

**THE ACQUIRE PROJECT
ANNUAL REPORT
to USAID**

October 1, 2003 – June 30, 2004



U.S. Agency for
International Development

the **ACQUIRE** project

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U.S. Agency for
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the **ACQUIRE** project

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ACRONYMS

ACQUIRE	Access, Quality, and Use in Reproductive Health Project
ADRA	Adventist Development and Relief Agency International
AWARE	Action for West Africa Region Reproductive Health Project
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
BCC	Behavior Change Communication
BCO	Bangladesh Country Office
BTC	Breakthrough Collaboratives
COPE	Client-Oriented, Provider-Efficient
CPI	Client Provider Interaction
CTR	Contraceptive Technology Research Project
DASCO	District AIDS and STD Control Officer (Kenya)
DHS	Demographic Health Survey
DIFPSA	District Innovations in Family Planning Services Agency (India)
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EmONBC	Emergency Obstetrics and New Born Care
EH	EngenderHealth
FHI	Family Health International
FP	Family Planning
FWC	Family Welfare Complex (Bangladesh)
FY	Fiscal Year
HIV	Human Immunodeficiency Virus
IBP	International Best Practice
IC	Informed Choice
IEC	Information, Education and Communication
INFO	Information and Knowledge for Optimal Health Project (Johns Hopkins University)
IP	Infection Prevention
IUD	Intrauterine Device
JHU-CCP	Johns Hopkins University, School of Public Health, Center for Communications Programs
LGU	Local Governmental Unit
LTPM	Long-term and Permanent Methods
M&E	Monitoring and Evaluation
M&S	Management and Supervision
MAP	Men as Partners
MAQ	Maximizing Access and Quality
MIS	Management Information System
ML/LA	Minilaparotomy Under Local Anesthesia

MOH	Ministry of Health
MOH/DHS	Ministry of Health/Directorate of Hospital Services (Tanzania)
MSH	Management Sciences for Health
MVA	Manual Vacuum Aspiration
NASCOP	National AIDS and STD Control Programme (Kenya)
NGO	Non-governmental Organization
NSV	No-Scalpel Vasectomy
NYS	National Youth Service (Kenya)
OPRH	Office of Population and Reproductive Health
PAC	Postabortion Care
PDA	Personal Data Assistant
PEPFAR	The President's Emergency Plan for AIDS Relief
PI	Performance Improvement
PLA	Participatory Learning and Action
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PMP	Performance Management Plan
PNA	Performance Needs Assessment
PRIME II	Primary Providers' Training and Education in Reproductive Health
QI	Quality Improvement
QI/PI	Quality Improvement and Performance Improvement
QOC	Quality of Care
RACHA	Reproductive and Child Health Alliance (Cambodia)
RH	Reproductive Health
FP/RH	Family Planning and Reproductive Health
SACMO	Sub-Assistant Community Medical Officer (Bangladesh)
SDI	Services Delivery Improvement
SIFPSA	State Innovations in Family Planning Services Agency (India)
SNIS	Sistema Nacional de Información en Salud (<i>National Health Information System</i>) (Bolivia)
SOP	Standard Operating Procedure
SOTA	State-of-the-Art
STI	Sexually Transmitted Infection
TA	Technical Assistance
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UHC	Upazila Health Complex (Bangladesh)
UMATI	Family Planning Association of Tanzania
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
VCT	Voluntary Counseling and Testing

I. OVERVIEW

The ACQUIRE Project—Access, Quality, Use in Reproductive Health—is led by EngenderHealth in partnership with Adventist Development and Relief Agency, International (ADRA), CARE, Intra-Health International, Meridian Group International Inc, and the Society for Women and AIDS in Africa. SATELLIFE is a resource partner. The ACQUIRE Project’s mandate is to advance and support Family Planning and Reproductive Health services (FP/RH), with a focus on facility-based care.

This annual report represents a summary of the first nine months of activities and data under the ACQUIRE Project’s five-year Leader with Associate Cooperative Agreement for the period 2003–2008 (No. GPO-A-00-03-00006-00) supported by USAID/Bureau for Global Health, Office of Population and Reproductive Health/Service Delivery Improvement (SDI) Division. This Cooperative Agreement contributes to the USAID/OPRH Strategic Objective 1: *Advance and Support Voluntary Family Planning and Reproductive Health Programs Worldwide*. Activities under this Cooperative Agreement encompass the full range of reproductive health services, including maternal health and HIV/AIDS, but with a strong dominant focus on family planning.

At the global level, this report represents six months of activity, since the first three months were spent in project start-up, negotiating and finalizing agreements with partners, a partner management meeting, bringing seconded staff on board and developing the first work plan. The first year work plan was designed with the full expectation that many of the activities would be ongoing in FY04-05.

At the field level, this report contains core services statistics—sites, services, and training—that cover a period of 12 months (July 1, 2003, to June 30, 2004). from nine ACQUIRE-supported¹ countries in the Americas, Africa, and Asia/Near East:

Asia: Bangladesh, India, and Cambodia

Africa: Republic of South Africa, Tanzania, Rwanda, and Kenya

Americas: Bolivia and Honduras

Although the period July to September 2003 was not under this Cooperative Agreement, data from this period is included in the field programs report to ensure continuity in project monitoring in seven countries supported by ACQUIRE that were also previously supported by USAID Cooperative Agreement No. HRN-A-00-98-00042-00. The field data contained in this report should be considered preliminary. Any data reported to EngenderHealth/New York after October 7, 2002, will be updated in our database and used in subsequent quarterly and annual reports.

¹ “Supported” is defined as those countries that expensed to USAID Global CA funds during the indicated fiscal year (core, field support, PEPFAR, or special initiative funds)

II. ACQUIRE RESULTS FRAMEWORK

Figure 1 shows ACQUIRE's Results Framework. The Strategic Objective contains three intermediate results, each with two sub-intermediate results. This Results Framework contains indicators that are weighted more heavily towards service delivery at the field level, rather than on the global leadership activities. ACQUIRE is in the process of finalizing the global leadership indicators and results. The finalization will involve harmonization with USAID/OPRH results and indicators, and with the global leadership priority areas that ACQUIRE identified in a strategic planning workshop in July, 2004.

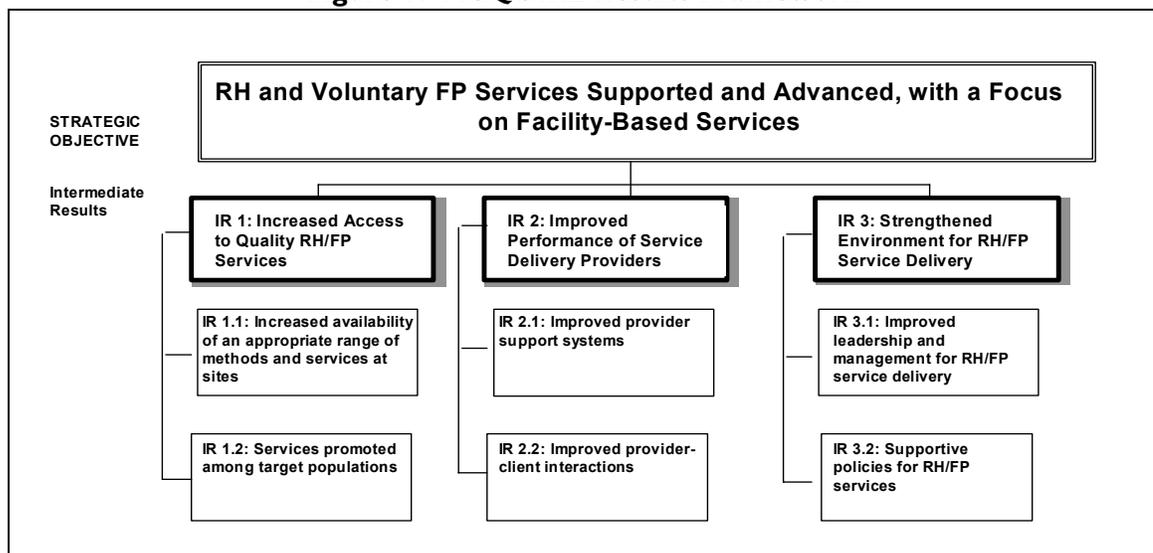
ACQUIRE Performance Management Plan

ACQUIRE's Performance Management Plan (PMP) identifies relevant performance data and sources of information, and is used to collect, analyze and report comparable data over time. As per USAID guidance, the PMP is dynamic and is updated on an annual basis to ensure that ACQUIRE continuously builds on best practices, results, and lessons learned, and documents key management decisions and project events. The majority of the indicators in ACQUIRE's results framework are contained in performance data tables in the PMP. Table 1 contains a draft list of indicators for ACQUIRE that will be finalized by the end of this year in consultation with USAID.

As per USAID, guidance, not all indicators in a PMP must be reported in an Annual Report. This year, we have chosen to report on four key indicators by country:

- # of supported service delivery sites, by country
- # of FP clients served at supported sites, by country
- # of persons trained by primary training type, by country
- # of training events conducted by training type, by country

Figure I: ACQUIRE Results Framework



These indicators provide the project with a sense of the reach and magnitude of ACQUIRE activities and enable us to track trends in service delivery in ACQUIRE supported programs. These indicators are also compatible with reporting requirements from the USAID missions to our field programs.

These indicators are one piece of ACQUIRE's results. A second crucial component is a set of outcome indicators from evaluation and special studies. ACQUIRE is conducting baseline and end line data in four countries² where ACQUIRE anticipates multi-year funding. The level of resources in these countries must justify the higher than average investment in data collection, analysis and reporting that these studies require. Special studies are also being planned in other selected countries. Special study topics will be driven by the research agenda. Draft indicators from studies will be included in subsequent Annual Reports as they become available. This approach to evaluation is based on lessons learned from EngenderHealth's previous cooperative agreement, which relied on service statistics and programmatic outputs at the expense of outcome indicators and special studies.

² Bangladesh, Bolivia, and Tanzania through the Leader Award and Azerbaijan through an Associate Award No. GPO-A-00-03-000

III. GLOBAL TECHNICAL PROGRAMS REPORT

IR 1: Increased Access to Quality Family Planning and Reproductive Health Services

IR 1 focuses on improving access to quality FP/RH service delivery. To achieve increased access, ACQUIRE works to increase the availability of an appropriate range of methods and services (ACQUIRE sub-result 1.1), and to promote services among target populations (sub-result 1.2).

This result is achieved through the application of service delivery models and approaches and technical assistance specifically geared towards improving contraceptive choice and method mix (with a focus on underutilized methods and underserved groups); integrating services that respond to client needs (including integrating FP into HIV and AIDS prevention, treatment and care, PAC, and maternity services); and improving linkages between service sites and communities by capitalizing on the strengths of the ACQUIRE partnership to reach out beyond clinical walls to increase awareness and demand for services.

❖ *Develop program guidance package for LTPM*

(ACQUIRE Activity 1.1.1/OPRH Indicator 2.1)

Note: This activity also includes Activity 1.2.2.

Due to other priorities, completion of this activity has been delayed. However, in this fiscal year, ACQUIRE gathered input from EngenderHealth's own prior work, from other organizations through its participation in key meetings, including the IUD and vasectomy meetings discussed below, and through a performance needs assessment (PNA) in Guinea (*discussed below*).

In addition, two preparatory documents were prepared:

- An annotated bibliography of published and unpublished studies and reports of lessons learned and best practices in providing IUD services.
- A preliminary outline of a market and behavior analysis report that provides programs with guidance on program design and market segmentation based on input from projects in Ghana and Honduras. The final report will be part of the LTPM guidance package. (Activity 1.2.2).

A consultant has been hired to organize the information gathered for the document and we expect the guidance package to be ready for review in the third quarter of FY05-06.

❖ *Reposition underutilized FP methods in service programs*

(ACQUIRE Activity 1.1.2/OPRH Indicator 2.1)

Note: This activity includes the status of ACQUIRE Activities 1.2.5, 1.1.3, 1.1.4.

During this first six months of programmatic operation (January to June 2004), ACQUIRE conducted preliminary work to inform the repositioning of vasectomy and IUD in facilities-based service programs.

Vasectomy: In the past year, Family Health International (FHI), through its CTR project, and ACQUIRE jointly convened an experts meeting in vasectomy to review the results of FHI and EngenderHealth's joint clinical research and to discuss the programmatic

implications of these findings. Fifty experts from 24 organizations were represented at the meeting. Key findings included:

- (1) Fascial interposition when used with ligation and excision, reduces the likelihood of vasectomy failure
- (2) Cautery is more effective than ligation and excision with fascial interposition; and
- (3) Following a vasectomy when semen analysis is not available, to decrease the risk of pregnancy from residual sperm, a 12-week waiting period is significantly more reliable than 20 ejaculations.

From a programmatic perspective, successful vasectomy programs should:

- (1) Address both supply and demand simultaneously
- (2) Develop male friendly service sites and change staff attitudes – these are as important as developing vasectomy skills
- (3) Pay attention to clients’ needs and rights (men want privacy, confidentiality, an array of services, discretion, often male providers, flexible hours, short waiting time and affordable services)
- (4) Have strong leadership – a champion for vasectomy services; and
- (5) Effectively promote the method through a variety of mechanisms and media.

