Objective(s): 1) To refine and validate a new trend analysis methodology; 2) to test practical applications of pooling trend data with situation analysis data; and 3) to provide USAID/Senegal with information to complement a planned secondary analysis of situation analysis data to evaluate the programmatic effects of new service delivery guidelines.

Description: Routine client card data from up to 10,000 clients were collected in 50 randomly chosen clinics in five regions of Senegal. Systematic list sampling techniques were used to collect client card data, which were entered in Senegal and cleaned at FHI. Data were compared with situation analysis data to validate data collection methodology, and subsequently merged with situation analysis data to refine time series models used to evaluate trends and estimate the impact of guidelines dissemination and training.

Subgrantee(s): Institute for Environmental Sciences, University of Dakar

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Approval to proceed with the development of this subproject was received in May 1998.
- The subagreement with the Institute for Environmental Sciences at the University of Dakar was signed in August 1998.
- Data collection began in September 1998 and data were entered in Senegal in October 1998.
- Data were sent to FHI, cleaned in October and November 1998, and data analysis began.
- Preliminary results were presented at the West Africa OB/GYN Conference in December 1998 and a regional MAQ meeting in March 1999.

April 1, 2000 - September 30, 2000

- The subproject was on hold from October 1999 to March 2000, while FHI staff focused on the Senegal situation analysis data that required cleaning.
- Final analysis was conducted.
- **The subproject was closed in September 2000.**

Findings and Outcomes:

- Results showed a large increase in the numbers of new clients, and some change in the access for "at risk" clients. However, these changes were not associated with exposure to guidelines.
- The trend analysis methodology has been refined by incorporating the model into an existing conceptual framework for behavior change, as well as by using new analysis models that better account for "within-clinic" correlation of observations. Efforts to validate the data set by pooling the trend data with situation analysis data were successful and suggest that the methodology may be a good means to corroborate certain situation analysis data.

Funding Source(s):	USAID/Core	**FCO Approved:**	Apr 1998
Total Approved Budget:	$ 40,000	**Projected End Date:**	Sep 2000

Worldwide: Impact of Reproductive Health Guidance Documents (FCO 9361)

Technical Monitor: KKatz

Objective(s): To measure the impact of WHO and USAID reproductive health (RH) guidance documents on the development of national policies and standards.

Description: FHI planned to work with WHO to measure the impact of RH guidance documents on national policy and provider behavior. The results of this subproject were to be used to improve systems for distribution of the documents and facilitate impact on policy and practices. Multiple data sources were to be used, with consultants hired to evaluate the usefulness of the documents. An analysis of the distribution systems in both USAID and WHO was to be conducted. A survey was also to be mailed to a sample of those on the mailing lists to establish how the documents were used by the recipients and to solicit their opinions on the usefulness of the documents. Finally, case studies were to be conducted in six countries to collect in-depth information on how the documents were used to influence policy and practices.

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A preliminary study protocol was written in August–September 1998 and submitted to WHO for comment. Preliminary approval to further develop the study was also obtained from USAID.
- WHO updated their address list which was used to draw the WHO study sample.
- Approval to implement this subproject was obtained in June 1999.
- The technical monitor was unable to locate an electronic version of the mailing list for Vol. 1 of the USAID guidelines. Recipients of these guidelines will be dropped from the mail survey portion of the study. The technical monitor has also been unable to locate a consultant to analyze the documents. As a result, there was a reevaluation of the benefit and cost of this subproject.

April 1, 2000 - September 30, 2000

- Given the technical difficulties involved in collecting data, it was decided to cancel the study. **The FCO was closed in August 2000.**

Funding Source(s):	USAID/Core	**FCO Approved:**	Aug 1998
Total Approved Budget:	$ 130,659	**Projected End Date:**	Sep 2000

Bolivia: KAP Survey to Assess the Impact of PSI Activities in Bolivia (FCO 6488)

Technical Monitor: DMcCarraher

Objective(s): To assess the impact of Population Services International (PSI) activities in several cities in Bolivia. Areas of interest include: brand awareness and recognition of PSI products, purchasing behavior, attitudes towards family planning and contraceptive use, AIDS knowledge, and risk awareness.

Description: PSI initiated its social marketing activities in Bolivia in 1994. In this time frame, they have introduced various products, Pantera and Protektor condoms; Duofem oral contraceptives; and the female condom, Reality. Mass media strategies have been used to market these products. In addition, music groups and a TV mini-series have been launched to increase knowledge about AIDS and the importance of partner collaboration in contraceptive use. FHI's assistance was requested to measure brand awareness of PSI products and exposure to PSI marketing and educational efforts. The data from this study will guide future marketing strategies.

A household survey of men and women in the nine regional capitals plus El Alto was conducted. Also, surveys were done in some small cities, within a 200km radius, selected from all regions except Tarija and Pando. A household survey of rural villages in La Paz and Potosi was also added. The rural sample was focused on the areas where the Bolivia Social Marketing Progam was to initiate a radio soap opera entitled "Wilakasta". FHI provided technical assistance to this subproject for study design, questionnaire design, development of analysis plan, and revision of the final report. PSI/Bolivia covered all local costs.

Subgrantee(s): Estadistikos

Collaborating Agency(s): PSI/Bolivia, PSI/Washington

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The procedure guides for field activities were developed in August 1998.
- The questionnaires and study designs were developed by September 1998.
- Fieldwork was initiated in October 1998.
- A data analysis plan was prepared in collaboration with PSI/Washington and sent to PSI/Bolivia and Estadistikos for review in January 1999.
- Data collection was completed in January 1999. A total of 2,385 interviews were conducted with men and women in various areas of Bolivia. These areas included the nine regional capitals, El Alto, and a small city in each region (with the exception of Pando and Tarija) within a 200-km radius of the capital city. A total of 596 interviews were conducted in the rural areas.
- The local consultant for this subproject, Hugo Arealo, submitted a preliminary report in May 1999. This report was generated using the data analysis plan prepared by FHI and approved by PSI/Washington.
- In May 1999, McCarraher traveled to Washington, DC, to work with Sohail Agha on the final report. At this time, the data analysis plan was altered by Agha. These changes were made to better meet the needs of PSI/Washington and PSI/Bolivia.
- In June 1999, the completed tables and graphs for the final report based on the changes made in the analysis plan were sent to Hugo Arevalo to be written up.
- In July 1999, the technical monitor received a draft of the new final report from Arevalo.
- In August and September, the technical monitor made several modifications to Arevalo's draft and many of the analyses were re-run.
- The technical monitor finished editing in January 2000 and the final report was completed and printed in February.
- **Final accounting of this subproject was completed and it was closed in May 2000.**

Findings and Outcomes:

- The survey revealed that myths regarding contraceptives are still pervasive. For example about 40% reported that injectables and pills cause sterility in women. Also 20% of men and 14% of women reported that the decision to use contraceptives resides exclusively with men.
- There were great differences between the urban and rural samples. The rural participants were more likely to use the rhythm method and few had used modem methods. Almost 100% of the urban sample had heard of HIV/AIDS and also reported there were ways to protect themselves.

In the rural areas only 76% had heard of HIV/AIDS and only 59% reported there were ways to protect themselves.

- As reported in the FY'99 Annual Report, results also showed that PSI activities over the 4-year period had a large impact in brand recognition of the condom promoted by PSI, Pantera. Brand recognition of pills, injectables and female condoms was much less. Approximately, one-half of those interviewed reported seeing the television mini-series "Historias del Vecino" and one-third reported hearing the musical campaign, "Musica por la vida".
- Despite the indications of increased awareness of methods and brands, the utilization of pills, condoms and injectables remains low, with the majority of users reporting use of the rhythm method or the IUD.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jun 1998
Total Approved Budget:	$ 80,890	**Projected End Date:**	May 2000

Kenya: Method Mix Modeling (FCO 5478/6478)

Technical Monitor: TNutley

Objective(s): To determine the impact of various contraceptive mix strategies on reproductive health in Kenya.

Description: The fundamental question addressed by this modeling effort concerns the trade-offs involved in moving a family planning program from an exclusively fertility control orientation to one that encompasses broader reproductive health issues. To approach the prevention and treatment of STDs at the level of the family planning service delivery point, efforts to promote barrier methods must be increased.

This subproject addresses the basic issue of changing the method mix to address STD concerns and the implications for this approach on programs and the people they serve; it also provides a low cost means of helping policy makers and programs to understand the trade-offs involved in such a transition. The number of new HIV infections, unintended pregnancies, and maternal mortality among users of a variety of method mix scenarios is estimated. Costs involved in shifting to scenarios associated with the lowest number of additional HIV and STD cases are also calculated.

Collaborating Agency(s): Research Triangle Institute

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A full proposal for a method mix analysis subproject was approved by USAID/W and USAID/Kenya in 1996.
- Modeling methods were developed and a meeting was held with a group of policymakers and experts in family planning and HIV/AIDS in Kenya to seek their input on data sources and assumptions in April 1997.
- A hands-on workshop in Kenya was conducted May 26–27, 1998. Twenty Kenyan FP and STD policymakers were trained. An analysis of outcomes under different assumptions of consistency of barrier use was performed.
- An analysis of the male condom compared to the diaphragm as a dual method was completed and presented to the Reproductive Health Group and others at WHO in Kenya in June 1998.

- Results of the modeling work using 1993 Kenya-Demographic and Health Survey (DHS) data were presented at two meetings in Kenya: the OB/GYN meeting in Harare, in October 1998 and Eldoret, in February 1999.
- Existing data on the cost of contraceptive methods and cost of pregnancy and HIV were collected and incorporated into the model. A manual for the use of the model was completed.
- New cost components of treating HIV and pregnancies were gathered and integrated into the model including the cost of STD treatment, behavioral interventions to reduce STD incidence, co-morbidities associated with HIV/AIDS, and facility overhead costs and personnel (hospitalizations) for pregnancies.
- In April 1999 an analysis of the cost of introducing the female condom, and the reproductive health consequences for Kenya was presented at the FHI stakeholders meeting in Nairobi.

April 1, 2000 - September 30, 2000

- Kenya staff followed up with workshop participants on their progress in the use of the model.
- Approximately 50 manuals were distributed with copies of the final version of the software.
- **All activities were completed and this subproject was closed in September 2000.**

Findings and Outcomes:

- In FHI's FY'99 Annual Report, the model indicates that introducing the female condom into a group of high-risk women is the most cost-effective strategy compared to introducing the female condom into higher risk family planning clients or low risk family planning clients.
- Workshop participants were most interested in using the model to look at questions of contraceptive method mix in special sub-populations, for example, adolescents, CBD workers, regional populations, women with migrant husbands, GTZ panel study data, and in religious groups where data on many of the inputs have already been collected. Participants suggested that the model be used to explore impact of likely changes in method mix on NFP in Kenya, contraceptive shortages, and contraception introduction.
- As reported in the FY'98 Annual Report, dual method use prevents both pregnancies and HIV infections, with the largest number of pregnancies prevented in low risk women, and the largest number of HIV infections prevented in high risk women.
- Given the low prevalence levels of dual method use, particularly in low risk women, current levels of dual use would have to increase dramatically (20-fold) to affect the number of new infections. If women shift from pregnancy-effective methods (hormonal methods) to barriers, the number of new pregnancies would increase dramatically.
- The cost of providing commodities to dual method users is not offset by savings in the care of newly HIV-infected women and the cost of pregnancy and delivery. Future costs, in terms of education and care of children, were not considered.
- Decreases in the number of partners and the number of acts of intercourse drive incidence towards zero faster than increases in condom use in FP users.
- The biggest impact on pregnancy is consistency of barrier use. More pregnancies are averted when dual-methods are used more consistently in a smaller proportion of users than when a larger group of users use barriers less consistently.

Funding Source(s):			USAID/Field Support	**FCO Approved:**	**5478**	Apr 1998
					6478	Oct 1996
Total Approved Budget:	**5478**	$	213,297	**Projected End Date:**		Sep 2000
	6478		N/A-Annual			

Worldwide: Family Planning Worker Motivation Maximizing Access and Quality Research (FCO 9331)

Technical Monitor: JStanback

Objective(s): To learn more about what motivates family planning providers to excel in their work and offer high quality services.

Description: Two studies will be conducted, at least one of which will use a qualitative "positive deviance" methodology to study providers in Kenya whose responses on a recent FHI questionnaire indicated excellent knowledge, attitudes, and practices. At the time that the FY'01 Workplan is going to print, the design of these studies is still to be determined.

FY'01 WORKPLAN ACTIVITIES:

- The design of the two studies will be determined in collaboration with USAID and the field.
- Approval to develop the studies further will be sought.
- Pending approval, protocols and data collection instruments will be developed.
- Initiation of the studies is unlikely to occur before the fourth quarter of FY'01.

Funding Source(s):		USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$	159,108	**Projected End Date:**	Dec 2002

Worldwide: Provider Perspectives on Family Planning and Quality of Care (FCO 9332)

Technical Monitor: D Chin-Quee

Objective(s): To determine provider perceptions of quality of care and the barriers they perceive in providing high-quality services to their clients.

Description: Focus group discussions and in-depth interviews will be conducted with family planning providers in four to five countries in Africa, Asia, and Latin America in order to determine provider perceptions of quality of care, barriers to such care, and attitudes toward work and clients. Focus groups will precede individual in-depth interviews in order to identify subject areas to be explored further in the interviews. WHO is to fund the local costs associated with this study; USAID is to fund only the FHI costs.

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- The study proposal was reviewed by WHO in August 2000 but funding was deferred until spring 2001, contingent upon submission of a revised proposal.

FY'01 WORKPLAN ACTIVITIES:

- Upon receipt of WHO Panel's technical comments, the Technical Monitor will revise the proposal and resubmit for funding by March 2001.

Possible Problems, Barriers to Completion:

- This subproject is contingent upon the receipt of WHO funding for the local costs. Unless or until that is approved, the subproject will not proceed.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$ 125,000	**Projected End Date:**	Mar 2002

USA: Informed Consent in a Spermicidal Agents Study (FCO 5211)

Technical Monitor: DBorasky

Objective(s): To assess the effectiveness of two different approaches to providing information during the informed consent process of a clinical trial of spermicidal agents.

Description: This project involved sites participating in a separate, NIH-funded study currently being conducted by FHI staff, Efficacy Trial of Spermicidal Agents. The study was to evaluate two interventions designed to improve upon the materials and methods currently used during the informed consent process. The first intervention was to compare the format of the consent form used during the clinical trial's admission interviews (and given to study participants). The second intervention was to compare the use of medical and non-medical staff members during the admission interviews. It was hoped that the results of this study would help researchers develop more effective methods of presenting information about a study's design and subject matter to individuals considering participation in a study.

Subgrantee(s): Eastern Virginia Medical School, Hennepin County Medical Center, Johns Hopkins Medical Services Corporation, Medical University of South Carolina, University of Pennsylvania Medical Center, Vermont Women's Health Center

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Study manuals were finalized, assembled, and distributed to all participating sites in January 1999.
- Booklet format consent forms were produced and distributed to sites for their IRBs' review and approval.
- The one site considering the second intervention (medical v. non-medical personnel conducting the admission interview) declined participation.
- One site decided not to participate in the primary intervention (comparison of format of consent form). An alternate site was recruited from among the remaining spermicide study sites.
- In general, IRB review and approval of the study design and materials proved to be extremely slow.
- During the first six months of FY'00, three of the six sites received final IRB approval.
- As of the end of March 2000, only 25 women had been enrolled in the study at two sites (University of Pennsylvania and Hennepin County, MN.)
- In the same month, during a USAID review of FHI funding needs and priorities, it was decided that this study should be canceled. The general consensus was the research would still take a long time to complete and the information that would be obtained was not as valuable as that which might be obtained from supporting other research efforts more fully.
- All sites were notified of the decision to cancel the study. Reimbursements for work to-date were made.
- FHI's Protection of Human Subjects Committee was informed of the cancellation at the May 19, 2000 meeting and **the FCO was closed.**

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	$ 95,667	**Projected End Date:**	Sep 2000

El Salvador: Informed Choice (FCO 9310)

Technical Monitor: DMcCarraher

Objective(s): 1) To examine client-provider interaction regarding contraceptive method decision-making in Salvadoran family planning clinics; 2) determine if an intervention on informed choice that addresses providers' counseling skills and advocates a client-centered counseling approach improves the client-provider information exchange; and 3) document if clients who come to a clinic for a specific method receive the method they want and if they don't receive the method of their choice, why they don't.

Description: The overall goal of this subproject is to promote an informed choice process for contraceptive decision-making in Salvadoran family planning clinics. FHI staff will collaborate with AVSC to implement a provider-based training that emphasizes the importance of an informed choice process and client centered counseling. This training will be conducted after efforts to re-introduce the IUD are implemented. Currently, FHI and the PRIME Project are carrying out in-depth trainings on the IUD. These training efforts aim to improve provider-client interactions and informed choice processes for Salvadoran family planning clients.

A pretest-post-test experimental study design will be utilized in this subproject. In this design, baseline assessments of client-provider interactions and adherence to an informed choice process will be assessed at randomly selected clinics. After the baseline assessment, clinics will be randomly assigned to receive either a) IUD training and a provider-based informed choice intervention, b) the IUD training but no provider-based informed choice intervention or c) no IUD training and no provider-based informed choice intervention. Six months after the provider-based informed choice interventions have been implemented follow-up data will be collected at all clinics. A combination of client exit interviews, direct observation, service statistics, and simulated clients will be used in both the baseline and follow-up assessments.

FY'01 WORKPLAN ACTIVITIES:

- Approval to implement the subproject will be obtained from USAID/W in October 2000.
- An in-country assessment of informed choice practices will be conducted in November 2000. In-depth interviews will be held with providers, policy makers, and women advocates regarding informed choice.
- A study protocol will be drafted by January 2001.
- Clinics will be randomly selected and allocated to either the control group or intervention group.
- The baseline assessment will be conducted in February or March 2001.
- The intervention will be implemented in either March or April 2001.

Funding Source(s):	USAID/Core	**FCO Approved:**	Aug 2000
Total Approved Budget:	$ 212,000	**Projected End Date:**	Jun 2002

Worldwide: Comprehensibility of Contraceptive Counseling (FCO 2255)

Technical Monitor: MSteiner

Objective(s): To evaluate family planning client and provider understanding of terms commonly used to describe contraceptive effectiveness in counseling (e.g., rates of effectiveness, failure and pregnancy).

Description: The hypothesis of this research is that terms commonly used to describe contraceptive effectiveness are widely misunderstood in most settings. A short questionnaire will be administered to a sample of family planning clients and providers evaluating their comprehension of different approaches of conveying similar concepts (e.g., simple categories, graphical representations). The questionnaire will be based on one used to evaluate comprehension of rates and proportions. (Grimes DA and Snively GR. Patients' Understanding of Medical Risks: Implications for Genetic Counseling. *Obstetrics & Gynecology* 1999, 93: 910-14). The ultimate goal of this research is to provide women the right decision-making tools to make informed choices about their contraceptive use.

FY'01 WORKPLAN ACTIVITIES:

- Preliminary approval to develop the subproject will be sought.
- The protocol and study instruments will be developed.
- Investigators will be identified and subagreements negotiated.
- It is anticipated that the study will be initiated by the late summer.

Possible Problems, Barriers to Completion:

- Other, higher priority subprojects employ many of the same FHI staff. Therefore, the timeline for initiation of this study is subject to revision.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$ 160,000	**Projected End Date:**	Sep 2002

Kazakhstan: Family Planning Training to Improve Maternal and Child Health (FCO 1800/1801/1802/1803)

Technical Monitor: BTolley

Objective(s): 1) To train a team of researchers to conduct qualitative research; 2) increase the involvement of health paraprofessionals such as midwives in providing information, counseling and appropriate referral for birth spacing; and 3) expand the role of midwives to include the provision of contraceptives.

Description: In the Republic of Kazakhstan, Ministry of Health (MOH) officials initiated a "Protection of Reproductive Health" program in 1995, which included initiatives to reduce the number of abortions and encourage birth spacing to reduce maternal and infant mortality. In order to improve access to birth spacing information and services, the MOH requested a project to determine if midwives can safely and effectively deliver a broad range of contraceptive services to birth spacing clients. FHI designed a pilot project to train midwives in Almaty Oblast to provide contraceptive counseling and clinical services, including the insertion of IUDs. This project, funded by UNFPA, also included a research component to evaluate the acceptability and quality of services provided by the midwives, and an update for doctors who were to supervise trained midwives. The curriculum used for all workshops consisted of three major components: 1) updating participants on modern methods of

contraception with a focus on the four methods provided by UNFPA: COCs, DMPA, IUDs and condoms; 2) strengthening clinicians' IUD-insertion skills using the no-touch withdrawal technique; teaching midwives to insert IUDs using the no-touch withdrawal technique; and 3) counseling and interpersonal communication skills.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In August 1995, FHI implemented a workshop on qualitative research methodology for five health care professionals (together with five from Kyrgyzstan).
- In September 1995, qualitative research data were collected by the trained health care professionals and analyzed by FHI in October 1995.
- FHI implemented two training workshops on family planning - one in April 1996 for 17 OB/GYNs of Almaty Oblast and one for 21 midwives of Almaty Oblast in May 1996.
- FHI completed a report analyzing data collected to follow up on FHI's earlier training. The report was translated into Russian and delivered to the Kazak Health Committee and the UNFPA regional representative in spring 1998.
- FHI's regional representative and the Almaty Oblast Health Administration conducted a small-scale survey on family planning knowledge and attitudes in Almaty.
- The project summary document was postponed, pending completion of the KAP Study.
- A summary report of results of the Almaty survey was prepared. See FHI's FY'98 Annual Report for these findings.
- Due to lack of funds, FHI released its regional consultant.

April 1, 2000 - September 30, 2000

- The small amount of funds that were remaining were spent by disseminating the Russian-language materials translated under FCO 1619.
- **The project summary report was finalized and the project was closed.**

Findings and Outcomes:

- As reported in FHI's FY'98 Annual Report, participants reported that they found the workshops very informative and useful. Participants were particularly grateful for all resource materials received as there is an acute deficiency of technical literature on family planning in the region. Preliminary qualitative research showed positive attitudes toward the idea of midwives providing family planning services. The MOH of Kazakstan issued an order allowing trained midwives to provide family planning services.
- The follow-up study revealed several of the trained midwives had left their posts, and several were not permitted to provide IUD services.
- The large majority of trained midwives encouraged their clients to choose a method on their own, after receiving counseling; most untrained midwives recommended a method to their clients.
- The clinical knowledge of both trained and untrained midwives was high, though the trained midwives were more likely to use appropriate verbal and non-verbal communication skills.
- Reliance on the IUD is declining, as DMPA and COC use is increasing; however, these latter methods are not consistently available in the clinics surveyed.
- The current political situation in Kazakstan makes it unlikely that provision of services by midwives will be expanded in the near future.

Funding Source(s):			UNFPA	**FCO Approved:**	**1800**	Mar 1995
					1801	Mar 1995
					1802	Mar 1995
					1803	Mar 1995
Total Approved Budget:	**1800**	$	175,193	**Projected End Date:**		Sep 2000
	1801		N/A			
	1802		N/A			
	1803	$	N/A			
		$	175,193			

Madagascar: The Impact of Post-partum Contraception on Training Providers in LAM (FCO 1723)

Technical Monitor: PMcQuide

Objective(s): 1) To develop a study to determine if providing enhanced LAM training to public sector providers will increase the rate of postpartum contraceptive use; and 2) to determine if women who practice LAM are more likely than non-LAM acceptors to use postpartum contraceptives.

Description: This study was to be conducted in two phases. The first phase, to be carried out under an agreement with the LINKAGES Project, was to develop the protocol, draft an in-country subagreement with a local research organization, and draft a proposal to LINKAGES for the second phase of the study. The proposal was to serve as the basis of a subagreement between FHI and LINKAGES. During the second phase, the actual study was to be carried out.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- No consensus was reached between USAID and LINKAGES on the type of LAM research study to be conducted. This project was subsequently canceled in March 2000 because of floods and a cholera epidemic in Madagascar that resulted in the MOH to stop all training activities.

April 1, 2000 - September 30, 2000

- The final charges billed to LINKAGES were paid. **The FCO was closed in September 2000.**

Funding Source(s):	AED/LINKAGES Project	**FCO Approved:**	Dec 1999
Total Approved Budget:	$ 45,580	**Projected End Date:**	Sep 2000

Egypt: Improving Post-Abortion Care in Egypt (FCO 1654)

Technical Monitor: MTiedemann

Objective(s): To expand and institutionalize improved post-abortion care and address the contraceptive needs of women who are at risk of unwanted pregnancy.

Description: Under this project a training program will be developed for improved post-abortion care in Egypt that: 1) emphasizes infection prevention practices; links post-abortion services to family planning counseling services and improves these skills among providers of post-abortion care; 2) sets protocols for use of manual vacuum aspiration (MVA) and local anesthesia in the management of incomplete abortion; 3) introduces improved patient-provider counseling techniques as a means to provide post-abortion cases with information on nutritional and health needs, danger signs requiring immediate consultation, return of fertility and subsequent need for contraceptive use.
In addition, a core of trainers will be established in two major university hospitals (Mansoura and Alexandria) and one Ministry of Health hospital (El Galaa Teaching Hospital). Training activities will eventually be extended to all staff of Mansoura and Alexandria hospitals and El Galaa Teaching Hospital. Pilot tests on introducing improved post-abortion care at the primary health care level in settings with available in-patient services will also be conducted and a mechanism will be established for procurement of the necessary medical supplies (MVA kits and training materials) as needed for the training program.

Subgrantee(s): Egyptian Fertility Care Society (EFCS)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- For information on activities prior to October 1999, please refer to the FHI FY'99 Annual Report.
- In December 1999 the project principal investigator, Prof. Ezzeldin Hassan, and the program officer, Dr. Jane El Shinnaiw, visited Al-Galaa Teaching Hospital to inspect the set up of post-abortion care services and the facilities available for the project. This was especially important given that the senior trainers, who participated in the previous pilot study of improved post abortion care services, were no longer with the hospital.
- External senior trainers from Alexandria University Hospitals were invited to assist in the training of the five senior trainers at El Galaa.
- The three participating centers were visited by Prof. Ezzeldin Hassan and Dr. Jane El Shinnaiw, January 24–27, 2000. During these visits, the method of filling out the project data collection forms was explained, a summary data collection manual was distributed to each one of the trainers and the facilities available at each hospital were inspected.
- Test of the modified project case record form and master trainers' observation sheet took place in Mansoura January 2000.
- The Baseline Survey was conducted in the three centers February 2–29, 2000. All forms were manually checked and processed. EFCS is currently working on the data cleaning and coding of open ended questions. A preliminary results report will be sent to FHI upon completion.
- The Arabic translation of Guide to Clinicians was finalized and printed.

April 1, 2000 - September 30, 2000

- With the baseline carried out, training of physicians and students began in March/April of 2000. Training using instruments was delayed, however, because the manufacturer fell behind schedule and the order took three months longer to ship to Cairo than was originally anticipated. Once instruments were received in late July, technical training in using the instruments began and is now underway.

FY'01 WORKPLAN ACTIVITIES:

- A core of trainers will be established at two university hospitals — Mansoura and Alexandria — and one MOH hospital, El Galaa Teaching Hospital.
- These trainers will receive an initial one-week training session followed by six months of continuous training during which they will be coached, observed, and re-trained at the hospital through study visits with expert trainers and the senior trainer.

Funding Source(s):	Packard Foundation	**FCO Approved:**	Jul 1999
Total Approved Budget:	$ 500,000	**Projected End Date:**	Jul 2002

USA: Dr. Magwali Fellowship (FCO 1673)

Technical Monitor: SBalogh

Objective(s): To provide technical and financial support for FHI's 1999–2000 Fellow to attend the one-year Fellowship in Contraceptive Technology Research conducted at FHI.

Description: The goal of FHI's Fellowship is to increase the number of scientifically capable researchers from developing country research institutions who can participate in the global process of contraceptive development and introduction in their respective countries. The one-year Fellowship provides practical, comprehensive training in clinical trials methodology, protocol design, study monitoring, data management, and analysis. During the year, each Fellow also is responsible for developing a research protocol that they will implement as their re-entry grant once they return to their home country. Through a grant provided by the Andrew W. Mellon Foundation, Dr. Thulani Magwali, an obstetrician/gynecologist from the University of Zimbabwe School of Medicine in Harare, Zimbabwe, was selected as the 1999–2000 Fellow.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Dr. Magwali was accepted for the FHI Fellowship in Contraceptive Technology Research. He arrived in North Carolina in August 1999 to begin the one-year program.

April 1, 2000 - September 30, 2000

- Dr. Magwali completed his training according to the Fellowship curriculum.
- Dr. Magwali returned to his home country of Zimbabwe in August 2000.
- **The FCO was closed effective August 2000.**

Findings and Outcomes:

- Dr. Magwali will conduct a re-entry grant study on dual method and dual purpose use under FCO 1620. This will allow him the opportunity to apply the training he received under the fellowship.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	Jun 1999
Total Approved Budget:	$ 110,000	**Projected End Date:**	Aug 2000

USA: Fellowship in Contraceptive Technology Research (FCO 1314)

Technical Monitor: STenorio

Objective(s): To provide technical assistance and financial support for FHI's 2000-2001 Fellows to attend the one-year Fellowship in Contraceptive Technology Research conducted at FHI.

Description: The goal of FHI's Fellowship Program is to increase the number of scientifically capable researchers from developing country research institutions who can participate in the global process of contraceptive development and introduction in their respective countries. The one-year fellowship provides practical, comprehensive training in clinical trials methodology, protocol design, study monitoring, data management, and analysis.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Dr. Jaime Fuentes from the IMSS in Mexico City and Dr. Maria C. Gonzalez from the General Hospital in Mexico City were accepted for the FHI Fellowship in Contraceptive Technology Research. They arrived in North Carolina in August 2000 to begin the one-year program.

FY'01 WORKPLAN ACTIVITIES:

- The Fellows will continue their training according to the curriculum.
- Dr. Jaime Fuentes will provide consultation and assistance in the Mexico arm of the Observational Vasectomy Study (FCO 2241).

Funding Source(s):	Mellon Foundation/ Private	**FCO Approved:**	Jul 2000
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2001

• CONTRACEPTIVE CONTINUATION **UNINTENDED PREGNANCIES** • CONTRACEPTIVE CONTINUATION **CONTRACEPTIVE CHOICES** • CONTRACEPTIVE CONTINUATION • **UNDERSTANDING METHODS** • CONTRACEPTIVE **COUNSELING** CONTINUATION • CONTRACEPTIVE CONTINUATION **PLANNING** • CONTRACEPTIVE CONTINUATION **OUTREACH** • CONTRACEPTIVE CONTINUATION **CONTRACEPTIVE CAREER** • CONTRACEPTIVE CONTINUATION **INCLUDE MEN** • CONTRACEPTIVE CONTINUATION **SPACING** • CONTRACEPTIVE CONTINUATION • **INFORMED CHOICE** • CONTRACEPTIVE • **SUCCESSFUL USE** • CONTRACEPTIVE CONTINUATION • CONTRACEPTIVE CONTINUA TION • CONTRACEPTIVE CONTINUATION • CONTRACEPTIVE CONTINUATI

CONTRACEPTIVE CONTINUATION

Strategic Objectives

1) To help women and couples achieve their fertility goals by enabling them to use methods successfully.

FY'01 Subprojects

● Jamaica: Users' Perspective on Methods and Services (FCO 9454)
? Jamaica: Appointment System Pilot Study (FCO 9422)
Egypt: Impact of Menstrual Disturbances on Contraceptive Use (FCO 9351 and previously 6381)
Worldwide: Rethinking the Resupply of Contraceptive Methods (FCO 9347)
Worldwide: Research on Informed Choice (FCO 9360)
Kenya: Post-CBD Family Planning Decisions (FCO 9480)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Jamaica: Users' Perspective on Methods and Services (FCO 9454)

Technical Monitor: KKatz

Objective(s): To ascertain the views of various target populations on: 1) their access to contraceptive and reproductive health care and the quality of services they have received; and 2) the experience users have had with contraceptive acceptance and continuation.

Description: This study collected information on decision-making regarding use and continuation of methods; method switching; and experience with the methods, including side effects. The study was also designed to collect information on experience with the service delivery system (e.g. counseling received, continuity of care, treatment of side effects). Counseling was a particular emphasis of this study. Clients were asked what they remember being told about methods of contraception (whether they thought they have sufficient information about the methods they have used, whether lack of information influenced past clients to discontinue methods, and whether clients thought the way they were treated during counseling influenced their experience with various methods). New acceptors at five public sector clinics in Kingston were interviewed three times over a 12-month period: at the time of method acceptance, at six months after acceptance, and at 12 months after acceptance. Upon completion of the interviews, focus groups were conducted with women in the three study groups: continuers, switchers, and discontinuers. Information from the study will be used by the Ministry of Health (MOH) and National Family Planning Board (NFPB) to improve service delivery in public family planning clinics.

Subgrantee(s): University of West Indies, Institute of Social and Economic Research

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff discussed the study with the NFPB and the MOH in Jamaica in December 1996.
- FHI issued an RFP to conduct the study; three Jamaican research organizations submitted bids. The proposals were evaluated by FHI, MOH, and NFPB in September 1997 and the study was awarded to the Institute for Social and Economic Research (ISER) of the University of the West Indies.
- The subagreement with ISER was signed.
- The questionnaire was pretested and finalized.
- An interviewer training was conducted and the study was initiated in February 1998.
- The first round of interviews was completed in June 1998 and the second round was completed in November 1998.
- The focus group discussions and the third round of interviews were completed in July 1999.
- Data collection was extended to improve the response rate in the third round.
- Two focus groups were added for women who became pregnant since the beginning of the study.
- The results were disseminated in February 2000 to representatives of USAID, the Ministry of Health, The National Family Planning Board, and members of the Kingston Health Authorities.

April 1, 2000 - September 30, 2000

- One member of the study team presented two papers based on the results at the Caribbean Health Research Council in Trinidad in April 2000.
- **The FCO was closed in August 2000.**

Findings and Outcomes:

- The study identified personal, method, and service delivery factors that influence contraceptive and family planning continuation.

- Partner motivation and union status were the only personal factors associated with continuation. A woman whose partner wanted her to use family planning was 2.5 times more likely to continue compared to those whose partners did not want them to use it. Women who were married or in common-law relationships were twice as likely to continue compared to women in less stable relationships.
- Women who did not experience side effects were three times more likely to continue their method than women who had side effects and did not have counseling about them. On the other hand, counseled women who had side effects were no more likely to continue than if those who did not have counseling, suggesting that the counseling did not include sufficient information on side effects.
- Women who used injectables were the most likely to continue with their method and with family planning compared to pill users. All long-term method users continued with their method but the association was not significant due to the small size of this group.
- Women who were satisfied with waiting time and who had not heard rumors about family planning were significantly more likely to continue family planning use compared to those who were not satisfied or who had heard rumors.
- The results suggest the need to improve the quality of counseling to adequately address side effects, rumors, and to present all available options.
- An appointment system should be introduced to reduce waiting time.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 1996
Total Approved Budget:	$ 195,000	**Projected End Date:**	Aug 2000

Jamaica: Appointment System Pilot Study (FCO 9422)

Technical Monitor: CWest

Objective(s): To examine the feasibility of an appointment system for scheduling family planning visits in Kingston's public sector health clinics

Description: Results from FHI and ISER's Contraceptive Use Dynamics study in Kingston indicate that long waiting times is the primary complaint of public sector family planning clients. Anecdotal evidence also suggests that many women are forced to miss a day of work in order to accommodate these waiting times. A Time-Use Measurement study, also conducted by FHI in Kingston, collected data on provider time use; these data show a high concentration of patient visits in the morning and very few visits in the afternoon. Providers in some clinics leave work as early as 2:30 or 3:00 PM.

Under this subproject one high-volume clinics will pilot an appointment system to attempt to evenly space visits throughout the day, and reduce the waiting time for clients. In order to ensure the pilot clinics' and the providers' cooperation, the pilot appointment system will be limited to one day a week. ("Post-natal day", during which the highest number of family planning visits occur, would be preferable day). In collaboration with Ministry of Health officials, and those at the pilot clinic, FHI would assist in the design of an appropriate scheduling system. This appointment system would be used in the clinic for a one-year period, during which Patient Flow Analysis (PFA)–designed by the CDC to document patient flow and personnel utilization–would indicate whether the appointments resulted in an even spacing of visits throughout the day and successfully reduced waiting time. The establishment of an appointment system in Jamaican public sector health clinics could help to improve the quality of family planning services by reducing the burden of long waiting times on clients. This system would also have the potential to increase access to family planning services, especially among populations such

as adolescents and low-wage workers, who often have less control over their work schedules and leave time.

FY'01 WORKPLAN ACTIVITIES:

- Approval to develop the subproject will be sought from USAID/W in November or December.
- A clinic willing to pilot the new appointment system will be identified.
- A protocol will be drafted and submitted for approval, along with a subagreement.
- Upon approval of the study documents, data collection will begin with a Patient Flow Analysis (PFA) being conducted for two to three weeks before the start of the appointment system, and once a month thereafter.
- A six-month interim report would be prepared to present the progress and to suggest any necessary changes to the scheduling system.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Nov 2000
Total Approved Budget:	$ $40,000	**Projected End Date:**	Sep 2002

Egypt: Impact of Menstrual Disturbances on Contraceptive Use (FCO 9351 and previously 6381)

Technical Monitor: BTolley

Objective(s): To determine how menstrual disturbances, resulting from the use of hormonal methods and IUDs, affect contraceptive use and continuation.

Description: A study in Egypt, and later perhaps a second developing country, will determine how menstrual disturbances resulting from the use of hormonal methods and IUDs affect contraceptive use. Qualitative methods are employed during the early stage of the study to understand culturally-bound attitudes towards bleeding; how these attitudes affect a woman's perceptions of herself and her intimate relationships; and how these, in turn, influence contraceptive use. Quantitative methods are then employed to determine the impact of bleeding side effects on contraceptive use, method switching and discontinuation. Traditional notions of health and disease, as well as factors affecting women's status, are believed to greatly influence women's attitudes toward bleeding and their ability to achieve family planning goals.

This subproject will serve to further assist policy makers in determining what contraceptive method mix would be appropriate for contraceptive users in Egypt and countries with similar cultures. At a service delivery level, it will provide valuable information for the improvement of counseling and the management of bleeding side effects to encourage method continuation or facilitate contraceptive switching.

Subgrantee(s): Social Planning, Analysis and Administration Consultants (SPAAC)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Once Egypt was identified as a potential site for the study a field visit was made in March 1997 to obtain information for development of the study protocol.
- The protocol was developed in collaboration with the field investigators. Final approval to conduct the study was obtained from USAID/Egypt late in FY'98, and approved by the Protection of Human Subjects Committee.

- In November 1998, focus groups were conducted with current users of the IUD, Norplant, and DMPA, and in-depth interviews were conducted with women who have experienced changes in their bleeding patterns, with partners of these women, and with health care providers.
- Findings from the qualitative phase were used to revise the prospective study instruments.
- A decision was made to change implementing organizations for the prospective study. The enrollment phase of the 18-month prospective study began in May 1999. One hundred new IUD users, 69 Norplant users, and 87 DMPA users were enrolled during a 3-month period. The technical monitor visited Egypt in July 1999 to review and finalize work with SPAAC, the new implementing organization.
- The enrollment phase ended in early October 1999. The first follow-up visit after two months of use took place from October 1999 to December 1999.

April 1, 2000 - September 30, 2000

- The six-month follow-up was completed in April 2000, and the one-year follow-up began in August.
- The technical monitor made a monitoring visit to Egypt in July 2000.

Findings and Outcomes:

- As noted in the FY'99 Annual Report, preliminary findings from the qualitative phase of the study were grouped into three categories.
- Attitudes towards Menstrual Changes:
- Most women would like to have normal menstrual periods. The arrival of menses can be a very positive experience, making women feel "refreshed" and safe.
- Amenorrhea, when not postpartum or associated with breastfeeding, is unacceptable for several reasons. Foremost, women fear they may be pregnant.
- Women worried that increased bleeding might not, in fact, be menstruation, but some other kind of bleeding—a sign that something was wrong in their bodies.
- Changes in bleeding made women feel tired, depressed or annoyed. Although it rarely affected their workloads, bleeding changes did affect religious duties and sexual relationships.
- Service Delivery Issues:
- Women are counseled about the specific menstrual effects of a method either after the method has been administered, or as problems arise during follow-up visits.
- There are no standard regimens for treating menstrual cycle disturbances due to contraceptive use. Providers' and users' views of what constitutes a serious bleeding problem differ. Providers may recommend removal (of Norplant or IUD) when a client wants to continue, or may insist on treatment and delay removal when clients want to stop. Contraceptive users cannot always afford to pay for treatments prescribed.
- Contraceptive Use Decision-Making Process:
- Women often try to enlist others to use the same method they are using. However, they do not often tell women they are trying to recruit about menstrual problems they may be having. They may only share these (negative) contraceptive experiences with a few confidants.
- Providers often exert much influence over method choice and method termination. Clients often believe that a doctor can tell which method is "best" for them personally by examining them.
-

FY'01 WORKPLAN ACTIVITIES:

- The fourth round of follow-up will be conducted between January and March 2001. This will conclude data collection for the study.
- The data will be analyzed and a final report written by early June 2001.
- Dissemination in Egypt is planned for late June 2001.

Funding Source(s):			USAID/Core	**FCO Approved:**	**6381**	Oct 1996
					9351	Nov 1997
Total Approved Budget:	**6381**		N/A	**Projected End Date:**		Sep 2001
	9351	$	280,481			

Worldwide: Rethinking the Resupply of Contraceptive Methods (FCO 9347)

Technical Monitor: JStanback

Objective(s): To develop efficient and safe systems for the resupply of contraceptive methods.

Description: For many contraceptive methods, access to resupply is essential for successful method continuation. Most family planning providers specify a schedule of follow-up visits for their clients depending on the contraceptive method used. However, there are no consistent patterns of follow-up visits. The follow-up schedule and content of the visit varies among countries or even among clinics within the same country.

Based on the international guidelines, a universal instrument was developed to enable facilities to conduct self assessments to determine how well they meet established standards for resupply visits. Using a modified COPE approach, staff will identify problem areas from the self assessment instrument, will plan and develop interventions, and will evaluate the impact of the interventions.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Approval to develop this study was obtained in April 1997.
- Zambia and Haiti were selected as the two countries in which to potentially conduct this study. Haiti was subsequently dropped.
- USAID mission support from Zambia was received. FHI asked them for recommendations on persons and organizations that should be involved in the study.
- The study protocol was drafted.
- The technical monitor traveled to Lusaka, Zambia, in March 1999 to discuss the study with MOH officials, USAID, and other key informants.
- In addition, the technical monitor met with three research organizations with which FHI could develop a subagreement.
- The FHI monitor finalized the protocol and study instruments.
- The FHI monitor traveled to Zambia to select a study team. The study team and FHI monitor pretested the study instruments.
- The protocol was finalized and approved in December 1999.
- The study team initiated the study in ten clinics in Zambia in December 1999. By the end of January 2000 all baseline data were collected.

Past Six Months:

- Follow-up data were collected in June 2000.
- FHI conducted preliminary analyses of the baseline and follow-up data.
- An IUD module was added and baseline IUD data were collected in June 2000.

Findings and Outcomes:

- Preliminary analysis suggests that COPE-style clinic self-assessments had no impact on waiting time, but did change some clinic policies. For instance, some clinics expanded the hours of family planning services or instituted triage systems to give priority to re-supply clients.

FY'01 WORKPLAN ACTIVITIES

- Follow-up IUD data will be collected.
- Final analysis of all data will be conducted at FHI.
- An article or final report will be written.

Funding Source(s):	USAID/Core	**FCO Approved:**	Apr 1997
Total Approved Budget:	$ 113,005	**Projected End Date:**	Dec 2000

Worldwide: Research on Informed Choice (FCO 9360)

Technical Monitor: BTolley

Objective(s): 1) To examine the decision-making processes through which family planning clients arrive at a choice of contraceptive method; 2) to identify essential steps within these processes that lead to greater client participation in contraceptive decision making; and 3) to identify barriers to client's informed choice.

Description: In the reproductive health field, informed choice implies that: clients are presented with a range of contraceptive methods; they are provided with sufficient information about the methods; and they take an active role in determining which method to use, and how long to use it. This study will be conducted in two to three countries that have different method mixes. In one country permanent methods of sterilization will predominate, while temporary methods will be more important in the others.

As a preliminary step, secondary analysis of aggregate and clinic-level service statistics will be conducted to determine which methods are available to a given study population and who uses them. Network analysis approaches combined with in-depth interviews will enable users to better understand the process of contraceptive decision-making and the roles that different individuals play in this process. The study design will allow us to examine the roles that providers and others play in determining contraceptive choice and compare these various influences across countries having different contraceptive use patterns.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The concept paper was finalized and approved by USAID/W in August 1998.
- Sites were identified and contacted to determine interest. USAID/El Salvador and the MOH indicated interest in the study.

April 1, 2000 - September 30, 2000

- Three subprojects are under development and will be funded out of this FCO. The first subproject is related to IUD use in El Salvador (FCO 9310); the second will examine barrier method choice in Kenya (FCO 9320); and the third will assess quality of information for pharmacy pill clients (FCO 9363).

FY'01 WORKPLAN ACTIVITIES:

- Remaining funds will be used to undertake any non-subproject specific activities related to informed choice, e.g. information dissemination.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jul 1998
Total Approved Budget:	$ 350,000	**Projected End Date:**	Sep 2001

Kenya: Post-CBD Family Planning Decisions (FCO 9480)

Technical Monitor: DNichols

Objective(s): To determine the contraceptive decisions and fertility behavior made by former Maendeleo Ya Wanawake (MYWO) clients following the phase-out of community-based distribution (CBD) services.

Description: This subproject will be conducted among a sample of former MYWO CBD clients, at sites to be determined in collaboration with FHI's Africa Regional Office and with MYWO staff. This subproject will serve to further understand the impact of reductions in service delivery options to Kenyan women, and may underscore the need to reconsider CBD and/or strengthening existing clinic-based services as a result of increased demand from former CBD clients.

Collaborating Agency(s): Maendeleo Ya Wanawake (MYWO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval for subproject development was received in December 1999.
- A site visit was made in February 2000 to assess feasibility, including sampling issues.
- A decision was made in September 2000 to survey MYWO agents and former clients.

April 1, 2000 - September 30, 2000

- Meetings were held with MYWO staff to assess feasibility, sampling and questionnaire design.
- A study protocol and client questionnaire were developed and circulated for review.
- A staff consultant was hired by the Africa Regional Office to assist with the day-to-day management of field work.

FY'01 WORKPLAN ACTIVITIES:

- Data collection instruments and sampling plan will be finalized.
- Field work will be initiated.

Possible Problems, Barriers to Completion:

- Greater than anticipated inability to locate/interview former MYWO CBD clients.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Nov 1999
Total Approved Budget:	$ 91,121	**Projected End Date:**	Jun 2001

• ADOLESCENT REPRODUCTIVE HEALTH **YOUTH** • ADOLESCENT REPRODUCTIVE HEALTH **ADOLESCENTS** • ADOLESCENT REPRODUCTIVE HEALTH **MEN** • ADOLESCENT REPRODUCTIVE HEALTH **GENDER NORMS** • ADOLESCENT REPRODUCTIVE • **MODEL PROGRAMS** HEALTH • ADOLESCENT REPRODUCTIVE HEALTH • ADOLESCENT REPRODUCTIVE • **YOUNG ADULT** HEALTH **YOUTH** • ADOLESCENT REPRODUCTIVE HEALTH • ADOLESCENT **EDUCATION** REPRODUCTIVE HEALTH • ADOLESCENT **MEN** REPRODUCTIVE HEALTH • ADOLESCENT REPRODUCTIVE • ADOLESCENT REPROCTI

ADOLESCENT REPRODUCTIVE HEALTH

Strategic Objectives

1) To improve availability of and access to effective reproductive health services by adolescents through:
2) Identifying their unmet needs and the barriers to sexuality education and use of services
3) Increasing knowledge and skills of program managers and policymakers to provide needed education and services
4) To evaluate model programs and interventions to meet adolescent reproductive health needs

FY'01 Subprojects

	Jamaica:	Adolescent Reproductive Health Program (Phase II) (FCO 3418/3419/3420)
	Jamaica:	Adolescent Reproductive Health Program (Phase III) (FCO 3024/3424)
	Jamaica:	Curriculum and Training Evaluation (FCO 9375/9476)
	Jamaica:	Evaluation of Jamaica Adolescent Reproductive Health Program (FCO 1854)
	Nepal:	Adolescent Health Operations Research Project (FCO 7412)
	Nepal:	Nepal Adolescent and Young Adult (NAYA) Project (FCO 7414)
●	Senegal:	Identifying Ways to Improve Family Life Education (FLE) Programs (FCO 9453)
	Nigeria:	WONCA Adolescent Reproductive Health Workshop (FCO 3215)
?	Ethiopia:	Evaluation of HIV/AIDS IEC Programs for Youth (FCO 9418)
	Worldwide:	FHI/Pathfinder Adolescent Reproductive Health Activities (FCO 3276)
	Worldwide:	Adolescent Synthesis Paper (FCO 3288)
	Worldwide:	Development of a Refugee Initiative (FCO 1621/1855/1856 and previously 1590/1634)
	Worldwide:	Health of Adolescent Refugees Project (FCO 1840)
	India:	Healthy Adolescent Project in India (FCO 1311/1356)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01

Jamaica: Adolescent Reproductive Health Program (Phase II) (FCO 3418/3419/3420)

Technical Monitor: HMahler

Objective(s): 1) To increase the number of trainers and facilitators capable of using the Ashe Adolescent Reproductive Health (ARH) Manual, Preparing for the Vibes in the World of Sexuality, as developed under FCOs 3408 and 3416; 2) to develop and disseminate interactive material that trainers and facilitators will use to conduct future ARH training activities; 3) to expand the number of public school guidance counselors who can effectively utilize the ARH Manual to improve their students' knowledge of pregnancy and STD prevention; 4) to continue reaching adolescents with performances via school activities and make additional copies of the Manual available; and 5) to develop an adolescent reproductive health manual and video/audio cassette for parents, to train a core group of expert parent trainers to work with other parents using the manual and to follow-up and evaluate the impact of the manual and training for their usefulness.

In April/May 2000, the fifth objective was added to FCO 3419 as part of the next phase of the Vibes subproject.

NOTE: There was an additional objective involving an evaluation of the ARH Manual. In late FY'99, it was decided that the evaluation component should be managed separately. That objective is now under a new subproject, " Jamaica: Curriculum Training and Development". (FCOs 9375/9476)

Description: FHI has been working with the Ashe Ensemble to implement three efforts to disseminate and ensure utilization of new approaches to teaching adolescent reproductive health (ARH) through school nurses, guidance counselors, NGO staff and youth groups. As a result, Jamaican youth will have improved access to reproductive health information and services. A brief description follows:

1) Training of Trainers and Peer Education (FCO 3418). Fifteen persons from the group of 50 school guidance counselors, nurses and NGO personnel trained under the adolescent health subproject (FCO 3408) will be trained as trainers. Each will train 10 colleagues, resulting in 150 counselors trained to use the Reproductive Health Manual (developed under FCO #3416).
2) Training Activities Workbook (FCO 3419). FHI will work with the Ashe Ensemble to design, pretest and print an Activities Workbook to complement the ARH Manual (Vibes curriculum). This effort will include the development and/or dissemination of interactive materials that trainers and facilitators will use to conduct training activities including the "Preparing for the Vibes in the World of Sexuality" manual , the Activities Workbook, the Vibes video cassettes, and Vibes audio cassettes.
3) Ministry of Education Training Project (FCO 3420). The use of the ARH manual and Activities Workbook will be expanded through in 40 Ministry of Education schools with at least one classroom of students ages 12-14. FHI and ASHE will train 40 additional guidance counselors to use the ARH manual/vibes curriculum and teaching methodology.
4) Parents Project (3419). In collaboration with Ashe and the NFPB, an adolescent reproductive health manual to help parents will be designed; a core group of parent/trainers will be trained to use the manual and video/audio cassette; and the impact of the manual and cassettes will be evaluated.

Subgrantee(s): The Ashe Ensemble

Collaborating Agency(s): Jamaica Ministry of Education

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FCO 3418: In July 1999, a four-day training workshop was held for 24 guidance counselors, school nurses, and youth leaders who attended the original workshop in 1998. Each of these new trainers practiced their training skills, became more familiar with the manual, and developed training and action plans. During a September one-day follow-up meeting, participants reported on their progress recruiting trainees. In early 2000, the 20 new trainers each trained a total of 10 persons to teach using the manual. Each trainer provided support and supervision to their trainees. Two follow-up workshops were held with the trainers.
- FCO 3419: In May 1999, work began on the Activities Workbook. Ashe and FHI collaborated on a draft that was pretested in Jamaican schools in June. Based on the pretest, changes were made and the FHI graphic artist began working on the manual. The Activities Workbook was shared with the MOE, the Ministry of Health, the National Family Planning Board, and USAID for approval. Small changes were made and the Workbook was sent to the printer.
- FCO 3420: After initial meetings, the MOE Training and Evaluation component was approved by the MOE. FHI worked with the MOE to select schools for an experimental and a control group. A decision was made to split the evaluation activities from the training activities; evaluation activities are now reported under FCO 9476. The official launch of the ARH manual was held in November 1999. (A no-cost extension was implemented in order to cover the launch event.) The first set of the Workbooks were distributed immediately following the launch. Training for the MOE guidance counselors took place November 19-22, 1999 after which the trained counselors began using the manual with their students. Two follow-up one-day workshops took place. Monitors supervised the trained teachers.

April 1, 2000 - September 30, 2000

- FCO 3418: The new trainers continued to work with and supervise their new trainees. Ashe and FHI conducted supervision visits. In June 2000, TOTers received an additional diploma certifying them as trained trainers. Their trainees were invited to participate in SEXPO 2000 and received recognition for their work.
- FCO 3419: The Workbooks were printed and distributed. In April 2000, additional field support and MAARD funds were given from the Mission to develop and implement a Vibes curriculum for parents. Six needs assessments were held throughout Jamaica. With assistance from FHI and the NFPB, the Ensemble began developing and writing the manual and script for the video/audio cassettes.
- FCO 3420: Two additional follow-up workshops were held in the early and late spring, and supervision visits continued.
- Guidance Counselors who graduated from the program were invited to participate in SEXPO 2000, held in Montego Bay and Kingston, and receive diplomas at that event. Outstanding Guidance Counselors have been identified for the next training of trainers event.

FY'01 WORKPLAN ACTIVITIES:

- The objectives funded under FCOs 3418 and 3420 were met by the close of FY'00. They remain open simply for financial reports from Jamaica to be completely cleared. Both of these FCOs will be closed by November 30, 2000.
- Under FCO 3419: The Workbooks will be distributed and the Vibes parents manual and video/audio cassette will be completed, printed/produced and pre-tested.
- An initial TOT will be conducted with a core group of expert parent trainers to train them in the use of the manual and cassette and to work with other parents using the curriculum. These parent trainers will then be expected to train additional parents.
- A second TOT will be held on the parents curriculum.
- Follow-up meetings will be conducted with all of the expert parent trainers to reinforce the methodology and skills learned. In addition, the project team will make monitoring and supervision visits to the parent trainers.

- At the end of FY'01, the project team will begin holding focus group discussions with parents and their children to assess the effectiveness and impact of the parents manual and video/audio cassette. An overall project evaluation and report will be done.

Funding Source(s):			USAID/Field Support	**FCO Approved:**	**3418**	Apr 1999
					3419	Apr 1999
					3420	May 1999
Total Approved Budget:	**3418**	$	97,623	**Projected End Date:**		Sep 2001
	3419	$	195,282			
	3420	$	200,026			
		$	492,931			

Jamaica: Adolescent Reproductive Health Program (Phase III) (FCO 3024/3424)

Technical Monitor: HMahler

Objective(s): To institutionalize the family life education curriculum developed by FHI, the ASHE Ensemble and the Jamaican Ministry of Education during the past two years and expand on certain aspects of the program.

Description: Jamaica Vibes - Phase III is a follow-on to two previously implemented subprojects (FCOs 3408, 3416, and 3418, 3419, 3420) with the Ashe Ensemble. This subproject is designed to continue efforts implemented under the above FCOs and will serve to institutionalize the family life education curriculum developed by Ashe, the Ministry of Education, and Family Health International during the past two years. It will also expand on certain aspects of the program.

The following activities will be accomplished under the Phase III subagreement:
1) In-Service follow-up training of guidance counselors, school nurses, and NGO staff
2) Training and follow-up training to reinforce the training of trainers component of this project
3) Follow-up evaluation of students and guidance counselors participating in the evaluation study
4) Training of guidance counselors and training of institution professors
5) Assisting the Ministry of Education in determining the future direction of family life education in Jamaica
6) Development of a new theater piece on adolescent reproductive health
7) Institutional/expansion assessment of the Ashe Ensemble

Subgrantee(s): The Ashe Ensemble

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Field support funding for Phase III was identified in April and additional core funds were approved in July 2000.
- A local Jamaica Vibes - Phase III Project Coordinator was hired
- A Vibes training workshop was planned and implemented for faculty from guidance counselor training institutions.
- The first follow-up workshop, for guidance counselors in the program, was delayed until after an October curriculum review by the Ministry of Education.
- A new theater piece on adolescent reproductive health was under development.
- USAID/Jamaica decided to fund the salaries of 10 Ashe education staff members. The subagreement was revised to reflect this change.

FY'01 WORKPLAN ACTIVITIES:

- A Ministry of Education review of the Vibes curriculum will be held in October 2000.
- The guidance counselor training workshops will begin after the Ministry of Education review. Follow-up workshops will also begin at this time.
- Vibes II will be completed and filmed in a professional studio. Performances of the new piece will begin in selected schools.
- Institutional development technical assistance will be identified.
- Support for Ashe educational staff will continue.

Possible Problems, Barriers to Completion:

- A delay in the Ministry of Education review, or concerns raised by the review that need to be addressed, may delay the guidance counselor training.

Funding Source(s):			USAID/Core	**FCO Approved:**	**3024**	Jul 2000
			USAID/Field Support		**3424**	Apr 2000
Total Approved Budget:	**3024**	$	167,613	**Projected End Date:**		
	3424	$	296,651			
		$	464,264			

Jamaica: Curriculum and Training Evaluation (FCO 9375/9476)

Technical Monitor: CWest

Objective(s): 1) To assess the effectiveness of the "Vibes" family life education (FLE) curriculum in improving factors that contribute to adolescents' reproductive health; and 2) to assess the relative benefits of peer-training versus direct-training educators in order to reach a target population of adolescents.

Description: Jamaica FLE curriculum's contribution to adolescents' reproductive health are being evaluated by examining levels of self esteem, reproductive health knowledge, positive attitudes toward sexuality, and reproductive health decision-making capabilities. Twenty control and twenty experimental classrooms will be surveyed at baseline and at the end of the school year to detect changes in these indicators.

The comparative evaluation of the peer- and direct-trained educators will add twenty additional classrooms of peer-trained guidance counselors involved in FCO 3418, "Training of Trainers and Peer Education Project". Differences between the peer-trained counselors' classrooms versus those of the counselors trained by FHI under the "Ministry of Education Training Project" (FCO 3420) will be measured. The FHI-trained and peer-trained counselors will also be surveyed to evaluate changes in their levels of reproductive health knowledge and skills. They will also participate in end-of-year focus group discussions. The costs of direct-training versus peer-training counselors will be analyzed to provide a cost-effectiveness analysis of these two methods of reaching a target population.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Approval to implement the curriculum evaluation (then under FCO 3420), was granted September 2, 1999.

