

USAID Programmatic Cooperative Agreement
HRN-A-00-99-00010

Year Two Program Report

1 September 2000–31 August 2001



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NOTES ON THE TEXT

Summary

During Year Two (September 2000– August 2001) the Programmatic Cooperative Agreement, HRN-A-00-99-00010, funded all or part of two major Population Council programs and six smaller ones, each carried out in one of the Council’s three research divisions. The Year Two Program Report is divided into four sections: one section for each of those divisions (Center for Biomedical Research, International Programs Division, and Policy Research Division), and one section for the appendixes.

Each of the eight supported programs is represented within the division where its work was done, first by a summary of the program, then by an overview of each separate activity supported during the reporting period under the program.

The first appendix sets out the results framework USAID has mandated for this cooperative agreement. It is followed by a second appendix, a grid organizing all of the activities under the agreement by result. The third appendix arranges the activities in another way, alphabetically by country, with multicountry activities falling at the end of the grid.

Elements of the Activity Reviews

Each activity supported in Year Two is represented by an activity overview that gives a look at pertinent aspects of the activity.

Program coordinator or technical monitor. The Council staff member who oversees the project.

Period. The expected period of the activity, beginning at the time Programmatic Cooperative Agreement funds were first spent on the activity (either under the current agreement or under an earlier agreement), and ending at the time it is expected no more Programmatic funds will be spent, or at the end date of the current cooperative agreement, whichever is earlier. A period will be listed as “ongoing” if the Programmatic supports a continuing long-term body of work. In some cases of technical assistance under the ECC program, the end date will be listed as “ongoing” if the technical assistance relationship is a continuing one.

Implementing organization. The organization that receives Programmatic funds to undertake the activity—either the Council or a subrecipient.

Collaborating organizations. Organizations otherwise involved in the activity, but that do not receive Programmatic funds to undertake the substance of the activity.

Contribution to results framework. The subresult or intermediate result the activity falls under is represented by its number. The results framework is presented as an appendix for reference.

CENTER FOR BIOMEDICAL RESEARCH

CONTRACEPTIVE DEVELOPMENT

Program Summary

The Contraceptive Development program conducts laboratory and clinical research to develop and register new methods of contraception. Staff members identify new drugs and design delivery systems, undertake the requisite preclinical and clinical studies, analyze and publish findings, and submit documentation of results to regulatory authorities for permission to undertake human trials or to distribute methods after Phase 3 trials. The Council's International Committee for Contraception Research, a core of distinguished scientists and investigators, conducts the clinical trials of the program. USAID is a major funding source for such tasks for a number of the methods in the product pipeline and has been instrumental in the development of the Council's already-marketed contraceptive methods: the Copper T family of intrauterine devices; Norplant[®]; Jadelle[®]; and Mirena[®], the levonorgestrel-releasing intrauterine system.

Encouraging results obtained from extensive dose-finding clinical trials of the Nestorone[®]/ethynylestradiol contraceptive ring have allowed Council scientists to plan a large Phase 3 trial. Achievements have been made in the development of various implant systems as well. A single Nestorone implant, particularly suitable for lactating women, has been developed and reformulated to increase the duration of contraceptive protection. In over 600 woman-years of use of this method, only one pregnancy has occurred. Another area of research at the Council is male contraception. Clinical trials of an implant system containing a synthetic androgen, MENT[™] (7 α -methyl-19-nortestosterone), are ongoing. To date, trials in normal and hypogonadal men have shown that MENT suppresses gonadotropin secretion and testosterone while maintaining muscle mass, potency, libido, and other secondary sexual characteristics. Preliminary results also indicate that implants delivering high doses of MENT can block sperm production. While clinical trials proceed, Council staff continue to investigate the safety and activity of these drugs with extensive toxicology and pharmacology studies.

Activity Overview

Nestorone[®] (NES)/Ethinylestradiol (EE) Contraceptive Ring

Countries:	Australia, Finland, United States
Study Coordinator:	Yun-yen Tsong
Period:	Ongoing
Objective:	To develop a new contraceptive ring system that is under the control of the user, does not require daily intake of steroids, and avoids the impact of oral steroids on the liver; and to reduce side effects related to androgenic progestins.

Activity Description: The contraceptive ring is particularly suitable for steroid administration. When a ring is placed in the vagina, the steroid within it slowly diffuses into the blood and tissues, thereby providing a contraceptive effect by inhibiting ovulation. Because the ring is inserted and removed by the woman herself, a minimum amount of attention by medical personnel is required, and initiation and discontinuation of the ring are entirely under the woman's control. The contraceptive vaginal ring containing Nestorone (NES) and ethinylestradiol (EE) is undergoing extensive clinical trials to facilitate its approval by regulatory agencies and, eventually, introduction into family planning programs. The ring is designed for one year of use. The results of dose-finding and use schedule studies showed the ring releasing NES/EE at a rate of 150/15 µg per day to be the most effective dose. As to the use schedules, both the 3-weeks-in/1-week-out and the 26-days-in/4-days-out schedules showed excellent bleeding control and were equally effective in the prevention of pregnancy.

A study that continued during Year Two of the cooperative agreement has been carried out to determine the effectiveness of three doses of rings (releasing 50/10, 50/20, and 150/15 µg per day NES/EE) used on a bleeding signal schedule. In this schedule the woman keeps the ring in place until she begins bleeding, removes it for four days, and then reinserts it whether she has ceased bleeding or not. Preliminary results indicate that subjects using the NES/EE 150/15 ring have fewer bleeding/spotting episodes and shorter bleeding periods. This Phase 2 clinical trial is scheduled to be completed during the first half of 2002. Also during Year Two, the Council's Institutional Review Board approved a protocol for a Phase 3 clinical trial of the NES/EE 150/15 ring, to be used on a 3-weeks-in/1-week-out schedule. Negotiations with a contract manufacturer for the large-scale manufacture of rings for the prospective Phase 3 trial are ongoing.

Implementing Organizations:	Population Council, Sydney Center for Reproductive Health Research, The Family Federation of Finland, LAC+USC Medical Center
Collaborating Organizations:	Chilean Institute of Reproductive Medicine, Dominican Association for the Well-being of the Family, Lothian Family Care
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Nestorone[®] (NES) Implant

Country:	United States
Study Coordinator:	Irving Sivin
Period:	Ongoing
Objective:	To develop a single implant releasing NES, in order to provide contraceptive protection while avoiding the adverse effects of oral steroids on the liver and reducing side effects related to androgenic progestins.

Activity Description: A single implant releasing the progestin Nestorone (NES) and intended for two years of use is being developed by the Population Council. The steroid is not orally active as a result of a high rate of first-pass hepatic metabolism, a feature makes the NES implant an ideal method for lactating women. A Phase 2 dose-finding study indicated that a dose corresponding to an *in vitro* release rate of 100 µg per day exhibited good suppression of ovulation and prevented pregnancy through 23 months. A single pregnancy occurred in the 24th month. Accordingly, the implant was redesigned to provide an *in vitro* release rate of approximately 115 µg per day. The reformulated implant is 4.5 cm long, has a smaller diameter, and contains a higher drug load. These features should enable the implant to be highly effective for two full years and provide a margin of safety with respect to pregnancy prevention of a few months beyond two years. A Phase 2b clinical trial of the reformulated implant was initiated during Year One of the current cooperative agreement.

In Year Two of the cooperative agreement, the Council, with support from USAID, monitored and analyzed data from the ongoing Phase 2b clinical trial of the reformulated NES implant. The trial itself, which is not supported by USAID, is being conducted in clinics in three Latin American countries. One hundred women have been enrolled at each clinic. By the end of August 2001, a few women had reached 18 months of use with no pregnancies. The one-year pregnancy rate was 80 per 100. There have been no serious unexpected adverse events. As with other progestin-only implants, menstrual problems were the dominant reason for termination in the first year with a cumulative rate of 8 per 100. A variety of other medical reasons led to terminations from the study at a rate of 6 per 100 at one year. This study will continue for approximately another 18–21 months until the last group of women who were enrolled complete 2.5 years of use and data are received and analyzed at the Council. For the time being, the NES implant continues to be a highly promising contraceptive method.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Norplant[®]

Country:	United States
Study Coordinator:	Irving Sivin
Period:	Ongoing
Objective:	To secure from the U.S. Food and Drug Administration (FDA) approval of Norplant as a seven-year method.

Activity Description: Norplant is a set of six 3-cm implants that release the progestin levonorgestrel at declining rates over a ten-year period. The implants are currently approved by regulatory agencies for five years of use. However, clinical data suggest that the release rates of the progestin are sufficient to provide a high degree of effectiveness in preventing pregnancy for a period of seven years. The data show the cumulative five-year pregnancy rate to be 1.1 per 100, and the seven-year cumulative pregnancy rate to be 1.9 per 100. Annual pregnancy rates were always below 1 per 100 throughout the seven-year clinical trial. The Council expects that Norplant will eventually be replaced by another Council product, Jadelle[®], which also releases levonorgestrel, however, the registration of new products in a large number of countries requires a substantial number of years (it took 17 years to register Norplant in 63 countries). Accordingly, the Council has sought to extend the period of regulatory approval from five to seven years, addressing the request to the FDA.

During Year Two of the cooperative agreement, the Council, with USAID support, submitted data and analyses to the FDA to establish a basis for a request to extend the approval of the effective period of use of Norplant to seven years. The principal data were submitted in December 2000. In subsequent months, additional data were submitted at the FDA's request. Between September 2000 and August 2001, Council authors, together with staff at the World Health Organization, published three papers on the safety and effectiveness of levonorgestrel implants based on an international eight-country study of 16,000 women, half using Norplant and half using nonhormonal IUDs or undergoing sterilization. Fully 96 percent of the women were followed for five years. The study attests to the safety of the levonorgestrel-releasing implant system. There were few significant differences in the incidence of major diseases between implant and control groups (i.e. moderate hypertension and gallbladder disease were moderately increased in the implant group and pelvic inflammatory disease in the IUD subjects).

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Jadelle® (Two-rod Levonorgestrel Implant System)

Country:	United States
Study Coordinator:	Irving Sivin
Period:	Ongoing
Objective:	To secure from the U.S. Food and Drug Administration (FDA) approval of Jadelle as a five-year method.

Activity Description: Jadelle (formerly known as Norplant® II) is a set of two 4-cm implants that release the progestin levonorgestrel steadily for a five-year period and at reduced rates for two to three years thereafter. The Population Council, with the support of USAID, received approval in 1996 for use of this contraceptive for a three-year period. Clinical trials have continued and the five-year cumulative pregnancy rate is 1.1 per 100, with an average annual Pearl pregnancy rate of less than 0.2 per 100. Because the longer use-life is believed to be advantageous to women seeking long-term protection against pregnancy, the Council wishes to obtain FDA approval for five years of use.

During Year Two of the cooperative agreement, the Council, with USAID support, submitted data and analyses to the FDA providing evidence of the effectiveness of Jadelle for a five-year period of use. In the following months, the Council sent additional data to the FDA in answer to questions concerning adverse events and release rates. In July 2001, after meeting all requests for clinical data, the FDA sent a letter to the Council stating that the five-year period of safe and effective use was approvable, subject to the manufacturer or the Council submitting data on release rates from current production lots, and updating adverse event data and pregnancy rates. The Council expects to receive these data from the manufacturer in 2002.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Nestorone[®] (NES), Not Method-Specific

Country:	United States
Study Coordinator:	Kalyan Sundaram
Period:	Ongoing
Objective:	To conduct pharmacology and toxicology studies required by regulatory agencies for all methods using NES.

Activity Description: Various formulations of NES are currently being developed for clinical use. The pharmacology and toxicology of NES are being investigated. These data are necessary to establish the biological actions and safety of the molecule. The studies described here will generate information for the submission of a New Drug Application for each of the NES methods under development.

During Year Two of the cooperative agreement, NES was found to be nongenotoxic by three tests: a gene mutation test in bacteria (Ames test), a chromosomal aberration study in human peripheral lymphocytes, and an *in vivo* micronucleus test in the mouse. A 24-month carcinogenicity study is underway in rats. At the end of the first year, the survival rate was good and no adverse effects were observed. In order to perform a carcinogenicity study with transgenic mice, a four-week dose-finding study was undertaken as recommended by the U.S. Food and Drug Administration. However, the lowest dose used in this study induced biological effects and was considered to be too high to establish a no-effect level. This study will be repeated using lower doses to establish an appropriate dosage to be used in the study with transgenic mice. Radioimmunoassay of clinical and preclinical blood samples, which cannot be attributed to specific methods, was also carried out under this activity.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Androgen Implant

Countries:	Germany, United States
Study Coordinator:	Kalyan Sundaram
Period:	Ongoing
Objective:	To develop an implant releasing the synthetic androgen MENT™ in order to suppress spermatogenesis and replace testosterone in normal, fertile men.

Activity Description: Suppression of spermatogenesis by blocking gonadotropin secretion is a promising approach to male contraception. MENT is a synthetic androgen and a potent suppressor of gonadotropin secretion, which leads to a reduction of testosterone production and cessation of spermatogenesis. Because of its high potency, the effective doses are very low, making it feasible to be administered for extended periods via subdermal implants. MENT implants have been developed and tested in normal and hypogonadal men and found to elicit dose-related responses.

During Year Two of the cooperative agreement, a multicenter Phase 2 dose-finding study of one, two, or four implants was undertaken in normal men to study the effectiveness of MENT to suppress spermatogenesis. Although the trial was originally planned for six months, some subjects agreed to continue in the study for nine or 12 months, as the implants were found to release MENT for longer than the anticipated use-life of six months. The treatment phase of the study was virtually complete by the end of Year Two: results show that spermatogenesis was fully suppressed for 12 months in 80 percent of the subjects receiving four implants. Concurrently, efforts were undertaken to reformulate the implants so that fewer implants will be required for delivery of the necessary dose of MENT for contraceptive effectiveness, and a clinical trial was planned to test the reformulated implant in combination with the progestin levonorgestrel.

Implementing Organizations:	Population Council, Institute of Reproductive Medicine of the University of Münster
Collaborating Organizations:	Chilean Institute of Reproductive Medicine, Dominican Association for the Well-being of the Family
Activity Funding:	Core

Contribution to Results Framework: IR 1.1

Activity Overview

Androgen, Not Method-Specific

Country: United States
Study Coordinator: Kalyan Sundaram
Period: Ongoing
Objective: To conduct pharmacology and toxicology studies required by regulatory agencies for all methods using MENT™.

Activity Description: In order to carry forward the clinical studies of MENT, various safety, pharmacology, and metabolism studies are required. Studies seek to generate a body of data that will meet the regulatory requirements for clinical trials of all methods releasing MENT.

During Year Two of the cooperative agreement, various mutagenicity and toxicology studies of MENT were completed to allow Phase 2 studies of the implants to go forward. Efforts were undertaken to identify the metabolic pathways that are responsible for the disposition and elimination of MENT. The studies were carried out *in vivo* and *in vitro* using rat liver microsomes and specific cytochrome P450 enzyme inhibitors. Radioimmunoassay of clinical blood samples, which cannot be attributed to specific methods, is also budgeted under this activity.

Implementing Organization: Population Council
Activity Funding: Core

Contribution to Results Framework: IR 1.1

INTERNATIONAL PROGRAMS DIVISION

EXPANDING CONTRACEPTIVE CHOICE

Program Summary

The Population Council's Expanding Contraceptive Choice (ECC) project works to improve the reproductive health of individuals and communities by expanding their choices related to pregnancy and STI/HIV prevention (dual protection) within a reproductive health framework. The program is guided by WHO's Contraceptive Strategic Assessment Framework—a three-stage strategy for contraceptive introduction designed to help policymakers and health professionals address the complex issues surrounding contraceptive method introduction, including client preferences, service-delivery system capabilities, provider competence, and sustainability. ECC's goal is to increase the reproductive health options available to women and men in developing countries by expanding the use, availability, and accessibility of safe, effective, and acceptable contraceptive and STI/HIV prevention technologies. The program seeks to expand informed choices not only within health care delivery systems, but also through alternative delivery systems. To do so, ECC works with community-based, regional, and national women's advocacy and health groups. The overall objective of the program is to facilitate the introduction or reintroduction of contraceptive and dual protection technologies that are safe, programmatically feasible and sustainable, and likely to expand choice in ways consistent with individuals' reproductive health goals. Specific objectives of ECC are to:

1. Explore and establish links between new or underutilized contraceptive technologies at the user, community, and service-delivery levels;
2. Develop and test new strategies for method expansion and base scaling-up and replication activities on successes and lessons learned;
3. Understand and influence how providers and systems constrain choices, by conducting assessments, conducting interventions, and evaluating their impact;
4. Facilitate the introduction of contraceptive technologies and, once they have been introduced, work toward maintaining them within country programs with quality delivery by conducting technical assistance for policy-setting decisionmakers, policymaking health care professionals and educators, and decision-influencing community and NGO leaders; and
5. Widely disseminate findings from the various research; technology-support; and community-, individual-, and service-delivery-focused activities in order to influence the broadest range of practitioners, researchers, and health advocates and to dispel myths about contraceptive technologies. We will do this by producing and conducting a variety of publication and communications activities, including academic journal articles, newsletters, workshops, Internet-based dissemination sites, distance-learning, articles in the lay press, and other methods.