The report of the meeting *Expert Consultation on Vasectomy: an Interagency Workshop* has been posted on the ACQUIRE extranet for review and use by ACQUIRE staff and partners worldwide. In addition, articles co-authored by FHI and EngenderHealth staff³ have been published in two peer-reviewed journals:

- Sokal D.C., Irsula B., Hays M., et al. Vasectomy by ligation and excision, with or without fascial interposition: a randomized controlled trial. *BMC Medicine* 2004;2:6. Full text available at: <http://www.biomedcentral.com/1741-7015/2/6>
- Barone M.A., Irsula B., Chen-Mok, et al. Effectiveness of vasectomy using cautery. *BMC Urology* 2004;4:10. Full text available at: <http://www.biomedcentral.com/1471-2490/4/10>

Based on these findings, the expert meeting endorsed the following recommendations:

- (1) Vasectomy providers should emphasize the potential increased effectiveness of adding fascial interposition when using ligation and excision; and
- (2) Where resources, training and logistical support are available, cautery is recommended as a safe and effective occlusion technique.

EngenderHealth incorporated these recommendations in its publication *No-Scalpel Vasectomy: An Illustrated Guide for Surgeons (Third Edition)* published in 2003 under a previous cooperative agreement. ACQUIRE is updating its vasectomy training curriculum and courses to include these findings and a Spanish version of the Guide was produced by ACQUIRE.

IUD: ACQUIRE assisted in the planning of an FHI-sponsored workshop entitled “Increasing access to IUDs” in which several areas of collaboration were identified with other cooperating agencies. ACQUIRE and FHI continued discussions of this informal group. In the current fiscal year (FY04-05), USAID has established a MAQ Working Group on IUDs and staff members from CTR and the ACQUIRE project are co-chairs. Activities that have continued as a result of the CTR/ACQUIRE collaboration include:

³ The articles are based on clinical studies, supported via FHI’s CTR Project and EngenderHealth’s previous Cooperative Agreement HRN-A-00-98-00042-00.

Table I: Table of Draft Indicators

Indicator	Field	Global
IR 1 Increased access to quality FP/RH services		
1. % of facilities adequately staffed to provide LTPM in focus countries	✓	
IR 1.1 Increased availability of an appropriate range of FP methods and services at sites		
2. # of supported service delivery sites, by country	✓	
3. % of supported service delivery sites offering at least 4 modern FP methods, by country	✓	
IR 1.2 Services promoted among target populations		
4. # of FP clients served at supported sites, by country	✓	
5. # of maternity clients served by service at supported sites, by country	✓	
6. # of PAC clients served at selected demonstration sites in selected countries, by country	✓	
7. % of PAC clients receiving an FP method at selected demonstration sites, by country	✓	
8. # of persons served by service at supported sites, by country	✓	
IR 2 Improved performance of service delivery providers		
9. % of facilities in compliance with IP measures in focus countries	✓	
10. % of facilities ensuring QOC to standard in focus countries	✓	
IR 2.1 Improved provider support systems		
11. # of persons trained by primary training type, by country	✓	
12. # of training events conducted by training type, by country	✓	
13. % of providers performing to standard in focus countries	✓	
IR 2.2 Improved provider-client interactions		
14. % of facilities with satisfied clients in focus countries	✓	
IR 3 Strengthened environment for FP/RH service delivery		
15. Policy environment score in selected demonstration countries	✓	
IR 3.1 Improved leadership and management for FP/RH service delivery		
16. Ratio of core funding to field support	✓	✓
17. # of Missions that have allocated field support to ACQUIRE	✓	✓
18. % of tools/methodologies /approaches developed with use of core funds that are adopted by field programs	✓	✓
IR 3.2 Supportive policies promoted for FP/RH services		
19. # of countries where ACQUIRE has provided support to design/update national SOPs	✓	

- Development and adaptation of an IUD advocacy kit for testing in key countries (Kenya and Ethiopia)
- Input for the Program Guidance Package for LTPM, including the IUD

In addition, ACQUIRE staff participated in a February workshop convened by the University of Southampton and Population Council/FRONTIERS to give input on their development of operations research to increase IUD demand in Ghana, Guatemala, Honduras and Bangladesh.

IUD Repositioning at the Country Level: As a consequence of these initial activities, ACQUIRE core staff collaborated with country programs in the following countries on increasing access to IUDs: Honduras (ACQUIRE field support), Guinea (PRISM bilateral), and Ghana (Ghana bilateral), Tanzania (ACQUIRE field support). In fiscal year 04-05, this will widen to encompass activities in Ethiopia, Mali, and one other country to be determined with MAQ GLP funds, and Kenya and Uganda with OPRH Country Partnership funds.

Honduras: ACQUIRE's Honduras country program began collaboration with the Population Council on operations research designed to evaluate the training and other systems support needs for nurse-midwives being trained to use the IUD. The Population Council is managing the research aspects, while the ACQUIRE program is implementing the interventions.

In addition, a core funded assessment of strategies to improve vasectomy in Honduras resulted in allocation of a small amount of additional funding in FY04-05 to strengthen vasectomy services and training. A proposal was prepared to increase demand for vasectomy services through effectively combining promotion and community mobilization approaches. The USAID Mission has agreed to consider that proposal for support in FY05-06.

Guinea: ACQUIRE worked with the EngenderHealth country office, local partners, and the PRISM project managed by MSH to conduct a performance needs assessment, entitled *Performance Needs Assessment of the Underutilization of Long Term and Permanent (LTPM) Methods in Guinea*. The purpose of the PNA was to identify performance gaps or problems and to determine the most appropriate interventions to improve provider performance and improve client and community access to and utilization of long-term and permanent methods (LTPM) of contraception. Results from the PNA revealed large performance gaps among family planning service providers. Providers have good attitudes regarding LTPMs but do not have clear performance expectations about providing information on LTPMs to clients. Furthermore providers reported that supervisors do not reinforce the need for providers to discuss clients' reproductive goals or to offer LTPMs, when appropriate. In addition, the environment in which providers work is not always conducive to helping providers to perform well. For instance shortages in electricity and water, and stock-outs in supplies and materials were reported.

The PNA results informed the development of a long-term and permanent methods strategy for Guinea with particular emphasis on IUDs. The process, funded with core funds, leveraged field support for implementation of an LTPM strategy that includes strengthening provider performance, enhancing community awareness, promoting IUDs and LTPMs and potentially mobile outreach services. Additional funds were secured from the AWARE project for project activities.

Tanzania: ACQUIRE continues to partner with its country office, USAID/Tanzania, and other local partners to develop and implement a five-year vision and a two-year work plan to increase utilization of and access to LTPM and comprehensive PAC services. A key component of the strategy is to strengthen both IUD and vasectomy services and to expand access to them. For the IUD, we will increase access to IUDs at the health dispensary level. In addition, we have established a partnership with the Private Nurse Midwives Association of Tanzania (PRINMAT) to collaborate on reintroducing the IUD (and PAC) into their services.

A vasectomy case study was conducted in the Kigoma region in northern Tanzania. Over the past several years, anecdotal accounts have reported an unusually high demand for vasectomy services in the Kigoma region in comparison to other Sub-Saharan African countries. The purpose of the case study was to document vasectomy use and demand for vasectomy and other men's reproductive health (RH) services at district hospitals and the surrounding communities in Kigoma, Kibondo, and Kasulu Districts in the Kigoma Region.

The study was carried out in collaboration with FHI. The study team consisted of staff from ACQUIRE/Tanzania and New York, a representative from FHI, and a representative from HealthScope, a local research organization.

The team conducted a week-long training for local investigators in Dar es Salaam. The training included ethics and informed consent requirements, data collection, data management, and data transcription protocols, and role playing for focus groups and in-depth interviews. ACQUIRE M&E and Tanzanian staff traveled to Kigoma to review the tools and methodology with the Regional Medical Officer of Kigoma and other local officials who would facilitate the study and ensure local buy-in and participation. Kigoma officials are most interested in knowing how to better involve men in a FP/RH program, and obtaining the results of the study to assist in program design and scale-up.

Since that time, the data has been collected and was recently submitted for analysis and report writing. The case study and data findings will be widely shared upon activity conclusion. In the short-term, the team will use the study data to:

- Provide the Kigoma Regional administrators with data to develop action plans to better include men in family planning and reproductive health services.
- Develop a programmatic model that could be replicated or scaled up in sites with low vasectomy acceptance or barriers to vasectomy and other male reproductive health services in Tanzania (ACQUIRE Activity 1.1.3).

Ghana: A vasectomy revitalization activity to strengthen services and increase access began prior to ACQUIRE in the previous fiscal year supported through shared funding from the Ghana bilateral and core funding through the previous EngenderHealth cooperative agreement. ACQUIRE staff continued to provide support to this activity over the past fiscal year, given that its findings and lessons learned are important to future activities.

In an earlier phase of activity, staff at five new sites and two existing sites were trained in reproductive health services for men, and in establishing a male-friendly environment. In addition, clinicians and counselors were trained in clinical and counseling skills for vasectomy services. Once services had been strengthened and physical access increased, under ACQUIRE we began to focus on communications to increase community awareness of the services and their location.

The activity included a five-month campaign to promote vasectomy services in the Accra and Kumasi regions. The campaign strategy included national advertising on radio and television, the distribution of printed material in the Accra and Kumasi metropolitan regions as well as a community outreach program in these metropolitan areas. The target market of the campaign was married men between the ages of 30 and 45 who have at least three children. To evaluate the success of this campaign, a panel study was conducted to evaluate its effects on community awareness, knowledge, and utilization of vasectomy services in Greater Accra, Ghana. Survey instruments were administered before the launch of a five-month campaign implemented, and upon its conclusion. Preliminary results indicate that vasectomy utilization increased substantially during the campaign period; 53 vasectomy procedures were performed during March to August 2004 alone as compared 26 procedures throughout 2003. Also, awareness of vasectomy more than doubled from 30% at baseline to 65% at end line and more than half (56%) of all study participants reported exposure to at least one campaign intervention.

Results of this study, once finalized, will be used to scale-up services in Ghana through the new bilateral projects, and the project design will be replicated in other countries where availability and use of vasectomy services are low. Lessons learned from the entire vasectomy revitalization campaign, including strengthening the supply of services, creating awareness of services and the results of the panel study, will help to inform other project managers which how to address both supply and demand in increasing access to vasectomy services and which communications strategies may have the greatest impact on increasing awareness and changing behaviors, and therefore spur more cost-effective project planning.

The full project implementation report and study will be ready in the upcoming fiscal year and will be widely disseminated among stakeholders and the wider cooperating agency community (ACQUIRE Activity 1.1.4).

ACQUIRE has already incorporated the preliminary lessons learned from this activity into other ACQUIRE vasectomy promotion project designs, particularly in Honduras and in plans for activities in Bangladesh and Tanzania.

Collaboration with Family Health International (FHI): Many of the activities above have been carried out in collaboration with FHI. During the program year, FHI (The Contraceptive Technology Research Project — CTR), and EngenderHealth (The ACQUIRE project), signed a memorandum of understanding to collaborate in four areas: research, dissemination, research to practice, and practice to research. At present, the major focus of this collaboration is the revitalization of underused methods, specifically vasectomy and the IUD. Specific collaborative areas are:

- Research: collaborate in the design and implementation of research that will advance service delivery practice in regard to IUD and vasectomy.
- Dissemination: proactively share and disseminate research findings related to IUD and vasectomy to facilitate their incorporation into practice.
- Research to practice: collaborate on activities intended to facilitate utilization and implementation of actionable research findings in service delivery programs. FHI will participate in discussion of ACQUIRE's leadership priorities and EngenderHealth will participate in relevant technical advisory committees.
- Practice to research: FHI will seek insight from EngenderHealth on identified service delivery or programmatic research needs. Such needs will inform FHI's priority

setting for new research projects under the CTR or the potential follow-on project to CRT.

Collaboration with FHI continues in FY04-05.

❖ ***Model for promoting integration that emphasizes a lifecycle approach***
(ACQUIRE Activity 1.1.5)

❖ ***Revitalize postpartum family planning***
(ACQUIRE Activity 1.1.6)

These two activities were included in the initial workplan that, because it was presented in December 2003 at the start of the project, covered activities that we knew would extend beyond FY03-04. Because of other commitments these activities were postponed and are being addressed in FY04-05.

❖ ***Develop postabortion care programs that are responsive to clients needs***
(ACQUIRE Activity 1.1.7)

In FY 03-04, the ACQUIRE project implemented PAC activities in five (out of a total of 9) country programs: Cambodia, Kenya, Tanzania, Bolivia, and Honduras.

As part of its leadership work to synthesize experiences and share lessons learned, ACQUIRE staff made the following presentations at international events:

- Isaiah Ndong. “Taking Postabortion Care Services Where the Are Needed: Operations Research on Expanding Services in Rural Areas of Senegal.” FIGO 2003, Santiago, Chile.
- J Ruminjo (presented for J Solo and I Escandon). “Global Crisis in Abortion: a PAC evaluation.” 2003 APHA Conference, San Francisco. Nov. 16–20, 2003.
- Erika Sinclair, Rasha Dabash. “Taking Postabortion Care Services Where They Are Needed: An Operations Research Project in Rural Senegal.” 2003 APHA Conference, San Francisco. Nov. 16–20, 2003.
- Isaac Achwal. “Taking Postabortion Care to Scale, Kenya Experience.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

ACQUIRE staff continued to participate in the work of the PAC Consortium, co-chaired the task force on equipment and contributed to PAC Consortium Newsletters. In Kenya, staff provided technical support to the Kenya PAC Working Group led by the Ministry of Health. ACQUIRE staff also served as technical reviewers for USAID’s PAC Resource Package. ACQUIRE staff also provide input to the review of PAC issues for the Essentials of Contraceptive Practice Handbook.