- Subsequently, it was decided that the evaluation component should be managed separately from the training activities and that the evaluation should be expanded to assess the relative benefits of peer-training.
- Pretesting of the adolescent questionnaire took place in September 1999, and the feasibility of adding the peer-educated counselors and their classrooms was explored at that same time. A decision was made to include this additional group in the curriculum evaluation.
- A research protocol was developed, and data collection instruments were drafted. The PHSC's approval was obtained for the protocol and parental consent forms.
- FHI staff traveled to Jamaica in September 1999 to pretest the data collection instruments and the consent forms.
- FHI staff traveled to Jamaica in October 1999 to begin data collection and to locate counselors for the peer-training evaluation.
- Baseline data collection and data entry for the evaluation was completed in December 1999.

April 1, 2000 - September 30, 2000

- A monitoring visit took place in January 2000 to ensure that the curriculum was being correctly implemented in all of the survey classrooms.
- The second round of student surveys took place in May 2000 and the data were entered.
- Focus group discussions with guidance counselors were conducted during June 2000.

FY'01 WORKPLAN ACTIVITIES:

- Data will be cleaned and analyzed.
- A report will be written on the first years' results.
- Results will be disseminated to USAID, MOE and other interested parties.
- A follow-up survey with students will take place June 2001.

Funding Source(s):		USAID/Field Support;		**FCO Approved:**	**9375**	Sep 1999
		USAID/Core			**9476**	Sep 1999
Total Approved Budget:	**9375**	$	44,063	**Projected End Date:**		Jun 2001
	9476	$	29,284			
		$	73,347			

Jamaica: Evaluation of Jamaica Adolescent Reproductive Health Program (FCO 1854)

Technical Monitor: CWaszak

Objective(s): 1) To track the implementation of the UNFPA Jamaica Adolescent Reproductive Health Program; 2) to measure changes in the Program's output indicators; 3) to report monitoring and evaluation (M&E) results to providers on an ongoing basis and facilitate a process of using them as a management tool; 4) to build capacity within the Program to continue the monitoring process after the Program ends; and 5) to analyze costs of the Program compared to estimated costs of unmet adolescent and youth reproductive health care needs.

Description: Under this subproject FHI provides monitoring and evaluation services for UNFPA's Adolescent Reproductive Health Program in Jamaica. This Program will provide infrastructure (advocacy, training, clinical services, peer education) for increasing adolescent utilization of sexual and reproductive health services in three sites in Jamaica.

FHI's M&E activities include a baseline and post-program community-based household survey of youths 15–24 years old in the three sites; a baseline and post-program survey of providers; development of standardized activity monitoring and service statistics forms and a mechanism for data collection, reporting, and dissemination; site-based evaluation of quality of care; and a cost analysis and technical assistance related to accounting and sustainability.
Subgrantee(s): Hope Enterprises Inc.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In February 1999, FHI learned that a subcontract was to be awarded for this activity; the FCO was subsequently established.
- The UNFPA subcontract was signed in March 1999.
- Questionnaires were developed for the Community Youth Survey and the Provider Survey during the spring of 1999.
- Service statistics forms were adapted for use in the program activities.
- The subcontractor, Hope Enterprises, collected data for the baseline community youth survey.
- The program coordinator developed a quarterly report format.

April 1, 2000 - September 30, 2000

- FHI and Hope Enterprises analyzed data from the Baseline Community Youth Survey and wrote reports on the findings from each site.

Findings and Outcomes:

- Over 80% of respondents in each site reported ever having had sex. Over 50% in each site reported having a current sex partner. Fifteen to 30% (in each site) reported having more than one partner, with males more likely than females to need more than one partner.
- About 40% of the sexually active respondents from each site reported using contraception at first sex, with females more likely to report contraceptive use than males. 44% to 67% reported using contraception at most recent intercourse.
- About a third to over half of the female respondents at each site had ever been pregnant.
- 15% to 20% of all respondents at each site reported genital discharge within the past 12 months.
- Up to a quarter of all respondents at each site considered themselves ‘very likely to contract HIV.’
- Up to a third of the females in each site reported their first sexual experience being ‘against my will’
- Community violence and getting a job were what the largest percentages of respondents reported worrying about, though substance abuse in my community and AIDS/STDs were also important concerns.
- There were significant sex differences with regard to psychological well being. Females had higher depression and alienation scores and lower self-esteem scores compared to males. There were also differences among the sites with the “healthiest” scores being found in Clarkstown, the most rural site.

FY'01 WORKPLAN ACTIVITIES:

- Findings from baseline survey will be disseminated locally.
- FHI will hire a consultant to determine the marginal costs of implementing ARH activities in the ongoing program.
- FHI and Hope Enterprises will develop and conduct the end-of project survey.
- FHI will analyze provider survey data.

Possible Problems, Barriers to Completion:

- Provider survey implementation is dependent on UNFPA program training , which has not taken place.

Funding Source(s):		UNFPA	**FCO Approved:**	Feb 1999
Total Approved Budget:	$	147,620	**Projected End Date:**	Mar 2002

Nepal: Adolescent Health Operations Research Project (FCO 7412)

Technical Monitor: CWaszak

Objective(s): To determine the status of adolescent and young adult health in selected areas of Nepal, in order to enhance program design.

Description: This subproject entails several discrete activities. First, formative qualitative data were collected through focus group discussions in study and non-study districts and through informal discussions with key informants. Information obtained will be used to develop a survey questionnaire. Descriptive data relevant to the reproductive and sexual health needs of a cross sectional sample of adolescents and young adults (ages 14–22) will also be collected in selected areas of Nepal. Study results will be disseminated to policy makers, program managers, and the target population. The translation of research results into improved services to adolescents and young adults will be facilitated. Lastly, throughout this process an effort will be made to build in-country capacity to conduct qualitative research and to use results in the development of other research instruments and program design.

Subgrantee(s): BP Memorial Health Foundation, Valley Research Group

Collaborating Agency(s): East-West Center

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subproject was approved in May 1998.
- In July–August 1998, an FHI/NC staff member traveled to Kathmandu to conduct a needs assessment, working with the FHI/Nepal technical advisor and a consultant from the Honolulu-based East-West Center.
- FHI identified a local NGO to assume primary responsibility for implementing project activities and a local research firm to conduct research activities.
- A draft strategy document for the Project was formulated and subagreements with the Nepali implementing organizations were signed in 1998 and 1999.
- FHI's technical monitor traveled to Nepal in January 1999 to train Nepali researchers, including focus group moderators. (During the same visit, further work was done on a survey that will assess sexual and reproductive health needs of adolescents and young adults in Nepal.
- In March 1999, focus group discussions and in-depth interviews were conducted; FHI's technical advisor traveled to Pokhara to monitor the conduct of focus group discussions and review transcribed materials.

April 1, 2000 - September 30, 2000

- The survey instrument was revised on the basis of the qualitative data collected.
- The survey was translated into Nepali and pretested.
- A subagreement with the Nepali research organization was signed in March 2000.
- Analysis of focus group and in-depth interview data was completed.
- Field work for the household survey began.

Findings and Outcomes:

- Traditional gender norms have serious implications for adolescent reproductive health, especially for girls. Girls' lack of access to education and parents' anxieties about maintaining daughters' virginity until marriage promotes the marriage of girls at young ages in Nepal. Girls are put at risk of unsafe pregnancies because of the young ages at which they first give birth because childbearing is expected soon after marriage. The risk of unsafe pregnancy is further increased by

lack of access to prenatal care and malnutrition caused by poverty and the tradition that daughters-in-law are fed only after other family members have eaten.

- Financial pressures have lengthened the period young men remain single so that they can earn money before marriage. While girls are expected to remain virgins, boys are not and sex with prostitutes is considered acceptable in many communities. This puts young men at risk of STDs, including HIV infection.
- Parents and adolescents are caught in the middle of a major social transition with regard to arranged marriages, resulting in a lot of tension. Parental concerns lead youth to keep their emerging romantic relationships clandestine, which actually intensifies the interaction and creates situations in which premarital sex is more likely to take place.
- Lack of education, information, and services are experienced by adolescents of both sexes. Neither boys nor girls are able to protect themselves against unintended pregnancies or infections when they do engage in premarital sex.
- Norms about family planning and ideal family size are changing in Nepal, with most focus group participants wanting to wait longer before marriage and wanting fewer children than their parents. While most young people feel that they can decide about the number of children they have, they feel less able to resist the familial pressure to have children soon after marriage.

FY'01 WORKPLAN ACTIVITIES:

- A strategy for adolescent programs will be revised based on survey findings.
- A monograph on qualitative analysis will be published and disseminated.
- A presentation on qualitative results will be made at an adolescent conference in India in November.
- Field work will be completed for the household survey.
- Survey data analysis will be completed.
- A final report on the survey data will be completed.

Possible Problems, Barriers to Completion:

- Funding may not be sufficient for implementing all planned project activities.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	May 1998
Total Approved Budget:	$ 450,000	**Projected End Date:**	Sep 2001

Nepal: Nepal Adolescent and Young Adult (NAYA) Project (FCO 7414)

Technical Monitor: MTiedemann

Objective(s): To increase the accessibility and use of RH information and services by youth in Nepal.

Description: FHI is providing technical and infrastructurel support to B.P. Memorial Health Foundation (BPMHF), a health education and service NGO in Kathmandu. BPMHF is to implement activities in five major areas:

1) Develop and maintain a resource documentation center;
2) Publish youth-specific IEC materials;
3) Establish a Nepal Youth Coordination Council for RH;
4) Provide training and capacity building assistance to youth counselors, health providers, journalists, peer educators, and others;
5) Conduct advocacy and information dissemination on RH of adolescents and young adults.

Subgrantee(s): B.P. Memorial Health Foundation

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A subproject budget was prepared and the new FCO established in February 1999 to track expenditures.
- A subagreement was prepared for the implementing agency, B.P. Memorial Health Foundation, and submitted to USAID/Nepal.
- Plans to have BPMHF conduct research on reproductive health of adolescents and establish youth-specific services were dropped, in response to USAID Mission's desire to scale back the NAYA Project.

April 1, 2000 - September 30, 2000

- The subagreement is still pending approval.

FY'01 WORKPLAN ACTIVITIES:

- The subagreement will be revised and resubmitted to the USAID Mission.
- If approved, activities will begin with support from FHI.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Feb 1999
Total Approved Budget:	$ 318,198	**Projected End Date:**	Sep 2001

Senegal: Identifying Ways to Improve Family Life Education (FLE) Programs (FCO 9453)

Technical Monitor: KKatz

Objective(s): To identify ways to improve the design of FLE programs in Dakar, Senegal.

Description: Previous research conducted in Dakar has shown that FLE courses can have a positive impact on contraceptive knowledge and use among young adults. This study compared various FLE programs in Dakar in order to identify their relative strengths and weaknesses. During 1998, a survey was conducted of FLE participants in different programs to measure their reproductive health knowledge, attitudes, and behavior. Focus group discussions were also conducted to assess the students' perceptions and to elicit their opinions on the positive and negative aspects of these programs.

Subgrantee(s): University of Dakar

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A pre-study visit was made in December 1996 to identify FLE programs, potential study sites, a study coordinator, and implementing agency.
- A study protocol was developed and presented to the PHSC, which requested further information regarding the consent process. PHSC approved the study in August 1997.
- The subagreement was finalized and approved.
- FHI's technical monitor traveled to Dakar in December 1997 to work with the study coordinator.
- The survey questionnaire was pretested and finalized.
- Data collection began in January 1998 and was completed in July 1998.
- Data analysis was completed and a draft report written.
- A final report was completed in July 1999.

- A dissemination seminar took place in December 1999 at the Novotel Hotel in Dakar. There were 20 participants including representatives from the FLE programs, Ministries of Education and Youth and Sports, The Population Council and WHO.
- **The FCO was closed on March 31, 2000.**

Findings and Outcomes:

- The dissemination of the results in December 1999 led to an intensive and practical discussion. Participants agreed that there is a need to focus FLE courses on younger students, before they are sexually active. They also supported the need to involve parents and suggested theater programs put on by adolescents for parents.
- The results from this study will be incorporated into the design of the FRONTIERS Project that will compare interventions for youth on reproductive health issues.
- As reported in the FY'99 Interim Report, survey findings indicate gaps in reproductive health knowledge particularly concerning the menstrual cycle and pregnancy.
- Focus group data show adolescents usually do not use family planning at first intercourse.
- There are indications of violence, i.e. beatings or rape, if a girl refuses to have sex.
- Adolescents need to learn decision-making skills, including how to say no and how to deal with pressure to have sex.
- Overall, FLE participants were satisfied with their FLE program and had few suggestions for improvement. Many, however, indicated they would like parental involvement.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 1996
Total Approved Budget:	$ 78,260	**Projected End Date:**	Mar 2000

Nigeria: WONCA Adolescent Reproductive Health Workshop (FCO 3215)

Technical Monitor: JSchueller

Objective(s): 1) To obtain information on the status of adolescent reproductive health (ARH) related services provided by general practitioners/family physicians (GP/FPs) in Nigeria; 2) to share information with GP/FPs on current ARH problems and issues within and outside of the region, focusing particularly on pregnancy and STD/HIV/AIDS prevention and behavior change; 3) to assist GP/FPs to become more involved in the management of ARH programs by helping them develop outreach strategies, create/maintain links with adolescent groups in their region to help empower youth and create an environment which would encourage adolescents to seek their services; and 4) to help Nigeria GP/FPs attending the Africa Region's World Organization of Family Doctors (WONCA) meeting develop an ARH Action Plan.

Description: In coordination with WONCA-Africa Region, FHI developed, coordinated and implemented a day-long workshop on ARH, as part of the WONCA-Africa Region Annual Meeting held September 6-8, 2000 in Abuja, Nigeria. The goal was to provide 150-200 Nigerian service providers and others from the Africa Region with improved knowledge in adolescent service delivery and STD/HIV/AIDS prevention.

The workshop was also to help build capacity around such issues as injectables, emergency contraceptive pills, human rights, HIV/AIDS, community involvement and outreach and post-abortion care. Participants gained new knowledge related to the importance of providing adolescent-friendly services and counseling.

In addition to the ARH Workshop jointly planned by FHI/NC, FHI/Nigeria and WONCA, the three organizations will work together to evaluate the impact of the Workshop within six months. FHI will provide technical assistance to develop a post-Workshop questionnaire and informal interview model. Local FHI/Nigeria and WONCA staff will conduct site visits with GP/FPs to assess how well service providers are implementing activities outlined in the ARH Action Plan.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI/NC worked with FHI/Nigeria and WONCA staff to plan and organize a day-long workshop on adolescent reproductive health.

April 1, 2000 - September 30, 2000

- The workshop was held September 8, 2000. Over 100 physicians and 20 adolescents attended the event.
- FHI assisted WONCA staff and other Nigerian GP/FPs in developing an ARH Action Plan.
- FHI/NC began working with FHI/Nigeria and WONCA staff to assess the impact of the workshop.
- Three FHI/NC and FHI/Europe staff members met with various staff from USAID, DFID, Ford Foundation, MacArthur Foundation and local NGOs to explore opportunities for collaboration in Nigeria.

Findings and Outcomes:

- Although impact of the ARH workshop will continue to be evaluated throughout FY'01, the initial assessment of the activity is that, overall, the workshop was successful. However, because of last minute difficulties between the local WONCA Association and the Regional Organizing Committee, the attendance was less than anticipated. Also, it appeared that the selection of the conference site might have played a role in the low attendance. Abuja is the new capital of Nigeria and is not as accessible as the Lagos or Ibadan areas, where the majority of physicians are located.

FY'01 WORKPLAN ACTIVITIES:

- FHI/NC will continue working with FHI/Nigeria and WONCA staff to assess and evaluate the impact of the ARH workshop, and technical assistance will be provided, as necessary.
- A final report of the activity will be written in collaboration with FHI/Nigeria and WONCA staff.
- FHI/NC and FHI/Europe staff will follow up with the donor, foundation and local NGO staff contacted in Nigeria regarding possible opportunities for collaboration.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jun 2000
Total Approved Budget:	$ 62,575	**Projected End Date:**	Sep 2001

Ethiopia: Evaluation of HIV/AIDS IEC Programs for Youth (FCO 9418)

Technical Monitor: DNichols

Objective(s): To establish a standardized monitoring system which will track HIV/AIDS behavioral data among youth aged 15-24, to be used to guide program planning on IEC and related interventions for specific young adult target groups.

Description: Information will be collected and analyzed which will give HIV/AIDS program planners a clear and timely picture of current risk behaviors in specific target population groups. The data may also be useful in indicating how well the *combined* effects of various interventions, including IEC programs, are working.

Subgrantee(s): Consortium of Family Planning NGOs in Ethiopia (COFAP) or Ethiopia Public Health Association (EPHA)

Collaborating Agency(s): Pathfinder International

FY'01 WORKPLAN ACTIVITIES:

- Early development work for this subproject took place under FCO 6485, Ethiopia Improvement and Expansion of Family Planning Services. For FY'01 the decision was made that the effort was sufficiently discrete to become a separate subproject.
- A study protocol will be developed, as will data collection instruments. The latter will be pretested and finalized and the protocol will be circulated for review in-country. Final approval of the protocol and subproject will be sought from USAID.
- EPHA will identify an Addis Ababa University graduate student to manage day-to-day field activities for the subproject.
- A household survey in selected sites and focus group discussions will be designed.
- Field data collection will begin during the 2nd or 3rd quarter of FY'01.
- Data will be entered in machine-readable format, edited and tabulated on a monthly basis. Feedback of information collected will be provided on a regular basis.
- A final report will be prepared by September 2001 and distributed to relevant agencies and health program managers.

Possible Problems, Barriers to Completion:

- The availability of appropriately trained personnel is limited which could make it difficult to recruit sufficient field data collectors. Ministry of Health approval must also be obtained.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 60,502	**Projected End Date:**	Sep 2001

Worldwide: FHI/Pathfinder Adolescent Reproductive Health Activities (FCO 3276)

Technical Monitor: JSchueller

Objective(s): To develop 1) key biomedical and technical questions and answers on contraception and sexually transmitted diseases, which will fit into the FOCUS Project's "Key Questions" Matrix; 2) key Questions and Answers (Qs and As) on adolescent reproductive health to be distributed on FOCUS' Web site and in limited hard copy form; and 3) a handbook on adolescent reproductive health and services, concentrating on pregnancy and STD prevention.

NOTE: After consulting with appropriate staff, FHI has developed a handbook for service providers and program managers on adolescent reproductive health instead of pocketbook guidelines, as this more accurately reflects how and by whom the publication will be used. In addition, the title of this subproject, "Adolescent Reproductive Health Expert Meetings and Guidelines Development," has been changed to "FHI/Pathfinder Adolescent Reproductive Health Activities" to better reflect the new objectives of this subproject.

Description: FHI is collaborating with the FOCUS on Young Adults Project of Pathfinder International on three specific activities. The first is the development of questions and answers focusing on the biomedical and technical aspects of contraception and STD/HIV/AIDS prevention for adolescents to be included in the FOCUS "Key Questions" Matrix.

Second, FHI and FOCUS are working on the development of key Qs and As on adolescent reproductive health to be distributed in a format similar to Dr. Shelton's "Contraceptive Pearls" messages. The primary emphasis will be on medical, clinical, technical, and behavioral concerns of adolescents related to contraception, STDs, sexual growth/development, and sexuality education. FHI will be responsible for those questions dealing with contraception and STDs. The questions and answers will be placed on the FOCUS Web site, with limited distribution via hard copy.

Third, with FOCUS' input and review, FHI has taken the lead in developing a handbook on adolescent reproductive health. This handbook will help providers more effectively and holistically serve adolescents by increasing their understanding of the broader range of issues that affect sexual behavior and by providing an assessment tool to aid in service delivery and counseling. The handbook addresses the following: definition of adolescent reproductive health, rationale for the handbook, ethical issues in adolescent reproductive health, counseling for decision making, adolescent development, unintended pregnancy prevention, contraceptive methods for adolescents, STD and HIV prevention, and programmatic issues. The document will be distributed to developing country service providers, program planners/managers, cooperating agencies, and international donors working with adolescents.

Collaborating Agency(s): The FOCUS on Young Adults Project

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI and FOCUS held meetings in March/April 1998 to define the activity, discuss the roles and responsibilities of the two organizations, and discuss the possibility of an expert meeting and developing a consensus document on adolescent reproductive health. Preliminary approval to implement the subproject was also obtained from USAID in April 1998.
- A list of key questions was formulated to aid in the development of a consensus document.
- In September 1998, a meeting was held with key FHI and FOCUS staff to redefine the subproject to better meet each organization's needs, expertise and target audiences.
- Approval to implement the subproject with a revised budget was obtained from USAID/W in November 1998.
- FHI and FOCUS have worked on to develop a set of biomedical and technical key questions on contraception and STD/HIV/AIDS prevention for adolescents, which will become part of the FOCUS "Key Questions" Matrix.
- FHI and FOCUS worked on developing key Q's and A's on adolescent reproductive health. The first and second round of these Q's and A's were put on the FOCUS Website in FY'99 and FY'00.
- A third round of Q's and A's was begun by FHI and FOCUS.
- FHI crafted, and had reviewed, a Handbook on Adolescent Reproductive Health and Services.

April 1, 2000 - September 30, 2000

- FHI developed a comprehensive set of biomedical and technical key questions and answers for the FOCUS "Key Questions" Matrix.
- FHI and FOCUS continued work on the third round of key Q's and A's.
- FHI staff completed reviews and design of the Handbook on Adolescent Reproductive Health and Services in August 2000.
- FHI printed the handbook in September 2000.

FY'01 WORKPLAN ACTIVITIES:

- FHI and FOCUS will disseminate the biomedical and technical key questions and answers developed for the FOCUS "Key Questions" Matrix including posting them on FHI's and FOCUS' Web sites. A glossary of terms also will be developed and the questions and answers may be translated into Spanish and French.

- The next rounds of key Q's and A's will be finalized and posted on the FOCUS Web site.
- FHI will disseminate and distribute the Adolescent RH Handbook.

Funding Source(s):		USAID/Core	**FCO Approved:**	Apr 1998
Total Approved Budget:	$	61,257	**Projected End Date:**	Sep 2001

Worldwide: Adolescent Synthesis Paper (FCO 3288)

Technical Monitor: K Katz

Objective(s): To present a comprehensive overview of FHI's work in adolescent reproductive health, synthesize key findings and share lessons learned.

Description: FHI will publish a monograph synthesizing its research and programs on adolescent reproductive health. This 24 to 32 page publication will be distributed to CAs, USAID, adolescent health advocates and other key stakeholders in adolescent reproductive health.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- The monograph was written, reviewed and designed and is currently in production.

FY'01 WORKPLAN ACTIVITIES:

- Production will be completed. The monograph will be printed and dissemination will begin in November 2000.

Funding Source(s):		USAID/Core	**FCO Approved:**	Apr 2000
Total Approved Budget:	$	60,000	**Projected End Date:**	Mar 2991

Worldwide: Development of a Refugee Initiative (FCO 1621/1855/ 1856 and previously 1590/1634)

Technical Monitor: BTucker

Objective(s): To identify and respond to issues related to adolescent reproductive health in refugee situations.

Description: Corporate funds were made available in 1995 to develop a refugee strategy and initiate discussions with potentials partners (FCO 1590). Subsequently, in FY'96 the Mellon Foundation provided a three-year grant to FHI to respond to the needs of adolescent refugees (FCO 1634). The funding for refugees is part of a larger institutional grant to FHI from the Mellon Foundation. An annual report on the status of activities is provided to the donor. In 1998 the grant was renewed for another three years (FCO 1621). This grant has been utilized to fund development of educational and informational materials, participation in adolescent conferences and a UNHCR grant to translate the Reproductive Health manual developed by the Inter-Agency Working Group on

Reproductive Health for Refugees (IAWG) into Russian and Portuguese (FCOs 1855 and 1856, respectively).

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- For updates prior to 1999, please see FY '98 Annual Report.
- FHI participated in the UNHCR-convened IAWG from 1995 through 1999.
- The FHI-authored article "The Reproductive Health Needs of Adolescent Refugees" was published in the November 1995 issue of *Refugee Participation Network*.
- FHI submitted a joint proposal to train trainers and adolescent peer educators in three countries through the World Association of Girl Guides and Girl Scouts to the UNFPA for funding in April 1997 (FCO 1840).
- Technical assistance in qualitative research methods was provided to the Women's Commission on Refugee Women and Children in April 1997.
- In March 1998, FHI purchased printed materials to establish a small resource center on Reproductive Health and adolescents for each country participating in a related UNFPA-funded subproject (FCO 1840).
- FHI made a presentation on Problems Facing Adolescent Refugees at the Conference of the International Federation of Medical Students' Association, held in Cairo, Egypt, August 2–8, 1998.
- FHI staff served as a resource to the November 1998 UNFPA Conference on Reproductive Health in Emergency Situations held in Renne, France.
- Meetings were held in April 1999 with the UNHCR and UNFPA in Geneva to determine sites for Phase 2 of the Review of Adolescent Refugee Projects (see FCO 1758).
- FHI staff attended a UNFPA national meeting in Kenya on RH for refugees in November 1999.
- FHI staff served as resource to the December 1999 UNFPA regional conference on RH in emergency situations held in Dakar, Senegal.
- FHI sent materials to the regional conference on RH in emergency situations held in Nepal in March 2000.

April 1, 2000 - September 30, 2000

- Proposals to the UNHCR for translation of the IAWG manual into Portuguese and Russian was revised and resubmitted in June 2000.
- FCO 1855 was established in June 2000 for translating the Reproductive Health manual into Russian, with funds from the UNHCR.

Findings and Outcomes:

- As reported in the FY'98 Annual Report, key messages made at the 1998 Medical Students' conference included the following: the challenge of identifying the key age-appropriate health messages for adolescents; the need of adolescent refugees to have at least one adult whom they trust; the importance of the community to have ownership of any project being implemented in their area; and potential of the Health of Adolescent Refugee Project to have global impact through the badge activities described in FCO 1840 being available in over 130 countries.

FY'01 WORKPLAN ACTIVITIES:

- Negotiations will be completed with the UNHCR on the contract to translate the IAWG manual into Portuguese.
- Contracts will be arranged for a Russian translator and a Portuguese translator. Both translations should be completed by the beginning of January 2001. (FCO 1855 and 1856 respectively.)
- Upon completion of the translations, FHI staff will proofread and edit the translated manuals.
- The layout of the Portuguese manual will be handled in-house by FHI and should be done from early January until March 2001. Layout for the Russian manual will be subcontracted to a group in Moscow, who will also handle distribution.

- The finished manuals will be shipped to the destinations by early April 2001.
- A final report on the Health for Adolescent Refugee Project will be prepared and distributed.

Funding Source(s):			Mellon Foundation; UNHCR/Private	**FCO Approved:**	**1590**	Mar 1995
					1621	Mar 1999
					1634	Jan 1996
					1855	Jun 2001
					1856	Jun 2001
Total Approved Budget:	**1590**	$	5,000	**Projected End Date:**		Dec 2001
	1621	$	100,000			
	1634	$	100,000			
	1855	$	18,278			
	1856	$	56,737			
		$	280,015			

Worldwide: Health of Adolescent Refugees Project (FCO 1840)

Technical Monitor: MTiedemann

Objective(s): To assist and evaluate a peer educators' pilot project in refugee camps in Uganda, Zambia, and Egypt in collaboration with the World Association of Girl Guides and Girl Scouts (WAGGGS).

Description: In 1997 the UNFPA awarded FHI and WAGGGS funding for this two-year pilot project. WAGGGS oversees the implementation of the Health of Adolescent Refugees Project in the field. FHI was responsible for curricula development, training and project evaluation.
Funds from the Mellon Foundation have also covered some project costs.

Collaborating Agency(s): World Association of Girl Guides and Girl Scouts

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In December 1997, FHI and WAGGGS conducted an assessment of needs and resources in the three pilot countries: Egypt, Zambia, and Uganda.
- FHI developed curricula for the Adolescent Health Badge, health service providers, Girl Guides, and national trainers working in the Health of Adolescent Refugees Project (HARP).
- FHI implemented a training of three project coordinators, eight service providers, and ten national trainers of the Girl Guide Associations from April 24 to May 4, 1998, in Uganda.
- Monitoring visits were made to the three project countries in March 1999. In Egypt, refugees are dispersed throughout Cairo, which made it difficult to identify girls to participate in the project.
- Resource materials on RH were distributed to the three country coordinators in March 1999.
- The 1997–1998 annual project report was written.
- Discussions regarding expansion/extension were begun with the National Girl Guide Association in Uganda and Zambia in March 1999.
- Recommendations from the monitoring trip were compiled and disseminated in April 1999.
- FHI and WAGGGS worked to see that the recommendations were implemented.

April 1, 2000 - September 30, 2000

- The 1998–1999 annual project report was finalized and distributed.
- It was decided not to conduct the second monitoring trip, as there would have been insufficient time to implement monitoring recommendations prior to the project evaluation.
- The project evaluation was conducted in January 2000. The evaluation report was completed and disseminated in June 2000.

Findings and Outcomes:

- Findings from the end-of-project evaluation included: comprehension and awareness of health issues among adolescents increased, although the level of knowledge varied among groups and across topics.
- While the concept of self-esteem was difficult to convey, many participants were proud of their new knowledge and were eager to convey it to their peers.
- Involving community leaders and parents is critical; the project generated demand for including additional girls and programming for boys.
- There was evidence of increased utilization of health services by adolescents in the target communities. However, turnover among the leaders and health providers in all countries affected project continuity.
- Additional outcomes not directly related to the original objectives include: HARP created a safe space and provided productive activities for refugee adolescents; Guide leaders' increased their RH knowledge and community status; and community awareness of RH topics and services were raised.
- HARP demonstrated that the model was feasible and sustainable, as the three national Guide associations continue the project beyond the pilot phase.
- As reported previously, findings from the needs assessment included the need to coordinate the Project with activities being implemented by other NGOs. There were distinct differences in the implementation sites; however there were commonalties found in the National Association of Girl Guides in the pilot countries. Adolescent girls need increased access to health services.
- The March 1999 monitoring visit determined that Guide Leaders need to spend more time on each RH topic to ensure better comprehension by girls. Girl Guides who do not have a good grasp of English should prepare their flipbooks in both English and their native language. The projects in Uganda and Zambia have generated demand for expansion to other girls and boys, as well as increased utilization of health services by participants.

FY'01 WORKPLAN ACTIVITIES:

- The final project report will be completed and disseminated and the project will be closed.

Funding Source(s):		UNFPA	**FCO Approved:**	Sep 1997
Total Approved Budget:	$	217,139	**Projected End Date:**	Dec 2000

India: Healthy Adolescent Project in India (FCO 1311/1356)

Technical Monitor: MTiedemann

Objective(s): 1) Initially, to assess the feasibility of a peer-education project on adolescent reproductive health for India Boy Scouts and Girls Guides (FCO 1356) and 2) to implement the Healthy Adolescent project (FCO 1311).

Description: In December 1998, FHI received initial funding from the David and Lucile Packard Foundation for a trip to India to determine whether a peer education project for Indian Boy Scouts and

Girl Scouts could be developed. The trip was undertaken and a project in India was deemed feasible. (Note: The final cost objective number (FCO) assigned for this initial assessment and associated travel was 1756. However, in January 2000, FCO 1356 was assigned in its place.) In mid-December 1999, FHI received additional funding from the Packard Foundation (FCO 1311) to implement a two-year peer-education project with WAGGGS and the Bharat Scouts and Guides Association. The project will address adolescent RH and general health needs and will be implemented in seven sites in West Bengal and Bihar.

Subgrantee(s): Bharat Scouts and Guides Association, Family Planning Association of India, TNS Mode, World Association of Girl Guides and Girls Scouts (WAGGGS)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The FHI technical monitor conducted the feasibility trip in May 1999. He was joined by FHI's USAID CTO and a staff member from the World Association of Girl Guides and Girl Scouts (on their own funding).
- The project concept was deemed feasible and a proposal was prepared and submitted to the Packard Foundation.
- Packard Foundation awarded $450,000 to FHI for the two-year project in December 1999 (FCO 1311).
- The FHI technical monitor and training officer traveled to India in February–March 2000 to assess needs and launch the project.
- FHI staff were joined by FHI's CTO (at her own expense) and the WAGGGS project co-director.

April 1, 2000 - September 30, 2000

- WAGGGS was contracted by subagreement in April 2000.
- Two Calcutta-based coordinators and Delhi-based national coordinators were hired by WAGGGS through the subagreement.
- FHI researcher Dawn Chin-Quee traveled to Calcutta in May 2000 to train the researchers and prepare the baseline survey instrument.
- The survey instrument was submitted to PHSC for ethical review; minor adjustments were requested. These changes have been made and re-submitted for expedited review.
- A social science research firm, TNS Mode, was contracted in June 2000 via a subagreement to conduct the project baseline, mid-term, and end-of-project surveys.
- In June/July 2000, FHI and WAGGGS conducted the project orientation training for the BSG project coordinators and trainers, and the healthcare providers selected by the FP Association of India.
- The project Badge Curriculum and Leader's Handbook were completed and sent to India for review and translation.
- Project Awareness Camps and community sensitization were conducted by BSG during the summer 2000.
- A budget and subagreement with the Family Planning Association of India (FPAI), which will support the project service providers, was negotiated and signed in August 2000

FY'01 WORKPLAN ACTIVITIES:

- The baseline survey will be administered in November 2000.
- BSG's trainers will begin training the unit leaders to use the curriculum, and Scouts and Guides will begin the curriculum.
- FHI, WAGGGS, and BSG will give a presentation on the project at an international conference on adolescent reproductive health in Mumbai November 2000.
- FHI will conduct a refresher-training workshop for the project health workers following the conference.

- FHI and WAGGGS will review project implementation with BSG. The BSG trainers will also receive refresher training, if financially and logistically possible.
- FHI and WAGGGS will conduct a project-monitoring visit in the Spring 2001.

Possible Problems, Barriers to Completion:

- The healthcare providers selected by FPAI are community-based health workers, rather than the clinic-based health providers envisioned in the project design. Thus, their level of knowledge of the curriculum health topics was lower than expected. To address this complication, FHI has planned the refresher workshop for November 2000, rather than mid-2001. The workshop will review the topics in greater depth than originally planned.
- Since the healthcare workers are not clinic-based, the planned link to clinics must still be established. The subagreement with FPAI was revised, and the healthcare workers now have as part of their scope of work establishing links to local clinics.
- Communication problems from BSG to WAGGGS have delayed project implementation somewhat; the problems will be addressed in detail during the November 2000 visit.
- Preparation of the Leader's Handbook was delayed several weeks due to staff time constraints and technical problems. BSG training of unit leaders has thus been delayed.

Funding Source(s):			Packard Foundation	**FCO Approved:**	**1311**	Jan 2000
					1356	Dec 1998
Total Approved Budget:	**1311**	$	450,000	**Projected End Date:**		Dec 2001
	1356	$	29,970			
		$	479,970			

• ECONOMICS OF REPRODUCTIVE HEALTH SERVICE **INCOME GENERATION** • REPRO DUCTIVE HEALTH SERVICES **SUSTAINABILITY** • ECONOMICS OF **INCREASED PRODUCTIVITY** REPRODUCTIVE HEALTH SERVICES • ECONOMICS OF REPRODUCTIVE HEALTH SERVICES **WILLINGNESS-TO-PAY** • ECONOMICS OF REPRODUCTIVE HEALTH SERVICES • ECONOMICS OF REPRODUCTIVE **COST RECOVERY** HEALTH SERVICES **CONSTRAINTS** • ECONOMICS OF REPRODUCTIVE HEALTH **SUSTAINABILITY** SERVICES • ECONOMICS OF **INCOME GENERATION** REPRODUCTIVE HEALTH SERVICES **INCREASED PRODUCTIVITY** • ECON OMICS OF

ECONOMICS OF REPRODUCTIVE HEALTH SERVICES

Strategic Objectives

1) To evaluate ways that programs can provide contraceptive methods and related services more efficiently, thereby reducing costs
2) To study the impact of price changes on demand for specific contraceptive methods and on the overall method and source mix

FY'01 Subprojects

	Jamaica:	Comparison of Four Methodologies for Measuring Staff Time Used to Provide Reproductive Health Services (FCO 9356)
●	Paraguay:	Validation of Alternative Approaches for Staff Time Measurement (FCO 9365)
?	Worldwide:	Testing a Simplified Method for Measuring Provider Time Use (FCO 9328)
●	Kenya:	Ability to Pay for Family Planning Services (FCO 9463)
	Kenya:	Price Elasticity of Demand for Reproductive Health Care (FCO 9357/9426)
?	Ethiopia:	Community-Based Reproductive Health—Incentives/Sustainability Survey (FCO 9419)
	Africa Regional:	Family Planning Finance Strategy (FCO 1308 and previously 9367/9467/9731)
●	Ecuador:	Technical Assistance to CEMOPLAF Sustainability Projects (FCO 9474)
	Worldwide:	Technical Assistance in Cost Effectiveness Analysis (FCO 9378)
	Worldwide:	HSR Economics Paper Writing (FCO 9305)
●	Worldwide:	Family Planning Use and Work Patterns Among Women in Bolivia, the Philippines, and Zimbabwe (FCO 1615)
	Worldwide:	Economic Activities with HORIZONS (FCO 1718)
?	USA:	Reproductive Health Finance Course (FCO 1524)

● Completed (or cancelled) subproject in FY'00
? New subprojects proposed for USAID funding in FY'01
? New non-USAID funded subproject in FY'01

Jamaica: Comparison of Four Methodologies for Measuring Staff Time Used to Provide Reproductive Health Services (FCO 9356)

Technical Monitor: CWest

Objective(s): To compare the results obtained from an observational time-motion study with results from three alternative methodologies for measuring staff time, including Patient Flow Analysis (PFA), self-administered timesheets, and structured interviews with key staff.

Description: The observational time-motion methodology was considered as a benchmark against which the other three methodologies were compared. In each clinic, study staff implemented the time-motion methodology continuously, paired each day with one of the three other methodologies. Analysis will focus on the level of agreement between the benchmark and each alternate methodology. FHI, in collaboration with the Population Council's INOPAL III project, carried out a similar study in Ecuador in 1995. That study showed limited agreement between time-motion and other methodologies, but it was thought to be important to repeat the study in other sites to determine whether the findings were consistent. This subproject furthers our understanding of which approach to recommend, taking into consideration accuracy of time estimates and costs of collecting time-use data. The findings will have important implications since time-use data are required for costing analysis and productivity analysis, and are useful for planning purposes.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Approval to proceed with subproject development was granted by USAID/W in March 1998.
- The feasibility of carrying out this study in Jamaica was explored during a visit by FHI's staff in September 1998 at which point it was decided to pursue implementing the study there.
- FHI staff traveled to Jamaica in December 1998 to select the study sites and finalize plans for data collection.
- The study proposal and data collection instruments were drafted.
- Data collection was completed in March 1999 and data were cleaned and analyzed.

April 1, 2000 - September 30, 2000

- Preliminary results and a report were presented for comments to the Jamaican Ministry of Health and the National Family Planning Board.

Findings and Outcomes:

- Results indicate that neither staff interviews nor self administered timesheets provide a perfect reflection of actual time use in clinics. Providers often forget to record time when they are not with clients on their timesheets, resulting in an underestimation of both administrative and contact time. Conversely, in interviews they greatly overestimate time spent with clients, resulting in an inflated percentage of contact time. There is, however, some evidence to suggest that providers may be able to approximate their administrative time in interviews, and that timesheets might collect accurate client contact information. Neither method provided any reasonably approximate estimate of time when the provider is unoccupied.

FY'01 WORKPLAN ACTIVITIES:

- A final report will be written incorporating comments from the MOH and NFPB.
- The results will be disseminated to appropriate local organizations, USAID and other interested CAs.

Funding Source(s):	USAID/Core	**FCO Approved:**	Feb 1998
Total Approved Budget:	$ 100,000	**Projected End Date:**	May 2001

Paraguay: Validation of Alternative Approaches for Staff Time Measurement (FCO 9365)

Technical Monitor: JBratt

Objective(s): To use activity sampling (AS), a specific type of time-motion observation, to measure how reproductive health providers allocate their time and to compare findings from the AS technique to findings from three alternative approaches for measuring provider time.

Description: Information on how FP workers spend their time is necessary for estimating costs of contraceptive methods and services. Methods for measuring staff time range from simple to complex: observational time-motion studies are assumed to produce the most accurate and complete data because they rely on direct observation of staff. Non-observational approaches are easier and less costly to administer, but there are concerns about data validity.

This study proposed to test alternative methods, including self-administered timesheets; structured interviews with clinical staff; and structured interviews with clinic managers. Validity was to be assessed by comparing results of alternative approaches to a benchmark time-motion study. Indicators would have included time spent with clients, average duration of various visits, non-contact time spent doing administrative or other work-related tasks, and non-productive time ("slack time"). Results would have helped programs decide whether to use less rigorous approaches for measuring staff time, and would have specified the magnitude of measurement error associated with approaches other than observational time-motion.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval to develop this subproject was obtained in November 1998. Paraguay was selected initially as site for the study.
- The study was put on hold in February 1999 because Paraguay's MOH still had not approved it.
- FHI held discussions with MEASURE, who had asked to collaborate on the subproject, to further consider alternate sites and the overall effort.
- Ultimately MEASURE decided not to provide supplemental support for this activity and it became clear that the Paraguayan MOH was not interested in the study.
- Funding constraints then led to the cancellation of the subproject in March 2000.

Funding Source(s):	USAID/Core	**FCO Approved:**	Oct 1998
Total Approved Budget:	$ 30,000	**Projected End Date:**	Mar 1999

Worldwide: Testing a Simplified Method for Measuring Provider Time Use (FCO 9328)

Technical Monitor: JBratt

Objective(s): To test and validate a simple low-cost method for measuring how providers divide their time between various activities, including client contact, administrative tasks and downtime.

Description: This study will develop benchmarks of provider time-use in a few optimal performance facilities, and will then predict time-use in other clinics using service statistics. Predictions of time-use will be validated through time-motion studies.

FY'01 WORKPLAN ACTIVITIES:

- Sites (preferably 2) will be identified.
- A protocol and subagreement(s) will be written.
- The FHI technical monitor, John Bratt, will assist with implementation of the study(ies).
- Data collection and analysis will be completed.

Possible Problems, Barriers to Completion:

- Finding appropriate sites, willing to participate, could prove difficult.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Estimated Budget:	$97,286l	**Projected End Date:**	Dec 2001

Kenya: Ability to Pay for Family Planning Services (FCO 9463)

Technical Monitor: PMcQuide

Objective(s): To assist the Ministry of Health (MOH) in setting fees for family planning services that the population can afford and is willing to pay.

Description: Projections for Kenya show that over the next decade the demand for family planning services will increase dramatically, and there will be inadequate funds to meet this demand for services. The increased demand for family planning services is driven by a larger cohort of women entering the childbearing ages combined with a greater proportion of these women wanting to use modern family planning methods. On the supply side, government and donor funds are unlikely to grow at a rapid enough rate to meet this demand. This subproject assists the MOH in Kenya in setting fees for their services that the population can afford and for which the population is willing to pay. A survey instrument collected information on economic indicators, current use of reproductive health services, and quality of care indicators. In-depth interviews with current family planning users addressed the clients' perceptions of the quality of care they received.

Subgrantee(s): Moi University

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The FHI technical monitor traveled to Kenya in February 1998 to develop the study by meeting with key MOH officials and other stakeholders. FHI's request to further develop this study was subsequently approved by USAID in March 1998.
- A consultant was contracted to prepare a research mining paper on "Ability and Willingness to Pay for Family Planning" studies done in Kenya. The consultant also assisted with the coordination and involvement of key groups in Kenya.
- The protocol and questionnaires were approved and the subagreement with Moi University was signed in August 1998.
- Interviewer and supervisor training and pretesting of the two instruments also occurred in August 1998.
- The technical monitor traveled to Kenya in September 1998 to finalize the data collection instruments and logistic arrangements, and to begin data collection and data entry.
- Data collection was completed in October 1998 and data entry was completed in November 1998.
- Preliminary data were shared with key stakeholders at the MOH in March 1999.
- The MOH requested that a policy document be written by FHI identifying the key findings.
- Qualitative data were analyzed by Moi University to complement the quantitative data.
- The policy report was completed in August 1999.
- The dissemination workshop in Kenya took place on March 29, 2000, at the Kenya College of Communications Technology in Mbagathi, Kenya. The workshop was attended by 74 family health representatives from the MOH, donors, and CA organizations.

April 1, 2000 - September 30, 2000

- **The subproject was closed in September 2000.**

Findings and Outcomes:

- This study found that most public sector clients are able and willing to pay a fee for family planning services, although public sector clients generally have less disposable income than clients in the private sector.
- This study also found a way to compare ability to pay for services across different sectors using the family planning burden, that is the percent of discretionary spending allocated to family planning.
- Clients getting services from the private, not-for-profit sector (e.g. mission hospitals and FPAK) have higher incomes, spend more, and have more durable goods.
- The median amount that clients using the public sector are willing to pay is about the same as the private sector clients are now paying.
- If public sector clients were to pay the median price paid by the private sector clients, their family planning burden would be twice that of private sector clients. If they paid half the price paid by private sector clients, their burden would be equal to that of private sector clients.

Funding Source(s):		USAID/Field Support	**FCO Approved:**	Nov 1997
Total Approved Budget:	$	290,082	**Projected End Date:**	Sep 2000

Kenya: Price Elasticity of Demand for Reproductive Health Care (FCO 9357/9426)

Technical Monitor: RHoman

Objective(s): 1) To use a true experimental design to estimate the elasticity of demand for different reproductive health services and related visits; and 2) to evaluate whether client interviews can provide similar information to a pricing experiment, but at lower costs.

Description: Clients in a sample of clinics will be interviewed on their willingness to pay current and higher prices for various contraceptive methods. Prices will then be increased, and changes in use of contraceptive methods will be measured. The level of agreement between the two methodologies will be assessed. This subproject follows a study conducted in Kenya from 1998-2000 on the ability of public sector clients to pay for their family planning services (FCO 9463). It will add to knowledge about the sensitivity of demand for RH services to changes in price, and will provide guidance on whether costly elasticity experiments can be replaced in some situations by less-costly surveys. The immediate result of this study will be to assist the Kenyan MOH in establishing a pricing plan for FP/RH services.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A concept proposal was completed and approval to proceed with subproject development was obtained in March 1998.
- FHI/Nairobi staff collected facility-level service statistics to verify the feasibility of using MOH sites as study sites.
- Tentative plans have been made to conduct this study in one district outside Nairobi.
- The Ministry of Health personnel was briefed in March 2000 regarding the results of a willingness to pay survey and gave verbal commitment to proceed with a pricing experiment prior to the wide-spread introduction of user fees.

April 1, 2000 - September 30, 2000

- The study has been on hold pending a decision by the Kenyan MOH to proceed with charging for FP services.

FY'01 WORKPLAN ACTIVITIES:

- Service statistics will be reviewed and a sampling plan will be developed.
- FHI staff will draft the study protocol and data collection instruments.
- A subcontract agreement will be completed and sent to USAID for approval. Field support for local research staff expenses is provided under FCO 9426.

Possible Problems, Barriers to Completion:

- The Kenyan Ministry of Health officials are committed to setting fees for contraceptive services, and to participate in a pricing experiment. However, this is being done in collaboration with the Policy Project, and the schedule for finalizing a waiver to enable providers to charge for services has not been completed. It is likely that this subproject will be delayed until late in FY'01.

Funding Source(s):			USAID/Core	**FCO Approved:**	**9357**	Feb 1998
					9426	Dec 2000
Total Approved Budget:	**9357**	$	120,000	**Projected End Date:**		Jun 2001
Total Estimated Budget:	**9426**	$	37,500			
		$	157,500			

Ethiopia: Community-Based Reproductive Health–Incentives/ Sustainability Survey (FCO 9419)

Technical Monitor: DNichols

Objective(s): To collect information on the ability and willingness of community-based delivery clients to pay service fees, individually and/or at the community level, in order to assess the proportion of program costs which must be obtained from external sources.

Description: As community-based programs build a client base of satisfied and continuing users, they have the potential to shift towards a system which uses service delivery fees as a means of support. FHI is providing technical assistance in the design and implementation of a sample survey of clients and focus group discussions among clients and providers to collect in-depth information on a program of one NGO operation in the southern part of the country.

Subgrantee(s): Consortium of Family Planning NGOs in Ethiopia (COFAP) or Ethiopia Public Health Association (EPHA)

Collaborating Agency(s): Pathfinder International; Ethiopian Evangelical Church Mekane Yesus (EECMY)

FY'O1 WORKPLAN ACTIVITIES

- Early development work for this subproject took place under FCO 6485, Ethiopia Improvement and Expansion of Family Planning Services. For FY'01, the decision was made that the effort was sufficiently discrete to be an individual subproject with its own budget. Approval for the activities and budget will be sought from USAID.
- The study protocol and budget will be prepared.
- FHI's Resident Coordinator for Ethiopia will collaborate with EPHA and EECMY staff on implementation plans for the study, to begin in early 2001.
- Data collection instruments will be translated into Amharic.
- A graduate student, identified by and affiliated with EPHA, will be selected to assist the Resident Coordinator with fieldwork.
- An analysis plan will be developed by FHI, with input from EPHA and EECMY.
- Field data collection will commence.
- Data will be machine-entered, edited, and analyzed.
- A final report will be prepared and disseminated to appropriate individuals and organizations in Ethiopia.

Possible Problems, Barriers to Completion:

- Difficulties in in-country travel and communications may slow program activities in the more remote areas.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Oct 2000
Total Approved Budget:	$ 80,514	**Projected End Date:**	Sep 2001

Africa Regional: Family Planning Finance Strategy (FCO 1308 and previously 9367/9467/9731)

Technical Monitor: BJanowitz

Objective(s): 1) To provide information on costs and funding of family planning activities in the Africa Region; 2) to identify possible ways that costs could be reduced or funding increased; and 3) to determine areas in which additional research is needed.

Description: This subproject supports the preparation of a strategic framework and policy briefs in the area of costs and finance of family planning activities in the Africa Region. An expert review panel will meet and review various outlines and document drafts. Funding covers a literature review, preparation of documents, holding of meetings, and translation and printing of documents.
By making others aware of the issues involved in financing family planning services, it is expected that the policy environment may improve and it is hoped that global resources may also be increased.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Beginning in the summer of 1996, a consultant, hired by FHI to work on this subproject, contacted various individuals and organizations that had carried out or were carrying out relevant work in the region.
- Charts on funding, using information provided by United Nations Population Fund (UNFPA), were prepared.
- Cost projections were prepared using information from the Demographic and Health Survey (DHS); population projections from UNFPA were also used to complete this aspect of the work.
- DHS data were reviewed to highlight the role of the private sector in the region. The literature on health care finance was also reviewed in order to determine which areas of work parallel those in family planning and should be incorporated in the documents.
- All logistics were arranged for a meeting of experts in economics and/or programmatic research in sub-Saharan Africa to review the plan for a strategic framework in family planning finance and associated policy documents.
- The meeting of experts in economics was held on May 9, 1997, at the Africa Bureau in Washington, DC.
- A draft strategic framework on costs and financing was prepared and distributed to staff of the Africa Bureau and other in-house USAID reviewers.
- Approval to use field support funds (under FCO 9467) to complete the report was obtained in March 1998.
- The revised strategic framework and policy briefs were reviewed, finalized, translated, edited, formatted, and printed for dissemination with assistance from PRU.
- The formatting and printing of the strategic framework was completed.
- Presentations were made to USAID's Africa and to the Global Bureaus.
- The materials were translated into French.
- FCO 9367 was closed in September 1999, ending core funding to this subproject.
- Agreements to fund the distribution of materials with the SARA Project (FCO 1308) were finalized.

April 1, 2000 - September 30, 2000

- Unspent field support funds, as well as funds from the SARA Project, were applied to dissemination.
- Most of the materials were distributed.

Findings and Outcomes:

- This report has addressed major issues related to the financing of family planning services in sub-Saharan Africa by consolidating available information, much of which is not published or readily available. Providing services only to those women who say they would use contraception—about half of those defined as having unmet need—would cost approximately U.S. $420 million. Total expenditure under this scenario would need to increase by 150 percent, just to meet the existing needs for services.
- Ways to fill the funding gap are discussed. They include: raising prices for highly subsidized services, encouraging users of highly subsidized services to use the commercial sector, and reducing the costs of services.
- Key questions that need to be addressed are: 1) Charging Fees for Service: What is the impact of price changes on contraceptive use? Are certain groups more likely to stop using services when fees are introduced?) Can means testing be used to provide a safety net for the poor? Will quality improvements increase willingness to pay and, if so, at what cost?
- 2) Mobilizing the Commercial Sector: Is it possible for donors to support simultaneously the growth of commercial and noncommercial sources of family planning? Is it reasonable to expect a thriving commercial market for family planning to develop without substantial economic development? Do governments use resources that are freed by the transfer of users to the commercial sector to expand or improve public sector services? Does the introduction of social marketing save donor and public funding?
- 3) Reducing the Cost of Services: What are the current and projected costs of family planning services? What are the costs of various method-delivery system combinations? How can excess capacity in delivery systems be tapped?
- As of September 2000, approximately 1200 reports had been distributed to policymakers, program planners and researchers.

FY'01 WORKPLAN ACTIVITIES:

- The SARA Project Funds (FCO 1308) will cover the distribution of the remaining materials.

Funding Source(s):			USAID/OYB; AED SARA Project; USAID/Core; USAID/Field Support	**FCO Approved:**	**1308**	Dec 1999
					9367	Jan 1999
					9467	Mar 1998
					9731	Jun 1996
Total Approved Budget:	**1308**	$	27,000	**Projected End Date:**		Apr 2001
	9367	$	32,344			
	9467	$	86,000			
	9731	$	100,000			
		$	245,344			

Ecuador: Technical Assistance to CEMOPLAF Sustainability Projects (FCO 9474)

Technical Monitor: JBratt

Objective(s): To provide technical assistance to Centros Medicos de Orientación y Planificación Familiar (CEMOPLAF) in design and implementation of two studies to improve income generation.

Description: CEMOPLAF is an important provider of family planning/reproductive health services in Ecuador, and an innovator in operations research in Latin America. CEMOPLAF seeks to continue testing and improving mechanisms for generating income. Under this subproject, Field Support funds (originally slated for field costs related to the studies defined under FCOs 9471 and 9472) were used to cover FHI costs associated with CEMOPLAF sustainability projects in-country.

Collaborating Agency(s): FRONTIERS (Population Council)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A request for approval was submitted to USAID/W at the end of March 1999.
- This subproject has supported the development and data collection for two studies in Ecuador: (1) The first study is testing the impact of various price increase models on revenues and demand in CEMOPLAF clinics. (2) The second study is evaluating CEMOPLAF's social marketing program, emphasizing financial performance (profitability), quality of information provided to clients, and market characteristics.
- Because of hyper-inflation and accompanying distortions in the Ecuadorian economy, work was suspended on the first study testing impact of different price increase models. CEMOPLAF will continue to monitor demand trends in the three clinic groups, but a formal analysis of data will not be carried out.
- The technical monitor traveled to Ecuador in October 1999 and February 2000 to assist CEMOPLAF in data analysis and reporting for the social marketing study and to make a presentation on final results during February trip.

April 1, 2000 - September 30, 2000

- **The FCO was closed in September 2000.**

Findings and Outcomes:

- CEMOPLAF'S Social Marketing program returned a profit of approximately US$103,000 on sales of slightly more than US$1 million.
- The social marketing condom brand Protector was the single largest selling item in terms of net revenue (sales revenue minus product cost), accounting for 35 percent of net revenue.
- Profits generated by sales agents varied greatly, from a high of US$23,600 to a low of minus US$4,040. Seven of 25 sales agents lost money. In general, sales agents covering the Quito and Guayaquil metropolitan areas produced higher profits than sales agents covering smaller cities.
- Net revenue is a better indicator of success than gross revenue, because unit sales margins (the difference between unit sales price and unit cost) vary so widely across products. In other words, a different mix of products sold by two sales agents could produce the same amount of total revenue, but very different amounts of net revenue.
- Because of high fixed costs (salaries, bonuses, infrastructure, management, and supervision), sales agents had to produce net revenue of approximately US$8,000 just to break even.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Mar 1999
Total Approved Budget:	$ 44,602	**Projected End Date:**	Sep 2000

Worldwide: Technical Assistance in Cost Effectiveness Analysis (FCO 9378)

Technical Monitor: JBratt

Objective(s): To provide technical assistance in cost and cost-effectiveness analysis to FHI subprojects that measure the effectiveness of interventions to improve provision of contraceptive services, including condoms.

Description: This subproject will produce information to enable decision makers to consider effectiveness and costs when choosing between different interventions, such as adding to the female condom to the method mix, or investing in additional training to disseminate service delivery guidelines. The subproject will cover the costs of design, analysis and report writing and includes costs of staff, travel and local data collection. Economic elements will be incorporated into protocols and subagreements at the design stage, so that USAID can approve projects as a whole.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Cost-effectiveness components were added to female condom introduction studies in Mexico (see FCOs 9311/1503), Madagascar (see FCO 9368), and Bangladesh (see FCO 9377).

FY'01 WORKPLAN ACTIVITIES:

- New subprojects will continue to be screened for possible inclusion of cost and cost-effectiveness components.

Funding Source(s):	USAID/Core	**FCO Approved:**	Mar 2000
Total Approved Budget:	$ 485,272	**Projected End Date:**	Aug 2005

Worldwide: HSR Economics Paper Writing (FCO 9305)

Technical Monitor: BJanowitz

Objective(s): 1) To conduct secondary analysis on data from completed Health Services Research (HSR) economics studies; and 2) to write papers for presentation and publication based on these analyses.

Description: Following the completion of field research activities culminating in a subproject final report, staff continue to analyze data and/or prepare papers for presentation and publication in scientific journals to disseminate results of FHI-supported economics research. This subproject supports staff time and travel costs related to these needs.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Bratt, Foreit, and de Vargas, "Three Strategies to Promote Sustainability of CEMOPLAF Clinics in Ecuador" was published in *Studies in Family Planning* in March 1998.

- Janowitz, Thompson, Stewart, Guilkey, Herrin, and Tsui, "Is There a Simple and Replicable Methodology for Estimating Country Expenditures on Family Planning?" was rejected for publication in *Studies in Family Planning*, was revised and resubmitted to *Health Policy and Planning*.
- Janowitz and Holtman, "New Strategies for Home Delivery of Family Planning Services in Bangladesh: Cost Effectiveness and Sustainability" was submitted and accepted by the *Asia Pacific Population Journal*.
- Bratt, Foreit, Chen, West, Vargas "A Comparison of Four Approaches for Measuring Clinicians Time Use," was published in the December 1999 issue of *Health Policy and Planning*.
- Bratt, "Measuring Elasticity of Demand for Reproductive Health Services through a Controlled Experiment" was submitted to *Health Policy and Planning* in December 1999.