During Year Two of the cooperative agreement, ECC continued to work on major diagnostic, assessment, intervention, and technical assistance projects in East and Southern Africa, Latin America and the Caribbean, and West and Central Africa. Among our projects were disseminating the results of the second phase of the expanding contraceptive choice project in the Copperbelt Province in Zambia and developing a proposal for the scaling up of the project. Field staff in Ethiopia and Senegal have been evaluating the Norplant[®] programs in those countries; the work in Senegal involves over 18,000 implant users and will be one of the few studies that will track Norplant[®] users in a nonclinical trial setting lost to follow-up. ECC expanded its activities during this period to the Dominican Republic, where staff began

work on assisting the USAID mission in its development of a five-year reproductive health strategy by conducting an assessment of the country's specific reproductive health needs using Stage 1 of the WHO Strategic Framework.

ECC continued to provide technical assistance and contraceptive technology updates to national reproductive health and family planning departments of ministries of health in Bolivia, Brazil, Ethiopia, Honduras, and Zambia. The program cosponsored an East Africa regional implants meeting to increase knowledge of evolving implant technologies. ECC also continued national and international dissemination activities such as presentations of ECC projects at regional professional society conferences of Latin America and the Caribbean and West and Central Africa.

ECC continued to work on expanding the use of dual methods, including barrier methods such as the male and female condom, in order to help individuals achieve goals of preventing pregnancy and reducing HIV/STI risk. New York- and regionally based program staff participated in national and international conferences and workshops; conducted contraceptive technology updates for providers, ministry-level decisionmakers, service-delivery personnel, and program managers; and provided technical assistance to national family planning programs in developing and updating their family planning/reproductive health guidelines. All of our contraceptive technology introduction/reintroduction activities and expanding contraceptive choice activities are designed to be conceptually and practically situated within a reproductive health framework.

Activity Overview

Technical Assistance to the Development of a Reproductive Health Strategy in Ethiopia

Country:	Ethiopia
Technical Monitor:	John P. Skibiak
Period:	September 1999–ongoing
Objective:	To provide technical assistance to a working group developing a reproductive health strategy for Ethiopia.

Activity Description: The 1997 Ethiopia Reproductive Health Needs Assessment—conducted under the auspices of the Ministry of Health (MOH) by the United Nations Population Fund (UNFPA), WHO, and the Population Council/ECC—used qualitative data to examine the reproductive health environment within the country. The MOH and the reproductive health community responded positively to the report and have asked collaborating institutions to work together on devising a nationwide reproductive health strategy and agenda. ECC has played a significant role on this committee.

As part of these efforts, ECC was asked to provide technical assistance for an evaluation of the national Norplant[®] program. In Year Two of the cooperative agreement, all ECC technical assistance for Ethiopia was directed toward that project's implementation (see next page).

Implementing Organization:	Population Council
Collaborating Organizations:	UNFPA, WHO, Ethiopia MOH
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.a

Activity Overview

Technical Assistance to Evaluation of the National Norplant® Program of Ethiopia

Country:	Ethiopia
Technical Monitor:	John P. Skibiak
Period:	April 2000–February 2001
Objective:	To evaluate Ethiopia’s national Norplant program.

Activity Description: Norplant has been available in Ethiopia since 1994. In 1997, the Ministry of Health (MOH) expanded availability of the method. At the same time, however, a number of concerns arose over the quality of implant services. The 1997–98 WHO Reproductive Health Needs Assessment found that, despite the implant’s popularity, the rapid expansion of services had given rise to a number of logistic and other operational constraints, including periodic stockouts. Another concern was the ability of existing training programs to transfer the requisite knowledge and skills required. Finally, there was concern about the lack of adequate mechanisms for client follow-up.

In response, an evaluation was conducted of the national Norplant program. As part of its ongoing technical assistance to the MOH (see previous page), ECC was asked to participate in this evaluation. Specific objectives included assessing the place of contraceptive implants in primary health care services and documenting how the introduction of implants satisfied users’ needs, fit within service-delivery capabilities, and expanded contraceptive choice. In addition, the results of the evaluation became the foundation for data-based recommendations as to whether contraceptive implant introduction should be expanded and scaled up to the rest of the country.

ECC provided technical assistance for the design of the evaluation during Year One and for its implementation in Year Two of the cooperative agreement. The first phase of implementation gathered information on the origins, availability, and quality of Norplant services in Ethiopia. The second phase synthesized the information from Phase One and indicated that Ethiopia has high unmet need for appropriate contraceptive methods and that Norplant could reduce such unmet need by expanding the method mix.

The evaluation recommended improving the mechanisms for follow-up of clients; overcoming the inconsistencies in the multitude of guidelines, protocols, and training curriculums currently used to support the delivery of Norplant services; maintaining adequate stocks of implants, insertion equipment, and supplies; and enhancing the quality, quantity, and accuracy of information about Norplant implants. It also recommended that any expansion of Norplant services must be incremental.

The results of the evaluation have already yielded results. Both UNFPA and USAID have placed new orders for Norplant kits, and efforts are currently underway by the MOH to implement key recommendations from the evaluation.

Implementing Organization:	Population Council
Collaborating Organizations:	UNFPA/Ethiopia, Ethiopia MOH, Consortium of Family Planning NGOs in Ethiopia, Family Guidance Association of Ethiopia, USAID/Ethiopia, WHO
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.c

Activity Overview

Expanding Access to Coital-dependent Methods and Dual Protection Within Youth-centered Sexual and Reproductive Health Care Facilities

Country:	Ethiopia
Technical Monitor:	John P. Skibiak
Period:	December 2000–December 2002
Objective:	To increase the use of family planning methods among youth by improving access to technologies that address their unique needs and concerns.

Activity Description: The 1997 Ethiopia Reproductive Health Needs Assessment found that, despite access to modern contraception, many youth continue to engage in unprotected sex. Some young women said they felt uncomfortable taking pills or injections on a regular basis when the frequency of their sexual activity was so sporadic. While providers stock some barrier methods, these methods represent only a small percentage of the method mix in Ethiopia.

The study, implemented by the Family Guidance Association of Ethiopia (FGAE) with technical assistance and financial support from ECC, examines the effect on contraceptive use of expanding access to coital-dependent methods, including methods already available in NGO clinics (e.g., male condom, vaginal foam, and foaming tablets) and newer technologies (e.g., female condom and emergency contraception). The study emphasizes the importance of dual protection; as such, all barrier methods are backed up by emergency contraception. The study also explores whether the introduction/reintroduction of these methods will strengthen the quality of youth-centered services and expand contraceptive choice by assuring adequate contraceptive stock, increasing knowledge about family planning, offering dual protection, and removing barriers that impede access to all methods. It will obtain information on client demographic characteristics, contraceptive use, and client volume over a two-year period. Results will provide FGAE and other youth-centered service providers with the knowledge, skills, and strategies required to respond more effectively to the needs of youth, to improve the quality of reproductive health services, and to more smoothly introduce new contraceptive methods into the Ethiopian family planning method mix.

The study was officially implemented in December 2000. To date, two critical baseline surveys have been conducted, new tools and procedures for collecting and monitoring service statistics have been developed, and youth center staff have been trained in the delivery of youth-friendly reproductive health services.

The first baseline survey, completed in March–April 2001, examined factors associated with the performance of peer providers at FGAE’s youth centers. The second survey was the baseline for comparing postintervention effects. It included youth center clients, a sample of young people ages 10–24, and health care providers from the communities served by each of the centers.

Implementing Organization:	FGAE
Collaborating Organizations:	DKT Ethiopia, Médecins sans Frontières International
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.a

Activity Overview

Study of Impact After the Introduction of Norplant[®] and DMPA[®] in Zambia, Phase 2

Country:	Zambia
Technical Monitors:	Saumya RamaRao, Jacqueline Kim
Period:	September 2000–March 2002
Objective:	To provide information on contraceptive use patterns and dynamics after the introduction of Norplant.

Activity Description: The Lusaka Impact Study is being implemented through the Population Council's Quality of Care Impact project with funding and technical assistance from ECC. The purpose of this study is to assess whether continuation of contraceptive use will be increased and unintended pregnancies reduced with greater choice of methods. To test this hypothesis, the study made use of the pilot introduction of Norplant and the reintroduction of Depo-Provera[®] within the Zambian family planning program. Two groups of clinics in which contraceptives have been added to the existing program methods have been compared to a control group of clinics with an unchanged method mix. In one group of experimental clinics, Norplant and Depo-Provera were added to the method mix, and in the second group of clinics only Depo-Provera was added. Eight public-sector clinics in Lusaka city are participating in the study; two in each of the experimental groups and four in the control group.

Under Phase One of this project (May 1998–September 1999; funded under Cooperative Agreement CCP-A-00-94-00013) a client-flow analysis and a situation analysis were conducted in all eight clinics, a panel of 3,203 family planning users was recruited and interviewed, and 2,200 women were interviewed during a three-month follow-up. Two reports were prepared based on the client-flow analysis and results from the baseline panel and three-month follow-up interviews. In addition, an in-country dissemination meeting for Ministry of Health and USAID mission stakeholders was held in July 2000.

Phase Two of the study, consisting of a final round of data collection, is underway. During Year Two, a situation analysis and follow-up interviews with panel respondents were conducted. The situation analysis measured changes in service quality in the eight clinics since the baseline measure. The follow-up interviews were done at a cohort age of approximately 24 months. (Note: The original proposal was for follow-up interviews at 3, 15–17, and 27–29 months of cohort age; however, given the high rate of loss to follow-up at the 3-month interview [32 percent] and lack of resources, the design was modified to only one follow-up interview at 24 months.)

The project end date was extended owing to difficulties in locating and interviewing women who were lost to follow-up. At the end of Year Two, data collection was near completion.

Implementing Organization:	Central Bureau of Statistics, Lusaka, Zambia
Activity Funding:	Core + Field Support

Contribution to Results Framework: SR 1.2.c

Activity Overview

Expanding Contraceptive Choice Demonstration Project in the Copperbelt Province of Zambia: Transition Phase

Country:	Zambia
Technical Monitor:	John P. Skibiak
Period:	January–June 2001
Objective:	To develop and implement a package of integrated service delivery in the Copperbelt Province of Zambia with the goal of enhancing contraceptive choice and quality of care nationwide.

Activity Description: Between late 1996 and early 1999, ECC and the World Health Organization Special Programme of Research, Development, and Research Training in Human Reproduction (WHO/HRP) supported a pilot study in Zambia to develop and test a package of integrated family planning services for expanding contraceptive choice. Implemented by the Zambia Central Board of Health (CBoH) and CARE, the study (1) trained health care providers in the rural Copperbelt to deliver high-quality family planning and reproductive health services; (2) introduced three new contraceptive methods (Depo-Provera[®], emergency contraception, and female condoms) and established referral systems for methods not available locally; (3) provided routine technical backup to field-based staff; and (4) supported ongoing logistics systems to avoid contraceptive stockouts. In May 1999, the study was extended to enable CARE and CBoH to synthesize the results to date and to apply that information in such a way that all the tools, strategies, and action plans needed to replicate the strategy would be well in place.

USAID and WHO reacted favorably to the preliminary pilot findings, and both institutions support scaling up the activity. The purpose of scaling-up activities will be to assess whether the methods used in the pilot study can be replicated in a wider setting, with the goal of improving the quality of service delivery and expanding contraceptive choice nationwide. However, prior to scaling up the activity, several tasks remained to be completed. These tasks were accomplished during a transition phase.

During this transition phase, a dissemination workshop was held 25 January 2001 in Ndola for stakeholders and other interested parties. ECC staff (including project director Suellen Miller), regional project coordinator Mary Zama, other project team members, and stakeholders met to disseminate the results and discuss the next steps for scaling up the project. Also during this transition phase, a draft proposal for scaling up was developed. The final proposal is expected to be completed by February 2002. USAID/Zambia has provided field support to fund the scaling-up effort.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.a

Activity Overview

Technical Assistance to Zambia Ministry of Health for the Development of National Reproductive Health Strategy

Country:	Zambia
Technical Monitor:	John P. Skibiak
Period:	August 2001–ongoing
Objective:	To provide technical assistance to the Ministry of Health (MOH) in Zambia for the registration of Depo-Provera [®] and the selection of a dedicated emergency contraception pill.

Activity Description: Many in the Zambian reproductive health community believe that the Population Council’s work under the ECC project has elevated the recognition of and importance accorded to the concept of contraceptive choice. During Zambia’s 1995 contraceptive needs assessment, for example, there was little debate or concern when provider biases precluded the consideration of several contraceptive methods—most notably injectable contraception—within the national method mix. At that time, choice still took a back seat to the convictions of health care planners.

The last six years, however, have seen a marked shift in the attitudes of health care planners—perhaps because our work with Depo-Provera and emergency contraception has made the issue of method choice difficult to ignore. What is more, by demonstrating user demand for and acceptability of these methods; health planners have begun to recognize many of their own biases. This shift was perhaps best expressed at the ECC dissemination workshop (see previous page) by keynote speaker Sam Miti, director of technical services at the Zambia Central Board of Health (CBoH), who reflected on the once controversial decision to include Depo-Provera among the range of available contraceptive options.

In August 2001, the CBoH established a subcommittee within the National Reproductive Health Task Force to formulate recommendations on procuring, reintroducing, and registering injectable contraceptives and emergency contraception pills. From the outset, the Council has supported the subcommittee’s work by researching, procuring, and submitting to the subcommittee documentation of the methods under consideration. It has opened channels of communication between the subcommittee and manufacturers of the methods (e.g., Pharmacia Corporation, Schering Pharmaceuticals, HRA Pharma, and Gedeon Richter Ltd). It has summarized and documented the results of ECC’s own research in Zambia. And it has detailed the implications of potential subcommittee recommendations on the cost, quality, and sustainability of reproductive health services.

Implementing Organization:	Population Council
Collaborating Organization:	Central Board of Health, Zambia
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.a

Activity Overview

Partial Support for Population Council Regional Workshop on Implant Technology: Past Experiences and Perspectives for Africa

Countries:	East and Southern Africa Region
Technical Monitor:	John P. Skibiak
Period:	August–September 2001
Objective:	To provide institutional support to an African regional workshop on implant technologies.

Activity Description: As a leading player in the introduction of contraceptive implants worldwide, ECC is interested in understanding the impact of implant technology and its use within national family planning and reproductive health programs. To this end, in collaboration with Schering Pharmaceuticals and Organon, ECC sponsored an African regional workshop on implant technologies in August 2001. Workshop objectives were to provide a contraceptive technology update on implants in general; to share experiences and lessons learned from the various implant introductory and expansion activities in Africa; to address the problems noted from these experiences; and to ensure that the objective of expanding contraceptive choice is maintained in participating countries.

Approximately 60 participants from 15 countries in Africa were invited. Invitations were extended to the heads of family planning units and regulatory bodies and individuals who manage or are involved in the introduction and/or expansion of implant technologies. Other participants included representatives from cooperating agencies, donor institutions, and implant manufacturers. Participants were given an opportunity to share information via video presentations, demonstrations, and display tables. A plenary session marked the end of the workshop, at which key action points were identified. The workshop's goal was to provide a blueprint for the next steps in expanding contraceptive choice through introducing improved implant technologies, marketing, quality of services, and management of family planning programs.

The workshop was a success. Participants were enthusiastic, and several potential sites were identified for studies of the transition from Norplant[®] to Jadelle[®]. The final workshop report will be completed by March 2002.

Implementing Organization:	Population Council
Collaborating Organizations:	Schering Pharmaceuticals, Organon
Activity Funding:	Core

Contribution to Results Framework: 1.2.b

Activity Overview

Evaluation of the National Norplant® Program in Senegal

Country:	Senegal
Technical Monitor:	Penda N'Diaye
Period:	July 2000–June 2002
Objective:	To evaluate Senegal's national Norplant program.

Activity Description: Norplant was introduced into Senegal's national family planning program in 1986. At present, approximately 44 service-delivery points offer Norplant. The implant introduction program has been considered successful, and many women using implants seem satisfied with them. However, to date no evaluation of implant provision has been conducted; rather, reports have been anecdotal or part of larger family planning and reproductive health situation analysis studies.