Based on negotiations begun in FY03-04, ACQUIRE core staff are providing technical support to USAID PAC Strategy activities in Kenya (Community Mobilization) and Cambodia (guidelines and materials dissemination) in FY04-05.

❖ ***Test approaches to integrate family planning into VCT***
(ACQUIRE Activity 1.1.8/OPRH Indicator 2.1)

Because of other priorities, the task undertaken for this activity was the preparation of a concept paper shared with country programs to determine interest and potential availability of PEPFAR funding. This activity will be pursued in FY04-05.

❖ ***Assess FP/RH needs of HIV+ women in one country and identify services to support them***

(ACQUIRE Activity 1.2.1 and OPRH Indicator 2.1)

The ACQUIRE project developed a concept paper entitled “Improving informed choice for HIV positive women in Soweto: Addressing the need for improved education and counseling about the interaction between ARV treatment and hormonal contraceptive methods.” The concept paper was submitted to USAID and was approved for GLP funding in FY04-05. This project was approved for implementation in FY04-05.

During FY03-04 in preparation for implementing this activity, ACQUIRE conducted a literature review on HIV and hormonal methods. After consultation with experts in the field, ACQUIRE’s Clinical Director prepared technical guidance for ACQUIRE staff and it was posted on the ACQUIRE extranet entitled: *Hormonal Contraception and HIV: Information and Guidance for EngenderHealth and ACQUIRE Staff* (February 18, 2004.).

Conversations are currently ongoing with FHI about collaboration in an effort to add a module to FHI/IMPACT’s facilitator’s guide entitled *HIV/AIDS Care and Treatment: A clinical course for people caring for persons living with HIV/AIDS*. This activity is continuing in FY04-05. This module will be used in support of the work in South Africa though coordination of timing remains to be addressed.

❖ ***Synthesize best practices and lessons learned in social marketing***

(ACQUIRE Activity 1.2.3)

In our first year of operation it was deemed essential to have ACQUIRE partners pull together best practices and key lessons learned on their special expertise – in this case Meridian and social marketing – to enable other projects staff and counterparts better understand how the project overall could benefit from incorporating social marketing activities at the core leadership and country levels.

During the first six months of the year, we agreed that this activity should focus on vasectomy. Some lessons learned have been pulled together, but this activity was delayed because of other commitments. A consultant has been hired to help complete the task and it will be ready for review by the third quarter of FY04-05.

❖ ***Synthesize best practices and lessons learned in community mobilization***

(ACQUIRE Activity 1.2.4)

As for Social Marketing, in our first year of operation it was deemed essential to have ACQUIRE partners pull together best practices and key lessons learned on their special expertise – in this case CARE and community mobilization – to enable other projects staff and counterparts better understand how the project overall could benefit from incorporating community mobilization activities at the core leadership and country levels.

A consultant was hired to help cull lessons learned in community mobilization that could specifically be applied in a facilities-based service delivery project to help establish effective and functioning linkages between service sites and communities. The first draft of a paper has been prepared and is now under review. It is strong on community mobilization lessons learned, but needs more attention to address specifically how it could be applied to establish and strengthen linkages between service sites and communities. The document will be ready for review by the third quarter of FY04-05.

IR 2: Improved Performance of Service Delivery Providers

IR 2 focuses on supporting the performance of providers responsible for clinical FP/RH services—family planning, maternal health, PAC and HIV/AIDS prevention, treatment and care. To achieve improved performance, ACQUIRE works to improve provider support systems (sub-result 2.1), and to improve provider-client interactions (sub-result 2.2).

This result will be achieved through the application and blending of SOTA methodologies in support of improved performance; providing technical assistance to improve provider support systems (in medical quality improvement, supervision and training) and client-provider interaction; and providing global leadership through the testing of new and refined approaches and exchange of lessons learned.

❖ *Synthesize guidance on the range of PI, QI, and PLA approaches/tools* (ACQUIRE Activity 2.1.1/OPRH Indicator 2.1)

The ACQUIRE Project brings together partners with proven, effective approaches to Performance Improvement (PI), Quality Improvement (QI) and Participatory Learning and Action (PLA). PI and QI are similar but have their origins in different disciplines. Both contain elements of PLA, but can be strengthened by a more focused application of PLA as it applies to the community. PI/QI and PLA tools to implement each of the approaches can be used in a complementary manner, depending on the issue or level being addressed: national/program level, regional/provincial level, health facility level (including providers and clients), or community level.

Many staff are already familiar with PI or QI or PLA approaches. However, most are unclear on how these approaches are related to each other and their appropriate use in relation to one another. This guidance document is intended to help ACQUIRE staff and counterparts understand how these approaches fit together, and when to apply or blend PI, QI and PLA, and at what levels the approaches and tools are best applied. These guidelines will also help our staff to explain the connections between PI, QI and PLA to our counterparts and field partners. The guidance does not give detailed information about the three approaches or any specific tools – but rather refers readers to a list of references for in-depth instructions.

During FY03-04, a first draft of the document was prepared. The PLA piece has been added in the first quarter of FY04-05 and the draft document is now under review. It is anticipated that this document will be made available on the ACQUIRE extranet and disseminated externally via a two-page executive summary in the third quarter of FY04-05. (*This work was also informed by the Guinea PNA—See Activity 1.1.1.*)

❖ *Update the Facilitative Supervision curriculum on Medical Quality Improvement Approach* (ACQUIRE Activity 2.1.2/OPRH Indicator 2.1)

Supervision is a key support system for improving provider performance and is one of the main foci under this sub-result. Under its previous cooperative agreement, EngenderHealth had prepared a manual for Facilitative Supervisors. Field staff have found this to be a useful reference guide, and asked for a curriculum. The purpose of the curriculum is to equip local staff and trainers with materials to introduce the Facilitative Supervision approach to different levels of supervisors and to build capacity and sustainability to improve the quality of services. The curriculum is designed to encompass the ACQUIRE approach of routinely addressing the fundamentals of

facilities-based care for reproductive health services (informed choice, medical safety, and quality management). The flexibility of the curriculum's materials allows trainers to tailor training courses according to their audience and timeframe.

In FY03-04, ACQUIRE staff began drafting the curriculum, including information on QI and PI, and developing further the concept of the fundamentals of facilities-based care. The initial draft curriculum was reviewed internally and is currently under revision to strengthen the fundamentals of facilities-based care approach. We anticipate that the curriculum will be ready for review during the third quarter of FY04-05.

❖ ***Identify SOTA practices related to improved provider performance in integrated settings***

(ACQUIRE Activity 2.1.3/OPRH Indicator 2.1)

As for social marketing and community mobilization, in our first year of operation it was deemed essential to have ACQUIRE partners pull together best practices and key lessons learned on their special expertise – in this case IntraHealth and performance improvement – to enable other projects staff and counterparts better understand how the project overall could benefit from incorporating PI activities at the core leadership and country levels.

When failures occur in the delivery of health care services, they often reflect inadequate leadership and management rather than simply the performance of individual providers. Providers can only perform as well as the systems that support them and systems support is a key result in the ACQUIRE project. Through the PI approach, five performance factors have been identified to aid leaders and managers to provide exemplary support:

- (1) *Job Expectations*—Do staff know what to do?
- (2) *Performance Feedback*—Do staff know how well they are doing what they do?
- (3) *Motivation*—Do staff have a reason to perform as they are asked to perform? Does anyone notice when they perform well?
- (4) *Infrastructure, supplies and equipment*—Is the staff's work environment adequate? Do staff have the necessary supplies and equipment to do their job?
- (5) *Knowledge and Skills*—Do staff know how to do their jobs?

Many organizations and projects have been through the process of performance improvement and have reported on their successes and failures and provided useful recommendations. Numerous solutions and interventions have been developed to address health care performance problems—and many have been evaluated and proven successful. The SOTA guide is intended to assist supervisors to identify interventions that can address a performance gap in a specific area once the root cause(s) contributing to that gap has been identified. The guide is also intended to help programs build on what others have accomplished, and the lessons they have learned.

The listings and descriptions of successful interventions presented in the guide result from an extensive literature and database review of state-of-the-art (SOTA) practices by ACQUIRE staff. It presents best practices and lessons learned from interventions and processes that have been successfully replicated a number of times in low-resource environments, and in most cases evaluated.

The SOTA improvement practices document, currently under review, will be posted on the extranet, and potentially transformed into a CD-ROM or other user-friendly format

and shared widely with ACQUIRE staff and counterparts and the wider CA community. We expect that it will be posted on the extranet by December 2004. The CD-Rom will be prepared during the third and fourth quarters of FY04-05.

❖ ***Promote and scale up SOTA clinical and program guidelines and training materials***

(ACQUIRE Activity 2.1.4/OPRH Indicator 2.2)

State of the art clinical and program guidelines and training materials are essential to facilitate providers performing to standard. The application of guidelines and training materials enable providers to update and maintain their clinical skills for a range of FP/RH services and make it possible for them to incorporate new procedures, products, services or approaches into their work in a standardized manner.

In the first six months of programmatic operation, ACQUIRE disseminated new materials that had been completed under a previous cooperative agreement to field programs, Missions, counterparts and other CAs. These included the Minilap Illustrated Guidelines, a revised COPE Handbook, a COPE Reproductive Health Tool book and a Comprehensive Reproductive Health Counseling curriculum.

The Minilap Illustrated Guide provides updated information on how to perform a female sterilization under local anesthesia, based on a literature review and the wealth of experience of providers and EngenderHealth staff. It is available as in hard copy and in CD-Rom format and was translated into Spanish. The guide will be used in all Minilap training events sponsored by the ACQUIRE project and other EngenderHealth projects and programs. It is intended for:

- Experienced providers of female sterilization who want to change to minilap from other surgical techniques;
- Trainers to use as a reference text while teaching minilap,
- Trainees to use during their training and later for reference to further develop proficiency in their technique.

To further disseminate and increase awareness of the guides, staff presented both the Illustrated Guide for Minilap and NSV at the MAQ Mini-University in a session entitled “User-Friendly: The Latest Illustrated Guides for NSV and Minilaparotomy for Female Sterilization.”

The newly revised COPE Handbook and the COPE Reproductive Health tool book were published under the previous CA. During ACQUIRE first six months of programmatic operation, we distributed these materials widely to field programs, CAs and other counterparts.

The Comprehensive Reproductive Health Counseling Curriculum will assist providers to counsel clients about their reproductive health in a comprehensive manner, to more effectively link the different areas of reproductive health care and to improve providers ability to communicate effectively with clients. The key counseling tasks addressed are:

- Helping clients assess their own needs for a range of reproductive health care, information and emotional support;
- Providing information appropriate to clients’ identified problems and needs;
- Assisting clients in making their own voluntary and informed decisions;
- Helping clients develop the skills they will need to carry out those decisions.

In FY04-05 we will be communicating with field programs to assess the use of the these documents in their programs.

❖ ***Apply the Breakthrough Collaboratives methodology to address persistent performance/quality problems***

(ACQUIRE Activity 2.1.5/OPRH Indicator 2.2)

Breakthrough Collaboratives (BTC) were designed by the Institute for Healthcare Improvement (IHI) in 1995 to help health care organizations make “breakthrough” improvements in quality while reducing costs. Collaborative learning is the key theme and the model provides a simple, basic structure for organizations and individuals to learn from each other and from recognized experts in topic areas where they want to make improvements. Collaboratives are short-term (6- to 15-month) processes that typically bring together teams from hospitals or clinics to seek improvement on a focused topic area.

The key steps to the process are:

- (1) Select topic (i.e., the gap in service quality or provider performance).
- (2) Form planning group.
- (3) Design intervention package to address the topic (based on “best practices”).
- (4) Enroll sites and teams.
- (5) Conduct three face-to-face meetings, with site level interventions taking place in-between.
- (6) Conduct a summative meeting and disseminate results widely.

Through using this process, the ACQUIRE project expects to (a) identify and promote champions for the issue that is being addressed; (b) provide evidence and best practices for use in programs resulting in local experience that may facilitate the change process; (c) identify processes and mechanisms for improving service delivery at the local level; (d) create networks of individuals and sites focused on particular issues – e.g., IUD revitalization, addressing discontinuation, promoting a customers’ for life approach, addressing contraceptive security issues. The particular topics will be determined by local needs and by local participants.

In FY03-04, the ACQUIRE project undertook a review of literature and lessons learned related to IHI’s BTC and began to familiarize its staff with the process. Staff reviewed similarities and differences between BTC and other PI and QI processes to identify appropriate use. ACQUIRE staff also began a process of consultation with field programs about where BTC might be useful. Feedback on this included interest in the methodology, but questions about how this was consistent with or overlapping with QI/PI methodologies and its relative advantages, the time intensity required for BTC and how to manage the management burden for this activity and a desire to know more about the lessons learned and how to decrease time commitments required.

As a result of introduction to the concept of BTC interest was expressed by the AWARE project. This interest was confirmed early in FY04-05 in Cameroon following the recognition of problems identified through using COPE for PMTCT (the latter funded by the AWARE-RH project). The Cameroon Baptist Convention Health Board, a faith-based organization providing PMTCT services, has expressed interest in using BTC at five sites where trainees practice with a goal of improving the compliance of pregnant clients who are HIV positive in return for treatment after counseling, and integrating family planning

services which are currently very weak. This activity will be pursued in FY04-05 with integration of FP into PMTCT being a key component.