April 1, 2000 - September 30, 2000

- Bratt, "Measuring Elasticity of Demand for Reproductive Health Services through a Controlled Experiment" was revised.
- Janowitz, Johnson, Thompson, West, and Marangwanda "The Costs of Integrating Reproductive Health Services: An Example Using Syndromic Management of STIs in Family Planning Clinics in Zimbabwe" was rejected by *Studies in Family Planning* in March 2000 and re-submitted to I*nternational Family Planning Perspectives* in June 2000.

FY'01 WORKPLAN ACTIVITIES:

- Bratt, "Measuring Elasticity of Demand for Reproductive Health Services through a Controlled Experiment" title was changed to "Impact of Price Changes on Demand for Family Planning and Reproductive Health Services in Ecuador;" the paper will be completed by December 2000.
- McQuide, " Ability and Willingness to Pay for Family Planning Services" will be written.
- Homan, "Measuring the Ability to Pay for Family Planning Services: A Critical Review of Prior Studies" will be written.
- The following presentations will be written and delivered at the International Health Economics Association Third International conference:
  - Homan and Maggwa, "Expansion of Services: Which Economic Criteria Should we Use?"
  - Janowitz, West and Bratt, "Estimating the Capacity of Reproductive Health Programmes: Implications for Costs."
  - Bratt and Brambila, "Setting Prices for Reproductive Health Services in the Public Sector: an Example from Guatemala."

Possible Problems, Barriers to Completion:

- Paperwriting must often be set aside when on-going projects require additional time and attention due to unforeseen events.

Funding Source(s):	USAID/Core	**FCO Approved:**	Jan 1998
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Family Planning Use and Work Patterns Among Women in Bolivia, the Philippines, and Zimbabwe (FCO 1615)

Technical Monitor: EWong

Objective(s): To conduct secondary analysis of women's participation in the labor force and contraceptive use in three countries so that family planning policy makers, program managers and the general public may better understand the benefits or constraints that individuals experience as they regulate their fertility.

Description: Retrospective data from a nationally representative sample in Zimbabwe and prospective longitudinal data from regional samples in the Philippines and Bolivia were used in this analysis. Most of the data were collected under the Women's Studies Project, a USAID-sponsored cooperative agreement that aimed to assess the extent to which FP use is associated with women's social, economic or psychological well-being. The goal of the analysis was to deepen and strengthen earlier findings by: 1) providing a cross-cultural context for the analysis of survey (quantitative) data using the same or similar definitions of outcome and exposure variables and underlying covariates, and using common multivariable analytical procedures; 2) integrating qualitative data from men and women that elucidate the patterns of association seen in the quantitative component of the analysis; and 3) examining national or regional labor statistics, economic restructuring, and labor laws that affect women's entry and continuing participation in the labor force.

Subgrantee(s): FHI/Bolivia; Office of Population Studies, University of San Carlos, Philippines; Population Studies Center of the University of Zimbabwe

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In December 1998, FHI submitted subagreements with the Office of Population Studies, University of San Carlos (Philippines) and Centre for Demographic Studies, University of Zimbabwe to the Policy Project for their approval.
- The Office of Population Studies completed qualitative data collection on 25 husbands. These data supplemented previously collected data on women's perceived roles of family planning in enabling women to participate in the labor force.
- FHI and collaborating institutions completed and submitted to the Policy Project three country reports and one synthesis report in May 2000.
- The Centre for Demographic Studies and Office of Population Studies completed dissemination meetings in November 1999 and April 2000, respectively. Both institutions disseminated results from the current study as well as results of analysis from the Women's Studies Project.
- FHI and collaborating staff submitted three papers from this study:
  1) "Early contraceptive use, number of children and women's current work in Zimbabwe: Has fertility transition enabled women to work for pay?" to *African Journal of Reproductive Health*, FHI Proposal 2000/011.
  2) " Women's work and fertility in Bolivia and Zimbabwe" to *International Family Planning Perspectives*, FHI Proposal 2000/037.
  3) "Husbands' Views on Family Planning and Labor Force Participation of Wives in Metro Cebu" to *Philippine Quarterly of Society and Culture*.

April 1, 2000 - September 30, 2000

- The secondary analysis was completed, **the FCO was closed in July 2000.**

Findings and Outcomes:

- Contraceptive use was found to be negatively associated with having a birth in the next three years in Bolivia. Similarly, contraceptive use was negatively associated with the number of children in rural Zimbabwe, but not in urban Zimbabwe.
- Results on the association of fertility and women's work status were mixed. In Bolivia, having young children was a deterrent to women's working per se or working in the formal sector, but not to working in the informal sector. In urban and rural Zimbabwe, having many children was a deterrent for women's ability to work for pay. In both countries, however, having high educational levels and previous work experience minimized the negative effects of children on women's ability to work.
- The qualitative data from husbands in the Philippines indicated that husbands were ambivalent about their wives working outside the homes. Husbands approved of or even encouraged wives to work when they perceived their own income was not sufficient to support the family economically. However, if they perceived their own income to be adequate, they preferred their wives to be full-time homemakers.

Funding Source(s):	Futures Group (The Policy Project)	**FCO Approved:**	Sep 1998
Total Approved Budget:	$ 110,000	**Projected End Date:**	Jul 2000

Worldwide: Economic Activities with HORIZONS (FCO 1718)

Technical Monitor: BJanowitz

Objective(s): 1) To design and develop three studies to obtain information on the costs or cost effectiveness of efforts to provide preventive or palliative HIV/AIDS services; and 2) to provide technical assistance to the staff of HORIZONS in order to improve their skills in conducting cost analyses.

Description: Under this subproject, FHI will provide technical assistance to HORIZONS in the area of economics and, specifically on the design and analysis of cost studies nested in ongoing and proposed HORIZONS research studies.

HORIZONS has identified documenting the cost and cost-effectiveness of interventions for HIV/AIDS prevention and mitigation as an issue that cuts across in the HORIZONS research portfolio. Information on the cost of interventions and the relative cost-effectiveness of options is needed for program managers to make choices about resource allocation and efficient use of their budgets.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Early in FY'99, FHI staff worked with HORIZONS offices in Washington, DC, and in India to develop a subproject to determine the costs of programs to provide services to AIDS patients.
- During the latter half of FY' 99, the project in India was approved for implementation and FHI staff worked with HORIZONS staff in Washington, DC, and Nairobi, Kenya, to further develop cost analyses in Uganda, Kenya, South Africa, Zimbabwe, and Zambia.
- In October 1999, FHI staff visited project teams in Zimbabwe, South Africa, and Kenya to implement data collection activities for economic analyses of intervention studies.
- FHI staff visited Mexico in March 2000 to provide technical assistance to a school-based project.
- Data collection is being finalized Uganda.

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- FHI staff visited India in June 2000 to implement data collection activities for the YRG-CARE project.
- FHI staff received preliminary data from the Uganda Voluntary Counseling & Testing integration project and from the Mexico School based project.
- FHI staff worked with Julie Pulerwitz of HORIZONS to develop spreadsheets for workplace based project in Vietnam. FHI staff also worked with Ann McCauley and teams from Mexico, Thailand and South Africa on design of spreedsheets to measure costs of interventions for school-based programs.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will also work with HORIZONS staff in Nairobi, Kenya to input and analyze first round data on the cost of measures to prevent maternal to child transmission of HIV.
- FHI staff will analyze the cost of YRG-CARE services data and disseminate results in early FY'01.
- FHI will continue to monitor data collection for the Uganda VCT integration project.
- FHI will work with YRG-CARE to implement and analyze willingness to pay survey of clients.
- FHI will work with Ann McCauley and others with HORIZONS on additional study design or analyzing data from the school-based project if asked.
- FHI will work with Julie Pulerwitz on design and analysis of cost data for the workplace project in Vietnam.

Funding Source(s):		Population Council	**FCO Approved:**	Mar 1999
Total Approved Budget:	$	49,913	**Projected End Date:**	Sep 2002

USA: Reproductive Health Finance Course (FCO 1524)

Technical Monitor: BJanowitz

Objective(s): To teach a cost and economic evaluation class for approximately six persons at Research Triangle Institute (RTI).

Description: RTI has asked FHI to participate in a workshop on reproductive health finance to be given October 23-November 17, 2000. RTI is covering the costs of the teaching that will be done by Rick Homan and Barbara Janowitz.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will teach a Cost Analysis and Economic Evaluation class, October 26 -31, 2000 at RTI.

Funding Source(s):		RTI/Corporate	**FCO Approved:**	Sep 2000
Total Approved Budget:	$	5,000	**Projected End Date:**	Dec 2000

INFORMATION DISSEMINATION

Strategic Objectives

Communication is an important means to spread knowledge, influence social norms and disseminate values and ideas. FHI's research dissemination efforts aim to:

1) *Expand the base of scientific knowledge* on contraceptive technology, reproductive health and STD/HIV prevention.
2) *Provide accurate, relevant, timely information on findings to key international and in-country audiences*, particularly research and academic communities, health care professionals, policy, funding and program decision-makers, and health advocates.
3) *Counteract misinformation on contraception* by anticipating and responding to controversies related to contraceptive technology.
4) *Build the capacity of developing country institutions to disseminate data* effectively to key audiences.
5) Support news media efforts to *increase the frequency and accuracy of reporting* on contraception, reproductive health and STD/HIV.

FY'01 Subprojects

	Worldwide:	*Network* (English, Spanish, French) (FCO 3202/3228/3250)
●	Asia Regional:	Arabic *Network* on Men and Reproductive Health (FCO 1306/3281)
	Worldwide:	Library and Information Services (FCO 3260)
	Worldwide:	Information Dissemination (FCO 3205)
	Worldwide:	Compliance, Risk/Benefits and FP/STD Paper Writing (FCO 5352)
	Worldwide:	Biostatistics Paper Writing (FCO 9102)
	Worldwide:	Paper Verification (FCO 9106)
	Worldwide:	Health Services Research Paper Writing (FCO 9304)
	Worldwide:	Paper Writing/Information Dissemination: Women's Studies Project (FCO 6035/9373 and previously 6036/6037/9237)
	Worldwide:	Cochrane Fertility Regulation Review Group (FCO 1655/1729/5206 and previously 1613)
	Worldwide:	Family Health Institute Communications Initiative (FCO 1520/3229)
	USA:	A Multiple Organization Terminology Database (FCO 3243 and previously 2243)
●	South Africa:	Sixth Annual Reproductive Health Priorities Conference (FCO 7421)
?	Worldwide:	Arabic Adolescent Magazine (FCO 1324)
	Worldwide:	FHI Corporate Report (FCO 1521 and previously 1586)
●	Russia:	Russian Translation (FCO 1619)

● Completed subproject in FY'00
? New non-USAID funded subproject in FY'01

Worldwide: *Network* (English, Spanish, French) (FCO 3202/3228/3250)

Technical Monitor: NHerndon

Objective(s): 1) To disseminate important research results; and 2) provide timely information on contraceptive technologies and reproductive health issues to family planning providers, health policymakers, ministries, USAID Missions, women's organizations, developing country media, and other relevant groups.

Description: Through this quarterly bulletin, FHI distributes the latest scientific and programmatic information on reproductive issues in a timely manner to readers around the world. The articles synthesize a broad range of information to enhance the understanding and improve the knowledge base of policymakers, providers, health officials, and others. Up-to-date information on contraceptive technology and family planning research serves to improve the quality of family planning services offered by providers. The attractive, easy-to-understand format, involving overseas experts as contributors, also facilitates policy reform and program planning. *Network* in English (3202) is translated into Spanish and French (FCOs 3228 and 3250), yielding a combined subscription list of 66,000. Many more copies are distributed for special needs, and translation projects in other languages are also undertaken. Other publications, including developing country medical bulletins and newspapers, frequently reprint articles from *Network*, and the full text of all articles is available in the three languages through FHI's Web site at http://www.fhi.org.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- As an on-going activity, English *Network* has been published since 1979. *Network* en español and *Network* en français have been published since 1986.
- In the last six years, circulation (for all three languages) has increased more than 65 percent, from 40,000 in 1994 to 66,000 in 2000.
- Press releases on each issue and full-text articles from all issues since 1995 are made available through FHI's Web site.
- The FHI mailing list database is being updated through a subscriber survey.
- On November 29, 1999, *Network* in all three languages was designated "Best Population Journal for 1999" by the Washington-based Population Institute. *Network* also received this prestigious award in 1998 and 1994.
- The English issue on Intrauterine Devices (Vol. 20, No. 1) was published and distributed in January 2000.

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- English *Network* (FCO 3202):
  - The issue on Female Barrier Methods (Vol. 20, No. 2) was published and distributed to 27,700 readers in May 2000 and was posted on FHI's Web site.
  - The issue on Adolescent Reproductive Health (Vol. 20, No.3) was published and distributed to 28,150 readers in September 2000 and will be posted on FHI's Web site.
  - Press releases on both issues were sent to media worldwide.
  - Articles for an issue on *Sexually Transmitted Diseases* (Vol. 20, No. 4) were written, with publication expected in FY'01.
  - Harbor-UCLA Women's Health Care Nurse Practitioners Program in Los Angeles, CA, obtained permission to use *Network* in a regional family planning training program conducted Jul-Aug 2000.
  - Healthlink in London, United Kingdom, obtained permission to publish several *Network* articles.

- *Network* en español (FCO 3228):
  - The issue on Intrauterine Devices (Vol. 20, No. 1) was published and distributed in March 2000 to 24,580 readers and was posted on FHI's Web site.
  - The issue on Female Barrier Methods (Vol. 20, No. 2) was published and distributed in June 2000 to 24,687 readers and was posted on FHI's Web site.
  - Press releases on both issues were sent to journalists in Latin America and the Caribbean.
  - The issue on Adolescent Reproductive Health (Vol. 20, No.3) was translated; to be published, distributed and posted on the Web in FY'01.
- *Network* en français (FCO 3250):
  - The issue on Intrauterine Devices (Vol. 20, No. 1) was published and distributed in March 2000 to 12,358 readers and was posted on FHI's Web site.
  - The issue on Female Barrier Methods (Vol. 20, No. 2) was published and distributed to 12,752 readers in June 2000 and was posted on FHI's Web site.
  - Press releases on each issue were sent to journalists in Haiti, West Africa and other countries.
  - The issue on Adolescent Reproductive Health (Vol. 20, No.3) was translated; to be published, distributed and posted on the Web in FY'01.

Findings and Outcomes:

- From 1988 to 2000, circulation of the three language editions of *Network* increased more than six-fold (10,000 to 66,000).
- A survey of readers showed they found the material useful in their work as doctors, program managers, researchers, policymakers, and donors.
- Articles from *Network* have been translated and reprinted by scientific journals and health publications in many countries, including Colombia, Nepal, Nigeria, Vietnam, Japan, Burkina Faso, and Iran.
- *Network* is used as background material at numerous training workshops, policy events, and conferences. Relevant issues of *Network* are included in specific modules of FHI's Contraceptive Technology Update Series and Reproductive Health Update Series.
- Many articles form the basis for reports in U.S. media, including women's general interest magazines.

FY'01 WORKPLAN ACTIVITIES:

- English *Network* (FCO 3202):
  - Sexually Transmitted Diseases (Vol. 20, No. 4) has been drafted and will be published.
  - An issue on Emergency Contraception (Vol. 21, No. 1) will be planned, written and published.
  - Up to two more issues of *Network* will be planned, written, published and distributed.
  - Issues will be posted on the FHI Web site.
- *Network* en español (FCO 3228) and *Network* en français (FCO 3250):
  - The issue on Adolescent Reproductive Health (Vol. 20, No.3) has been translated and will be published.
  - Sexually Transmitted Diseases (Vol. 20, No. 3) will be translated and published.
  - Up to two more issues of *Network* will be planned, written, published and distributed.
  - These issues will be distributed and posted on the FHI Web site.
- Distribution:
  - In all three languages, a subscription mailing list for a combined readership of 65,000 physicians, nurses, midwives health providers, scientists, media and others will be updated and maintained. A mailing list in Arabic will also be maintained.
  - Press releases for each issue will be distributed to journalists worldwide in each language.

Funding Source(s):		USAID/Core	**FCO Approved:**	**3202**	Sep 1995
				3228	Sep 1995
				3250	Sep 1995
Total Approved Budget:	**3202**	N/A-Annual	**Projected End Date:**		Aug 2005
	3228	N/A-Annual			
	3250	N/A-Annual			

Asia Regional: Arabic *Network* on Men and Reproductive Health (FCO 1306/3281)

Technical Monitor: BRobinson

Objective(s): 1) To translate, produce, and deliver an Arabic-language publication, "Men and Reproductive Health" for key health audiences in the Middle East; 2) to disseminate science-based information that draws on research done in the region and that synthesizes current thinking, research findings, and programmatic recommendations to the major regional governmental and non-governmental agencies working in the reproductive health field, as well as in media; and 3) to offer rights to reprint relevant material from this publication to Arabic-language health publications which have existing specialized readerships, such as bulletins of national OB/GYN societies.

Description: This subproject produced an Arabic-language publication, "Men and Reproductive Health," as a catalyst to promote gender sensitive male involvement activities within Arab-speaking countries. The publication was based on the recent issue of FHI's *Network* on Men and Reproductive Health (Vol. 18, No. 3), adding three selected articles from other *Network* issues. The publication also included a brief guide or checklist, outlining how it can be used most effectively among policy makers, program planners, and provider-trainers in the region.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In September 1998 funding was provided and decisions were made on which articles to include. Some funding was channeled through AVSC (FCO 1306).
- Translation of nine articles were undertaken by FHI/Cairo in early FY'99.
- Order forms in Arabic were mailed to 5,000 potential subscribers.
- Ten thousand copies were printed in September 1999 for distribution throughout the Arab-speaking world.
- FHI/NC coordinated the initial distribution of 8,600 copies, working closely with the FHI/Cairo office and key ministry and family planning association contacts in Arab countries.
- In September 1999, the publication was distributed to selected media in the Arab world and announced over the USAID Gender Working Group listserv. FHI/Cairo worked with numerous institutions in Egypt to promote use of the publication by training providers and other health personnel, and sent out a questionnaire to readers in Egypt to evaluate satisfaction and use.
- FCO 3281 was closed effective September 30, 1999.
- "Men and Reproductive Health" was posted as full text on the Arabic branch of FHI's Web site and e-mail announcements were sent to 259 health professionals in Arab countries.

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- Additional evaluation forms from a survey mailed in 1999 in Egypt have been returned to FHI/NC.
- Additional copies of the publication were distributed.
- **FCO 1306 was closed effective April 30, 2000, thereby concluding this subproject.**

Findings and Outcomes:

- To date, more than 8,600 copies of the Arab-language publication "Men and Reproductive Health" have been distributed.
- Bulk copies were requested by UNFPA offices in Algeria, Morocco, Sudan, Syria, and Lebanon; CARE offices in Egypt, Somalia, Sudan, and the West Bank; and AVSC International, IPPF/Arab World Regional Office, WHO, Pathfinder International, and the Population Council. In part because UNFPA offices have found the publication so useful, the Division of Arab States at the UNFPA/NY has contributed material to a follow-up publication in Arabic on adolescent reproductive health.

- Results from the Egypt questionnaire indicated that a majority of recipients are using the material to improve services for men or in training. The Yemen Family Care Association, which operates most of the country's 20 governorates, reported that the publication was a "useful contribution" and that the Association was distributing 500 copies through its special program for male involvement in health awareness and advocacy. The program works with teachers, social workers, laborers, soldiers, students, and religious leaders; as well as researchers, journalists, and health editors.

Funding Source(s):		AVSC International; USAID/Core		**FCO Approved:**	**1306**	Nov 1999
					3281	Sep 1998
Total Approved Budget:	**1306**	$	20,121	**Projected End Date:**		Sep 2000
	3281	$	14,501			
		$	34,622			

Worldwide: Library and Information Services (FCO 3260)

Technical Monitor: WBarrows

Objective(s): 1) To provide library information services to FHI staff, consultants, visitors, and projects; and 2) to assist in the dissemination of information on contraceptive and reproductive health research.

Description: This subproject supports the FHI Library, which provides information services to FHI staff, investigators, and others. The library collection contains approximately 8,000 monographs and 700 journals and newsletter titles emphasizing contraception, family planning, sexually transmitted diseases, HIV/AIDS prevention, demography, statistics, and research methodology. It is one of the largest special libraries covering contraceptive and family planning research in the U.S. The library also houses special FHI databases on reproductive health topics and offers users access to more than 400 on-line database services. Since 1989, the FHI library has been part of Information Programs in the Policy, Research & Utilization (PRU) Division providing an integrated system of information management that combines acquisition, organization, and dissemination, with a growing emphasis on electronic access to and dissemination of research information.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- This is an on-going activity since 1975.
- An on-line catalog of books and reports was developed and an automated circulation system implemented in 1995.
- A publications bulletin board was developed in 1997 to inform staff of works in progress and recently published FHI articles.
- A library Intranet was developed to simplify staff access to Internet resources related to RH.
- Training sessions and materials were provided to staff on the Internet, Medline, Popline, the on-line catalog and databases.
- A new searchable library catalog system (DB/Textworks) was made available to staff on their PCs. FHI library databases and non-library document databases were converted to DB/Textworks and added to the integrated catalog of FHI resources.
- A collection of charts and data sheets was organized and cataloged, as was FHI's video and audio tape collection.
- The FHI Library Users' Manual was revised and an on-line version was made available.

- In the first half of FY'99, a library newsletter was initiated.
- A database of FHI technical proposals covering over 25 years was designed and implemented.
- FHI scientific articles continued to be updated and posted quarterly.
- Lists of new books were prepared and distributed.
- An ongoing collection maintenance operation of books and journals continued. Backfiles of journals and less frequently used books were processed for storage or offered to libraries worldwide.
- Databases on vasectomy and regulatory affairs were converted to DB/Textworks format and made available to staff.
- Archives of FHI publications and contact reports were organized in a secure storage area.
- A file of hard copy information and Web addresses of organizations was developed.
- Comprehensive literature searches were conducted to support Cochrane reviews on oral contraceptives, vasectomy, IUD side effects and diaphragm effectiveness.
- Literature search updates were conducted on male and female sterilization and contraceptive development.

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- A list of standardized subject headings and an authority file were delayed due to staff shortages.
- Slides and other FHI visual images have been collected for inclusion in the database of images.
- The library Web page with links to worldwide resources has been expanded. The FHI library intranet has been expanded to include library guides, links to library resources, and FHI organizational information.
- Electronic versions of FHI reports to USAID have been added to the library catalog where appropriate and available.
- The Web version of the library database collection has been released to all FHI staff.
- The list of FHI scientific publications was added to the FHI website with links to abstracts on the National Library of Medicine Pubmed database.

FY'01 WORKPLAN ACTIVITIES:

- Training will continue to be offered on DB/Textworks, performing searches on Medline and Popline, and on using the Internet for reproductive health research.
- A database of Internet sites and sources will be developed to facilitate searching.
- A list of standardized subject headings and an authority file for the online catalog will be developed.
- Training will continue to be offered on DB/Textworks, performing searches on Medline and Popline, and on using the Internet for reproductive health research.
- An electronic means for providing Current Awareness for selected journals will be identified.
- A database of images in electronic and hardcopy formats will begin to be developed.
- A list of selected resources on key topics in FHI's collections (reference materials, descriptions of databases, etc.) will be developed and shared.

Possible Problems, Barriers to Completion:

- Insufficient staff time may delay these projects.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Information Dissemination (FCO 3205)

Technical Monitor: BRobinson

Objective(s): 1) To increase access to and availability of high-quality information regarding family planning methods and services; and 2) to improve acceptance of family planning among couples worldwide by increasing the knowledge of reproductive health issues among family planning research and service delivery personnel, policymakers and media, and NGOs that provide reproductive health services.

Description: Under this subproject, FHI provides recent research findings to health-care professionals; responds to controversies and disseminates information to providers, USAID Missions, and media; encourages developing country news media to cover reproductive health issues; and supports development of information dissemination capacity among reproductive health agencies in priority countries.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Accomplishments prior to FY'98 are referenced in previous Annual Reports. FY'99 accomplishments, as well as those for the first six months of FY'00 follow:
- In FY'99, staff responded to 5,867 requests for information and mailed 56,758 publications on contraception and RH to USAID Missions, health personnel, and policymakers.
- Fifteen press releases on contraceptive technology and RH topics were distributed to 3,000 media worldwide.
- Staff responded to media requests for information on FHI research.
- FHI articles were disseminated via commercial electronic media other than FHI's Web site.
- Thirteen factsheets on contraceptive methods were produced and distributed in English and Spanish.
- Systematic electronic dissemination of briefs on research findings and new publications continued via electronic discussion lists with 73,000 people reached.
- Publications were distributed on FHI's Web site and as full-text via online commercial databases.

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- Various research publications were distributed to key audiences.
- Dissemination of FHI research findings was implemented over a variety of electronic venues, with targeted e-mail announcements sent to 2,485 individuals culled from FHI's online rolodex, and materials shared with a variety of commercial online databases.
- Announcements regarding FHI research findings posted on FHI's Web site, which recorded 3,166,313 "hits" in this six-month period, were distributed via listservs to more than 34,000 recipients.
- Checklists for use in family planning service delivery were distributed by mail and electronically to key audiences. Also, information packets on IUDs were developed and distributed to key groups. These activities occurred with joint funding from FCO 1520.
- A CD-ROM containing full-text copies of more than 1,500 FHI publications was developed and 196 copies were distributed to USAID HPN officers, health providers and NGOs in developing countries.

Findings and Outcomes:

- Media worldwide have become familiar with FHI and demonstrate steady interest in the research findings disseminated, indicating that FHI materials are considered credible and relevant to their audiences.

- The volume of written requests for information also confirms that health providers in developing countries desire understandable, up-to-date information on family planning research in languages and formats accessible to a range of audiences.
- Information technology is a rapidly changing field that offers opportunities for cost effective dissemination of health information; yet given that most developing country providers do not have access to information technology, traditional communications through publications, conferences, and news media will continue to provide the underpinnings for future communications efforts.
- As previously reported in the FY'98 Annual report, missions continue to contact FHI for assistance in responding to controversies related to contraceptive technology.

FY'01 WORKPLAN ACTIVITIES:

- Dissemination of FHI research findings will continue over a variety of electronic venues.
- Eight to ten press releases will be written and disseminated.
- A new series of "FHI research briefs" summarizing key FHI research will be produced and 10-20 research briefs will be distributed at conferences and electronically.
- New FHI publications will be distributed to key audiences.
- Several thousand requests from USAID and developing country health providers for information on reproductive health and family planning topics will be handled.
- Additional copies of contraceptive method factsheets will be disseminated.
- More than 25,000 health publications will be distributed for use in training, conferences and report writing.
- FHI will continue to work with the Emergency Contraception Consortium to plan for and disseminate information on ECPs to developing country health professionals.
- More than 500 copies of FHI's CD-ROM containing full-text publications on FHI research and programs will be distributed to developing country health professionals. A survey will be undertaken of health libraries and information resource centers to gage interest in and technical issues in use of the CD-ROM.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Compliance, Risk/Benefits and FP/STD Paper Writing (FCO 5352)

Technical Monitor: DGrimes

Objective(s): 1) To conduct secondary analysis on data from completed FHI studies and to write papers for presentations and publications based on these analyses; and 2) to write synthesis or review papers on the issues of compliance, risk/benefits and family planning and STDs which contribute to the body of knowledge and/or policy environment in these areas.

Description: Following the completion of individual studies, research staff may conduct further in-depth analysis on specific topics, and prepare papers for presentation and publication. In addition, staff may write review or synthesis papers on the topics of compliance, risk/benefits or family planning and STDs. This subproject supports staff time and travel costs related to these needs.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Papers completed prior to FY '00, are cited in FHI's FY'99 Annual Report.
- Grimes DA. DMPA good choice for women with sickle cell. *Network* 1999;19(2):10-11.

- Grimes DA. Hormonal methods may affect headaches. *Network* 1999; 19(2):11-13.
- Grimes DA. Snively GR: Patients' understanding of medical risks: implications for genetic counseling. *Obstet Gynecol* 1999. June; 93(6):910-4.
- Grimes DA. Emergency contraceptives over the counter. *West J Med* 2000; 172:148-9.
- Raymond EG, Creinin MD, Barnhart KT, Lovvorn AE, Rountree RW, Trussell J. Meclizine for prevention of nausea associated with emergency contraceptive pills: a randomized trial. *Obstet Gynecol* 2000; 95:271-277.
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- Raymond EG, Alvarado G, Ledesma L, Diaz S, Bassol S, Morales E, Fernandez V, Carlos G. Acceptability of two spermicides in five countries. *Contraception*, 1999;60:45-50.
- Fortney J, Feldblum P, Raymond EG: IUDs, the optimal long-term contraceptive method? *J Reprod Med* 1999; 44:269-274.
- Nanda K, McCrory DC, Myers ER, Bastian LA, Hasselblad V, Hickey JD, Matchar DB. Accuracy of the Papanicolaou test in screening for and follow-up of cervical cytologic abnormalities: a systematic review. *Ann Intern Med*. 2000; 132:810-9.

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- Grimes, DA. Reassessing the risks of upper genital tract infection among IUD users. Published. *The Lancet 2000*; 356:1013-19.
- Lovvorn A, Nerquaye-Tetteh J, Glover EK, Amankwah-Poku A, Hays M, Raymond EG. Provision of Emergency Contraceptive Pills to Spermicide Users in Ghana. *Contraception*, 2000; 614:287-293.
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- Joanis C, Latka M, Glover LH, Hamel S. Structural Integrity of the Female Condom after a Single Use, Washing and Disinfection. *Contraception*. Accepted for publication.
- Nanda K. A systematic review of cervical cytology screening test characteristics. *Annals of Internal Medicine*. Accepted for publication.
- Steiner M, Feldblum P, and Wheeless A. How well do male condoms work? Evidence from a new approach of evaluating contraceptive effectiveness. *Contraception*, Submitted.
- Cates W, Steiner M, Raymond E. AJPH. Dual vs. Duel(ing) protection against unintended pregnancy and sexually transmitted infections: What is the best contraceptive approach? Submitted.
- United Nations Development Programme, United Nations Population Fund, World Health Organization, World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Task Force on Post-Ovulatory Methods for Fertility Regulation (Grimes DA). Efficacy and side effects of immediate postcoital levonorgestrel used repeatedly for contraception. *Contraception,* 2000 May; 61 (5): 303-8.

FY'01 WORKPLAN ACTIVITIES:

- Grimes, D. Use of emergency contraception among sexually active adolescents, *Western Journal of Medicine*. In progress.
- Acceptability, Use Effectiveness and Service Delivery Requirements of the Diaphragm in The Philippines. Joanis C, Ramos R, and Palmore S.
- Nanda K. A systematic review of cervical cytology screening test characteristics. *Annals of Internal Medicine.*
- Nanda K. Meta-analysis of Pap test accuracy-the affect of study quality.
- Welsh M, Feldblum P, Kuyoh M, Mwarogo. Condom use in rural Kenya: Lessons from a community intervention trial.
- Steen, Omari, Feldblum P. Incidence and management of STD syndromes at Kenyan agricultural sites.

- Feldblum P, Kuyoh M, Welsh M. Consistency of use and acceptability of female condoms and the impact of their introduction on male condom use at Kenyan agricultural sites.
- Hubacher D, Taylor D. Risk factors for exposure to Chlamydia trachomatis in a Mexican population.
- Hubacher D. Mexican women's perceptions of husbands' infidelity and relationship to condom use.
- Grimes D, Joanis C. Vaginal microbicides: A field of dreams?
- Raymond EG, Lovely LP, Chen-Mok M, Seppälä M, Kurman RJ, Lessey BA. Effect of the Yuzpe Regimen of Emergency Contraception on Markers of Endometrial Receptivity. In progress.
- Sekadde-Kigondu C, Morrison C and colleagues. Screening for cervical intraepithelial neoplasia (CIN) in HIV-1 positive and negative IUD users in Nairobi, Kenya. In progress.
- Grimes, DA. Use of emergency contraception among sexually active adolescents. *Western Journal of Medicine*. In progress.
- Joanis CL, Ramos R, Palmore S. Acceptability, Use Effectiveness and Service Delivery Requirements of the Diaphragm in the Philippines. In progress.
- Nazerali H, Nanda K. A systematic review of barrier methods to prevent HPV transmission. *Sexually Transmitted Diseases*. In progress.
- Raymond EG. Advances in IUDs: Infertility and Reproductive Medicine Clinics of North America. To be drafted.

Possible Problems, Barriers to Completion:
- Delays in review of articles by editing boards could delay publication of articles.

Funding Source(s):	USAID/Core	**FCO Approved:**	Apr 1998
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Biostatistics Paper Writing (FCO 9102)

Technical Monitor: RDominik

Objective(s): 1) To conduct research on statistical methods needed to answer reproductive health questions; 2) to review such methods; 3) to develop recommendations for analysis; and 4) to disseminate the findings to researchers at the country level as well as to other researchers working to improve reproductive health and family planning worldwide.

Description: During research protocol development and data analysis, several alternative approaches to study design, data collection, or data analysis may be considered. The strengths and weaknesses of various approaches are not always apparent. The purpose of this subproject is to identify the advantages or disadvantages of competing approaches through the review of relevant literature or statistical research. Papers and handbooks that 1) explain the alternative research or analysis methods that might be considered, 2) recommend an approach, and 3) provide examples of applications will be developed.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000
- Four papers were completed in FY'97 and were reported in the Annual Report for that year.
- In FY'98, four papers and one poster were prepared and presented at statistical meetings.
- In FY'99, several papers were presented at scientific meetings and four papers were published including:
  - "Sample size determination for multiple comparison studies treating confidence interval width as random", published in *Statistics in Medicine*, PUB#99-42. (This FCO provided only partial support for this paper).

- "Non-Inferiority testing in crossover trials with correlated binary outcomes and small event proportions with applications to the analysis of condom failure data", published in the *Journal of Biopharmaceutical Statistics*, FHI PUB#99-32.
- "Failure rates among perfect users and during perfect use: A distinction that matters", *Contraception*, FHI PUB#99-80.

- "Nondifferentiable errors in Beta-Compliance integrated logistic models:numerical results", *Communications in Statistics, Simulation and Computation*, FHI PUB#99-31.
- In the first half of FY 2000, a paper entitled "A Transitional model of barrier methods compliance with unbalanced lost to follow-up" was published in *Statistics in Medicine*, FHI PUB#00-01.

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- A paper entitled "Improved approximate confidence time limits for the mean of a lognormal distribution" was submitted to *Statistics in Medicine*, FHI Proposal 2000/040, (partial support only).
- A paper entitled "A comparison of three daily coital diary designs and a phone-in regimen" was submitted to *Controlled Clinical Trials*, FHI Proposal 99/07. (This FCO provided partial support, along with FCOs 2234 and 5352.)
- A paper entitled "Propensity scores in epidemiology, selectivity models in econometrics: bridging the gap", was submitted to the *Proceedings of Business and Economics Section* of the American Statistical Association (ASA), FHI Proposal 99/055.
- A paper entitled "Sample size considerations for multilevel designs" was submitted at the *ASA Joint Meeting* in August 2000.

Findings and Outcomes:

- For non-inferiority testing crossover trials of condom failure the use of first-order Taylor series variance approximations for the ratio of two random variables was validated.
- Perfect use pregnancy probability estimates calculated from a subgroup of always perfect users were shown to be biased, but estimates calculated using all months of perfect use were demonstrated to be unbiased.

FY'01 WORKPLAN ACTIVITIES:

- A paper entitled "On the nonparametric estimation of a distribution with interval-censored and truncated observations" will be revised for submission to *Biometrics*, FHI Proposal 2000/07.
- A paper entitled "Quality adjusted survival estimation with periodic observations" will be revised in response to *Biometrics* reviewers' comments, FHI Proposal 98/004.
- A paper on emergency contraceptive adjusted estimates of pregnancy probabilities for barrier contraceptives will be prepared for journal submission (partial support only).
- Background work for a paper on the use of Bayesian methods in contraceptive development will continue.
- Research and evaluation of the use of a nonparametric piece-wise method for consistent-use pregnancy analysis will continue.
- Research on adjustments for known and unknown covariates will continue and a paper will be prepared for presentation at the ASA Joint Meetings in Atlanta, GA in August 2001.
- Staff will collaborate with CONRAD on a paper dealing with predicting diaphragm size from parity, weight, and other clinical characteristics.
- A paper using propensity scores in historical control analysis of Lea's Shield data will be finalized and submitted for publication in *Contraceptio*n.

Possible Problems, Barriers to Completion:

- As these activities are generally considered to have a lower priority than most direct study support activities, availability of biostatistics staff could delay this process.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Paper Verification (FCO 9106)

Technical Monitor: EWong

Objective(s): 1) To verify the key results of statistical analyses reported in papers and final reports prepared by FHI authors, and 2) to provide services to field supported subprojects with limited funding for statistical assistance.

Description: Under this subproject, FHI's Biostatistics group checks the accuracy of the key results by independently reproducing numbers cited in tables and text of FHI authorized or co-authored papers and final reports. Verifiers will be responsible for recognizing any gross violations of statistical assumptions made in the reported analysis. The results will be discussed with the primary author or analyst. Normally, Biostatistics staff spend approximately one week of time per paper for this verification activity.

FHI's Biostatistics Group also provides statistical consulting services during the development, analysis and report writing of field support subprojects being implemented by other FHI groups, most notably Health Services Research (HSR). FHI's biostatisticians calculate appropriate sample sizes, draft summary analysis plans, and consult on data analysis for subprojects that FHI staff identified to have otherwise limited staff support for statistical services.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- From October 1997 to September 30, 2000, thirty-three papers and/or final reports were verified and approved via this subproject.
- From October 1999 to September 30, 2000, eighteen projects were provided biostatistical consultancy services.

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- The Biostatistics group verified and approved, with minor revisions, five papers and/or final reports; core FCOs also contributed to the verification of some of these papers.
- The Biostatistics group provided biostatistical consultancy services to nine subprojects.

FY'01 WORKPLAN ACTIVITIES:

- The Biostatistics group will verify an estimated 15 papers and final reports. For each verification, the verification manager or designate will record the project/final report title, primary author, verifier, hours spent, and verification status assigned. The verifier will archive computer programs and documents related to paper/final report verification.
- The Biostatistics group will provide statistical consulting services to ten Health Services Research subprojects.

Funding Source(s):	USAID/Core	**FCO Approved:**	Dec 1997
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Health Services Research Paper Writing (FCO 9304)

Technical Monitor: BJanowitz

Objective(s): 1) To conduct secondary analysis on data from completed Health Services Research (HSR) studies; and 2) to write papers for presentation and publication based on these analyses.

Description: Following the completion of field research activities culminating in a subproject final report, staff will continue to analyze data and/or prepare service delivery research papers for presentation and publication in scientific journals to disseminate results of FHI-supported research. This subproject supports staff time and travel costs related to these needs.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- As an on-going subproject, see the FY'98 Annual Report for accomplishments prior to FY'99.
- Stanback, Nutley, Gittonga, Qureshi, "Menstruation Requirements as a Barrier to Contraceptive Access in Kenya" was published in the March 1999 issue of *East African Medical Journal.*
- Stanback , Qureshi , Sekadde-Kigondu, Gonzalez, Nutley , "Checklist for Ruling Out Pregnancy Among Family Planning Clients in Primary Care Settings," was published in *The Lancet* in August 1999.
- Smith, "Qualitative Research on Female Condom Reuse Among Women in Two Developing Countries." This Working Paper that was submitted to *Studies in Family Planning* in August 1999 was rejected for publication by this journal.
- Tolley, Nare, "Senegal: Access to Removal of Norplant: An Issue for Informed Choice" was accepted for publication in the *African Journal of Reproductive Health* in December 1999.

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- Stanback, "Menstruation as a Precondition for Provision of Contraception," in Van de Walle E and Renne E, editors, No Menses, No Births was cancelled.
- Stanback, Katz, "Methodological Quality of WHO Medical Eligibility Criteria for Contraceptive Use" was rejected by *WHO Bulletin*.
- Katz, Nare, "Reproductive Health Knowledge and Use of Services among Young Adults in Dakar, Senegal" was accepted by the *Journal of Biosocial Science*.

FY'01 WORKPLAN ACTIVITIES:

- Smith, "Female Condom Reuse" will be submitted to a journal.
- Stanback, "Straight to the Heart: Lessons Learned from IUD Myths and Misconceptions" will be submitted to *Reproductive Health Matters*.
- Stanback, Katz, "Methodological Quality of WHO Medical Eligibility Criteria for Contraceptive Use" will be resubmitted to another journal.
- The following papers will be written:
  - Katz, Stanback, Johnson, Carflores, Odiambu, "Reasons for Low IUD Use in Kenya and El Salvador."
  - Hatzell, "Influence of Health Service Delivery System on Male and Female Condom Uptake in Rural Kenya."
  - Katz, "Factors Influencing Method Continuation in Jamaica."
  - McQuide, "How to Measure the Impact of Provider Training on Family Planning Service Delivery."
  - Chin-Quee, “Barriers to Provision of Family Planning Services in Paraguay.”

- Waszak, “Reproductive Health and Psychological Well-being of Adolescents in Three Communities in Jamaica.”
- Stanback, “The Safety and Feasibility of a Pill Carry-Home Strategy for Non-Menstruating FP Clients.”
- Stanback, “Time to Stop Inducing Menses (commentary).”
- Spruyt, "Dual Method use in Kenya."
- Spruyt, “Cost-Benefit Analysis of Methods for Detection of Cervical Infections in Family Planning Clients in Jamaica.”
- Tolley, “The context of Adolescent Abortion in Guinea and Cote d'Ivoire.”
- Tolley, “The Impact of Menstrual Changes on Contraceptive Use.”
- Hatzell,“Provider Influence on Female Condom Uptake in South Africa.”
- Hatzell, “Validating Reported Condom Use among Sex Workers in Nairobi, Kenya.”
- Smith, “Qualitative Research on Female Condom Reuse.”

Possible Problems, Barriers to Completion:

- Paperwriting must often be set aside when on-going projects require additional time and attention due to unforeseen events.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2000

Worldwide: Paper Writing/Information Dissemination: Women's Studies Project (FCO 6035/9373 and previously 6036/6037/9237)

Technical Monitor: CWaszak

Objective(s): 1) To continue the dissemination of findings from the Women's Studies Project (WSP); and 2) to gain further insight into the consequences of family planning for women through secondary analysis of WSP data.

Description: The Women's Studies Project's Cooperative Agreement and a six-month, no-cost extension terminated on March 31, 1999. This subproject, administered under the Contraceptive Research and Technology Cooperative Agreement, provides limited funds for additional dissemination of results and secondary analysis from the 26 studies conducted under the WSP.

Funds originally budgeted under one general account (FCO 9237) were redistributed to include four additional FCOs (9373, 6035, 6036, 6037), each managed by a former WSP staff member for country-specific paper writing and dissemination activity.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Most activities reported here reflect effort begun under the WSP and continued after March 31, 1999, under the Contraceptive Technology and Research Cooperative Agreement.
- P. Bailey presented two papers from WSP Bolivia research at the Second International Interdisciplinary Conference on Women's Health in Edinburgh, Scotland, on July 14•16, 1999: "Menopause in the Altiplano of Bolivia: Women's experiences" (Bailey) and "Gendered environments and sexual decisions: data from Bolivia" (Paulson).
- In August, P. Bailey presented a paper at the 27th National Congress of Gynecology and Obstetrics in Guatemala: "Embarazo en adolescentes en el Nordeste de Brasil: el aborto es una opcion."

- S. Chen conducted secondary analysis of data on family planning and women's economic activities in Bolivia.
- L. Severy and C. Waszak conducted secondary analyses of psychosocial data from several WSP studies in Egypt.
- E. Eggleston and E. Wong (with K. Hardee) completed a secondary analysis of factors influencing psychosocial well-being among Indonesian women.
- S. Paulson drafted an English translation of the Spanish gender guidelines prepared under the WSP for reproductive health care providers in Bolivia.
- These FCOs have supported FHI staff or consultant time on six papers published or accepted for publication; six papers submitted and waiting decision; and 14 papers in progress or in revision for resubmission. Several additional papers and one book (Zimbabwe WSP studies) have been published independently by colleagues in former WSP countries. A log of papers published, submitted, and in progress is available.
- A special issue of the *Journal of Population* was produced in Indonesia that included papers from the four Indonesian subprojects.
- Cindy Waszak presented a paper at the 2000 PAA meeting in Los Angeles entitled "The relationship between psychological well-being and family planning behavior: the mediating role of gender norms."

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- FHI printed and distributed copies of "Rethinking Differences and Rights in Sexual and Reproductive Health: a Training Manual for Health Care Providers".
- The paper "Gendered environments and Bolivian experiences of sexual and reproductive health" by S. Paulson was published in *Journal of Sexuality and Gender Studies*.
- The paper "Are reproductive health services a good place to screen for domestic violence? Evidence from Bolivia" by D. McCarraher et al. was completed and reviews initiated.
- The paper "The psychological well-being of Egyptian women: relationships with family planning behavior by L. Severy et al. was submitted to the *Journal of Social Psychology*.
- The paper "The mediating influence of beliefs about gender norms on relationships among fertility behavior, anxiety and depression in Egyptian women" by C. Waszak was submitted to *The Psychology of Women Quarterly*.

Findings and Outcomes:

- See FHI's FY '99 Annual Report for previously reported findings.
- Secondary analysis of Egypt data found a positive relationship between depression and number of children and between family planning use and anxiety. Preliminary analysis found the relationship between number of children and depression mediated by egalitarian gender role beliefs.

FY'01 WORKPLAN ACTIVITIES:

- Former WSP staff will continue writing papers for submission to journals.
- Papers currently submitted to journals will be published or will be resubmitted with revisions as needed.

Funding Source(s):			USAID/Core	**FCO Approved:**	**6035**	Apr 1999
					6036	Apr 1999
					6037	Apr 1999
					9237	May 1998
					9373	Apr 1999
Total Approved Budget:	**6035**	$	68,851	**Projected End Date:**		Sep 2001
	6036	$	43,003			
	6037	$	27,598			
	9237	$	70,227			
	9373	$	90,321			
		$	300,000			

Worldwide: Cochrane Fertility Regulation Review Group (FCO 1655/1729/5206 and previously 1613)

Technical Monitor: D Grimes

Objective(s): To perform systematic reviews and meta-analyses of randomized controlled trials on methods of family planning, with an early emphasis on IUDs and barrier methods.

Description: The Cochrane Collaboration is an international network of scientists and physicians conducting systematic reviews of medical evidence. A dangerous lag of over a decade exists between publication of life-saving research and its introduction into medical practice. Much of this utilization gap relates to the challenges in finding and absorbing the best available evidence about clinical practice. The Fertility Regulation Review Group, based in Leiden, the Netherlands, is coordinating a world-wide effort to identify, analyze, and disseminate in easily understood fashion the scientific evidence on family planning.

The Cochrane systematic review process has several discrete steps that occur sequentially. The first is to register a title with the central office in Leiden. The next is to submit a protocol, which is a formal description of the methods to be used in searching and synthesizing the literature. This protocol is submitted to peer review and, after revision, is approved. The next step is to perform the actual review and write the report using Cochrane software (RevMan). The submitted review then undergoes external peer review and revision before its final acceptance. After this is done, the review is published on the Cochrane Library CDROM.

Cochrane reviews are also published in peer-reviewed journals. Beginning in 1999, abstracts from Cochrane reviews appeared for the first time in Medline, sponsored by the National Library of Medicine. Easy access to the best available evidence is a cornerstone of evidence-based medicine and helps to ensure both effective and cost-effective approaches to fertility regulation.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In September 1998 this subproject was approved by USAID/W (FCO 5206). CONRAD funded the initial effort and agreed to a no-cost extension of their FY'99 contract for this work through March 31, 2000 (FCOs 1613 and 1655).
- Reviews on strategies to increase concurrent barrier use among women, on sponge vs. diaphragm for contraception, on diaphragm with and without spermicide, and on condom use by oral contraceptive users were registered with the Cochrane Collaboration and the protocols written.
- FHI had the first systematic review on a family planning topic published in the Cochrane Library. This review (Antibiotic prophylaxis for intrauterine contraceptive device insertion. The Cochrane Library – 1999 Issue 4) led to a derivative manuscript which was published in the peer-reviewed journal *Contraception* (Grimes DA, Schulz KF: Prophylactic antibiotics for intrauterine device insertion: a meta-analysis of the randomized controlled trials. *Contraception* 1999;60:57-63).
- A completed and systematic review and meta-analysis on immediate post-abortal insertion of IUDs was accepted for publication in the Cochrane Library, and the review comments were incorporated into the meta-analysis.
- Huib van Vliet, a visiting scientist from the Netherlands, focused on three systematic reviews: triphasic vs. monophasic oral contraceptives, biphasic vs. monophasic oral contraceptives, and biphasic vs. triphasic oral contraceptives. In March 2000, the data analyses began.
- A protocol on the terbutaline pump for tocolysis was published in the latest Cochrane module.

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- The Cochrane Library was published in the first half of FY'00. Co-author Nancy Stanwood, M.D., completed a manuscript based on this Cochrane review and submitted it to a professional journal.
- Dr. Alessandra Peloggia, a Brazilian obstetrician, visited FHI to collaborate with FHI researchers on a draft for a new protocol of management of miscarriage.
- Dr. Asha Pun, a Nepalese obstetrician, in collaboration with FHI, attended training in New Zealand on conducting systematic reviews.

FY'01 WORKPLAN ACTIVITIES:

- Pertinent topics for review will continue to be identified. The reviews on multiphasic vs. monophasic oral contraceptives, strategies for increasing condom use by oral contraceptive users, diaphragm vs. sponge, and diaphragm with and without spermicide will be completed and submitted for peer review by the Cochrane Collaboration.
- The review for the terbutaline protocol will continue.
- Work will continue on a protocol for the management of miscarriage, in collaboration with Dr. Peloggia of Brazil
- Cochrane researchers, Kavita Nanda, M.D., MPH, and Kenneth Schulz, PhD, will attend the International Cochrane Colloquium to be held in Cape Town, South Africa in October 2000.
- A full-time Research Associate position in the RTP office to conduct Cochrane reviews, under the supervision of David Grimes, M.D., will be hired.
- A second vasectomy protocol will be drafted by Dr. Lynley Cook and registered in Leiden.
- Working with Dr. Nancy Stanwood, FHI staff will complete a derivative manuscript on the topic of postabortal IUD insertion for submission to the *British Journal of Obstetrics and Gynaecology*.
- Additional funding for Cochrane reviews is being sought from other sources. (Editor's note: Early in FY'01 additional funding was received from CONRAD, as noted below.)

Funding Source(s):			CONRAD; USAID/Core	**FCO Approved:**	**1613**	Dec 1998
					1655	May 1999
					1729	Dec 2000
					5206	Aug 1998
Total Approved Budget:	**1613**	$	98,573	**Projected End Date:**		Sep 2001
	1655	$	101,003			
	1729	$	100,067			
	5206	$	100,000			
		$	399,643			

Worldwide: Family Health Institute Communications Initiative (FCO 1520/3229)

Technical Monitor: SPalmore

Objective(s): To draft, implement and monitor a proactive dissemination strategy that seeks creative and innovative approaches to sharing information about Institute programs, research and expertise with global audiences.

Description: The Communications Initiative, begun with corporate funding in October 1999, was designed to enhance FHI's position as a leader in cutting-edge reproductive health research; promote FHI as a highly credible resource on reproductive health topics; educate and inform scientists about dissemination as an integral element of the research process; inform and educate scientists about the

value of dissemination in increasing the scientific base of knowledge on reproductive health issues; encourage and support dissemination within the scientific community; encourage and support dissemination beyond the scientific community to other interested "stakeholders" in reproductive health, including policy-makers, program managers and providers, grass-roots organizations, and the news media. The Initiative works closely with Institute senior management, with directors and staff from groups at FHI/NC, FHI/DC and FHI offices overseas. The Initiative includes dissemination on the work of the Institute's major components. In recognition of the fact that much of the information to be disseminated relates directly to the Contraceptive Technology and Family Planning Cooperative Agreement, USAID/CTR has agreed to co-fund the Initiative starting with the FY'01 Workplan.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Technical monitor met with Senior Management, Division directors and staff to establish dissemination priorities for FY'99-00. They include dissemination of information on FHI checklists, IUDs, barrier methods, emergency contraception, IMPACT activities, HPTN activities and FHI in general.
- A plan for the Initiative was drafted.
- An information packet for USAID Missions on three checklists developed by FHI was printed and distributed. The checklists included one to rule out pregnancy, one to help community-based workers evaluate client eligibility for DMPA use and one to help community-based workers evaluate client eligibility for use of combined oral contraceptives.
- Pregnancy checklists were printed in English, Spanish, French and Kiswhali and distributed upon request. Requests were generated by posting them on various listservs, FHI's own Web site and via FHI travelers. Also a news release on the pregnancy checklists was prepared.
- A slide show with talking points on Family Health Institute was prepared. Copies were distributed to staff, including staff at field offices in Kenya, Nepal and Egypt.
- New stationery for FHI fact sheets was printed.
- A dissemination strategy to improve the image of IUDs was developed. Subsequently, regionalized news releases on IUDs were distributed in Asia, Africa and Latin America. A media advisory on IUDs was also developed for U.S. journalists.
- Information packets on IUDs, including research papers, fact sheets and various FHI publications were distributed to FHI field offices, to CAs, donors, etc. Presentations on IUD research at REDSO, PAHO, IPPF and WHO were made.
- Dissemination for research on emergency contraception and female condoms was planned.
- Worked with IMPACT to develop a brochure, to highlight work of IMPACT and HPTN, used at the International AIDS conference in Durban, South Africa in July 2000.
- HPTN dissemination needs were discussed.
- Three sessions of media training for FHI staff were conducted.

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- In response to staff requests, a news release or media advisory on contraceptive effectiveness will be developed.
- The technical monitor traveled to FHI's Kenya office in May to work on the dissemination of results from FHI female condom study, prepare fact sheets and news release for the dissemination meeting, and plan for further dissemination of research results in Kenya and elsewhere in the region.
- A plan to work with local Planned Parenthood affiliates on EC telephone service was developed.
- New COC and DMPA checklists were printed and distributed
- Paper proposals and published papers by FHI authors were reviewed to look for opportunities for dissemination.
- Dissemination activities for FY'00-01 were planned.

FY'01 WORKPLAN ACTIVITIES:

- A new Senior Communication Specialist will be hired.
- News releases or media advisories on contraceptive effectiveness (response to staff request) and other topics will be developed.
- The EC fact sheet will be updated.
- IUD dissemination efforts will continue, including a policy brief, and a meeting of experts to disseminate the latest IUD information will be held, pending availability of funds.
- A plan to work with local Planned Parenthood affiliates on an EC telephone service will be developed. (NB: The Hewlett Foundation funded the grant and in October 2000, FCO 1319 was established for the EC-by-phone subproject.)
- Checklist dissemination will continue.
- A plan to work with IMPACT will be developed and implemented.
- HPTN will be assisted with the community intervention activities. Assistance will be offered on other activities as needed.
- Media training sessions for FHI staff will be held.
- Meetings with health editors at national newspapers and magazines to discuss FHI's work may be arranged, pending funding and staff availability.
- Paper proposals and published papers by FHI authors will be reviewed with an eye for opportunities for dissemination.
- The FHI slide show will be updated and a new slide show on future contraceptives will be developed.

Funding Source(s):			FHI Corporate; USAID/Core	**FCO Approved:**	**1520**	Oct 1999
					3229	Nov 2000
Total Approved Budget:	**1520**	$	200,000	**Projected End Date:**		Aug 2005
	3229		N/A-Annual			

USA: FamPlan: A Multiple Organization Terminology Database (FCO 3243 and previously 2243)

Technical Monitor: DAndrews

Objective(s): To provide a forum for standardizing the translation of family planning terminology in materials that are produced.

Description: FamPlan is a family planning terminology glossary in English, Spanish, and French that is shared by the USAID-related Reproductive Health Materials Working Group (RHMWG). The intention of the glossary is to provide a forum for standardizing the translation of family planning terminology in all publications that are produced by member organizations. The glossary is updated once a year to include new terms and to reflect changes in the contributing organizations' term preferences.

A number of organizations contribute to the FamPlan glossary including: AVSC International; Family Care International (FCI); Family Health International (FHI); Institute for Reproductive Health, Georgetown (IRH); International Projects Assistance Services (IPAS); Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO); Management Sciences for Health (MSH); Population Communication Services (PCS); Program for International Training and Health (INTRAH); and the Program for Appropriate Technology in Health (PATH).

Collaborating Agency(s): AVSC, Family Care International, INTRAH, Institute for Reproductive Health, IPAS, JHPIEGO, Management Sciences for Health (MSH), PATH, Population Communication Services

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In June 1998, the decision was made to establish the FamPlan glossary as a specific subproject. Previously, costs associated with its development had been borne by Clinical Trials' management and development account.
- A summer intern from Kent State University assisted in the production of FamPlan, version 3.0 (July 1998). Copies were distributed to the contributing organizations and to representatives of the various RHMWG organizations.
- By the end of FY'98, two Round Table Discussions were conducted at FHI and copies of FamPlan were distributed to FHI's terminology team members and to FHI's library.
- The feasibility of including FamPlan in FHI's Web site was investigated. While it was determined that this is feasible, staff resources, cost, and consideration of additional options will delay implementation.
- FHI staff were trained on the use of FamPlan by the departing technical monitor in April 1999.
- Version 4.0 of FamPlan was produced and finalized in March 2000.

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- FamPlan Version 4.0 was distributed to members of the RHMWG in April 2000.
- Given that technical oversight of this subproject was transferred to the Policy and Research Utilization, FCO 2243 was closed effective September 30, 2000.

Findings and Outcomes:

- Six of the Reproductive Health Materials Working Group organizations contribute terms and updates to the glossary each year. Many others expressed interest in receiving the glossary. FHI translators use the glossary to help standardize the French and Spanish terminology for publications and documents. It has also proved useful for new employees who are not familiar with the reproductive health terminology FHI uses. Additional promotion of the glossary would increase its usefulness, both within and outside of FHI.

FY'01 WORKPLAN ACTIVITIES:

- FamPlan will be connected to the World Wide Web through the FHI webpage, allowing access to the terms via the Internet.
- Genders will be assigned to the French and Spanish terms in the glossary.
- The reproductive health terms in the glossary will be reviewed and revised.

Possible Problems, Barriers to Completion:

- The potential exists for the release of the software to be postponed to a later date.

Funding Source(s):		USAID/Core	**FCO Approved:**	**2243**	Jun 1998
				3243	Oct 2000
Total Approved Budget:	**2243**	N/A-Annual	**Projected End Date:**		Aug 2005
	3243	N/A-Annual			

South Africa: Sixth Annual Reproductive Health Priorities Conference (FCO 7421)

Technical Monitor: SMobius

Objective(s): FHI's primary objectives at the conference were: 1) to support the participation of five delegates from the region; 2) to introduce the FP Methods module to a small group of healthcare providers; and 3) to present results from the main and qualitative components of the Female Condom Community Intervention Trial in Kenya.

Description: The Reproductive Health Priorities Conference (RHPC) has been held in South Africa annually since 1994, under the coordination and management of the Reproductive Health Research Unit based in Johannesburg. The primary purpose of this conference is and has historically been the exchange of information and the creation and strengthening of relationships among fellow researchers and service providers in the field in this region. Objectives of the conference include: 1) to present research in reproductive health from the South African region; 2) to promote new research in reproductive health; and 3) to foster relationships among researchers and service providers from around South Africa and the neighboring countries.

