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РАЗОМ ДО ЗДОРОВ'Я  **TOGETHER FOR HEALTH**

ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ:
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Annual Report to USAID

Project Year 2

October 2006 - September 2007

Cooperative Agreement No: 121-A-00-05-00709

Submitted November 1, 2007



РАЗОМ ДО ЗДОРОВ'Я ФІНАНСУЄТЬСЯ АГЕНСТВОМ США З МІЖНАРОДНОГО РОЗВИТКУ ТА ВПРОВАДЖУЄТЬСЯ ІНСТІТУТОМ ДОСЛІДЖЕНЬ ТА ТРЕНІНГІВ КОРПОРАЦІЇ ДЖОНА СНОУ У СПІВРОБІТНИЦТВІ З АКАДЕМІЄЮ СПРІЯННЯ ОСВІТИ ТА ШКОЛОЮ ГРОМАДСЬКОГО ЗДОРОВ'Я ГАРВАРДСЬКОГО УНІВЕРСИТЕТУ

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Acronyms and Abbreviations

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior change communications
CAMP	Contraceptive Availability Minimum Package
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
CURE	Center for Ukrainian Reform Education
CYP	Couple-Years of Protection
DV	Dermatovenereology/dermatovenereologist
EBM	Evidence-Based Medicine
EC	Emergency contraception
FAP	<i>Feldsher-accousherski punkt</i>
FP	Family planning
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IUD	Intrauterine device
KMSPH	Kyiv Mohyla School of Public Health
LAM	Lactational Amenorrhea Method
M&E	Monitoring and evaluation
MFYS	Ministry of Family, Youth and Sports
MIHP	Maternal and Infant Health Project
MOE	Ministry of Education
MOH	Ministry of Health
N	Number (in a sample)
NGO	Nongovernmental organization
NMAPE	National Medical Academy for Postgraduate Education
Ob-gyn	Obstetrician-gynecologist
OC	Oral contraceptives
PKAP	Provider Knowledge, Attitudes & Practices (survey)
POP	Progestin-only pills
RH	Reproductive health
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
SMD	Support for Market Development (pharmacy research company)
STI	Sexually transmitted infection
SW	South-west
TfH	Together for Health project
UAH	Ukrainian <i>hryvnia</i> (local currency)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children’s Fund
URHS	Ukraine Reproductive Health Survey
USAID	United States Agency for International Development
USG	US Government
WAPS	Willingness and Ability to Pay Survey
WHO	World Health Organization
WRA	Women of reproductive age (15-49)

I. Overview

This report summarizes key accomplishments in Year 2 of the Together for Health (TfH) project toward its goal of reducing the number of abortions, unintended pregnancies and the incidence of sexually transmitted infections (STIs), through improved family planning and reproductive health (FP/RH) practices. As stipulated in the Cooperative Agreement, the report centers on progress toward goals and results by addressing certain indicators. This narrative report incorporates key indicators and is followed by a Monitoring and Evaluation (M&E) report with data tables providing detailed results on indicators in the project's M&E plan (see Annex 2).

Progress toward the project's goal can be summarized as follows:

- Abortion rates declined 4.6% nationwide between 2005 and 2006, according to Ministry of Health (MOH) statistics, by 9.9% in Kharkiv and 1.5% in Lviv, the project's two pioneer oblasts;
- Data on contraceptive use present an unclear picture. MOH statistics show a 2.7% increase in contraceptive use rates across the country between 2005 and 2006, with a 5.6% increase in Kharkiv, and a 3.8% increase in Lviv. Contraceptive sales data from pharmacies, converted to Couple-Years of Protection (CYPs), show a 11.2% increase nationwide from August 2005 – July 2006 to the same period of 2006-2007. In contrast to the MOH statistics, sales data show an increase of 6.3% in CYPs in Lviv and a drop of 9% in Kharkiv;
- CYPs from condom sales are the project's measure of STI prevention. These increased 17.5% in Ukraine as a whole, by 28.7% in Kharkiv and 11.7% in Lviv.