In FY 04-05, BTC will be offered as one possible intervention in the MAQ IUD country partnerships, depending on whether it is appropriate and Mission and counterpart interest. In addition, it has been suggested that this may be an appropriate mechanism for enhancing FP/HIV integration and this will be considered in FY04-05. ACQUIRE staff will also follow up to clarify the distinctions and overlaps between this and other QI/PI methodologies and clarify time and resource requirements.

❖ ***Support providers in the provision of quality, integrated PMTCT and FP services***
(ACQUIRE Activity 2.2.3/OPRH Indicator 2.2)

This activity included collaboration on the completion of COPE for PMTCT tools with EngenderHealth's HIV program funded by EGPAF, and an evaluation of a pilot of their use in one country.

ACQUIRE piloted the tools in Kenya in collaboration with the USAID bilateral AMKENI project, also managed by EngenderHealth. ACQUIRE staff time was provided to support the field test, but local costs were covered by AMKENI. The pilot included a COPE workshop for PMTCT facilitators. Post-tests of the workshop, trainer observations of practicums, and actual COPE exercises showed that the knowledge of eleven participating facilitators were updated and improved. In addition, introductory COPE exercises were conducted at two hospitals in Webue and Lugulu in Western Kenya.

Problems identified included the fact that in one hospital although PMTCT services were advertised, the maternity ward had no ARVs to provide the complete service; counseling was not provided in general on HIV or family planning or prior to HIV testing; no training systems were in place at the site to facilitate building staff capacity in PMTCT services, including family planning; supervisors had not provided timely feedback to staff on their performance; supplies systems, including ARVs, were not functioning well within the hospital and staff had poor understanding of how to access supplies that were available within the hospital. The staff of both hospitals developed action plans to improve PMTCT services. Follow-up was scheduled for between 4–6 months later. EngenderHealth will use feedback from the facilitators' workshop and clinic staff, exercises and evaluation to finalize the COPE for PMTCT tool. This activity is completed as far as the ACQUIRE project is concerned, but will be continued by AMKENI and EngenderHealth.

IR 3: Strengthened Environment for FP/RH Service Delivery

IR 3 focuses on increasing health managers' access at local and national levels to the latest information and to proven models and tools (best practices) related to the delivery of clinical FP/RH services; supporting them by fostering a policy environment that promotes inter-national standards for service quality and positively affects client access to FP/RH care; and strengthening management of FP/RH programs, resources, knowledge and the process of change.

To achieve a strengthened service delivery environment, ACQUIRE work under this result focuses on improving leadership and management for FP/RH service delivery (sub-result 3.1) and on promoting supportive policies for FP/RH services (sub-result 3.2).

❖ ***Develop and implement a Knowledge to Practice Approach***
(ACQUIRE Activity 3.1.1/OPRH Indicator 2.1)

Access to information, knowledge and resources is a necessary, but insufficient condition to improve program performance and effectiveness. Improved performance and effectiveness are contingent upon the application and use of lessons, knowledge and proven tools, and upon behavior change on the part of providers to improve practices and program results. To achieve these three foundations of improved performance and effectiveness, an institutional culture must be established with the capacity and supportive systems to routinely capture, exchange and apply data, information and knowledge in our own work and in the programs we support.

To meet these needs, over the past fiscal year, ACQUIRE has developed a Knowledge to Practice Approach, which forms the basis for standard operating procedures (SOPs) and a supportive environment for effectively creating and managing knowledge. These SOPs will be developed and rolled out in FY 04-05.

In support of the Knowledge to Practice Approach, ACQUIRE began pilot-testing a knowledge management model, called the iRider, in collaboration with the INFO Project, to address the global challenge posed by the growing volume information, knowledge and tools. This model will address the unmet need for aids to synthesize and target information for specific users, for specific purposes. The model pairs a technology support person with an information manager to assist program staff to access the information and tools they need in a timely manner.

Over the last year, ACQUIRE and INFO jointly developed a concept paper for testing the iRider model. The design of the pilot was informed by a qualitative assessment of information needs and access, which was carried out in Bolivia. The purpose of the qualitative assessment was to document knowledge and information needs of the FP/RH community in Bolivia as Phase I of an eRider/iRider pilot project. The assessment used focus groups to gather information from senior managers, doctors, clinicians, program support, and other personnel from Bolivian public institutions, private entities, and cooperating agencies.

The findings from the assessment revealed that participants as *users* of information and knowledge were most comfortable with interpersonal communication as a means to gather information. Particularly, participants stated that interpersonal communication provides opportunities to obtain immediate feedback and clarifications on topics that are unclear. Participants also indicated that the Internet is an important source of information. They identified several barriers to accessing information on the Internet including a lack of effective navigation skills and an inability to distinguish between good information from that which is not. The study results also illustrated that participants viewed themselves as *producers* of knowledge and information, and identified similar organizations, MOH, other professionals and the wider public as potential users of the information they produce. Study participants emphasized that although channels of disseminating information are evolving, no systematic process has been introduced. Assessment results will be used to inform the implementation plan for the eRider/iRider pilot project in Bolivia and determine the collaboration with the INFO Project, JHU-CCP.

❖ ***Promote and scale up best practices***
(ACQUIRE Activity 3.1.2/OPRH Indicator 1.1)

ACQUIRE has worked to influence and contribute to the international dialogue on best practices in the following forums.

MAQ Initiatives

Client Provider Interaction (CPI) Interagency Committee (co-chair): ACQUIRE maintains a strategic leadership role in informed choice and client-provider interaction by co-chairing the MAQ CPI sub-committee. ACQUIRE staff helped plan and co-chaired (with the FRONTIERS Project/Population Council) a workshop on CPI research in February 2004 in Washington, D.C. The purpose of the workshop was to review the evidence on the relationship between improved CPI and the adoption, correct use, switching and continuation of contraceptive method use, better understand the related cost and financing issues, and to discuss the implications of the evidence for USAID policy and service programs. In addition, ACQUIRE staff co-facilitated a session on proven CPI tools and approaches at the mini-university at the IBP East Africa launch.

Management and Supervision (M&S) (co-chair): The M&S MAQ group works to identify and understand the role of managers and supervisors in program efforts, and to scale up the adaptation or adoption of better practices in health programs. The first phase of this effort will be to conduct a literature review and to write up a series of case examples from field programs to address the below questions. The findings from the case examples will be synthesized in an issue of the MSH Managers Series, which will include a job aid for supervisors on how to support the change required for adopting and adapting better practices. ACQUIRE will contribute the write up of at least one case example to this work.

USAID MAQ Mini-University: ACQUIRE presented evidence-based practices and facilitated/co-facilitated 5 sessions:

- Minding your ‘P’s and ‘Q’s: Programming for underutilized clinical family planning methods
- Choice Comes with Strings Attached: Fostering IUD uptake as an appropriate method option in an era of STIs and HIV
- PAC: Lessons learned from Eastern Europe
- User friendly: The latest illustrated guides for NSV and Minilaparotomy for sterilization
- Fostering change in International Health: The case of medical barriers

International Best Practices Initiative (IBP)

Strategic Planning for the Global IBP Initiative: ACQUIRE participated in the IBP strategic planning and business meetings that helped the IBP to define the Initiative’s vision, goal and objectives. ACQUIRE’s Knowledge to Practice Approach helps to inform discussions with other members of the IBP Consortium, and to influence the IBP model. ACQUIRE staff actively engaged in the discourse about how to get proven practices, tools and approaches adopted, adapted and scaled up in service programs, and led the task group that designed the small group sessions for the IBP launch in East Africa. Country teams represented at the meeting went through the sessions to identify performance gaps and root causes, and to select best practices to apply to close the gaps, and to develop action plans for adapting and scaling up best practices in their ongoing programs.

IBP East Africa Conference/Uganda: ACQUIRE provided input into the process for identifying best practices and planning for how to introduce and scale them up in service delivery programs. In addition, ACQUIRE staff co-facilitated sessions in the MAQ mini-university in which staff presented program best practices that are likely to be adopted by country programs. In addition, ACQUIRE developed two poster presentations in collaboration with two EngenderHealth bilateral projects, which won IBP awards—

Training Nurses in Norplant Insertion/Removal Increase Awareness and Access to Norplant Services in Ghana [Content Grand Prize], and Get a Permanent Smile: A Pilot Project to Increase Awareness of and Access to No Scalpel Vasectomy Services in Ghana [Overall Winner Family Planning].

IBP Initiative in India: ACQUIRE provided on-going follow-up for the implementation of IBP action plans in selected states in India as a follow-on to a previous IBP Initiative in India. All state teams have moved forward to implement their action plans and take steps to disseminate and promote the use of guidelines, materials and tools provided at the IBP launch meeting to the district level teams with which they work. The Uttar Pradesh (U.P.) IBP action team has agreed to study the feasibility of establishing local resource centers in existing libraries in six districts. In addition, two local NGOs from U.P. have set up village-level resource centers of local materials, which are managed by Village Health Committees. Use of these centers will be monitored to determine information needs and usage, as well as management requirements. Moreover, local agencies in U.P. have undertaken their own dissemination workshops to disseminate lessons learned and best practices from local initiatives. The Secretary of the Ministry of Health and Family Welfare, Dr. P. K. Hota, is very supportive of the IBP state teams and the IBP Initiative overall. He has requested assistance from IBP partners to strengthen knowledge management and promote best practices throughout India. UNFPA is taking the lead to mobilize the partners to help the government develop a framework to address these needs.

PAC Consortium

ACQUIRE continued to participate in the PAC consortium meetings and in task forces relating to ensuring access to MVA equipment, Safe Motherhood, and the Essential Elements of PAC, to review the quarterly PAC consortium newsletter and to provide input on indicators.

❖ *Develop technical updates and programmatic guidance on emerging program priorities⁴*

(ACQUIRE Activity 3.2.1 and 3.2.3/OPRH Indicator 1.1)

ACQUIRE has worked with multi-lateral partners to update international service delivery guidelines. In particular, ACQUIRE has collaborated with WHO and other cooperating agencies to revise and to plan the rollout of WHO's "Four Cornerstones of Family Planning Use".

- WHO's Medical Eligibility Criteria for Contraceptive Use
- Selected Practice Recommendations for Contraceptive Use
- Essentials of Contraception, A Handbook for Family Planning Providers
- Decision-making Guide (working title)

ACQUIRE has participated in expert review meetings to ensure that the latest long-term and permanent contraception knowledge is incorporated. The first two documents listed above have already informed service delivery guidelines, policies and practices in many countries where WHO and USAID work.

In addition, ACQUIRE is collaborating on the revision of *Essentials of Contraception* and WHO's *Handbook for Family Planning Providers*. When finalized, these will be

⁴ Note: ACQUIRE Activity 3.2.1 (provide leadership in updating and applying international service delivery guidelines) has been merged with ACQUIRE Activity 3.2.3

distributed to ACQUIRE programs, as well as to frontline FP/RH workers in many countries to serve as their primary reference tool for FP/RH service delivery.

ACQUIRE staff have also co-authored a revised chapter on sterilization in Hatcher's Contraceptive Technology, and written several technical summaries that were disseminated to USAID and ACQUIRE staff (technical guidance document on hormonal contraception and HIV, and technical summaries on vasectomy and female sterilization). The technical summaries were done at the request of USAID OPRH for use on USAID websites and by the INFO Project. Hatcher's Contraceptive Technology is a major reference for FP/RH in the U.S., and its international version serves the same function overseas.

❖ ***Provide technical assistance and develop field-based resources to promote informed choice and Tiahrt compliance***
(ACQUIRE Activity 3.2.2/OPRH Indicator 2.1)

ACQUIRE provided technical assistance to country programs to strengthen informed choice and ensure compliance with Tiahrt amendment requirements. Selected support included:

Jordan: ACQUIRE conducted an informed choice workshop in Jordan for USAID Mission staff, ACQUIRE and other cooperating agency staff, and local implementing partners on the importance of informed choice with an emphasis on long-term and permanent method issues. The group conducted a preliminary assessment of informed choice in their own service programs, using EngenderHealth's informed choice framework (as detailed in the Informed Choice Tool Kit developed under HRN-A-00-98-00042-00), to identify supporting factors and challenging factors. Illustrative supports identified include high literacy rates, the availability of communications materials, good clinic distribution, policy support for clients' right to free, informed decision making and to control their sexuality and fertility, and the fact that public sector service providers are trained in counseling.

Challenges include limited public awareness of FP/RH issues and human rights, clients' lack of confidence in making reproductive health decisions, gender inequity, poor monitoring and supervision, and limited access to long-term and permanent methods. This analysis formed the foundation for action planning to create a more supportive environment for informed choice in Jordan.

Actions steps include:

- Raising public awareness about sexual and reproductive health, gender and male involvement
- Making service available and more accessible in remote areas
- Increasing providers' awareness of reproductive rights and client-provider interactions
- Disseminating existing service guidelines and orienting providers to their use
- Strengthening supervision and monitoring of informed choice

Philippines: In January 2004, ACQUIRE staff conducted a workshop on informed choice and Tiahrt compliance at the request of USAID/Manila. The workshop involved approximately 50 participants from cooperating agencies, USAID and the Department of Health for the first day, and 20 participants for the second day. Workshop objectives were to increase awareness of the importance and benefits of supporting clients' rights to

informed and voluntary FP/RH decisions; to increase understanding of the Tiaht amendment; to identify existing informed choice safeguards and vulnerabilities in the Philippines at the community, policy and service delivery level; to identify strategies and practical steps to strengthen informed choice.