Collaborating Agency(s): Reproductive Health Research Unit

ACTIVITIES & ACCOMPLISHMENTS:

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- Approval to support this Sixth Annual Conference was obtained in June 2000.
- Over 250 delegates attended this year's conference held in Cape Town, August 15-18, 2000. Most of the participants were from the South African region, including academics, service managers, and healthcare workers from rural and urban areas.
- FHI's Senior Program Coordinator based in Nairobi presented findings from the main and qualitative components of the Female Condom Community Intervention Trial at the conference; she also presented the FP Methods Module via a brown bag luncheon setting.
- FHI also sponsored five delegates' participation in the conference.
- Financial accounting for the subproject was completed in September 2000 and **the FCO was closed.**

Findings and Outcomes:

- As a result of this meeting, the visibility of FHI's research program in the region was increased. Approximately 250 conference participants were introduced to new reproductive health research findings, including those from the USAID-supported Female Condom Community Intervention Trial in Kenya.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jun 2000
Total Approved Budget:	$ 15,004	**Projected End Date:**	Sep 2000

Worldwide: Arabic Adolescent Magazine (FCO 1324)

Technical Monitor: BRobinson

Objective(s): 1) To produce and distribute an Arabic translation of a publication on adolescent reproductive health; 2) disseminate science-based information that draws on research done in the region and that synthesizes current thinking, research findings, and programmatic recommendations

to the major regional governmental and non-governmental agencies working in the reproductive health field, as well as in media; and 3) offer rights to reprint relevant material from this publication to Arabic-language health publications which have existing specialized readerships, such as bulletins of national OB/GYN societies.

Description: This publication will offer program planners, program directors and providers a concise, readable summary of issues concerning adolescent reproductive health. These materials will also serve as useful tools for reaching those people who influence the potential users of services, including the media and other cultural institutions. After distribution, FHI will work closely with UNFPA offices in several countries to monitor whether the publication is useful to health professionals engaged in policy discussions, program planning, training courses and service delivery.

FY'01 WORKPLAN ACTIVITIES:

- The Arabic article translations will be edited and laid out.
- FHI will work closely with UNFPA/NY (which will provide in-kind assistance to ship several thousand copies of the Arabic publication to UNFPA offices in the region), and with FHI/Cairo office and other key ministry and health service delivery contacts in the Arab world.
- A total of 10,000 copies will be printed and distributed in the region, including distribution to media and electronic news sites in the Arab world. Some monies from FCO 3205 will be used for this dissemination. The magazine will also be posted in Arabic on FHI's Web site, and be made available on CD-ROMs produced under FHI information dissemination programs.

Funding Source(s):	UNFPA/Private USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2001

Worldwide: FHI Corporate Report (FCO 1521 and previously 1586)

Technical Monitor: NHerndon

Objective(s): To publish and disseminate a report to the public on FHI's major recent accomplishments and activities, including a financial statement, listing of senior leadership and members of FHI's Board of Directors and an overview statement from the board chairman, chief executive officer and the president.

Description: The FHI corporate report outlines recent major FHI activities for multiple audiences, including other collaborating agencies, donor organizations, foundations, the media, the public and private companies interested in using FHI's services. Such reports are published on approximately every two years.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The 1998 Corporate Report was disseminated in October 1998, following the September 1998 FHI Board meeting. FCO 1586 was then closed in November 1998.
- The 1998 report has been distributed continuously since 1998 at conferences, workshops and similar functions. Nearly 4,000 copies had been distributed by September 2000.

April 1, 2000 - September 30, 2000

- Senior management has reviewed and approved most of the text for a new corporate report (under FCO 1521), with work continuing on certain sections.

- Hill Studio of Chapel Hill was hired to design the report and to perform layout. An initial design was approved by senior management; subject to specific modifications.
- Senior management approved publishing a one-page folder brochure about FHI in the same design. Draft text for the folder brochure was reviewed by senior management.

FY'01 WORKPLAN ACTIVITIES:

- Senior management will review page proofs of a completed corporate report 2000 and an FHI folder brochure.
- A new corporate report and folder brochure will be published and distributed.

Funding Source(s):			FHI Corporate	**FCO Approved:**	**1521**	Feb 2000
					1586	Apr 1998
Total Approved Budget:	**1521**	$	30,500	**Projected End Date:**		Mar 2001
	1586		N/A			

Russia: Russian Translation (FCO 1619)

Technical Monitor: MTiedemann

Objective(s): To translate and disseminate Russian-language RH materials.

Description: FHI received funding from UNFPA Division for Arab States and Europe to disseminate on hand Russian-language materials, as well as to translate new materials.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Approximately 2,000 copies of FHI's Russian-language *Network* on STDs were shipped to Russia in August 1998. When UNFPA finalized its award, this invoice was paid.
- Three articles from past issues of *Network* were translated into Russian and dissemination began in December 1998.
- Seven additional articles were translated and edited, and dissemination began. Topics covered include emergency contraception, OCs, long-acting hormonal methods, integration of RH services, FP guidelines, the influence of menstrual changes on method use, and client perspectives of FP services.

April 1, 2000 - September 30, 2000

- The dissemination of Russian language materials continued.
- **Project funds were expended and the project was closed in September 2000.**

Findings and Outcomes:

- The need for current RH information in Russian remains great; FHI continues to receive requests for its Russian language materials.

Funding Source(s):		UNFPA	**FCO Approved:**	Oct 1998
Total Approved Budget:	$	11,816	**Projected End Date:**	Sep 2000

PROGRAM MANAGEMENT AND SUPPORT

Subprojects in this category are not tied to one particular strategy. They serve an overall management function or a support function to FHI's program.

	USA:	FHI/USAID Gender Working Groups (FCO 3283)
	Kenya:	FHI Nairobi Office (FCO 7094/7096)
	Egypt:	Cairo Office (FCO 7014 and previously 7095)
	Nepal:	Country Activities (FCO 7403 and previously 7098/7498)
	Bolivia:	Field Office (FCO 7405)
	Ethiopia:	Office Support and Program Management in Ethiopia (FCO 7422)
	Ethiopia:	Improvement and Expansion of Family Planning Services (FCO 6485 and previously 9440)
	Mali:	HSR Field Support Project Development (FCO 9445)
	Worldwide:	WHO Social Science Task Force Support (FCO 6034)
?	India:	Indo-US Joint Working Group on STIs and RTIs (FCO 7702)
?	India:	Reproduction and Ecology (FCO 9701)
	Worldwide:	FHI Impact on Policies/Programs (FCO 7013)
●	Egypt:	STD Prevalence Study (previously FCO 7701)
	Egypt:	POP IV - Egypt (FCO 1755)
	South Africa:	RHRU Institutional Needs Assessment (FCO 7419)
?	Worldwide:	Data Management Handbook (FCO 9326)
	Worldwide:	Qualitative Methods Guide for Reproductive Health Research (FCO 9998)
??	Worldwide:	Research Ethics Training Curriculum (FCO 3230/1672 and 0617)
	USA:	Regulatory Support (FCO 9002)
	USA:	Quality Assurance (FCO 9003)
	USA:	Contraceptive Technology SOPs (FCO 9006)
	Worldwide:	Clinical Supply Management (FCO 9007)
	USA:	Technical Advisory Committee Meeting (FCO 9992)
	Worldwide:	Updating FHI's Strategic Plan (FCO 077/1323)
	Worldwide:	Men & RH Subcommittee, USAID Gender Working Group (FCO 1720)
	Worldwide:	FRONTIERS Project Development and Management (FCO 1753)
●	USA:	FHI Gender Training Activities (FCO 1510)
?	USA:	Computer Compliance Task Force (FCO 1523)

● Completed subproject in FY'00
? New subprojects proposed for USAID funding in FY'01
? New non-USAID funded subproject in FY'01

USA: FHI/USAID Gender Working Groups (FCO 3283)

Technical Monitor: JSchueller

Objective(s): 1) To help coordinate the FHI Gender Issues Advisory Group which assists FHI in identifying gender issues within the organization; 2) to conduct gender training for FHI staff; and 3) to participate in the USAID Gender Working Group Plenary Meetings and Subcommittee Meetings on "Men and Reproductive Health" and "Program Implementation."

Description: This subproject supports the work of one staff member to help coordinate the meetings and activities of the FHI Gender Issues Advisory Group, which helps to identify gender problems/issues in our contraceptive technology research studies and research process and selecting external trainers to guide this process. The Advisory Group also conducts gender training for FHI staff. It is anticipated that these activities will enable FHI staff to better integrate gender into their USAID work. In addition, the process of identifying gender concerns and following up with appropriate training will provide FHI with an important opportunity for sharing this ongoing activity of sensitizing its staff to the benefits of conducting gender-aware reproductive health programs and research results with appropriate USAID and Cooperating Agency staff.

This subproject also covers the participation of two FHI staff members in the USAID Interagency Gender Working Group (IGWG) Plenary Meetings and Subcommittee Meetings on "Program Implementation" and "Men and Reproductive Health." It is anticipated this work will assist FHI in continuing to integrate gender into its research and programs. It will strengthen FHI's relations with other Cooperating Agencies working in the field of population, health, and nutrition. Furthermore, FHI will be able to use the meetings as opportunities to disseminate its work in family planning, STDs/HIV/AIDS and curriculum development and to identify future gender sensitive contraceptive technology research and program interventions.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- With approval of the subproject given in October 1998, an FHI Gender Issues Advisory Group began to identify gender issues within FHI's work environment and research/programs. This was done through introductory training meetings that were conducted with FHI staff in North Carolina and Virginia to share information on gender and to provide an opportunity for a question/answer and recommendations session.
- Two FHI staff persons participated in the USAID IGWG Plenary Meeting and subcommittees meetings on "Men and Reproductive Health" and "Program Implementation."
- FHI continued to manage the Gender Listserv and disseminate the "Through a Gender Lens" paper and bibliography on behalf of the USAID Gender Working Group.
- Two FHI staff members participated in the USAID Gender Working Group Workshop on "Exploring Gender Perspectives in Population and Health Programs " in August 1999.
- One staff member was partially supported to participate in the Beijing Plus Five PrepCom Meeting in March 2000; follow-up to the 1995 UN Fourth World Conference on Women.

April 1, 2000 - September 30, 2000

- FHI staff, Jane Schueller, continued to coordinate the FHI gender activities and provide technical assistance in identifying gender issues in FHI's contraceptive technology research studies and research programs.
- Jane Schueller participated in the USAID IGWG Subcommittee on Program Implementation and became a co-chair of this group in April 2000, as well as a member of the IGWG Steering Committee.

- One staff member was partially supported to participate in the Beijing Plus Five UN General Assembly Special Session in June 2000.

FY'01 WORKPLAN ACTIVITIES:

- A staff member will continue to coordinate FHI gender activities and provide technical assistance in identifying gender issues in FHI's contraceptive technology research and programs.
- Jane Schueller of FHI will participate in the USAID IGWG Plenary, Steering Committee, and Program Implementation Subcommittee Meetings planned for FY'01.
- Consideration will be given on how to extend FHI gender activities in FY'01.
- A poster on sexual/domestic violence and reproductive health will be developed and disseminated.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2001

Kenya: FHI Nairobi Office (FCO 7094/7096)

Technical Monitor: TNutley/MWelsh

Objective(s): To provide local and regional coordination of FHI's reproductive health research projects in Kenya and in East and Southern Africa.

Description: FHI's Nairobi Office provides support for in-country and regional activities of the Contraceptive Technology and Family Planning Research Cooperative Agreement. This office, established in January 1992, is also responsible for exploring project opportunities and representing FHI in the region. FCO 7094 was established to distinguish those administrative expenses shared with FHI's HIV/AIDS prevention activities; FCO 7096 covers all other, exclusively population-related activities.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- For information on activities prior to October 1999, please refer to the FHI FY'99 Annual Report.
- Nairobi- and headquarters-based researchers continued to organize, carry out, and manage several projects in the region. These included: Modeling of the method mix in Kenya; The female condom and STDs: an intervention trial (Kenya); Evaluation of a training intervention to disseminate revised national reproductive health guidelines (Kenya); Ability to Pay for FP Services (Kenya); Male and Female Condom Use Among Core Transmitters (Kenya); Post-CBD Family Planning Decisions (Kenya); Improvement and Expansion of Family Planning Services (Ethiopia); Evaluation of EC Introduction (Uganda); Female Condom Monitoring and Evaluation, Phase II Special Studies (South Africa).
- FHI staff participated in several conferences and workshops in the region, including: 1) three presentations of the Female Condom Community Intervention Trial to the University of Nairobi STI conference in January 2000; 2) a presentation of the findings from the “Dual Method Use” study at the Population Association of Kenya Conference; 3) presentations of the results of the FCCIT at the University of Nairobi’s Annual STD Meeting in January 2000; and 4) a presentation of ongoing research in Kenya to the African Evaluation Association Meeting in the Spring 2000. FHI also chaired sessions on HIV/AIDS and health at these meetings.

April 1, 2000 - September 30, 2000

- A research analyst was hired in May 2000 to assist with data entry and data management.
- FHI staff participated in several conferences and workshops during the past six months during which results of the Female Condom Community Intervention Trial were shared: 1) In May 2000 an in-country information dissemination workshop was organized by USAID/W and to FHI's Technical Advisory Committee. 2) In July 2000 two abstracts and two poster presentations were presented at the International AIDS Conference in Durban, South Africa; and 3) in August 2000 a presentation was made at the Reproductive Health Priorities Conference in Capetown.
- Discussions with USAID/Tanzania were initiated on a prospective female condom study. Further discussions were held with USAID/Uganda on an evaluation of the effect of the availability of emergency contraceptive pills on the use of other contraceptive methods.
- Several FHI papers and letters were stemming from FHI's research in Kenya were accepted for publication. These are cited under the specific FCO supporting the research or the writing.

FY'01 WORKPLAN ACTIVITIES:

- FHI's Nairobi office will continue to support ongoing projects and seek new program opportunities in Tanzania and in Uganda.
- A behavioral follow-up study to the Female Condom Community Intervention Trial will be implemented.
- A study on provider biases toward the male condom will be implemented.

Funding Source(s):		USAID/Core	**FCO Approved:**	**7094**	Sep 1995
				7096	Sep 1995
Total Approved Budget:	**7094**	N/A-Annual	**Projected End Date:**		Aug 2005
	7096	N/A-Annual			

Egypt: Cairo Office (FCO 7014 and previously 7095)

Technical Monitor: MTiedemann

Objective(s): To provide local coordination of FHI's reproductive health research projects in Egypt.

Description: FHI's Cairo office has provided support for in-country activities of both the Contraceptive Technology and Family Planning Research Cooperative Agreement, and the Women's Studies Project (WSP). Costs for support of the Women's Studies Project were charged to that cooperative agreement (under FCO 4006).

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Since opening in 1989, the Cairo office has produced and distributed quarterly reports to inform FHI/NC and USAID/Egypt of FHI's activities in Egypt.
- The Senior Resident Research Advisor, Laila Kafafi, Ph.D., has attended relevant national and local meetings representing FHI in Egypt; under the Women's Studies Project, annual and quarterly meetings of the Technical Advisory Committee were hosted, adding valuable insight into current issues in family planning.
- The FHI office coordinated and hosted the final Egypt Women's Studies Project conference, held in Cairo in May 1998.
- The Senior Resident Research Advisor reviewed and selected articles on men and reproductive health for translation into Arabic for the Arabic issue of *Network* that FHI published in the summer

of 1999 (see FCO 3281). The Cairo office then disseminated 1,000 copies of the Arabic issue to family planning policy makers and practitioners.

- Official signatures from the Egyptian Embassy were obtained for office registration in November 1999.
- A paper titled, "Consumer Perception of Quality of Family Planning Services in Egypt" was presented by the Senior Resident Advisor at the Second International Conference on Quality in Health Care, held in Cairo in November 1999.
- The Senior Resident Advisor presented a paper titled, "Male Attitudes and Role in RH: A Synthesis of Study Findings in Egypt" at a conference on Women's Health and the Next Century, held in Aswan in December 1999.
- EBS, which had managed FHI's office support functions, went out of business and closed its offices in February 2000. FHI secured new office space and relocated at the end of February 2000.

April 1, 2000 - September 30, 2000

- FHI's Director of Field Operations traveled to Cairo in June 2000 for a POP IV consultancy, visited the USAID Mission with the Senior Resident Advisor and discussed a number of possible research projects FHI could conduct in Egypt.
- FHI/NC staff later provided additional information and estimated costs for the subprojects.
- The FHI economic researcher from HSR was in Cairo for the Frontiers Project. A follow-up meeting with the Mission was held to discuss economic evaluation activities and costing training.
- The Senior Resident Advisor met with an FHI researcher in Cairo to work on the Menstrual Disturbance Study, to discuss the subproject status and the plan for dissemination of results.

FY'01 WORKPLAN ACTIVITIES:

- The Cairo office will continue to support FHI's activities in Egypt, including disseminating the Arabic issue of *Network* and interfacing with the POP IV Family Planning/Reproductive Health Project.
- FHI will continue to pursue registration of the Cairo office.
- The Resident Advisor will follow-up with the Mission on the research ideas discussed in June 2000.

Funding Source(s):			USAID/Core	**FCO Approved:**	**7014**	Feb 2000
					7095	Sep 1995
Total Approved Budget:	**7014**	$	77,208	**Projected End Date:**		Aug 2005
	7095	$	160,000			
		$	237,208			

Nepal: Country Activities (FCO 7403 and previously 7098/7498)

Technical Monitor: MTiedemann

Objective(s): To strengthen the institutional capacity of the Government of Nepal (GON) to develop and implement policies and strategies that increase the availability of and access to quality family planning in order to reduce fertility and improve maternal and child health.

Description: FHI has been providing technical support to the GON in family planning and the population sector for over a decade. At the request of the GON and with support of the USAID Mission, FHI has provided, since 1993, a resident advisor to assist the Family Health Division of the Ministry of Health and the Population Division of the Ministry of Population and Environment. FHI has

been assisting the GON in assessment of program performance, utilization of data for policy and program development, and investigation of implementation issues and problems.

Note: This subproject was previously funded under FCOs 7498 and 7098, since closed. Activities under the current cooperative agreement have been funded under 7403.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Mission funding for FHI's technical assistance was first received in September 1991.
- As an on-going project, accomplishments prior to FY'99 are referenced in earlier Annual Reports.
- In September 1999, a staff member from FHI/NC traveled to Nepal to work with the resident advisor to evaluate a Save the Children US project that trained village health workers to provide DMPA.
- FHI/NC staff and the resident advisor revised a paper on the Save the Children DMPA project with response to comments from external reviewers.
- In early 1999, FHI leased and equipped new, independent office space, as the space provided by the MOH was no longer large enough.
- The resident advisor accompanied USAID Mission staff on field visits as part of the Mission's health and family planning review.
- The resident advisor drafted a paper on the results of a study on post-abortion complications.
- FHI/NC staff have worked with the resident advisor, Shyam Thapa, on revising the written results from an infant mortality study in order to reach a broader audience.
- The resident advisor traveled to two sites in Nepal in November and December 1999 to facilitate an FHI vasectomy study.
- The resident advisor traveled to Pokhara in March 2000 to present two papers at a Ministry of Population and Environment (MOP) workshop, and to oversee pretesting of the Nepal Adolescent and Young Adult Survey; and to Bangkok to attend the Asian Youth and Reproductive Risk Research Workshop.
- A chapter entitled, "Prenatal Mortality in Nepal: Implications for Behavior Modifications", was published in *Improving Newborn Infant Health in Developing Countries* (FHI publication 2000-15).
- The resident advisor assisted the Family Planning Association of Nepal in compiling a comprehensive directory of Nepal and international NGOs working on reproductive health in Nepal.

April 1, 2000 - September 30, 2000

- The resident advisor received a commendation from His Majesty's Government of Nepal for "outstanding contribution to the population field in Nepal" on World Population Day 2000.
- The resident advisor traveled to various sites in Nepal to monitor the vasectomy studies and the NAYA survey.
- The resident advisor reviewed the Nepal page of FHI's Web site.
- The resident advisor submitted a paper in September 2000 to the *Asia-Pacific Population Journal* entitled "One and One Half Centuries of Demographic Transition in Nepal".

Findings and Outcomes:

- FHI's work in Nepal has increased awareness of the progress made by the family planning and child survival programs both in Nepal and internationally.

FY'01 WORKPLAN ACTIVITIES:

- The FHI/Nepal Reproductive Health office, with support from FHI/NC, will continue to provide technical support to the Government of Nepal, the USAID Mission, and various NGOs and INGOs.
- The resident advisor will provide coordination and ensure technical support for two core-funded vasectomy studies.
- The resident advisor will attend an international conference in Mumbai, India in November 2000 to present results from FHI's Nepal Adolescent and Young Adult (NAYA) Survey. FHI will also

support attendance at the conference of one staff member from the Kathmandu office and the Executive Director of Valley Research Group, which conducted the NAYA survey.

- In December 2000, the resident advisor will attend a research investigators' meeting in Manila to review studies conducted in Asia on adolescents.

Funding Source(s):		USAID/Core; USAID/Field Support	**FCO Approved:**	**7098**	Sep 1995
				7403	Oct 1995
				7498	Sep 1991
Total Approved Budget:	**7098**	$ 665,822	**Projected End Date:**		Aug 2005
	7403	N/A-Annual			
	7498	$ 655,822			
		$ 1,321,644			

Bolivia: Field Office (FCO 7405)

Technical Monitor: BConn

Objective(s): To provide local coordination of FHI's reproductive health research projects in Bolivia.

Description: In February 1996, FHI opened a Field Office in La Paz. Through this office, FHI's Resident Advisor coordinated all FHI reproductive health activities in Bolivia. The office also played a major role in the dissemination of research results. Costs through March 31, 1999, were charged appropriately to the Contraceptive Technology and Family Planning Research Cooperative Agreement and the Women's Studies Project (WSP).

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The Field Office opened in January 1996 and was officially inaugurated in May 1996.
- FHI/Bolivia conducted workshops on Ethnograph training for researchers in April/May 1996.
- The Small Grants projects began in October 1998.
- In November 1998, the Resident Advisor began coordinating the production of a video on FHI research activities in Bolivia. The video is completed and pending USAID approval.
- The Bolivia Annotated Bibliography was completed in January 1999.
- The Resident Advisor, Rene Pereira, coordinated activities with the Committee for Research, Evaluation and Population Policy (CIEPP), including the monthly publication of the "Research Updates" and monitored the Small Grants Program.
- The Research Updates series published by the CIEPP (formerly SIEPP) numbered 49 as of March 2000. Abstracts of these have been posted on the FHI Web site in Spanish and English.
- FHI/Bolivia coordinated the dissemination of FHI publications in Bolivia, including Women's Studies Project (WSP) results and the recent study on "DMPA in Rural Areas" with CARE/Bolivia that will be disseminated around the country in several workshops.
- The Resident Advisor attended the Beijing +5 meeting in Lima, Peru.
- Preparations for closing the Bolivia office were made since funding to continue the office was not secured. The Bolivia office was closed as of March 31, 2000. FHI's status as a registered NGO in Bolivia, however, will be maintained.

April 1, 2000 - September 30, 2000

- Final expenses were charged to cover Resident Advisor's severance.
- **The FCO was closed in September 2000.**

Findings and Outcomes:

- Both the Field Office and Rene Pereria, the Resident Advisor, were assets to the FHI program in Bolivia. By coordinating local research program activities and sponsoring national reproductive health committee activities, the FHI program assumed a leadership role in reproductive health programming in Bolivia.
- Some outcomes included: Depo-Provera has been added to the MOH method mix as a result of an FHI assisted study and dissemination of results, and one of the Small Grants projects has successfully initiated implementation of an adolescent reproductive health curriculum in the Sucre school system. Several subprojects were completed under the WSP project, including the development of gender guidelines for use by Bolivian government services and NGOs.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Sep 2000

Ethiopia: Office Support and Program Management in Ethiopia (FCO 7422)

Technical Monitor: TNutley

Objective(s): To provide support for FHI's office and management for FHI's reproductive health research projects in Ethiopia.

Description: FHI's Addis Ababa office provides support for in-country activities implemented through field support funds. This office, established in 1998, is also responsible for exploring project opportunities and representing FHI in Ethiopia.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- This subproject was established in August 2000 so that costs associated specifically with office support and program management in Ethiopia could be tracked.
- A workplan for FY '01 activities was produced in September 2000.
- Office equipment was purchased.
- A position description was developed and advertised for a local program assistant.
- FHI's country representative, Dr. Assefa Hailemariam, represented FHI at various Reproductive Health meetings in the country during FY'00.

FY'01 WORKPLAN ACTIVITIES:

- A program assistant will be hired in November 2000 to assist with new and ongoing projects.
- FHI staff will continue to support ongoing projects and seek new program opportunities consistent with FHI's Cooperative Agreement with USAID.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Aug 2000
Total Approved Budget:	$ 32,869	**Projected End Date:**	Aug 2005

Ethiopia: Improvement and Expansion of Family Planning Services (FCO 6485 and previously 9440)

Technical Monitor: DNichols

Objective(s): 1) To assess the demand for contraception in targeted communities in Ethiopia; 2) to set up a monitoring and evaluation system for a new 5-year USAID-supported private sector family planning project and 3) to undertake operations and programmatic research in support of service delivery activities.

Description: FHI is providing technical assistance in monitoring and evaluation to this national program to increase the capacity of nongovernmental organizations (NGOs) and private, for-profit organizations to deliver family planning. Specifically, FHI has created a standardized and comprehensive monitoring and evaluation system coupled with programmatic research studies; and is assisting in its integration into project activities, enabling the project to obtain timely and programmatically useful information on its service delivery objectives.

Subgrantee(s): African Humanitarian Action, Consortium of Family Planning NGOs in Ethiopia, Ethiopia Public Health Association (EPHA), Ethiopian Evangelical Church Mekane Yesus (EECMY), Marie Stopes International-Ethiopia, Nazareth Children's Center and Integrated Development, Relief Society of Tigray

Collaborating Agency(s): Pathfinder International

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI technical assistance in developing a monitoring and evaluation system was initiated August.
- Input from the NGO Family Planning Consortium was used in the design of a Monthly Monitoring System (MMS).
- A training workshop for 72 data collection staff working at the service delivery point level was conducted in February 1997.
- An FHI Resident Coordinator, Dr Assefa Hailemariam, was hired in September 1997.
- Microcomputers and data management/analysis software were purchased and sent to NGO subgrantees.
- Field data collection using the MMS was initiated at selected NGO sites in FY'98.
- Workshops were held at NGO field sites in preparation for wide-scale introduction of the MMS.
- A baseline catchment area survey report, "Reproductive Health and Family Planning in Underserved Communities in the SNNPR", was distributed and presented at the APHA Meeting in November 1998.
- An evaluation of FGAE's service delivery program under Pathfinder support was completed.
- Subagreements with two additional NGOs were developed and submitted for approval.
- A workshop on Programmatic Research was presented in Addis Ababa for 35 participating NGO and public sector representatives in February 2000.
- A working relationship was established between FHI and the EPHA for technical assistance on programmatic research.

April 1, 2000 - September 30, 2000

- A survey of the catchment area for the Relief Society of Tigray's program activities was conducted.
- Two new subprojects were identified and preliminary designs for them prepared, at an FHI Programmatic and Operations Research meeting in Addis Ababa in February 2000. (These subprojects are described in the reports for FCO 9418 and 9419.)
- A working relationship was established with EPHA for technical assistance on programmatic research.

- Subagreements with EPHA, the Relief Society of Tigray, EECMY-Central Synod, and the African Humanitarian Action were drafted.

Findings and Outcomes:

- As noted in FHI's FY'98 Annual Report the baseline catchment area survey showed that access to both knowledge and practices of family planning methods was very limited. Large family size desires, even among women with high cumulative fertility, is associated with low reported demand for contraception. The report suggests that intervention programs be designed to increase the use of reproductive health services, and that a community-based focus is most effective in this largely rural population.
- The Client Exit Interview Study, conducted in sites in different cities, found an apparent reliance on short-term and temporary methods, with many women stating they want no more children. Despite a reported general satisfaction with clinic services, many clients are not provided with their "preferred" method of family planning for other than eligibility reasons. Notwithstanding the above, the study documented the high priority of "quality of care" throughout the FGAE network, from headquarters policy to site specific guidelines.
- Participating NGOs have agreed to use a common, standardized system for collecting information on family planning and other reproductive health care services provided at the clinic and community levels. This system, once fully introduced, will enable NGOs to report more efficiently and accurately to donors, and to monitor their specific and local delivery needs.

FY'01 WORKPLAN ACTIVITIES:

- A study to assess the sustainability of community-based reproductive health programs will be initiated.
- A study to examine the impact of HIV/AIDS IEC programs will be developed.
- A local consultant will be hired to provide technical assistance to programmatic studies.
- Subagreements with additional NGOs will be initiated.
- A training workshop on Operations Research will be held for research/evaluation staff at participating NGOs.
- Monthly monitoring will be expanded to additional NGOs and sites. Public sector sites will be incorporated as appropriate.
- A study to assess the role of incentive payments in the sustainability of CBD programs will be developed and initiated.
- A final report on the Relief Society of Tigray's catchment survey will be completed.
- All drafted subagreements will be finalized and program activities will be implemented.
- A study on the effectiveness of HIV/AIDS IEC materials on reducing risky behavior will be developed.
- FHI will provide technical assistance to Pathfinder International to assist them in the execution of a catchment area survey for the Ethiopian Islamic Affairs Supreme Council and the Confederation of Ethiopia's Trade Unions.

Possible Problems, Barriers to Completion:

- Transfer of the monitoring and evaluation system to the NGO Consortium may be delayed due to lack of availability of in-country technical expertise and facilities.
- Difficulties in in-country travel and communications may slow program activities in the more remote areas.

Funding Source(s):			USAID/Field Support	**FCO Approved:**	**6485**	Aug 1997
					9440	Sep 1995
Total Approved Budget:	**6485**	$	750,000	**Projected End Date:**		Sep 2002
	9440	$	750,000			
		$	1,500,000			

Mali: HSR Field Support Project Development (FCO 9445)

Technical Monitor: KKatz

Objective(s): To develop future service delivery research activities in Mali.

Note: In the FY'96 Workplan, the funding attached to this subproject was associated with a Mali subproject entitled "Increasing Method Acceptance and Continuation" with no assigned FCO number. Ultimately the Mission asked that the Method Acceptance study not be pursued but agreed to the use of these funds for other research activities.

Description: This development account is used to pay for expenses associated with identifying appropriate research in Mali through discussions with USAID, the CHPS project, and the Division Sante Familiale et Communautaire. In addition, it has supported the completion of an ability to pay study, initially funded by Mission Buy-In funds.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- USAID/Mali agreed that field support funds could be used to complete an ability to pay study. The report was subsequently completed in October 1996. Results were reported under FCO 9727.
- USAID/Mali agreed to support travel expenses for an FHI intern, Alison Roxby, to spend 10 weeks in Bamako (October–December 1998) working with Center for Applied Research on Population and Development (CERPOD). This work focused on analysis for a Women's Studies subproject entitled, "The impact of family planning on new contraceptive users." Roxby coded and analyzed a set of qualitative transcripts, wrote a report, contributed to a Population Association of America (PAA) presentation, and trained a new WSP/CERPOD staff member in qualitative analysis and use of Ethnograph software.
- Travel and related expenses for a CERPOD staff member to present a paper at the PAA in April 1998 was also supported.
- UNFPA and USAID/Mali agreed in principle to co-fund a study of Norplant services to assess quality and access to removal. A proposal and budget were submitted in March 1999, but ultimately the decision was made to not pursue this study.

April 1, 2000 - September 30, 2000

- USAID agreed the remaining field support money could be used to fund Malian MAQ activities.
- Two Malians attended a MAQ meeting in Dakar in July 2000. During the meeting a subcommittee was formed for Francophone West Africa with three operational groups; one for documentation, one for fund raising, and one for evaluation.

Findings and Outcomes:

- As previously reported in the FY'98 Annual Report, preliminary findings from the Women's Studies subproject entitled, "The impact of family planning on new contraceptive users", suggest that family planning is discussed in most households, mainly among women. Husbands rarely are invited to participate but feel they have the right to make final decisions in matters of child-spacing.
- Young couples tend to exclude the older generation from their decisions about family planning, believing that they are uninformed and would object. Most men are initially negative or skeptical about family planning but expect to be persuaded by their wives. Women, too, feel it is their responsibility to convince their husbands of the value of child-spacing. When husbands are adamantly opposed, women use other strategies, including intervention by more influential family members or clandestine use of contraception. The latter can be risky, however, and discovery can put them at risk of sanctions ranging from isolation to divorce. Most women who have never used family planning say they are not opposed but will not need it until they are ready to terminate

childbearing. However, few of these women have ever discussed family planning with their husbands and most believe their husbands would be strongly opposed. It is apparent from the data collected that service delivery should include greater emphasis on couple communication on reproductive decisions.

FY'01 WORKPLAN ACTIVITIES:

- Mali will send representatives to the next MAQ meeting, which is scheduled for January 2001.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Jan 1996
Total Approved Budget:	$ 50,000	**Projected End Date:**	Sep 2001

Worldwide: WHO Social Science Task Force Support (FCO 6034)

Technical Monitor: KKatz

Objective(s): To assist with the implementation and management of a social science research program based at WHO Geneva, with emphasis on current research initiatives.

Description: This subproject provides support for a technical assistant to work with the Strategic Component of Social Science Research on Reproductive Health, WHO, to implement and manage the social science research program. The technical assistant monitors current research initiatives, conducts project reviews for policy and program implications, and prepares project summaries. The technical assistant will also participate in preparations for the Scientific Review Committee, provide technical assistance to projects, review policy implications of research, prepare synthesis reports highlighting major research results and resultant policy implications, and assist with dissemination of program and policy recommendations.

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A technical assistant, Kathryn Yount, PhD, was hired February 1999. She traveled to Geneva and became situated in the same month.
- Kathryn Yount began work with WHO and undertook duties as assigned.
- In March 1999 she attended the PAA meeting in New York.
- As the technical assistant, she worked with WHO on tasks such as a literature review on quality of care, policy briefs, and revision of a protocol for a clinical trial on male hormonal contraception.
- She also worked on a book of reproductive health indicators, a call for proposals on quality of care, policy briefs on STI male clinic attendees in Shanghai, the revision of technical reports as needed, and other technical duties.

April 1, 2000 - September 30, 2000

- Kathryn Yount continued to work with WHO through May 2000. FHI worked with WHO to recruit a qualified replacement; Dr. Ina Warriner was hired in July and began working at WHO in August.

FY'01 WORKPLAN ACTIVITIES:

- Ina Warriner will carry out duties assigned by WHO.

Funding Source(s):	USAID/Core	**FCO Approved:**	Dec 1998
Total Approved Budget:	$ 238,227	**Projected End Date:**	Jan 2001

India: Indo-US Joint Working Group on STIs and RTIs (FCO 7702)

Technical Monitor: MTiedemann

Objective(s): 1) To coordinate attendance of FHI and other US-based experts at the Indo-US Joint Working Group Workshop on Sexually Transmitted Diseases and Reproductive Tract Infections in New Delhi, November 8-10, 2000 and 2) to conduct joint research on STD prevalence and microbicides.

Description: This subproject will coordinate attendance of FHI and other US-based experts at the Indo-US Joint Working Group Workshop on Sexually Transmitted Diseases and Reproductive Tract Infections in New Delhi, November 8-10, 2000 and will help develop related research projects under the Indo-US collaborations. The workshop is intended to provide state-of-the-art presentations with regard to antecedents, prevention, diagnosis, and treatment of STDs and RTIs; development of a joint research agenda; and an opportunity for the identification and development of potential Indo-US collaborations. At and following the meeting, collaborative efforts involving research on STD prevalence and/or microbicides will be explored.

Collaborating Agency(s): NICHD

FY'01 WORKPLAN ACTIVITIES:

- The travel of two FHI staff and eight other US scientists will be facilitated so that they can attend the workshop in New Delhi.
- Following the meeting, an FHI researcher will visit potential research sites to determine if collaborators can be identified.

Funding Source(s):		USAID/OYB	**FCO Approved:**	Sep 2000
Total Approved Budget:	$	350,000	**Projected End Date:**	Sep 2002

India: Reproduction and Ecology (FCO 9701)

Technical Monitor: KKatz

Objective(s): To study the workload of reproductive age women in India in relation to reproductive output and contraceptive practices.

Description: This study will examine the workload of reproductive age women in relation to the activities of other family members, particular senior women, and the relationship of work activities to reproductive output and contraceptive practices. In India, where women can have heavy workloads, reproductive output may be related to having household help from familial sources. Decisions about contraceptive practices may also be influenced by familial goals for investment in children. Household surveys will be conducted among the Bengalis of southern Assam and the Khasis of central Meghalaua. This study is being funded by OIA an OYB transfer from NIH to USAID. The University of Washington wrote the study protocol and will conduct the study.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- FHI was notified of the award and the FCO was opened in September 2000.

FY'01 WORKPLAN ACTIVITIES:

- The subagreement with the University of Washington will be finalized. They will initiate the study.

Funding Source(s):	USAID/OYB	**FCO Approved:**	Sep 2000
Total Approved Budget:	$ 129,907	**Projected End Date:**	Dec 2002

Worldwide: FHI Impact on Policies/Programs (FCO 7013)

Technical Monitor: NWilliamson

Objective(s): To document the impact on family planning policies and programs of FHI's contraceptive technology and family planning research program.

Description: Information will be collected to document the impact of FHI's contraceptive technology and family planning research program on USAID's intermediate results, project objectives, project dated accomplishments/findings, results dissemination, and impact on national and local policy/programs. One aspect of this analysis will be to examine impact by contraceptive method.

Technical monitors of subprojects will have primary responsibility for providing documentation of impact; Field Operations staff will supplement their efforts as they routinely travel to the field. This documentation will be collected and provided in tabular format and results will be reported to USAID in addition to the semi-annual reports.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Policy and program impact of FHI research was first documented for FY'91–FY'95 subprojects.
- Impact was documented for FY'96–FY'98 subprojects.
- A summary report was given to USAID in Spring 1999.
- Impact was documented for FY'99 subprojects.

April 1, 2000 - September 30, 2000

- Other commitments precluded a meeting with Frontiers project staff to discuss standardization of evaluation indicators.

Findings and Outcomes:

FHI's global impacts over the past ten years fell into the following categories:

- Providing more choices for USAID and other donor-funded family planning programs through obtaining USFDA approval for new contraceptives; with USFDA approval, the contraceptives may be purchased and provided by USAID.
- Assisting in the development and evaluation of new products that may have potential for USFDA approval and/or for USAID purchase.
- Assuring the quality of USAID supplied latex condoms.
- Introducing USFDA-approved contraceptives into developing countries.
- Assisting OC manufacturers to make instructions for pill users more user-friendly.

- Identifying barriers to access to family planning services and evaluating the effectiveness of attempts to remove such barriers.
- Assisting family planning programs to provide more cost-effective and sustainable services.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will complete charts for subprojects completed by FHI in FY'00.
- FHI staff will meet with staff from the Frontiers Project.
- FHI staff will complete plans for using FHI research results to change programs in five countries.

Funding Source(s):		USAID/Core	**FCO Approved:**	Dec 1998
Total Approved Budget:	$	214,350	**Projected End Date:**	Sep 2001

Egypt: STD Prevalence Study (FCO 7701)

Technical Monitor: GDallabetta/MTiedemann

Objective(s): To design and implement an STD prevalence survey among high-risk populations in three areas of Egypt.

Description: This study was designed to quantify the prevalence and type of STDs among various population groups in Cairo, including high-risk men and women. Study participants were recruited from 15 sites in the governates of Cairo, Giza, and Kalyoubeya (Greater Cairo). The goal was to improve understanding of behavioral patterns and other factors that might contribute to the spread of STDs. FHI's Washington, DC, office took the lead in this activity, writing the protocol, designing the survey instrument(s), and monitoring the study.

Collaborating Agency(s): University of North Carolina, Chapel Hill

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In February 1997, an initial assessment was conducted in Egypt.
- The director of the Egypt National AIDS Control Program visited FHI/DC and FHI/NC in May 1998.
- Funding was fully approved in June 1998. This was much later than originally anticipated, thereby changing the timeline for the subproject.
- A subagreement was prepared for services from UNC-CH School of Medicine, including lab training for two Egyptian technicians; technical support for the lab technicians, study design, and data analysis; assisting of data analysis and finalizing the study report; and participating in the dissemination seminar in Egypt.
- Two Egyptian lab technicians visited UNC School of Medicine in December 1998 for a workshop in STD diagnostics.
- The study was begun in mid-April 1999.
- All 980 study participants were recruited as of September 1999.
- Analysis was conducted during the latter part of 1999 and early 2000.

April 1, 2000 - September 30, 2000

- An FHI staff member traveled to Cairo in June 2000 and discussed with the USAID Mission funding options for subproject completion.

- Subproject costs were higher than anticipated; additional funding to cover expenses above the budget was obtained (FCO 82060). **FCO 7701 was closed effective September 2000.** This is the final report, therefore, on the funded CTR effort.

Findings and Outcomes:

- The population groups studied included women attending antenatal clinics (61%), women attending family planning clinics (11%), drug users (15%), males who have sex with males (8%), and female prostitutes (5%).
  - In the group of women attending antenatal clinics, 2.0% had gonorrhea, 1.3% chlamydia, 0.7% trichomonas, for a total of 4.0% having any STI.
  - In the population group of women that attended family planning clinics, 2.8% had gonorrhea, 2.8% had chlamydia, 2.8% had trichomonas, making a total of 8.3% with any STI.
  - Among the drug users, 1.3% had syphilis, 2.7% had gonorrhea, 2.7% had chlamydia, 0.7% had trichomonas, for a total of 5.3% with any STI.
  - Among the MSM group, 7.5% had syphilis, 8.8% had gonorrhea, 8.8% had chlamydia, 1.3% had trichomonas, for a total of 23.8% with any STI.
  - Among female prostitutes, 5.8% had syphilis, 7.7% had gonorrhea, 7.7% had chlamydia, and 19.2% had trichomonas, for a total of 36.5% with any STI.
- These findings may raise awareness of STIs among Egyptian policy makers and care providers and may permit designing effective STI prevention and control interventions. The enhanced local research skills should facilitate future STI and RH research in Greater Cairo.
- A final close-out and dissemination visit to Cairo is planned for November 2000 under the IMPACT project (FCO 82060).
- After obtaining MOHP approval, the study results are to be published in an Egyptian journal and an international peer-reviewed journal.

Funding Source(s):	USAID/Add-On	**FCO Approved:**	Jan 1997
Total Approved Budget:	$ 200,000	**Projected End Date:**	Sep 2000

Egypt: POP IV - Egypt (FCO 1755)

Technical Monitor: MTiedemann

Objective(s): 1) To expand training within the Ministry of Health and Population (MOHP) and extend it to the NGO and private sectors to strengthen current skills in key areas, introduce skills needed to support new services, and further develop human resource capacity in all aspects of FP/RH delivery; and 2) to develop and implement standard FP/RH curricula for undergraduates and house officers in Egyptian medical schools.

Description: The goal of Pop IV - Egypt is to ensure long-term sustainability of the Egyptian family planning program, reduce fertility, and improve reproductive health. This project is being implemented by five CAs, Pathfinder International (prime contractor), the Futures Group, MSH, JHU/CCP, and FHI.

FHI is primarily responsible for the coordination of Task 10, "designing modernized FP/RH curricula for medical schools and house officers, implementing and assessing the curricula, and coordinating continuing education efforts". The curricula developed will serve to institutionalize the clinical standards for all contraceptive methods and selected RH services.

Collaborating Agency(s): Johns Hopkins/CCP, Management Sciences for Health (MSH), Pathfinder International, The Futures Group

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The POP IV project was awarded in February 1999.
- FHI's Training and Medical Education Advisor, Dr. Magdy Khaled, was approved by USAID/Egypt in March 1999. He serves as an FHI employee based in Cairo and is responsible for the management and implementation of FHI's activities on this project.
- In July 1999, Dr. David Grimes, FHI's Vice President for Biomedical Affairs, traveled to Cairo to provide technical assistance on Task 10, including discussions on evidence-based medicine, review of National Standards of Practice (SOPs) and medical curricula. He also participated in a CTU workshop.
- In December 1999, FHI received the approved scope of work to produce an undergraduate family planning/reproductive health curriculum. It is to include several modules: 1) family planning methods, 2) adolescent health in relation to STDs, 3) female genital mutilation, 4) infertility, 5) post-abortal and post-partum complications, 6) female gynecological cancers and their detection, 7) menopause and hormone replacement therapy. Staff from FHI's Field Operations, Policy Research and Utilization, and Clinical Research groups have been collaborating to develop this curriculum, starting with the Family Planning Methods module which, at four hours of instruction time, is the most extensive of the modules.

April 1, 2000 - September 30, 2000

- The Baseline Needs Assessment Survey form for the 14 medical schools was finalized April 2000. The survey was completed and the data entered.
- Dr. Magdy Khaled developed two one-day RH seminars: one for private-sector trainers and another for MOHP trainers and the Clinical Services Improvement project service providers. In April 2000, Dr. David Grimes traveled to Cairo to conduct the seminars.
- Dr. Magdy Khaled worked with the Egyptian Fertility Care Services (EFCS) to create the National Curriculum Coordination Committee (NCCC). He also assisted in coordinating the NCCC's meetings on April 20 and June 28, 2000.
- On May 7-8, Dr. Magdy participated with John Snow International (JSI) in a postpartum RH services workshop conducted in Alexandria. In the same month he delivered a presentation at the Regional Center for Training (RCT) entitled “Approaches to Learning,” which has been included in RCT’s curriculum.
- The FP module was submitted for in-country review in Egypt in May 2000. This review was not completed until mid-September. As a result of this longer-than-anticipated review, and the delayed initial preparation of the modules due to prior commitments of short-term consultants, the modules are behind schedule.
- A final report on “Upgrading Teaching Curriculum and Training Programs in FP/RH in the Egyptian Medical Schools” was presented to Pathfinder in June.
- Dr. Magdy participated in designing and administering the baseline assessment for Task 10. In May 2000, Lynda Cole, FHI’s Director of Field Operations traveled to Cairo to assist in finalizing the report of the baseline assessment.
- FHI staff developed a mock-up of a student handbook to accompany the FP module for review by EFCS.
- FHI's Associate Director of Reproductive Health Education & Training Programs, Robert Rice, traveled to Cairo in September/October 2000 to discuss the curriculum, identify areas for improvement, and to develop an understanding of the final product .

FY'01 WORKPLAN ACTIVITIES:

- The FP module will be completed by November 2000 and will be tested in the several medical schools in the coming school year.
- All modules will be completed by FHI for final review in Cairo the first part of FY '01.
- The curriculum will be reviewed by the state OB/GYN curriculum development board in Cairo and will be edited at headquarters. The curriculum is then to receive final approval for implementation in Egypt.

- Using the completed undergraduate curriculum as a guideline, the Field Operations, Policy and Research Utilization, and the Clinical Research groups will start developing a curriculum for house officers (residents) for the clinical components of their studies in OB/GYN in Egypt.
- In December 2000, two trainers from FHI will conduct a two-week workshop in Cairo to train participants on methods for developing curricula.
- In late February/early March of 2001, the Associate Director of Reproductive Health Education & Training Programs, Policy Research and Utilization group, and one other trainer (to be determined) will travel to Cairo to conduct a two-week Training of Trainers to introduce the new curriculum to the medical schools.
- In February 2001, the Vice President of Biomedical Affairs will travel to Cairo to provide technical assistance to the POP IV Training and Medical Education Advisor on incorporating evidence-based medicine practices into the medical schools, assist in planning for and finalizing the agenda for the annual RH update workshop, and conduct a one-day RH workshop for private-sector physicians.

Funding Source(s):	Pathfinder (USAID/Pop IV Project)	**FCO Approved:**	Feb 1999
Total Approved Budget:	$ 1,149,216	**Projected End Date:**	Aug 2002

South Africa: RHRU Institutional Needs Assessment (FCO 7419)

Technical Monitor: TNutley

Objective(s): To assist the South Africa Reproductive Health Research Unit (RHRU) in identifying and planning for their long-term institutional development needs.

Description: The RHRU is a key institution in South Africa's efforts to research and address the country's high STI/HIV rates. A team of six experts were brought together to plan the assessment in conjunction with the RHRU. At the Mission's request, FHI sponsored four consultancies and the travel and logistics for the team as a whole. A final report was produced based on the findings and recommendations made. A consultant will be hired to follow-up on the recommendations identified by the visioning team.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A scope of work for the team as a whole and for all team members was developed in February.
- Four consultants were identified and processed as FHI consultants to work in South Africa.

April 1, 2000 - September 30, 2000

- A stakeholders analysis was conducted in April 2000 and a report on the activity was completed in May 2000.
- The team conducted the assessment in May 2000.
- The final report was completed in June 2000.

Findings and Outcomes:

- The visioning exercise produced 30 outcome statements of commitment, change, and action with regard to: 1) institutional development–governance, management, finance, internal capacity building and sustainability; 2) academic, research, and program functions; 3) partnerships–national and regional; and 4) implementation of outcomes. The following 8 statements represent two from each of the four mentioned categories:

- RHRU will develop a five-year strategic plan that incorporates the vision, mission and core values plus a formal monitoring and evaluation plan.
- A Strategic Advisory Committee (SAC) will be established with appropriate external membership.
- RHRU will continue to develop stronger links with the University of the Witwatersrand.
- RHRU will consider establishing strategic alliances or 'twinning' relationships with universities in the USA and elsewhere.
- RHRU will continue to strengthen its links with the national and provincial governments through: ongoing provision of technical assistance to government; RHRU piloting innovative programs on behalf of government; the identification of national and provincial government counterparts; secondment of staff from government and visa versa; RHRU tendering for government contracts; and the possibility of direct government funding.
- RHRU will develop a regional plan to explore its potential role within the sub-Saharan African region.
- RHRU will obtain additional (core) funding to implement the outcomes from the Visioning Exercise and will identify the staff and funds required to implement the 30 outcome statements.
- RHRU will contract with the following five short-term consultants to assist with the implementation of the outcomes from the Visioning Exercise: Project Management (PM) Consultant; Human Resource Management (HRM) Consultant; Financial Consultant/Chartered Accountant; Facilities Planner (FP) Consultant; and Regional Needs Assessment Consultant.

FY'01 WORKPLAN ACTIVITIES:

- The visioning team manager, a consultant hired by FHI, will continue to work with the RHRU to assist them in implementing their findings.

Funding Source(s):	USAID/Field Support	**FCO Approved:**	Nov 1999
Total Approved Budget:	$ 102,617	**Projected End Date:**	Sep 2001

Worldwide: Data Management Handbook (FCO 9326)

Technical Monitor: KKatz

Objective(s): To improve skills of field staff in data collection and management.

Description: Research training often stresses principles of study development and design but too often ignores the basic skills necessary for conducting field work and data management. This lack of skills can compromise the quality of the data collected. It also means that FHI staff will spend a lot of their field time in correcting the problems that result. The purpose of the handbook is to systematically review the steps that are needed to implement and conduct field work. These steps include interviewer training, recording responses on questionnaires, understanding skip patterns, reviewing questionnaires, identifying and querying inconsistencies, coding of open ended questions, data entry and data cleaned. The book will be geared to interviewers, field examples and exercises.

FY'01 WORKPLAN ACTIVITIES:

- Approval to proceed with the subproject will be sought from USAID/W.
- FHI staff will collect material and draft the workbook.
- The workbook will be reviewed both in-house and out-of-house and field tested.
- Approximately 500 copies will be printed and distributed to English speaking field staff and organizations engaged in programmatic and evaluative research.

Funding Source(s):	USAID/Core	**FCO Approved:**	Nov 2000
Total Approved Budget:	$ 49,511	**Projected End Date:**	Dec 2001

Worldwide: Qualitative Methods Guide for Reproductive Health Research (FCO 9998)

Technical Monitor: EMcNeill

Objective(s): To develop a practical guide to the theoretical background, utility, and conduct of qualitative research studies for use by FHI staff, in-country investigators, the staff of other CAs, and USAID, and in general, people working in reproductive health research.

Note: In the FY'99 Annual Report and previously, the title of this subproject referred to "Booklets" on Qualitative Methods. As the subproject evolved, it was decided that a single guide would be preferable.

Description: This subproject supports the development, production, and dissemination of a field-oriented manual on the use of qualitative research methods for reproductive health research. The guide will offer a practical approach to applying qualitative methods in field settings in an accessible format that permits self-guided training or directed technical assistance efforts (i.e., workshops and tutorials). This instrument is intended to elevate the understanding and quality of qualitative research. It will complement wider efforts within FHI to institutionalize the use of qualitative approaches, especially in combination with more established quantitative research methodologies. Building upon a resource binder on "Qualitative Methods Research" compiled by the Women Studies Project, this guide will include a discussion of the theoretical background(s) to qualitative research and their current status in health sciences research, describe the array of methods, and, wherever possible, give concrete examples of applications to reproductive health. In essence the manual will attempt to answer the questions "what are qualitative methods" and "why, how, when, and where might they be used to strengthen reproductive health research."

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Preliminary approval for the subproject was granted in June 1998. The scope of the booklets, and roles and responsibilities of the contributing staff were further defined.
- A rapid needs assessment was carried out amongst senior management and scientific staff within FHI, USAID counterparts, and a small number of CA contacts and FHI field investigators. Interviews were conducted to determine the current level of understanding and use of qualitative approaches, as well as the desire for greater information and support for their expanded application.
- Review and analysis of relevant literature was undertaken.
- A list of experts working in the forefront of qualitative methods development for reproductive health programs was complied. Throughout the remainder of FY'99, many of these experts were contacted and consulted.
- Analysis was completed and a report written summarizing the findings and recommendations of the needs assessment.
- The project team agreed upon a timeline and broad table of contents and structure.
- In September 1999 a meeting was held with Sage Publications, the leading publisher of qualitative research methods, to determine their interest and to discuss any strategic advantages of working together on this effort. It was determined that FHI would proceed independently to publish an initial version of the guide precluding any future joint effort.
- The table of contents and the subproject budget were finalized.
- Full approval to proceed with the subproject was granted by USAID early in March 2000.
- Literature review continued and the preliminary text of the main sections was prepared.

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- The writing team reviewed and edited the draft text of the guide.
- External contributions in the form of short "professional insights" have been solicited and received from experts in the field of qualitative research.
- Internal and external experts have been identified to review the manuscript.
- Plans for production, distribution and dissemination have been discussed.

Findings and Outcomes:

- The rapid needs assessment was valuable in confirming the need for the qualitative methods guide and in focusing the desired content and audiences.

FY'01 WORKPLAN ACTIVITIES:

- Further refinements of the text will be undertaken to obtain a finished draft manuscript.
- Additional expert contributions of professional insights will be solicited as needed.
- Both internal and external review will be carried out.
- The final manuscript will be produced and printed and the finished product will be disseminated.
- Next steps for field-testing, evaluation of impact and the implications for possible training materials will be considered. Co-funding will be sought for any costs not otherwise covered by FHI, such as for translation into Spanish, French and Arabic.

Possible Problems, Barriers to Completion:

- The group working on this guide is dispersed, as are the experts who will be asked to review the draft or sections of the draft. The goal of achieving a comprehensive and cohesive text will take precedence over the goal of completing the guide by fiscal year's end.

Funding Source(s):		USAID/Core	**FCO Approved:**	May 1998
Total Approved Budget:	$	220,000	**Projected End Date:**	Sep 2001

Worldwide: Research Ethics Training Curriculum (FCO 3230/1672 and 0617)

Technical Monitor: FCarayon

Objective(s): 1) To improve and standardize research ethics training for international researchers; and 2) to develop a training curriculum on research ethics with both a self-instructional guide and a group training manual.

Description: This one-year subproject will involve the creation of a training curriculum on research ethics that would enable FHI to meet the federal regulations on training in scientific ethics in ways that are appropriate for international audiences. Such a curriculum would also address research ethics issues that are broader than the federal regulations but that are critical in international research.

FHI anticipates that a research ethics training curriculum for international researchers would be useful not only to FHI staff and research collaborators but also to a number of USAID funded research agencies, including the Population Council, CONRAD, and ICRW.

FY'01 WORKPLAN:

- Approval to develop the subproject will be sought from USAID and NIH in December 2000.
- If approved, a first draft of the curriculum will be completed by March 2001, including text and case studies.
- A second draft of the curriculum will be completed by the end of May 2001, including text, case studies and paper slides.
- The curriculum will be reviewed internally and externally, and tested in at least one international site.

Funding Source(s):			USAID, Mellon Foundation, and NIH	**FCOs Approved:**	**3230**	Jan 2001
					1672	Jan 2001
					0617	Jan 2001
Total Estimated Budget:	**3230**	$	81,989	**Projected End Date:**		Oct 2001
	1672	$	30,000			
	0617	$	30,000			
		$	141,989			

USA: Regulatory Support (FCO 9002)

Technical Monitor: SWatts

Objective(s): 1) To conduct non-subproject-specific regulatory research, regulatory advice or consultation, and regulatory correspondence related to Contraceptive Technology and Family Planning Research Program activities; 2) to handle Freedom of Information (FOI) requests related to the same.

Description: This subproject covers the cost of FHI's RA/QA staff in regulatory support for the Contraceptive Technology and Family Planning Research Program.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The Freedom of Information Act requests, and other requests for regulatory information, have been handled on an ongoing basis.

April 1, 2000 - September 30, 2000

- Regulatory information documents and FOI requests were gathered, entered, and maintained in the Regulatory Information Files and Database.
- Monthly regulatory Affairs Training Series were conducted.
- A new Regulatory Information Database has been instituted to improve access to Contraceptive Technology-related regulatory information.
- The tracking system for all Contraceptive Technology Research Program regulatory agency submissions was consolidated.

FY'01 WORKPLAN ACTIVITIES:

Regulatory information documents will continue to be gathered, entered, and maintained in the Regulatory Information Files and Database.

- Requests for FOI and other regulatory information for the Contraceptive Technology and Family Planning Research Program will be handled on an on-going basis.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Quality Assurance (FCO 9003)

Technical Monitor: SWatts

Objective(s): To manage non-subproject-specific quality assurance activities and to provide consultation and training on compliance and QA issues relevant to the Contraceptive Technology and Family Planning Research Program.

Description: This subproject covers the cost of FHI's RA/QA staff in conducting non-subproject-specific internal and external QA audits, in providing consultation and training on compliance and QA issues, and in conducting due diligence for new research studies under the Contraceptive Technology and Family Planning Research Program.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- On an ongoing basis RA/QA staff have responded to requested internal and external QA audits of systems and site facilities; eight audits were conducted in FY'98. Two QA audits were conducted during first half of FY'99 and one audit during the second half of FY'99.

April 1, 2000 - September 30, 2000

- No Quality Assurance audits were requested.
- General advice was provided.

Findings and Outcomes:

- Corrective actions are in progress as a result of the medical coding audits to clarify subproject procedures.

FY'01 WORKPLAN ACTIVITIES:

- Quality assurance audits will be completed and quality assurance training and consultation under the Contraceptive Technology and Family Planning Research Program will be provided as requested.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Contraceptive Technology SOPs (FCO 9006)

Technical Monitor: SWatts

Objective(s): To develop and maintain Standard Operating Procedures (SOPs) specific to the Contraceptive Technology and Family Planning Research (CTR) Program.