In terms of progress toward the project's four results, Year 2 saw expansion of activities from the two pioneer oblasts to seven oblasts (by adding Dnipropetrovsk, Odessa, Poltava, Vinnitsa and Volyn) with one-third of the population of Ukraine. Combined with collaboration with members of the railroad trade union in five other oblasts, the project reaches 12 oblasts altogether. Key accomplishments and results include:

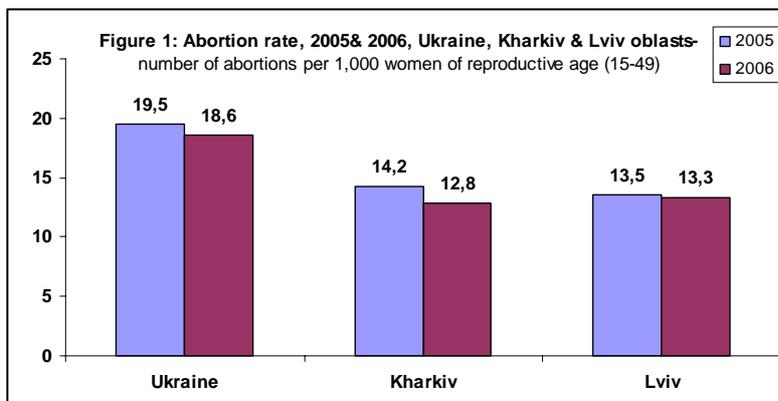
- Supporting adoption by the Cabinet of Ministers of the State Program "Reproductive Health of the Nation" up to 2015 (SPRHN) which, for the first time, allocates significant funding for a range of reproductive health activities: about \$150 million over 10 years, including \$17 million for contraceptive procurement for vulnerable populations;
- Adoption by the MOH of new clinical protocols on FP/RH removing important medical barriers to FP/RH care;
- Expanding the number of access points for FP/RH care from 58 to 197 in Kharkiv Oblast and from 39 to 198 in Lviv Oblast in the course of the year;
- Training over 1,600 health workers in five-day training courses on FP/RH, with demonstrated results for improved quality of care;
- Working to institutionalize Evidence-Based Medicine (EBM) approaches to updating FP/RH policies;
- Finalizing a "FP-friendly" logo awarded to health facilities and pharmacies trained by the project, with 79% of a sample of health facilities displaying the logo at the time of follow-up visits;
- Reaching almost 9,000 people through interpersonal communications sessions designed to change attitudes and behavior and almost 40,000 people through high profile mass public events;
- Initiating a grants program for nongovernmental organizations (NGOs) and awarding small grants to 10 NGOs for behavior change communications (BCC) and advocacy on FP/RH;
- Launching a public-private partnership (PPP) with seven private sector partners (PSPs) and with the MOH to expand the private sector contraceptive market and to improve access to a broader range of contraceptive methods, at moderate- and low prices;
- Training over 1,000 pharmacists and provisors (pharmacists with a higher education) in one-day training courses on modern contraception.
- Attracting counterpart contributions from the public and private sectors in the amount of \$412,361.

II. Progress toward the Project Goal

The goal of the Together for Health project is “to reduce the number of abortions and unintended pregnancies and incidence of sexually transmitted infections by improved provision of and access to quality RH/FP services through the public and private sectors.” What progress has been made in reducing abortions and the incidence of STIs, and increasing contraceptive use, in the past year?

Declines in Abortion

MOH statistics show a 4.6% decline in abortion rates, from 19.5 abortions per 1,000 women of reproductive age (WRA) nationwide in 2005 to 18.6 in 2006, as can be seen in Figure 1. Kharkiv and Lviv, the project’s two pioneer oblasts also saw drops amounting to 9.9% and 1.5% respectively. The abortion *ratio* also fell sharply from 586.7 abortions per 1,000 live births to 503.0 for the country as a whole (see Annex 2, Table 1.) The drop was particularly steep in Kharkiv Oblast, where the abortion ratio fell over 18%, compared to 7% in Lviv Oblast*.