Action steps were developed and challenges identified. Recommendations included:

- Periodic regular review of informed choice and in the long-term, establishing a monitoring system
- Developing a general forum on the issue of informed choice to target NGOs, service providers, private/public stakeholders
- Advocating for legislation for policy change
- Incorporate informed choice in future program planning
- LEAD to incorporate IC into LGU self-assessment and problem-solving
- Incorporate informed choice into the work of the Bishops Conference, Ulama Group, league of Mayors and League of Governors
- Integrating informed choice in the performance management system through job descriptions, performance appraisals and professional performance reviews
- Integrate a module on informed choice into all professional training curricula and courses
- Providing refresher training on informed choice and counseling skills for providers;
- Establishing team support for counseling
- National multimedia campaign, outreach and IEC for clients on the issue of informed choice
- Advocating for increased reproductive health information in the elementary and high school curricula

Bolivia: ACQUIRE provided technical support to its program on Tiaht issues and compliance in response to questions from our field staff. The input was directed at strengthening service guidelines and practices, reinforcing the principles of informed choice and the specific requirements of the Tiaht amendment. Our field staff has been working with the Bolivian MOH to establish regulations regarding counseling and to address the need for counseling supervision. To date in Bolivia, ACQUIRE has conducted a training event for 40 representatives from Bolivian NGOs and cooperating agencies, events for 900 staff from the 33 PROSALUD centers, and other orientation events for local partners.

IV. EVALUATION STUDIES

Baseline Studies

ACQUIRE is piloting a rapid evaluation methodology at baseline (2004/2005) in three countries—Bangladesh, Tanzania, and Bolivia. ACQUIRE plans to repeat this study in these same three countries in 2008 to provide the Project with a measure of the outcome of our work. The study uses a quasi-experimental pre-test/post-test design. Each country survey is tailored to its particular setting, and programmatic and USAID Mission needs.

The methodology uses four close-ended questionnaires in data collection: facility audit, provider observation, client exit interview, and provider interview. MEASURE Evaluation originally developed and pilot tested the data collection tools and methodology used in this activity in 2002 for the AMKENI project, a bilateral USAID project lead by EngenderHealth in Kenya. The tools are based on MEASURE's Services Provision Assessment and Quick Investigation of Quality Tools. MEASURE is providing ACQUIRE with informal technical assistance in tools revision, methodology development, implementation and analysis.

The Bangladesh baseline was conducted in 2004 using field support and core funds. Field support paid for field implementation costs. Core funds paid for support from global staff to develop draft tools, travel to Bangladesh, and to collaborate on methodology development, tool revision, study implementation, and analysis and report writing. It was necessary to use core funds to develop the model for implementation in the three focus countries to ensure uniform data collection strategies, data cleaning, data analysis, and harmonization of methods and results.

The key evaluation questions for the Bangladesh survey are:

- Are FP providers performing to standard? If below or above, then to what extent?
- How and to what extent has ACQUIRE work affected the quality of FP services, including client satisfaction?
- Do facilities have the infrastructure and supplies to provide a full-range of family planning services?

In Bangladesh, ACQUIRE purposively chose 121 facilities in 29 sub-districts (upazillas) in four districts according to project need and history, logistical variables, and contraceptive acceptance rates for long-term and permanent methods. Data was collected as follows:

- Facility audits were completed in 121 facilities
- Exit interviews were obtained from 248 family planning clients
- Client-provider interactions were observed for 248 family planning clients
- Provider interviews were obtained from 193 service providers

ACQUIRE/Bangladesh staff implemented and supervised the study, and hired and trained local data collectors in Bangla. Each team was provided a training guide for each instrument. The questionnaires were translated into Bangla. The data collection team pilot-tested the instruments outside of Dhaka and then returned to discuss the results, make adjustments to tools; problem solved logistical issues; and clarify terms and

procedures. Data collection began immediately following the training and pilot test. Each team consisted of an interviewer, a physician and a field supervisor.

ACQUIRE staff will use the preliminary data in an upcoming performance needs assessment in Bangladesh. During the PNA stakeholder meeting, local participants will review the baseline data and use it to analyze current provider performance and select interventions appropriate for addressing the performance issues. Following the finalization of the baseline report, ACQUIRE will conduct district-level dissemination meetings to ensure that local partners have access to the data for programming. Selected preliminary data results include:

Are the providers performing to standard?

- 78% of clients reported that their provider explained how to use the method
- 63% of clients reported that the provider talked to them about possible side effects
- 60% of clients reported that the provider had asked them about problems with the last method they had used

How and to what extent has ACQUIRE work affected the quality of services, including client satisfaction?

- 74% of providers asked the clients about their preference for a given method.
- In 48% of all observed visits the provider discussed only one method with clients
- Of the total clients who had questions about their method of choice and were able to ask them, 89% responded that they were satisfied with their answer

Do facilities have the infrastructure and supplies to provide a full-range of family planning services?

- Of the facilities surveyed that provide female and male sterilization and Norplant implants, (upazilla health complexes, N=29), 69% had NSV sets, 24% had laparotomy sets, 62% had Norplant implants available.
- Of the total facilities surveyed (upazilla health complexes and family welfare centers, N=121), 98% of facilities had injectables and pills; 89% had IUDs; and 88% had condoms
- 58% of facilities had no beds for family planning clients
- 50% of facilities had electricity, which was observed working on the day of the survey
- 46% of facilities had piped water, which was observed working on the day of the survey
- 12% of facilities had a telephone that was available and observed working on the day of the survey

ACQUIRE is collaborating with HealthScope and the Tanzania National Bureau of Statistics on the Tanzania Baseline Study. The study content will include family planning and postabortion care. Several methodologies are being considered including the linkage of ACQUIRE's facility survey with the DHS/MACRO household survey, an experimental design in which facilities are selected from intervention and control regions, or a quasi-experimental design assessing a dose-response relationship. Data collection is anticipated to begin in November 2004.

The Bolivia Baseline Study is currently in the initial planning stages, and discussions with the Bolivia USAID Mission as to the content and scope of the study are underway. Including maternal health, HIV/STI, and PAC components in addition to family planning has been

discussed. Also under discussion is the use of handheld PDAs, with the help of our resource partner SATELLIFE, to speed the process of data entry and consolidation, as well as dissemination. Data collection is anticipated to begin during the third quarter of FY04-05.

Evaluation of PDA Pilot in Bangladesh

ACQUIRE is working with its partner SATELLIFE to introduce new or emerging technologic innovations to perform routine monitoring and evaluation activities. During the first year, ACQUIRE staff traveled to Bangladesh to introduce the use of handheld computers, also called personal data assistants (PDAs), to country office staff, and to assist them to develop a plan to use the technology in routine monitoring activities. The intention is to use technology as a “hook” to renew the interest of staff and in-country implementing partners to the routine function of data collection and monitoring, as well as to improve the quality, efficiency and consistency of this function. As a first phase of the project, staff worked together to:

- Refine a specialized MS Access database used to report all project data and service statistics from the Bangladesh office to headquarters and donors
- Train field staff in the use of PDAs
- Train field staff in the development of reporting forms for PDAs using specialized software, called PenDragon

In addition, ACQUIRE provided field staff with three key reference books to continue to build their skills in PDA and programming. The Bangladesh office has allocated specific time each week to continue to build their skills using the reference books. Additionally, ACQUIRE staff provide field staff with continuous backstopping through a list serve that serves as a central location for BCO staff to post questions and share information.

Over the next year ACQUIRE staff will work together to pilot PDA use for routine monitoring among local MOH supervisors in the field. These supervisors are responsible for traveling to the facilities to perform medical monitoring of services. It is proposed that four of the MOH supervisors will use the PDAs to collect their routine supervisory data on the handhelds instead of the paper forms and four will use only paper forms. An evaluation will be designed to compare the work of the other four MOH supervisors using paper forms to that of the handhelds. All data from this pilot will be housed within the database developed during phase one of the project, and will be used to inform the evaluation findings from a baseline and end line study in Bangladesh for ACQUIRE.

ACQUIRE has begun to plan the evaluation of this pilot based on current work that SATELLIFE is doing in collaboration with the Nepal Family Health Project, the bilateral project managed by JSI in Nepal. The primary evaluation questions are:

- Does using the PDA technology to collect the health survey data in place of the conventional paper-based system, improve the data collection and analyses process sufficiently to warrant the added initial cost of using these devices?⁵
- Based on experience in this pilot project, combined with previous experiences in Africa, what specific conditions or factors favor the cost-effective use of PDA technology

⁵ The evaluation of the pilot will carefully examine the cost factors in using PDAs for a variety of activities. One hypothesis is that even though the up-front costs of using PDAs are higher than with paper-based survey systems, the long-term costs may actually be less.

V. FIELD PROGRAMS REPORT

The field programs report is organized by country. The core service statistics (sites, services, and training) are presented for countries that received funding from the beginning of this cooperative agreement. These countries include:

Asia: Bangladesh and India

Americas: Bolivia and Honduras

Africa: Tanzania, South Africa, Rwanda

For these countries, each section includes key components that explain the service statistics presented. The first component is the **definition of ACQUIRE-supported site** is included as it is crucial to understand what each country means by “support”. This definition differs by country and therefore limits ACQUIRE from aggregating sites and services by country. The second component—**explanation of selected trends in sites and services**—presents an explanation of the data trends shown across quarters to aid in understanding the full picture of what has occurred within the sites. The third aspect, **challenges in data collection**, presents the key constraints that each program faces in collecting site level data. These challenges are often complicated and beyond the control of the project. Finally, **training data** is presented to show the key training events and numbers of persons trained throughout the year—a core component of each program.

Service statistics are not reported for the remaining two countries—Cambodia and Kenya. In Cambodia, ACQUIRE received closeout funding through to February 2004 to enable the RACHA program to complete administrative requirements for USAID to fund it directly. In Kenya, ACQUIRE did not begin USAID-funded activities until later in the year. Therefore, a short summary of major activities and highlights from the past fiscal year is provided for these two countries.

Map of Countries

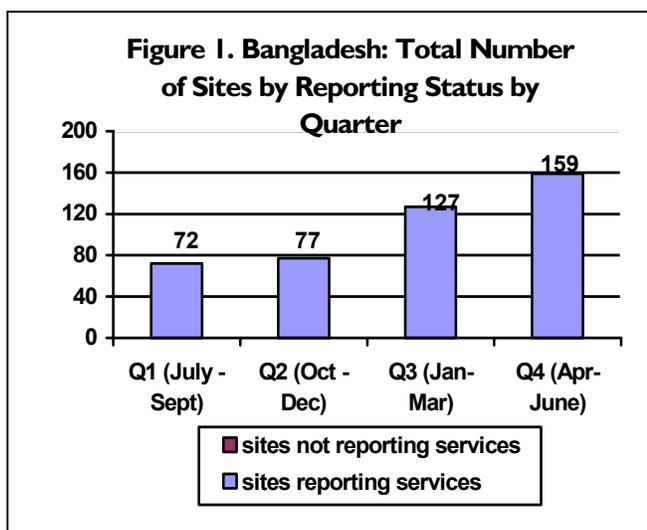


Asia Bangladesh

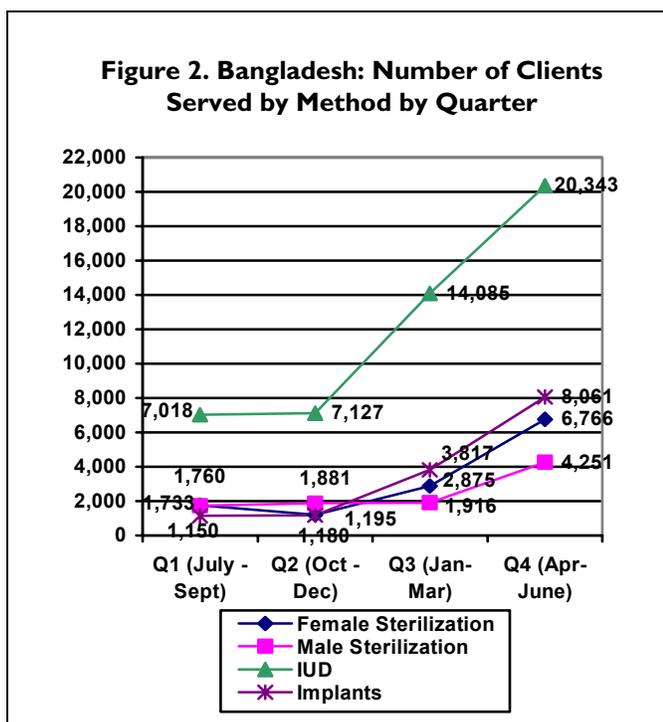
Definition of ACQUIRE-Supported Site: Bangladesh defines a site as one in which all of the major activities are completed, and at least one minor activity has occurred in a given year. “Major” activities are considered complete if three steps are performed: a pre-intervention visit, orientation of field workers, and “BCC” activities. “Minor” activities include a range of individual interventions, such as supportive supervision; trainings on IUD, counseling, and IP; and sterilization training.