Description: This subproject covers the cost of FHI's RA/QA staff in development, review, and maintenance of Institute standard operating system to cover activities under the Contraceptive Technology Research Program.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- RA/QA previously maintained SOPs for the R&D Department and maintains Institute SOPs.
- RA/QA coordinated the combined Policies, Procedures, and SOPs Task Force. A new comprehensive SOP system for the Institute was proposed and updating of existing Research and Development SOPs was begun, the majority of which primarily serve the Contraceptive Technology Program.
- Preparation of 64 new SOPs relating to the SOP system, Study Operations, Clinical Monitoring, Quality Assurance, Data Management, Biostatistics, and Information Technology activities have been completed.

April 1, 2000 - September 30, 2000

- RA/QA provided compliance advice regarding CRD SOPs and Work Instructions.

FY'01 WORKPLAN ACTIVITIES:

- RA/QA will assist in preparation and review of SOPs related to the Contraceptive Technology Research Project, upon request. The preparation and review of SOPs related more broadly to FHI are funded separately.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Clinical Supply Management (FCO 9007)

Technical Monitor: SWatts

Objective(s): 1) To manage all bulk clinical supplies for the Contraceptive Technology Research Project, that are shipped to, from and maintained by FHI; 2) to provide administrative maintenance of the clinical supplies area and inventories of current and archived supplies that are not related to a specific subproject; and 3) to provide requested reports or training activities related to clinical supplies management.

Description: This subproject covers the cost of FHI's RA/QA staff in the management of bulk clinical supplies for the Contraceptive Technology and Family Planning Research Program.
It also covers archives of historical supplies as well as administrative maintenance of the clinical supplies area.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Routine handling of clinical supplies and archives and maintenance of clinical supplies storage facility has been ongoing.

April 1, 2000 - September 30, 2000

- Routine handling of clinical supplies and archives and maintenance of clinical supplies storage facility continued.
- A laptop computer and bar-coding software have been obtained to institute an electronic supplies inventory management system.
- Cages were removed to facilitate storage, counting, and packaging of bulk clinical supplies.

FY'01 WORKPLAN ACTIVITIES:

- A computerized bar-coding system for management of clinical supplies will be tested, validated, and instituted.
- Current and archived supplies will be inventoried using new system.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1995
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

USA: Technical Advisory Committee Meeting (FCO 9992)

Technical Monitor: HEastin

Objective(s): To convene the Technical Advisory Committee meeting for the Contraceptive Technology and Family Planning Research Cooperative Agreement.

Description: This FCO was first established for FY'99 so that the costs associated with planning and hosting the Technical Advisory Committee meeting could be more closely monitored.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The two-day 1998-99 TAC meeting was held May 20/21, 1999. Technical Sessions were: Nonsurgical Female Sterilization, Intrauterine Devices, and Hormonal vs. Barrier Methods. Presentations were also given on: Informed Consent/Informed Choice and the Tiahrt Amendment; FHI's Fellowship Program; Microbicides/Spermicides: Opportunities for Industrial Collaboration meeting held in October, 1998; Evaluating the Effectiveness of Barrier Contraceptive Methods:; and Impact of Emergency Contraception. The meeting was attended by: eleven TAC members, eight observers from government, cooperating agencies and private foundations along with numerous FHI staff. Dr. Gregorio Perez-Palacios and Ms. Deborah Anderson rotated off the Committee. Invitations were sent to Drs. Carlos Petta, CEMICAMP (Brazil) and Sharon Hillier, University of Pittsburgh, McGee Women's Hospital to join the Committee for 3-year terms.
- The FY'00 meeting was held May 22/23. Technical sessions focused on Female Barrier Methods, Microbicides, and Male Barrier Methods. The meeting was attended by nine TAC members, six invited observers, two government advisors, one FHI Board member, and many FHI staff. Drs. Amy Tsui and Michael Harper rotated off the Committee and Drs. David Baird (University of Edinburgh), Jane Bertrand (Tulane SPHTM), and Samuel Sinei (University of Nairobi) joined the FY'01 Committee for 3-year terms.

April 1, 2000 - September 30, 2000

- Logistical and site arrangements for the meeting were finalized.
- A series of rehearsals were held for practicing and critiquing the presentations.
- The final agenda was prepared and sent in mid April.
- The meeting was held on May 22–23, 2000.
- Minutes will be prepared and circulated for in-house review.

FY'01 WORKPLAN ACTIVITIES:

- Logistics and site arrangements for the May 3-4, 2001 meeting will be completed.
- Topics for the technical sessions will be determined and presenters selected.
- The meeting notice will be sent to Committee members with draft summary agenda, travel information and moderator/discussant assignments.

- Invitations to attend the meeting will be sent to all FHI Board members, as well as government, private foundations, cooperating agencies and FHI staff.
- Rehearsals will be scheduled and final preparations will be made on meeting materials, travel itineraries and site preparations.
- Minutes will be prepared and circulated for in-house review.

Funding Source(s):	USAID/Core	**FCO Approved:**	Sep 1998
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2005

Worldwide: Updating FHI's Strategic Plan (FCO 077/1323)

Technical Monitor: SMitchell

Objective(s): To develop a finalized, updated strategic plan by April 2001 that will help FHI review its mission, establish a blueprint for organizational management, and set goals and priorities for growth and expansion of FHI's programs for the next three to five years.

Description: As FHI began to experience an expansion of its program and a diversification of its donor base, the organization recognized the need to update its strategic plan. The goal of this strategic planning process is to assure that FHI is optimally structured and staffed to carry out core programs, with continued emphasis on high quality research and services, as well as to consider new strategic directions that respond to emerging needs in family planning, HIV/AIDS and maternal health. The effort is partially supported by an Organizational Effectiveness grant from the Packard Foundation.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- A core strategic planning group was appointed by the President and CEO.
- Initial meetings were held, including SWOT analysis at FHI/NC, FHI/DC and in field offices.

FY'01 WORKPLAN ACTIVITIES:

- Mr. Rolf Sartorius, a consultant with Social Impact, will provide approximately eight days of assistance in the strategic planning process.
- Through key meetings at FHI's Headquarters and FHI's Arlington office, a strategic plan will be drafted and refined; representatives of Regional Offices participate either in person or through conference calls.
- The plan will be presented to FHI's Board of Directors in February 2001.
- Upon approval of the plan, workshops will be held in strategic management for FHI's mid- and senior-level manager.
- A final report will be sent to the Packard Foundation.

Funding Source(s):			G&A	**FCO Approved:**	**077**	Sep 2000
			Private		**1323**	Nov 2000
Total Approved Budget:	**077**		N/A-Annual	**Projected End Date:**		Sep 2001
	1323	$	27,122			

Worldwide: Men and RH Subcommittee, USAID Gender Working Group (FCO 1720)

Technical Monitor: BFinger

Objective(s): 1) To support the work of the co-chair of the Men and Reproductive Health Subcommittee, USAID Gender Working Group; and 2) to provide support for the co-chair's role as the FHI coordinator of the Men and Reproductive Health Orientation Guide (see FCO 3282).

Note: This subproject was previously reported under FCO 3213. However, FHI subsequently reassigned it to FCO 1720 to indicate that FHI's funding is received from AVSC International.

Description: This subproject supported FHI participation in the Men and Reproductive Health (Men/RH) Subcommittee of the USAID Gender Working Group. An FHI staff member served as the co-chair of this Subcommittee which has brought together a total of about 45 people from 25 agencies to provide guidance to USAID and to serve as an advocate for productive involvement of men in reproductive health. In FY'99 it awarded funding to six projects and began funding a second round of projects in FY 00.

This subproject also supported the work of the co-chair's coordination role with the Men and Reproductive Health Orientation Guide (FCO 3282). This Guide will be used in approximately 10 workshops with U.S.-based agencies working in developing countries and possibly adapted as a training tool overseas.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The FHI staff co-chair has helped to coordinate the work of the Subcommittee, collaborating with the other co-chair and USAID staff.
- Since its beginning in the fall of 1997, the Men/RH Subcommittee has met 11 times, serving as a forum for ideas, networking, and information exchange.
- The Subcommittee has administered a small grants program that funded six projects, totaling about $225,000.
- Five of these projects have been completed: a Men/RH Arabic publication which was printed and distributed in September and evaluated during the months of October through December 1999; a CD-ROM (HIM, "Helping Involve Men"), which was released in February 2000; a Men/RH Web site, which went on line in the fall and was updated in February 2000; a Men/RH Orientation Guide, which was completed in September 2000; and indicators for programming on Men/RH. The last project, a provider training curriculum, is still under development by AVSC.
- A speaker series at the meetings has provided participants with new positive lessons and improved knowledge on men and reproductive health.
- FHI helped organize quarterly meetings and participated in the Gender Working Group Steering Committee.
- The work of the Men and Reproductive Health Subcommittee was presented at the Gender Working Group Plenary in October 1999.
- Subcommittee quarterly meetings were held in November 1999 and February 2000, with decisions focusing on future projects. Tentative decisions were to focus on case studies with evidence of program models and information and education efforts, particularly on adolescent men and on condoms.
- In February 2000, the FHI staff co-chair completed his two-year term.

April 1, 2000 - September 30, 2000

- The FHI staff co-chair worked with the new co-chair and coordinating group to ensure a smooth transition, attending the May and August quarterly meetings.
- **The subproject was closed in July 2000.**

Findings and Outcomes:

- The small grants projects funded and administered by the Subcommittee has filled major gaps in access to information about male participation projects and would not have been done without funding and coordination through the Subcommittee. A CD-ROM was produced and a Web page created. The Men/RH Orientation Guide has received praise and is already being viewed as an essential and potentially widely used resource.

Funding Source(s):	AVSC International	**FCO Approved:**	Apr 1999
Total Approved Budget:	$ 30,000	**Projected End Date:**	Sep 2000

Worldwide: FRONTIERS Project Development and Management (FCO 1753)

Technical Monitor: JLewis

Objective(s): To provide management oversight to FHI's role in the FRONTIERS Project.

Description: This subproject covers staff time and related costs for implementation of FHI's role as a partner in the Frontiers Operation's Research agreement. FHI seconds a full-time senior rsearcher to the Frontiers office in Washington, DC to provide direction and oversight for the Global OR Agenda. In addition, three HSR staff spent a portion of their time providing research design and technical assistance for costing/sustainability studies and economics components of other studies.

FY'01 WORKPLAN ACTIVITIES:

- Recruitment and hiring will be completed for a new Senior Associate for Global OR to replace Nancy Williamson, who will relocate to North Carolina in December.
- Site visits will be made to all Global OR Agenda sites to assess study implementation quality.
- Technical support and collaboration will continue on costing/sustainability.
- Reports will be submitted semiannually.
- JoAnn Lewis will participate in the Management Oversight Committee.

Funding Source(s):	Population Council	**FCO Approved:**	Aug 1998
Total Approved Budget:	$ 494,729	**Projected End Date:**	Jul 2002

USA: FHI Gender Training Activities (FCO 1510)

Technical Monitor: JSchueller

Objective(s): 1) To identify gender issues within the organization; 2) identify external gender training experts and facilitators; 3) guide/direct the process of gender training for FHI; 4) conduct gender training activities with all FHI staff; and 5) participate in follow-up gender activities related to the Cairo and Beijing Plus Five Meetings.

NOTE: A fifth objective was added to this FCO as a result of a decision made by senior management to have FHI represented at the Cairo and Beijing Plus Five Meeting in New York.

Description: To assure that FHI staff understand the relevance of gender to the organization and its research and programs, a Gender Issues Advisory Group was formed in December 1997. This group provided guidance to senior management and human resources in integrating a gender issues approach to research/programming and staff relations. The group also advised senior management on the integration of gender issues into FHI's strategic plan by carrying out the above listed objectives. Additional gender activities are conducted under another related subproject (FCO 3283) designed to: 1) assist FHI Gender Issues Advisory Group staff in identifying gender issues within the organization and to help in selecting a trainer to conduct gender training; and 2) participate in the USAID Interagency Gender Working Group (IGWG) Plenary Meetings and Subcommittee Meetings on "Men and Reproductive Health" and "Program Implementation."

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In April 1998, corporate support was provided for in-house gender training activities. A consultant was hired to develop a strategy for introducing gender to FHI staff and to recommend programmatic/organizational approaches be taken in implementing gender training.
- In September 1998 a presentation was made to the Board of Directors and Senior Management summarizing FHI's current gender initiative, outlining plans for the coming year, and discussing the relevance of gender to FHI's work and staff.
- Introductory trainings were conducted for FHI/NC and FHI/DC to assist in identifying gender issues within the organization. A gender survey was distributed in December 1999 to all FHI staff to determine the content of future gender work and training.
- One staff member participated in the February 1999 Cairo Plus Five Meeting at the Hague and six staff participated in the June 1999 New York meeting under this and other FCOs.
- In June 1999, an "FHI Gender Discussion Series" was begun which focused on various gender topics (i.e., women's legal rights, female genital cutting, men and RH, Cairo Plus Five and sexual/domestic violence).
- FHI continued involvement in the USAID IGWG (FCO 3283) and in the Program Implementation Subcommittee meetings.
- Informational meetings were conducted with other CAs and partners to discuss lessons learned and the constraints/challenges of integrating gender into the work of a RH organization.
- Two FHI staff members received partial support from this FCO to participate in the March 2000 PrepCom Meeting for Beijing Plus Five in New York. An international consultant, Florence Tadiar, was also supported to attend.

April 1, 2000 - September 30, 2000

- Jane Schueller, the technical monitor responsible for the gender initiative at FHI, continued to coordinate all related activities.

- The technical monitor participated in USAID IGWG Plenary and Subcommittee meetings and took over as co-chair of the Program Implementation Subcommittee and became a member of the USAID IGWG Steering Committee in April 2000.
- The "FHI Gender Discussion Series" continued to be held at FHI/NC and at FHI/DC. However, a decision was made that the technical monitor would focus her work on the Beijing Plus Five Meetings for FY'00. As a result, further direct work on gender training for FHI staff was put on hold until FY'01.
- The same staff members and consultant who attended the March PrepCom meeting received partial support to participate in the UN Special Session on Beijing Plus Five in June. FHI sponsored two panels on reproductive health technologies at this meeting. FHI also disseminated numerous technical materials on family planning methods (condoms, in particular), ECPs, adolescent reproductive health, post-abortion care and safe motherhood.
- In September 2000, two staff members and two board members gave a presentation to the FHI Board of Directors outlining the Beijing Plus Five meetings, the importance of FHI's participation in the process and next steps for the organization.

Findings and Outcomes:

- In total, 16 introductory training sessions on gender were held with FHI/NC and FHI/DC staff throughout FY '98 and '99. As a result of these sessions, there appears to be a broader understanding of the significance of gender throughout the organization as evidenced by an increased interest on the part of several staff in the area as well as a more general awareness and sensitivity to gender in our research and programs.
- FHI's participation in the Cairo Plus Five and Beijing Plus Five activities helped to increase our visibility and credibility as a gender-aware organization among numerous US-based NGOs and within the UN system. It also strengthened our relationships with Southern women's health organizations. In addition, participating in these activities gave FHI the opportunity to directly influence the negotiated text of the Cairo Plus Five and Beijing Plus Five outcome documents, specifically in areas related to STI/HIV/AIDS prevention and other core issues like violence and adolescent reproductive health.
- Although corporate funding for gender activities was not renewed for FY'01, FHI will carry on with its work in the area of gender in numerous other subprojects. In particular, we will continue our participation in the USAID IGWG, and we will continue to design, implement and evaluate our research and programs in a manner that promotes gender equity.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Apr 1998
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Nov 2000

USA: Computer Compliance Task Force (FCO 1523)

Technical Monitor: SWatts

Objective(s): To ensure FHI's computer compliance with USFDA regulations.

Description: Computer systems are occasionally the focus of the USFDA's attentions, particularly with respect to how data are handled for clinical trials. Under this subproject FHI's computer systems used for USFDA-regulated clinical trials will be validated. System security and access, data back-up, and disaster recovery systems will also be assessed.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- A work plan and budget for Clintrial validation were created.

FY'01 WORKPLAN ACTIVITIES:

- A gap analysis regarding FHI's computer compliance will be conducted.
- Clintrial version 4.0 will be validated, and then version 3.0. (Version 4.0 is the currently used version).
- Computer security and back-up recovery systems will be assessed.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Aug 2000
Total Approved Budget:	$ 35,424	**Projected End Date:**	Sep 2002

OTHER, NON-USAID STRATEGY SPECIFIC

Subprojects in this category are not directly linked to CTR objectives and are not funded by USAID. They, nonetheless, address related health issues.

NonUSAID Subprojects

	Worldwide:	Domestic Violence Initiative (FCO 1513)
●	Nicaragua:	Evaluation of a Domestic Violence Media Campaign Targeted at Nicaraguan Men (FCO 1517)
●	Nicaragua:	CANTERA Domestic Violence Workshops Evaluation (FCO 1518)
	Nicaragua:	CANTERA Workshops Technical Assistance (FCO 1522)
	Kosovo:	Strengthening of a Women's Center (FCO 1519)
●	Worldwide:	MotherCare II (FCO 1702/1759)
●	LA Regional:	Quality Assurance Project Indicators (FCO 1726)
	Worldwide:	Averting Maternal Death and Disability Program (FCO 1304)
	Worldwide:	Maternal Neonatal Health Project (FCO 1721)
	Worldwide:	Remote Computing Enhancement (FCO 1607)
●	India:	Clinical Trials Methodology Course (FCO 1722)
●	USA:	Support to PharmaLinkFHI's Maret Pharmaceuticals Project (FCO 1313)
	Worldwide:	Hewlett General Support Fund (FCO 1322)

● Completed subproject in FY'00

Worldwide: Domestic Violence Initiative (FCO 1513)

Technical Monitor: BTucker

Objective(s): To prepare and implement a strategy to expand FHI's expertise in the area of RH and domestic violence (DV) and expand its implementation.

Description: In FY'99 and FY'00 FHI's Board of Directors provided funds to finance an initiative in the prevention of domestic violence. Through this effort, FHI is to build on our experience and increase our recognition for contributions to the field of domestic violence prevention. FHI's work focuses on primary prevention activities directed toward men because the greatest impact in primary prevention requires addressing the acceptability of domestic violence among its main perpetrators. Other domestic violence activities, such as targeting other groups, will be considered on a case-by-case basis.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI prepared a written response to USAID's questions about the relation between domestic violence and reproductive health and a statement about FHI's work in domestic violence in July 1999.
- FCO 1517 was established in July 1999 for work with Puntos de Encuentro, an NGO in Nicaragua. In September 1999, FCO 1518 was established for work with Center for Education and Popular Communication (CANTERA), an NGO in Nicaragua.
- FHI sponsored a session on DV and HIV at the 1999 RH Conference in South Africa held in August 1999.
- CDC and DHHS requested FHI's technical expertise in qualitative evaluation in October 1999.
- A strategy for FHI's work in domestic violence was prepared in November 1999.
- FHI submitted a proposal to the Governor's Crime Commission of the State of North Carolina to evaluate a school-based program in North Carolina on teen dating in November 1999.
- FHI attended Domestic Violence Y2K: A Health Policy and Research Colloquium on Partner Violence, held in Sacramento, February 24–25, 2000.
- FHI successfully submitted a proposal to CFAR to conduct a follow-up of women who may have experienced domestic violence because of their participation in a FHI study in Kenya in April 2000.

April 1, 2000 - September 30, 2000

- A concept proposal for providing technical assistance in EpiInfo to local NGOs in Latin American countries working in prevention of domestic violence was prepared and submitted to seven foundations in July 2000.
- FCO 1522 was established to provide CANTERA with technical assistance on their gender workshops.
- A curriculum was developed to train counselors of victims of gender or sexual violence.

Findings and Outcomes:

- Domestic Violence is highly relevant to FHI's work under three major agreements with USAID: the Contraceptive Technology and Family Planning Research Cooperative Agreement, IMPACT and its predecessors (AIDSCAP and AIDSTECH) and the recently completed Women's Studies Project (WSP). DV is a pertinent factor in contraceptive adoption and use, contraceptive discontinuation, partner notification of HIV/STD status, condom negotiation, quality of care, and also pregnancy. Also, study volunteers may be at increased risk of DV for participating in a study, and investigators themselves may be at increased risk of violence by a partner of a study participant.

- FHI recognizes the need to address DV in research, programs and policies. FHI acknowledges the need for rigorous population-based research to determine prevalence and trends as well as the need for additional safety precautions for study participants and investigators. FHI also sees opportunities to increase awareness about DV in our work as scientists. In order for research to have an impact, accurate information about the prevalence and trends of DV must be disseminated among those who influence policy and programs.
- FHI is also aware of the need of policy-makers, service providers and women's groups for accurate information on the prevalence of DV to enable them to monitor trends and to adjust policies, programs and services accordingly. This interdependence of service provision and documentation of impact implies that FHI needs to work alongside service providers to evaluate program components and disseminate results.
- FHI has a great appreciation for prevention of DV and gender inequality and its influences on contraceptive continuation and discontinuation, both in a context of research and routine service provision. FHI is interested in primary prevention of domestic violence and often focus our efforts on programs that include youth or men as the target audience.

FY'01 WORKPLAN ACTIVITIES:

- Complete the training and activities outlined in FCO 1522.
- Partners in funding and implementation will continue to be sought.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Sep 1998
Total Approved Budget:	$ 175,787	**Projected End Date:**	Sep 2001

Nicaragua: Evaluation of a Domestic Violence Media Campaign Targeted at Nicaraguan Men (FCO 1517)

Technical Monitor: DMcCarraher

Objective(s): 1) To measure exposure to a mass media campaign against domestic violence that was targeted at men ages 20-39; 2) to examine under what circumstances men feel it is appropriate to use physical violence; 3) to measure awareness of the negative effects domestic violence has on the family and economic ability; and 4) to measure the ability to identify options for conflict resolution.

Description: Puntos is a non-governmental organization founded in 1990. One of Puntos' goals is to promote equitable relationships between men and women and eradicate domestic and sexual violence. To this end, Puntos conducted various mass-media campaigns to raise awareness about domestic violence and its harmful consequences to women and society as a whole.

This subproject entails the first comprehensive evaluation of Puntos' recent media campaign targeted at men ages 20–39. Survey data was collected prior to the National Disaster Campaign Launch and two months after the campaign had been completed. Pre- and post-intervention surveys were conducted with men currently in union in four regions of the country. Three of these regions were exposed to many campaign components including, radio and television ads, posters, stickers, and workshops. One region was exposed to only radio and television ads. Differences regarding attitudes about domestic violence between intensive and non-intensive campaign exposure were examined.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In June and July 1999, FHI assisted in the development of the baseline survey.
- Interviews of 1,992 men were conducted in four regions of the country during July–August, 1999.

- The FHI technical monitor traveled to Nicaragua in August 1999 to assist in cleaning the collected data. During this same trip, a data analysis plan was outlined for the baseline data that was collected.
- FHI staff traveled to Nicaragua to assist in the development of a post-campaign survey which was conducted in February 2000. A total of 1,992 men and 662 women were interviewed.
- The technical monitor traveled to Nicaragua to finalize the table shells for the final report and to assist in cleaning the data from the post-mass media campaign survey that was collected in February 2000.

April 1, 2000 - September 30, 2000

- Puntos completed a final report in June 2000. This report included the various evaluation efforts, including a pre and post-test survey, a qualitative investigation, and a process evaluation. FHI supported only the pre- and post-test survey and therefore gave Puntos input on this part of their final report. In addition, FHI completed a fifteen-page executive summary of the pre and post-test survey evaluation. This summary was finalized in August 2000 and is available in both English and Spanish.
- **This FCO was closed on September 30, 2000.**

Findings and Outcomes:

- Overall, the Disaster Campaign was able to reach a large audience; it was seen by 60% of the men interviewed during the follow-up. Sixty-three percent of the men in the intensive region and fifty-three percent in the comparison region reported seeing the Disaster Campaign. This ten-percentage point difference may be attributed to the extra promotional efforts that were carried out in the comparison region
- Changes were noted for two of the three attitudinal messages promoted during the campaign. In the follow-up men were more likely to report that ‘men are capable of avoiding partner violence’ and that ‘partner violence is as disastrous as Hurricane Mitch’. Men were not more likely to repeat that 'partner violence affects a community's development.'
- Men were less likely in the follow-up to report that ‘partner violence is justified’ in some circumstances.
- Thirty-eight percent of men in the comparison region and thirty-four percent of men in the intensive region did not see or hear any of the campaign ads on the radio or on television. Thus, mass media communication via television or radio will not be an effective means of reaching some men and other strategies will need to be implemented. In addition, the campaign did not reach men who could not read or write as well as it did more literate men. This was anticipated since the Campaign was designed for men who could read and write.
- In this study, the men who were classified as most controlling were unable to read and write and had not been exposed to the Disaster Campaign. These men constitute a “high risk" population for violent behavior. A more targeted intervention is needed to address these individuals. Formative research should be conducted with this group to develop an intervention that best addresses the characteristics of these men.
- This was a non-random sample. Therefore, the results of this study should not be over generalized.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Jul 1999
Total Approved Budget:	$ 51,161	**Projected End Date:**	Sep 2000

Nicaragua: CANTERA Domestic Violence Workshops Evaluation (FCO 1518)

Technical Monitor: DMcCarraher

Objective(s): To strengthen CANTERA's capacity to evaluate the effectiveness of the various workshops they conduct for men and women.

Description: CANTERA is a non-governmental organization (NGO), founded in 1988 as a grass roots organization to empower citizens to take responsibility for their actions. Defined as "popular education", CANTERA works with individuals in a participatory workshop format to empower individuals and encourage critical thinking.

In 1989, CANTERA began providing workshops targeted at women. Soon the NGO's founders recognized that the acceptance of a more equal interpretation of gender and its impact on women's lives would need to include the participation of men. In September 1994, CANTERA began conducting workshops with men on masculinity, using popular education based on their experience with the workshops with women. The series of gender workshops for men included sessions on the social construction of masculinity, power relations, gender, homophobia, and domestic violence. Workshops for men and women have been conducted since 1995 and remain unique to Nicaragua and Central America.

The technical assistance activities carried out by FHI staff included: 1) the development of a simplified assessment tool to evaluate the effectiveness of both the men's and women's workshops to change attitudes regarding equitable relationships and domestic violence; 2) the construction of data entry program in Epi-Info 6.0 for the data that will be collected using the assessment tool; and 3) assistance to CANTARA in selecting a local researcher to train their staff to use Epi-Info 6.0.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- The subagreement was prepared and finalized for this subproject in September 1999.
- CANTERA staff traveled to FHI for training in Epi-Info 6.0 in December 1999. During this training, CANTERA staff were taught to create a database in Epi-Info, to enter data, and to validate data that has been entered. FHI staff traveled to Nicaragua in January 2000 to give follow-up training on Epi-Info 6.0. The focus of this training was data validation and data cleaning.
- FHI staff also reviewed existing questionnaires used to evaluate men's and women's workshops. Written comments were give to CANTERA in February 2000 as to how to make the existing questionnaires into assessment tools.
- The subagreement was extended to September 30, 2000, in order to conduct further training with CANTERA staff on data analysis using Epi-Info 6.0. However, due to budget constraints this activity was not carried out.

April 1, 2000 - September 30, 2000

- **This FCO was closed in September 2000.**

Findings and Outcomes:

- There are many organizations like CANTERA, who are conducting intervention efforts to combat domestic violence in their countries. However, many of these organizations lack the tools to enable them to evaluate their efforts. The Epi-Info 6.0 training activity that FHI staff conducted with CANTERA was a success. CANTERA staff were given basic skills in Epi-Info that will enable them to evaluate their programs in the future.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Sep 1999
Total Approved Budget:	$ 14,032	**Projected End Date:**	Sep 2000

Nicaragua: CANTERA Workshops Technical Assistance (FCO 1522)

Technical Monitor: WConn

Objective(s): To provide technical assistance to CANTERA, a Nicaraguan NGO, in developing participant materials for workshops on domestic violence, gender and reproductive health.

Description: FHI and CANTERA are collaborating on an activity in Nicaragua to develop didactic training materials for participants of workshops being conducted by CANTERA on gender conditions, domestic violence, sexuality, machismo, and developing equitable relationships.

Subgrantee(s): CANTERA

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- The subproject was developed and approved in May 2000.
- Of the four workshop series conducted by CANTERA, FHI staff attended the first three, held in March, June and August 2000.
- NGO representatives from APROFAM/Guatemala, AMS/El Salvador, FOSREF/Haiti and FFS/Honduras were sponsored to attend the workshops.
- FHI helped to develop workshop materials for participants.
- FHI staff reviewed a gender manual on masculinity with CANTERA.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will attend the final workshop in October 2000.
- Development of materials for all four workshops will be completed by March 2001.
- Follow-up activities with NGO representatives from Guatemala, El Salvador, Haiti and Honduras will continue to the extent that funding is available.
- Funding for follow-up activities and possible domestic violence referral network building in the region will be sought.
- The gender/masculinity manual will be finalized.

Funding Source(s):		Corporate	**FCO Approved:**	May 2000
Total Approved Budget:	$	120,303	**Projected End Date:**	Mar 2001

Kosovo: Strengthening of a Women's Center (FCO 1519)

Technical Monitor: BTucker

Objective(s): 1) To identify key women's groups and clinics in Kosovo to provide services to female victims of gender violence and 2) provide institutional support and technical assistance to selected groups/clinics, working to provide services to female victims of gender violence.

Description: FHI will initiate discussions with established women's groups and women's clinics in Kosovo to offer technical assistance. Assistance will be offered in obtaining resources to broaden

their scope of services to violence victims by increasing the number of staff with adequate training in violence recovery.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- Background research on organizations providing services to women in Kosovo was conducted and other information relevant to the proposed project was gathered. This included a trip to Kosovo by FHI's Associate Director of Field Operations, Beverly Tucker, in May 2000.

April 1, 2000 - September 30, 2000

- In July 2000 a subagreement with the International Rescue Committee was negotiated to provide support of their Women's Health Center in Peja, Kosovo.
- Three additional counselors were hired at the Women's Health Center with the support of FHI.
- In August 2000, FHI staff Jane Schueller and FHI consultant Jeanne Ward conducted a training of counselors of victims of gender or sexual violence from the Women's Health Center.

FY'01 WORKPLAN ACTIVITIES:

- A follow-up workshop will be held in Peja in the fall of 2000.

Funding Source(s):	FHI Corporate	**FCO Approved:**	Oct 1999
Total Approved Budget:	$ 65,000	**Projected End Date:**	Dec 2000

Worldwide: MotherCare II (FCO 1702/1759)

Technical Monitor: PBailey

Objective(s): To provide technical assistance upon request of MotherCare/JSI.

Description: MotherCare II was a five year project (October 1, 1993 – September 30, 1998) designed to improve maternal and perinatal health in developing countries. Three strategies guided MotherCare's efforts: 1) improving services by upgrading the skills of providers; 2) affecting behavior through social marketing and IEC activities for the general population as well as targeted populations; and 3) enhancing policy formulation to strengthen program commitment. FHI's contribution focused largely on the monitoring and evaluation of services and behavior change in Guatemala and Honduras. MotherCare II received a closure contract that carried specific activities through September 2000.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- A subcontractual relationship with MotherCare II began in December 1993.
- In 1994 and 1995 FHI staff analyzed data from a birth surveillance system experimentally designed to evaluate MotherCare I's activities in Quetzaltenango, Guatemala.
- In 1995, FHI worked with MotherCare/Guatemala to develop a hospital obstetric and perinatal registry.
- In Honduras planning began for a situational analysis study of obstetric, neonatal, and pediatric services. Staff analyzed the Honduran situational analysis data and assisted with preparation of the final report in 1998.

- Between 1996 and 1999, FHI staff assisted in the design and analysis of three surveys to examine women's knowledge and behavior regarding anemia prevention and control activities and exposure to IEC messages.
- Throughout the course of the subproject, FHI staff attended MotherCare II TAG meetings and various workshops to discuss maternal health indicators.
- The five-year Project ended in September 1998 and FCO 1702 was subsequently closed. The subproject continued with funding from FCO 1759.
- The MotherCare representative in Guatemala presented FHI-produced results to Hillary Rodham Clinton during her visit to Guatemala in November 1998.
- An FHI staff member traveled to Guatemala to help clean and analyze data in May 1999 and to present process indicators from the birth registry at MotherCare's final meeting in August 1999.
- FHI staff worked with an MPH intern to draft a paper on referral patterns, has been submitted for publication.

April 1, 2000 - September 30, 2000

- Two additional papers have been submitted for publication, one on process indicators to monitor maternal health and the second evaluated interventions to increase women's recognition of danger signs in pregnancy and delivery.
- Three papers were delivered to John Snow, Inc. by September 2000 those on referral patterns, process indicators, and the recognition of danger signs in pregnancy and delivery.
- **The subproject was closed in September 2000.** A fourth paper was not completed within the given timeframe, but will be finished through other means.

Findings and Outcomes:

- Process indicators on maternal health suggest that hospitals in the MotherCare intervention area are increasingly meeting women's needs for essential obstetric care. Hospitals are serving segments of the population who previously have not been served. An increase in women's recognition of danger signs in pregnancy was observed and may have contributed to the increased utilization of services and an increase in referrals among women experiencing obstetric complications. Women's groups appear to be an effective intervention designed to increase women's awareness of danger signs.

Funding Source(s):		MotherCare/JSI	**FCO Approved:**	**1702**	Oct 1993
				1759	Mar 1999
Total Approved Budget:	**1702**	N/A-Annual	**Projected End Date:**		Sep 2000
	1759	$ 26,051			

Latin America Regional: Quality Assurance Project Indicators (FCO 1726)

Technical Monitor: PBailey

Objective(s): To assist with indicators for the Latin America initiative to reduce maternal mortality.

Description: The Quality Assurance Project (QAP) and PLAN International are working together on a Latin America initiative to reduce maternal mortality. QAP has taken the lead on improving essential obstetric care (EOC) at the hospital level. PLAN is working at the community level to increase access and the demand for EOC. JSI has requested assistance from FHI to finalize their evaluation indicators.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff, Patsy Bailey, DrPH, traveled to Ecuador in February 2000 to assist in the development of a monitoring system to be implemented in the community of Latacunga.
- Assistance was provided in the context of a workshop, which also served to review and finalize indicators to be used at the hospital and community levels.

April 1, 2000 - September 30, 2000

- **The FCO was closed on September 30, 2000.**

Findings and Outcomes:

- PLAN implemented a community surveillance system and developed a list of indicators.

Funding Source(s):	MotherCare/JSI	**FCO Approved:**	Feb 2000
Total Approved Budget:	$ 5,988	**Projected End Date:**	Sep 2000

Worldwide: Averting Maternal Death and Disability Program (FCO 1304)

Technical Monitor: PBailey

Objective(s): To expand availability of emergency obstetric care by improving the functioning of district hospitals and other facilities in selected countries.

Description: FHI staff will provide technical assistance to select countries, particularly in monitoring and evaluation.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI staff met with Columbia University staff in New York City in September and November 1999 to discuss strategies and implementation of the project.
- FHI staff traveled to Nepal in December 1999 for a South Asia Regional Workshop to review and discuss the implementation of the project and the draft forms for the needs assessment.

April 1, 2000 - September 30, 2000

- FHI staff traveled to Sri Lanka, India and Bangladesh (twice), Peru (twice), and Nicaragua to prepare for country or regional needs assessments, or to help analyze the findings in preparation for project proposal development.
- The technical assistance team of about 15 individuals met at Columbia University July 24-25 to assess experiences to date and how to meet future demand for TA.
- Jason Smith traveled to Washington DC to attend a cost-estimation strategy meeting.
- Judith Fortney and Jason Smith traveled to Nepal for a Southeast Asia meeting in May where results from the six countries' need assessments were presented.

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will make return visits to India and Sri Lanka, Mozambique, Peru, Nicaragua & Bangladesh.
- An initial visit to Vietnam will also be made by Jason Smith
- A second technical assistance meeting will be convened in Morocco in February 2001. We will be joined by the staff of partner agencies for 1-2 days.

- FHI staff will assist in the development, execution and evaluation of AMDD programs in Bangladesh, Vietnam, Mozambique, India, Sri Lanka, Nicaragua and Peru.

Funding Source(s):	Columbia University	**FCO Approved:**	Sep 1999
Total Approved Budget:	N/A-Annual	**Projected End Date:**	Aug 2001

Worldwide: Maternal Neonatal Health Project (FCO 1721)

Technical Monitor: PBailey

Objective(s): 1) To provide technical assistance to Guatemala in monitoring and evaluation (M&E), in the design and implementation of Maternal Neonatal Health (MNH) research activities; and 2) to participate in the MNH Technical Advisory Group for Research.

Description: Technical assistance will be provided in the identification of indicators for monitoring and evaluation, which reflect the scope of work of the MNH project in Guatemala, but which also meet the needs of other stakeholders (Ministry of Health, USAID Mission in Guatemala, and JHPIEGO's MNH Global Framework).

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- In December 1999 FHI staff met with MNH staff in Baltimore, MD to discuss planned evaluation activities in Guatemala.
- FHI staff also assisted in a Desk Review for Guatemala, addressing evaluation activities under MotherCare and future evaluation and research ideas to be carried out by MNH.

April 1, 2000 - September 30, 2000

- FHI staff traveled to Guatemala twice in April to meet with country MNH staff, attend planning meetings, and draft monitoring and evaluation indicators.
- Work on the indicators continued over several months and is ongoing.
- FHI staff traveled to Baltimore three times during this reporting period to attend a meeting and to discuss results from travel and future plans.
- M&E staff from MNH/Baltimore visited FHI in August to learn more about Guatemala and MotherCare's experiences.

FY'01 WORKPLAN ACTIVITIES:

- To assist the MNH Guatemalan team in expanding the use of their monitoring system and develop local skills at calculating select maternal health indicators.
- The M&E team is planning on carrying out a case review of maternal deaths or near misses in MNH's Latin American emphasis countries.
- Plans to prepare a synthesis document of maternal death reviews from Guatemala will be discussed.

Funding Source(s):	JHPIEGO	**FCO Approved:**	Nov 1999
Total Approved Budget:	$ 23,951	**Projected End Date:**	Sep 2001

Worldwide: Remote Computing Enhancement (FCO 1607)

Technical Monitor: MMcCullough

Objective(s): To enhance FHI's remote computing capabilities in both quality and efficiency to better serve FHI employees while conducting business away from their home offices.

Description: The Remote Access Project will be divided into the following three (3) categories:

1) Nairobi, Kenya, office re-configuration: Since the Nairobi, Kenya, office is an essential communications hub for FHI's Africa research it would be beneficial to all FHI staff if the office were reconfigured as the regional e-mail/remote access hub for the entire region. This re-configuration would include migration from MS Mail to MS Exchange, which will allow users to retrieve e-mail either from an Internet connection or via direct dial-in.
2) CGNET TAS2: CGNET's TAS2 (Traveler's Access Service2) will enable users to connect to the Internet via dial-up telephone connection. This will enable FHI employees to access e-mail from wherever telephone access is available. Once a user makes a local connection to the Internet, they will be able to access their "home" e-mail server and retrieve their e-mail.
3) Shiva Net Modem support: The Shiva Net Modem is a remote access server which enables FHI users to dial directly into FHI's corporate systems. Access directly into FHI's corporate systems will enable users to access e-mail when Internet access is not available. The Shiva Net modem also provides users the ability to a) work from home and, b) take advantage of most of their resources as if they were on FHI's premises. Also included is the expansion of FHI's 800 service from Mexico and Canada.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- FHI was notified in March 1999 that monies had been awarded.
- Planning began soon thereafter on how to best apportion tasks and assign priorities. FHI's Information Technology staff who will work on the project were identified.
- Requests for proposals were sent to vendors in Nairobi, Kenya.
- Implementation of the planned Remote Access Project began by awarding contracts to InterConnect (ISP) and KenAfro (hardware vendor). In the first week of August 1999, FHI sent a team to Nairobi, Kenya, to install the leased line connection and email server. The following week the team migrated the MS Mail system to the new MS Exchange server.
- CGNET TAS2 accounts were assigned to selected FHI employees in Nairobi, Kenya, and Headquarters.
- The Shiva Net Modem was upgraded to latest the software revision (Y2K compliant) and a support contract was purchased.
- FHI has enhanced access to their US-based offices by establishing toll-free lines to RTP and Arlington systems.
- Modems have been upgraded to faster, more reliable 33.6 kbps modems.
- CGNET TAS2 accounts have continued to be distributed to FHI's frequent travelers.

April 1, 2000 - September 30, 2000

- FHI staff continued to negotiate rates and coverage with MCI for 800 service on the Shiva Net Modem.
- Virtual Private Networking (VPN) and Citrix Technologies were explored and tested as a replacement for direct, analog dial-in services.
- Radius Servers was considered as a one-password login process for Shiva LanRover.

Findings and Outcomes:

- The new system allows Kenya office personnel remote access to email and other important documents. This system also allows FHI Kenya personnel to access these resources from anywhere in the world provided that they have access to a telephone line or Internet access.
- FHI has been able to accomplish the same level of access from their offices in Thailand, Nepal, Arlington, VA, Indonesia, and Durham, NC.
- As reported previously, parts for high-end servers should be readily available. A component on the new Exchange e-mail server failed after approximately three weeks in service and a replacement was not available in Kenya. The replacement was shipped from Dell computers but delayed in customs for more than two weeks.

FY'01 WORKPLAN ACTIVITIES:

- VPNs and Citrix systems will continue to be explored and tested.
- A Citrix server will be installed during the second quarter of FY'01.
- Other Shiva products that could enhance remote computing, such as ISDN, will be evaluated.

Possible Problems, Barriers to Completion:

- 1) E-mail Server- None Foreseen
- 2) An increase in pricing structure may hinder the use of CGNET TAS2.
- 3) New technology may render the Shiva Net Modem obsolete.

Funding Source(s):	Mellon Foundation	**FCO Approved:**	Mar 1999
Total Approved Budget:	$ 100,000	**Projected End Date:**	Dec 2001

India: Clinical Trials Methodology Course (FCO 1722)

Technical Monitor: DGrimes

Objective(s): To provide two core faculty for a Clinical Trials Methodology Course at the Institute for Research in Reproduction, Mumbai, India, October 25–31, 1999.

Description: Two FHI staff, Dr. David Grimes and Dr. Kenneth Schulz, gave lectures on evidence-based medicine and eliminating bias in randomized controlled trials. They introduced participants to each of the major clinical research designs: descriptive studies, cohort studies, case-control studies, and randomized controlled trials. The large majority of examples used in teaching came from obstetrics and gynecology to maintain interest. As a key element, small groups (four to six persons) worked together to develop a study of each type of research design and presented their study to the entire class for discussion. Other didactic topics included choosing controls, recognizing and avoiding biases, judging causal associations, ethics of randomized controlled trials, sample size and power calculation, and an overview of statistical tests in clinical research. While NIH sponsored the training, FHI was reimbursed for expenses by CONRAD.

ACTIVITIES & ACCOMPLISHMENTS:

Through March 31, 2000

- David Grimes and Kenneth Schulz traveled to India and provided instruction October 25–31, 1999 in the Clinical Trials Methodology Course.
- CONRAD reimbursed FHI for expenses based on the proposal submitted to them.

April 1, 2000 - September 30, 2000

- Expenses and reimbursements were reconciled and **the FCO was closed September 30, 2000.**

Findings and Outcomes:

- Approximately 30 persons attended the course.

Funding Source(s):		CONRAD	**FCO Approved:**	Oct 1999
Total Approved Budget:	$	49,544	**Projected End Date:**	Oct 1999

USA: Support to PharmaLinkFHI's Maret Pharmaceuticals Project (FCO 1313)

Technical Monitor: RDominik

Objective(s): To assist PharmaLink/FHI with data analysis programming support for the Maret Pharmaceuticals Project.

Description: Under this subproject, Biostatistics staff was contracted by PharmaLink/FHI to provide short-term technical assistance on a pharmaceutical project.

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- Analysis datasets were created.
- Programming was done for listings, tables and figures as specified in the analysis plan.
- Data was reviewed in the ordinary course of analysis programming. The lead statistician was notified as data problems were identified.
- Informal printouts of selected data were programmed.
- The final data analysis programs were delivered to PharmaLink/FHI and **the FCO was closed at of the end of September 2000.**

Funding Source(s):		Private	**FCO Approved:**	May 2000
Total Approved Budget:	$	9,772	**Projected End Date:**	Sep 2000

Worldwide: Hewlett General Support Fund (FCO 1322)

Technical Monitor: DGrimes

Objective(s): To oversee budgetary and administrative aspects of the 3-year Joseph and Flora Hewlett Foundation grant in order to ensure projects are proceeding as planned and that annual reports are made to the Foundation.

Description: This FCO covers management costs of the Hewlett Foundation grant. Studies under this grant relate to one of three topic areas: emergency contraception (EC), IUDs and/or abortion. The grant was awarded under the following stipulations: that the funds would be used to (i) improve access to EC and to accelerate the transition of EC from prescription to over-the-counter; (ii) to rehabilitate the image of the IUD, including themes of negligible risk of infection, appropriate use by

HIV-positive women, and to explore non-contraceptive benefits; and (iii) to develop a background paper on safe abortions to assist WHO in developing a 5-year plan of action and to evaluate the safety of medical abortions in the United States.

Note: As a management-only subproject, activities are not routinely reported.

Collaborating Agency(s): World Health Organization (WHO)

ACTIVITIES & ACCOMPLISHMENTS:

April 1, 2000 - September 30, 2000

- The grant was awarded in July 2000.
- The North Carolina Emergency Contraception by Phone Initiative began in September 2000. (See FCO 1319)

FY'01 WORKPLAN ACTIVITIES:

- FHI staff will collaborate with national IUD experts to conduct a comparative analysis of IUD and DMPA acceptors. Explore barriers to IUD use will be explored.
- A paper will be written on the results of a national cross-sectional telephone survey of providers, which assessed barriers to the provision of emergency contraception. (See FCO 1632).
- Support will be provided for the production and dissemination of a video, which is essentially a four-part mini series, capturing the results and findings from the Women's Studies Project in Bolivia. Some support will also be provided to an in-country consultant to assess its dissemination.

Funding Source(s):	Hewlett Foundation/ Private	**FCO Approved:**	Nov 2000
Total Approved Budget:	$ 814,286	**Projected End Date:**	Nov 2003

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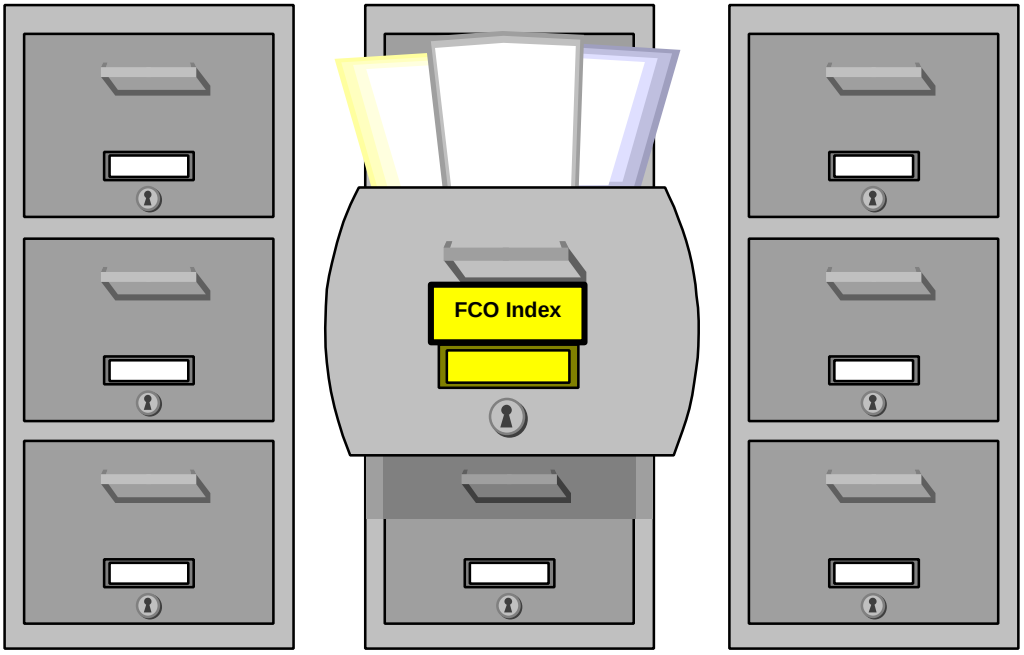

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FY ’00 LISTING OF FHI/NC PAPERS

OCTOBER 1, 1999 - SEPTEMBER 30, 2000
Cooperative Agreement
CCP-A-00-95-00022-02

During FY'00 FHI was notified of the publication of 51 new and original articles or letters to the editors, written by FHI staff and/or investigators and supported by the Cooperative Agreement in Contraceptive Technology Research. These publications serve to disseminate the results of research and thereby increase the knowledge and skills of both researchers and providers to evaluate and deliver family planning services. In addition, FHI publishes the quarterly bulletin *Network,* provides press releases on current contraceptive issues and responds to frequent requests for information from various media sources.

FHI Pub #	
99-56	Castle S, Konaté MK, Ulin PR, Martin S. A qualitative study of clandestine contraceptive use in urban Mali. Stud Fam Plann 1999 Sep; 30 (3): 231-48. (FCO-4412, 9237)
99-57	Feldblum PJ, Chen-Mok M, Bwayo JJ, Omari M, Kuyoh M, Ryan KA. Intracluster correlation of STD prevalence in a community intervention trial in Kenya. Lancet 1999 Oct 16; 354 (9187): 1356-7. (FCO-5308)
99-58	Steiner MJ. Contraceptive effectiveness: what should the counseling message be? (commentary). JAMA 1999 Oct 20; 282 (15): 1405-7. (FCO-5352)
99-59	Rai C, Thapa S, Day J, Bhattarai L, McMullen S, Jha R, Shrestha S, Bastola S, Rivera R. Conditions in rural Nepal for which depot-medroxyprogesterone acetate initiation is not recommended: implications for community-based service delivery. Contraception 1999 Jul; 60 (1): 31-7. (FCO-5352)
99-60	Sokal D, McMullen S, Gates D, Dominik R, The Male Sterilization Investigator Team. A comparative study of the no scalpel method and standard incision approaches to vasectomy in 5 countries. J Urol 1999 Nov; 162 (5): 1621-5. (FCO-2231)
99-61	Grimes DA. Role of the cervix in sexual response: evidence for and against. Clin Obstet Gynecol 1999 Dec; 42 (4): 972-8. (FCO-5352)
99-63	Raymond E, Alvarado G, Ledesma L, Diaz S, Bassol S, Morales E, Fernandez V, Carlos G. Acceptability of two spermicides in five countries. Contraception 1999 Jul; 60 (1): 45-50. (FCO-5352)
99-64	Janowitz B, Holtman M, Johnson L, Trottier D. The importance of field-workers in Bangladesh's family planning programme. Asia Pac Popul J 1999 Jun; 14 (2): 23-36. (FCO-9304)
99-65	Rivera R, Yacobson I, Grimes D. The mechanism of action of hormonal contraceptives and intrauterine contraceptive devices. Am J Obstet Gynecol 1999 Nov; 181 (5 Pt 1): 1263-9. (FCO-5352)

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99-67	Mauck C, Callahan M, Weiner DH, Dominik R, FemCap® Investigators' Group. A comparative study of the safety and efficacy of FemCap®, a new vaginal barrier contraceptive, and the Ortho All-Flex® diaphragm. Contraception 1999 Aug; 60 (2): 71-80. (FCO-2218)
99-68	Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF, QUOROM Group (Schulz K) Improving the quality of reports of meta-analyses of randomised controlled trials: the QUOROM statement. Lancet 1999 Nov 27; 354 (9193): 1896-900. (FCO-9990)
99-69	Ba MG, Moreau JC, Sokal D, Dunson R, Dao B, Kouedou D, Diadhiou F. A 5-year clinical evaluation of Norplant® implants in Senegal. Contraception 1999 Jun; 59 (6): 377-81. (FCO-2030)
99-70	Steiner MJ, Hertz-Picciotto I, Raymond E, Trussell J, Wheeless A, Schoenbach V. Influence of cycle variability and coital frequency on the risk of pregnancy. Contraception 1999 Sep; 60 (3): 137-43. (FCO-6006)
99-71	Hubacher D, Holtman M, Fuentes M, Perez-Palacios G, Janowitz B. Increasing efficiency to meet future demand: family planning services provided by the Mexican Ministry of Health. Int Fam Plann Perspect 1999 Sep; 25 (3): 119-24, 138. (FCO-9462)
99-73	Bruno ZV, Bailey P, Bezarra MD, de Morais IQ, Lobo RC, de Oliveira CM, Oliveira FD. Fatores de risco que podem levar ao aborto induzido na adolescência. GO Atual 1999 Agosto; 8 (8): 35-45. (FCO-4400)
99-74	Bratt JH, Foreit J, Chen PL, West C, Janowitz B, de Vargas T. A comparison of four approaches for measuring clinician time use. Health Policy Plann 1999 Dec; 14 (4): 374-81. (FCO-9343)
99-76	Rivera R, Chen-Mok M, McMullen S. Analysis of client characteristics that may affect early discontinuation of the TCu-380A IUD. Contraception 1999 Sep; 60 (3): 155-60. (FCO-5352)
99-77	Hardee K, Amal SH, Novriaty S, Hull TH, Eggleston E. Family planning, work and women's economic and social autonomy in Indonesia. Asia Pac Popul J 1999 Sep; 14 (3): 49-72. (FCO-4409)
99-79	Fortney J. Assessing recall and understanding of informed consent in a contraceptive clinical trial. Stud Fam Plann 1999 Dec; 30 (4): 339-46. (FCO-2238)
99-80	Dominik R, Trussell J, Walsh T. Failure rates among perfect users and during perfect use: a distinction that matters. Contraception 1999 Dec; 60 (6): 315-20. (FCO-9000)

FHI Pub #	
99-81	Hubacher D, Goco N, Gonzalez B, Taylor D. Factors affecting continuation rates of DMPA. Contraception 1999 Dec; 60 (6): 345-51. (FCO-5352)
99-82	Fortney JA, Smith JB. Measuring maternal morbidity. In: Berer M; Ravindran TK, editors. Safe motherhood initiatives: critical issues; Oxford, England: Blackwell Sciences; 1999. p. 43-50. (FCO-5352)
2000-01	Chen PL, Wong E, Dominik R, Steiner MJ. A transitional model of barrier methods compliance with unbalanced loss to follow-up. Stat Med 2000 Jan; 19 (1): 71-82. (FCO-9102)
2000-02	Steiner MJ, Raymond E, Attafuah JD, Hays M. Provider knowledge about emergency contraception in Ghana. J Biosoc Sci 2000 Jan; 32 (1): 99-106. (FCO-6006)
2000-03	Cates W Jr, Padian NS. The interrelationship of reproductive health and sexually transmitted diseases. In: Goldman MB; Hatch MC, editors. Women and health; San Diego: Academic Press; 2000; p. 381-9. (FCO-9990)
2000-04	Schulz KF. The pursuit of unbiased research: randomized controlled trials. Contemp ObGyn 2000 Feb; 45 (2): 48, 57-60. (FCO 9990) .
2000-05	Raymond EG, Creinin MD, Barnhart KT, Lovvorn AE, Rountree RW, Trussell J. Meclizine for prevention of nausea associated with use of emergency contraceptive pills: a randomized trial. Obstet Gynecol 2000 Feb. 95 (2): 271-7. (FCO-5230, 5352)
2000-06	Fail PA, Martin P, Sokal D. Comparative effects of quinacrine and erythromycin in adult female rats: a nonsurgical sterilization study. Fertil Steril 2000 Feb; 73 (2): 387-94. (FCO-2226)
2000-08	Farr G. Chapter 12, Design and manufacture of male non-latex condoms for prevention of pregnancy and STIs. In: Mindel A. Condoms; London: BMJ Books; 2000; p. 175-89. (FCO-2224)
2000-09	Schulz KF. Assessing allocation concealment and blinding in randomized controlled trials: why bother? Evid Based Mental Health 2000 Feb; 3 (1): 4-5. (FCO-9990)
2000-10	Grimes DA. Emergency contraceptives over the counter. West J Med 2000 Mar; 172 (3): 148-9. (FCO-N/A)
2000-11	Eggleston E, Jackson J, Rountree W, Pan Z. Evaluation of a sexuality education program for young adolescents in Jamaica. Rev Panam Salud Publica 2000 Feb; 7 (2): 102-12. (FCO-4414)

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Pub #

2000-15 Thapa S. Chapter 6, Perinatal mortality in Nepal: implications for behaviour modification. In: Costello A; Manandhar D, editors. *Improving newborn infant health in developing countries;* London: Imperial College Pr; 2000. p. 157-68. (FCO-7403)

2000-16 Cates W Jr, Sulak PJ. Contraceptives and STDs: alternative approaches to providing dual protection. *Dialogues Contracept* 2000; 6 (3): 1-4, 9-10. (FCO-9990)

2000-18 Eggleston E, Leitch J, Jackson J. Consistency of self-reports of sexual activity among young adolescents in Jamaica. *Int Fam Plann Perspect* 2000 Jun; 26 (2): 79-83. (FCO-6037)

2000-19 Callahan M, Mauck C, Taylor D, Frezieres R, Walsh T, Martens M. Comparative evaluation of three Tactylon™ condoms and a latex condom during vaginal intercourse: breakage and slippage. *Contraception* 2000 Mar; 61 (3): 205-15. (FCO-9101)

2000-20 Dorflinger LJ. Medical eligibility criteria for initiating and continuing use of injectable contraceptives. *Gynaecol Forum* 2000; 5 (1): 29-32. (FCO-5352)

2000-21 Schwingl PJ, Guess HA. Safety and effectiveness of vasectomy. *Fertil Steril* 2000 May; 73 (5): 923-36. (FCO-6352)

2000-25 Grimes DA. Understanding screening tests: the key to avoiding pitfalls in interpretation. *Contemp ObGyn* 2000 Jun; 45 (6): 46, 55-68. (FCO-5352)

2000-29 Lovvorn A, Nerquaye-Tetteh J, Glover EK, Amankwah-Poku A, Hays M, Raymond E. Provision of emergency contraceptive pills to spermicide users in Ghana. *Contraception* 2000 Apr; 61 (4): 287-93. (FCO-5207, 5352)

2000-31 Thapa S. Understanding abortion in Nepal. *Spotlight* 2000 Jul 21; 19-20. (FCO-7403)

2000-32 Stang A, Schwingl P, Rivera R. New contraceptive eligibility checklists for provision of combined oral contraceptives and depot-medroxyprogesterone acetate in community-based programmes. *Bull World Health Organ* 2000; 78 (8): 1015-23. (FCO-6312)

2000-33 Feldblum PJ, Bwayo JJ, Kuyoh M, Welsh M, Ryan KA, Chen-Mok M. The female condom and STDs: design of a community intervention trial. *Ann Epidemiol* 2000 Aug; 10 (6): 339-46. (FCO-5308)

FHI Pub #	
2000-34	Thapa S, Pullum TW. Contraceptive prevalence and its determinants in Nepal: findings from two levels of analysis. In: Toney MB; Choi BM, editors. *Population and development: proceedings from the Yun Kim International Symposium on Population and Development;* 1999 Jul 22-23; Utah State University, Logan, Utah. Logan: The University, Population Research Laboratory; 2000. p. 149-67. (FCO-7403)
2000-35	Kokonya DA, Sinei SK, Sekadde-Kigondu CB, Morrison CS, Kwok C, Weiner DH. Experience with IUCD insertion outside of menses in Kenya. *East Afr Med J* 2000 July; 77 (7): 369-73. (FCO-5204)
2000-37	United Nations Development Programme, United Nations Population Fund, World Health Organization, World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Task Force on Post-Ovulatory Methods for Fertility Regulation (Grimes DA) Efficacy and side effects of immediate postcoital levonorgestrel used repeatedly for contraception. *Contraception* 2000 May; 61 (5): 303-8. (FCO-5352)
2000-41	Smith JB, Coleman NA, Fortney JA, de Graft-Johnson J, Blumhagen DW, Grey T. The impact of traditional birth attendant training on delivery complications in Ghana. *Health Policy Plann* 2000 Sep; 15 (3): 326-31. (FCO-6352)
2000-42	Janowitz B, Holtman MC. Evaluating alternative ways to provide home service delivery of family planning in Bangladesh. *J Health Popul Dev Countries* 1999; 2 (2): 62-72. (FCO-9304)
2000-43	Grimes DA. Intrauterine device and upper-genital-tract infection. *Lancet* 2000 Sep 16; 356 (9234): 1013-9. (FCO-5352)
2000-44	Moher D, Pham, Klassen TP, Schulz KF, Berlin JA, Jadad AR, Liberati A. What contributions do languages other than English make on the results of meta-analyses? *J Clin Epidemiol* 2000 Sep 1; 53 (9): 964-72. (FCO-5206)
2000-45	Cates W Jr. Sexually transmitted diseases, HIV and contraception. *Infertil Reprod Med Clin North Am* 2000 Oct; 11 (4): 687-704. (FCO-9990)

Additional FHI Publications in Reproductive Health
October 1, 1999 through March 31, 2000

The following papers were not charged to the Contraceptive Technology Research Cooperative Agreements; rather time and cost associated with writing these papers were charged to FHI's Divisional general administrative accounts. However, because these papers are clearly related to the overall body of contraceptive research produced by FHI in the past six months, they are listed below to provide a more complete summary.