ECC, in collaboration with Senegal's Ministry of Health (SNSR), is conducting a study of the contraceptive implant program. The study combines qualitative and quantitative research methods to assess implant service delivery and determine the feasibility and strategies for scaling up Norplant or making a transition to Jadelle®. The study's objectives are to evaluate the Norplant program by assessing quality of care, method acceptability, percentage of contraceptive users choosing and continuing to use implants; and to gain a profile of implant users—both those still on their first set and those on their second set (reinserters). The study is also evaluating the quality of implant-related counseling; providers' attitudes toward the method; and continuation rates, removal rates, and reasons for removal. A crucial aspect of the study is locating women who have had Norplant *in situ* for over five years and are *perdues de vue* (lost to follow-up; literal translation, “lost to sight”) in order to determine the reasons why they have been lost to follow-up, to advise them of their risk of pregnancy, and to offer them new implants and/or other methods to match their current reproductive intentions.

The study is being implemented in two phases. Phase One was completed in May 2001 and Phase Two is expected to be completed by June 2002. Phase One provided a demographic profile of implant users; information on the prevalence of Norplant use; and data on the number of implant users who are active, inactive, and *perdues de vue*. Client records for a total of 18,577 Norplant users since the method's introduction in Senegal in 1986 were reviewed during Phase One. Approximately 11,000 women are currently using their first set of implants, and nearly 800 women are using their second set of implants. However, records review also revealed that 1,186 women (about 6 percent of users) have been lost to follow-up.

Results from this evaluation will have a significant impact on the future of Senegal's implant program by providing an understanding of the needs of the program and of service providers so that implant clients may be better served. The evaluation also will help the SNSR decide whether to expand Norplant services or to undertake a transition to Jadelle.

Implementing Organization:	Population Council
Collaborating Organization:	SNSR
Activity Funding:	Field Support

Contribution to Results Framework: SR 1.2.c

Activity Overview

Launching the Regional Francophone MAQ Subcommittee

Country:	Senegal
Technical Monitors:	Penda N'Diaye, Rasha Dabash
Period:	July 2000–October 2001
Objective:	To launch a Francophone Maximize Access and Quality (MAQ) Subcommittee for the global Initiative to Maximize Access and Quality.

Activity Description: The USAID-sponsored MAQ initiative brings together program managers and staff from USAID Washington, USAID missions, and the cooperating agency community to identify and implement practical, cost-effective, focused, and achievable interventions aimed at improving both access to and quality of family planning and selected reproductive health services. The global MAQ initiative has been active in Francophone West Africa since 1995 when decisionmakers and health professionals from ten Francophone countries gathered for a regional conference in Burkina Faso to distill and disseminate lessons learned in MAQ and develop national MAQ action plans. To institutionalize the commitment and enthusiasm for the MAQ initiative in the region, an ad hoc committee was established to create a permanent regional Francophone MAQ Subcommittee to the MAQ Steering Committee. This committee consists of representatives of USAID, senior technical professionals from Francophone Africa, and representatives of cooperating agencies active in the region. At the request of USAID, the Population Council, in collaboration with JHPIEGO and INTRAH/PRIME II, took the lead in organizing a meeting in Dakar to formally establish the Francophone MAQ Subcommittee.

The permanent Francophone MAQ Subcommittee was established at the July 2000 meeting, and ECC's medical associate for the region, Penda N'Diaye, was elected to serve on its executive board.

During Year Two, a report of this meeting was distributed in the region. In February 2001, the executive board members reconvened to refine the group's objectives. Dr. N'Diaye was instrumental in helping to develop the subcommittee's technical agenda of dual protection.

Implementing Organization:	Population Council
Collaborating Organizations:	JHPIEGO, INTRAH/PRIME II
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.c

Activity Overview

Technical Assistance to the Francophone MAQ Subcommittee to Develop Activities in West and Central Africa

Countries:	West and Central Africa Region
Technical Monitor:	Rasha Dabash
Period:	July 2000–ongoing
Objective:	To develop Maximize Access and Quality (MAQ) activities in West and Central Africa in adherence with guidelines established by the global MAQ initiative and with the mandate of the Francophone MAQ Subcommittee.

Activity Description: Since 1995, ECC has been involved in various activities related to USAID’s MAQ initiative in West and Central Africa as a member of the MAQ Technical Committee. As a result of these efforts, a permanent Francophone MAQ Subcommittee was established in July 2000 (see previous page).

Since October 2000, ECC program associate Rasha Dabash attended the Washington, DC–based meetings of the Francophone MAQ Subcommittee in place of ECC medical associate for the region Penda N’Diaye. In June 2001, Dabash attended the subcommittee’s first regional meeting to discuss its technical agenda and specific country priorities.

More recently, ECC worked with the subcommittee to conduct a desk review of reproductive health protocols and guidelines to assess the use of HIV/STI integration procedures in these documents. ECC was responsible for reviewing the HIV/STI integration content of Senegal’s protocols and guidelines.

As part of its overall dual protection strategy, ECC continues to play an active role in the subcommittee’s efforts to refine its objectives and to design specific activities that will support its mission.

Implementing Organization:	Population Council
Collaborating Organization:	Francophone MAQ Subcommittee
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.c

Activity Overview

Technical Assistance to “Policy Language and Media Analysis for Informed Choice: International Dissemination Meeting in India”

Country:	India
Technical Monitors:	Suellen Miller, Anjali Nayyar
Period:	November 2000–October 2002
Objective:	To reduce legislative barriers to voluntary and informed choice within the Indian population program.

Activity Description: As a signatory to the International Conference on Population and Development and a recipient of USAID funds under the Tiarht legislation, India has produced the National Population Policy 2000 that affirms the commitment of the government to voluntary and informed choice. Some states in India have followed suit and issued their own population policies that also emphasize informed choice, counseling, and wider selection of methods. However, state laws, such as those regarding employment and electoral candidacy, contradict the national population policies. For example, Madhya Pradesh provides disincentives—including ineligibility for government employment and for elected government positions—for families with more than two children and for couples who marry before they are of legal age. Maharashtra emphasizes the concept of a “small family norm” of two children and denies monetary advances for house building and vehicle purchases, medical reimbursement, and eligibility for elected office to those with more than two children.

With a grant provided by The David and Lucile Packard Foundation the Population Council/New Delhi is studying the legislative, policy, and media activities (including information, education, and communication and articles in the popular press) that serve as barriers to informed choice. Through research and information dissemination processes, stakeholders will gain greater sensitivity to issues of informed choice, method choice and availability, quality of care, client counseling, and the underlying issues of gender and sexuality. The findings from these reviews will be presented at three state-level meetings, out of which will emerge recommendations for reducing existing barriers and building on successful strategies. The recommendations will be presented at a national-level meeting to be held in early 2002. These state- and national-level meetings will serve as the starting point of a continuing dialogue on informed choice between donors, program planners, providers, women’s health advocates, community leaders, and state- and national-level policymakers. The national-level meeting planned for 2002 will invite international speakers and observers to draw attention to the issue of barriers to choice and to engage in dialogue on ways to reduce these barriers. The Population Council/New Delhi will produce a paper from the presentations at the national-level meeting and will assist in designing and implementing follow-up activities based on its recommendations.

ECC’s technical assistance to this project consisted of ECC director Suellen Miller’s preparation of the background paper and development of the survey instruments and the sampling scheme for the study in December 2000.

Implementing Organization:	Population Council/ECC
Collaborating Organizations:	Population Council/New Delhi, EngenderHealth
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

Activity Overview

Technical Assistance to the Ministry of Health in Bolivia

Country:	Bolivia
Technical Monitor:	Juan Díaz
Period:	1999–ongoing
Objective:	To provide technical assistance to the Bolivia Ministry of Health (MOH) for improving the overall quality of family planning and reproductive health services and introducing injectables into the programs.

Activity Description: Since 1999, ECC has provided technical assistance to Bolivia’s MOH for developing strategies to improve the quality of the country’s family planning and reproductive health services. The MOH has requested that ECC continue to provide this technical assistance.

In addition, ECC is assisting the MOH on a project funded by the U.K. Department for International Development (DfID) and UNFPA on improving the quality of care provided by family planning services in 17 priority municipalities in the country. This project was initiated in June 2001 and will last for three years. It is administered by UNFPA and the MOH with technical assistance from the Population Council.

Implementing Organization:	Population Council
Collaborating Organizations:	Bolivia MOH, DfID, UNFPA
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

Activity Overview

Technical Assistance to Updating National Family Planning Guidelines in Brazil

Country:	Brazil
Technical Monitor:	Juan Díaz
Period:	Ongoing
Objective:	To continue providing technical assistance to the Brazil Ministry of Health (MOH) in its efforts to update and revise the national family planning guidelines.

Activity Description: Efforts have been made to incorporate the technical content of the national family planning guidelines into existing training programs, education curriculums, and so forth. ECC staff have played an ongoing role in these efforts, on both consultative and programmatic levels. A contraceptive technology Internet Web site for providers, created by ECC and the Brazilian Federation of Societies of Gynecology and Obstetrics is one such example of a project to achieve the MOH's goals (see page 29).

Recently, a disagreement within the MOH on the inclusion of a section on STIs/AIDS in the family planning guidelines has halted its finalization and printing. The issue has not yet been resolved.

ECC staff in Brazil will continue to attend meetings with key stakeholders to review and evaluate completed work and assist in strategic development.

Implementing Organization:	Population Council
Collaborating Organization:	Brazil MOH
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

Activity Overview

The Essentials of Contraceptive Technology—Translation from English to Brazilian Portuguese

Country:	Brazil
Technical Monitor:	Juan Díaz
Period:	April 1999–March 2002
Objective:	To translate, publish, and disseminate a Portuguese-language version of <i>The Essentials of Contraceptive Technology</i> .

Activity Description: Brazil is engaged in an ongoing effort to improve its reproductive health/family planning program and to train and update physicians and health workers. *The Essentials of Contraceptive Technology*, published by the Johns Hopkins Population Information Program (PIP), is a useful and reliable source for providing updated information to family planning and other providers. However, this resource was available only in English. Although the number of Brazilian physicians who read English is increasing, a majority of physicians do not. Those who have used the English version of *Essentials* insisted that a Portuguese-language version of this widely used source was needed. In addition, it was noted that a Portuguese-language version of *Essentials* would be useful for medical and nursing students.

Using core funding from the previous Programmatic Cooperative Agreement (CCP-A-00-94-00013), ECC, with assistance from PIP and the USAID Office of Population, translated the recently updated *The Essentials of Contraceptive Technology* into Brazilian Portuguese, with the intent of publishing and distributing the book to providers nationwide. By September 2000, the end of that cooperative agreement, a full editorial review of the handbook had not yet been completed; therefore ECC was allocated funding under the current cooperative agreement to complete publication and distribution.

During Year Two, the editorial review revealed errors in the translation, and the partners felt that a further review of the contraceptive methods included in the handbook was necessary. In early 2001, the revised manuscript was sent to PIP for final formatting and preparation of the layout of the translated version to be consistent with the English version. A wallchart was published and copies were shipped to Brazil in February 2001. Year Two ended with the handbook in press.

Implementing Organization:	Population Council
Collaborating Organizations:	PIP, FEBRASGO, USAID/G/PHN/POP
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

Activity Overview

Contraceptive Technology Internet Web Site for Providers in Brazil: Continued Operation and Maintenance

Country:	Brazil
Technical Monitor:	Juan Díaz
Period:	February 2001–March 2002
Objective:	To maintain and upgrade an Internet Web site on contraceptive technology and related issues for providers in Brazil.

Activity Description: In Brazil, a 1993 WHO assessment revealed that most family planning service providers were not adequately informed of changing contraceptive technologies. The Ministry of Health (MOH) agreed that its norms and guidelines were, due to the nature of traditional publishing, out-of-date.

To overcome these obstacles, ECC developed, in collaboration with the University of Campinas (CEMICAMP) and the Brazilian Federation of Societies of Gynecology and Obstetrics (FEBRASGO), an interactive Internet Web site in Portuguese on contraceptive technologies. Funding for Web site development was provided by field support from the previous cooperative agreement (CCP-A-00-94-00013). The site was launched during the second quarter of 2000. It provides useful information on various issues surrounding technology as well as key articles for policymakers, physicians, and providers. It also contains a question-and-answer section, and efforts have been made to encourage periodic discussions and debates on current issues in contraception.

The Web site has been maintained and updated every three months. As part of an ongoing assessment of the Web site, a number of key indicators have been measured, including the number of visits to the site, participation in debates and discussions on reproductive health topics, and the number of subscribers. Using provider knowledge as a proxy for onsite implementation of knowledge, a knowledge survey of a sample of providers was conducted in September 2000. The Web site also provides links to the Web sites of the MOH and relevant scientific societies, associations, and organizations.

This project will keep the Web site operational through the end of March 2002. ECC is currently identifying potential funding sources to continue operation of the site.

The Web site can be accessed at <http://www.anticoncepcao.org.br/>

Implementing Organization:	Population Council
Collaborating Organizations:	CEMICAMP, FEBRASGO
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

Activity Overview

Strategic Assessment of STI/HIV Transmission in the Brazil Border Regions (Stage 1)

Country:	Brazil
Technical Monitors:	Juan Díaz, Loren Galvão
Period:	May 2001–April 2002
Objective:	To acquire better knowledge of the factors that influence transmission of STIs and, in turn, learn how to reduce transmission in municipalities in the border regions of Brazil.

Activity Description: From the time the first HIV/AIDS case was reported in Brazil in 1982, the number of cases reported annually has increased dramatically. Some 540,000 Brazilians are estimated to be living with HIV/AIDS nationwide, and AIDS-related illness claimed an estimated 18,000 lives in 1999 alone. Although some work has been done to understand STI/HIV transmission patterns in the more populous regions of Brazil along the coast and throughout the northeast region, little information is available regarding transmission along the 15,000 square kilometers of Brazilian territory bordering other South American countries. The little research that has been done indicates that HIV/AIDS is spreading from more urban and affluent areas of the country to rural and poorer sections, such as the border regions, but the pace of this spread and its effect on prevalence are not known. In addition, the border regions have very poor medical services and are vulnerable to a number of high-risk factors contributing to transmission, such as trafficking of sex workers, drugs, and other contraband. In the past few years, the Brazilian government has had increasing interest in improving health care in municipalities in the border regions.

The subproject is a Stage 1 assessment based on WHO's Contraceptive Strategic Assessment Framework that has been adapted to explore the issue of STI/HIV transmission and unwanted pregnancy prevention in the border regions. It combines qualitative and quantitative research methods to assess the cultural context of STI/HIV transmission and service delivery in order to determine strategies for prevention, including dual protection. The findings will be used to improve the quality of service delivery in the border regions and to develop a plan of action for effective and efficient strategies for prevention of STIs/HIV and unwanted pregnancy.

This subproject assesses STI/HIV transmission in six municipalities of Brazil on the borders of other South American countries: Foz do Iguaçu, on the border of Argentina and Paraguay; Uruguaiana, on the border of Argentina and Uruguay; Corumbá and Guajará-Mirim, on the border of Bolivia; Tabatinga, on the border of Colombia and Peru; and Oiapoque, on the border of French Guiana.

A background paper was prepared that presented basic information on the six border municipalities. Before initiating fieldwork, a meeting to refine the objectives of the study was held with representatives of some of the municipalities and relevant stakeholders from the Ministry of Health, the Secretariats of Health, and NGOs.

Implementing Organization:	Population Council
Collaborating Organization:	Brazil MOH
Activity Funding:	Field Support

Contribution to Results Framework: SR 1.2.b

Activity Overview

Strategic Assessment of Reproductive Health Services in the Dominican Republic

Country:	Dominican Republic
Technical Monitors:	Juan Díaz, Suellen Miller
Period:	August 2001–March 2002
Objective:	To assist the Ministry of Health (MOH) and the USAID mission in developing a five-year reproductive health strategy by conducting a multidisciplinary, participative assessment of the reproductive health situation, including identifying and prioritizing problems and strategies for solving those problems.

Activity Description: In the spring of 2001, ECC staff were invited by the MOH and the local USAID mission to discuss the current status of reproductive health within the Dominican Republic and to plan for a proposed Norplant[®] to Jadelle[®] transition study. The country is still in the midst of economic, social, and health changes that began in the 1970s. These changes directly and indirectly affect the reproductive health of the island's citizens. Over 60 percent of married women use modern contraceptives, and 99.9 percent of all women surveyed know of some contraceptive method.

Reproductive health-related concerns discovered during the visit included the low use of spacing methods and the dependence on surgical sterilization. Neither the experts consulted nor the literature reviewed agreed as to whether this dependence was due to client preference, lack of options, provider bias, or other unidentified factors. Concerns were also expressed that the low use of spacing methods has led to early and closely spaced births, with the result that women are tied to the home and not able to continue their education or participate in the workforce. Another concern was the low use of effective contraception among sexually active adolescents, which has resulted in a high adolescent birth rate. Many also believe that the low use of effective contraception contributes to an unacceptably high adolescent maternal mortality rate (MMR).