Challenges in Data Collection: The sites reported are an estimate of the total number of sites because the level of reporting is an Upazila, which typically encompasses one Upazila

Health Complex (UHC) plus five to six Family Welfare Complexes (FWCs). The total number of sites is therefore actually 6 to 7 times greater than the total number of upazilas.



Service statistics are an *estimate* of the total number of clients because the national management information system has a lag time for final audited figures. The ACQUIRE/Bangladesh staff collects monthly service statistics through roving supervisors, or MOH staff, who provide interim data to the project. These data are verified using quarterly reports from the national MIS system. The quarterly reports are generally ready two months following the end of the quarter.



Explanation of Selected Trends in Sites and Services: As can be seen in Figure 1, in Quarter 4 ACQUIRE supported 159 sites (upazilas) in 26 districts, up from 72 sites in 12 districts in Quarter 1. These 159 upazilas supported in Quarter 4 represent about a third of the total upazilas (468) in these 26 districts. ACQUIRE staff was able to access service statistics from all sites across all four quarters.

As illustrated in Figure 2, the number of IUD insertions performed nearly tripled between Quarters 1 and 4, from 7,018 to 20,343. Taking into account the increased number of sites, this was still an increase of approximately one-third. Intensification of the project’s community awareness programs led to increased local demand for IUD, while on-site refresher courses in counseling, IUD insertion, and infection prevention at FWCs led to increased and improved supply. Because the government is giving increased emphasis to IUD, considerable improvements in the government supervision system have also contributed to this rise in performance.

Table I. Bangladesh Training Data

# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 1 (July–September 2003)					
14	USAID	259	IUD	Infection Prevention	FP Counseling
Quarter 2 (October–December 2003)					
1	USAID	6	FP Counseling	Family Planning (clinical methods)	N/A
1	USAID	6	IUD	Infection Prevention	N/A
Quarter 3 (January–March 2004)					
5	USAID	74	IUD	Infection Prevention	Counseling
Quarter 4 (April–June 2004)					
22	USAID	94	IUD	Infection Prevention	Counseling
Bangladesh Total (July 2003–June 2004)					
43		439			

The number of clients served in implants increased from 1,150 in Quarter 1 to 8,061 in Quarter 4. Taking into account the increased number of sites, this was still more than a tripling in clients served. As with IUDs, this increase can be partly explained by activities carried out at FWCs, as well as improvements in government supervision. However, high rates of dropout have been reported at some of the service delivery sites. This requires further exploration.

India

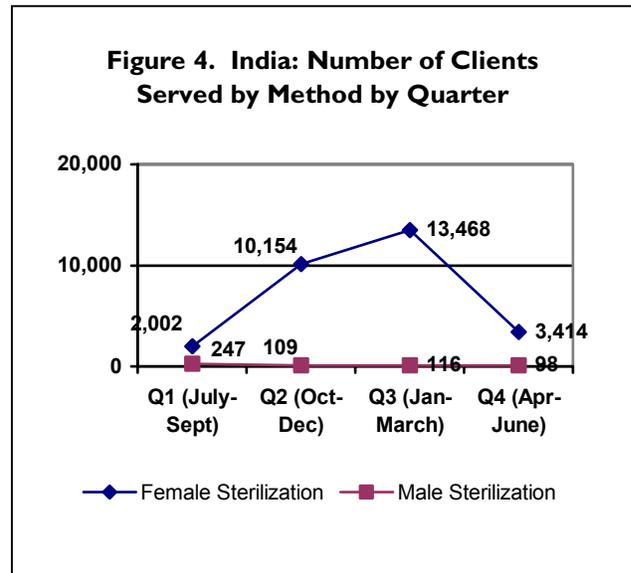
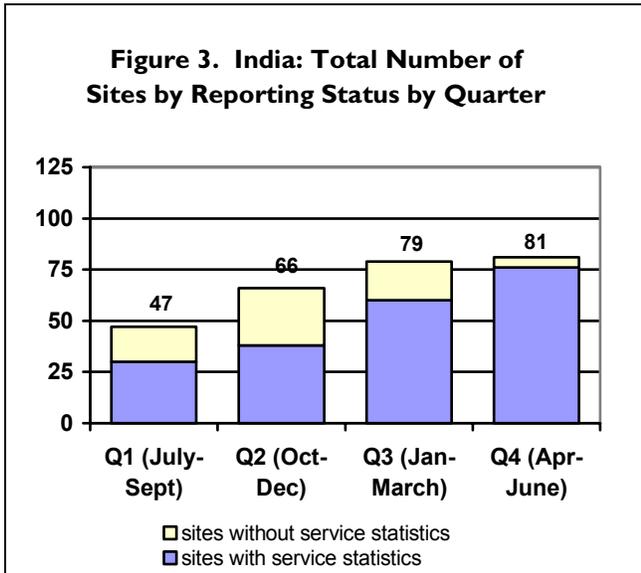
Definition of ACQUIRE-Supported Site: India defines a supported site as any teaching hospital, district hospital, community health center, or primary health center where ACQUIRE has provided technical assistance in the form of:

- Site assessments for infrastructure and training needs;
- Whole-site, on-site infection prevention training; and
- Service providers trained in sterilization, IUD, counseling skills, or EmONBC by ACQUIRE staff or ACQUIRE-trained trainers posted at the site.

No service statistics are collected from sites where only IP trainings and/or site assessments have been conducted, because these activities do not directly influence service statistics, though they may influence the quality of the work performed at the site, (these trainings will, however, be captured in training statistics). Likewise, no service statistics are being collected from sites where only a trained provider is posted (and no other support has been given to the site) because the service statistics of these sites are more vulnerable to frequent transfers of trained providers. Sites are only considered supported if the provider has been trained since the beginning of ACQUIRE.

Challenges in Data Collection: Data collection occurs in two steps. The first step is identification of sites that qualify as “ACQUIRE-supported” in line with the above criteria. This information comes from ACQUIRE and SIFPSA records. The second step is collecting service statistics from these sites. The source for this data is district-level MIS records compiled at the Chief Medical Officer’s office. SIFPSA & DIFPSA collect the statistics from each district and pass them on to ACQUIRE staff.

Reliance on others for collection of service statistics from ACQUIRE-supported sites has made the process of data collection slow. ACQUIRE must specially request the data every quarter, and must often wait long periods of time for it.



Explanation of Selected Trends in Sites and Services: As shown in Figure 3, the number of sites supported by ACQUIRE has almost doubled, from 47 in Quarter 1 to 81 in Quarter 4. While ACQUIRE was given service statistics for only 64 percent of supported sites in Quarter 1, this was 94 percent in Quarter 4.

As illustrated in Figure 4, overall the number of clients receiving female sterilization increased from 2,002 in Quarter 1 to 3,414 in Quarter 4. As normally occurs, there was a tremendous increase in the number of female sterilization cases during the cooler months that fall during Quarters 2 and 3.

Male sterilization statistics decreased from 247 in Quarter 1 to 98 in Quarter 4. This overall decrease in NSV procedures is hypothesized to be due to the transfer of the deputy at SIFPSA who was extremely supportive of the no-scalpel vasectomy (NSV) program, as well as the transfers of some of the District Magistrates that promoted NSV.

To date, the India program has only reported service statistics on female and male sterilization. IUD and maternity care indicators may be added in the next fiscal year although the IFPS project is ending in March, 2005. An EmONBC pilot activity in Meerut district is being assessed currently through a special study.

Cambodia

During the current fiscal year, the Reproductive and Child Health Alliance (RACHA) moved from project status under EngenderHealth to become an independent local NGO. RACHA signed a new cooperative agreement with USAID on March 25, 2004. ACQUIRE was given funds for the period of October 1, 2003, to March 31, 2004, to close out the existing cooperative agreement. The narrative that follows describes activities undertaken during this 6-month period.

Between October and March, field support was provided to ACQUIRE to bridge financial support while the new USAID CA to RACHA was under development and to continue to build the capacity of key RACHA staff to take over the responsibilities of expatriate staff and advisors. In addition, about 25% of RACHA staff will be relocated from the Phnom Penh office to work in the field, and preparation for this was undertaken. For more information on these activities and their related performance indicators, please see *RACHA 6 months report: October 1, 2003– March 31, 2004*.

Table 2: India Training Data

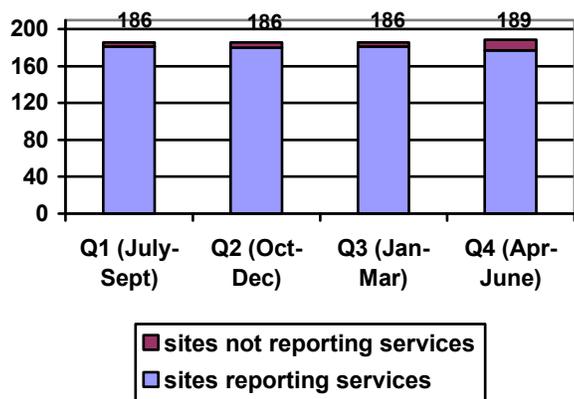
# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 1 (July–September 2003)					
5	Old CA USAID/FS	12	No-Scalpel Vasectomy		
4	Old CA USAID/FS	25	Abdominal Tubectomy Induction		
6	Old CA USAID/FS	11	Laparoscopy Induction		
1	Old CA USAID/FS	6	IP TOT		
3	Old CA USAID/FS	86	IP Basic		
Quarter 2 (October–December 2003)					
7	Old CA USAID/FS	8	No-Scalpel Vasectomy		
5	Old CA USAID/FS	23	Abdominal Tubectomy Induction		
2	Old CA USAID/FS	5	Laparoscopy Induction		
12	Old CA USAID/FS	285	IP Basic		
2	Old CA USAID/FS	19	IP TOT		
1	Old CA USAID/FS	15	EmONBC orientation		
2	Old CA USAID/FS	13	EmONBC TOT		
2	Old CA USAID/FS	28	EmONBC standardization workshop		
Quarter 3 (January–March 2004)					
1	Old CA USAID/FS	3	EmONBC Training	Infection Prevention	Counseling Skills
10	Old CA USAID/FS	266	IP		
4	Old CA USAID/FS	22	Abdominal Tubectomy Induction	Infection Prevention	Informed Choice/ Counseling
2	Old CA USAID/FS	4	Laparoscopic Tubal Ligation Induction	Infection Prevention	Informed Choice/ Counseling
2	Old CA USAID/FS	2	No-Scalpel Vasectomy	Infection Prevention	Informed Choice/ Counseling
2	Old CA USAID/FS	228	IP Orientation at Private Nursing Homes		
1	Old CA USAID/FS	12	QI Orientation	Facilitative Supervision	
4	Old CA USAID/FS	92	QI Workshop		
Quarter 4 (April–June 2004)					
3	Old CA USAID/FS, ACQUIRE USAID/FS	6	Abdominal Tubectomy Induction	Infection Prevention	Informed Choice/ Counseling
2	Old CA USAID/FS, ACQUIRE USAID/FS	19	IP ToT		
3	Old CA USAID/FS, ACQUIRE USAID/FS	221	IP Orientation at Private Nursing Homes		
3	Old CA USAID/FS, ACQUIRE USAID/FS	7	Laparoscopic Tubal Ligation Induction	Infection Prevention	Informed Choice/ Counseling
4	Old CA USAID/FS, ACQUIRE USAID/FS	92	IP Training at Private Sector Hospitals		
India Total (July 2003–March 2004)					
93		1,510			

Americas Bolivia

Definition of ACQUIRE-Supported Site: The Bolivia program defines a supported site as secondary and tertiary hospitals that receive direct ACQUIRE support, and public sector health posts and centers and private sector health centers that receive ACQUIRE support through their membership in health networks supported by ACQUIRE.

Challenges in Data Collection: Because of a large lag time between data collection and data entry/validation in the national management information system (SNIS), many sites still had incomplete or missing service statistics months after the end of each quarter. In the third and fourth quarters of FY03-04 the SNIS also underwent major restructuring of personnel and systems, and hence the availability and accuracy of service statistics was even more problematic during this later period.

Figure 5. Bolivia: Total Number of Sites by Reporting Status

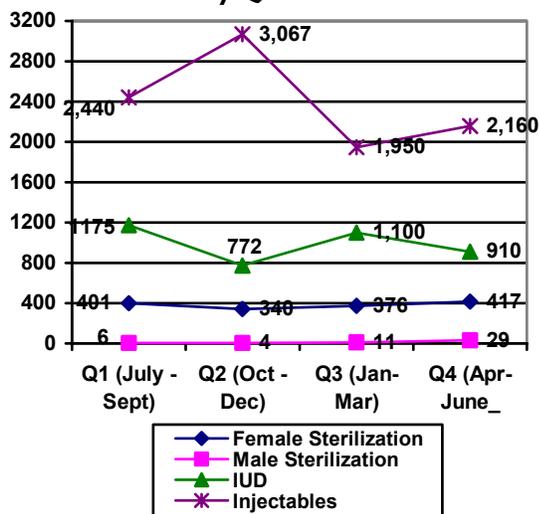


Explanation of Selected Trends in Sites and Services:

As illustrated in Figure 5, the number of sites supported by ACQUIRE remained relatively constant throughout the fiscal year (189 sites in Quarter 4 compared to 186 in Quarter 1). The fourth quarter was the reporting period with the greatest number of sites (12) lacking in data.