FHI Pub #	
99-52	Altman GA, Schulz KF. Chapter 13. Statistical peer review. In: Peer review in health sciences; Hertfordshire, UK: BMJ Publishing Group; 1999. p. 157-71. (FCO 073)
99-53	Grimes D. A 26-year-old woman seeking an abortion. JAMA 1999 Sep 22/29; 282 (12): 1169-75. (FCO-N/A)
99-54	Chen PL, Sen PK. A piecewise transition model for analyzing multistate life history data. J Stat Plann Inference 1999; 78: 385-400. (FCO-N/A)
99-55	Trussell J, Raymond EG. Statistical evidence about the mechanism of action of the Yuzpe regimen of emergency contraception. Obstet Gynecol 1999 May; 93 (5 Pt 2): 872-6. (FCO-0015)
99-62	Mauck CK, Callahan MM, Baker J, Arbogast K, Veazey R, Stock R, Pan Z, Morrison CS, Chen-Mok M, Archer DF, Gabelnick HL. The effect of one injection of Depo-Provera® on the human vaginal epithelium and cervical ectopy. Contraception 1999 Jul; 60 (1): 15-24. (FCO-5000/1610)
99-66	Grimes DA, Schulz KF. Prophylactic antibiotics for intrauterine device insertion: a metaanalysis of the randomized controlled trials. Contraception 1999 Aug; 60 (2): 57-63. (FCO-1613)
99-72	Cates W Jr, Dallabetta G. The staying power of sexually transmitted diseases. Lancet 1999 Dec; 354 (Suppl 2000): S62. (FCO-0014)
99-75	Grimes DA, Schulz KF. Antibiotic prophylaxis for intrauterine contraceptive device insertion. The Cochrane Library; Oxford: Update Software; 1999 Issue 4. (FCO-N/A)
99-78	Hieu DT, Hanenberg R, Vach TH, Vinh DQ, Sokal D. Maternal mortality in Vietnam in 1994-1995. Stud Fam Plann 1999 Dec; 30 (4): 329-38. (FCO-1665)
2000-07	Hammett TM, Mason TH, Joanis CL, Foster SE, Harmon P, Robles RR, Finlinson A, Feudo R, Vining-Bethea S, Jeter G, Mayer KH, Doherty-Iddings P, Seage GR 3rd. Acceptability of formulations and application methods for vaginal microbicides among drug-involved women: results of product trials in three cities. Sex Transm Dis 2000 Feb; 27 (2): 119-26. (FCO-1714)

FHI Pub #	
2000-12	Cohen MS, Dallabetta G, Cates W Jr, Holmes KK. Chapter 31, The global prevention of HIV. In: Sande MA; Volberding PA, editor. The medical management of AIDS. 6th ed; Philadelphia: Saunders; 1999; p. 499-511. (FCO-0014)
2000-13	Grimes D. Abortion and unplanned pregnancy (reply) JAMA 2000 Mar 22/29; 283 (12): 1566-7. (FCO-N/A)
2000-14	Nanda K, Pitkin RM. A view of reviews (editorial) Obstet Gynecol 2000 Apr; 95 (4): 605-6. (FCO-N/A
2000-17	Slifkin RT, Popkin B, Dalton K. Medicare graduate medical education funding and rural hospitals. *J Health Care Poor Underserved* 2000 May; 11 (2): 231-42.
2000-22	Cates W Jr, Grimes DA, Schulz KF. Abortion surveillance at CDC: creating public health light out of political heat. *Am J Prev Med* 2000 Jul; 19 (1 Suppl 1): 12-7. (FCO-0014)
2000-23	Knijff SC; Goorissen EM; Velthuis-te Wierik EJ; Korver T; Grimes DA. *Summary of contraindications to oral contraceptives;* New York: Parthenon Publishing; 2000. 588 p. (FCO-N/A)
2000-24	World Health Organization Task Force on Post-ovulatory Methods of Fertility Regulation (Grimes DA) Comparison of two doses of mifepristone in combination with misoprostol for early medical abortion: a randomised trial. *Br J Obstet Gynaecol* 2000 Apr; 107 (4): 524-30. (FCO-N/A)
2000-26	Nanda K, McCrory DC, Myers ER, Bastian LA, Hasselblad V, Hickey JD, Matchar DB. Accuracy of the Papanicolaou test in screening for and follow-up of cervical cytologic abnormalities: a systematic review. *Ann Intern Med* 2000 May 16; 132 (10): 810-9. (FCO-N/A)
2000-27	Sokal DC, Dabancens A, Guzman-Serani R, Zipper J. Cancer risk among women sterilized with transcervical quinacrine in Chile: an update through 1996. *Fertil Steril* 2000 Jul; 74 (1): 169-71. (FCO-1635)
2000-28	Eggleston E, Tsui AO, Fortney J. Assessing survey measures of infant birth weight and birth size in Ecuador. *J Biosoc Sci* 2000 Jul; 32 (3): 373-81. (FCO-N/A)
2000-30	Cates W Jr, Coates TJ. The ethics of research in developing countries (letter). *N Engl J Med* 2000 Aug 3; 343 (5): 363. (FCO-600)
2000-36	Grimes DA. Medical abortion: public health and private lives. *Am J Obstet Gynecol* 2000 Aug; 183 (2): S1-2. (FCO-N/A)

FHI Pub #	
2000-38	Feldblum P, Hays M, Zipper J, Guzman-Serani R, Sokal D. Pregnancy rates among Chilean women who had non-surgical sterilization with quinacrine pellets between 1977 and 1989. *Contraception* 2000 Jun; 61 (6): 379-84. (FCO-1680)
2000-39	Cates W Jr, Allen M. Mother-to-child HIV-1 transmission (letter). *Lancet* 2000 Sep 9; 356 (9233): 945. (FCO-409)
2000-40	Myers ER, McCrory DC, Nanda K, Bastian L, Marchar DB. Mathematical model for the natural history of human papillomavirus infection and cervical carcinogenesis. *Am J Epidemiol* 2000 Jun; 151 (12): 1158-71. (FCO-N/A)
2000-46	Eggleston E. Unintended pregnancy and women's use of prenatal care in Ecuador. *Soc Sci Med* 2000 Oct; 51 (7): 1011-8. (FCO-N/A)

APPENDIX C

PAPERS CURRENTLY APPROVED FOR DEVELOPMENT AT FHI/NC

The following list includes all current paper proposals submitted to and approved by the relevant Directors at FHI. It does not distinguish by funding source. It, therefore, includes some papers which will be written with funding other than that provided by the Contraceptive Technology and Family Planning Research Cooperative Agreement. The list is included in this Workplan as it further illustrates FHI's on-going and prospective efforts to synthesize and disseminate current information on both contraceptive technology and broader reproductive health issues.

Papers on Contraceptive Technology and Reproductive Health

Approved as of October 1, 2000 for Development at FHI/NC

<u>IN PROGRESS</u> (Journal name indicates only where article is likely to be submitted)

Bailey P, Bruno Z.
Adolescent pregnancy in Brazil: abortion is an option.
Int Fam Plann Perspect
FCO-9373

Bailey P, McCarraher D, Bassett S.
Partner violence: perspectives from Bolivian women and men.
Reprod Health Matters
FCO-9373

Cates W Jr.
Microbicide research: streamlining the process.
AIDS
FCO-600

Chen P, Zhou H.
On the nonparametric estimation of a distribution with interval-censored and truncated observations.
J Royal Stat Soc-B
FCO-9102

Cook L, Nanda K, Taylor D.
Randomized crossover trial comparing the eZ·on™ plastic condom and a latex condom.
Contraception
FCO-2070

Feldblum P, Kuyoh M, Bwayo J, Omari M, Ryan K, Tweedy K.
Female condom introduction and STI prevalence: results of a community intervention trial.
Lancet
FCO-5352

Feldblum P.
The power of information and contraceptive choice in a family planning setting in Mexico (letter).
Sex Transm Infect
FCO-5352

Glover L, Mauck C, Dominik R, Chen P.
Comparison of the effectiveness of Lea's Shield with historical data.
Contraception
FCO-9102

Hatzell T, Toroitich-Ruto C, Feldblum P, Norris A.
Social hurdles in female condom promotion: evidence from Kenya.
AIDS Educ Prev
FCO-9304

Homan R, Janowitz B, Bratt J, Katz K, Moreland S, West C.
Measuring the ability to pay for family planning services: a critical review of prior studies.
Stud Fam Plann
FCO-9304

Janowitz B, West C, Johnson L, Bratt J.
How do providers spend their time: implications for the costs of expanding reproductive health services.
Int Fam Plann Perspect
FCO-9304

Katz K, Stanback J, Johnson L, Carranza J, Omondi-Odhiambo.
Reasons for low IUD use in El Salvador and Kenya.
Int Fam Plann Perspect
FCO-9304

Mauck C, Callahan M, Weiner D, Archer D, Creinin M, Lai J.
Single and multiple exposure tolerance study of CS gel: results of a Phase I safety and colposcopy study.
Contraception
FCO-1609

Mauck C, Weiner D, Rountree W, Callahan M.
The association between diaphragm size, parity, and weight.
Contraception
FCO-9102

McCarraher D, Martin S, Bailey P.
Lifetime partner violence and reproductive health service utilization among women in the Altiplano region of Bolivia.
Am J Public Health
FCO-9373

Nazerali H, Barone M, Cardona A, Chen-Mok M, Dorflinger L, Sokal D.
Time to azoospermia after vasectomy.
Fertil Steril
FCO-2231

Perreira K, Bailey P, Bocaletti E, Hurtado E, Recinos S, Matute J.
Improving knowledge of obstetric complications through community-and-clinic-based education in Guatemala.
Mater Child Health J
FCO-1759

Petta C, Hays M, Brache V, Massai R, Alvarez-Sánchez R, Croxatto H, Hua Y, d'Arcangues C, Cook L, Bahamondes L.
Delayed first injection of the once-a-month injectable contraceptive Cyclofem®: Part II. Effects on cervical mucus.
Fertil Steril
FCO-2236

Ramos R, Orais V, Vilar E, Joanis C, Palmore S, Grey T.
Acceptability, use-effectiveness and service delivery requirements in the provision of diaphragms among a select group of Filipino women.
Adv Contracept
FCO-6006

Rivera R, Rountree W.
Analysis of client characteristics that may affect early discontinuation of Norplant implants.
Contraception
FCO-5352

Schwingl P, Visness C, Harper K, Brown S, Bisgrove E.
The effects of depot medroxyprogesterone acetate on bone mineral density in adolescents: results of a pilot study.
Lancet
FCO-6383

Schwingl P, Cox A, Visness C, Hogue C, Homan R, Rehle T, Saidel T.
Estimating the impact of increased barrier method use on reproductive health among contraceptors in the United States.
Am J Public Health
FCO-5216

Schwingl P, Visness C, Welsh M, Homan R, Rehle T, Saidel T.
Estimating the impact of contraceptive method mix on reproductive health in Kenya.
Int Fam Plann Perspect
FCO-5478

Schwingl P, Meirik O, Farley T.
WHO collaborative study of prostate cancer and vasectomy.
Lancet
FCO-5287

Stanback J, Johnson L, Grimes D.
Straight to the heart: lessons learned from IUD myths and misconceptions.
BMJ
FCO-9304

Stanback J, Qureshi Z, Janowitz B, Sekadde-Kigondu C.
The safety and feasibility of a pill carry-home strategy for non-menstruating family planning clients.
Stud Fam Plann
FCO-9304

Stanback J, Raymond E.
Inducing menses to rule out pregnancy in Africa.
Lancet
FCO-9304

Taylor D, Kupper L, Muller K.
Improved approximate confidence limits for the mean of a lognormal distribution.
Stat Med
FCO-9102

Thapa S, Karki D, Pant R.
Choice of male over female sterilization and preferred timing in Nepal.
Stud Fam Plann
FCO-7403

Waszak C, Wedderburn M, Douglas K, Culberthson C.
Reproductive health and psychological well-being of adolescents in three communities in Jamaica.
Int Fam Plann Perspect
FCO-1854 FCO-9304

Waszak C.
Status of mixed methods in psychology: examples from the Women's Studies Project. In: Tashakkori A, Teddlie C. Handbook of mixed methods in the social and behavioral sciences. Sage Publications.
FCO-6035

Waszak C, Tiedemann M.
The Health of Adolescent Refugees Project.
FCO-1840

Welsh M, Feldblum P, Kuyoh M, Mwarogo P.
Condom use in rural Kenya: lessons from a community intervention trial.
AIDS
FCO-5308

Wong E, Glover L, Chen P, Dominik R, Steiner M.
Longitudinal discrete data analysis of use of contraceptive barrier methods.
Contemp ObGyn
FCO-9102

SUBMITTED

Adair L, Guilkey D, Bisgrove E.
Effect of childbearing on Filipino women's labor force participation and earnings.
J Popul Econ
FCO-4002

Adu-Sarkodie Y, Steiner M, Attafuah J, Tweedy K.
Syndromic management of urethral discharge in Ghanaian pharmacies.
Sex Transm Infect
FCO-6487

Avila J, Wong E.
Husbands' roles in contraceptive use decision making in Cebu, Philippines.
Philipp Q Cult Soc
FCO-4020

Bailey P, Szaszdi J, Schieber B, Glover L.
Obstetric complications: does training TBAs make a difference?
Rev Panam Salud Publica
FCO-1702

Bailey P, Bocaletti E, Holland H.
Using hospital obstetric data to study referral patterns.
Soc Sci Med
FCO-1759

Bailey P, Bocaletti E, Garrios G, de Cross Y.
Monitoring changes in maternal health in Guatemala: indicators to measure utilization and quality of services.
Bull World Health Organ
FCO-1759

Ballagh S, Mauck C, Creinin M, Baker J, Archer D, Weiner D, Callahan M.
Estimated leakage of vaginal products.
AIDS
FCO-1609

Bratt J, Foreit J, Dayaratna V, Kress D, de Vargas T, Janowitz B.
Impact of price changes on demand for family planning and reproductive health services in Ecuador.
Health Policy Plann
FCO-9304

Brown S, Schwingl P, Visness C, Morrison C, Bright P, Sugarman J.
The effect of parental consent on adolescent recruitment/retention: 2 case studies.
J Adolesc Health
FCO-5383

Buchanan A, Camacho A, Bailey P.
The context of sexuality in El Alto, Bolivia: women's experiences.
Cult Health Sex
FCO-4406

Cates W Jr, Steiner M, Raymond E.
Dual vs. duel(ing) protection against unintended pregnancy and sexually transmitted infections: what is the best contraceptive approach?
Am J Public Health
FCO-5352

Chen P, Sen P.
Quality adjusted survival estimation with periodic observations.
Biometrics
FCO-9102

Cook L, Steiner M, Tweedy K.
Circumcision and condom failure (letter).
BMJ
FCO-2070

Cousins D, Gaines M, Bisgrove E, Schwingl P, Fortney J, Bonhomme M.
Use of hormonal contraceptives and risk of cervical carcinoma in situ.
Int J Epidemiol
FCO-5352

Dominik R, Zhou H, Cai J.
A statistical model for evaluation of barrier contraceptive efficacy.
Stat Med
FCO-9102

Ephross S, Schwingl P, Nabulsi A, McGuire A, White A, Hutchinson R, Burke G.
Past oral contraceptive use and carotid artery atherosclerosis: the Atherosclerosis Risk in Communities (ARIC) Study.
Epidemiology
FCO-6000

Feeney G, Thapa S, Sharma K.
One and one half centuries of demographic transition in Nepal.
Asia Pac Popul J
FCO-7403

Hays M, Irsula B, McMullen S, Feldblum P.
A comparison of three daily coital diary designs and a phone-in regimen.
Control Clin Trials
FCO-2234

Janowitz B, Chege J, Thompson A, Rutenberg N.
The cost effectiveness of reimbursement schemes for CBD workers: a case study of Tanzania.
Int Fam Plann Perspect
FCO-1753

Janowitz B, Johnson L, West C, Marangwanda C.
The costs of integrating syndromic management for STIs into Zimbabwe's family planning program.
Int Fam Plann Perspect
FCO-1753

Kafafi L, Waszak C, Abou-Taleb H, Pfannenschmidt S, Zanaty F.
Critical elements of quality of care in family planning programs: perspectives of women and men in Egypt.
Stud Fam Plann
FCO-1706

Katz K, Waszak C, Hieu D, Vinh D, Sokal D.
A lesson in contraceptive introduction: the case of quinacrine in Vietnam.
Int J Gynecol Obstet
FCO-1646

Magwaza S, Coetzee N, McGrory C, Friedland B, Popkin B.
Informed consent for family planning: an enforceable reproductive right.
J Am Med Womens Assoc
FCO-5238

Mson T, Foster S, Finlinson A, Joanis C.
Perspectives on vaginal microbicides among women with drug-related HIV risks: focus groups in three cities in the U.S. and Puerto Rico.
AIDS Educ Prev
FCO-5352

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FCO-1613

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FCO-N/A

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FCO-4420

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FCO-5901

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Fertil Steril
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FCO-9102

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FCO-4030

APPENDIX D

STAFF AND CONSULTANT

TRAVEL UNDERTAKEN, FY'00

October 1, 1999
through
September 30, 2000

INTERNATIONAL TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
AFRICA	CAMEROON	18/MAR/2000	31/MAR/2000	KELLEY RYAN
		TO MONITOR THE CONCEPTROL GEL AND STD STUDY. FCO 5396.		
AFRICA	CAMEROON	18/MAR/2000	31/MAR/2000	RONALD RODDY
		TO MONITOR THE CONCEPTROL GEL AND STD STUDY. FCO 5396.		
AFRICA	CAMEROON	22/JUL/2000	31/JUL/2000	KELLEY RYAN
		TO MONITOR THE CONCEPTROL GEL AND STD STUDY. FCO 5396.		
AFRICA	CAMEROON	22/JUL/2000	31/JUL/2000	RONALD RODDY
		TO MONITOR THE CONCEPTROL GEL AND STD STUDY. FCO 5396.		
AFRICA	ETHIOPIA	8/FEB/2000	20/FEB/2000	DOUGLAS NICHOLS
		TO FINALIZE AND CONDUCT WORKSHOP IN OPERATIONS RESEARCH METHODOLOGY FOR NGO PARTICIPANTS IN FHI/PATHFINDER "IMPROVEMENT AND EXPANSION OF REPRODUCTIVE HEALTH SERVICES" PROJECT. FCO 6485.		
AFRICA	ETHIOPIA	18/OCT/1999	22/OCT/1999	MICHAEL WELSH
		TRAVELED FROM KENYA TO ATTEND THE ANNUAL SCIENTIFIC MEETING OF THE ETHIOPIAN PUBLIC HEALTH ASSOCIATION. TO REVIEW ON-GOING ACTIVITIES. FCO 7097.		
AFRICA	ETHIOPIA	13/DEC/1999	15/DEC/1999	ASSEFA HAILEMARIAM
		TRAVELED WITHIN ETHIOPIA TO MONITOR THE PROGRESS OF THE SUBPROJECT "IMPROVEMENT AND EXPANSION OF FAMILY PLANNING SERVICES IN ETHIOPIA". FCO 6485.		
AFRICA	ETHIOPIA	7/FEB/2000	20/FEB/2000	RICK HOMAN
		TO ASSIST IN THE TEACHING OF THE "WORKSHOP ON PROGRAMMATIC AND OPERATIONS RESEARCH FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES IN ETHIOPIA". FCO 6485.		
AFRICA	ETHIOPIA	13/FEB/2000	19/FEB/2000	DENIS JACKSON
		TRAVELED FROM ENGLAND TO PARTICIPATE IN PROGRAMMATIC AND OPERATIONS RESEARCH TRAINING WORKSHOP. FCO 6485.		
AFRICA	ETHIOPIA	20/SEP/2000	24/SEP/2000	TARA NUTLEY
		TO WORK WITH PATHFINDER AND OUR IMPLEMENTING PARTNERS ON ISSUES REALTING TO MONITORING AND EVALUATION ACTIVITIES IN THE USAID FUNDED PROJECT. TO PLAN FOR THE IMPLEMENTATION OF THE VARIOUS OPERATIONS AND PROGRAMMATIC RESEARCH ACTIVITIES WITH PATHFINDER, COFAP, MOH AND USAID. FCO 7422 AND 6485.		

INTERNATIONAL TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
AFRICA	ETHIOPIA	24/MAY/2000	26/MAY/2000	ASSEFA HAILEMARIAM
		TRAVELED WITHIN ETHIOPIA TO MONITOR THE PROGRESS OF THE SUBPROJECT "IMPROVEMENT AND EXPANSION OF FAMILY PLANNING SERVICES IN ETHIOPIA". FCO 6485.		
AFRICA	GHANA	6/MAY/2000	23/MAY/2000	JOHN STANBACK
		TO CONDUCT TRAINING AND INITIATE DATA COLLECTION FOR SITUATION ANALYSIS STUDY COMPONENT OF GUIDELINE IMPACT PROJECT. FCO 9417.		
AFRICA	GHANA	27/AUG/2000	2/SEP/2000	JUDITH COLLINS
		TO MEET WITH USAID STAFF ON POTENTIAL OPERATIONS RESEARCH. FCO 7002.		
AFRICA	GUINEA	12/DEC/1999	19/DEC/1999	JUDITH COLLINS
		TO FOLLOW UP POSSIBLE TA DISCUSSIONS WITH MSH/USAID. FCO 7002.		
AFRICA	KENYA	20/JAN/2000	20/JAN/2000	BARBARA JANOWITZ
		TO PARTICIPATE IN A WORKSHOP FUNDED BY THE POLICY PROJECT ON COSTS AND FINANCING OF REPRODUCTIVE HEALTH CARE IN ANGLOPHONE AFRICA. FCO 9300.		
AFRICA	KENYA	4/FEB/2000	8/FEB/2000	DOUGLAS NICHOLS
		TO MEET WITH MIKE WELSH, FHI REGIONAL REPRESENTATIVE, AND POTENTIAL INVESTIGATOR FOR PROPOSED STUDY TO ACCESS FAMILY PLANNING DECISIONS MADE BY CLIENTS FOLLOWING THE DISCONTINUATION OF CBD SERVICES. FCO 9300 AND 9480.		
AFRICA	KENYA	20/FEB/2000	24/FEB/2000	DOUGLAS NICHOLS
		TO MEET WITH MIKE WELSH, FHI REGIONAL REPRESENTATIVE, AND POTENTIAL INVESTIGATOR FOR PROPOSED STUDY TO ACCESS FAMILY PLANNING DECISIONS MADE BY CLIENTS FOLLOWING THE DISCONTINUATION OF CBD SERVICES. FCO 9300 AND 9480.		
AFRICA	KENYA	3/MAR/2000	15/MAR/2000	THERESA HATZELL
		TO ASSIST WITH PREPARATIONS FOR THE LAUNCH OF THE STUDY OF MALE AND FEMALE CONDOM USE AMONG COMMERCIAL SEX WORKERS IN NAIROBI. FCO 9374 AND 9473.		
		AFRICA	KENYA	14/APR/2000 16/APR/2000 TARA NUTLEY
		TO WORK WITH THE REGIONAL OFFICE ON ADMINISTRATIVE AND PLANNING ISSUES RELATED TO THE OFFICE AND THE APHIA PROJECT. FCO 7096 AND 7404.		
AFRICA	KENYA	23/MAR/2000	3/APR/2000	PAM MCQUIDE
		TO DISSEMINATE THE RESULTS FOR THE STUDY "ABILITY AND WILLINGNESS TO PAY FOR FAMILY PLANNING SERVICES IN KENYA". FCO 9463.		

INTERNATIONAL TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
AFRICA	KENYA	28/APR/2000	14/MAY/2000	PAUL FELDBLUM
		TO PARTICIPATE IN THE INFORMATION DISSEMINATION MEETING ON THE RESULTS OF THE FEMALE CONDOM COMMUNITY INTERVENTION TRIAL. FCO 5308.		
AFRICA	KENYA	30/APR/2000	12/MAY/2000	THERESA HATZELL
		TO PARTICIPATE IN PREPARATIONS AND THE WORKSHOP FOR THE DISSEMINATION WORKSHOP ON THE FEMALE CONDOM COMMUNITY INTERVENTION TRIAL. TO PROVIDE TECHNICAL SUPPORT FOR ONGOING WORK ON THE STUDY OF MALE AND FEMALE CONDOM USE AMONG COMMERCIAL SEX WORKERS. FCO 5308, 9368, 9374 AND 9473.		
AFRICA	KENYA	19/AUG/2000	25/AUG/2000	KATHLEEN VAN DAMME
		TRAVELED FROM MADAGASCAR TO PREPARE FOR HER ROLE AS COORDINATOR OF THE MALE AND FEMALE CONDOM PROMOTION INITIATIVES AND STUDIES. TO MEET WITH THE FHI/NAIROBI FINANCIAL AND ADMINISTRATIVE STAFF TO LEARN HOW THEY MANAGE PROCEDURES FROM A FIELD OFFICE. FCO 9368.		
AFRICA	KENYA	11/SEP/2000	20/SEP/2000	TARA NUTLEY
		TO WORK WITH FHI/AFRO ON ADMINISTRATIVE AND BUDGETARY ISSUES FOR FY2001 AND ON THE MANAGEMENT OF FHI'S RESEARCH PROGRAM IN THE REGION. FCO 7096 AND 7404.		
AFRICA	MADAGASCAR	10/JUL/2000	22/JUL/2000	THERESA HATZELL
		TO MEET WITH COLLABORATORS AND PREPARE THE PROTOCOL FOR FEMALE CONDOM RESEARCH. FCO 9368.		
AFRICA	MALI	19/FEB/2000	1/MAR/2000	ELIZABETH ROBINSON
		TO PRESENT A PAPER ON DISSEMINATING HEALTH INFORMATION IN AFRICA USING INTERNET, CD-ROM AND DATABASE TECHNOLOGIES AT BAMAKO 2000, AN INTERNET CONFERENCE FOCUSING ON THE USE OF INTERNET FOR DEVELOPMENT IN WEST AFRICA. TO VISIT CERPOD, AMPPF CLINICS, NEWS MEDIA OUTLETS AND MOH TO EXPLORE INCREASED OPPORTUNITIES FOR COLLABORATION ON REPRODUCTIVE HEALTH INFORMATION DISSEMINATION. FCO 3205.		
AFRICA	NIGERIA	9/APR/2000	21/APR/2000	JUDITH COLLINS
		TO MEET WITH MISSION STAFF TO EXPLORE POSSIBLE TECHNICAL ASSISTANCE. TO WORK WITH WONCA AND IMPACT ON ADOLESCENT DAY FOR CONFERENCE IN SEPTEMBER. FCO 7002.		
AFRICA	NIGERIA	2/SEP/2000	10/SEP/2000	JUDITH COLLINS
		TO MEET WITH USAID AND FHI CONSULTANT ON POTENTIAL PROJECT DEVELOPMENT. TO ASSIST WITH THE FHI SPONSORED ADOLESCENT HEALTH DAY AT THE WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA) AFRICAN		

INTERNATIONAL TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
		REGIONAL CONFERENCE. FCO 7002.		
AFRICA	NIGERIA	2/SEP/2000	10/SEP/2000	D JANE SCHUELLER
		TO MEET WITH LOCAL NGO, FHI/NIGERIA AND USAID TO DISCUSS FHI REPRODUCTIVE HEALTH PROJECT. TO COORDINATE AND IMPLEMENT AN ADOLESCENT REPRODUCTIVE HEALTH WORKSHOP IN COORDINATION WITH THE WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA) AFRICA REGIONAL CONFERENCE. FCO 3215.		
AFRICA	NIGERIA	3/SEP/2000	10/SEP/2000	ERIN MCNEILL
		TO MEET WITH NGO'S AND DONOR AGENCIES ABOUT THE FHI EDINBURGH OFFICE. TO ATTEND THE WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA) AFRICA REGIONAL CONFERENCE AND FACILITATE THE ADOLESCENT REPRODUCTIVE HEALTH WORKSHOP. FCO 9995.		
AFRICA	SENEGAL	5/DEC/1999	12/DEC/1999	JUDITH COLLINS
		TO ATTEND DISSEMINATION SESSION ON FHI STUDY OF IMPROVING FLE PROGRAMS. TO CONTACT NEW USAID STAFF IN FP AND NEW MINISTERIAL STAFF. FCO 7002 AND 9453.		
AFRICA	SENEGAL	20/NOV/1999	2/DEC/1999	LIONEL BARTHELEMY
		TRAVELED FROM HAITI TO ATTEND THE FRAC CONFERENCE. FCO 7003.		
AFRICA	SENEGAL	21/JUL/2000	4/AUG/2000	JUDITH COLLINS
		TO ATTEND THE MAQ SUBCOMMITTEE PLANNING MEETING. TO MEET WITH MSH STAFF ON PROJECT PLANNING. TO MEET WITH USAID STAFF ON ONGOING POTENTIAL PROJECTS. FCO 7000 AND 7002.		
AFRICA	SENEGAL	21/JUL/2000	3/AUG/2000	FLORENCE CARAYON
		TO ASSIST HALLY MAHLER IN HER TRAINING. TO CO-FACILITATE THE TRAINING OF COMMUNITY-BASED NGO'S FOR THE FRONTIERS PROJECT AND REVISE THE PEER EDUCATION CURRICULUM. FCO 3011.		
AFRICA	SENEGAL	24/JUL/2000	28/JUL/2000	MADINA SANGARE
		TRAVELED FROM MALI TO ATTEND THE MAQ SUBCOMMITTEE PLANNING MEETING. FCO 9445.		
AFRICA	SENEGAL	23/JUL/2000	28/JUL/2000	DOUREIMA MAIGA
		TRAVELED FROM MALI TO ATTEND THE MAQ SUBCOMMITTEE PLANNING MEETING. FCO 9445.		
AFRICA	SOUTH AFRICA	8/OCT/1999	18/OCT/1999	CAROL JOANIS
		TO ATTEND MEETINGS TO DISCUSS THE FEMALE CONDOM RE-USE WORK AT THE REPRODUCTIVE HEALTH RESEARCH UNIT IN CHRIS HANI BARAGWANATH HOSPITAL. FCO 6384.		

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(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
AFRICA	SOUTH AFRICA	12/OCT/1999	16/OCT/1999	MICHAEL WELSH
		TRAVELED FROM KENYA TO PARTICIPATE IN A TECHNICAL MEETING TO REVIEW THE RESULTS OF RESEARCH ON THE FEMALE CONDOM IN SOUTH AFRICA WITH COLLEAGUES FROM RHRU, WHO, FHI AND THE FEMALE HEALTH COMPANY. TO MEET WITH USAID AND STAFF OF THE RHRU TO DISCUSS ON-GOING ACTIVITIES. FCO 7097.		
AFRICA	SOUTH AFRICA	15/JAN/2000	29/JAN/2000	TARA NUTLEY
		TO ATTEND AND PARTICIPATE IN THE NATIONAL ADOLESCENT AND FRIENDLY CLINIC INITIATIVE MEETING. TO MEET WITH USAID TO DISCUSS PROGRAMMING OF THE REMAINING FY00 FIELD SUPPORT FUNDS, WORK WITH COLLEAGUES AT THE RHRU TO DEVELOP AND DESIGN THE EXPANSION OF THE PILOT FEMALE CONDOM INSTRUCTION MONITORING AND EVALUATION PROJECT. TO MEET WITH DR. RACHEL JEWKES OF THE MRC CONCERNING THE HEALTH WORKER TRAINING IN DOMESTIC VIOLENCE PREVENTION AND DETECTION INITIATIVE. TO WORK WITH COLLEAGUES AT THE RHRU ON PHASE 2 OF THE PILOT FEMALE CONDOM INTRODUCTION MONITORING AND EVALUATION PROJECT. FCO 7002, 7416 AND 9470.		
AFRICA	SOUTH AFRICA	15/JAN/2000	28/JAN/2000	THERESA HATZELL
		TO PROVIDE TECHNICAL SUPPORT TO THE REPRODUCTIVE HEALTH RESEARCH UNIT FOR THE INITIATION OF PHASE II, NATIONAL INTRODUCTION OF THE FEMALE CONDOM IN SOUTH AFRICA MONITORING AND EVALUATION SYSTEM. FCO 9470.		
AFRICA	SOUTH AFRICA	3/MAR/2000	18/MAR/2000	THERESA HATZELL
		TO MONITOR DATA COLLECTION AND PROVIDE TECHNICAL ASSISTANCE FOR DATA ENTRY ON THE PHASE II FEMALE CONDOM STUDY. FCO 9470.		
AFRICA	SOUTH AFRICA	2/APR/2000	14/APR/2000	TARA NUTLEY
		TO ATTEND AND PARTICIPATE IN THE IAMANEH 7TH WORLD CONFERENCE 2000. FCO 7002. TO WORK WITH THE RHRU ON PHASE TWO OF THE FEMALE CONDOM PROJECT AND ON THE EXPANDING DUAL PROTECTION STRATEGIES PROJECT. FCO 7002, 7416, 9470 AND 9481.		
AFRICA	SOUTH AFRICA	10/MAY/2000	11/MAY/2000	FELICITY YOUNG
		TRAVELED WITHIN SOUTH AFRICA TO CONDUCT A VISIONING EXERCISE. THE TIMETABLE WILL INCLUDE A TEAM BRIEFING/ORIENTATION DAY UPON ARRIVAL, MEETINGS WITH STAKEHOLDERS AND STAFF AND OTHER FIELDWORK, REPORT PREPARATION TIME AND PRESENTATION OF A DRAFT REPORT TO PRESENT TO RHRU AND USAID. FCO 7419.		
AFRICA	SOUTH AFRICA	6/MAY/2000	23/MAY/2000	DOREEN ROSENTHAL
		TRAVELED FROM AUSTRALIA TO CONDUCT A VISIONING EXERCISE. THE TIMETABLE WILL INCLUDE A TEAM BRIEFING/ORIENTATION DAY UPON ARRIVAL, MEETINGS WITH STAKEHOLDERS AND STAFF AND OTHER FIELDWORK, REPORT PREPARATION TIME AND PRESENTATION OF A DRAFT REPORT TO PRESENT TO RHRU AND USAID. FCO 7419.		

INTERNATIONAL TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
AFRICA	SOUTH AFRICA	5/MAY/2000	20/MAY/2000	EBENEZER AKANDE
		TRAVELED FROM SWITZERLAND TO CONDUCT A VISIONING EXERCISE. THE TIMETABLE WILL INCLUDE A TEAM BRIEFING/ORIENTATION DAY UPON ARRIVAL, MEETINGS WITH STAKEHOLDERS AND STAFF AND OTHER FIELDWORK, REPORT PREPARATION TIME AND PRESENTATION OF A DRAFT REPORT TO PRESENT TO RHRU AND USAID. FCO 7419.		
AFRICA	SOUTH AFRICA	7/JUL/2000	17/JUL/2000	TARA NUTLEY
		TO ATTEND THE XII INTERNATIONAL AIDS CONFERENCE. TO MEET WITH USAID TO DISCUSS ONGOING AND PLANNED PROJECTS. FCO 7002, 7416 AND 9481.		
AFRICA	UGANDA	4/NOV/1999	22/NOV/1999	ELIZABETH RAYMOND
		TO PLAN A STUDY OF INTRODUCTION OF EMERGENCY CONTRACEPTION IN UGANDA. FCO 2248.		
AFRICA	ZAMBIA	24/OCT/1999	4/NOV/1999	ROBERT RICE
		TO CONDUCT TRAINING FOR THE MODULE IMPACT-ASSESSMENT. FCO 3286.		
AFRICA	ZAMBIA	24/OCT/1999	4/NOV/1999	NINA FRANKEL
		TO CONDUCT TRAINING FOR THE MODULE IMPACT-ASSESSMENT. FCO 3210 AND 3286. TO ENTER DATA FOR IMPACT ASSESSMENT EVALUATION. FCO 9366.		
AFRICA	ZAMBIA	9/JAN/2000	21/JAN/2000	GENEVIEVE MWALE
		TRAVELED WITHIN ZAMBIA TO COLLECT DATA FOR THE CONTRACEPTIVE RE-SUPPLY AND WAITING TIME STUDY. FCO 9347.		
AFRICA	ZAMBIA	9/JAN/2000	21/JAN/2000	ETHEL MANGANI
		TRAVELED WITHIN ZAMBIA TO COLLECT DATA FOR THE CONTRACEPTIVE RE-SUPPLY AND WAITING TIME STUDY. FCO 9347.		
AFRICA	ZAMBIA	9/JUL/2000	19/JUL/2000	ETHEL MANGANI
		TRAVELED WITHIN ZAMBIA TO COLLECT DATA FOR THE CONTRACEPTIVE RE-SUPPLY AND WAITING TIME STUDY. FCO 9347.		
AFRICA	ZAMBIA	18/JUN/2000	2/JUL/2000	THOMAS GREY
		TO CONDUCT POST-TEST SURVEY AND INTERVIEWS FOR THE YOUNG ADULT REPRODUCTIVE HEALTH MODULE EVALUATION. FCO 9366.		
AFRICA	ZAMBIA	28/AUG/2000	30/AUG/2000	ETHEL MANGANI
		TRAVELED WITHIN ZAMBIA TO COLLECT DATA FOR THE CONTRACEPTIVE RE-SUPPLY AND WAITING TIME STUDY. FCO 9347.		