Maternal mortality is of great concern. Despite the high rate of institutional deliveries (92–97 percent) and high attendance at antenatal care, the MMR is approximately 130–144/100,000, with nearly one-third of these deaths attributed to toxemia. Another finding that requires further investigation is the extent to which the number of maternal deaths can be attributed to HIV/AIDS.

To guide the decisionmaking process on reproductive health, ECC was asked to provide technical assistance and team leadership on a reproductive health needs assessment using WHO's Contraceptive Strategic Assessment Framework. With support from the USAID mission, ECC will conduct a Stage 1 needs assessment during Year Three of the cooperative agreement.

The project began in August with ECC staff conducting a literature review in preparation for the background paper.

Implementing Organization:	Population Council
Participating Organizations:	Dominican Republic MOH, Profamilia
Activity Funding:	MAARD

Contribution to Results Framework: SR 1.2.b

Activity Overview

Technical Assistance to a Preintroduction Study of Norplant[®] in Guatemala

Country:	Guatemala
Technical Monitor:	Juan Díaz
Period:	October 1999–October 2001
Objective:	To assess demand for and acceptability of Norplant among Guatemalan women and to develop a profile of women who select this method.

Activity Description: The Population Council (under Programmatic Cooperative Agreement 520-0357-A-00-4169) is collaborating with the Guatemala Social Security Institute and the local International Planned Parenthood Federation affiliate, the Guatemala Association for the Well-being of the Family (APROFAM), to assess demand for and acceptability of Norplant among Guatemalan women and to develop a profile of women who select this method. The study is being conducted in four clinics in Guatemala City (among urban and periurban women) and one clinic in the province of Quezaltenango (among rural Mayan women). The study is also assessing continuation and failure rates and user satisfaction. There is also a willingness-to-pay component to help determine whether APROFAM could charge for the method. While this project is not funded by ECC, Juan Díaz, the ECC medical associate for Latin America and the Caribbean, is providing technical assistance to the project.

Activities commenced in October 1999. The first three months were spent finalizing instruments and materials and training physicians and counselors. Study participants began receiving Norplant implants in all five clinics in January 2000. Over the following six months, the method was accepted by 1,187 women, with only six requesting removal.

Acceptance per month continued to increase. During the first half of 2001, data was collected and tabulated. Supervisory meetings took place in order to define future activities once the project ends. Researchers investigated possibilities of purchasing Norplant from other sources.

In the first 18 months of the study, 4,003 Norplant implants were inserted, and 214 were removed, representing a 5.3 percent discontinuation rate from all Norplant users. The primary reasons given for the discontinuations were irregular bleeding, headache, breast pain, and partner objection.

A final project report is being prepared.

Implementing Organization:	Population Council
Collaborating Organizations:	Guatemala Social Security Institute, APROFAM
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.a

Activity Overview

Technical Assistance to the Ministry of Health in Honduras

Country:	Honduras
Technical Monitor:	Juan Díaz
Period:	1995–July 2001
Objective:	To provide technical assistance to the Honduras Ministry of Health (MOH) in preparing the national family planning guidelines.

Activity Description: Since 1995, ECC has been providing technical assistance to the Honduras MOH in preparing family planning and reproductive health guidelines. This assistance has taken many forms, including conducting contraceptive technology updates, reviewing technical guidance documents, and participating in policy dialogues.

During Year Two, ECC staff provided technical assistance to improve the in-country logistics system in order to make Depo-Provera[®] available in all clinics, to look for mechanisms that ensure the long-term provision of the method, and to continue efforts aimed at improving quality of care and free choice.

In July 2001, as a result of the closing of the Council's office in Honduras, ECC ended its technical assistance to the MOH.

Implementing Organization:	Population Council
Activity Funding:	Field support

Contribution to Results Framework: SR 1.2.b

Activity Overview

Institutional Support for Regional Professional Societies

Countries:	Interregional
Technical Monitors:	Suellen Miller, Juan Díaz, Penda N'Diaye, John P. Skibiak
Period:	February 2001–January 2002
Objective:	To provide institutional support to meetings and seminars of regional professional societies as part of efforts at capacity building.

Activity Description: ECC has had a longstanding involvement with regional professional societies—providing them with technical assistance, conducting trainings and workshops, and collaborating on research studies and interventions. Among such organizations are the Society of Women Against AIDS (SWAA) in Africa; the Latin American Association of Researchers in Human Reproduction (ALIRH), with which ECC has been affiliated for many years; and the East, Central, and South African Association of Obstetrical and Gynaecological Societies (ECSAOGS). As part of efforts to promote cooperation between the international and local communities and promote capacity building of local institutions, ECC is providing support for a series of seminars and international meetings being held by these organizations during Years Two and Three.

Strategic planning seminar for SWAA. In April 2001, SWAA held its eighth annual international conference in Kampala, Uganda. This year, the theme was “Children and HIV/AIDS: Challenges and Strategies to Cope.” Penda N'Diaye and Mitchell Warren of the Female Health Company cohosted a plenary session titled “Female condoms: Introduction and access.” Dr. N'Diaye's presentation included the research and lessons learned in programs conducted in collaboration with SWAA and other STI/HIV prevention groups that work to improve access to the male and female condom as dual-protection methods. Dr. N'Diaye also participated in the strategic planning meeting that followed the conference. ECC provided financial support to sponsor the event. Funding was also provided for seminar costs, logistics, and travel.

Contraceptive technology update symposium at ALIRH. From 27 April–1 May, 2001, ECC sponsored a contraceptive technology update symposium at ALIRH's 17th annual meeting in Curitiba, Brazil. The symposium emphasized emergency contraception and long-acting hormonal methods. Juan Díaz, ECC's medical associate for Latin America and the Caribbean, organized and chaired the symposium. ECC provided financial support for the participation of four providers involved in the symposium.

Implementing Organization:	Population Council
Collaborating Organizations:	SWAA, ALIRH, Ethiopian Society of Obstetricians and Gynaecologists
Activity Funding:	Core

Contribution to Results Framework: SR 1.2.b

MICROBICIDES ACTIVITIES

Program Summary

The Population Council's microbicides program is a collaborative effort between the Center for Biomedical Research (CBR) and the International Programs Division (IPD) to develop a female-controlled method to prevent heterosexual transmission of HIV and other sexually transmitted infections. Scientists at CBR conduct basic research on disease transmission and test a variety of potential microbicides—both contraceptive and noncontraceptive—*in vitro* and in animal models. Compounds showing sufficient promise in the lab are tested in human trials conducted by IPD researchers. To date, clinical research has focused on a number of carrageenan formulations, and most recently on the Council's lead candidate microbicide, Carraguard™ (PC-515). Researchers have also been working on a novel microbicide that would have contraceptive potential in addition to protecting against sexually transmitted pathogens. USAID funding continues to play a key role in supporting the Council's work on the development and testing of potential microbicides. In addition, USAID funding has been invaluable in attracting other donors, including the Gates Foundation, to the Council's microbicides program.

Although USAID did not obligate any new money to microbicides activities for Year Two, IPD continued activities funded in Year One. Family Health International (FHI) provided ongoing technical assistance to the expanded safety study of Carraguard, including a quality assurance audit in September 2000. Researchers also made considerable progress in planning a Phase 1 safety study of Carraguard among HIV-positive women, men, and couples in KwaZulu-Natal, South Africa. Work on developing a microbicide with contraceptive potential has been on hold pending further funding.

Activity Overview

Technical Assistance for the Council's Expanded Safety Study Assessing the Safety, Acceptability, and Preliminary Effectiveness of the Council's Lead Candidate Microbicide, Carraguard[®] (PC-515)

Country:	South Africa
Technical Monitor:	Barbara Friedland
Period:	October 1999—September 2000
Objective:	For Family Health International (FHI) to provide technical assistance for the expanded safety study of Carraguard in South Africa.

Activity Description: The International Programs Division is conducting a randomized, double-blind, multi-site, placebo-controlled study of Carraguard in South Africa. FHI provided technical assistance through a subaward, helped organize and plan the study training in Year One, and assisted in monitoring the study.

In September 2000, Patti Bush traveled to the University of Cape Town and Medical University of Southern Africa sites with Kelly Blanchard to conduct a quality assurance audit. The scope of the visit included review of study systems (e.g., screening, enrollment, documentation, participant follow-up, adverse events, clinical supply storage, product accountability records, and so forth). A detailed site visit report is on file at the Population Council and at FHI.

Implementing Organization:	FHI
Collaborating Organizations:	University of Cape Town; Medical University of Southern Africa; Medical Research Council
Activity Funding:	Core

Contribution to Results Framework: SR 1.3.c

Activity Overview

Phase 1 Safety Study of Carraguard™ (PC-515) Among HIV-positive Women and Men

Country:	South Africa
Technical Monitor:	Janneke van de Wijgert
Period:	January 2000–December 2002
Objective:	To examine the mucosal safety of Carraguard when used by HIV-positive women, men, and couples.

Activity Description: This study, originally to be conducted only among HIV-positive women, will now examine the safety and acceptability of Carraguard when used by HIV-positive women, men, and couples in Durban, South Africa. It will be the first study in which men are asked to apply Carraguard gel directly to the penis. In addition, researchers will examine genital shedding in women through analysis of cervical vaginal lavage samples.

The study is being conducted in South Africa for several reasons. First, the high prevalence of HIV in South Africa allows for easy recruitment of adequate numbers of HIV-positive women. Second, many potential users of microbicides in South Africa are likely to be HIV-positive without knowing their HIV status. Last, it is likely that South Africa would be one of the first places microbicides would be launched once approved. IPD staff are collaborating with Gita Ramjee of the Medical Research Council in KwaZulu-Natal, who has an extensive research infrastructure that will greatly facilitate project implementation.

The protocol includes three cohorts (15 sexually abstinent women, 15 sexually abstinent men, and 45 sexually active couples). Each cohort will be divided into three study groups (Carraguard, placebo, and no study product). Researchers will assess mucosal safety, vaginal flora, and genital HIV shedding in women; penile safety in men; self-reported symptoms in women and men; and acceptability and use dynamics in women, men, and couples. The study is larger than anticipated because of the inclusion of men and couples and the no-product arm in all cohorts.

During Year Two, Janneke van de Wijgert oversaw the development of the protocol, which was approved by Population Council and Medical Research Council ethical review committees. In May, a subagreement was made with the Medical Research Council. Training took place in Durban in August and was attended by staff from the Population Council, the Medical Research Council, and the U.S. Centers for Disease Control and Prevention. All necessary preparations have been made for the study, and all systems are now in place. The protocol has been submitted to the U.S. Food and Drug Administration, and as soon as the protocol has been approved by the South African Medicines Control Council, recruitment of women and men into the sexually abstinent cohort will begin. Once the study is underway (in the first quarter of 2002), technical monitoring will be managed by coinvestigator Kelly Blanchard, who is based in the Council's Johannesburg office. Data collection will be completed in the summer of 2002 with analysis and write-up to be completed by the end of 2002.

Implementing Organizations: Medical Research Council, Population Council
Activity Funding: Core

Contribution to Results Framework: SR 1.3.c

YOUTH LIVELIHOODS IN EGYPT

Program Summary

Youth Livelihoods in Egypt seeks to better understand the role of young people's entry into and experience in the labor force. The largest generation of adolescents in world history is now making the transition from childhood to adulthood; they are beginning not only their reproductive lives, but also their productive lives. The Population Council is working with colleagues in Africa and Asia to obtain a better understanding of the opportunities and constraints these young people face and to evaluate the cost-effectiveness of interventions for better outcomes. Youth Livelihoods in Egypt is a part of that effort.

Much has been published on adolescent reproductive behavior. There is little information, however, on adolescent experience and policy recommendations to support successful transitions to adulthood. Youth Livelihoods in Egypt has two broad objectives: (1) to document patterns and trends in the incidence and timing of key events during an adolescent's transition to adulthood, including school leaving, formal employment, marriage, first and subsequent births, and their interrelationships; and (2) to advance knowledge about the key external factors affecting the timing of these events, with a particular focus on the availability of work opportunities and their content in terms of training and capacity building; and the reproductive health service environment. The ultimate goal is to identify policy interventions that will delay marriage and childbearing sufficiently to create conditions in which more "successful" transitions to adulthood can occur.

Activity Overview

Youth Livelihoods in Egypt

Country:	Egypt
Technical Monitors:	Barbara Ibrahim, Sajeda Amin
Period:	December 1999–March 2002
Objective:	To analyze trends and patterns in youth employment in Egypt and the social context of work for young girls.

Activity Description: The specific aims of project activities were to learn more about (1) the range of options and work roles available to youth; (2) the process of entry into the work force and the context in which requisite skills for the labor force are acquired; (3) the social and psychological impact on young women of their participation in livelihood activities; and (4) the gaps in existing policies and programs. We also intended to identify new areas for policies and programs that could enhance opportunities for young women. Quantitative data on the issues described above were gathered through a special module on youth livelihoods attached to the nationally representative labor force survey conducted in 1998 by the Economic Research Forum. The module was designed by the Population Council team to broaden the labor force survey's focus by including additional questions on labor force entry, work history, and educational background and training, as well as questions designed to capture issues relevant for young women's decisions about marriage and childbearing. A parallel qualitative component consisted of in-depth interviews with young people and key informants.

In 2001 project activities consisted primarily of dissemination workshops where the project findings were presented and discussed. These included academic presentations at a national university, presentations to private-sector employers and workers, and meetings designed to link study findings to new provisions of the draft labor law. A research report was produced in October 2001. The project will end with a final large-scale dissemination meeting originally scheduled for early 2001, now postponed until November 2001. Participation of high-level policymakers is planned. Project results will be disseminated internationally as well.

Implementing Organization:	Population Council
Collaborating Organization:	Economic Research Forum
Activity Funding:	MAARD

Contribution to Results Framework: IR 2.1

GENDER, FAMILY, AND DEVELOPMENT PROGRAM IN KENYA

Program Summary

The Council's Gender, Family, and Development (GFD) program explores how social, economic, and cultural factors affect the reproductive health and overall well-being of individuals. In Kenya, GFD's broad multisectoral approach improves adolescent girls' and boys' experiences in socializing environments (e.g., school, family, community, work, and sports) and in health services, with a view to making a positive impact on an individual's well-being and reproductive health. GFD believes that positive adolescent reproductive health behavior and outcomes are closely linked to other aspects of young people's lives, such as education, work and livelihoods, family, sports, and creativity and self-expression. Program work is centered on four main areas: (1) evaluating existing youth and gender-related programs; (2) pilot testing new approaches to reaching adolescents, with special emphasis on girls; (3) measuring the impact of programs on young people's lives; and (4) encouraging program managers and policymakers to address gender-related issues.

With support from USAID, GFD initiated a two-pronged project: (1) fact sheets on various aspects of girls' lives in East and Southern Africa; and (2) case studies of successful livelihood programs for young women in Kenya. The data and lessons learned provide useful guidance to policymakers and program managers as they make decisions related to adolescent programming.

Activity Overview

Fact Sheets on Girls' Lives in East and Southern Africa

Country:	Kenya
Technical Monitor	Annabel Erulkar
Period:	August 1999–December 2000
Objective:	To create fact sheets on various indicators pertaining to girls' lives in East and Southern Africa (ESA) to be used as an information resource for program planners and policymakers.

Activity Description: Policymakers and program managers must have a sound understanding of the broad context of young people's lives, such as schooling and livelihood experiences as well as their experience of violence, in order to design appropriate interventions. As a first step toward creating greater awareness and understanding of these issues, the GFD program in Kenya, with support from USAID, developed fact sheets, or briefs, on various aspects of girls' lives in the ESA region. The purpose of the fact sheets is to broaden our understanding of girls and young women in East and Southern Africa.

In all, five fact sheets were produced on the following topics: (1) barriers to girls' education, (2) young women's livelihoods, (3) girls and sports, (4) sexual violence against girls and young women, and (5) tables on the diversity of girls and boys. The last made use of tabular data from Demographic and Health Surveys of six countries in ESA and described educational status, living arrangements, and marital status of boys and girls in the region.

During Year Two, GFD disseminated the fact sheets at the local, regional, and international levels. Dissemination was conducted primarily through existing networks that focus on adolescents; regional meetings; and mailings to Africa-based reproductive health organizations, relevant government institutions, donors, nongovernmental organizations, and youth-serving organizations. To date, over 1,000 copies of the fact sheets have been distributed.

Implementing Organization:	Population Council
Activity Budget:	REDSO/ESA Field Support

Contribution to Results Framework: IR 2.1

Activity Overview

Case Studies of Adolescent Livelihood Programs in Kenya

Country:	Kenya
Technical Monitor:	Banu Khan
Period:	August 1999–December 2000
Objective:	To conduct in-depth case studies of selected programs designed to expand economic options for adolescent girls in Kenya, and provide lessons learned for policymakers and program planners.