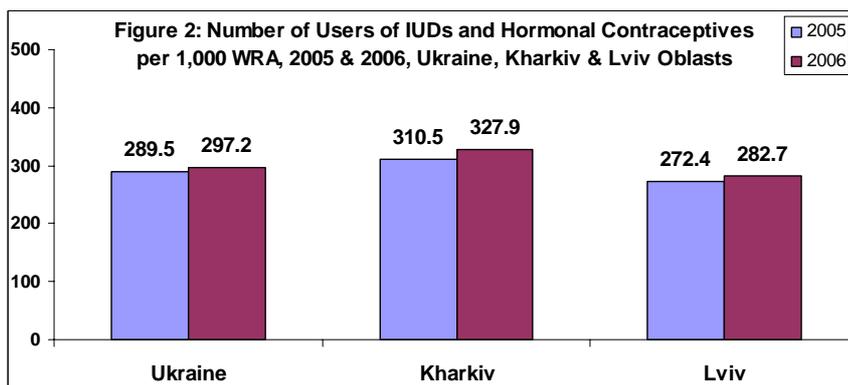


It should be noted, however, that MOH abortion statistics are known to underestimate the number of abortions because they do not take into account procedures performed by private providers.

Changes in Contraceptive Use, Based on MOH Statistics

The project’s approved M&E plan relies on survey data to measure changes in contraceptive use. The USAID-funded *Willingness and Ability to Pay Survey*† (WAPS) was finalized in 2007, providing the baseline measurement of 38.1% of all WRA using a modern method in 2004. To monitor changes on an annual basis, TfH uses MOH service statistics as a proxy, even though they include only those people going to government health facilities—and not those going to pharmacies or private providers. Moreover, they include only IUDs and hormonal methods (mostly oral contraceptives) and can only be considered indicative (particularly for hormonals), since they reflect doctors’ (formal or informal) prescriptions and, in most cases, not actual provision of a method. Nevertheless, the MOH data are useful to monitor trends on an annual basis.

MOH statistics indicate that the number of registered users of IUDs and hormonal methods per 1,000 women of reproductive age increased by 2.7% from 289.5/1,000 WRA in 2005 to 297.2 in 2006.



While the use rate for hormonals increased by 6.9%, the IUD use rate fell by 1.8%, following a trend already seen in 2005. Kharkiv Oblast recorded a 5.6% increase in the rate of contraceptive use, attributable largely to hormonal contraceptives (9.0%), but also to IUDs (1.7% increase). Lviv, meanwhile, saw only a 3.8% increase in contraceptive use rates, due to an increase (4.6%) in rates of hormonal method use and a smaller (2.0%) increase in IUD use†.

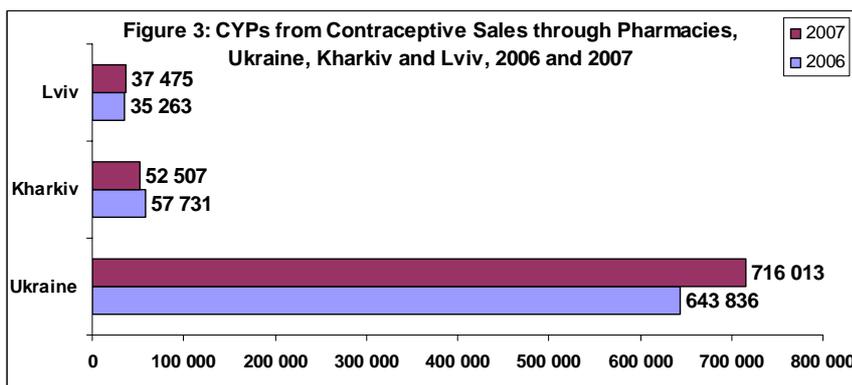
Changes in Contraceptive Use, Based on Couple-Years of Protection (CYPs)

Since TfH has a strong focus on working with the private sector, it relies on contraceptive sales data, converted to CYPs, as a key measure of changes in contraceptive use. These data are donated to TfH by Support for Market Development (SMD), a pharmacy research firm. Since the time period covered by the sales data is August 1 to July 31 of each year, the data for the period ending July 2007 could potentially begin to reflect

* These trends should not necessarily be attributed to TfH’s work, since the project only began rolling out activities in the field in fall 2006, so results cannot be expected by year’s end. In addition, since TfH works in only a few oblasts, its impact is unlikely to be seen at the national level.

† Ukraine State Statistics Committee, “Survey on Willingness and Ability to Pay for Contraceptives in Ukraine, 2004,” Kiev, 2004-2005.