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FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
ASIA/NEAR EAST	BANGLADESH	16/FEB/2000	3/MAR/2000	JASON SMITH
		TO PROVIDE RESEARCH AND TECHNICAL SUPPORT TO THE BANGLADESH SOCIAL MARKETING COMPANY REGARDING THE " IMPACT OF FC AMONG BROTHEL-BASED SEX WORKERS" STUDY. FCO 9479.		
ASIA/NEAR EAST	BANGLADESH	27/JUL/2000	4/AUG/2000	JASON SMITH
		TO PROVIDE RESEARCH AND TECHNICAL ASSISTANCE TO THE BANGLADESH SOCIAL MARKETING COMPANY REGARDING THE "IMPACT OF FEMALE CONDOM INTRODUCTION AMONG BROTHEL-BASED SEX WORKERS" STUDY. FCO 9377.		
ASIA/NEAR EAST	CAMBODIA	29/NOV/1999	8/DEC/1999	BEVERLY TUCKER
		TO MEET WITH USAID, UNFPA AND OTHER IMPLEMENTING AGENCIES SUCH AS RACHA AND THE LOCAL IPPF AFFILIATE TO DISCUSS REPRODUCTIVE HEALTH NEEDS IN CAMBODIA. FCO 7001.		
ASIA/NEAR EAST	EGYPT	8/NOV/1999	18/NOV/1999	ELIZABETH TOLLEY
		TO CONDUCT A MONITORING VISIT FOR THE STUDY TO DETERMINE THE IMPACT OF MENSTRUAL CHANGES ON METHOD CONTINUATION. TO MEET WITH USAID AND MOHP OFFICIALS AND DETERMINE THEIR INTEREST IN AN INTERVENTION STUDY RELATED TO INFORMED CHOICE ISSUES. FCO 9351 AND 9360.		
ASIA/NEAR EAST	EGYPT	18/JUL/2000	28/JUL/2000	ELIZABETH TOLLEY
		TO MONITOR THE PROGRESS OF THE STUDY "IMPACT OF MENSTRUAL CHANGES ON METHOD CONTINUATION". FCO 9351.		
ASIA/NEAR EAST	GREECE	15/MAY/2000	23/MAY/2000	ELI CARTER
		TO ATTEND THE ISO TC 157 MEETING. FCO 8010.		
ASIA/NEAR EAST	INDIA	26/NOV/1999	10/DEC/1999	KIM BEST
		TO ACCEPT THE 1999 GLOBAL MEDIA AWARD FOR EXCELLENCE IN POPULATION REPORTING ON BEHALF OF NETWORK. SALARY ONLY. FCO 3202.		
ASIA/NEAR EAST	INDIA	20/FEB/2000	6/MAR/2000	MATTHEW TIEDEMANN
		TO MEET WITH USAID TO DISCUSS THE PROJECT AND OTHER POSSIBLE PROJECTS. TO MEET WITH FHI'S AIDS CONTROL OFFICE. FCO 7001.		
ASIA/NEAR EAST	JORDAN	18/JUL/2000	26/JUL/2000	ELI CARTER
		TO PROVIDE TECHNICAL ASSISTANCE TO THE MINISTRY OF HEALTH IN CONDOM EVALUATION. FCO 8011.		
ASIA/NEAR EAST	KOREA	7/JUN/2000	10/JUN/2000	SUSAN PALMORE
		TO FOLLOW UP ON THE WOMEN'S STUDIES PROJECT. FCO 3021.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
ASIA/NEAR EAST	NEPAL	11/JAN/2000	21/JAN/2000	RICK MCGIRT
		TO TRAIN THE STUDY COORDINATOR IN WEB-BASED DATA ENTRY. TO TRAIN STUDY DISTRICT LAB STAFF IN COLLABORATION WITH THE LAB SUPERVISOR. FCO 2241.		
ASIA/NEAR EAST	NEPAL	28/NOV/1999	3/DEC/1999	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO INITIATE THE PILOT PHASE OF THE VASECTOMY STUDY. FCO 2241.		
ASIA/NEAR EAST	NEPAL	10/DEC/1999	13/DEC/1999	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO MAKE ARRANGEMENTS FOR THE IMPLEMENTATION OF THE VASECTOMY STUDY. FCO 2241.		
ASIA/NEAR EAST		NEPAL	16/DEC/1999	19/DEC/1999 SHYAM THAPA
		TRAVELED WITHIN NEPAL TO VISIT THE STUDY SITE TO MAKE IMPLEMENTATION PLAN FOR THE VASECTOMY STUDY. FCO 2241.		
ASIA/NEAR EAST	NEPAL	26/DEC/1999	27/DEC/1999	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO DISCUSS THE CLIENTS TO BE FOLLOWED UP AND DEVELOP SCHEDULES FOR THE FIELD ACTIVITY WITH THE FIELD STAFF OF THE VASECTOMY STUDY. FCO 2241.		
ASIA/NEAR EAST	NEPAL	17/JAN/2000	29/JAN/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
ASIA/NEAR EAST	NEPAL	6/MAR/2000	18/MAR/2000	MATTHEW TIEDEMANN
		TO WORK WITH FHI'S RESIDENT ADVISOR ON ONGOING AND POTENTIAL PROJECTS. FCO 7403. TO FINALIZE A SUBAGREEMENT WITH BP MEMORIAL HEALTH FOUNDATION TO IMPLEMENT ADOLESCENT REPRODUCTIVE HEALTH ACTIVITIES. FCO 7414.		
ASIA/NEAR EAST	NEPAL	14/FEB/2000	20/FEB/2000	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO PARTICIPATE IN A REGIONAL WORKSHOP ON POPULATION AND PRESENT MATERIALS ON "POVERTY AND POPULATION IN NEPAL: THE ROLE OF FAMILY PLANNING". FCO 7403. TO MEET WITH THE VASECTOMY STUDY STAFF TO MAKE NECESSARY PREPARATIONS TO INITIATE THE FIELDWORK. FCO 2241.		
ASIA/NEAR EAST	NEPAL	2/APR/2000	16/APR/2000	BELINDA IRSULA
		TO MONITOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
ASIA/NEAR EAST	NEPAL	28/MAR/2000	2/APR/2000	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO PARTICIPATE AND PRESENT TWO PAPERS IN THE REGIONAL WORKSHOP ORGANIZED BY THE MINISTRY OF POPULATION AND ENVIRONMENT. TO OVERSEE THE PRETESTING OF THE NEPAL ADOLESCENT AND YOUNG ADULT SURVEY QUESTIONNAIRE. FCO 7414.		
ASIA/NEAR EAST	NEPAL	20/MAY/2000	5/JUN/2000	ROBERT RICE
		TO ATTEND AND PARTICIPATE IN THE WHO AND SEARO-SPONSORED MEETING "INTERCOUNTRY MEETING ON INTRODUCING THE DAU PROCESS, A STRATEGY TO DISSEMINATE, ADAPT AND UTILIZE TECHNICAL DOCUMENTS". TO ASSIST WITH THE FHI HOSTED ONE-DAY MINI-UNIVERSITY AND A ONE-DAY PRESENTERS WORKSHOP. FCO 3011 AND 3208.		
ASIA/NEAR EAST	NEPAL	23/MAY/2000	5/JUN/2000	SUSAN PALMORE
		TO ATTEND AND PARTICIPATE IN THE WHO AND SEARO-SPONSORED MEETING "INTERCOUNTRY MEETING ON INTRODUCING THE DAU PROCESS, A STRATEGY TO DISSEMINATE, ADAPT AND UTILIZE TECHNICAL DOCUMENTS". TO FACILITATE A ONE-DAY MINI-UNIVERSITY AND A ONE-DAY PRESENTER'S WORKSHOP. FCO 3021.		
ASIA/NEAR EAST	NEPAL	23/MAY/2000	3/JUN/2000	ROBERTO RIVERA
		TO ATTEND AND PARTICIPATE IN THE WHO AND SEARO-SPONSORED MEETING "INTERCOUNTRY MEETING ON INTRODUCING THE DAU PROCESS, A STRATEGY TO DISSEMINATE, ADAPT AND UTILIZE TECHNICAL DOCUMENTS". FCO 3021.		
ASIA/NEAR EAST	NEPAL	17/JUL/2000	8/AUG/2000	HANIF NAZERALI
		TO CONDUCT AN INTERIM MONITORING VISIT FOR THE STUDY "EVALUATION OF VASECTOMY SUCCESS - NEPAL". FCO 2241.		
ASIA/NEAR EAST	NEPAL	25/JUL/2000	28/JUL/2000	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO INITIATE FOLLOW-UP VISIT FOR IDENTIFIED VASECTOMY FAILURES IN THE NEPAL VASECTOMY STUDY. FCO 2241.		
ASIA/NEAR EAST	NEPAL	4/SEP/2000	18/SEP/2000	RICK MCGIRT
		TO PERFORM DATA MONITORING, SOURCE VERIFICATION AND STUDY CLOSEOUT. FCO 2241.		
ASIA/NEAR EAST	NEPAL	31/AUG/2000	20/SEP/2000	HANIF NAZERALI
		TO FACILITATE FOLLOW-UP VISITS PER THE STUDY PROTOCOL FOR THE STUDY "EVALUATION OF VASECTOMY SUCCESS". TO CONDUCT DATA MONITORING AND SOURCE VERIFICATION. TO REVIEW LABORATORY RESULTS AND QA DOCUMENTATION. TO PERFORM STUDY CLOSE-OUT. FCO 2241.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
ASIA/NEAR EAST	NEPAL	23/AUG/2000	27/AUG/2000	SHYAM THAPA
		TRAVELED WITHIN NEPAL TO MONITOR THE ONGOING NEPAL ADOLESCENT AND YOUNG ADULT SURVEY WORK IN THE DISTRICT. FCO 7412.		
ASIA/NEAR EAST	SRI LANKA	29/JAN/2000	3/FEB/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
ASIA/NEAR EAST	SRI LANKA	16/APR/2000	22/APR/2000	BELINDA IRSULA
		TO MONITOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
ASIA/NEAR EAST	THAILAND	7/NOV/1999	10/NOV/1999	SHYAM THAPA
		TRAVELED FROM NEPAL TO MEET WITH STAFF OF THE ASIAN INSTITUTE OF TECHNOLOGY TO DISCUSS THE SCOPE OF A TRAINING PROGRAM IN THE APPLICATION OF THE ADVANCED COURSES IN STATISTICAL PACKAGE FOR SOCIAL SCIENCES . FCO 7403, 7412 AND 2241.		
ASIA/NEAR EAST	THAILAND	3/MAR/2000	7/MAR/2000	JASON SMITH
		TO COORDINATE FHI-NC AND ARO ACTIVITIES IN BANGLADESH AND THE REGION. FCO 9479.		
ASIA/NEAR EAST	THAILAND	14/MAR/2000	20/MAR/2000	SHYAM THAPA
		TRAVELED FROM NEPAL TO ATTEND THE ASIAN YOUTH AND REPRODUCTIVE RISK RESEARCH WORKSHOP. FCO 7403.		
ASIA/NEAR EAST	THAILAND	5/JUN/2000	7/JUN/2000	ROBERT RICE
		TO MEET WITH FHI/BANGKOK STAFF TO DISCUSS PROJECTS AND OPPORTUNITIES FOR COLLABORATION ON PROJECTS. FCO 3011 AND 3208.		
ASIA/NEAR EAST	THAILAND	5/JUN/2000	7/JUN/2000	SUSAN PALMORE
		TO MEET WITH FHI/BANGKOK STAFF TO DISCUSS PROJECTS AND OPPORTUNITIES FOR COLLABORATION ON PROJECTS. FCO 3021.		
ASIA/NEAR EAST	TURKEY	15/APR/2000	21/APR/2000	KATHRYN YOUNT
		TRAVELED FROM SWITZERLAND TO PROVIDE TECHNICAL ASSISTANCE FOR THE DEVELOPMENT OF A RESEARCH PROPOSAL TO STUDY MALE PERCEPTIONS ON MALE CONTRACEPTIVE METHODS AND TO DISSEMINATE FINDINGS FROM A STUDY ON MALE AND FEMALE PERCEPTIONS TOWARD CONTRACEPTION. FCO 6034.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
EUROPE	ENGLAND	11/DEC/1999	14/DEC/1999	STEVE HAMEL
		TO PROVIDE TECHNICAL ASSISTANCE FOR USAID AND VISIT THE FEMALE HEALTH COMPANY. FCO 8017.		
EUROPE	ENGLAND	1/JUL/2000	9/JUL/2000	KENNETH SCHULZ
		TO PARTICIPATE IN THE 3RD SYMPOSIUM ON SYSTEMATIC REVIEWS: BEYOND BASICS. TO WORK WITH DOUG ALTMAN AND JON DEEKS AT IMS, UNIVERSITY OF OXFORD ON COCHRANE ANALYSIS. FCO 5206.		
EUROPE	FRANCE	17/FEB/2000	19/FEB/2000	ELIZABETH ROBINSON
		TO VISIT THE PARIS-BASED NEWS MEDIA COVERING REPRODUCTIVE HEALTH IN AFRICA TO PROMOTE COVERAGE OF FHI RESEARCH. FCO 3205.		
EUROPE	HUNGARY	22/SEP/2000	26/SEP/2000	AIDA CANCEL
		TO MEET WITH DR ZALANYI AT THE AZEGED MEDICAL UNIVERSITY TO DISCUSS THE RESULTS OF AN ANIMAL STUDY AND SOME PHASE I HUMAN DATA FROM A NEW METHOD OF VOLUNTARY TRANSCERVIAL TUBAL OCCLUSION. FCO 2000.		
EUROPE	ITALY	1/OCT/1999	8/OCT/1999	DAVID GRIMES
		TO ATTEND THE VII COCHRANE COLLOQUIUM AND PARTICIPATE IN THE EDITORIAL BOARD MEETING. FCO 5206.		
EUROPE	SCOTLAND	14/AUG/2000	19/AUG/2000	LANETA DORFLINGER
		TO ATTEND THE SIMPSON SYMPOSIUM XII: "FEMALE REPRODUCTION: MOLECULES FOR MEDICINE". FCO 9991.		
EUROPE	SCOTLAND	10/JUL/2000	12/JUL/2000	ERIN MCNEILL
		TRAVELED WITHIN SCOTLAND TO ATTEND THE 2000 PSYCHOLOGY OF WOMEN CONFERENCE. FCO 9995.		
EUROPE	SCOTLAND	16/AUG/2000	19/AUG/2000	ERIN MCNEILL
		TRAVELED WITHIN SCOTLAND TO ATTEND THE SIMPSON SYMPOSIUM XII "FEMALE REPRODUCTION: MOLECULES FOR MEDICINES". FCO 9995.		
EUROPE	SWITZERLAND	1/MAR/2000	2/MAR/2000	ELIZABETH ROBINSON
		TO MEET WITH STAFF AT WHO/HRP AND THE FAMILY PLANNING UNIT TO DISCUSS COLLABORATION ON VARIOUS INFORMATION DISSEMINATION AND JOINT PUBLICATION EFFORTS RELATED TO FHI REPRODUCTIVE HEALTH RESEARCH. FCO 3205.		
EUROPE	SWITZERLAND	15/NOV/1999	18/NOV/1999	JENNIFER SMITH
		TO MEET WITH DR. MONIR ISLAM AND MS. MAGGIE USHER CONCERNING THE COMPLETION OF THE POSTABORTION/POSTPARTUM FAMILY PLANNING DOCUMENT. FCO 3212.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
EUROPE	SWITZERLAND	5/MAR/2000	11/MAR/2000	ROBERTO RIVERA
		TO ATTEND THE WHO EXPERTS MEETING AND REVIEW THE MEDICAL ELIGIBILITY CRITERIA FOR CONTRACEPTIVE USE. FCO 3021.		
EUROPE	SWITZERLAND	2/JUN/2000	12/JUN/2000	CAROL JOANIS
		TO ATTEND AN EXPERTS MEETING ON THE SAFETY AND FEASIBILITY OF THE FEMALE CONDOM RE-USE SPONSORED BY WHO. FCO 6384.		
EUROPE	SWITZERLAND	20/JUN/2000	23/JUN/2000	WILLARD CATES
		TO ATTEND THE UNDP/UNFPA/WHO/WORLD BANK SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION MEETING OF THE POLICY AND COORDINATION COMMITTEE. TO ATTEND THE MEETINGS OF INTERESTED PARTIES FOR FAMILY AND COMMUNITY HEALTH CLUSTER: MAKING PREGNANCY SAFER AND HIV/AIDS. FCO 9990.		
EUROPE	SWITZERLAND	27/JUL/2000	28/JUL/2000	INA WARRINER
		TO BEGIN DUTIES AS TECHNICAL ASSISTANT AT WHO. FCO 6034.		
L. AMERICA	BOLIVIA	10/OCT/1999	17/OCT/1999	WILLIAM CONN
		TO MEET WITH USAID REPRESENTATIVES AND THE FHI RESIDENT ADVISOR TO PLAN FUTURE ACTIVITIES. FCO 7003.		
L. AMERICA	BOLIVIA	10/OCT/1999	17/OCT/1999	PATRICIA BAILEY
		TO MEET WITH USAID REPRESENTATIVES AND THE FHI RESIDENT ADVISOR TO PLAN FUTURE ACTIVITIES. FCO 9373.		
L. AMERICA	BOLIVIA	29/OCT/1999	30/OCT/1999	RENE PEREIRA
		TRAVELED WITHIN BOLIVIA TO PARTICIPATE IN THE DISSEMINATION WORKSHOP FOR THE STUDY "A PROSPECTIVE STUDY OF DMPA ACCEPTORS IN THE MINISTRY OF HEALTH AND SOCIAL WELFARE" CONDUCTED BY CARE/BOLIVIA AND FHI. FCO 7405.		
L. AMERICA	BOLIVIA	6/DEC/1999	9/DEC/1999	RENE PEREIRA
		TRAVELED WITHIN BOLIVIA TO ATTEND THE NATIONAL FORUM ON SEXUAL AND REPRODUCTIVE HEALTH. TO PRESENT FHI ACTIVITIES AND PARTICIPATE AT THE ROUND TABLE DISCUSSION. FCO 7405.		
L. AMERICA	BOLIVIA	19/MAR/2000	28/MAR/2000	DONNA MCCARRAHER
		TO HELP PREPARE THE FINAL PRESENTATION AND ATTEND THE FINAL DISSEMINATION MEETING FOR THE STUDY "BOLIVIA: DEPO-PROVERA PROVISION BY COMMUNITY BASED DISTRIBUTION WORKERS AND OTHER CIES CLINIC STAFF IN EL ALTO". FCO 9300.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	BRAZIL	25/OCT/1999	30/OCT/1999	ELI CARTER
		TO PARTICIPATE IN THE CONTRACEPTIVE QUALITY SEMINAR. FCO 8400.		
L. AMERICA	BRAZIL	14/MAR/2000	19/MAR/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	BRAZIL	14/MAR/2000	19/MAR/2000	MICHELE COMMINS
		TO CO-MONITOR AND ASSESS THE SENIOR CRA PERFORMANCE ON THE FIRST MONITORING VISIT FOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	BRAZIL	23/JUL/2000	29/JUL/2000	CARLOS GOMEZ
		TO MONITOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	ECUADOR	6/FEB/2000	11/FEB/2000	JOHN BRATT
		TO ASSIST IN FINANCIAL ANALYSIS OF THE SOCIAL MARKETING PROGRAM AND MONITOR THE STUDY COMPARING FREQUENCY AND MAGNITUDE OF PRICE INCREASES. FCO 9474.		
L. AMERICA	EL SALVADOR	5/NOV/1999	13/NOV/1999	ROBERT RICE
		TO ASSIST IN THE FACILITATION OF THE 8 HOUR PRE-CONGRESS EVENT THAT FHI IS SPONSORING. TO CO-FACILITATE THE PRESENTERS MEETING BEFORE THE PRE-CONGRESS SESSION. TO DISSEMINATE EDUCATIONAL AND SCIENTIFIC RESOURCE MATERIAL AT THE FHI EXHIBIT TABLE. TO MEET WITH USAID AND PRIME. FCO 3287.		
L. AMERICA	EL SALVADOR	5/NOV/1999	10/NOV/1999	WILLIAM CONN
		TO ASSIST IN THE FACILITATION OF THE 8 HOUR PRE-CONGRESS EVENT THAT FHI IS SPONSORING. TO CO-FACILITATE THE PRESENTERS MEETING BEFORE THE PRE-CONGRESS SESSION. TO DISSEMINATE EDUCATIONAL AND SCIENTIFIC RESOURCE MATERIAL AT THE FHI EXHIBIT TABLE. TO CO-FACILITATE, WITH A LOCAL INVESTIGATOR, THE DISSEMINATION OF THE RESULTS OF THE IUD STUDY IN A SERIES OF WORKSHOPS. TO MEET WITH USAID AND PRIME. FCO 7003.		
L. AMERICA	EL SALVADOR	5/NOV/1999	11/NOV/1999	GLORIA ALVARADO
		TRAVELED FROM MEXICO TO BE AN EXPERT PRESENTER AT THE 8-HOUR PRE-CONGRESS EVENT SPONSORED BY FHI. TO CO-FACILITATE THE PRESENTERS MEETING BEFORE THE PRE-CONGRESS SESSION. FCO 3287.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	EL SALVADOR	6/NOV/1999	12/NOV/1999	JORGE ARIAS
		TRAVELED FROM GUATEMALA TO CO-FACILITATE THE PRESENTERS MEETING AND BE AN EXPERT PRESENTER AT THE PRE-CONGRESS EVENT AT THE FLASOG MEETING. FCO 3287.		
L. AMERICA	EL SALVADOR	5/NOV/1999	10/NOV/1999	ROBERTO RIVERA
		TO SERVE AS THE COURSE DIRECTOR AND EXPERT PRESENTER AT THE 8-HOUR PRE-CONGRESS EVENT SPONSORED BY FHI. TO CO-FACILITATE THE PRESENTERS MEETING BEFORE THE PRE-CONGRESS SESSION. TO FACILITATE A ROUND TABLE DISCUSSION ON "MECHANISM OF ACTION". TO FACILITATE A "BREAKFAST WITH THE EXPERTS" EVENT ON "ADVANCES IN HORMONAL CONTRACEPTIVES". FCO 3287.		
L. AMERICA	EL SALVADOR	23/FEB/2000	27/FEB/2000	ANA ORONOZ
		TO MEET WITH REPRESENTATIVES OF THE INSTITUTIONS THAT PARTICIPATED IN THE AUGUST FAMILY PLANNING GUIDELINES DISSEMINATION WORKSHOPS. TO ASSESS THE PROGRESS OF THE DISSEMINATION PROCESS AND PLAN NEXT STEPS. TO MEET WITH KEY PEOPLE TO DISCUSS THE FINAL REPORT OF THE IUD RESEARCH STUDY AND COORDINATE DISSEMINATION OF THE RESULTS. TO MEET WITH THE EL SALVADOR MISSION. FCO 3422 AND 3423.		
L. AMERICA	EL SALVADOR	21/FEB/2000	27/FEB/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	EL SALVADOR	23/FEB/2000	26/FEB/2000	GLORIA ALVARADO
		TRAVELED FROM MEXICO TO PROVIDE TECHNICAL ASSISTANCE TO THE NATIONAL GUIDELINES DISSEMINATION PROJECT WITH THE MINISTRY OF HEALTH AND OTHER LOCAL ORGANIZATIONS. FCO 7420.		
L. AMERICA	EL SALVADOR	23/FEB/2000	26/FEB/2000	ROGER LARA
		TRAVELED FROM MEXICO TO PROVIDE TECHNICAL ASSISTANCE TO THE NATIONAL GUIDELINES DISSEMINATION PROJECT WITH THE MINISTRY OF HEALTH AND OTHER LOCAL ORGANIZATIONS. FCO 7420.		
L. AMERICA	EL SALVADOR	9/APR/2000	11/APR/2000	ANA ORONOZ
		TO FACILITATE FOLLOW-UP MEETING WITH KEY PEOPLE TO DISCUSS THE FINAL STRATEGY FOR THE RE-INTRODUCTION OF THE IUD IN THE COUNTRY. TO FOLLOW-UP ON LAST FAMILY PLANNING GUIDELINES MEETING OUTCOMES. TO MEET WITH THE EL SALVADOR MISSION. FCO 3423.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	EL SALVADOR	10/JUN/2000	13/JUN/2000	WILLIAM CONN
		TO MEET WITH USAID REPRESENTATIVES TO DISCUSS FUNDING AND UPCOMING ACTIVITIES. FCO 7003.		
L. AMERICA	EL SALVADOR	16/JUL/2000	23/JUL/2000	CARLOS GOMEZ
		TO MONITOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	GUATEMALA	7/MAY/2000	12/MAY/2000	ROBERTO RIVERA
		TO PARTICIPATE IN THE MAQ EXCHANGE. FCO 3021.		
L. AMERICA	GUATEMALA	15/MAY/2000	17/MAY/2000	WILLIAM CONN
		TO MEET WITH USAID TO DISCUSS FUTURE PROGRAMS. TO MEET WITH APROFRAM AND OTHER NGO'S WORKING IN DOMESTIC VIOLENCE AND REPRODUCTIVE HEALTH PROGRAMS. FCO 7003.		
L. AMERICA	GUATEMALA	22/JUL/2000	29/JUL/2000	ANA ORONOZ
		TO FACILITATE A WORKSHOP ON PRESENTATION SKILLS TO 30 GUATEMALAN HEALTH CARE PROVIDERS. TO MEET WITH USAID/GUATEMALA REGARDING FUTURE ACTIVITIES. FCO 3425.		
L. AMERICA	GUATEMALA	22/JUL/2000	1/AUG/2000	ROBERT RICE
		TO FACILITATE A WORKSHOP ON PRESENTATION SKILLS TO 30 GUATEMALAN HEALTH CARE PROVIDERS. TO MEET WITH USAID/GUATEMALA REGARDING FUTURE ACTIVITIES. FCO 3425.		
L. AMERICA	GUATEMALA	27/AUG/2000	30/AUG/2000	ROBERTO RIVERA
		TO HELP FACILITATE A TECHNICAL TRAINING IN CONTRACEPTION FOR GUATEMALAN PHYSICIANS AT APROFAM CLINICS. FCO 3425.		
L. AMERICA	GUATEMALA	27/AUG/2000	1/SEP/2000	WILLIAM CONN
		TO HELP FACILITATE A TECHNICAL TRAINING IN CONTRACEPTION FOR GUATEMALAN PHYSICIANS AT APROFAM CLINICS. FCO 3425. TO MEET WITH USAID REPRESENTATIVES AND AGMM TO DISCUSS FUTURE COLLABORATING AND NEW POSSIBLE PROJECTS IN THE AREA. FCO 7003.		
L. AMERICA	GUATEMALA	27/AUG/2000	30/AUG/2000	GLORIA ALVARADO
		TRAVELED FROM MEXICO TO HELP FACILITATE A TECHNICAL TRAINING IN CONTRACEPTION FOR GUATEMALAN PHYSICIANS. FCO 3425.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	HAITI	11/OCT/1999	19/OCT/1999	PAM MCQUIDE
		TO DISSEMINATE THE REPORT TO THE MINISTRY OF HEALTH ON THE QUALITY OF MOBILE UNIT SERVICES IN HAITI. TO DEVELOP THE PROTOCOL AND INSTRUMENTS FOR THE PRE AND POST TRAINING ASSESSMENT OF PROVIDER KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING DELIVERY OF FAMILY PLANNING SERVICES. FCO 9569 AND 9475.		
L. AMERICA	HAITI	14/NOV/1999	19/NOV/1999	JUDITH COLLINS
		TO REVIEW ACTIVITIES WITH USAID. FCO 7003. TO ASSIST HSR WITH DISSEMINATION OF REPRODUCTIVE HEALTH TRAINING MATERIALS. FCO 9475.		
L. AMERICA	HAITI	14/NOV/1999	19/NOV/1999	PAM MCQUIDE
		TO DISSEMINATE RESULTS OF THE MOBILE UNIT STUDY AND PARTICIPATE IN THE QUALITY OF CARE WORKSHOP IN KALIKO. TO REVISE THE PROTOCOL AND INSTRUMENTS FOR THE BASELINE EVALUATION. TO PLAN INTERVIEWER TRAINING WORKSHOP AND PRETEST THE INSTRUMENTS. FCO 9469 AND 9475.		
L. AMERICA	HAITI	6/FEB/2000	11/FEB/2000	JUDITH COLLINS
		TO MEET WITH USAID ON POSSIBLE FIELD SUPPORT PROJECT AND FOLLOW UP ON THE MOBILE SERVICE SYSTEM. TO EXPLORE DEVELOPMENT OF YOUNG MALES AND VIOLENCE PROJECT. FCO 7003 AND 7418.		
L. AMERICA	HAITI	10/APR/2000	14/APR/2000	PAM MCQUIDE
		TO REVISE THE FINAL INSTRUMENTS TO BE USED IN THE STUDIES "REPRODUCTIVE HEALTH IN-SERVICE TRAINING: EVALUATION" AND "IUD ACCEPTABILITY STUDY". TO PLAN THE TRAINING WORKSHOP AND PRE-TEST INSTRUMENTS. TO FINALIZE PLANS FOR DATA COLLECTION AND FIELD WORK. FCO 9475 AND 9477.		
L. AMERICA	HAITI	1/JUN/2000	20/JUN/2000	PAM MCQUIDE
		TO PARTICIPATE WITH IN-COUNTRY RESEARCH ORGANIZATION TO CONDUCT THE INTERVIEWER TRAINING AND TO PRETEST THE INSTRUMENTS FOR BOTH STUDIES. TO MAKE FINAL ARRANGEMENTS FOR FIELD WORK AND TO SUPERVISE COLLECTION OF DATA IN FIELD. FCO 9477 AND 9475.		
L. AMERICA	HAITI	18/JUN/2000	24/JUN/2000	JUDITH COLLINS
		TO WORK ON PROJECT PLANS FOR UPCOMING YEAR WITH COORDINATOR. TO MEET WITH USAID, MSH, UNFPA AND MINISTRY TO ENSURE COORDINATION WITH THE ACTIVITIES OF OTHER AGENCIES. FCO 7003 AND 7418.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	HAITI	18/JUN/2000	23/JUN/2000	FLORENCE CARAYON
		TO ASSIST JUDITH COLLINS IN WORKING ON PROJECT PLANS FOR THE UPCOMING YEAR. TO MEET WITH USAID AND MINISTRY TO ENSURE COORDINATION WITH THE ACTIVITIES OF OTHER AGENCIES. FCO 3421.		
L. AMERICA	JAMAICA	14/OCT/1999	20/OCT/1999	KAREN KATZ
		TO WORK WITH ISER TO REVIEW DATA ANALYSIS AND REPORT WRITING FOR CLIENT PERSPECTIVE STUDY. TO IDENTIFY IMPLEMENTING AGENCY FOR STUDY ON "QUALITY OF INFORMATION FOR OTC OC CLIENTS". FCO 9363 AND 9454.		
L. AMERICA	JAMAICA	4/OCT/1999	20/OCT/1999	CAROLINE WEST
		TO BEGIN DATA COLLECTION FOR THE VIBES ADOLESCENT FLE STUDY. TO DISCUSS THE "QUALITY INFORMATION FOR OTC OC CLIENTS" STUDY WITH POTENTIAL IMPLEMENTING AGENCIES IN JAMAICA. FCO 9363, 9454 AND 9476.		
L. AMERICA	JAMAICA	12/OCT/1999	24/OCT/1999	HALLY MAHLER
		TO WORK WITH THE ASHE ENSEMBLE AND THE MINISTRY OF EDUCATION GUIDANCE COUNSELOR UNIT TO PLAN AND IMPLEMENT A TRAINING WORKSHOP FOR 40 MOE GUIDANCE COUNSELORS. FCO 3420 AND 3421.		
L. AMERICA	JAMAICA	16/NOV/1999	22/NOV/1999	HALLY MAHLER
		TO HELP ORGANIZE AND ATTEND THE OFFICIAL LAUNCHING OF THE "PREPARING FOR THE VIBES IN THE WORLD OF SEXUALITY" TEACHING KIT. FCO 3419.		
L. AMERICA	JAMAICA	17/NOV/1999	20/NOV/1999	JOANN LEWIS
		TO REPRESENT FHI AT THE LAUNCHING OF THE ASHE MANUAL. FCO 9995.		
L. AMERICA	JAMAICA	1/FEB/2000	13/FEB/2000	HALLY MAHLER
		TO ATTEND THE ADOLESCENT REPRODUCTIVE HEALTH COOPERATIVE AGENCIES MEETING. SALARY ONLY. FCO 9995. TO CONDUCT MONITORING VISITS FOR THE TOT PROJECT. FCO 3418.		
L. AMERICA	JAMAICA	2/FEB/2000	11/FEB/2000	CAROLINE WEST
		TO COORDINATE DATA COLLECTION FOR THE VIBES FLE TRAINING EVALUATION. FCO 9375. TO HOLD MEETINGS WITH LOCAL ORGANIZATIONS REGARDING THE OTC PILL PROVISION PROJECT. FCO 9363.		
L. AMERICA	JAMAICA	6/APR/2000	16/APR/2000	HALLY MAHLER
		TO PARTICIPATE IN THE NEEDS ASSESSMENT FOR THE PARENT'S PROJECT. TO CONDUCT SUPERVISION AND MONITORING VISITS FOR THE MOE PROGRAM. FCO 3420.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	JAMAICA	6/APR/2000	14/APR/2000	D JANE SCHUELLER
		TO PARTICIPATE IN THE NEEDS ASSESSMENT FOR THE PARENT'S PROJECT. TO CONDUCT SUPERVISION AND MONITORING VISITS FOR THE MOE PROGRAM. FCO 3419.		
L. AMERICA	JAMAICA	1/MAY/2000	8/MAY/2000	NINA FRANKEL
		TO FIELD TEST THE NEW "AFTER PREGNANCY" MODULE. TO FIELD TEST THE DRAFT OF THE ADOLESCENT HANDBOOK AND MEET WITH REPRESENTATIVES OF ASHE TO DISCUSS THE PARENT'S GUIDE. FCO 3210, 3276 AND 3419.		
L. AMERICA	JAMAICA	4/JUN/2000	13/JUN/2000	HALLY MAHLER
		TO PARTICIPATE IN SEXPO AND THE GRADUATION OF MOE GUIDANCE COUNSELORS AND PRETEST THE PARENT'S CURRICULUM. FCO 3420 AND 3418.		
L. AMERICA	JAMAICA	9/JUN/2000	12/JUN/2000	JOANN LEWIS
		TO PARTICIPATE IN SEXPO AND THE GRADUATION OF MOE GUIDANCE COUNSELORS. FCO 9995.		
L. AMERICA	JAMAICA	5/JUN/2000	15/JUN/2000	CAROLINE WEST
		TO BEGIN THE 2ND ROUND OF DATA COLLECTION FOR THE "VIBES" EVALUATION. TO DEVELOP THE "APPOINTMENT SYSTEM PILOT STUDY". FCO 9300 AND 9375.		
L. AMERICA	JAMAICA	9/JUL/2000	14/JUL/2000	D JANE SCHUELLER
		TO MONITOR THE VIBES PARENTS PROJECT WITH THE ASHE CENTER AND THE NFPB. TO WORK WITH THE ASHE CENTER ON FINALIZING THE VIDEO SCRIPT FOR THE PARENTS PROJECT. TO MONITOR OTHER ADOLESCENT PROJECTS FHI IS WORKING ON IN JAMAICA WITH ASHE AND THE MOE. FCO 3424.		
L. AMERICA	JAMAICA	2/AUG/2000	13/AUG/2000	DAWN CHIN QUEE
		TO MEET WITH THE DIRECTOR OF HOPE ENTERPRISES, STAFF FROM THE PHARMACEUTICAL SOCIETY AND THE PHARMACEUTICAL DIVISION OF THE MOH TO INITIATE THE STUDY OF OVER-THE-COUNTER DISTRIBUTION OF ORAL CONTRACEPTIVES. FCO 9363.		
L. AMERICA	JAMAICA	22/AUG/2000	25/AUG/2000	HALLY MAHLER
		TO MONITOR AND SUPERVISE ONGOING JAMAICA VIBES ACTIVITIES. FCO 3424.		
L. AMERICA	MEXICO	18/JUN/2000	29/JUN/2000	BELINDA IRSULA
		TO MONITOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES." FCO 2239.		
		TO PREPARE FOR THE OBSERVATIONAL VASECTOMY SUCCESS STUDY. FCO 2241.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	MEXICO	18/JUN/2000	24/JUN/2000	CARLOS GOMEZ
		TO MONITOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	MEXICO	14/JUN/2000	19/JUN/2000	ANA ORONOZ
		TO MEET AND DEVELOP A CURRICULUM FOR IUD TRAINING FOR PROVIDERS AND NURSES. THE CURRICULUM WILL BE USED IN OUR IUD REINTRODUCTION EFFORT IN EL SALVADOR. FCO 3423.		
L. AMERICA	MEXICO	13/JUN/2000	18/JUN/2000	ROBERTO RIVERA
		TO PARTICIPATE IN THE ACADEMY OF RESEARCH IN REPRODUCTIVE BIOLOGY 25TH ANNUAL MEETING. FCO 7420.		
L. AMERICA	MEXICO	25/JUN/2000	30/JUN/2000	ALAN SPRUYT
		TO PLAN FOR THE SAMPLING FRAME AND IMPLEMENTATION OF THE EVALUATION OF VASECTOMY OUTCOMES IN MEXICO. FCO 2241.		
L. AMERICA	MEXICO	19/JUL/2000	26/JUL/2000	KIMBALL POMEROY
		TO EVALUATE LABORATORY FACILITIES AND TRAIN LAB SUPERVISOR FOR THE PROJECT "EVALUATION OF VASECTOMY SUCCESS". FCO 2241.		
L. AMERICA	MEXICO	18/SEP/2000	29/SEP/2000	BELINDA IRSULA
		TO MONITOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	MEXICO	24/SEP/2000	29/SEP/2000	RICHARD DUKES
		TO MONITOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	NICARAGUA	27/FEB/2000	3/MAR/2000	WILLIAM CONN
		TO ATTEND A WORKSHOP ON DOMESTIC VIOLENCE FOR MEN CONDUCTED BY CANTERA, A LOCAL NGO. HE WILL HELP THEM PLAN ON MATERIALS, DEVELOPMENT AND WORKSHOP EXPANSION IN THE REGION. FCO 7003.		
L. AMERICA	NICARAGUA	16/JUN/2000	20/JUN/2000	ALAN SPRUYT
		TO ASSIST FUNDACION XOCHIQUETZAL WITH DISSEMINATION OF THE RESULTS OF THE BEHAVIORAL SURVEILLANCE SURVEY. FCO 9376.		
L. AMERICA	PANAMA	15/FEB/2000	21/FEB/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
L. AMERICA	PANAMA	24/JUN/2000	1/JUL/2000	CARLOS GOMEZ
		TO MONITOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
L. AMERICA	PARAGUAY	29/OCT/1999	12/NOV/1999	DAWN CHIN QUEE
		TO OVERSEE TRAINING AND PRETESTING FOR FINAL DATA COLLECTION PHASE OF IMPACT OF GUIDELINES DISSEMINATION STUDY. FCO 9354.		
L. AMERICA	PARAGUAY	22/APR/2000	1/MAY/2000	DAWN CHIN QUEE
		TO MEET WITH BASIS TO OVERSEE THE FINAL PHASE OF DATA COLLECTION AND MEET WITH THE MINISTRY OF HEALTH AND USAID/PARAGUAY STAFF. FCO 9354.		
L. AMERICA	PERU	7/FEB/2000	11/FEB/2000	RENE PEREIRA
		TRAVELED FROM BOLIVIA TO EVALUATE THE PROGRESS ACHIEVED IN THE REGION SINCE THE 7TH REGIONAL REUNION AND 4TH WORLD CONFERENCE REGARDING WOMEN'S HEALTH HELD IN BEIJING IN 1995. TO PROPOSE RECOMMENDATIONS TO EASE AND ADVANCE THE PROGRESS OF CHANGE IN REGARDS TO THE STATUS OF THE WOMEN IN ACCORDANCE WITH THE PROVISIONS OF THE REGIONAL PROGRAM OF ACTION, WOMEN OF LATIN AMERICA AND THE CARIBBEAN, 1995-2001. FCO 9373.		
L. AMERICA	ST. KITTS, NEVIS ANGUIL	18/AUG/2000	22/AUG/2000	HALLY MAHLER
		TO WORK ON THE JAMAICA PROJECTS WITH ASHE. FCO 3420.		
N.AMERICA	CANADA	16/APR/2000	19/APR/2000	WES ROUNTREE
		TO ATTEND THE SOCIETY FOR CLINICAL TRIALS 21ST ANNUAL MEETING. FCO 9100.		
N.AMERICA	CANADA	18/JUN/2000	21/JUN/2000	ELI CARTER
		TO ATTEND THE ASTM MEETING. FCO 8010.		
N.AMERICA	USA	24/OCT/1999	6/NOV/1999	ERIN MCNEILL
		TRAVELED FROM ENGLAND TO MEET WITH FHI MANAGEMENT AND STAFF REGARDING A VARIETY OF TOPICS INCLUDING FHI EUROPE AND THE QUALITATIVE METHODS GUIDE. FCO 9991, 9995 AND 9998.		
N.AMERICA	USA	28/OCT/1999	31/OCT/1999	ERIN MCNEILL
		TO WORK ON THE QUALITATIVE METHODS GUIDE. FCO 9998.		
N.AMERICA	USA	1/NOV/1999	8/NOV/1999	CYNTHIA WASZAK
		TO FINALIZE THE QUESTIONNAIRE FOR THE NEPAL ADOLESCENT AND YOUNG ADULT SURVEY. FCO 7412.		
N.AMERICA	USA	18/OCT/1999	1/NOV/1999	SHYAM THAPA
		TRAVELED FROM NEPAL TO CONSULT WITH HEADQUARTERS STAFF ON VARIOUS ISSUES AND ALSO TO BREIF THEM ON NEPAL'S POPULATION AND FAMILY PLANNING PROGRAMS. FCO 7403, 7412, AND 2241.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
N.AMERICA	USA	1/NOV/1999	6/NOV/1999	SHYAM THAPA
		TRAVELED FROM NEPAL TO WORK ON THE QUESTIONNAIRE FOR THE NEPAL ADOLESCENT AND YOUNG ADULT (NAYA) STUDY AT THE EAST-WEST CENTER AND DISCUSS ROLES AND RESPONSIBILITIES. FCO 7403, 7412 AND 2241.		
N.AMERICA	USA	28/NOV/1999	30/NOV/1999	HELEN RANDERAREES
		TRAVELED FROM SOUTH AFRICA TO CONDUCT A STUDY TOUR OF DEPARTMENTS OF PUBLIC HEALTH AND MEDICINE AT HARVARD UNIVERSITY. FCO 7419.		
N.AMERICA	USA	30/NOV/1999	1/DEC/1999	HELEN RANDERAREES
		TRAVELED FROM SOUTH AFRICA TO CONDUCT A STUDY TOUR OF DEPARTMENTS OF PUBLIC HEALTH AND MEDICINE AT COLUMBIA UNIVERSITY. FCO 7419.		
N.AMERICA	USA	1/DEC/1999	4/DEC/1999	HELEN RANDERAREES
		TRAVELED FROM SOUTH AFRICA TO CONDUCT A STUDY TOUR OF DEPARTMENTS OF PUBLIC HEALTH AND MEDICINE AT JOHNS HOPKINS UNIVERSITY. FCO 7419.		
N.AMERICA	USA	20/DEC/1999	24/DEC/1999	LOUIS MARIE BOULOS
		TRAVELED FROM HAITI TO DEVELOP THE IUD STUDY AND POST-TRAINING EVALUATION. TO PLAN THE INTERVIEWER AND DATA COLLECTION SCHEDULE. FCO 9475 AND 9477.		
N.AMERICA	USA	8/JAN/2000	19/JAN/2000	MICHAEL WELSH
		TRAVELED FROM KENYA TO VISIT FHI AND MEET WITH STAFF. FCO 7096.		
N.AMERICA	USA	1/MAR/2000	18/MAR/2000	ERIN MCNEILL
		TRAVELED FROM SCOTLAND TO ATTEND THE BEIJING PLUS 5 PREPCOM MEETING AT THE U.N. FCO 9995 AND 9998.		
N.AMERICA	USA	21/MAY/2000	23/MAY/2000	HELEN RANDERAREES
		TRAVELED FROM SOUTH AFRICA TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
N.AMERICA	USA	21/MAY/2000	23/MAY/2000	CARLOS PETTA
		TRAVELED FROM BRAZIL TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
N.AMERICA	USA	8/APR/2000	11/APR/2000	CARLOS PETTA
		TRAVELED FROM BRAZIL TO ATTEND THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
N.AMERICA	USA	20/APR/2000	1/MAY/2000	JOSEPH ROBINSON
		TRAVELED FROM JAMAICA TO WORK WITH FHI ON THE PARENT'S CURRICULUM. FCO 3419.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
N.AMERICA	USA	8/MAY/2000	10/MAY/2000	NINA FRANKEL
		TO ATTEND THE SEMI-ANNUAL MEETING OF THE RHMWG. FCO 3210.		
N.AMERICA	USA	8/JUN/2000	9/JUN/2000	JOANN LEWIS
		TO MEET WITH STAFF AT MANAGEMENT SCIENCES FOR HEALTH TO PLAN FOR THE AFRICA REPRODUCTIVE HEALTH RFP ORALS. FCO 9995.		
N.AMERICA	USA	1/JUN/2000	10/JUN/2000	ERIN MCNEILL
		TRAVELED FROM SCOTLAND TO REPRESENT FHI AT THE BEIJING PLUS 5 PREP COM, NGO FORUM AND UN GENERAL ASSEMBLY. FCO 9373.		
N.AMERICA	USA	10/JUN/2000	13/JUN/2000	ERIN MCNEILL
		TRAVELED FROM SCOTLAND TO ATTEND THE CONDOM MEETING AT USAID/W. FCO 9995.		
N.AMERICA	USA	13/JUN/2000	21/JUN/2000	ERIN MCNEILL
		TRAVELED FROM SCOTLAND TO WORK WITH FHI STAFF ON QUALITATIVE MANUAL AND OTHER FHI PROJECTS. FCO 9995 AND 9998.		
N.AMERICA	USA	1/JUN/2000	10/JUN/2000	FLORENCE TADIAR
		TRAVELED FROM THE PHILIPPINES TO ATTEND THE 2ND BEIJING PLUS 5 PREPCOM MEETING AND THE U.N. GENERAL ASSEMBLY SPECIAL SESSION ON BEIJING PLUS 5. FCO 9373.		
N.AMERICA	USA	28/MAY/2000	27/AUG/2000	KARLENE TEMPLE
		TRAVELED FROM JAMAICA AS A FHI FELLOW TO WORK ON ADOLESCENT REPRODUCTIVE HEALTH PROJECTS, IN PARTICULAR, THE JAMAICA PARENTS MANUAL AND OTHER ONGOING PRU PROJECTS IN JAMAICA. SHE ALSO LEARNED NEW SKILLS IN AREAS RELATED TO TRAINING, POLICY, CURRICULUM DEVELOPMENT AND PROJECT DESIGN, IMPLEMENTATION AND EVALUATION. FCO 3419.		
N.AMERICA	USA	16/JUN/2000	10/AUG/2000	MICHAEL WELSH
		TRAVELED FROM KENYA TO MEET WITH FHI STAFF TO DISCUSS THE FHI/KENYA OFFICE. FCO 7096.		
N.AMERICA	USA	2/JUN/2000	10/AUG/2000	FAMILY WELSH
		TRAVELED FROM KENYA FOR ANNUAL HOME LEAVE. FCO 7096.		
N.AMERICA	USA	19/MAY/2000	2/JUN/2000	KATHRYN YOUNT
		TRAVELED FROM SWITZERLAND FOR RELOCATION AFTER COMPLETING WORK AT WHO AS TECHNICAL ASSISTANT. FCO 6034.		
N.AMERICA	USA	20/JUN/2000	21/JUN/2000	ELI CARTER
		TO MEET WITH USAID AND WILLIAM SCHELLESTEDE. FCO 8010.		
N.AMERICA	USA	20/JUL/2000	21/JUL/2000	HALLY MAHLER
		TO PRESENT THE JAMAICA PROJECT TO USAID/WASHINGTON. FCO 9995.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
N.AMERICA	USA	6/AUG/2000	12/AUG/2000	EDITH LAGAGNEUR
		TRAVELED FROM HAITI TO WORK ON PROJECT PLANS FOR THE UPCOMING YEAR WITH THE PROJECT COORDINATOR. TO ATTEND THE THIRD ANNUAL TRAINING OF TRAINERS WORKSHOP. FCO 3421.		
N.AMERICA	USA	6/AUG/2000	12/AUG/2000	MAX JOSEPH
		TRAVELED FROM HAITI TO WORK ON PROJECT PLANS FOR THE UPCOMING YEAR WITH COORDINATOR. TO ATTEND THE THIRD ANNUAL TRAINING OF TRAINERS WORKSHOP. FCO 7418.		
PACIFIC	NEW ZEALAND	29/JAN/2000	4/MAR/2000	JUDITH FORTNEY
		TO MAKE A FINAL MONITORING VISIT FOR THE VASECTOMY AND PROSTATE CANCER STUDY. FCO 5900.		
PACIFIC	NEW ZEALAND	24/JUL/2000	27/JUL/2000	UMED PUN
		TO ATTEND A TRAINING WORKSHOP IN PREPARING SYSTEMATIC REVIEWS WITH THE COCHRANE COLLABORATION. FCO 5206.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	AL	5/OCT/1999	6/OCT/1999	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE AUDIT AT THE LONDON INTERNATIONAL GROUP. FCO 8015.		
USA	AL	11/OCT/1999	12/OCT/1999	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	13/OCT/1999	13/OCT/1999	ELI CARTER
		TO ATTEND A MEETING WITH DR. EDWIN BRADLEY OF QUANTITATIVE RESEARCH ASSOCIATES. FCO 8015.		
USA	AL	13/OCT/1999	13/OCT/1999	STEVE HAMEL
		TO ATTEND A MEETING WITH DR. EDWIN BRADLEY OF QUANTITATIVE RESEARCH ASSOCIATES. FCO 8015.		
USA	AL	18/OCT/1999	19/OCT/1999	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	11/NOV/1999	12/NOV/1999	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	2/DEC/1999	3/DEC/1999	ELI CARTER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015		
USA	AL	13/DEC/1999	17/DEC/1999	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	4/JAN/2000	7/JAN/2000	BOBBY CASPER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	4/JAN/2000	7/JAN/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	4/JAN/2000	7/JAN/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	11/JAN/2000	13/JAN/2000	BOBBY CASPER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	11/JAN/2000	13/JAN/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	18/JAN/2000	21/JAN/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	10/FEB/2000	11/FEB/2000	ELI CARTER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	1/MAR/2000	1/MAR/2000	ALLEN ALL

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(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	21/MAR/2000	22/MAR/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	11/APR/2000	12/APR/2000	RAWLS MUNDY
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	11/APR/2000	12/APR/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	1/MAY/2000	3/MAY/2000	ELI CARTER
		TO MEET WITH THE TECHNICAL STAFF AND TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	16/MAY/2000	17/MAY/2000	RAWLS MUNDY
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	6/JUN/2000	7/JUN/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	22/JUN/2000	23/JUN/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	29/JUN/2000	30/JUN/2000	ELI CARTER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	12/JUL/2000	13/JUL/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	26/JUL/2000	27/JUL/2000	RAWLS MUNDY
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	14/AUG/2000	15/AUG/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	23/AUG/2000	24/AUG/2000	ELI CARTER
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	13/SEP/2000	14/SEP/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	AL	21/SEP/2000	22/SEP/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	CA	4/OCT/1999	7/OCT/1999	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	CA	6/FEB/2000	11/FEB/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	CA	17/MAR/2000	25/MAR/2000	SUSAN PALMORE
		TO ATTEND THE ANNUAL POPULATION ASSOCIATION OF AMERICA MEETING, THE PSYCHOSOCIAL MEETING AND THE ASSOCIATION OF POPULATION CENTERS MEETING. FCO 3200.		
USA	CA	17/MAR/2000	26/MAR/2000	MARGARET DOGGETT
		TO ATTEND THE ANNUAL MEETING OF THE ASSOCIATION OF POPULATION LIBRARIANS AND INFORMATION CENTERS. FCO 3260.		
USA	CA	18/MAR/2000	23/MAR/2000	PAUL FELDBLUM
		TO ATTEND THE PSYCHOSOCIAL WORKSHOP AND THE POPULATION ASSOCIATION OF AMERICA MEETING. FCO 2000.		
USA	CA	20/MAR/2000	23/MAR/2000	ELIZABETH TOLLEY
		TO ATTEND THE PSYCHOSOCIAL WORKSHOP. FCO 9300.		
USA	CA	20/MAR/2000	24/MAR/2000	DAWN CHIN QUEE
		TO ATTEND THE PSYCHOSOCIAL WORKSHOP AND THE POPULATION ASSOCIATION OF AMERICA MEETING. FCO 9300.		
USA	CA	22/MAR/2000	24/MAR/2000	CYNTHIA WASZAK
		TO ATTEND AND PRESENT A PAPER AT THE POPULATION ASSOCIATION OF AMERICA MEETING. FCO 6035.		
USA	CA	22/MAR/2000	26/MAR/2000	LYNDA COLE
		TO ATTEND THE ANNUAL POPULATION ASSOCIATION OF AMERICA MEETING. FCO 7000.		
USA	CA	29/MAR/2000	2/APR/2000	CAROL SMITH
		TO ATTEND THE CT/WEST CONFERENCE AND SET UP AND MAN THE EXHIBIT BOOTH TO PROMOTE FHI'S EDUCATIONAL MATERIAL. FCO 3210.		
USA	CA	29/MAR/2000	2/APR/2000	ROBERT RICE
		TO PARTICIPATE IN THE CTU/WEST LEARNING EVENT AS WELL AS STAFF FHI'S EXHIBITION BOOTH. FCO 3208 AND 3011.		
USA	CA	3/APR/2000	7/APR/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	CA	15/MAY/2000	19/MAY/2000	RICK MCGIRT

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS." FCO 2229.		
USA	CA	10/JUN/2000	15/JUN/2000	MICHELE COMMINS
		TO ATTEND THE 36TH ANNUAL MEETING OF THE DRUG INFORMATION ASSOCIATION. FCO 2000.		
USA	CA	11/JUN/2000	16/JUN/2000	PATRICK MURPHY
		TO ATTEND THE 36TH ANNUAL MEETING OF THE DRUG INFORMATION ASSOCIATION. FCO 9201.		
USA	CA	11/JUN/2000	16/JUN/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2000. TO ATTEND THE DRUG INFORMATION ASSOCIATIONS 36TH ANNUAL MEETING. FCO 2229.		
USA	CA	13/JUN/2000	16/JUN/2000	LYNLEY COOK
		TO CONDUCT A MONITORING VISIT. FCO 2229.		
USA	CA	1/JUL/2000	8/JUL/2000	PAI LIEN CHEN
		TO ATTEND AND PRESENT A PAPER AT THE 20TH INTERNATIONAL BIOMETRIC CONFERENCE . FCO 9100.		
USA	CA	2/JUL/2000	8/JUL/2000	DOUGLAS TAYLOR
		TO ATTEND THE 20TH INTERNATIONAL BIOMETRIC CONFERENCE. FCO 9100.		
USA	CA	16/JUL/2000	18/JUL/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	CA	4/AUG/2000	11/AUG/2000	MARKUS STEINER
		TO MONITOR TWO SITES FOR THE EZON STUDY " A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	CA	6/AUG/2000	13/AUG/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF THE SLIP-ON PLASTIC CONDOM AND LATEX CONDOMS". FCO 2229.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	CO	22/MAR/2000	24/MAR/2000	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	CO	13/AUG/2000	15/AUG/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED " A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF THE SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	DC	3/OCT/1999	4/OCT/1999	DAVID SOKAL
		TO ATTEND A CONFERENCE AT NIH ENTITLED "ANTIBODIES IN REPRODUCTIVE HEALTH: THERAPY TO PREVENTION". FCO 2000.		
USA	DC	6/OCT/1999	6/OCT/1999	D JANE SCHUELLER
		TO ATTEND THE USAID INTERAGENCY GENDER WORKING GROUP PLENARY MEETING. FCO 3283.		
USA	DC	6/OCT/1999	6/OCT/1999	ELIZABETH ROBINSON
		TO ATTEND A PLENARY MEETING OF USAID'S GENDER WORKING GROUP AND TO MAN FHI'S BOOTH AT THE WORLD BANK'S RESOURCE MARKETPLACE FAIR. FCO 3205.		
USA	DC	6/OCT/1999	6/OCT/1999	WILLIAM FINGER
		TO ATTEND THE GENDER WORKING GROUP PLENARY MEETING AND MAKE A PRESENTATION ON BEHALF OF THE MEN/RH SUBCOMMITTEE. FCO 3213.		
USA	DC	6/OCT/1999	6/OCT/1999	BEVERLY TUCKER
		TO REPRESENT FHI AT A RESOURCE FORUM HELD AT THE WORLD BANK FOR PARTICIPANTS OF ITS CORE COURSE ON POPULATION, REPRODUCTIVE HEALTH AND HEALTH SECTOR REFORM. FCO 7001.		
USA	DC	12/OCT/1999	12/OCT/1999	WILLARD CATES
		TO MEET WITH USAID STAFF. FCO 9990.		
USA	DC	13/OCT/1999	13/OCT/1999	BARBARA JANOWITZ
		TO MEET WITH THE AFRICA BUREAU AND SELECTED RESEARCHERS TO DISCUSS PRIORITY RESEARCH TOPICS IN FAMILY PLANNING FINANCE. FCO 9300.		
USA	DC	19/OCT/1999	21/OCT/1999	SUSAN PALMORE
		TO PARTICIPATE IN THE PACE SUBCOMMITTEE MEETING FOR MAQ. TO PARTICIPATE AS CO-CHAIR OF PACE FOR THE MAQ STEERING COMMITTEE MEETING. TO WORK WITH THE CLIENT PROVIDER INTERACTION SUBCOMMITTEE ON A CPI POLICY PAPER. FCO 3021.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	19/OCT/1999	19/OCT/1999	ROBERT RICE
		TO PARTICIPATE IN A "LESSONS LEARNED" MEETING FOR THE PRIME PROJECT. FCO 3011.		
USA	DC	20/OCT/1999	20/OCT/1999	JOHN STANBACK
		TO ATTEND MEETINGS OF THE TECHNICAL COMPETENCE AND GUIDANCE WORKING GROUP AND THE MAQ STEERING COMMITTEE. FCO 9300.		
USA	DC	20/OCT/1999	20/OCT/1999	ROBERTO RIVERA
		TO ATTEND MEETINGS OF THE TECHNICAL COMPETENCE AND GUIDANCE WORKING GROUP AND THE MAQ STEERING COMMITTEE. FCO 3021.		
USA	DC	21/OCT/1999	21/OCT/1999	NINA FRANKEL
		TO ATTEND THE SEMIANNUAL MEETING OF THE POPULATION AND HEALTH MATERIALS WORKING GROUP AT JSI. FCO 3210.		
USA	DC	26/OCT/1999	27/OCT/1999	JOANN LEWIS
		TO MEET WITH ERIN MCNEILL AND THE IMPACT OFFICE PROJECT STAFF. FCO 9995.		
USA	DC	17/NOV/1999	19/NOV/1999	DAWN CHIN QUEE
		TO ATTEND AND PARTICIPATE IN FOCUS ON YOUNG ADULTS WORKING GROUP MEETINGS ON STAGES OF ADOLESCENT DEVELOPMENT AND REACHING THE YOUNGEST ADOLESCENTS. FCO 9300.		
USA	DC	22/NOV/1999	22/NOV/1999	BARBARA JANOWITZ
		TO ATTEND THE FIRST RESEARCH TECHNICAL ADVISORY GROUP MEETING FOR THE NEW COMMERICAL MARKETING STRATEGIES PROJECT. SALARY ONLY. FCO 9300.		
USA	DC	2/DEC/1999	3/DEC/1999	PATRICK MURPHY
		TO ATTEND THE DIA CONFERENCE "THE FDA GUIDANCE ON COMPUTERIZED SYSTEMS IN CLINICAL TRIALS". FCO 9201.		
USA	DC	8/DEC/1999	9/DEC/1999	TARA NUTLEY
		TO ATTEND THE CONFERENCE ON REPRODUCTIVE HEALTH, GENDER AND HUMAN RIGHTS. FCO 7002.		
USA	DC	8/DEC/1999	9/DEC/1999	SUSAN PALMORE
		TO ATTEND THE CONFERENCE ON REPRODUCTIVE HEALTH, GENDER AND HUMAN RIGHTS. FCO 3200 AND 3021.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	8/DEC/1999	8/DEC/1999	D JANE SCHUELLER
		TO ATTEND A MEETING AT THE WORLD BANK ENTITLED "CONFERENCE ON REPRODUCTIVE HEALTH GENDER AND HUMAN RIGHTS". TO ATTEND THE MAQ CLIENT-PROVIDER INTERACTION SUBCOMMITTEE MEETING. FCO 3283.		
USA	DC	9/DEC/1999	9/DEC/1999	JOANN LEWIS
		TO ATTEND THE GOVERNMENT ACCOUNTING OFFICE REVIEW HELD AT THE PAI OFFICES. FCO 9995.		
USA	DC	10/DEC/1999	10/DEC/1999	ELIZABETH ROBINSON
		TO PARTICIPATE IN THE USAID GENDER WORKING GROUP SUBCOMMITTEE ON INFORMATION DISSEMINATION. FCO 3205.		
USA	DC	14/DEC/1999	14/DEC/1999	JOHN STANBACK
		TO PARTICIPATE IN A WORKSHOP ENTITLED "GETTING RESULTS THROUGH PERFORMANCE IMPROVEMENT" SPONSORED BY USAID'S OFFICE OF POPULATION. FCO 9300.		
USA	DC	14/DEC/1999	14/DEC/1999	ROBERT RICE
		TO ATTEND A MEETING HOSTED BY PRIME ENTITLED "PERFORMANCE IMPROVEMENT: WHAT WORKS". FCO 3011 AND 3208.		
USA	DC	12/JAN/2000	14/JAN/2000	SUSAN PALMORE
		TO HOST AND PARTICIPATE IN THE WHO MEETING WITH JHPIEGO, JHU/CCP AND INTRAH/PRIME ON THE DISSEMINATION, ADAPTATION AND UTILIZATION OF TECHNICAL DOCUMENTS. FCO 3021.		
USA	DC	19/JAN/2000	19/JAN/2000	D JANE SCHUELLER
		TO ATTEND A USAID INTERAGENCY GENDER WORKING GROUP PROGRAM IMPLEMENTATION SUBCOMMITTEE MEETING ON THE RFA TOOL. TO MEET WITH BESSIE LEE AND MICHAEL AVNI OF USAID'S OFFICE OF POPULATION TO DISCUSS FHI'S ONGOING GENDER WORK AND THE WORK OF THE IGWG. TO MEET WITH THE STAFF OF THE FOCUS PROJECT TO DISCUSS CONTINUING COLLABORATION ON VARIOUS ADOLESCENT REPRODUCTIVE HEALTH ACTIVITIES. FCO 3276 AND 3283.		
USA	DC	24/JAN/2000	28/JAN/2000	EMELITA DE LEON WONG
		TO ATTEND A CONFERENCE ENTITLED "BIOLOGICAL AND CLINICAL DATA COLLECTION IN NATIONAL SURVEYS - POTENTIAL AND ISSUES". FCO 9100.		
USA	DC	26/JAN/2000	27/JAN/2000	WILLARD CATES
		TO MEET WITH USAID ADMINISTRATOR, BRADY ANDERSON. FCO 9990.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	7/FEB/2000	9/FEB/2000	CAROL SMITH
		TO ATTEND THE NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION NATIONAL CONFERENCE AND PROMOTE FHI EDUCATIONAL MATERIALS AT THE FHI EXHIBIT BOOTH. FCO 3210.		
USA	DC	7/FEB/2000	9/FEB/2000	ROBERT RICE
		TO ATTEND THE NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION NATIONAL CONFERENCE AND PROMOTE THE FHI EDUCATIONAL MATERIALS. FCO 3011 AND 3208.		
USA	DC	7/FEB/2000	7/FEB/2000	DAVID GRIMES
		TO ATTEND A CONFERENCE AND RECEIVE AN AWARD FOR SCIENTIFIC CONTRIBUTION AT THE NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION. FCO 2000.		
USA	DC	8/FEB/2000	9/FEB/2000	TARA NUTLEY
		TO ATTEND THE SEATS II END OF PROJECT CONFERENCE. FCO 7002.		
USA	DC	14/FEB/2000	14/FEB/2000	THERESA HATZELL
		TO ATTEND A MEETING TO UPDATE THE AFRICA BUREAU ON FEMALE CONDOM RESEARCH. FCO 9300.		
USA	DC	15/FEB/2000	15/FEB/2000	MARKUS STEINER
		TO ATTEND THE WORKING GROUP MEETING ON CONDOM EFFICACY AND THE PREVENTION OF STD AND AIDS TRANSMISSION. FCO 2000.		
USA	DC	16/FEB/2000	16/FEB/2000	WILLARD CATES
		TO ATTEND A MEETING WITH THE USAID ADMINISTRATOR, BRADY ANDERSON. FCO 9990.		
USA	DC	17/FEB/2000	17/FEB/2000	D JANE SCHUELLER
		TO ATTEND A USAID INTERAGENCY WORKING GROUP SUBCOMMITTEE MEETING ON PROGRAM IMPLEMENTATION. TO MEET WITH USAID AND CHANGE. FCO 3283.		
USA	DC	17/FEB/2000	17/FEB/2000	CAROLINE WEST
		TO ATTEND JAMAICA CA'S MEETING TO DISCUSS FHI RESEARCH IN JAMAICA. FCO 9300.		
USA	DC	22/FEB/2000	22/FEB/2000	NINA FRANKEL
		TO ATTEND A FIELD TEST OF MEN AND REPRODUCTIVE HEALTH TRAINING/SLIDE PRESENTATION. FCO 3282.		
USA	DC	23/FEB/2000	25/FEB/2000	ELI CARTER
		TO MEET WITH MR SCHELLESTEDE AT THE FHI/ARLINGTON OFFICE AND MEET WITH USAID STAFF. FCO 8010 AND 8015.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	28/FEB/2000	28/FEB/2000	D JANE SCHUELLER
		TO ATTEND THE MAQ CPI TRAINING MEETING AND CPI POLICY MEETING. FCO 3021.		
USA	DC	28/FEB/2000	1/MAR/2000	SUSAN PALMORE
		TO ATTEND THE CLIENT PROVIDER INTERACTION MEETING AND CHAIR THE POLICY SUB-GROUP. FCO 3021.		
USA	DC	8/MAR/2000	10/MAR/2000	D JANE SCHUELLER
		TO ATTEND A USAID GENDER WORKING GROUP MEETING OF THE PROGRAM IMPLEMENTATION SUBCOMMITTEE. FCO 3283.		
USA	DC	13/MAR/2000	16/MAR/2000	KIM BEST
		TO ATTEND THE MICROBICIDES 2000 CONFERENCE. FCO 3202.		
USA		DC	15/MAR/2000	18/MAR/2000 SARAH DEER
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE. FCO 2000.		
USA	DC	15/MAR/2000	18/MAR/2000	CYNTHIA CLARK
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE. FCO 9991.		
USA	DC	15/MAR/2000	18/MAR/2000	CAROL SMITH
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE AND ACT AS THE FHI REPRESENTATIVE MANAGING AND STAFFING THE EXHIBIT BOOTH. FCO 3208.		
USA	DC	15/MAR/2000	18/MAR/2000	NINA FRANKEL
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE AND MANAGE THE FHI EXHIBIT BOOTH. FCO 3208.		
USA	DC	15/MAR/2000	18/MAR/2000	SARAH MOBIUS
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE. FCO 7000.		
USA	DC	15/MAR/2000	18/MAR/2000	WINDA WALL
		TO ATTEND THE CONTRACEPTIVE TECHNOLOGY CONFERENCE. SHE WILL ATTEND SEMINARS, HELP AS ROOM MONITOR FOR CONCURRENT SESSIONS AND HELP WITH THE FHI BOOTH. FCO 3200.		
USA	DC	16/MAR/2000	18/MAR/2000	WILLARD CATES
		TO PARTICIPATE IN THE CONTRACEPTIVE TECHNOLOGY CONFERENCE. FCO 9990.		
USA	DC	20/MAR/2000	21/MAR/2000	ALLEN ALL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015		
USA	DC	23/MAR/2000	26/MAR/2000	AMY LOVVORN
		TO ATTEND A TWO DAY TRAINING COURSE HELD BY THE ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS ENTITLED "FUNDAMENTALS OF CLINICAL RESEARCH TRIALS". FCO 2000.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	24/MAR/2000	24/MAR/2000	JOHN STANBACK
		TO ATTEND A MAQ TECHNICAL MEETING ON "THE ORGANIZATION OF WORK IN FAMILY PLANNING CLINICS." FCO 3021.		
USA	DC	29/MAR/2000	31/MAR/2000	HALLY MAHLER
		TO PRESENT FHI'S ADOLESCENT PROJECTS TO THE USAID ADOLESCENT WORKING GROUP AND TO MEET WITH FHI/DC STAFF ON VARIOUS ISSUES RELATED TO ADOLESCENTS. FCO 9995.		
USA	DC	30/MAR/2000	30/MAR/2000	JOHN STANBACK
		TO PARTICIPATE IN THE USAID MAQ STEERING COMMITTEE MEETING. FCO 9300.		
USA	DC	30/MAR/2000	30/MAR/2000	ROBERTO RIVERA
		TO ATTEND THE PACE AND MAQ SUBCOMMITTEE MEETINGS. FCO 3021.		
USA	DC	30/MAR/2000	31/MAR/2000	JOANN LEWIS
		TO ATTEND FHI'S PRESENTATION TO THE ADOLESCENT WORKING GROUP AT USAID. TO MEET WITH USAID TECHNICAL ADVISORS REGARDING THE FY2000 BUDGET. FCO 9995.		
USA	DC	30/MAR/2000	30/MAR/2000	CYNTHIA WASZAK
		TO MAKE A PRESENTATION ON FHI'S ADOLESCENT RESEARCH AT USAID. FCO 9300.		
USA	DC	31/MAR/2000	31/MAR/2000	LANETA DORFLINGER
		TO MEET WITH USAID/POP STAFF TO DISCUSS THE CTR BUDGET AND TO REVISE PRIORITIES FOR THE NEW FISCAL YEAR. FCO 9991.		
USA	DC	3/APR/2000	3/APR/2000	ROBERTO RIVERA
		TO ATTEND THE PREPARATORY MEETING OF THE MAQ EXCHANGE FOR GUATEMALA. FCO 3021.		
USA	DC	8/APR/2000	10/APR/2000	LYNLEY COOK
		TO FACILITATE THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
USA	DC	17/APR/2000	19/APR/2000	RAWLS MUNDY
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	DC	17/APR/2000	19/APR/2000	STEVE HAMEL
		TO CONDUCT PRODUCTION SURVEILLANCE SAMPLING. FCO 8015.		
USA	DC	23/APR/2000	25/APR/2000	ELI CARTER
		TO MEET WITH USAID STAFF TO PROVIDE AN UPDATE ON PROGRAM ACTIVITIES AND CHAIR AN ASTM COMMITTEE MEETING. TO MEET WITH W. SCHELLESTEDE AND G. BACHMAN AT THE FHI/DC OFFICE. FCO 8010 AND 8015.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	26/APR/2000	27/APR/2000	SUSAN PALMORE
		TO ATTEND A SEARO PLANNING MEETING WITH USAID, JHPIEGO, JHU/CCP, AVSC AND INTRAH/PRIME. FCO 3021.		
USA	DC	26/APR/2000	26/APR/2000	ROBERT RICE
		TO ATTEND A SEARO PLANNING MEETING WITH USAID, JHPIEGO, JHU/CCP, AVSC AND INTRAH/PRIME. FCO 3021.		
USA	DC	30/APR/2000	1/MAY/2000	PATRICK MURPHY
		TO ATTEND THE DIA CONFERENCE AND GIVE A PRESENTATION ON "STANDARDIZATION OF CASE REPORT FORM DESIGN". FCO 9201.		
USA	DC	8/MAY/2000	9/MAY/2000	ROSALIE DOMINIK
		TO ATTEND A MEETING AT CONRAD TO DEFINE COLLABORATION PRINCIPLES AND DEFINE PORTFOLIOS. FCO 9101.		
USA	DC	9/MAY/2000	10/MAY/2000	D JANE SCHUELLER
		TO MEET WITH USAID TO DISCUSS SCHUELLER'S NEW POSITION AS CO-CHAIR OF THE PROGRAM IMPLEMENTATION SUBCOMMITTEE OF THE USAID INTERAGENCY GENDER WORKING GROUP. TO ATTEND A USAID IGWG PI SUBCOMMITTEE MEETING. TO ATTEND A QUARTERLY PUBLIC MEETING ON "MEETING THE CHALLENGE: STRATEGIES FOR GENDER EQUALITY IN INTERNATIONAL DEVELOPMENT" SPONSORED BY THE ADVISORY COMMITTEE ON VOLUNTARY FOREIGN AID. FCO 3283.		
USA	DC	9/MAY/2000	9/MAY/2000	LANETA DORFLINGER
		TO MEET WITH CONRAD STAFF TO DISCUSS COLLABORATION ISSUES. FCO 9991.		
USA	DC	9/MAY/2000	9/MAY/2000	LUCINDA GLOVER
		TO MEET WITH CONRAD STAFF TO DISCUSS COLLABORATION ISSUES. FCO 2000.		
USA	DC	11/MAY/2000	11/MAY/2000	PAM MCQUIDE
		TO REVIEW THE DRAFT PAPER ON CLIENT-PROVIDER INTERACTION. FCO 3021.		
USA	DC	15/MAY/2000	15/MAY/2000	D JANE SCHUELLER
		TO ATTEND A MEETING OF THE MAQ WORKING GROUP CPI/POLICY SUBCOMMITTEE TO DISCUSS ONGOING WORK ON THE TECHNICAL POLICY PAPER BEING DEVELOPED BY MEMBERS OF THE SUBCOMMITTEE. FCO 3021.		
USA	DC	15/MAY/2000	18/MAY/2000	SUSAN PALMORE
		TO ATTEND THE POLICY DEVELOPMENT: PARTICIPATORY APPROACHES MAKE A DIFFERENCE MEETING. TO ATTEND A MAQ CPI POLICY SUBGROUP MEETING. FCO 3021 AND 3200.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	24/MAY/2000	24/MAY/2000	WILLIAM FINGER
		TO ATTEND THE QUARTERLY MEETING OF THE MEN AND REPRODUCTIVE HEALTH SUBCOMMITTEE OF THE USAID GENDER WORKING GROUP. FCO 3021.		
USA	DC	8/JUN/2000	8/JUN/2000	CYNTHIA WASZAK
		TO PARTICIPATE IN "MOVING THE AGENDA FORWARD" A ONE-DAY FORUM ON ADOLESCENT HEALTH AND DEVELOPMENT FOR USAID EXTERNAL PARTNERS AND USAID STAFF. FCO 9300.		
USA	DC	9/JUN/2000	9/JUN/2000	ROBERTO RIVERA
		TO PARTICIPATE IN THE REVIEW/DEBRIEFING OF THE MAQ-EXCHANGE HELD IN GUATEMALA. FCO 3021.		
USA	DC	11/JUN/2000	12/JUN/2000	DAVID KATZ
		TO ATTEND THE TECHNICAL OVERSIGHT COMMITTEE MEETING. FCO 8015.		
USA	DC	11/JUN/2000	13/JUN/2000	MARKUS STEINER
		TO ATTEND THE SCIENTIFIC EVIDENCE ON CONDOM EFFECTIVENESS AND STD PREVENTION MEETING. FCO 2000.		
USA	DC	11/JUN/2000	12/JUN/2000	WILLARD CATES
		TO ATTEND THE SCIENTIFIC EVIDENCE ON CONDOM EFFECTIVENESS AND STD PREVENTION MEETING. FCO 9990.		
USA	DC	11/JUN/2000	15/JUN/2000	ELI CARTER
		TO ATTEND MEETINGS WITH MR. WILLIAM SCHELESTEDE AND/OR USAID OFFICE STAFF. FCO 8010.		
USA	DC	12/JUN/2000	13/JUN/2000	LANETA DORFLINGER
		TO ATTEND THE CONRAD TECHNICAL ADVISORY COMMITTEE MEETING. FCO 9991.		
USA	DC	12/JUN/2000	12/JUN/2000	STEVE HAMEL
		TO CO-HOST THE TECHNICAL OVERSIGHT COMMITTEE MEETING. FCO 8015.		
USA	DC	13/JUN/2000	13/JUN/2000	D JANE SCHUELLER
		TO ATTEND A USAID INTER-AGENCY GENDER WORKING GROUP STEERING COMMITTEE MEETING. FCO 3283		
USA	DC	15/JUN/2000	16/JUN/2000	ROBERT RICE
		TO PARTICIPATE IN A "BEHAVIOR CHANGE INTERVENTION" STRATEGY SESSION WITH THE FHI ARLINGTON STAFF. FCO 3208 AND 3011.		
USA	DC	27/JUN/2000	28/JUN/2000	SUSAN MCINTYRE
		TO ATTEND THE MEASURE TWO MEETING ON EVALUATION INDICATORS AT THE REQUEST OF MIHIRA KARRA. FCO 7013.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	11/JUL/2000	11/JUL/2000	ELI CARTER
		TO ATTEND MEETINGS WITH WILLIAM SCHELLSTEDE AND/OR USAID STAFF. FCO 8010.		
USA	DC	13/JUL/2000	13/JUL/2000	BARBARA JANOWITZ
		TO PARTICIPATE IN A WORKSHOP AS PART OF PRB'S POLICY FELLOWS PROGRAM. SALARY ONLY. FCO 9300.		
USA	DC	9/AUG/2000	9/AUG/2000	WILLIAM FINGER
		TO REPRESENT FHI AT THE QUARTERLY MEETING OF THE MEN AND REPRODUCTIVE HEALTH SUBCOMMITTEE OF THE USAID INTERAGENCY GENDER WORKING GROUP. FCO 3021.		
USA	DC	9/AUG/2000	9/AUG/2000	PAUL FELDBLUM
		TO ATTEND THE QUARTERLY MEETING OF THE MEN IN REPRODUCTIVE HEALTH SUBCOMMITTEE OF THE USAID INTERAGENCY GENDER WORKING GROUP. FCO 3283.		
USA	DC	29/AUG/2000	29/AUG/2000	D JANE SCHUELLER
		TO ATTEND A MAQ EXCHANGE MEETING AT USAID TO REVIEW THE NEWLY REVISED MAQ EXCHANGE CURRICULUMS. FCO 3021.		
USA	DC	3/SEP/2000	8/SEP/2000	ROBERTO RIVERA
		TO ATTEND THE FIGO CONFERENCE. FCO 3021.		
USA	DC	3/SEP/2000	6/SEP/2000	ROBERT RICE
		TO ATTEND THE XVI FIGO WORLD CONGRESS CONFERENCE, PROMOTING FHI AND DISSEMINATING RESEARCH RESULTS AND OTHER MATERIALS AT AN EXHIBIT BOOTH. FCO 3208.		
USA	DC	4/SEP/2000	7/SEP/2000	DAVID HUBACHER
		TO ATTEND AND MAKE A PRESENTATION AT THE XVI FIGO WORLD CONGRESS OF GYNECOLOGY AND OBSTETRICS. FCO 5902.		
USA	DC	4/SEP/2000	6/SEP/2000	CHARLES MORRISON
		TO ATTEND FIGO CONFERENCE AND PRESENT AT THE POSTER SESSION. FCO 5901.		
USA	DC	5/SEP/2000	5/SEP/2000	JOANN LEWIS
		TO PARTICIPATE IN A MEETING ENTITLED "MAKING INFORMED CHOICE REAL IN SERVICE DELIVERY TIAHRT AND BEYOND" AT USAID. FCO 9995.		
USA	DC	6/SEP/2000	7/SEP/2000	WINDA WALL
		TO MANAGE THE FHI EXHIBIT BOOTH AT THE FIGO WORLD CONGRESS. FCO 3210.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	DC	6/SEP/2000	6/SEP/2000	LANETA DORFLINGER
		TO ATTEND A BRIEFING BY THE POPULATION COUNCIL TO SHARE THE RESULTS OF AN INTERNATIONAL MULTI-CENTER CLINICAL TRIAL TO SIMPLIFY THE YUZPE REGIMEN OF EMERGENCY CONTRACEPTION. FCO 9991.		
USA	DC	10/SEP/2000	11/SEP/2000	PAM MCQUIDE
		TO ATTEND PATHFINDER'S LESSONS LEARNED CONFERENCE ENTITLED "CHANGING LIVES, SAVING LIVES: LESSONS LEARNED FROM THE FAMILY PLANNING SERVICES PROJECT". FCO 9300.		
USA	DC	11/SEP/2000	12/SEP/2000	ROBERT RICE
		TO ATTEND A LAM TRAINING PRESENTATION. FCO 3011 AND 3208.		
USA	FL	20/SEP/2000	24/SEP/2000	MARY BEAN
		TO ATTEND THE AMERICAN TRANSLATORS ASSOCIATION CONFERENCE. FCO 3205.		
USA	FL	20/SEP/2000	24/SEP/2000	MARINA MCCUNE
		TO ATTEND THE AMERICAN TRANSLATORS ASSOCIATION CONFERENCE. FCO 3205		
USA	GA	26/OCT/1999	29/OCT/1999	D JANE SCHUELLER
		TO ATTEND THE "CONTRACEPTIVE TECHNOLOGY" CONFERENCE. TO ATTEND A PRE-CONFERENCE WORKSHOP ON ADOLESCENTS AND ASSIST WITH ASSEMBLING AND MANNING THE FHI BOOTH. FCO 3011.		
USA	GA	26/OCT/1999	29/OCT/1999	HALLY MAHLER
		TO ATTEND THE "CONTRACEPTIVE TECHNOLOGY" CONFERENCE. TO ATTEND A PRE-CONFERENCE WORKSHOP ON ADOLESCENTS AND ASSIST WITH ASSEMBLING AND MANNING THE FHI BOOTH. FCO 3208.		
USA	GA	15/MAY/2000	19/MAY/2000	THOMAS GREY
		TO ATTEND THE COURSE AT EMORY UNIVERSITY ENTITLED "TEACHING EPI INFO 2000", CO-SPONSORED BY EMORY UNIVERSITY AND CENTERS FOR DISEASE CONTROL. FCO 9300.		
USA	GA	26/JUN/2000	26/JUN/2000	JOHN STANBACK
		TO PRESENT RECENT FHI RESEARCH FINDINGS TO CARE AND DISCUSS POSSIBLE COLLABORATIONS. FCO 9300.		
USA	GA	26/JUN/2000	26/JUN/2000	PAUL FELDBLUM
		TO MAKE A PRESENTATION ON MALE CONDOM INTERVENTION RESEARCH TO CARE FIELD STAFF DURING THEIR RETREAT. FCO 2251.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	IL	7/NOV/1999	11/NOV/1999	HANIF NAZERALI
		TO ATTEND THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 2000.		
USA	IL	7/NOV/1999	11/NOV/1999	LYNLEY COOK
		TO ATTEND THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 2000.		
USA	IL	7/NOV/1999	10/NOV/1999	JOHN STANBACK
		TO ATTEND THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 9300.		
USA	IL	7/NOV/1999	10/NOV/1999	BARBARA JANOWITZ
		TO ATTEND THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 1753.		
USA	IL	7/NOV/1999	13/NOV/1999	PAM MCQUIDE
		TO ATTEND AND PRESENT AT THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 9304.		
USA	IL	7/NOV/1999	11/NOV/1999	ANA ORONOZ
		TO ATTEND THE ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION MEETING. FCO 9304.		
USA	IL	17/MAR/2000	22/MAR/2000	KATHRYN TWEEDY
		TO ATTEND THE SPRING MEETING OF THE INTERNATIONAL BIOMETRIC SOCIETY/EASTERN NORTH AMERICAN REGION. FCO 9100.		
USA	IL	17/MAR/2000	22/MAR/2000	ROSALIE DOMINIK
		TO ATTEND THE SPRING MEETING OF THE INTERNATIONAL BIOMETRIC SOCIETY/EASTERN NORTH AMERICAN REGION AND PARTICIPATE IN A ROUND TABLE DISCUSSION. FCO 9100.		
USA	IL	12/SEP/2000	16/SEP/2000	NINA FRANKEL
		TO EXHIBIT AT THE ANNUAL MEETING OF THE ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS. FCO 3210.		
USA	IL	14/SEP/2000	16/SEP/2000	ELIZABETH RAYMOND
		TO ATTEND THE NATIONAL MEDICAL COMMITTEE MEETING OF PLANNED PARENTHOOD AND THE ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS MEETING. FCO 2000.		
USA	IN	13/AUG/2000	18/AUG/2000	EMILY WONG
		TO ATTEND THE JOINT STATISTICAL MEETINGS FOR THE AMERICAN STATISTICAL ASSOCIATION AND PRESENT A PAPER. FCO 9100.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	LA	3/DEC/1999	7/DEC/1999	ELI CARTER
		TO ATTEND THE ASTM MEETING. FCO 8010.		
USA	LA	13/MAY/2000	18/MAY/2000	RONALD RODDY
		TO ATTEND THE ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS ANNUAL MEETING. FCO 2000.		
USA	LA	13/MAY/2000	18/MAY/2000	KELLEY RYAN
		TO ATTEND THE ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS ANNUAL MEETING. FCO 2000.		
USA	MA	11/NOV/1999	11/DEC/1999	PATRICK MURPHY
		TO ATTEND THE "RESOLVE END USER AND SET-UP" CLASS. FCO 9201.		
USA	MA	18/FEB/2000	20/FEB/2000	KAVITA NANDA
		TO MONITOR THE STUDY ENTITLED "UNPREDICTABLE MENSTRUAL BLEEDING ON PROGESTIN-ONLY CONTRACEPTION: A STRATEGY FOR PREVENTION WITH SELECTIVE ESTROGEN RECEPTOR MODULATORS". TO DISCUSS RECRUITMENT ISSUES, AND REVIEW STUDY PROCEDURES, CASE REPORT FORMS, AND SOURCE DOCUMENTS. FCO 2246.		
USA	MA	5/MAR/2000	10/MAR/2000	PATRICK MURPHY
		TO ATTEND A TRAINING CLASS ON INFORM INTERNET SYSTEM. FCO 9201.		
USA	MA	29/MAY/2000	31/MAY/2000	NINA FRANKEL
		TO ATTEND THE INTERNET AND THE PUBLIC'S HEALTH CONFERENCE SPONSORED BY THE HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH. FCO 3210.		
USA	MD	3/OCT/1999	4/OCT/1999	ROSALIE DOMINIK
		TO ATTEND AN OBSTETRICS AND GYNECOLOGY DEVICES PANEL MEETING. FCO 9100.		
USA	MD	4/OCT/1999	6/OCT/1999	CHARLES MORRISON
		TO MONITOR THE STUDY ENTITLED "THE HORMONAL CONTRACEPTION, CERVICAL ECTOPY AND CERVICAL INFECTION". FCO 5901.		
USA	MD	6/OCT/1999	7/OCT/1999	MICHELE COMMINS
		TO CO-MONITOR THE JOHNS HOPKINS REPRODUCTIVE MEDICINE SITE FOR THE SPERMICIDE TRIAL AND ENSURE THE SITE IS ADHERING TO THE PROTOCOL, COMPLYING WITH NIH AND FHI REGULATIONS. FCO 2000.		
USA	MD	24/OCT/1999	26/OCT/1999	JASON SMITH
		TO ATTEND THE NICHD/DBSB SPONSORED WORKSHOP ON IMPROVING ACCEPTABILITY RESEARCH. FCO 9300.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	MD	1/DEC/1999	2/DEC/1999	MARKUS STEINER
		TO ATTEND NIMH WORKGROUP ON ASSESSING CONSISTENT AND CORRECT HIV/STD PREVENTION EFFORTS MEETING. SALARY ONLY. FCO 2000.		
USA	MD	7/DEC/1999	7/DEC/1999	HALLY MAHLER
		TO ATTEND A MEETING AT JHPIEGO ON THE MAQ FRANCOPHONE ACTIVITY. FCO 3021.		
USA	MD	1/MAR/2000	1/MAR/2000	JUDITH COLLINS
		TO ATTEND A MAQ MEETING. FCO 7002.		
USA	MD	14/APR/2000	18/APR/2000	DAWN CHIN QUEE
		TO PARTICIPATE IN THE AD HOC TRAINING EVALUATION MEETING AT JHPIEGO. FCO 9300.		
USA	MD	17/APR/2000	18/APR/2000	SUSAN PALMORE
		TO ATTEND THE AD HOC TRAINING AND EVALUATION GROUP MEETING, TO CHAIR A PANEL ON INNOVATIVE ADOLESCENT PROGRAMS AND TO MAKE A PRESENTATION AT THE MEETING. FCO 3200.		
USA	MD	17/APR/2000	18/APR/2000	ROBERT RICE
		TO ATTEND AND MAKE A PRESENTATION AT THE AD HOC TRAINING AND EVALUATION GROUP MEETING HOSTED BY JHU AND JHPIEGO. FCO 3011 AND 3208.		
USA	MD	17/APR/2000	19/APR/2000	JOHN STANBACK
		TO ATTEND A JHPIEGO TRAINING EVALUATION MEETING. FCO 9300.		
USA	MD	1/MAY/2000	3/MAY/2000	CHARLES MORRISON
		TO MONITOR THE HORMONAL CONTRACEPTIVE USE, CERVICAL ECTOPY AND CERVICAL INFECTIONS STUDY. FCO 5901.		
USA	MD	27/JUN/2000	29/JUN/2000	ELIZABETH RAYMOND
		TO ATTEND THE FDA HEARING ON OVER-THE-COUNTER SWITCHES OF EMERGENCY CONTRACEPTIVE. FCO 2000.		
USA	MD	30/AUG/2000	30/AUG/2000	PAM MCQUIDE
		TO ATTEND A MEETING AT JHPIEGO WITH THE MAQ TASK FORCE RESPONSIBLE FOR WRITING A PAPER ON CPI TRAINING. FCO 3021.		
USA	MD	14/SEP/2000	14/SEP/2000	STEVE HAMEL
		TO ATTEND AN A2LA TRAINING COURSE ON ISO 17025: THE NEW STANDARD FOR LABORATORY QUALITY. FCO 8015.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	MD	26/SEP/2000	29/SEP/2000	ELI CARTER
		TO MEET WITH USAID/CLM STAFF TO DISCUSS PROJECT STATUS AND TO PLAN NEW INITIATIVES FOR FY 2001, AND TO MEET WITH WILLIAM SCHELLSTEDE ON ADMINISTRATIVE MATTERS. FCO 8010.		
USA	MI	21/AUG/2000	22/AUG/2000	STEVE HAMEL
		TO VISIT PHARMACIA AND UPJOHN TO CONDUCT A PRODUCTION SURVEILLANCE AUDIT. FCO 8017.		
USA	NC	14/NOV/1999	19/NOV/1999	LAWRENCE SEVERY
		TO WORK WITH VARIOUS FHI STAFF ON WOMEN'S STUDIES PROJECT AND OTHER BEHAVIORAL RESEARCH REGARDING THE CONTRACEPTIVE TECHNOLOGY PROJECT. FCO 9995.		
USA	NC	17/MAY/2000	17/MAY/2000	ZEDA ROSENBERG
		TO ATTEND THE TAC MEETING REHEARSAL - PRESENTING THE STATUS OF MICROBICIDE RESEARCH AT HPTN/FHI. FCO 9995.		
USA	NC	21/MAY/2000	23/MAY/2000	MICHAEL HARPER
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
USA	NC	21/MAY/2000	23/MAY/2000	SHARON HILLIER
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
USA	NC	21/MAY/2000	23/MAY/2000	FELICIA STEWART
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
USA	NC	21/MAY/2000	23/MAY/2000	ROCHELLE SHAIN
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		
USA	NC	21/MAY/2000	23/MAY/2000	JUDY NORSIGIAN
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992.		