Activity Description: There is limited documentation of program experiences in the area of young people's livelihoods. In 1999, drawing from the Population Council's 1997 survey of youth-serving organizations, Council staff selected four local programs in Kenya for documentation. With financial support from USAID, Council staff conducted in-depth case studies of the four programs, which were chosen because they respond in an interesting or innovative way to expanding livelihood options for young women. The documentation is intended to expose readers to a variety of livelihood interventions and encourage practitioner and donor debate about how to strengthen such interventions, given the current economic crisis that plagues Kenya, the fragility of nongovernmental organization (NGO) program funding, and the desperate and multiple needs of poor young women. In order to set these programs in an appropriate context, the case studies are preceded by an introduction that provides background on the socioeconomic environment, an overview of livelihood interventions and the current policy and programmatic responses to youth unemployment, and lessons learned.

The selected programs are (1) IMANI (Incentives from Marianists to Assist the Needy to Become Independent), a Nairobi-based NGO that provides single mothers with vocational skills training, family life education, job placement for graduates, and access to credit for those who wish to start businesses; (2) The Limuru Girls' Centre, a residential vocational training center that provides socially and economically disadvantaged girls in Kenya with skills training in agriculture and garment making; (3) The Sinaga Women and Child Labour Resource Centre, a Nairobi-based program offering literacy, skills, and rights education to girls employed as domestic workers; and (4) The Shanzu Transitional Workshop, a special project of the Kenya Girl Guides Association that offers vocational training to disabled adolescent girls and a residential program that prepares them to lead productive and independent lives within their communities.

The case studies have been finalized. GFD staff have collaborated with organizational program managers to generate additional information and clarify unclear program elements. USAID funds supported Nairobi staff time, communication with collaborating organizations, and travel during the data collection phase. Other donors will support production of the document. The document has been reviewed internally and externally, and content has been finalized. Minor editorial revisions are currently underway.

Implementing Organization:	Population Council
Activity Budget:	REDSO/ESA Field Support

Contribution to Results Framework: IR 2.1

POLICY RESEARCH DIVISION

EXPERIMENTAL FAMILY PLANNING STUDIES IN RURAL AFRICA

Program Summary

The impact on fertility of family planning programs in rural African settings has been debated in the policy literature for three decades. More recently, debate in the health policy community surrounds the question of whether improving health equity will improve child survival. To resolve these debates, the Navrongo Health Research Centre (NHRC), under a subagreement with the Population Council, launched a field experiment to test the relative demographic impact of four alternative approaches to providing community health services in a rural traditional district of northern Ghana. This experiment, known as the Community Health and Family Planning project (CHFP), was launched as a pilot in 1994 and scaled up to a districtwide trial in 1996. Preliminary results of the project have demonstrated that service activities and community organization and mobilization can improve the impact of primary health care and family planning services and reduce fertility and mortality. After three years of project exposure, the total fertility rate has been reduced by 16 percent, or 0.6 births in the most intensive treatment area relative to fertility levels in comparison areas. In areas where nurses are assigned to village locations, early and late childhood mortality has been reduced by 40 percent relative to the comparison area. Assessing the long-term impact of this system of interventions, however, requires observation of the experiment over a time period sufficient for the demographic impact of the Navrongo experiment to be fully measured. For this reason, experimental operations will continue until the end of 2003, and observation will continue into 2004 (see page 47).

Under the same subagreement, the NHRC also launched a five-year experimental project to test the impact of mobilizing communities to foster reduced practice of female genital mutilation. Early project activities demonstrated ways in which traditional social institutions support the practice of FGM and also point to potentially promising strategies for community-based interventions (see page 49).

In response to evidence of CHFP success, the Ghana Ministry of Health adopted the CHFP as a model for national community health services reform and launched a new program to replicate the CHFP in all of Ghana's 110 districts. Known as the Community-based Health Planning and Services project (CHPS), this new initiative has brought about the introduction of Navrongo-like services in 56 districts throughout Ghana.

The success of the scaling-up effort demonstrates a new approach to the use of experimental project success to reform national program policy and action that may have general application in other African settings. CHPS includes (1) national consensus building, (2) a liaison program that arranges training opportunities for regions with interest in the strategy, and (3) a field program that develops Navrongo-like demonstration capabilities in lead districts. With funding provided by USAID/Ghana, technical support for CHPS activities is provided by INTRAH/PRIME II, which assists districts with service development, and the Johns Hopkins University Center for Communication Programs, which provides community entry training and dissemination materials.

Council assistance focuses on systematically documenting the pace of CHPS implementation or barriers to CHPS progress, providing technical assistance to the development of a CHPS secretariat to oversee the entire initiative, and providing technical assistance for specific CHPS implementation activities in the Volta Region of Ghana. During Year Two of the cooperative agreement, the CHFP's dissemination unit provided technical support for the development of the CHPS secretariat and convened national meetings

on CHPS strategy. In July 2001 two subawards were issued for CHPS activities. The first was to the Ghana Health Service to continue establishing and maintaining the secretariat, and to develop a monitoring and evaluation strategy for the initiative (see page 50). The other was to Nkwanta District—the first district to successfully replicate the CHFP—for continued CHPS implementation and to complement efforts at the NHRC to conduct counterpart training to other districts implementing the CHPS initiative (see page 51). The Council has also been working with the Volta Regional Health Administration on effective strategies to assess CHPS implementation regionwide.

Activity Overview

The Navrongo Community Health and Family Planning Project (CHFP)

Country:	Ghana
Technical Monitor:	James F. Phillips
Period:	January 1994–August 2004
Objective:	To carry out the CHFP, a field experiment to test the hypothesis that fertility and child mortality rates can be reduced through community services in a rural setting in sub-Saharan Africa. The project seeks to understand the social and behavioral determinants of demographic dynamics and to design a functioning service model to foster organizational change and development in community health services within the national health care program.

Activity Description: In 1994, the Navrongo Health Research Centre fielded an experiment known as the Community Health and Family Planning project. Using a four-celled experimental design, the CHFP tests the effect on fertility and child mortality of three alternative approaches to providing community health care in the Kassena-Nankana District of northern Ghana, a rural community where cultural traditions sustain high fertility. These approaches are community volunteer mobilization (Cell 1), community nurse outreach (Cell 2), and combined nurse outreach and volunteer mobilization (Cell 3). A comparison area is also provided with usual Ministry of Health clinical services (Cell 4). The CHFP has been using a demographic surveillance system to monitor the relative impact of these strategies on fertility and childhood mortality.

The results from the first five years of the scaled-up experiment indicate that placing nurses in communities to provide accessible village-based care and mobilizing the community through traditional leaders and training community health volunteers have no fertility impact unless the two strategies are used concurrently. Cell 3, which combines these two approaches, reduced fertility by 0.6 births in three years. Although impact has been sustained over time, fertility regulation is solely for the purpose of child spacing, and fertility effects arise at all ages and parities. As a consequence, impact has been a discrete effect rather than an accumulating effect characteristic of fertility transitions in Asia and East and Southern Africa.

Analysis has also shown that mortality effects by cell differ from fertility effects. In Cell 2, pronounced effects are observed in child survival. However, no beneficial effects are observed in Cell 1 villages, where volunteers work without resident nurses. The mortality effects were investigated in August 2001 by a health-seeking behavior study, which gathered both quantitative and qualitative information. Data collection has concluded and work has begun on data analysis.

Implementing Organization:	Navrongo Health Research Centre
Collaborating Organizations:	Ghana Ministry of Health, Ghana District Health Management Team
Activity Funding:	Core

Contribution to Results Framework: IR 3.1

Activity Overview

Disseminating Lessons Learned from the Navrongo Community Health and Family Planning Project (CHFP)

Country:	Ghana
Technical Monitor:	James F. Phillips
Period:	January 1997–August 2004
Objective:	To disseminate information to orient teams of visitors to the CHFP system of service delivery and to provide support to the national CHFP scaling-up program, known as the Community-based Health Planning and Services project (CHPS).

Activity Description: In January 1997 the Navrongo Health Research Centre (NHRC) began to develop a full-scale effort to disseminate information about the CHFP process and its findings, including hosting site visits for interested parties and delivering presentations at national and international conferences and forums. The dissemination of results from the CHFP for the period 1996–2000 has led to the CHFP’s adoption by the Ghana Ministry of Health (MOH) as a model for a nationwide health care service-delivery initiative known as the Community-based Health Planning and Services project. The MOH called upon the NHRC to use its experience implementing and maintaining the CHFP to facilitate the participation of other Ghanaian and outside agencies in this scaling-up process. In particular, the NHRC was requested to (1) provide technical assistance to CHPS in the form of information dissemination, materials development, training (including field-based training), and evaluation; and (2) assist the MOH and other institutions in developing their technical assistance operations. In October 1999 a subaward was issued to the NHRC for the specific purpose of funding such dissemination activities.

During Year Two of the cooperative agreement, the dissemination unit provided financial resources to establish and sustain a CHPS secretariat to oversee CHPS efforts at the national level, under the auspices of the Ghana Health Service in Accra. Support began in November 2000 and continued through the end of June 2001, when a separate subaward was issued to the Ghana Health Service to continue this effort (see page 50).

In May 2001 a working group comprising CHFP staff, members of the Kassena-Nankana District Health Management Team (DHMT), a representative of the regional directorate, and the district director of health services for Akatsi District was convened to create a set of briefing materials describing the CHFP experience and results in order to provide training in lead CHPS districts and to ensure availability of national training materials for the country as a whole. Based on the outcome of this meeting, the CHFP launched a collaborative program of documentation and dissemination with the Kassena-Nankana DHMT to produce a series of newsletters entitled “What Works? What Fails?” Since July 2001 15 newsletters have been completed. Another series, “Pogsara Yia!” [Girls First!], also began publication in July 2001. The focus of this series is to inform interested parties in the activities of the FGM Eradication Project, which is coordinated by the CHFP. These series will be circulated on the Internet to all regional health offices in Ghana and directorates of the MOH and the Ghana Health Service in Accra. Paper copies of the series will be printed and disseminated at a forthcoming CHPS national health forum.

Implementing Organization:	Navrongo Health Research Centre
Collaborating Organization:	Ghana Ministry of Health
Activity Funding:	Field support

Contribution to Results Framework: SR 3.1.b

Activity Overview

A Community-informed Experiment in Preventing Female Genital Mutilation (FGM) Among the Kassena-Nankana of Northern Ghana

Country:	Ghana
Technical Monitor:	James F. Phillips
Period:	April 1998–October 2003
Objective:	To implement a full-scale experimental project to prevent FGM, provide continued surveillance of FGM prevalence, and carry out research to enhance understanding of issues contributing to changes in FGM behavior and to assess project impact.

Activity Description: The FGM project is a quasi-experimental study designed to test the hypothesis that FGM can be reduced by community organization and action in a setting where the practice has been nearly universal. A program of “participatory planning” has guided the development of interventions. The research component of the FGM experiment includes a four-celled factorial design and uses the Navrongo Demographic Surveillance System to identify and track adolescent girls. Prior to implementation, 3,224 girls were surveyed. Their baseline responses are being used to monitor circumcision status, knowledge, and beliefs over time, and to assess the impact of the intervention on FGM behavior. The pilot phase of intervention activities, completed in August 2000, tested means of reaching groups of adolescent girls with health information and services and clarified ways of implementing community-supported alternative puberty rites and ways to sustain community interest in the program through entertainment activities. In January 2001 the full-scale experiment was implemented.

Research findings. The first-year impact survey was conducted in October 2000. Data are currently being analyzed. A qualitative study conducted in August 2000 revealed that women play a significant role in subjecting other women to a practice that is harmful to their health. While some men may go outside of their cultural communities to marry uncircumcised women, these women may undergo circumcision after marriage owing to pressure from co-wives, mothers-in-law, peers, and traditional birth attendants. The findings have implications for the design of interventions to eradicate FGM in areas where it is prevalent. FGM will end only when the traditional norms and values surrounding the practice are changed.

Community-based activities. The project was introduced to chiefs, subchiefs, and elders in January and February 2001 in the communities of Amontanga, Mirigu, Natugnia, and Yua. From February to March 2001, a sensitization program was conducted jointly by the NHRC and ACTIONAID Ghana in 30 communities to present information about FGM activities to be carried out within communities. Participating communities each select three members—an adult male, an adult female, and an adolescent—to participate in training to become program facilitators. With personnel and financial resources provided by ACTIONAID Ghana, 45 facilitators were trained between March and May 2001. Durbars (night programs) provide an opportunity for important topics to be debated and are a forum at which decisions are made by community leaders and then made public. Health education on FGM is also delivered during these gatherings. Thirteen durbars were organized between May and September 2001.

Implementing Organization:	Navrongo Health Research Centre
Collaborating Organizations:	Ghana MOH, Ghana District Health Management Team, National Commission on Women and Development, ACTIONAID Ghana, CENSUDI, and Ghana Association of Women’s Welfare
Activity Funding:	Core

Contribution to Results Framework: SR 3.1.a

Activity Overview

Establishing the CHPS Monitoring and Evaluation (M&E) Secretariat and Creating an Appropriate M&E Strategy

Country:	Ghana
Technical Monitors:	James F. Phillips, Tanya Jones
Period:	November 2000–August 2004
Objective:	To establish a CHPS M&E secretariat within the Ghana Health Service and to design and implement an M&E system nationwide.

Activity Description: Monitoring and evaluation is an important aspect of the CHPS process. The Ghana Health Service (GHS) agreed to define specific components to be coordinated by its various divisions and align partners to support these components. Monitoring and evaluation of the implementation process is to be coordinated by the Policy, Planning, Monitoring, and Evaluation (PPME) Division of the GHS. Beginning in November 2000 the Navrongo Health Research Centre under its dissemination subaward from the Population Council supported the activities of the PPME secretariat until formal arrangements could be made with the GHS. In July 2001 such arrangements were made, and a new subaward was given directly to the GHS. However, since the PPME Division in Accra is not yet fully functional, the Volta Regional Health Administration (VRHA) has been authorized by the GHS to begin the task on its behalf. An interim M&E secretariat has been set up at the VRHA's operational research unit in Ho.

In July 2001, a series of preparatory activities to operationalize CHPS monitoring and evaluation took place. The VRHA research team and three representatives from the Council met in Ho to discuss establishing an interim secretariat within the VRHA's operational research unit and to develop specific M&E tools. In August 2001 the CHPS M&E secretariat embarked on a qualitative research program—a multilevel systems analysis of worker and community reactions to CHPS implementation. The Volta operational research unit team and two representatives from the Council met with district and subdistrict medical directors, nurses, and community members in three districts of the Volta Region to gauge their perceptions of the CHPS initiative through focus-group discussion. Research will continue in the northern and central regions to gain understanding of the CHPS implementation process throughout the country.

The secretariat has been involved in the creation of an M&E database, which manages information on CHPS coverage and progress within each district to facilitate implementation of CHPS. A consultant has been contracted (using non-USAID funding) to develop the program and ensure the proper functioning of the CHPS database. This database will be linked to a Web site (currently under development) that graphically displays information on each district's level of CHPS implementation, as reported through the above mechanisms.

Implementing Organizations: Ghana Health Service and its Volta Regional Health Administration
Activity Funding: Field support

Contribution to Results Framework: SR 3.1.b

Activity Overview

Creating a Lead District for the CHPS Initiative in Nkwanta District of the Volta Region of Ghana

Country:	Ghana
Technical Monitors:	James F. Phillips, Tanya Jones
Period:	July 2001–August 2004
Objective:	To develop a CHPS “lead district” that can serve as a model for organizational change in the national health care program.

Activity Description: CHPS—modeled on the successful Navrongo Community Health and Family Planning project—calls for “lead districts” to be developed in each of Ghana’s ten geographical regions. In these districts, adaptations of the Navrongo system are tried, refined, and adapted to local needs. Lead districts, in turn, become demonstration sites for operational change in other districts within their respective regions. The CHPS process began within the Volta Region in 1998. Nkwanta District, in a pioneering move, had already modeled its service-delivery strategies on the Navrongo experience with spectacular results, confirming that the Navrongo service system was replicable and affordable by other districts in Ghana. With Nkwanta taking the lead, CHPS has become the major mechanism for resolving the national problem of accessibility to program services. Seeking to support the MOH in its attempt to improve the health status of the people of Ghana and as part of scaling up this important initiative, the Population Council granted a subaward to Nkwanta to develop a lead district strategy that serves as a model for demonstrating and fostering operational and organizational change in the national health program.