TfH’s work in Kharkiv and Lviv, although the project’s impact in the first year of work in the oblasts is probably not yet great (see Annex 2, Tables 3b and 3c).



The sales data, converted to CYPs show a different picture from MOH service statistics. Contraceptive sales in Ukraine amounted to 716,013 CYPs in 2007—an increase of 11.2% over the 643,836 CYPs in 2006. The methods that showed the largest increases were the newest methods, the patch and the ring—strongly promoted by their manufacturers—although actual numbers of CYPs were very small. IUDs and condoms,

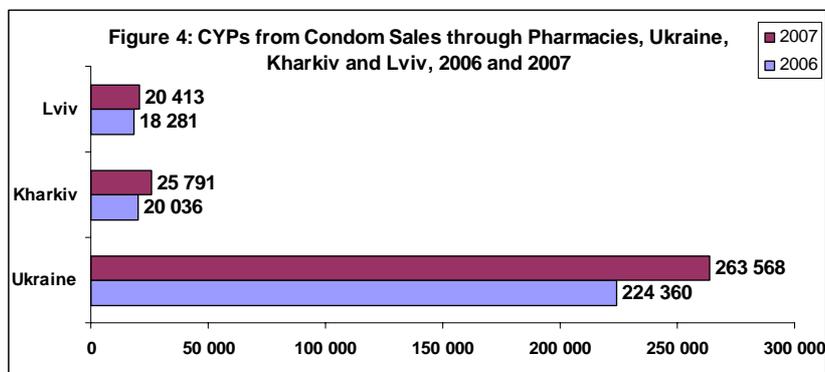
along with emergency contraception, saw CYP increases in excess of 10%, with other methods showing more modest increases. Oral contraceptive CYPs had a lower growth rate, with an almost 6% increase. Only injectable CYPs decreased in 2007. (See Annex 2, Tables 3a-h.)

Lviv also saw growth in contraceptive sales, translating into a total of 37,475 CYPs in the oblast in 2007—up 6.3% from 2006. The pattern of CYP change by method was similar to national trends, except for CYPs from IUDs, which actually fell by 10% since 2006.

In contrast to national trends, Kharkiv sales amounted to a 9% drop in CYPs—to 52,507 CYPs in 2007. This is notably different from the increases in contraceptive use rates in Kharkiv reported by the MOH. The drop in CYPs was almost entirely accounted for by falling IUD sales—from 5,470 pieces in 2006 to 2,581 in 2007—which resulted in a drop of over 10,000 CYPs. Possible explanations for this include that IUD sales more than doubled in 2006, and sales in 2007 fell back to a level similar to 2005 and/or a growing trend of local distributors selling IUDs directly to obstetrician-gynecologists (ob-gyns), bypassing pharmacies—and thus not being captured in SMD’s sales figures. Oral contraceptives and injectables also saw a drop in CYPs in 2007. The methods with increased CYPs in Kharkiv were condoms, the patch, the ring and emergency contraception.

Increased STI Prevention

To measure the impact of its STI prevention activities, TfH uses CYPs based on condom sales data. These increased by 17.5% in Ukraine as a whole (from 224,360 CYPs in 2006 to 263,568 in 2007), by 28.7% in Kharkiv and 11.7% in Lviv, as can be seen in Figure 4.



III. Progress Toward Results

Most of the project’s work is aimed at achieving its four intermediate results, but there are a number of activities that cut across these result areas. Progress on these cross-cutting activities is addressed first.