As seen in Figure 6, female sterilization services increased in Quarter 4 to 417 cases, a number higher than that seen in any of the previous quarters. This number is likely an underestimate because the Quarter 4 data had not yet been updated for all sites in the SNIS system. This increase can be partially explained by the fact that minilap services were expanded to two new sites in Quarter 4, in addition to the intense technical assistance (including training, facilitative supervision, and medical monitoring) given to already existing sites.

Figure 6. Bolivia: Number of Clients Served by Method by Quarter



Injectable use appeared to decline from a high of 3,067 in Quarter 2 to 2,160 in Quarter 4. Likewise, IUD use appeared to decline from a high of 1,175 in Quarter 1 to 910 in Quarter 4. However, in both cases this is likely mainly an artifact of incomplete and unavailable data in the SNIS system. In addition, there were stock-outs of injectables and IUDs throughout the country during Quarters 3 and 4, which may have affected the ability of some sites to provide the services.

The number of clients reported served in male sterilization increased from 6 to 29 between Quarter 1 and Quarter 4. Again, the Quarter 4 figure is probably an underestimate. The increase in cases is likely due to trainings in MAP at 4 sites as well as specific trainings in NSV conducted at 2 sites during the fiscal year.

Table 3. Bolivia Training Data

# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 1 (July–September 2003)					
4	USAID	151	Facilitative Supervision	N/A	N/A
2	USAID	59	MAP	N/A	N/A
1	USAID	45	COPE II*	N/A	N/A
19	USAID	314	COPE III	N/A	N/A
4	USAID	130	Infection Prevention	N/A	N/A
1	Gates	44	Cervical Cancer	N/A	N/A
1	USAID	2	Vasectomy	N/A	N/A
1	USAID	2	Tubal ligation	N/A	N/A
4	USAID	114	Contraceptive technology (IUDs, pills, female/male condom, natural methods, and permanent methods)	Informed Choice	Integrated RH Counseling
Quarter 2 (October–December 2003)					
1	USAID	35	COPE I	N/A	N/A
2	USAID	74	COPE II	N/A	N/A
2	USAID	51	Contraceptive technology (IUDs, pills, female/male condom, natural methods, and permanent methods)	Informed Choice	Integrated RH Counseling
Quarter 3 (January–March 2004)					
2	USAID	43	MAP		
2	USAID	16	Diffusion of National Norms on Contraceptive Methods	Informed Choice	
1	USAID	25	Infection Prevention		
4	USAID	310	Tiaht Amendment	Mexico City Clause	
Quarter 4 (April–June 2004)					
18	USAID	431	COPE I		
1	USAID	26	Counseling	Informed Choice	
8	USAID	237	Tiaht Amendment	Mexico City Clause	
4	USAID	96	Counseling	Informed Choice	Informed Consent
2	USAID	68	Contraceptive technology		
2	USAID	60	Infection Prevention		
5	USAID	162	Reproductive Health		
4	USAID	182	Contraception self-learning module		
1	USAID	31	Facilitative Supervision		
2	USAID	58	NSV		
1	USAID	45	Diffusion of National Norms on Contraceptive Methods		
Bolivia Total (July 2003–June 2004)					
99		2,811			

* All COPE training reported for Bolivia is COPE for Reproductive Health Services.

COPE I = first exercise COPE II = 3-month follow-up COPE III = 6-month follow-up after COPE I

Honduras

Definition of ACQUIRE-Supported Site: In the Honduras program, a supported site includes hospitals to which ACQUIRE staff provided technical assistance in at least one of the following areas:

- introduction of new methods (e.g., NSV, minilap)
- refresher trainings (e.g., postpartum-IUD, PAC)
- trainings in infection prevention, counseling, and informed choice
- orientations in male reproductive health services; and
- medical monitoring visits

Figure 7. Honduras: Total Number of Sites by Reporting Status

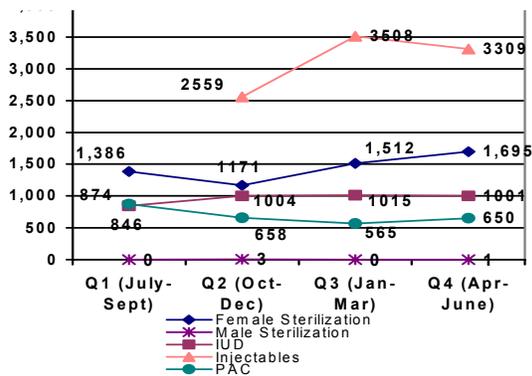
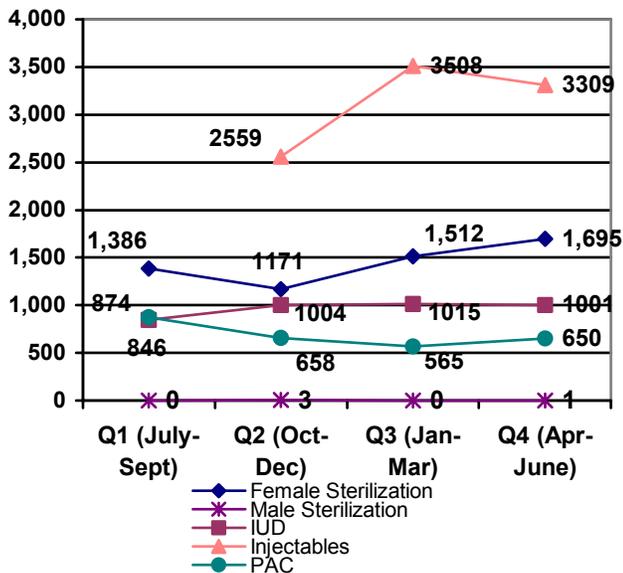


Figure 8. Honduras: Number of Clients Served by Method by Quarter



Challenges in Data Collection: Since health facilities in Honduras currently consolidate their service statistics only annually for the MOH, ACQUIRE staff must collect quarterly service statistics directly from ACQUIRE-supported sites through a parallel system. Because this represents extra work for the sites, which are often short-staffed, and because ACQUIRE staff often lack the authority to demand these data, it has proven difficult to consistently obtain necessary service statistics without considerable follow-up.

Because the ACQUIRE field office does not have dedicated M&E staff who can follow up to obtain these service statistics, some of the medical and program officers have been spending a large proportion of their time visiting, telephoning, and faxing ACQUIRE-supported sites to obtain the necessary data. Complicating this situation, the sites in question are often not in Tegucigalpa, where most ACQUIRE staff are located, and the right site staff are frequently not present or available at the time of follow-up. Beginning in FY 04-05, ACQUIRE will hire a local consultant to aid in data collection from a subset of the hospitals.

Explanation of Selected Trends in Sites and Services: As shown in Figure 7, ACQUIRE supported 18 sites in Quarter 1, 20 sites in Quarter 2, and 21 sites in Quarters 3 and 4. ACQUIRE staff members were able to collect service statistics from all of the sites for all four quarters.

As can be seen in Figure 8, female sterilization increased overall across the four quarters, from 1,386 to 1,695, despite a decrease in Quarter 2 due to seasonal variance during the holidays when clients are less likely to seek services. And despite the departure of several key trained staff members during the

course of the fiscal year. This is largely because of introduction of minilap in new hospitals, as well as minilap trainings in these and other sites.

IUD provision increased from 846 in Quarter 1 to 1,001 in Quarter 4. This increase reflects a rise in interval IUD provision (364 cases in Quarter 1 and 798 in Quarter 4). ACQUIRE provided interval IUD ToTs during this fiscal year. In addition, interval IUD provision began in several new sites in Quarter 4.

The number of injectable clients (new and continuing) rose from 2,559 in Quarter 2 to 3,309 in Quarter 4. The USAID mission in Honduras has recently provided large quantities of Depo Provera at the national level.

Table 4. Honduras Training Data

# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 1 (July–September 2003)					
1	USAID	15	Minilap Skills	Pain Control	Infection Prevention
1	Summit	12	MVA Skills	PAC Counseling	Infection Prevention
Quarter 2 (October–Dec 2003)					
2	USAID	41	Minilap Skills	Pain Control	Infection Prevention
1	USAID	45	Infection Prevention	N/A	N/A
1	USAID	30	Counseling	Informed Choice	Client's Rights
Quarter 3 (January–March 2004)					
1	USAID	11	Training on Interval IUD	FP Counseling	
1	USAID	32	Contraceptive technology (all available methods)	Gender Equity	
1	USAID	15	Infection Prevention TOT	Bio-safety	
1	USAID	14	Minilap Skills	Infection Prevention	
Quarter 4 (April–June 2004)					
1	USAID	20	Contraceptive technology (all available methods)		
1	Summit	15	PAC protocol workshop		
1	Summit	25	PAC refresher workshop		
1	USAID	20	Counseling workshop for nursing professors		
2	USAID	19	Postpartum FP, focusing on IUD	Infection Prevention	Counseling
1	USAID	17	NSV promotion and marketing		
1	Summit	14	NSV promotion and marketing		
1	Summit	21	MAP		
2	Summit	39	Counseling on PAC		
1	USAID	25	FP counseling	Infection Prevention	
1	USAID	2	NSV		
Honduras Total (July 2003–June 2004)					
23		432			

Africa

Tanzania

Definition of ACQUIRE-Supported Site: The Tanzania program defines a supported site as a health facility identified by an ACQUIRE subgrantee for programmatic support to provide clinic-based reproductive health services. Sub-grantees include the Evangelical Lutheran Church, the Seventh Day Adventist Church, and the Ministry of Health-Directorate of Hospital Services.

Challenges in Data Collection: Because the Tanzania national management information system compiles data at the district, rather than site, level, ACQUIRE staff collect service statistics from ACQUIRE-supported sites through a parallel system. Staff has created data collection forms that are completed by sites on a quarterly basis.

Inconsistent and untimely reporting of site-level data were serious issues throughout the year, though after meeting with sub-grantees and some individual site staff during Quarters 2 and 3 to discuss data collection problems the situation improved considerably. ACQUIRE staff still, however, expended much time in Quarter 4 getting site data and following up on inconsistencies in the statistics.

Explanation of Selected Trends in Sites and Services: As shown in Figure 9, the number of sites in Tanzania supported by ACQUIRE increased from 42 in Quarter 1 to 55 in Quarter 4. In Quarter 4, 93 percent of sites reported statistics, compared to a low of 79 percent in Quarter 2.

As illustrated in Figure 10, the number of clients served in female sterilization increased from 1,084 in Quarter 1 to 3,434 in Quarter 4. Taking into account the increase in number of sites, this was more than a doubling of clients served. This increase can largely be explained by intense technical assistance given to the MOH/DHS to reach areas lacking support after UMATI support ended. Ten sites were judged to have high-unmet demand, and they were given increased technical assistance and use of some service providers previously supporting the UMATI/MOH program.

The number of clients receiving implants rose from 139 in Quarter 1 to 1,475 in Quarter 4, approximately an eight-fold increase adjusting for number of sites. Again, this can be explained in part by the intense TA given to the MOH/DHS described above. ACQUIRE trainings in Norplant insertion and removal likely also contributed to the increase.

Injectable provision appeared to drop from 37,948 in Quarter 1 to 32,178 in Quarter 4. This is, however, largely a function of many sites beginning to report injectables for new clients only, as opposed to new plus continuing clients.

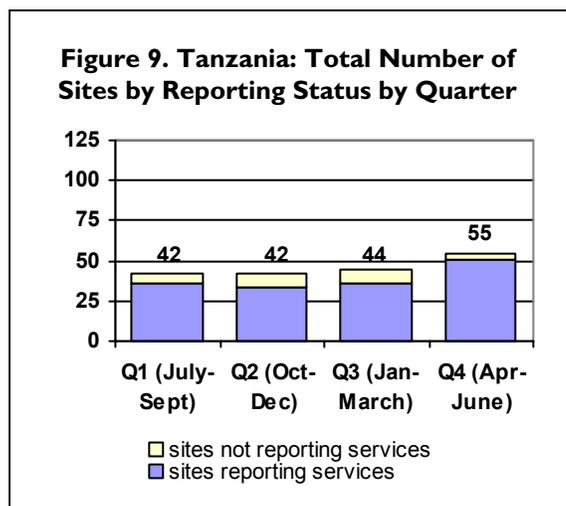


Figure 10. Tanzania: Number of Clients Served by Method by Quarter (Excluding Injectables)

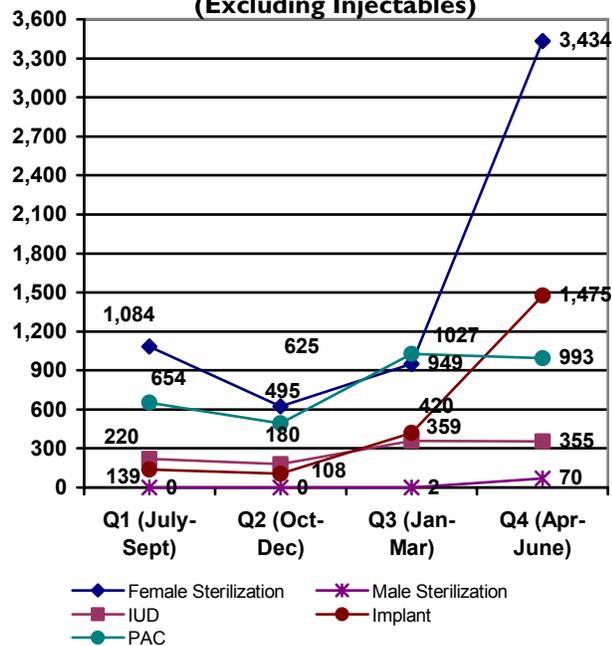


Figure 11. Tanzania: Number of Clients (New and Continuing) Receiving Injectables by Quarter

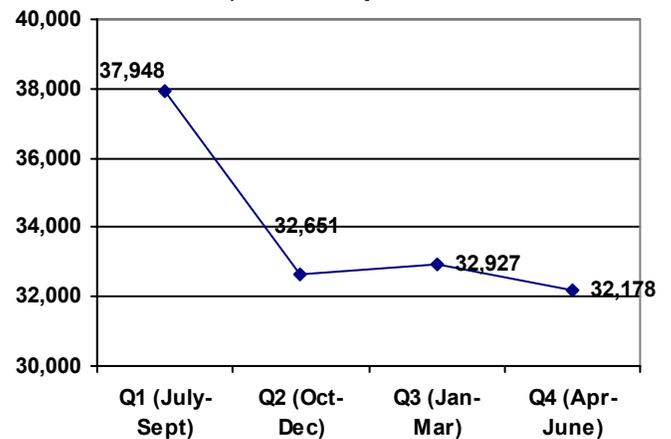


Table 5: Tanzania Training Data

# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 3 (January–March 2004)*					
1	USAID/FS	11	FP counseling		
1	USAID/FS	19	Norplant insertion & removal	Norplant counseling	NSV demonstration
Quarter 4 (April–June 2004)					
1	USAID/FS	4	FP update (ML/LA, vasectomy, Norplant insertion and removal)	FP counseling	Infection Prevention
Tanzania Total (July 2003–June 2004)					
3		34			

* Tanzania conducted no trainings in Quarters 1 and 2.