During July and August 2001, the Nkwanta District Health Management Team (DHMT) began to expand CHPS implementation to seven new zones. Community mapping of these new zones—each comprising 7–10 communities—is complete. The Nkwanta DHMT has also begun retraining and placing community health nurses to serve as community health officers in ten previously identified zones. This training involves professional development in providing curative services. Further, the DHMT provides community health officers with orientation in community mobilization techniques and gender training. Nkwanta has also assumed an important role as lead district by offering counterpart training to DHMTs from other lead districts. The first such training was planned to take place in September. Twenty DHMT participants traveled to Nkwanta for training and observation. Participants had the opportunity to discuss strategies for CHPS implementation with the Nkwanta health administration and to discuss the impact of CHPS with community members.

Implementing Organizations:	Volta Regional Health Administration and its Nkwanta District Health Management Team
Activity Funding:	Field support

Contribution to Results Framework: SR 3.1.b

Activity Overview

Technical Assistance to the Navrongo Community Health and Family Planning Project and the Community-based Health Planning and Services Project

Country:	Ghana
Technical Monitor:	James F. Phillips
Period:	January 1994–August 2004
Objective:	To provide technical support for and research on the activities of the Experimental Family Planning Studies in Rural Africa program.

Activity Description: *Navrongo Community Health and Family Planning project (CHFP).* Since 1992 the Population Council has provided technical support to the Ghana Ministry of Health to establish a field research station in a rural traditional district and conduct an experimental study on the demographic impact of community health and family planning services. Originally launched as a pilot project in 1994, the Navrongo CHFP had become a districtwide experiment by 1996. By 1998 preliminary evidence of project impact led the government of Ghana to adopt Navrongo as the basic model for primary health care in all districts of the country.

The Council’s Policy Research Division provides continuing technical support to research activities of the Navrongo experiment (see page 47) and collaborative support to its dissemination program (see page 48). Support is also provided to a program of reproductive health research that aims to test the hypothesis that the practice of female genital mutilation can be reduced through community outreach (see page 49).

Community-based Health Planning and Services project (CHPS). In 1999 CHPS was created to coordinate the scaling-up process. CHPS now operates in ten “lead districts” and in 46 additional districts where the program has been launched. Council assistance focuses on systematically documenting the pace of CHPS implementation or barriers to CHPS progress, providing technical assistance to the development of a CHPS secretariat to oversee the entire initiative, and providing technical assistance for specific CHPS implementation activities in the Volta Region of Ghana.

The Council has provided this technical assistance to the Volta Regional Health Administration on effective strategies to assess CHPS implementation. This has included the development of a nationwide monitoring and evaluation database and conducting qualitative research to assess reactions to CHPS by health care workers within the Volta Region (see page 50). The Council has also assisted Nkwanta District with its efforts to expand CHPS districtwide and develop a model for the district to serve as a “lead district” (see page 51).

Implementing Organization:	Population Council
Activity Funding:	Core + field support

Contribution to Results Framework: SR 3.1.b

UNDERSTANDING AND MEETING THE NEEDS OF ADOLESCENTS

Program Summary

While there have been many publications on adolescent reproductive behavior, serious gaps in our knowledge limit our understanding of adolescent experience and our ability to develop policy recommendations designed to support successful transitions to adulthood. First, we have little knowledge of the factors that affect the timing of adolescent reproductive outcomes. Second, little is known about the accuracy of information teenagers provide about sensitive behaviors such as sex, pregnancy, and abortion, and about the effect of different data collection techniques on this accuracy.

In order to fill these knowledge gaps, a program of research has been developed in Bangladesh, Kenya, and South Africa with four objectives: (1) to document patterns and trends in the incidence and timing of key events during an adolescent's transition to adulthood—including sexual initiation, school-leaving, formal employment, marriage, and first and subsequent births—and their interrelationships; (2) to evaluate the impact of interventions designed to reduce risk-taking behavior among adolescents; (3) to evaluate a new technique designed to improve the accuracy of the data collected on adolescent sexual and reproductive behavior; and (4) to assess the impact of education and livelihoods interventions on school enrollment and the timing of marriage. The ultimate goal is to identify policy interventions that will delay marriage and childbearing sufficiently to create the space in which more “successful” transitions to adulthood can occur, and at the same time help fill that space with investments in improved capacities.

In South Africa, we are fulfilling objectives (1) and (2) above. Goals of the research are to document timing and trends for key events in the transition to adulthood—including sexual initiation, school-leaving, employment patterns, marriage, and childbearing—and their interrelationships; and to evaluate the impact of school-based life-skills instruction on adolescent behaviors. This year a dissemination workshop for findings from the first stage of the project was held in Durban, South Africa, and preparations for the second stage were finalized.

In Kenya, we are fulfilling objective (3) above. The goal of the research is to determine whether audio computer-assisted self-interviewing (audio-CASI) is feasible for use in a developing-country setting and whether it produces more reliable data on sexual activity and other sensitive behaviors than traditional survey methods, namely, interviewer-administered and self-administered questionnaires. This year, fieldwork was completed in Nyeri—the first of two data sites—and the data were cleaned and analyzed, allowing us to assess whether adolescent reporting of sexual activity and other sensitive behaviors varies according to mode of survey administration.

In Bangladesh, we are fulfilling objective (4) above. The goal of the research is to assess how new policies and programs for adolescent girls affect the timing of school departure and entry into marriage and childbearing. During Year Two we began the phase of the project in which we are assessing the implementation and impact of a large-scale livelihood intervention for adolescent girls on the timing of their marriage and childbearing.

Funding from the Programmatic Cooperative Agreement is essential for completion of these activities. However, because full support for these activities is not available from the cooperative agreement, funding from other donors is used to supplement support provided by USAID.

Activity Overview

Patterns of Marriage and the Onset of Childbearing in Rural Bangladesh: The Impact of Large-scale Educational and Livelihood Interventions

Country:	Bangladesh
Technical Monitor:	Sajeda Amin
Period:	October 1997–May 2003
Objective:	To explore the impact of education and livelihood interventions that seek to expand opportunities for young women and that delay the timing of marriage and the onset of childbearing.

Activity Description: While Bangladesh has experienced precipitous fertility decline through a successful family planning program, it continues to maintain a regime of very early marriage with negative implications for rapid population growth. This project studies the impact of two large-scale interventions, a secondary school scholarship scheme and a pilot scheme to impart livelihood skills to adolescent girls. The first part of the project uses data from a long-term village study to assess the impact of educational incentive schemes for children and adolescent girls. Making innovative use of previously collected data as well as data collected in 2000, the project has generated a rich set of quantitative and qualitative information. Preliminary analysis of 1995–96 data suggests that incentive schemes introduced in 1994 have resulted in rapid increases in school enrollment and may have initiated some delay in marriage for girls. Data from 2000 confirm that school enrollment increased more for girls but also finds that the risk of dropping out of school remains strongly differentiated by gender and class: Boys in poor households are more likely to drop out than boys in nonpoor households, and all girls face similar and high risks of dropping out because of marriage. The study also finds that school programs have an impact by keeping unmarried girls in school, but they do not have a commensurate measurable impact on delaying age at marriage of girls. Dowry payments remain a menacing concern for parents, and early marriage is fueled by perceptions that older girls will require higher dowries.

The second part of the project (2001–03) applies lessons learned from the village study to an intervention program in three rural districts—Chapainawabganj, Chittagong, and Sherpur. The goal of the intervention is to provide adolescent girls who are recent school graduates with livelihood skills. Subsequent to the training, they will be linked with existing facilities for savings and provision of credit. Entrepreneurship development and internship opportunities in the local communities will also be supported. UNICEF is funding the interventions, which are being carried out by two NGOs, the Bangladesh Rural Advancement Committee (BRAC) and the Centre for Mass Education and Sciences (CMES). To create a more supportive environment for adolescent girls, various districtwide sensitization activities are being conducted by the government, including a media campaign and training program for members of the local government, parents, and adolescent boys.

The Council is conducting a research study on the intervention. A baseline survey was conducted in intervention and control villages in 2001. A qualitative documentation process of the intervention has begun, consisting of observation of project activities and in-depth interviews with project personnel, beneficiaries, and community residents. Process documentation will continue for the duration of the project.

Implementing Organizations:	Population Council, Bangladesh Institute of Development Studies
Collaborating Organizations:	UNICEF/Dhaka, BRAC, CMES
Activity Funding:	Core

Contribution to Results Framework: IR 2.1

Activity Overview

The Reporting of Sensitive Behavior Among Adolescents: A Methodological Experiment in Kenya

Country:	Kenya
Technical Monitor:	Barbara Mensch
Period:	June 1999–June 2002
Objective:	To assess whether audio computer-assisted self-interviewing (audio-CASI) is feasible to use in a developing country and whether it produces more reliable data on sexual activity and related behaviors than traditional survey methods.

Activity Description: While a considerable body of research exists on adolescent sexual activity in sub-Saharan Africa, it is the rare study that questions the reliability of the data collected. Yet published studies reveal strikingly different levels of premarital sex across countries that cannot be easily explained. If reporting of sexual activity and other sensitive reproductive behaviors is unreliable, the social science analyses that document the behaviors are undermined and program evaluations that determine the effectiveness of interventions designed to improve adolescent reproductive health are also compromised.

With audio-CASI, software is designed so that a respondent hears both the question and the response categories through headphones. The respondent answers each question by pressing a number on a keypad or computer keyboard. Increased privacy is an advantage of audio-CASI over face-to-face interviews; no one else in the household or area where the interview is being conducted hears the question or response. Moreover, unlike self-administered interviewing, which requires that the respondent be literate and competent to fill out a questionnaire, audio-CASI can be carried out even if the respondent cannot read questions on a computer screen.

The study is being conducted in Nyeri and Kisumu Districts in Kenya. During the past year, audio-CASI software was designed, and the data collection for Nyeri was completed. The Nyeri sample consists of nearly 4,400 unmarried adolescent girls and boys ages 15–21 randomly assigned to three different modes of data collection: (1) interviewer-administered, (2) self-administered, and (3) interviewed using audio-CASI. A paper analyzing the Nyeri data was presented at the UN Population Division, at the annual meeting of the Population Association of America and at the International Union for the Scientific Study of Population conference in Brazil. The results were counter to expectations. Female respondents, whom we speculate underreport sexual activity when interviewed face-to-face, reported twice as much sexual activity in the interviewer mode as in the audio-CASI mode.

We feel it is premature to draw definitive conclusions about the efficacy of audio-CASI based on this single experience, particularly because Nyeri proved to be a difficult district in which to work, as it is the center of the political opposition in Kenya and thus not welcoming to survey researchers. During the next year, data collection will be conducted in Kisumu, which was selected because rates of HIV are exceptionally high; hence the need for accurate data on sexual behavior is particularly pressing.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 2.1

Activity Overview

Transition to Adulthood in the Context of AIDS in South Africa

Country:	South Africa
Technical Monitor:	Cynthia Lloyd
Period:	February 1999–December 2001
Objective:	To document patterns and trends for key events during an adolescent's transition to adulthood, and to evaluate the impact of life-skills programs on adolescent sexual behavior in South Africa.

Activity Description: HIV prevalence among sexually active South African youth ages 15–19 and 20–24 now exceeds 17 and 29 percent, respectively. Adolescent childbearing levels are also high. In 1996, about 30 percent of 20–24-year-olds had given birth by the age of 20. A study among adolescents currently underway in KwaZulu-Natal Province seeks to address the multiple gaps in knowledge about adolescent risky behavior. The main goals of the study are to document patterns and trends for key events during an adolescent's transition to adulthood—including sexual initiation, school-leaving, employment patterns, marriage, and childbearing—and their interrelationships; to evaluate the impact of school-based life-skills instruction on adolescent behaviors; and to understand how education, work, family, and communities affect the quality of adolescence and sexual decisionmaking. The study is longitudinal and multilevel. A representative sample of 3,096 adolescents ages 14–22 across all race groups in Durban Metro and Mtunzini Districts were interviewed. Data on the social and physical environment of the community were also collected. In addition, principals from all secondary schools within the study area were interviewed about life-skills programs in their schools.

Policy Research Division (PRD) staff collaborate with Horizons, MEASURE, and FOCUS on the design and implementation of the study and the analysis of data. Funding from the cooperative agreement supports PRD staff and consultants. Horizons and MEASURE (via funds from the South African mission) support field costs.

Findings from the first stage of the study were presented in a May 2001 workshop in Durban. Results indicated that one-half of both male and female adolescents had had sex in the 12 months preceding the survey. Among sexually active youth, 18 percent of boys and 2 percent of girls had three or more partners in the past 12 months. Condom use, however, was also found to be relatively high: Among those who had sex in the past 12 months, about half had used a condom at last sex; however, even with this level of condom use, half of sexually active girls reported that they had been pregnant. Approximately two-thirds of boys and girls were attending school and not working for pay. Around 5 percent of boys and girls were doing both, and 6 percent of boys and girls were working for pay but not attending school. However, a full 17 percent of boys and 27 percent of girls were neither working nor attending school. Among youth not in school, boys and girls most often cited inability to pay school fees as their reason for dropping out; 22 percent of boys reported needing to work and 39 percent of girls reported dropping out because they were pregnant or had a baby.

Implementing Organization:	Population Council
Collaborating Organizations:	Tulane University/MEASURE Evaluation, Population Council/Horizons, University of Natal-Durban, Pathfinder/FOCUS
Activity Funding:	Core

Contribution to Results Framework: IR 2.1

TRANSITIONS IN REPRODUCTIVE BEHAVIOR IN THE DEVELOPING WORLD

Program Summary

Over the past three decades a revolution in reproductive behavior has swept through most of the developing world. Contraceptive use, once rare, is now widespread, and the average number of births per woman has fallen by half—from the traditional six or more to near three today. Clearly, couples in the developing world increasingly are exerting control over their reproductive lives, and these trends are welcome developments. Unfortunately, couples' control over reproduction is far from perfect, and as a consequence the number of undesired reproductive events is substantial. About one in five births in the developing world is unwanted. This estimate does not include mistimed or unplanned (but wanted) births. In addition, more than 30 million induced abortions are performed annually in the developing world.

While trends in fertility have been well documented, they have led to a debate about their implications, in particular regarding two issues of particular relevance to policymakers: (1) prospects for continuing fertility decline; and (2) the need for family planning programs to meet the continuing demand for contraception. According to the "birth dearth" hypothesis, fertility in most developing countries will soon drop below the replacement level, as has already occurred in the developed world and in the more advanced developing countries. Some analysts fear a "population implosion" or claim that "the world population explosion is over." If growth in population size were indeed about to come to an end, the result would likely be a decline in international support for family planning and reproductive health programs.

The different components of this program are expected to provide new insights into controversial issues regarding the future course of the transition in fertility and contraceptive use in the developing world, and they will document the implications of these findings for family planning programs and population policy.

Activity Overview

Analysis of the “Birth Dearth” Hypothesis

Countries:	Interregional
Technical Monitor:	John Bongaarts
Period:	September 2000–August 2001
Objective:	To assess the validity of the “birth dearth” hypothesis, which claims that ongoing fertility declines will soon lead to population declines not only in the industrialized world but also in many developing countries.

Activity Description: Fertility has dropped below the replacement level in virtually every population that has moved through the demographic transition. This trend was not widely anticipated by demographers and until recently little attention has been given to understanding the causes and consequences of low fertility in post-transitional societies. Proponents of the “birth dearth” hypothesis believe that fertility will remain at this low level, resulting in large population declines and rapid aging. An alternative explanation for this low fertility proposed by Bongaarts is that women are postponing births to later ages, which temporarily depresses fertility owing to so-called tempo distortions. According to this view current low fertility is unlikely to decline much further and may even rise in the future in a number of post-transitional countries.

To test this alternative hypothesis the project has (1) collected age- and order-specific birth rates and cohort fertility rates from developed countries; (2) estimated the tempo distortions with methodology proposed by Bongaarts and Feeney; and (3) compared observed total fertility rates with the tempo-free rates as well as with cohort total fertility and fertility preferences to determine the prospective trends in fertility, if and when the temporary tempo distortions are removed.

The analysis documented that the most widely used measure of fertility—the total fertility rate—contains substantial tempo distortions, thus giving misleading estimates of actual levels and trends in childbearing in many post-transitional countries. Once the rise in the mean age of fertility ends—as it eventually must—the corresponding fertility-depressing effect stops, thus putting upward pressure on period fertility. Such an upward trend has already been observed in a few countries. Further evidence supporting this conclusion is found in the fact that the total fertility rate in most of these countries is well below the desired family size of about two children. The implication is that the “birth dearth” is exaggerated. Very low post-transitional fertility is unlikely to be maintained and will probably rise closer to the replacement level in the future. Even though population sizes will decline modestly in a number of developed countries, there is little prospect of rapid population decline throughout the developed world.