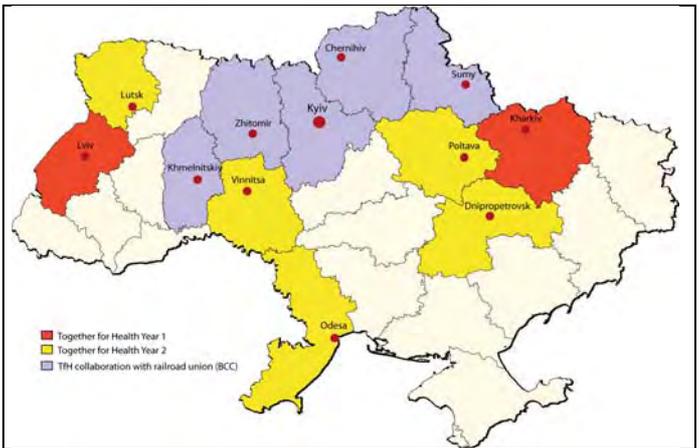
Cross-Cutting Activities

Expanding Oblast Coverage

TfH emphasizes work with oblasts to support the growing decentralization of the Ukrainian health system and to bring government closer to the population. In Year 1, the project conducted a competition between oblast health departments and selected two oblasts—Lviv and Kharkiv—out of 21 that applied to join the project that year and five others that would join in Year 2 (see map on page 7). These seven oblasts are home to 15.4 million people, a third of the population of Ukraine. In addition, the project works in five other oblasts, on a small scale, in collaboration with members of the youth movement of the railroad trade union (southwest region.).

In Year 2, work in Lviv and Kharkiv was intense and the impact of that work is the focus of this report. Between April and June, four more oblasts came into the project: Dnipropetrovsk, Poltava, Vinnitsa and Volyn. After

start-up visits, a launch event was held in each oblast, featuring the signing of a Partnership Convention between the oblast health department and TfH to formalize a shared understanding of the project's goals and strategies and the two partners' contributions to the project. Then a one-day contraceptive technology conference was conducted to generate interest in project activities among local counterparts. Thereafter, technical activities in clinical training, BCC, pharmacy and policy started up. Work in Odessa Oblast did not proceed as rapidly as anticipated. After conducting a start-up visit to the oblast in April, the oblast health department official charged with responsibility for TfH moved to the MOH in Kyiv and it took until August for the oblast to designate another person. In the meantime, TfH decided, in consultation with USAID, that it was best to postpone full start-up of activities there. So while a considerable amount of preparatory work was done in Odessa, activities will only start in earnest in Year 3 of the project.



Starting work in the oblasts proved to be labor-intensive, particularly in the first 3-4 months in each oblast, drawing TfH technical staff away from their technical tasks to help with oblast start-up. Identifying local counterparts for activities, particularly pharmacy and BCC, was challenging; orienting new TfH staff in the oblasts on to how to do business; ensuring that activities conducted by newly-trained consultants in the oblasts lived up to TfH expectations of quality; communications with the oblasts; and other issues consumed substantial time and energy. This led to a number of delays in technical activities, such as postponement of the start-up of postpartum/postabortion training into Year 3 of the project and delays in some BCC and pharmacy activities.

Improving Access to FP/RH Care and Commodities

A key TfH strategy to reduce abortion and increase contraceptive use is to bring FP/RH care closer to the population, by expanding the range of providers beyond a limited number of health facilities located mostly in urban areas (women's consultations, FP centers and cabinets, some polyclinics, maternity hospitals and a few other hospitals) to other providers, such as family doctors' offices, ambulatories and even some FAPs, while also enhancing the role of pharmacies. The project's training for health workers and pharmacists, as well as BCC activities, had a significant impact on improving access to quality FP services, especially at the rayon level and below. Between fall 2006 and fall 2007, the number of access points for FP/RH grew from 58 to 197 in Kharkiv Oblast and from 39 to 198 in Lviv Oblast—see Figures 5.1. and 5.2.

Figure 5.1.: Expanding Access to FP/RH Services in Kharkiv Oblast

Red dots indicate facilities with at least one trained provider; green shading indicates cities/rayons where all targeted health facilities have been covered.