South Africa

ACQUIRE's work in the Republic of South Africa is primarily focused on activities related to increasing constructive male involvement in reproductive health through training interventions and community workshops. Therefore, the only data presented in this annual report for South Africa is training data (Table 6), no site or service statistics are reported.

In FY04-05 ACQUIRE South Africa will begin site-specific work. For example, ACQUIRE staff will begin to assist the Esselen Street Clinic in Hillbrow to pilot a MAP program to increase men's use of reproductive health services, including HIV/STI prevention and care. Once site-specific work begins, ACQUIRE South Africa will begin to collect relevant site and service statistics.

Table 6: South Africa Training Data

# of Events	Funding Source	# People Trained	Primary Training Topic	Additional Training Topic	Additional Training Topic
Quarter 1 (July–September 2003)					
1	Ford	25	Men As Partners		
1	Field Support	8	Men As Partners		
Quarter 2 (October–Dec 2003)					
1	Ford/Field Support	42	Men As Partners		
1	Field Support	30	Men As Partners		
Quarter 3 (January–March 2004)					
8	Field Support	676	Men As Partners		
3	Ford	89	Men As Partners		
1	US DOD	22	Men As Partners		
Quarter 4 (April–June 2004)					
12	Field Support	1,190	Men As Partners		
4	Ford	484	Men As Partners		
1	Ford and Field Support	300	Men As Partners		
South Africa Total (July 2003-June 2004)					
33		2,866			

Rwanda

ACQUIRE Rwanda began HIV/AIDS activities funded through PEPFAR 1.5 during Quarter 4 of FY03-04. In this first quarter of the project, preparations were made for the activities elaborated in the workplan. This preparation included, for example, meeting with key stakeholders, conducting site visits, carrying out rapid needs assessments, setting up monitoring systems, and collecting and compiling IEC and training materials. In addition, work was continued with existing PMTCT sites and with support groups for people living with HIV/AIDS (PLWHA).

Definition of ACQUIRE-Supported Site:

The Rwanda program defines a supported site as one where ACQUIRE provides programmatic support related to PMTCT (including the integration of FP, safe motherhood, and maternal/child nutrition into PMTCT). Other planned program activities (such as VCT, couples VCT, support groups, and prevention work) are and will be occurring in these same sites, and in their catchment areas.

Challenges in Data Collection: In this quarter ACQUIRE staff were not able to disaggregate data on HIV positive individuals in PLWHA support groups by sex, as required by PEPFAR. This will be done in future reporting. Additionally, one support group site did not report any data at all.

Explanation of Selected Trends in Sites and Services: As can be seen in Figure 12, the 7 existing PMTCT sites reported service statistics during this quarter. Preparations were made for three new PMTCT sites, and they will begin reporting data in Quarter 1 of FY04-05. Three of the existing sites provided PLWHA support groups during Quarter 4. One of these sites did not report any data.

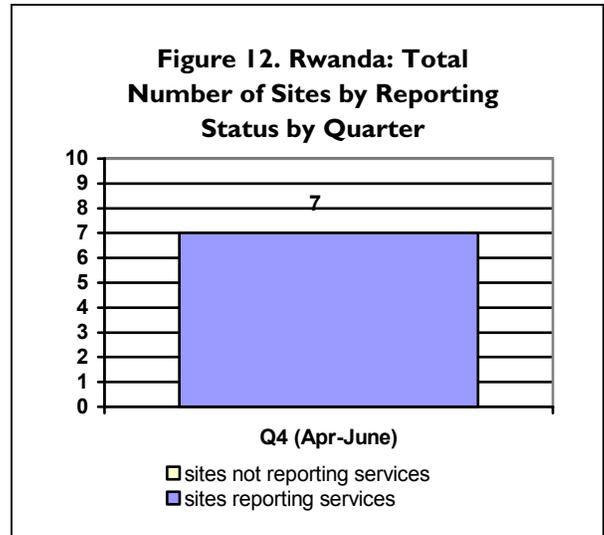


Figure 13. Rwanda: Number of Clients Served by Activity. Quarter 4

# of pregnant women receiving PMTCT services	1,891
# of pregnant women receiving a complete course of ARV	60
# of male clients counseled and tested (VCT) as partners of PMTCT clients	797
# of HIV-infected individuals supported in PLWHA support	24

1,891 pregnant women received PMTCT services in Quarter 4; 60 of these women received a complete course of ARV, and 797 of their partners were counseled and tested for HIV. 24 individuals were served in PLWHA support groups. Data on the other planned activities will be reported once they are started.

Kenya

Men As Partners Program For National Youth Service

The “Men As Partners Program for National Youth Service,” implemented by ACQUIRE, the Kenya National Youth Service (NYS), and selected local partners, aims to prevent HIV/AIDS transmission by helping NYS staff and service men and women understand and change high-risk behaviors that lead to the spread of the disease. The program will focus on three distinct groups within and/or served by the NYS, in order of priority: service men and women, NYS staff, and communities that are served by the NYS.

In Quarter 4, the first quarter of the NYS Project, work was carried out to set the stage for project activities. Examples of this start-up work included:

- The NYS training curriculum was adapted from existing materials developed by EngenderHealth and other organizations to reflect the specific needs of NYS personnel, staff, and community members related to HIV prevention.
- A curriculum review was carried out with project partners.
- The curriculum was tested with 150 service men and women at the Nairobi Driving School and Engineering Institute and 35 staff of NYS Nairobi.
- Key program staff members, including a program manager and three program officers, were recruited.
- A planning meeting for the trainings was carried out with 8 of the NYS units; trainings were scheduled to begin on August 23.

Since none of the core project activities had yet begun in July 2004, no statistics are presented here. The first data will be reported in Quarter 1 of FY04-05.

Expanding Access To PMTCT, VCT & PAC Services Through Private Nurse-Midwives

The “Expanding Access to PMTCT, VCT & PAC services through Private Nurse-Midwives” project builds on previous PRIME II-funded work with private nurses and midwives, reinforcing and expanding family planning (particularly long-term methods) and PAC activities already underway, and adding PMTCT and VCT to the range of services offered.

As with the MAP program described above, in Quarter 4 of this fiscal year (the first quarter of the project), much work was carried out to set the stage for project activities. Examples included:

- Finalization and approval of project documents and budgets.
- Recruitment of key project staff, such as the Project Manager, Private Sector Advisor, Training Manager, and Quality Assurance Manager, and initiation of the process of recruiting Field Supervisors.
- Development of a good working relationship with key stakeholders including the National AIDS and STD Control Programme (NASCOP), the Division of Reproductive Health, the Kenya Medical Supplies Agency and John Snow International, the National Nurses Association of Kenya, and the Nursing Council of Kenya. For example, meetings were held to discuss access to supplies, the trainer certification process, selection of PMTCT sites, and the PMTCT training curriculum.
- Conduct of project briefings with most of the District AIDS and STD Control Officers (DASCOS) in Kenya.
- Identification of potential trainers, as well as potential trainees, for the first PMTCT training, which began on June 28, 2004.

APPENDIX I

Appendix I: List of Citations

Journal Articles¹

Sokal DC, Irsula B, Hays M, et al. Vasectomy by ligation and excision, with or without fascial interposition: a randomized controlled trial. *BMC Medicine* 2004; 2:6. Full text available at: <http://www.biomedcentral.com/1741-7015/2/6>.

Barone MA, Irsula B, Chen-Mok, et al. Effectiveness of vasectomy using cautery. *BMC Urology* 2004; 4:10. Full text available at: <http://www.biomedcentral.com/1471-2490/4/10>

Studies

Guinea: Improving the Use of Long-Term and Permanent Methods of Contraception in Guinea: Report on a Performance Needs Assessment. ACQUIRE E&R Study #1. New York. 2004.

Guinea: Rapport sur l'évaluation de la performance pour l'amélioration de l'utilisation des méthodes de contraception permanente et de longue durée

Technical Guides/Updates

Hormonal Contraception and HIV: Information and Guidance for EngenderHealth and ACQUIRE Staff (February 18, 2004).

Technical guidance on vasectomy and female sterilization.

Minilap Illustrated guide (Spanish version).²

NSV Illustrated guide (Spanish version).³

Conference Presentations

Isaiah Ndong. "Taking Postabortion Care Services Where the Are Needed: Operations Research on Expanding Services in Rural Areas of Senegal." FIGO 2003, Santiago, Chile.

Joseph Ruminjo (presented for Julie Solo and Ines Escandon). "Global Crisis in Abortion: A PAC evaluation." 2003 APHA Conference, San Francisco. Nov. 16–20, 2003.

Erika Sinclair and Rasha Dabash. "Taking Postabortion Care Services Where They Are Needed: An Operations Research Project in Rural Senegal." 2003 APHA Conference, San Francisco. Nov. 16–20, 2003.

¹ Both articles were produced under EngenderHealth's previous cooperative agreement (No. HRN A-00-98-00042-00).

² English version was produced under EngenderHealth's previous cooperative agreement (No. HRN A-00-98-00042-00).

³ English version was produced under EngenderHealth's previous cooperative agreement (No. HRN A-00-98-00042-00).

Isaac Achwal. “Taking Postabortion Care to Scale, Kenya Experience.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

Ilze Melngailis, John M. Pile, and Elizabeth Warnick. “Minding your ‘P’s and ‘Q’s: Programming for underutilized clinical family planning method.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

David Hubacher, Irina Yacobson, and Roy Jacobstein. “Choice Comes with Strings Attached: Fostering IUD uptake as an appropriate method option in an era of STIs and HIV”. “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

Barbara Seligman, Emma Ottolenghi, and Inna Sacci.” PAC: Lessons learned from Eastern Europe.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

Carmela Cordero, John Pile, and Lissette Verbel. “User friendly: The latest illustrated guides for NSV and Minilaparotomy for sterilization.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

Roy Jacobstein. “Fostering change in International Health: The case of medical barriers.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda.

Aparna Jain, John Pile, and Diabata Sambou. Training Nurses in Norplant Insertion/ Removal Increase Awareness and Access to Norplant Services in Ghana.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda. [Content Grand Prize].

Nicholas Kanlisi, Patience Darko, Godwin Tagoe, and Ilze Melngailis , and John Pile. “Get a Permanent Smile: A Pilot Project to Increase Awareness of and Access to No Scalpel Vasectomy Services in Ghana.” “Mini University” at the Repositioning Reproductive Health in Africa: Challenges with Best Practices. Implementing Best Practices Workshop. June 21st to 24th, Entebbe, Uganda [Overall Winner Family Planning].

Project Reports

The ACQUIRE Project: Progress Report for the quarter, January 1–March 31, 2004.

The ACQUIRE Project: Review of Service Statistics for Field Programs, FY 2003/2004, Quarter 3: January 1 to March 31, 2004.

The ACQUIRE Project: Progress Report for the quarter, October 1– December 31, 2003.

The ACQUIRE Project: Review of Service Statistics for Field Programs, FY 2003/2004, Quarter 1 (pre-ACQUIRE), July 1 to September 30, 2003, Quarter 2 (ACQUIRE start-up), October 1 to December 31, 2003.

The ACQUIRE Project: Performance Management Plan, Reproductive Health and Voluntary Family Planning Services Supported and Advanced.

Kenya: Strengthening Private Providers in PMCT/VCT/FP/PAC Services Project (April 2004).

Activity Reports

Bolivia: Focus Group Discussion Report on Building Sustainable Access to Knowledge and Information for Improved Family Planning and Reproductive Health—A Collaborative Project Between The ACQUIRE Project/EngenderHealth and the INFO Project/JHU-CCP (June 2004).

Honduras: Focus Group Discussion Report on Community Demand for Vasectomy (in draft).