The findings from this study have been summarized in a paper—“The end of the fertility transition in the developed world” coauthored by John Bongaarts—that will be published as a Policy Research Division Working Paper and in the March 2002 issue of *Population and Development Review*.

Implementing Organization:	Population Council
Activity Funding:	Core

Contribution to Results Framework: IR 2.1

APPENDIXES

PROGRAMMATIC COOPERATIVE AGREEMENT RESULTS FRAMEWORK

SO 1 To expand the range and optimize the use and availability of safe, effective, and acceptable technologies for the prevention of pregnancy and STIs/HIV.

Contraceptive Development

- IR 1.1 Improved and new contraceptive and reproductive health technologies developed, evaluated, and approved.
 - SR 1.1.a Improved biological knowledge base for understanding, prioritizing, and applying new or existing technologies.
 - SR 1.1.b Prototype technologies developed and tested.
 - SR 1.1.c FDA and/or host country approval obtained.
 - SR 1.1.d Private sector partnerships established.

Expanding Contraceptive Choice

- IR 1.2 Use of contraceptive and reproductive health technologies optimized and expanded.
 - SR 1.2.a Expanded knowledge of client acceptability, use dynamics, provider perspectives, and risks and benefits of technologies.
 - SR 1.2.b Products, tools, technologies, and knowledge transferred in a form that can be received, utilized, and sustained; products introduced.
 - SR 1.2.c Improved understanding of service delivery strengths and weaknesses as related to expanding technologies.
 - SR 1.2.d Effective linkages created between reproductive health technologies and development of other health technologies.

Microbicides Activities

- IR 1.3 Microbicides and microbicides/spermicides developed, evaluated and approved.
 - SR 1.3.a Improved biological knowledge base for understanding, prioritizing, and applying new or existing technologies.
 - SR 1.3.b New and improved methodologies, tools, and technologies for management training, IEC, policy, data collection, and evaluation developed and tested.
 - SR 1.3.c Prototype technologies developed and tested.
 - SR 1.3.d FDA and/or host country approval obtained.

SO 2 Improved policy environment and increased global resources for family planning and reproductive health programs.

Youth Livelihoods in Egypt

Gender, Family, and Development Program in Kenya

Understanding and Meeting the Needs of Adolescents

Transitions in Reproductive Behavior in the Developing World

IR 2.1: Policy reform and program planning decisions at all levels are informed by timely and accurate data.

SR 2.1.a National and operational policies relating to family planning and reproductive health formulated, disseminated, and implemented, and barriers to service availability removed.

SR 2.1.b Inappropriate barriers to information and services for special populations are removed.

SO 3 Innovative service delivery strategies developed, evaluated, and, where appropriate, expanded to the national level.

Experimental Family Planning Studies in Rural Africa

IR 3.1 New and improved strategies developed, tested, and evaluated.

SR 3.1.a Innovative service delivery strategies developed and evaluated, and existing strategies improved.

SR 3.1.b Policy reform and program planning decisions at all levels are informed by timely and accurate data.

SR 3.1.c Enhanced understanding of issues contributing to change of reproductive intention and behavior.

ACTIVITY GRID BY RESULTS

SO 1: TO EXPAND THE RANGE AND OPTIMIZE THE USE AND AVAILABILITY OF SAFE, EFFECTIVE, AND ACCEPTABLE TECHNOLOGIES FOR THE PREVENTION OF PREGNANCY AND STIs/HIV.

IR 1.1: Improved and new contraceptive and reproductive health technologies developed, evaluated, and approved.

Activity	Country/ies	Status	Outcomes	Funding
NES/EE ring CD	Australia Finland U.S.	Phase 2 studies	Conduct Phase 3 clinical trial	Core
NES implant CD	U.S.	Phase 2b study	Complete Phase 2b clinical trial; plan Phase 3 clinical trial	Core
Norplant [®] CD	U.S.	Postintroduction	Obtain seven-year approval for Norplant [®] use	Core
Jadelle [®] CD	U.S.	Postapproval	Obtain five-year approval for Jadelle use	Core
NES, not method-specific CD	U.S.	Preclinical studies	Conduct preclinical studies and radioimmunoassay of clinical blood samples for all methods containing NES	Core
Androgen implant CD	Germany U.S.	Phase 2 study	Complete Phase 2 clinical trial of MENT [™] implant + levonorgestrel; plan Phase 3 clinical trial	Core
Androgen, not method-specific CD	U.S.	Preclinical studies	Conduct preclinical studies and radioimmunoassay of clinical blood samples for all methods containing MENT	Core

SO 1: TO EXPAND THE RANGE AND OPTIMIZE THE USE AND AVAILABILITY OF SAFE, EFFECTIVE, AND ACCEPTABLE TECHNOLOGIES FOR THE PREVENTION OF PREGNANCY AND STIs/HIV.

IR 1.2: Use of contraceptive and reproductive health technologies optimized and expanded.

SR 1.2.a: Expanded knowledge of client acceptability, use dynamics, provider perspectives, and risks and benefits of technologies.

Activity	Country/ies	Status	Outcomes	Funding
Technical assistance for development of reproductive health strategy in Ethiopia ECC	Ethiopia	Technical assistance for evaluation of Ethiopia's national Norplant program (see under SR 1.2.c)	Improved quality of care of reproductive health and family planning services	Core
Expanding access to coital-dependent methods and dual protection within youth-centered sexual and reproductive health care facilities ECC	Ethiopia	Completed two baseline surveys, developed tools, trained youth center staff, and began developing information, education, and communication materials	Greater acceptability and use of coital-dependent contraceptive methods by young people; improved access to emergency contraception by young people; improved understanding of and practice of dual protection among young people	Core

CD = Contraceptive Development; ECC = Expanding Contraceptive Choice

SO 1: (continued)

IR 1.2: (continued)

SR 1.2.a: (continued)

Activity	Country/ies	Status	Outcomes	Funding
Expanding contraceptive choice demonstration project in the Copperbelt Province of Zambia: Transition phase ECC	Zambia	Project completed; dissemination workshop presented findings and assessed local interest in scaling-up project; developed guidelines for second phase; proposal for scale-up near completion	Enhance contraceptive choice and quality of care nationwide	Core
Technical assistance to Ministry of Health in Zambia for development of national reproductive health strategy ECC	Zambia	Began technical assistance to subcommittee; opened channels of communication with pharmaceutical manufacturers	Registration of Depo-Provera [®] and selection of a dedicated emergency contraception pill	Core
Technical assistance for preintroduction study of Norplant [®] in Guatemala ECC	Guatemala	Study completed; method very well-accepted and continuation rates high; final report near completion	Method mix expanded; improved understanding of use of services due to expanding method mix; improved understanding of acceptability of long-term family planning methods	Core

SO 1: TO EXPAND THE RANGE AND OPTIMIZE THE USE AND AVAILABILITY OF SAFE, EFFECTIVE, AND ACCEPTABLE TECHNOLOGIES FOR THE PREVENTION OF PREGNANCY AND STIs/HIV.

IR 1.2: Use of contraceptive and reproductive health technologies optimized and expanded.

SR 1.2.b: Products, tools, technologies, and knowledge transferred in a form that can be received, utilized, and sustained; products introduced.

Activity	Country/ies	Status	Outcomes	Funding
Partial support for Population Council regional workshop on implant technology: Past experience and perspectives for Africa ECC	East and Southern Africa	Workshop held in August 2001; several potential sites identified for Jadelle [®] transition; final conference report near completion	Up-to-date information provided and regional experiences shared about implants and their introduction; interest gauged and sites identified for potential introduction of Jadelle	Core
Technical assistance to “Policy Language and Media Analysis for Informed Choice: International Dissemination Meeting in India” ECC	India	Provided in-country technical assistance to prepare background paper and develop survey instruments and sampling scheme	Improved access by providers, clients, and policymakers to provide accurate information on and access to contraceptive methods	Core

ECC = Expanding Contraceptive Choice

SO 1: (continued)

IR 1.2: (continued)

SR 1.2.b: (continued)

Activity	Country/ies	Status	Outcomes	Funding
Technical assistance to Ministry of Health in Bolivia ECC	Bolivia	Continued technical assistance on strategies to improve overall quality of family planning and reproductive health services; technical assistance to DfID/UNFPA for quality-of-care expansion and replication study	Improved quality of family planning and reproductive health services	Core
Technical assistance to updating national family planning guidelines in Brazil ECC	Brazil	Updated and revised multiple versions of official family planning/reproductive health guidelines based on contents of contraceptive Web site	Improved access by providers to contraceptive technology updates; improved quality of service delivery; increased and continued use of modern family planning methods	Core
<i>The Essentials of Contraceptive Technology</i> — Translation from English to Brazilian Portuguese ECC	Brazil	<i>Essentials</i> translated and in press; copies shipped to Brazil by October 2001	Improved access for providers to up-to-date contraceptive technology information	Core
Contraceptive technology Internet Web site for providers in Brazil: Continued operation and maintenance ECC	Brazil	Report on hit data and user info completed	Improved access by providers to contraceptive technology updates; improved informational exchange methods for providers	Core
Strategic assessment of STI/HIV transmission in the Brazil border regions (Stage I) ECC	Brazil	Background paper prepared; stakeholders meeting held to refine objectives and select fieldwork team; fieldwork of six municipalities completed by December 2001	Appropriate service-delivery strategies designed by obtaining more accurate information on local reproductive health and family planning needs	FS
Strategic assessment of reproductive health services in the Dominican Republic ECC	Dominican Republic	Literature review conducted; background paper and fieldwork completed by February 2002	Groundwork provided for development of effective strategies to improve reproductive health service-delivery system and reduce unwanted pregnancies, maternal morbidity and mortality, and transmission of HIV and other sexually transmitted infections	MAARD
Technical assistance to Ministry of Health in Honduras ECC	Honduras	Technical assistance provided to Ministry of Health through June 2001	Improved access to high-quality reproductive health and family planning services	FS
Institutional support for regional professional societies ECC	Interregional	SWAA workshop held in April 2001; sponsored contraceptive technology update symposium at ALIRH meeting in April–May 2001, emphasizing emergency contraception and long-acting hormonal methods	Support provided to forums for information exchange between providers, governments, and collaborating agencies	Core

ECC = Expanding Contraceptive Choice

SO 1: TO EXPAND THE RANGE AND OPTIMIZE THE USE AND AVAILABILITY OF SAFE, EFFECTIVE, AND ACCEPTABLE TECHNOLOGIES FOR THE PREVENTION OF PREGNANCY AND STIs/HIV.

IR 1.2: Use of contraceptive and reproductive health technologies optimized and expanded.

SR 1.2.c: Improved understanding of service delivery strengths and weaknesses as related to expanding technologies.

Activity	Country/ies	Status	Outcomes	Funding
Technical assistance for evaluation of Ethiopia's national Norplant® program ECC	Ethiopia	Provided technical assistance to Norplant evaluation project; Ministry of Health implementing key recommendations of evaluation	Understand current and future role of Norplant in Ethiopia's family planning and reproductive health care system	Core
Study of impact after the introduction of Norplant and DMPA in Zambia, Phase 2 ECC	Zambia	Project completed; data analysis and final report writing underway	Better understanding of improvements in quality of care and impact of expanded contraceptive method introduction on quality of family planning services	FS & Core
Evaluation of the national Norplant program in Senegal ECC	Senegal	Reviewed almost 19,000 client records; about 6 percent lost to follow-up	Improved understanding of acceptability of Norplant; improved understanding of reasons for loss to follow-up	FS
Launching the regional Francophone MAQ Subcommittee ECC	Senegal	Subcommittee strategy developed; July 2000 meeting report distributed	Permanent regional Francophone MAQ Subcommittee of MAQ Steering Committee created and strategy developed	Core
Technical assistance to Francophone MAQ Subcommittee to develop activities in West and Central Africa ECC	West and Central Africa	Conducting desk review of West and Central Africa reproductive health protocols; ECC responsible for reviewing information on Senegal	Use mandate of Francophone MAQ Subcommittee to design appropriate activities and studies within region	Core

SO 1: TO EXPAND THE RANGE AND OPTIMIZE THE USE AND AVAILABILITY OF SAFE, EFFECTIVE, AND ACCEPTABLE TECHNOLOGIES FOR THE PREVENTION OF PREGNANCY AND STIs/HIV.

IR 1.3: Microbicides and microbicides/spermicides developed, evaluated, and approved.

SR 1.3.c: Prototype technologies developed and tested.

Activity	Country/ies	Status	Outcomes	Funding
Technical assistance for Population Council's expanded safety study assessing safety, acceptability, and preliminary effectiveness of Carraguard™ (PC-515) MICROB	South Africa	Completed	Development of standard operating procedure for monitoring Phase 2 trial and site-specific procedures for ongoing quality assurance (QA) during Phase 2 trial; QA audit helped prepare laboratory for transition from Phase 2 to Phase 3 effectiveness trial	Core
Phase 1 safety study of Carraguard among HIV-positive women and men MICROB	South Africa	Protocol submitted to U.S. FDA and approved by Population Council and Medical Research Council IRBs; training conducted; enrollment pending South African Medicines Control Council approval in first quarter of 2002	Assessment of safety of Carraguard among HIV-positive users, safety of Carraguard when applied directly to penis, effect of Carraguard on genital shedding	Core

ECC = Expanding Contraceptive Choice; MICROB = Microbicides Activities

SO 2: IMPROVED POLICY ENVIRONMENT AND INCREASED GLOBAL RESOURCES FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS.

IR 2.1: Policy reform and program planning decisions at all levels are informed by timely and accurate data.

Activity	Country/ies	Status	Outcomes	Funding
Youth Livelihoods in Egypt YLE	Egypt	Project outputs completed; final dissemination, initially scheduled for early 2001, postponed until November 2001	Significant contribution to understanding opportunities and constraints in relation to youth livelihoods in Egypt; identification of potential areas of interventions in policy	MAARD
Fact sheets on girls' lives in East and Southern Africa GFDK	Kenya	Completed	Create awareness of context of adolescent lives among policymakers through production and dissemination of five fact sheets at local, regional, and international levels	FS
Case studies of adolescent livelihoods programs in Kenya GFDK	Kenya	Completed	Create awareness and understanding of livelihood programs for adolescents through production of case studies of existing livelihood projects for young women in Kenya	FS
Patterns of marriage and the onset of childbearing in rural Bangladesh: The impact of large-scale educational and livelihood interventions ADOL	Bangladesh	Data analysis of village study completed; papers presented at Population Association of America and International Union for the Scientific Study of Population meetings in 2001; analysis of baseline survey measuring impact of large-scale livelihood intervention underway	Expand knowledge of whether, how, and to what extent programmatic interventions in area of adolescent work and education can change marriage and childbearing patterns of girls	Core
The reporting of sensitive behavior among adolescents: A methodological experiment in Kenya ADOL	Kenya	Analysis of Nyeri data completed; papers presented at PAA and IUSSP 2001 meetings; questionnaire for data collection in Kisumu drafted	Contribute to understanding of degree to which interview context affects adolescents' responses to questions about sexual and other risky behaviors	Core
Transition to adulthood in the context of AIDS in South Africa ADOL	South Africa	Dissemination workshop reporting baseline findings held in Durban, May 2001; second wave of longitudinal, multilevel study beginning September 2001	Augments knowledge of impact of life-skills programs on adolescent risky sexual behavior and of key transitions in adolescents' lives	Core
Analysis of "birth dearth" hypothesis TRANS	Interregional	Study completed	Improved understanding of recent and potential future trends in fertility in the developed and developing world	Core

ADOL = Understanding and Meeting the Needs of Adolescents; GFDK = Gender, Family, and Development Program in Kenya; TRANS = Transitions in Reproductive Behavior in the Developing World; YLE = Youth Livelihoods in Egypt

SO 3: INNOVATIVE SERVICE DELIVERY STRATEGIES DEVELOPED, EVALUATED, AND, WHERE APPROPRIATE, EXPANDED TO THE NATIONAL LEVEL.

IR 3.1: New and improved strategies developed, tested, and evaluated.

Activity	Country/ies	Status	Outcomes	Funding
Navrongo Community Health and Family Planning project XFP	Ghana	Ongoing; data continues to be collected and analyzed	Service activities and community organization and mobilization demonstrated to have impact on primary health care and family planning services use and effectiveness; fertility and mortality reduced	Core

SO 3: INNOVATIVE SERVICE DELIVERY STRATEGIES DEVELOPED, EVALUATED, AND, WHERE APPROPRIATE, EXPANDED TO THE NATIONAL LEVEL.

IR 3.1: New and improved strategies developed, tested, and evaluated.

SR 3.1.a: Innovative service delivery strategies developed and evaluated, and existing strategies improved.