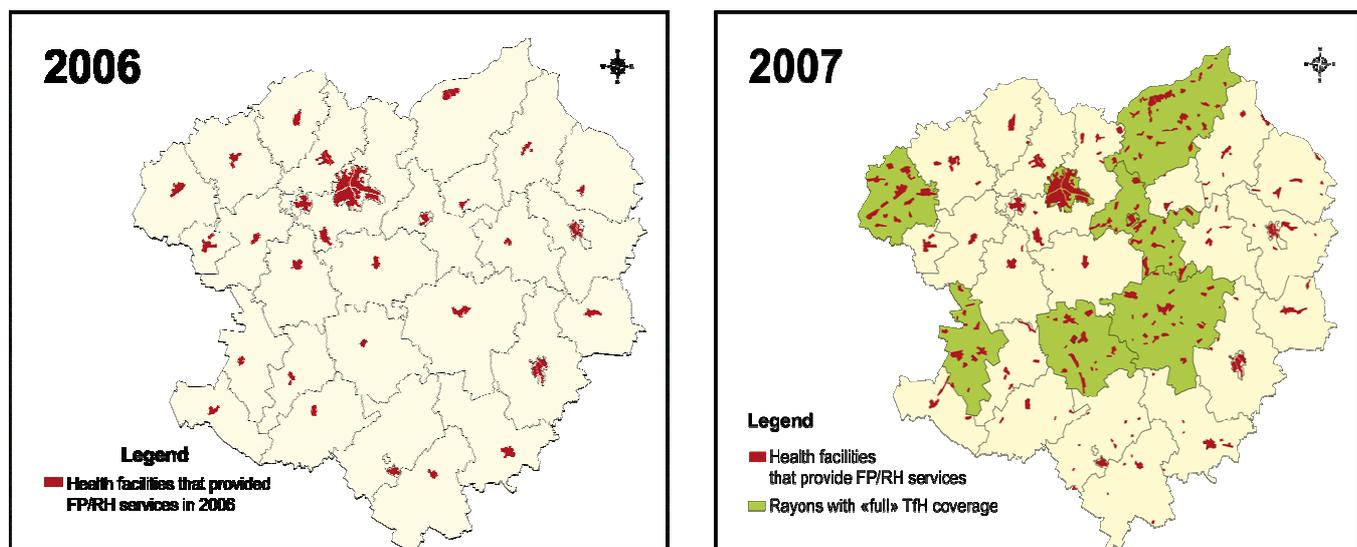
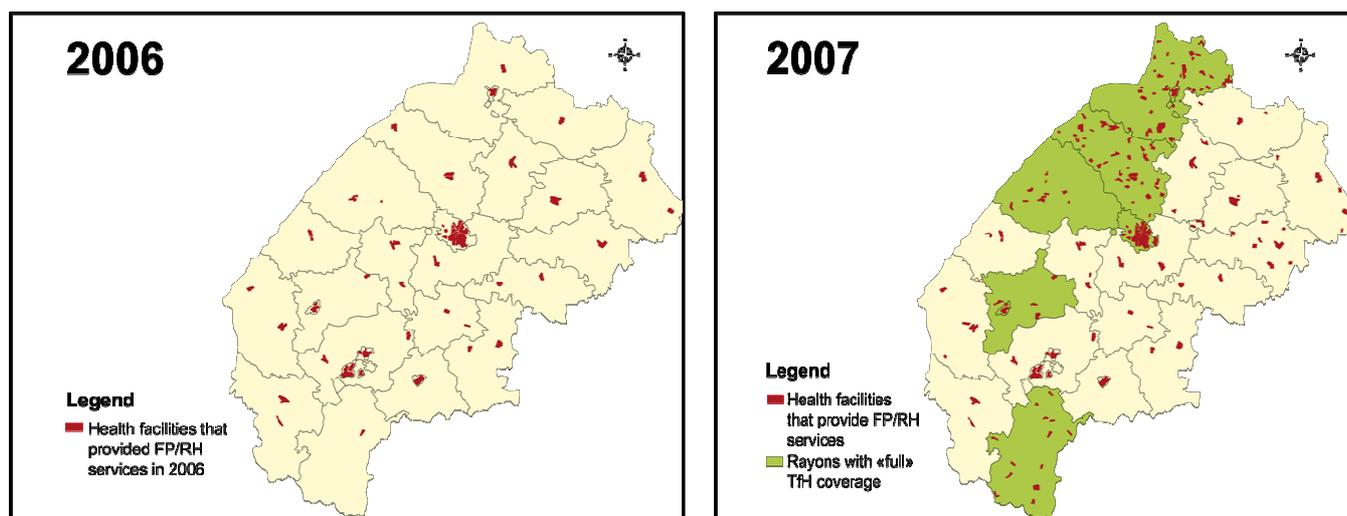


Figure 5.2.: Expanding Access to FP/RH Services in Lviv Oblast

Red dots indicate facilities with at least one trained provider; green shading indicates cities/rayons where all targeted health facilities have been covered.