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FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	NC	22/MAY/2000	23/MAY/2000	LAWRENCE SEVERY
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9992		
USA	NC	22/MAY/2000	23/MAY/2000	ZEDA ROSENBERG
		TO ATTEND THE ANNUAL MEETING OF THE TECHNICAL ADVISORY COMMITTEE FOR CONTRACEPTIVE TECHNOLOGY AND FAMILY PLANNING RESEARCH. FCO 9995.		
USA	NC	24/MAY/2000	7/JUN/2000	LAWRENCE SEVERY
		TO WORK ON A PAPER WITH CINDY WASZAK. FCO 6035.		
USA	NC	4/JUN/2000	5/JUN/2000	DAVID GRIMES
		TO PARTICIPATE IN THE BEIJING PLUS FIVE PANEL IN REPRODUCTIVE TECHNOLOGIES: THE FACTS ABOUT WOMEN'S LIVES. FCO 9995.		
USA	NC	1/JUL/2000	14/JUL/2000	DANIEL TOLNO
		TO WORK WITH FHI STAFF ON THEIR ANALYSIS FOR THE WHO STUDY ON ADOLESCENT ACCESS REPRODUCTIVE HEALTH CARE. FCO 9304.		
USA	NC	1/JUL/2000	14/JUL/2000	KONAN YAO
		TO WORK WITH FHI STAFF ON THEIR ANALYSIS FOR THE WHO STUDY ON ADOLESCENT ACCESS REPRODUCTIVE HEALTH CARE. FCO 9304.		
USA	NC	24/JUL/2000	24/JUL/2000	INA WARRINER
		TO ATTEND A ONE DAY ORIENTATION AT FHI FOR THE NEW WHO TECHNICAL ASSISTANT POSITION. FCO 6034.		
USA	NC	22/AUG/2000	25/AUG/2000	JESSICA DAVEY
		TO VISIT AND MEET WITH FHI HEADQUARTERS RESEARCH STAFF. FCO 7403.		
USA	NY	3/NOV/1999	4/NOV/1999	LANETA DORFLINGER
		TO ATTEND THE INTERNATIONAL COMMITTEE FOR CONTRACEPTIVE RESEARCH MEETING. FCO 9991.		
USA	NY	16/NOV/1999	19/NOV/1999	TINA POTTER
		TO CONDUCT A PERIODIC MONITORING VISIT AT THE NEW YORK UNIVERSITY MEDICAL CENTER FOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	NY	12/JAN/2000	12/JAN/2000	ELIZABETH ROBINSON
		TO ATTEND THE POPULATION INFORMATION PROFESSIONALS MEETING AT PPFA. FCO 3205.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	NY	1/MAR/2000	8/MAR/2000	D JANE SCHUELLER
		TO ATTEND THE BEIJING PLUS FIVE PREPCOM MEETING AT THE U.N. FCO 3283.		
USA	NY	5/MAR/2000	10/MAR/2000	TINA POTTER
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONDOMS" AT NEW YORK UNIVERSITY. FCO 2229.		
USA	NY	10/MAR/2000	17/MAR/2000	D JANE SCHUELLER
		TO ATTEND THE BEIJING PLUS FIVE PREPCOM MEETING AT THE U.N. FCO 3283.		
USA	NY	8/APR/2000	10/APR/2000	REBECA MASSAI
		TO ATTEND THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
USA	NY	8/APR/2000	10/APR/2000	RICK MCGIRT
		TO PARTICIPATE IN THE POST INVESTIGATOR MEETING FOR "PROTOCOL 9629 DELAYED INJECTION OF CYCLOFEM: OVARIAN AND CERVICAL CHANGES". FCO 2236.		
USA	NY	8/APR/2000	10/APR/2000	MELISSA HAYS
		TO ATTEND THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
USA	NY	9/APR/2000	10/APR/2000	VIVIAN BRACHE
		TO ATTEND THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
USA	NY	9/APR/2000	10/APR/2000	FRANK ALVAREZ
		TO ATTEND THE CYCLOFEM INVESTIGATORS MEETING. FCO 2236.		
USA	NY	12/APR/2000	12/APR/2000	LANETA DORFLINGER
		TO ATTEND THE INTERNATIONAL COMMITTEE FOR CONTRACEPTIVE RESEARCH MEETING. FCO 9991.		
USA	NY	24/MAY/2000	24/MAY/2000	JUDITH COLLINS
		TO ATTEND THE MAQ PLANNING MEETING. FCO 7002.		
USA	NY	14/JUL/2000	18/JUL/2000	SUSAN PALMORE
		TO CHAIR A CPI POLICY WORKING GROUP AT AUSC AND REVIEW A SECOND DRAFT OF THE CPI POLICY PAPER WITH THE PAPER WRITERS. FCO 3021.		
USA	NY	31/JUL/2000	4/AUG/2000	RICK MCGIRT
		TO MONITOR A STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	NY	1/AUG/2000	2/AUG/2000	MICHELE COMMINS
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		

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REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	NY	14/AUG/2000	15/AUG/2000	STEVE HAMEL
		TO VISIT FEI AND CONDUCT PRODUCTION SURVEILLANCE AUDIT. FCO 8017.		
USA	OH	30/NOV/1999	2/DEC/1999	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	OH	21/MAR/2000	22/MAR/2000	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	OH	6/JUL/2000	6/JUL/2000	STEVE HAMEL
		TO CONDUCT A SUBCONTRACTOR AUDIT AT THE AKRON RUBBER DEVELOPMENT LABORATORY. FCO 8015.		
USA	OH	24/JUL/2000	25/JUL/2000	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	PA	14/NOV/1999	16/NOV/1999	TINA POTTER
		TO CONDUCT A PERIODIC MONITORING VISIT AT THE MAGEE-WOMENS HOSPITAL FOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	PA	12/FEB/2000	16/FEB/2000	GRACE WILSON
		TO ATTEND A DRUG INFORMATION ASSOCIATION CONFERENCE, "ELECTRONIC DOCUMENT MANAGEMENT 2000: INTEGRATING TECHNOLOGY AND PEOPLE". FCO 9201.		
USA	PA	12/MAR/2000	15/MAR/2000	TINA POTTER
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	PA	13/MAR/2000	16/MAR/2000	CARMON GRAY
		TO ATTEND THE DIA CONFERENCE ON CLINICAL DATA MANAGEMENT. FCO 9201.		
USA	PA	25/JUL/2000	27/JUL/2000	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTICE CONDOMS AND LATEX CONDOMS". FCO 2229.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	SC	11/MAR/2000	15/MAR/2000	JAIM JOU LAI
		TO ATTEND A DRUG INFORMATION ASSOCIATION WORKSHOP ENTITLED "GLOBAL STATISTICAL CHALLENGES AND STRATEGIES IN THE PHARMACEUTICAL INDUSTRY: THE STATE OF PRACTICE". FCO 9100.		
USA	TX	8/NOV/1999	12/NOV/1999	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	TX	6/MAR/2000	9/MAR/2000	RICK MCGIRT
		TO MONITOR THE STUDY "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	TX	7/MAR/2000	9/MAR/2000	LYNLEY COOK
		TO PERFORM MONITORING FOR THE PLASTIC CONDOM EFFICACY STUDY. FCO 2229.		
USA	TX	18/JUL/2000	21/JUL/2000	RICK MCGIRT
		TO MONITOR THE STUDY ENTITLED "A COMPARATIVE ASSESSMENT OF THE CONTRACEPTIVE EFFECTIVENESS OF SLIP-ON PLASTIC CONDOMS AND LATEX CONDOMS". FCO 2229.		
USA	TX	25/SEP/2000	27/SEP/2000	JOCELYN JENNINGS
		TO CONDUCT QUALITY CONTROL VISITS AT CLINICAL STUDY SITES. FCO 2229.		
USA	VA	21/OCT/1999	22/OCT/1999	CHARLES MORRISON
		TO ATTEND THE BASIC SUPERVISION TRAINING COURSE OFFERED BY THE AMERICAN MANAGEMENT ASSOCIATION. FCO 2000.		
USA	VA	30/MAR/2000	31/MAR/2000	CAROL MANION
		TO ATTEND THE SPECIAL LIBRARY ASSOCIATION MEETING ON LIBRARY AUTOMATION. FCO 3260.		
USA	VA	13/JUN/2000	15/JUN/2000	PAT STEWART
		TO CONDUCT STUDY INITIATION VISIT FOR "ASSESSING THE MULTIPLE USE POTENTIAL OF THE REALITY FEMALE CONDOM: SAFETY." FCO 6384.		
USA	VA	23/AUG/2000	24/AUG/2000	DEBRA WEINER
		TO ATTEND THE CONRAD/EVMS MEETING TO DISCUSS CRF DESIGN AND RELATED DATA MANGAGEMENT AND ANALYSIS ISSUES. SALARY ONLY. FCO 9101.		

DOMESTIC TRAVEL FOR PERIOD 01-Oct-1999 THROUGH 30-Sep-2000
FUNDING SOURCE: POPULATION FUNDS 2000-3999, 5000-9998
(HEADQUARTERS)

REGION	COUNTRY	START DATE	END DATE	TRAVELER
USA	VA	23/AUG/2000	24/AUG/2000	GRACE WILSON
		TO ATTEND THE CONRAD/EVMS MEETING TO DISCUSS CRF DESIGN AND RELATED DATA MANAGEMENT AND ANALYSIS ISSUES. SALARY ONLY. FCO 9101.		
USA	VA	26/SEP/2000	26/SEP/2000	CAROL MANION
		TO ATTEND A PROGRAM ON HOW TO EFFECTIVELY USE SEARCH ENGINES SPONSORED BY SCIP/VASLA. FCO 3260.		
USA	WA	11/JAN/2000	14/JAN/2000	BELINDA IRSULA
		TO CONDUCT THE FIRST MONITORING VISIT FOR THE STUDY ENTITLED "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		
USA	WA	7/MAY/2000	22/MAY/2000	DEBRA WEINER
		TO ATTEND THE PHARMASUG 2000 CONFERENCE. FCO 9100.		
USA	WA	30/MAY/2000	3/JUN/2000	CARLOS GOMEZ
		TO MONITOR AND TRAIN FOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES" AT THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE. FCO 2239.		
USA	WA	30/MAY/2000	3/JUN/2000	BELINDA IRSULA
		TO CONDUCT A SECOND MONITORING VISIT FOR THE STUDY "A RANDOMIZED CONTROLLED TRIAL OF TWO VASECTOMY TECHNIQUES". FCO 2239.		

APPENDIX E

FHI STAFF AND CONSULTANT

PROJECTED TRAVEL

October 1, 2000 – March 31, 2001

FAMILY HEALTH INTERNATIONAL

INTERNATIONAL/DOMESTIC TRAVEL PLAN: OCTOBER 1, 2000 - MARCH 31, 2001

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
AFRICA				
Cameroon	Ryan Roddy	Dec 9-19	5396	Close-out Conceptrol Gel study
Cameroon	Ryan Roddy	Mar 10-19	2995	Initiate N-9 Gel Follow-on study
Cote d'Ivoire + South Africa	Joanis	Feb (10 days)	TBD	Initiate Latex Condom Preference study (PSI Collaboration)
Egypt	Rice	Sep 30/Oct 9	1755	With Dr. Magdy Khaled, develop a facilitator's guide to medical school curriculum; plan a TOT for April
Egypt	Rice Yacobson	Dec 13-22 Dec 1-18	1755	Advanced TOT for Regional Center for Training in curriculum development
Egypt	Tolley	Jan (1 wk)	9351	Monitoring final round follow-up data collection on Menstrual Disturbance study
Egypt	Nanda	TBD	1755	Obtain results of POP IV Pilot study
Egypt	Joanis	Mar (5 days)	TBD (FS funds)	Initiate Female Condom Acceptance study
Ethiopia (from Nairobi)	Welsh	Oct 22-27	7097	Monitor program activities and develop new activities
Ethiopia (from Nairobi)	Welsh	Nov 27/Dec 2	7097	Monitor program activities and develop new activities
Ethiopia (from Nairobi)	Welsh	Dec 18-22	7097	Monitor program activities and develop new activities
Ethiopia + South Africa	Nutley	Mar 18-31	6485, 7422, 7416, 9481, 7002	Monitor, and develop new, program activities; with USAID, plan field activities; work on dual protection project; develop new projects
Kenya	Lewis, JH	Oct 26/Nov 5	9995, 0014	Review and planning with the Africa Regional office staff

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Kenya	Broomhall	Oct 30/Nov 21	TBD	Set up Tiarht and FCCIT follow-up studies
Kenya + Uganda	Janowitz	Dec or Jan	1753	Monitor data collection on costs for global agenda projects
Kenya	Borasky Campbell, PHSC	Jan (1 wk)	0019	Monitor an ongoing PHSC study
Kenya	Stanback	Jan 28/Feb 9	9369	Present results of Standards &Guidelines training at JHPIEGO Guideline evaluation workshop
Kenya	McCarraher Broomhall	Jan (1 wk)	TBD	Implement study on the relationship between domestic violence and barrier method use
Kenya	Lovvorn	Jan (1 wk)	1715	Monitor the STD-CTU study "Etiology of Acute Salpingitis
Kenya + Madagascar	Feldblum	Jan (1-2 wk)	2251 9368	Develop dual purpose intervention; monitor condom use by CSWs
Kenya	Murphy	Jan or Feb (1 wk)	501	To assess the site's capability for serving as a data entry center for multi-center malaria studies and train staff for data management
Kenya + Tanzania	Nichols	Feb (3 wks)	9480, TBD	Initiate Condom Provider study in Kenya; initiate female condom study in Tanzania
Kenya	Steiner	Feb 15-30	TBD	Develop Condom Provider Bias study
Kenya	Dalebout Feldblum	Mar (1 wk)	2251	Initiate Dual Protection study
Kenya	Kinney	Mar (1 wk)	51	Review the systems in Africa
Madagascar	Clark (consultant)	Nov 24/Dec 20	9368	Design and execute STI counseling training
Madagascar	Clark (consultant) Hatzell	Jan 15-28 Jan 22-28	9368 9368, TBD	Assist with launch of intervention for Madagascar female condom study;
+ S. Africa (Hatzell only)		Jan 29/Feb 2	9470	Disseminate Phase 2 results
Madagascar + Kenya	Homan	Feb/Mar (2 wks)	1718, 1753	Implementation of FHI/HORIZONS project in Madagascar; follow-up on FRONTIERS Youth project in Kenya

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Mali	Stanback	Mar 10-15	9312	WHO checklist study planning
Morocco	Smith, JB Bailey	Feb 15-24	1304	Attend AMDD coordination meeting
Mozambique	Bailey	Oct 5-13	1304	Help develop AMDD project proposal based on needs assessment
Nigeria	McNeill	Feb (1-2 wks)	TBD	Develop RH research activities (e.g., FGM study with ARFH in Ibadan)
Nigeria + Ghana	Collins	Mar (2 wks)	7002, 7000	Develop new activities
Rwanda	Mahler	Feb (3 wks)	84630	Provide TA to IMPACT-Rwanda and develop follow-up training curriculum
Senegal	Mahler	Dec (12 days)	91200, 1753	Follow-up Frontiers Project and provide TA to FHI/DC Senegal project
Senegal + Nigeria	Collins	Feb 24-Mar 9	7002, 7000	MAQ Francophone meeting (Senegal); work on FGC proposal (Nigeria); meet with USAID on potential programs (both)
Senegal	Mahler	Mar (12 days)	91200	Provide TA to FHI/DC Senegal project
Senegal	Stanback	Mar 1-10	9312	WHO checklist study planning
South Africa	Nanda	Oct 23-29	5206	Attend Cochrane Colloquium
South Africa + Malawi + Zimbabwe	Welch	Nov 3-18	408 & 459	Monitor five of the HPTN research sites
South Africa	PRU staff TBD	Dec 11-15	3205, 9304, 3260	Attend the African Health Information Librarians Association to determine how to increase dissemination of FHI research findings through African library and information systems
South Africa	Nutley Janowitz	Jan 17-31 Jan 17/Feb 2	9481, 7416 9378, 1753	Design monitoring tools, work on training manual for dual protection; meet with RHRU on data collection; meet with USAID and RHRU for strategic planning

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
South Africa + Kenya	McCarraher	Jan 17/Feb 9	9300, 9319	Attend IRNVAQ meeting on sexual violence research methods in SA; begin field work on IPV and its relationship to female condom use in Kenya.
South Africa + Kenya	Nutley	Feb/Mar	7416, 9481, 7096, 7404	With USAID, plan field activities; work on dual protection project; with AFRO staff, work on office management and APHIA program
South Africa	Janowitz	Mar (1 wk)	1753	Monitor data collection on costs for global agenda projects; present cost study results for adolescent services
Tanzania (from Nairobi)	Welsh	Feb 26/Mar 3	7097	With USAID and collaborating partners, develop new activities
Uganda + Zimbabwe + South Africa	Janowitz	Oct 12-26	1753, 9300	Help initiate cost data collection for QOC study in Uganda; work with ZNFPC to determine how CBD workers spend their time-Zimbabwe; S. Africa, work with RHRU on MIM study & youth center/clinic study
Uganda + Zimbabwe	Morrison Lovvorn Van der Pol, consultant	Jan20/Feb 8	502	Monitor HC-HIV study
Uganda (from Nairobi)	Leku or Kuyoh	Feb 4-10	2248	Work on the EC introduction study
Zimbabwe	Steiner	Nov 13-23	1620	Monitor Dr Magwali's Reentry Grant
Zimbabwe	Murphy	Mar 10-15	501	Malaria Investigator meeting
ASIA/NEAR EAST				
Bangladesh + Thailand + Vietnam + Bangladesh	Smith, JB	Oct 2-9 Oct 9-14 Oct 14-20 Oct 21-27	1301 9300 1301, 9377	TA to AMDD project; Attend COHRED conference; TA to SMC on FC study; TA to AMDD project
Bangladesh	Smith, JB	Jan 5-17	9377, 9479, 1304	Provide TA to Female Condom study and UNICEF women's Right to Life and Health project

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Cambodia + Laos	Tucker	Feb/Mar (2 wks)	7001	Discuss possible POP activities
China	Luo	Nov 14-21	1301	Attend Congress Secretariat, DIA Meeting 2000
China	Rice Webb, consultant	Nov 29/Dec 8	3011 (salary only) 1520 (salary only)	Help conduct WHO DAU meeting
India (from Nepal) (from Thailand) (from Thailand) (from Thailand)	Yacobson Mahler Bagirath Yogi Thapa Neupane Shrestha Tiedemann	Oct 30/Nov 12 Oct 30/Nov 6 Oct 30/Nov 6 Nov 1-12	1311, 3201 1311, 3021, 7702, 7701 7403 7403 7403 7403 1311, 3021, 7702, 7701	Attend Adolescent RH conference; Yacobson to conduct training workshop for HAPI health providers; conduct refresher training for HAPI in Calcutta; attend STI workshop in Delhi
India	Roddy	Nov 7-24	2220	Attend the Indo-US Joint Working Group STD Workshop; to investigate potential sites for microbicide research
India	Carter	Dec (1 wk)	TBD	Deliver report on Condom Evaluation for IMPACT
India	Homan	Jan/Feb (2 wks)	1718 + 1753	Chennai for dissemination related to HORIZONS project; Delhi for monitoring FRONTIERS projects
India	Chin-Quee	Mar (2 wks))	1311	Assist with analyses of baseline survey; develop instrument for midterm in-depth interviews with Bengali Girl Guides and Boy Scouts
India + Bangladesh	Tiedemann	Mar (2 wks)	1311, 7001, 026	Conduct HAPI monitoring visit; with BIRPHERT and other donors, explore project ideas
Indonesia + Philippines	Tucker	Jan (2 wks)	7001, 7013	Initiate FHI's use of research results
Indonesia	Palmore	Feb 24/Mar 2	3021	Participate in SARC; speak at the CPI session on CPI and Policy
Indonesia	Grimes	Mar (1 wk)	5206	Attend SARC meeting

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Korea + Malaysia + Thailand	Carter	Dec (2 wks)	TBD	Identify potential suppliers of condoms for USAID
Malaysia + Thailand	Carter	Jan (1 wk)	TBD	Set up laboratory
Malaysia + Thailand	Carter	Mar (1 wk)	TBD	Set up laboratory
Nepal	Irsula	Nov 8-18	2239	Monitor the RCT Vasectomy study
Nepal	Nazerali Carignan, consultant	Jan/Feb (7-10 days)	2241	Attend dissemination meeting of Observational Vasectomy study
Nepal	Irsula	Mar 3-15	2239	Monitor the RCT Vasectomy study
Philippines (from Nepal)	Thapa	Dec (1 wk)	7403	Attend Adolescent RH conference; meet with ARH research investigators from Asia region
Philippines	Tucker	Feb 12-22	7001, 7013	Attend Asia Pacific conference on RH; meet with RH/FP groups; discuss impact assessment of OC checklist
Sri Lanka	Irsula	Oct 28/Nov 8	2239	Monitor the RCT Vasectomy study
Sri Lanka	Irsula	Mar 14-22	2239	Monitor the RCT Vasectomy study
Thailand + Vietnam + Bangkok + Nepal + India + Indonesia	Kinney McCullough	Nov/Dec (2-3 wks) Nov/Dec (3 wks)	51	Meet country directors and review and access systems in these countries
Thailand	Frankel	Dec/Jan (10 days)	TBD	With UNC, conduct distance learning workshop for Mahidol University faculty
Thailand	Lovvorn	Mar (1 wk)	502	Monitor HC-HIV study
Vietnam	Hanenberg	Dec 5-27	6412	Conduct the training for round 6 of the Quinacrine Long Term Safety Observational study
Vietnam	Nanda	Jan (1 wk)	1316	Initiate the Quinacrine Case-Control study
Vietnam	Hanenberg	Jan 5-20	1316	Design the forms and manuals for the Quinacrine Case-Control study

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Vietnam	Hanenberg	Apr 1/May 1	1637	Conduct training for the Quinacrine Long Term Safety Observational study and the Quinacrine Case-Control study
LATIN AMERICA/CARIBBEAN				
2 sites (TBD)	Dalebout	Feb (10 days)	TBD	Initiate the Latex Condom Preference study
Argentina	Rivera	Nov 6-11	07	Attend CELSAM's Meeting
Bolivia (from Mexico)	Pianta, consultant	Oct 2-12	7420	Attend the Population/Reproductive Health Workshop
Bolivia (from Mexico)	Castro, consultant	Oct 22-26	7420	Attend the Population RH Workshop
Bolivia (from Mexico)	Nunez	Nov 25/Dec 2	7420	Attend the Population RH Workshop
Brazil	Bailey	Oct 31/Nov 10	1753	Monitor WHO-funded data collection and discuss paper writing
Brazil	Dukes	Nov 12-18	2239	Monitor the RCT Vasectomy study
Dominican Republic + Jamaica	Conn	Jan 22/Feb 3	7003	Meet with USAID representatives to discuss field support program activities
Ecuador	Bratt	Mar (1 wk)	9300, 1753	Development of time-use study; planning social marketing conference
El Salvador	Dukes Irsula	Oct 9-14	2239	Monitor the RCT Vasectomy study
El Salvador	McCarraher	Oct 11-19	9310	In-country assessment of informed choice issues and priorities
El Salvador	Oronoz McCarraher	Nov 6-10	9310	Develop research project on Informed Consent; planning with USAID
El Salvador (Lara from Mexico) (Parks from California)	Oronoz Lara, consultant Parks, consultant	Dec 3-10	3423	Conduct a three-day IUD training workshop
El Salvador	Oronoz McCarraher	Jan (5 days)	9310	Develop protocol for informed choice project; begin development of client intervention regarding informed choice
El Salvador	Dukes	Feb 25/Mar 3	2239	Monitor the RCT Vasectomy study

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
El Salvador (Alvarado from Mexico)	Oronoz Alvarado, consultant	Mar (4 days)	3422	Follow up on Guidelines project, informed consent meetings
El Salvador	McCarraher	Mar (5 days)	9310	Collect baseline data and Implement intervention
Guatemala	Oronoz	Nov 15-19	3426	Coordinate/co-facilitate CTU work- shop for El Peten health providers
Guatemala + Peru	Bratt	Nov 9-18	1753	Presentation of RHU pricing study; analysis of provider time-use study
Guatemala	Bailey	Jan (10 days)	1721	Work on monograph of maternal death audits
Guatemala	Oronoz	Feb 5-9	3426	CME/CTUs for Guatemalan MOH providers
Guatemala	Bratt	Feb (4 days)	9300	Development of time-use study
Guatemala + El Salvador	Rice	Feb (6 days)	3426, 3422	CME/CTUs for Guatemalan MOH providers; Guidelines Dissemination workshops in El Salvador
Guatemala	Rice	Mar (4 days)	3426	CME/CTUs for Guatemalan MOH providers
Guatemala	Conn	Mar 8-15	7003	Meet with USAID representatives for planning
Haiti	Mahler	Oct (10 days)	84790	Monitoring for IMPACT-Haiti project
Haiti	Carayon	Nov 4-15	3421	Training of Trainers follow-up
Haiti	HSR staff TBD	Jan 8-19	9475, 9477, 9482	Disseminate findings for post-training evaluation and IUD studies; final preparations for IUD seminar; data analysis for plan baseline Kap study
Haiti	Collins	Jan (1 wk)	7003	Monitor reproductive health training
Haiti	HSR staff TBD	Feb (2 wks)	9477, TBD	Attend IUD seminar; prepare field-work, interviewer training, and pre-post test study interventions
Haiti	Mahler	Mar (5 days)	84790	Monitoring for IMPACT-Haiti project
Haiti	Carayon	Mar (1 wk)	3421	Training of Trainers follow-up
Jamaica	Mahler	Oct (2 wks)	3424	Monitoring for Vibes & Parents Manual
Jamaica	Spruyt	Dec (1 wk)	TBD	Prepare for initiation of Appointment System Pilot study
Jamaica	Waszak	Dec 4-8	1854	Attend UNFPA VIP/Youth Implementor's

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
				meeting; plan follow-up community survey & develop cost analysis
Jamaica + Senegal	Mahler	Dec 5/Dec 16	3424, 91200	Monitor, evaluation & revision of MOE Vibes Manual; project implementation and orientation
Jamaica	Mahler Schueller	Jan (2 wks) Jan (5 days)	3419	Attend Vibes Parents Manual Training Workshop
Jamaica	Chin-Quee	Jan (1.5 wks)	9363	Conduct interviewer training for pharmacy OC study
Jamaica + Dominican Republic	Conn	Jan 5-15	7003	With USAID representatives, discuss field support and programming
Jamaica	Mahler Schueller	Mar (10 days) Mar (6 days)	3424 3419	Monitoring and training workshop for Vibes and Manual
Mexico	Spruyt	Oct 15-21	2241	Prepare pilot study to guide sampling frame/logistics for Evaluation of Vasectomy Success study
Mexico	Rivera	Oct 22-26	07	Attend Research Ethics workshop
Mexico	Spruyt Fuentes, FHI Fellow Pomeroy, consultant	Jan (1 wk)	2241	Initiate the Observational Vasectomy study
Mexico	Dukes	Jan 15-26	2239	Monitor the RCT Vasectomy study
Mexico	Bratt	Jan or Feb	1753	Monitor youth data collection – econ.
Mexico	Chin-Quee	Feb (1 wk)	9311	Present final report of, and close out, female condom study
Mexico	Conn	Feb 20-25	TBD	With NGO representatives, discuss domestic violence initiative planning
Nicaragua + Guatemala	Oronoz	Oct 9-14	1522, 9310	Domestic violence workshop planning; Informed consent meetings
Nicaragua	Conn Oronoz	Oct 22-28 Oct 22-28	1522 1522	Attend Cantera Domestic Violence Workshop
Nicaragua	Oronoz	Jan (6 days)	1522	Domestic Violence project wrap-up
Nicaragua + El Salvador	Conn	Feb 5-15	1522, 7003	Meet with Cantera project representatives for planning and monitoring; meet with USAID representatives for planning

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Panama	Dukes Irsula	Oct 14-20	2239	Monitor the RCT Vasectomy study
Panama	Dukes	Feb 18-24	2239	Monitor the RCT Vasectomy study
Peru	Bailey	Mar (2 wks)	1304	Attend Andean country women's groups maternal mortality meeting; monitor AMDD site in Ayacucho; prepare presentations for Global Conference on Health (if accepted)
Philippines (from Nepal)	Thapa	Nov 29/Dec 2	7403	Attend Research Investigator's meeting
Puerto Rico	Hamel	Mar 5-9	8017	Production surveillance audit (Wyeth)
EUROPE/AUSTRALIA				
Belgium	Roddy	Oct 16-19	2220	Attend the UNAIDS Review of Analysis of COL-1492 study
Eastern Europe	Palmore Rice	Mar (2 wks)	3021	Help conduct WHO DAU meeting
Kosovo	Schueller	Nov (2 wks)	1513	Conduct TOT with counselors working on sexual and domestic violence
Switzerland	Palmore Rice	Oct 20-27	3021	Participate in WHO DAU process: Next Steps meeting on RHI/STD/ECPQ
Switzerland	Murphy	Nov 11-19	501	Malaria team meeting
Switzerland	Tucker	Dec (1 wk)	1621	Meet with UNFPA and UNHCR
Switzerland	Waszak	Mar 6-11	9300	Participate in the WHO Global Consultation on Adolescent Friendly Health Services
United Kingdom (from Scotland)	McNeill	Nov (1-2 days)	091	Develop activities for FHI Europe in collaboration with DFID and other SRH NGOs
United Kingdom	Herndon	Nov (4 days)	3202, 3205	Visit publications and NGOs that focus on international health, including HealthLink, PANOS, and London-based African health magazines in order to expand collaboration and impact of FHI dissemination efforts
United Kingdom	Cancel	TBD	1658	Initiate the 1-Year Neonatal Mouse carcinogenicity study

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
United Kingdom (from Scotland)	McNeill	Jan (1-2 days)	091	Develop activities for FHI Europe in collaboration with DFID and other SRH NGOs
United Kingdom (from Kenya)	Munyao Totoitich-Ruto	Jan 14-16	7096	Attend two-day Introduction to NUD*IST
United Kingdom (from Scotland)	McNeill	Feb (1-2 days)	091	Develop activities for FHI Europe in collaboration with DFID and other SRH NGOs
United Kingdom (from Scotland)	McNeill	Mar (1-2 days)	091	Develop activities for FHI Europe in collaboration with DFID and other SRH NGOs
CANADA/UNITED STATES OF AMERICA				
Canada	Bush	Oct 8-13	025	Attend the Society of Quality Assurance's 16th Annual conference
Alabama	All	2X month (2 days)	8015	Production surveillance sampling
Alabama	Hamel	Monthly (1-3 days)	8015	Production surveillance; sampling meeting
Alabama	Carter	Oct (1-2 days) Dec (1-2 days) Feb (1-2 days)	8015	Production surveillance; sampling meeting
Alabama	Martin-Deer	Nov 6-9	500	Monitor the NIH Spermicide study
Alabama	Mundy	Nov 15-16 Jan 12-13	8015	Production surveillance sampling
Alabama	Martin-Deer	Jan (2-3 days)	500	Monitor the NIH Spermicide study
Arizona	Sawyer	Nov (2-3 days)	500	Monitor the NIH Spermicide study
Arizona	Jennings	Mar 19-21	025	Training for different aspects of clinical trial material handling
California (Los Angeles) (Los Angeles/San Diego) (San Francisco/Berkeley) (Los Angeles)	McGirt	Oct (2-3 days) Dec (2-3 days) Jan (2-3 days) Mar (2-3 days)	2229	Monitor the eZon Pregnancy study
California + Colorado	McGirt	Feb (1 wk)	2229	Monitor the eZon Pregnancy study

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
California	Bush	Oct 28-31	2229	Conduct a GMP audit at Mayer Labs
California	Rivera Borasky Tenorio Bhiwandi, Pouru McCann, Margaret Shaber, Steven Fuentes Gonzalez	Oct 28-31	0019	Three PHSC members, two Fellows and OIRE staff will attend PRIM&R meeting; Fellows will also attend Arena meeting
California	Feldblum	Nov 21	3283	Attend Reproductive Health meeting
California	Soheir Stolba, consultant	Dec 22	1755	Plan & implement TOT for RCT at request of POP IV (Pathfinder & FHI)
California	Weiner	Feb/Mar	1315	Participate in Quinacrine Cohort Analysis Team workshop
California	Palmore	Mar (3 days)	3200	FHI exhibit booth at SFO CTU
Colorado	McGirt	Jan (2-3 days)	2229	Monitor the eZon Pregnancy study
Florida	Carter	Dec (3 days)	8010	ASTM meetings
Florida	Dalebout Lovvorn	Jan 11-12	2000	Attend the Fundamentals of Clinical Research Trials for CRAs training
Georgia	All	Monthly (1-3 days)	1602	Sampling for FDA testing
Georgia	Wall Andrews	Nov 1-3	3271, 3208	FHI exhibit booth at CTU conference
Georgia	Lai	Mar 11-13	9100	Attend Drug Information Statistical workshop
Indiana	Martin-Deer	Oct (2-3 days) Dec (2-3 days)	1715	Monitor the Syphilis study
Illinois	Palmore	Nov 9-11	06	Represent FHI at the Association of Population Centers meeting
Louisiana	Cole	Nov 12-13	7013	Meet with Jan Bertrand, FRONTIERS, to discuss impact of FHI research
Louisiana	Hasselt	Dec 5-10	51	Attend the CNET Web Building conference
Louisiana	Martin-Deer	Dec (2-3 days) Feb (2-3 days)	1715	Monitor the Syphilis study
Maryland	Morrison	Oct 17	5901	Plan for the Cervical Ectopy study HPV

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Maryland	McQuide	Nov 8-9	3021	Complete MAQ paper on CPI training
Maryland	Rivera Borasky	Nov 18-20	007	Attend ORI Research Ethics Conference
Maryland	Dominik Chen, M Murphy	Dec 4-7	501	Help facilitate the ICTDR Investigators Meeting on Clinical Research.
Maryland	Commins	Dec (2 days)	501	Attend the ICTDR Investigators meeting
Maryland	Martin-Deer	Mar (2-3 days)	1715	Monitor the Syphilis study
Massachusetts	Frankel McCune McQuide Spruyt Chin-Quee Katz Sokal McQuide Homan	Nov 11-16 Nov 11-16 Nov 12-18 Nov 11-16 Nov 12-15 Nov 14 Nov. 14 Nov 12-18 Nov 13-15	3271, 3200 3271, 3200 3200, 9300 9304 9304 1663 1663 3200 9304 (+ PRU FCO)	Attend/present/exhibit and/or staff the FHI exhibit booth at the American Public Health Association meeting
New Jersey	Bush Cancel	Oct 15-17	1658	Conduct a GLP audit of Huntington Life Sciences
New Jersey	Cancel	TBD	1658	Initiate 2-Year Rat Carcinogenicity study
New York	Robinson	Oct 17-18	3205	Attend Population Information Professionals meeting; visit UNFPA Division of Arab States regarding Arabic publications
New York	Palmore	Nov 30/Dec 1	3021	Chair MAQ CPI Policy Working Group
New York	Tucker	Dec (2 days)	20	Meet with UNFPA
New York	McGirt	Dec (2-3 days) Mar (2-3 days)	2229	Monitor the eZon Pregnancy study
New York	Conn McCarraher	Dec 11-13	7003 9310	Meet with UNFPA, UNICEF, IPPF, AVSC, and Population Council
New York	McCarraher	Jan/Feb	TBD	Attend domestic violence meeting and reproductive health by UNFPA
New York	Palmore Schueller	Feb (2 days)	3021, 3276	MAC CPI Policy Working Group; NYC Launch of Adolescent Handbook

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
North Carolina	Smarrella	Oct 9-13	51	CISCO training
North Carolina (from Virginia)	Czeh	Oct 12-13	51	Meet w/ 4Front Systems to discuss the Arlington expansion plan
North Carolina	Malik Smarrella Robinson	Nov (5 days)	51	Software training (TBD)
North Carolina (from Ohio, Arizona)	Rothmann, Pomeroy (consultants)	Nov (2 days)	2241	Complete Laboratory QA/Sign-off and debriefing of the Observational Vasectomy study
North Carolina (from New York)	Carignan (consultant)	Dec (2 days)	2241	Review findings of the Nepal Observational Vasectomy study, prior to dissemination
North Carolina (from Scotland)	McNeill	Dec (1 wk)	9998, 9995	Move the Qualitative Methods Guide to the external review stage and begin planning design and production
North Carolina	Enloe	Dec 18-19	51	Backup training course
North Carolina	Waldermo	Dec/Jan (2 days)	51	Advanced Excel training
North Carolina	Banks	Dec/Jan (5 days)	51	Training
North Carolina (from Nepal)	Thapa	Dec 11/Jan 15	7403	Annual visit with FHI headquarters staff; dates include personal travel
North Carolina (from Washington, DC) (from N. America) (from Zimbabwe) (from Vietnam) (from Latin America)	Fillipo Bass TBD (2) Ruzridzo Wong TBD	Jan (3 days)	1663	Attend 1st meeting of the Nonsurgical Advisory Committee meeting
North Carolina	Butler Winecker	Jan (1 wk)	51	Office 2000 training
North Carolina	Banks Rouk	Jan (5 days)	51	Software training (TBD)
North Carolina (from Virginia)	Czeh	Jan (2 days)	51	Review NC systems
North Carolina (from Kenya)	Welsh	Feb 11-27	7096	Annual FHI visit to meet with staff

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
North Carolina	Waldermo	Jan/Feb (5 days)	51	Web design training
North Carolina	Mahler	Feb (2 days)	TBD	Meet with RHETP staff about on-going projects
North Carolina (from Scotland)	McNeill	Mar (1 wk)	9998	Final production and publishing of the Qualitative Methods Guide
North Carolina	Zhou	Mar (4 days)	51	Review IT/NC's applications and systems
North Carolina	James	Mar (2 days)	51	Review NC systems
North Carolina	Banks MacKenzie Breslin	Mar (5 days)	51	Software training (TBD)
North Carolina (from Vietnam)	Duong Thi Cuong	Mar 3-8	1663	Attend nonsurgical sterilization advisory committee meeting
North Carolina	Dominik Rountree Taylor	Mar 25-28	9100	Attend/present at the Eastern North American Region Spring meeting of the International Biometric Society
North Carolina (from Cairo)	Khaled	Mar/Apr (2 wks)	1755	Visit FHI to work on POP IV with FHI/NC staff
Ohio	Bush	Nov 13-14	1658	Perform site audit
Ohio	Sawyer	Nov (2-3 days)	500	Monitor the NIH Spermicide study
Ohio + Pennsylvania	McGirt	Nov (2-3 days) Feb (2-3 days)	2229	Monitor the eZon Pregnancy study
Ohio	Commins Sawyer	Mar (2-3 days)	500	Monitor the NIH Spermicide study
Pennsylvania	Bush	Oct 19-20	1658	Inspect PharmOps (GMP) as a potential contract manufacturer
Pennsylvania + New York + Maryland	Martin-Deer	Dec 4-15	500 1715	Monitor the NIH Spermicide study and Syphilis study
Pennsylvania	Sawyer	Jan (2-3 days)	500	Monitor the NIH Spermicide study
Rhode Island	Robinson Barrows	Mar (3 days)	3205	Attend IUSSP conference on Population Knowledge
Tennessee	Sawyer	Jan(2-3 days)	500	Monitor the NIH Spermicide study
Texas	Commins	Oct (2-3 days)	500	Monitor the NIH Spermicide study
Texas	McGirt	Nov (2-3 days)	2229	Monitor the eZon Pregnancy study

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
		Feb (2-3 days)		
Texas	Sawyer	Nov (2-3 days) Feb (2-3 days)	500	Monitor the NIH Spermicide study
Texas	Chen, P	Jan 16-19	9100	Attend First Annual Short Course in Bayesian Biostatistics: Applications to Clinical and Pharmaceutical Research
Vermont	Sawyer	Dec (2-3 days)	500	Monitor the NIH Spermicide study
Virginia	Malik	Oct 4-5	51	Discuss evaluations w/ Arlington staff; discuss implementation of “OR” application
Virginia	Kinney	Oct 6	51	Discuss expansion plan w/ Arlington office
Virginia	Chen, P Dominik McIntyre	Oct 9	501	Attend Spermicide Trial/DSMB meeting
Virginia	McCullough	Oct 10	51	Meet w/ Arlington IT staff
Virginia	Cancel	Nov 1-4	1658	Attend the workshop on Alternative Methods for Carcinogenicity Testing (ILSI)
Virginia	Joanis Stewart	Nov (2 days)	6384	Monitor the Female Condom Reuse Safety study
Virginia	Dorflinger Glover	Nov 14	9991 2000	Discuss current/future projects with CONRAD and current collaborative responsibilities
Virginia	Sawyer	Dec (2-3 days)	500	Monitor the NIH Spermicide study
Virginia	Banks	Dec (2 days)	51	Install OR in Arlington office
Virginia	Dominik Weiner	Jan (1 day)	9101	Attend meeting at CONRAD
Virginia	McCullough	Jan (2 days)	51	Meet w/ Arlington IT staff
Virginia	Malik	Feb (2 days)	51	Review Arlington’s systems
Virginia	Stewart	Feb (2 days)	6384	Monitor the Female Condom Reuse Safety study
Virginia	Nutley	Feb 19	7002	Meet with Impact to coordinate activities
Washington	Martin-Deer	Oct 15-20	2239	Monitor the RCT Vasectomy study
Washington	Ryan	Oct 10-12	1715	Monitor STD/CTU Receptive Condom study
Washington	Ryan	Feb 6-8	1715	Monitor STD/CTU Receptive Condom

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
				study
Washington	Dukes Commins	Feb 4-10	2239	Monitor the RCT Vasectomy study
WASHINGTON, DC				
Washington, DC	Palmore Schueller	Oct 5-6 Oct 6	3021 3021	Chair MAQ CPI Policy Working Group
Washington, DC	Watts	Oct 4-5	25	Attend conference at the National Press Club
Washington, DC	Stanback	Oct 10	9300	Attend the USAID MAQ Steering Committee meeting
Washington, DC	Martin-Deer Watts	Oct 12	1715	Attend a meeting for Syphilis study
Washington, DC	Palmore Schueller	Oct 11-12	3021	Participate in MAQ PACE Sub-Committee and Steering Committee
Washington, DC	Lewis, JH Dorflinger Cates	Oct 16	9995 9991 9990	Meet with USAID technical advisors on FY 2001 CTR budget
Washington, DC	Zhou	Oct 16-20	51	Oracle training
Washington, DC	Cole	Oct 17	7000	Attend Evaluation meeting
Washington, DC	Stanback	Oct 18	9300	Attend the USAID Dual Protection Open Forum
Washington, DC	Watts	Oct 23-25	615	Attend HPTN meeting
Washington, DC	Dominik	Oct 24-25	9100	Attend Data Safety Monitoring Boards workshop sponsored by the DIA
Washington, DC	Homan	Oct 25	1753	Meet with Jim Foreit and ME Khan at Population Council to discuss FRONTIERS projects in South Asia
Washington, DC	Morrison Lovvorn Rinaldi	Oct 25-27	502	Attend the HC-HIV Study Investigators meeting
Washington, DC	Palmore Schueller	Nov 1-2	3021	Participate in MAQ CPI Sub-committee and CPI Policy meetings

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Washington, DC	Robinson Hock	Nov (1 day)	1520, 0024	With IMPACT staff, expand electronic dissemination efforts to AIDS material and audiences; development of new Web sub-pages
Washington, DC	Schueller	Nov (1 day)	3283	IGWG Steering Committee meeting
Washington, DC	Schueller	Nov (2 days)	3276, 3200	Launching of Adolescent Handbook
Washington, DC	Cole	Nov 3	1526	Meet with MSH and Advance Africa Consortium Management Group
Washington, DC	Raymond Dalebout	Nov 8	1622	Discuss Label Comprehension study and Actual Use study of Plan B
Washington, DC	Schueller	Dec (1 day)	3283	IGWG Steering Committee meeting
Washington, DC	Schueller	Dec (1 day)	3021	CPI/Policy Paper meeting
Washington, DC	Collins	Dec 4	7002	Attend Francophone MAQ meeting
Washington, DC	Tucker	Dec 4-6	1621	Chair panel at RHR consortium “Findings on RH of Refugees and Displaced Populations”
Washington, DC	Tiedemann	Dec 4-6	1840	Present on Health of Adolescent Refugees project at RHR Consortium
Washington, DC	Lewis, B	Dec 4-7	501	Attend ICTDR Investigators meeting
Washington, DC	Schueller	Jan (2 days)	3283	IGWG Program Implementation Subcommittee meeting
Washington, DC	Hatzell	Jan 6	TBD	Confer with Africa Bureau and SARA Project on female condom dissemination project
Washington, DC	Palmore Schueller	Jan 8-9	3021	MAQ CPI Policy Working Group
Washington, DC	Frankel Robinson	Jan 9-10	0024, 3210	Attend Population & RH Working Group meeting on the Internet
Washington, DC From Kenya	Alan Ferguson	Jan 15/Feb 15	1728	Work with Advance Africa Project staff to develop the Monitoring and Evaluation system for the project

SITE	TRAVELER	DATES	FUNDING CODES (FCOs)	PRIMARY PURPOSE
Washington, DC	Nutley Collins Williamson Welsh	Feb 21 Feb 21 Feb 19-21 Feb 21	7002 7002 7002, 7000 7002	Attend Dual Protection Forum; Williamson will also work on Frontiers Project
Washington, DC	Feldblum	Feb (4 days)	1637	Attend a meeting on analysis of Vietnam Quinacrine data
Washington, DC	Schueller	Mar (1 day)	3283	IGWG Steering Committee meeting
Washington, DC	Rice	Mar (1 day)	3011	Arlington office, training coordinator
Washington, DC	Schueller	Mar (2 days)	3021	MAQ CPI Meeting
Washington, DC	Shiels Barrows	Mar (2 days)	3260	Attend an APLIC Board meeting
Washington, DC	Carayon McCune New Network Writer Gagliardotto Jennings	Mar 14-17	3011, 3202, 3200 0025 0025	Attend the CTU Conference and/or manage the FHI exhibit booth
Washington, DC	Best Palmore Cole	Mar 28-31 Mar 28-31 Mar 28/Apr 1	3202 3202 7000	Attend PAA and/or Psychosocial; Best will report for *Network*

APPENDIX F

ADVISORY COMMITTEE ROSTERS

October 1, 2000
Through
September 30, 2001

Family Health International
Protection of Human Subjects Committee
2001 Roster

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