Activity	Country/ies	Status	Outcomes	Funding
Community-informed experiment in preventing female genital mutilation among the Kassena-Nankana of northern Ghana XFP	Ghana	Ongoing; pilot study completed and full-scale intervention implemented; adolescents recruited and baseline data collected; communities mobilized; community agents trained; specific activities for adolescents and women's groups underway	Reduction of FGM demonstrated via community organization and action in setting where practice has been nearly universal	Core

SO 3: INNOVATIVE SERVICE DELIVERY STRATEGIES DEVELOPED, EVALUATED, AND, WHERE APPROPRIATE, EXPANDED TO THE NATIONAL LEVEL.

IR 3.1: New and improved strategies developed, tested, and evaluated.

SR 3.1.b: Policy reform and program planning decisions at all levels are informed by timely and accurate data.

Activity	Country/ies	Status	Outcomes	Funding
Disseminating Navrongo Community Health and Family Planning project XFP	Ghana	Ongoing; newsletters on project successes and failures being produced and distributed; training being developed to assist in nationwide scaling-up activities	Findings from CHFP disseminated to health providers nationwide; efforts to replicate CHFP nationwide informed; information on experiment disseminated to international research community	FS
Establishing Community-based Health Planning and Services project Monitoring and Evaluation secretariat and creating appropriate M&E strategy XFP	Ghana	Secretariat M&E capacity being developed	Impact of nationwide expansion and replication of CHFP informed by development and maintenance of systems to accurately monitor and evaluate CHPS activities	FS

XFP = Experimental Family Planning Studies in Rural Africa

SO 3: (continued)

IR 3.1: (continued)

SR 3.1.b: (continued)

Activity	Country/ies	Status	Outcomes	Funding
Creating a lead district for the CHPS initiative in Nkwanta District of the Volta Region of Ghana XFP	Ghana	Counterpart training and workshops between CHPS implementation groups held; expansion of CHPS activities throughout Nkwanta District continuing	Nationwide expansion and replication of CHFP informed by counterpart training in CHPS process and sharing of technologies; lead district provides guidance to other districts within region for CHPS implementation	FS
Technical assistance to Navrongo Community Health and Family Planning project and Community-based Health Planning and Services project XFP	Ghana	Ongoing	Technical expertise provided to Ghanaian partners to conduct experimental health and family planning research; technical expertise provided to Ghanaian partners to develop M&E systems for nationwide expansion of experimental research; technical expertise provided to disseminate results from experiment and expansion	Core & FS

XFP = Experimental Family Planning Studies in Rural Africa

ACTIVITY GRID BY COUNTRY

Australia

Activity	Result	Status	Outcomes	Funding
NES/EE ring CD	IR 1.1	Phase 2 studies	Conduct Phase 3 clinical trial	Core

Bangladesh

Activity	Result	Status	Outcomes	Funding
Patterns of marriage and the onset of childbearing in rural Bangladesh: The impact of large-scale educational and livelihood interventions ADOL	IR 2.1	Data analysis of village study completed; papers presented at Population Association of America and International Union for the Scientific Study of Population meetings in 2001; analysis of baseline survey measuring impact of large-scale livelihood intervention underway	Expand knowledge of whether, how, and to what extent programmatic interventions in area of adolescent work and education can change marriage and childbearing patterns of girls	Core

Bolivia

Activity	Result	Status	Outcomes	Funding
Technical assistance to Ministry of Health in Bolivia ECC	SR 1.2.b	Continued technical assistance on strategies to improve overall quality of family planning and reproductive health services; technical assistance to DfID/UNFPA for quality-of-care expansion and replication study	Improved quality of family planning and reproductive health services	Core

Brazil

Activity	Result	Status	Outcomes	Funding
Technical assistance to updating national family planning guidelines in Brazil ECC	SR 1.2.b	Updated and revised multiple versions of official family planning/reproductive health guidelines based on contents of contraceptive Web site	Improved access by providers to contraceptive technology updates; improved quality of service delivery; increased and continued use of modern family planning methods	Core
<i>The Essentials of Contraceptive Technology</i> — Translation from English to Brazilian Portuguese ECC	SR 1.2.b	<i>Essentials</i> translated and in press; copies shipped to Brazil by October 2001	Improved access for providers to up-to-date contraceptive technology information	Core

ADOL = Understanding and Meeting the Needs of Adolescents; CD = Contraceptive Development; ECC = Expanding Contraceptive Choice

Brazil (continued)

Activity	Result	Status	Outcomes	Funding
Contraceptive technology Internet Web site for providers in Brazil: Continued operation and maintenance ECC	SR 1.2.b	Report on hit data and user info completed	Improved access by providers to contraceptive technology updates; improved informational exchange methods for providers	Core
Strategic assessment of STI/HIV transmission in the Brazil border regions (Stage I) ECC	SR 1.2.b	Background paper prepared; stakeholders meeting held to refine objectives and select fieldwork team; fieldwork of six municipalities completed by December 2001	Appropriate service-delivery strategies designed by obtaining more accurate information on local reproductive health and family planning needs	FS

Dominican Republic

Activity	Result	Status	Outcomes	Funding
Strategic assessment of reproductive health services in the Dominican Republic ECC	SR 1.2.b	Literature review conducted; background paper and fieldwork completed by February 2002	Groundwork provided for development of effective strategies to improve reproductive health service-delivery system and reduce unwanted pregnancies, maternal morbidity and mortality, and transmission of HIV and other sexually transmitted infections	MAARD

Egypt

Activity	Result	Status	Outcomes	Funding
Youth Livelihoods in Egypt YLE	IR 2.1	Project outputs completed; final dissemination, initially scheduled for early 2001, postponed until November 2001	Significant contribution to understanding opportunities and constraints in relation to youth livelihoods in Egypt; identification of potential areas of interventions in policy	MAARD

Ethiopia

Activity	Result	Status	Outcomes	Funding
Technical assistance for development of reproductive health strategy in Ethiopia ECC	SR 1.2.a	Technical assistance for evaluation of Ethiopia's national Norplant® program (see next entry)	Improved quality of care of reproductive health and family planning services	Core

ECC = Expanding Contraceptive Choice; YLE = Youth Livelihoods in Egypt

Ethiopia (continued)

Activity	Result	Status	Outcomes	Funding
Technical assistance for evaluation of Ethiopia's national Norplant® program ECC	SR 1.2.c	Provided technical assistance to Norplant evaluation project; Ministry of Health implementing key recommendations of evaluation	Understand current and future role of Norplant in Ethiopia's family planning and reproductive health care system	Core
Expanding access to coital-dependent methods and dual protection within youth-centered sexual and reproductive health care facilities ECC	SR 1.2.a	Completed two baseline surveys, developed tools, trained youth center staff, and began developing information, education, and communication materials	Greater acceptability and use of coital-dependent contraceptive methods by young people; improved access to emergency contraception by young people; improved understanding of and practice of dual protection among young people	Core

Finland

Activity	Result	Status	Outcomes	Funding
NES/EE ring CD	IR 1.1	Phase 2 studies	Conduct Phase 3 clinical trial	Core

Germany

Activity	Result	Status	Outcomes	Funding
Androgen implant CD	IR 1.1	Phase 2 study	Complete Phase 2 clinical trial of MENT™ implant + levonorgestrel; plan Phase 3 clinical trial	Core

Ghana

Activity	Result	Status	Outcomes	Funding
Navrongo Community Health and Family Planning project XFP	IR 3.1	Ongoing; data continues to be collected and analyzed	Service activities and community organization and mobilization demonstrated to have impact on primary health care and family planning services use and effectiveness; fertility and mortality reduced	Core
Disseminating Navrongo Community Health and Family Planning project XFP	SR 3.1.b	Ongoing; newsletters on project successes and failures being produced and distributed; training being developed to assist in nationwide scaling-up activities	Findings from CHFP disseminated to health providers nationwide; efforts to replicate CHFP nationwide informed; information on experiment disseminated to international research community	FS

CD = Contraceptive Development; ECC = Expanding Contraceptive Choice; XFP = Experimental Family Planning Studies in Rural Africa

Ghana (continued)

Activity	Result	Status	Outcomes	Funding
Community-informed experiment in preventing female genital mutilation among the Kassena-Nankana of northern Ghana XFP	SR 3.1.a	Ongoing; pilot study completed and full-scale intervention implemented; adolescents recruited and baseline data collected; communities mobilized; community agents trained; specific activities for adolescents and women's groups underway	Reduction of FGM demonstrated via community organization and action in setting where practice has been nearly universal	Core
Establishing Community-based Health Planning and Services project Monitoring and Evaluation secretariat and creating appropriate M&E strategy XFP	SR 3.1.b	Secretariat M&E capacity being developed	Impact of nationwide expansion and replication of CHFP informed by development and maintenance of systems to accurately monitor and evaluate CHPS activities	FS
Creating a lead district for the CHPS initiative in Nkwanta District of the Volta Region of Ghana XFP	SR 3.1.b	Counterpart training and workshops between CHPS implementation groups held; expansion of CHPS activities throughout Nkwanta District continuing	Nationwide expansion and replication of CHFP informed by counterpart training in CHPS process and sharing of technologies; lead district provides guidance to other districts within region for CHPS implementation	FS
Technical assistance to Navrongo Community Health and Family Planning project and Community-based Health Planning and Services project XFP	SR 3.1.b	Ongoing	Technical expertise provided to Ghanaian partners to conduct experimental health and family planning research; technical expertise provided to Ghanaian partners to develop M&E systems for nationwide expansion of experimental research; technical expertise provided to disseminate results from experiment and expansion	Core & FS

Guatemala

Activity	Result	Status	Outcomes	Funding
Technical assistance for preintroduction study of Norplant® in Guatemala ECC	SR 1.2.a	Study completed; method very well-accepted and continuation rates high; final report near completion	Method mix expanded; improved understanding of use of services due to expanding method mix; improved understanding of acceptability of long-term family planning methods	Core

ECC = Expanding Contraceptive Choice; XFP = Experimental Family Planning Studies in Rural Africa

Honduras

Activity	Result	Status	Outcomes	Funding
Technical assistance to Ministry of Health in Honduras ECC	SR 1.2.b	Technical assistance provided to Ministry of Health through June 2001	Improved access to high-quality reproductive health and family planning services	FS

India

Activity	Result	Status	Outcomes	Funding
Technical assistance to “Policy Language and Media Analysis for Informed Choice: International Dissemination Meeting in India” ECC	SR 1.2.b	Provided in-country technical assistance to prepare background paper and develop survey instruments and sampling scheme	Improved access by providers, clients, and policymakers to provide accurate information on and access to contraceptive methods	Core

Kenya

Activity	Result	Status	Outcomes	Funding
Fact sheets on girls’ lives in East and Southern Africa GFDK	IR 2.1	Completed	Create awareness of context of adolescent lives among policymakers through production and dissemination of five fact sheets at local, regional, and international levels	FS
Case studies of adolescent livelihoods programs in Kenya GFDK	IR 2.1	Completed	Create awareness and understanding of livelihood programs for adolescents through production of case studies of existing livelihood projects for young women in Kenya	FS
The reporting of sensitive behavior among adolescents: A methodological experiment in Kenya ADOL	IR 2.1	Analysis of Nyeri data completed; papers presented at PAA and IUSSP 2001 meetings; questionnaire for data collection in Kisumu drafted	Contribute to understanding of degree to which interview context affects adolescents’ responses to questions about sexual and other risky behaviors	Core

Senegal

Activity	Result	Status	Outcomes	Funding
Evaluation of the national Norplant® program in Senegal ECC	SR 1.2.c	Reviewed almost 19,000 client records; about 6 percent lost to follow-up	Improved understanding of acceptability of Norplant; improved understanding of reasons for loss to follow-up	FS

ADOL = Understanding and Meeting the Needs of Adolescents; ECC = Expanding Contraceptive Choice; GFDK = Gender, Family, and Development Program in Kenya

Senegal (continued)

Activity	Result	Status	Outcomes	Funding
Launching the regional Francophone MAQ Subcommittee ECC	SR 1.2.c	Subcommittee strategy developed; July 2000 meeting report distributed	Permanent regional Francophone MAQ Subcommittee of MAQ Steering Committee created and strategy developed	Core

South Africa

Activity	Result	Status	Outcomes	Funding
Technical assistance for Population Council's expanded safety study assessing safety, acceptability, and preliminary effectiveness of Carraguard™ (PC-515) MICROB	SR 1.3.c	Completed	Development of standard operating procedure for monitoring Phase 2 trial and site-specific procedures for ongoing quality assurance (QA) during Phase 2 trial; QA audit helped prepare laboratory for transition from Phase 2 to Phase 3 effectiveness trial	Core
Phase 1 safety study of Carraguard among HIV-positive women and men MICROB	SR 1.3.c	Protocol submitted to U.S. FDA and approved by Population Council and Medical Research Council IRBs; training conducted; enrollment pending South African Medicines Control Council approval in first quarter of 2002	Assessment of safety of Carraguard among HIV-positive users, safety of Carraguard when applied directly to penis, effect of Carraguard on genital shedding	Core
Transition to adulthood in the context of AIDS in South Africa ADOL	IR 2.1	Dissemination workshop reporting baseline findings held in Durban, May 2001; second wave of longitudinal, multilevel study beginning September 2001	Augments knowledge of impact of life-skills programs on adolescent risky sexual behavior and of key transitions in adolescents' lives	Core

United States

Activity	Result	Status	Outcomes	Funding
NES/EE ring CD	IR 1.1	Phase 2 studies	Conduct Phase 3 clinical trial	Core
NES implant CD	IR 1.1	Phase 2b study	Complete Phase 2b clinical trial; plan Phase 3 clinical trial	Core
Norplant® CD	IR 1.1	Postintroduction	Obtain seven-year approval for Norplant use	Core
Jadelle® CD	IR 1.1	Postapproval	Obtain five-year approval for Jadelle use	Core
NES, not method-specific CD	IR 1.1	Preclinical studies	Conduct preclinical studies and radioimmunoassay of clinical blood samples for all methods containing NES	Core
Androgen implant CD	IR 1.1	Phase 2 study	Complete Phase 2 clinical trial of MENT™ implant + levonorgestrel; plan Phase 3 clinical trial	Core

ADOL = Understanding and Meeting the Needs of Adolescents; CD = Contraceptive Development; ECC = Expanding Contraceptive Choice; MICROB = Microbicides Activities

United States (continued)

Activity	Result	Status	Outcomes	Funding
Androgen, not method-specific CD	IR 1.1	Preclinical studies	Conduct preclinical studies and radioimmunoassay of clinical blood samples for all methods containing MENT	Core

Zambia

Activity	Result	Status	Outcomes	Funding
Study of impact after the introduction of Norplant and DMPA in Zambia, Phase 2 ECC	SR 1.2.c	Project completed; data analysis and final report writing underway	Better understanding of improvements in quality of care and impact of expanded contraceptive method introduction on quality of family planning services	FS & Core
Expanding contraceptive choice demonstration project in the Copperbelt Province of Zambia: Transition phase ECC	SR 1.2.a	Project completed; dissemination workshop presented findings and assessed local interest in scaling-up project; developed guidelines for second phase; proposal for scale-up near completion	Enhance contraceptive choice and quality of care nationwide	Core
Technical assistance to Ministry of Health in Zambia for development of national reproductive health strategy ECC	SR 1.2.a	Began technical assistance to subcommittee; opened channels of communication with pharmaceutical manufacturers	Registration of Depo-Provera [®] and selection of a dedicated emergency contraception pill	Core

East and Southern Africa

Activity	Result	Status	Outcomes	Funding
Partial support for Population Council regional workshop on implant technology: Past experience and perspectives for Africa ECC	SR 1.2.b	Workshop held in August 2001; several potential sites identified for Jadelle [®] transition; final conference report near completion	Up-to-date information provided and regional experiences shared about implants and their introduction; interest gauged and sites identified for potential introduction of Jadelle	Core

West and Central Africa

Activity	Result	Status	Outcomes	Funding
Technical assistance to Francophone MAQ Subcommittee to develop activities in West and Central Africa ECC	SR 1.2.c	Conducting desk review of West and Central Africa reproductive health protocols; ECC responsible for reviewing information on Senegal	Use mandate of Francophone MAQ Subcommittee to design appropriate activities and studies within region	Core

CD = Contraceptive Development; ECC = Expanding Contraceptive Choice

Interregional

Activity	Result	Status	Outcomes	Funding
Institutional support for regional professional societies ECC	SR 1.2.b	SWAA workshop held in April 2001; sponsored contraceptive technology update symposium at ALIRH meeting in April–May 2001, emphasizing emergency contraception and long-acting hormonal methods	Support provided to forums for information exchange between providers, governments, and collaborating agencies	Core
Analysis of “birth dearth” hypothesis TRANS	IR 2.1	Study completed	Improved understanding of recent and potential future trends in fertility in the developed and developing world	Core

ECC = Expanding Contraceptive Choice; TRANS = Transitions in Reproductive Behavior in the Developing World