Preventing Sexually Transmitted Infections (STIs) and HIV-AIDS

The project's work on STIs and HIV-AIDS is at the core of the RH facet of its work and these topics are an integral part of many activities. The five-day clinical training course includes a range of topics related to STI and HIV prevention, screening and detection. In the winter, there was a one-day roundtable in Kharkiv on Contraception for Persons Living with HIV to update the HIV-AIDS community on contraceptive choices for people living with HIV or AIDS and to update FP providers on considerations in providing health services to people living with HIV or AIDS. Training for pharmacists also covers basic information on STIs and HIV-AIDS prevention. The BCC team has a strong emphasis on these topics, with one of the seven modules in the BCC educators' manual focusing on STIs and another on HIV-AIDS. Mass public events, such as World AIDS Day and Valentine's Day often had STI and HIV prevention as the theme—and often included free condom distribution. Information, education and communication (IEC) materials address STI and HIV-AIDS prevention, work with journalists has resulted in coverage of these topics—and there are many other examples. In the policy arena, the State Program "Reproductive Health of the Nation" up to 2015 (SPRHN) includes activities and funding for STI prevention and diagnosis and education on STIs and HIV-AIDS.

In Year 2, the project had planned to expand its work to integrate basic STI diagnosis and treatment into primary health care policy and practice, particularly for ob-gyns and family doctors. The clinical team worked closely with the World Health Organization (WHO), UNAIDS and the HIV-AIDS Alliance to begin to define a coordinated agenda on STIs, but progress was slow. By the spring, Tfh was ready to move ahead, but then changing financial realities led project staff, in consultation with USAID, to decide to maintain the current focus on STI prevention and not to embark on a complex new activity.

Collaborating with the Railroads

The Year 2 workplan outlined plans to collaborate with the railroads by providing FP/RH training for health workers from the railroad health system (southwest region) at the same time as working with peer educators from the youth movement of the railroad trade union to educate its members. The educational activities have been successful, with up to 17 peer educators conducting 120 sessions in the past year for 1,876 union members (more than half of them men) in Chernigiv, Kharkiv, Khmelnytsky, Kyiv, Sumy, Vinnytsa and Zhytomir oblasts with information on FP, STIs and HIV-AIDS. Sessions were held not only in workplaces, but also at higher education institutions run by the railroad. The most active educators were in Kyiv, Vinnytsa and Sumy. In late June, Tfh participated in a rock festival in Vinnytsa Oblast attended by about 500 members of the youth movement. The festival included games and contests on FP/RH topics, display of banners and distribution of IEC materials.

Unfortunately, collaboration with the railroad's health system was less successful. The project conducted one five-day training course for health providers, but the leadership of the health system failed to live up to its agreement to provide a venue, take care of logistical arrangements and ensure that a minimum number of participants attended and, since then, there has been no indication of further interest.

Building Civil Society Support for FP/RH

Helping the population take health care into their own hands and encouraging them to advocate for information and services underlies a lot of Tfh's work—and NGOs are at the heart of that work. In January 2007, Tfh launched a competition for NGOs to apply for small grants and received 34 proposals. A review committee evaluated the applications and project staff conducted assessment visits to short-listed NGOs (including a review of their compliance with USAID FP and abortion requirements) and, in May, awarded a total of \$75,000 in grants to 10 NGOs. Grants ranged from \$6,250 to \$9,000 for a one-year period, with seven focusing on BCC, mostly for youth, while three center on advocacy activities, particularly support for the SPRHN. Most of the grants are to NGOs in Kharkiv and Lviv oblasts, but there is one in Kyiv City and one in Poltava Oblast. (See Annex 1 for a list of the grantees and brief project descriptions.) The project also provided training and technical assistance to NGOs on grants management, FP/RH, advocacy and BCC techniques.

Most of the NGOs were quick to get to work. For example, the *Students' Union of Lviv Oblast* began working with students, giving them accurate information about FP, STIs and HIV-AIDS. During the summer they worked in summer camps and, since then, in academic institutions. They also worked with mass media and presented their project at a press conference with the Lviv City Council in September, winning \$4,000 in new funding for these activities from the council. *Natalia Kobrynska Youth and Gender Center*, also in Lviv, has been working with the religious community from various denominations to help develop positive attitudes toward FP/RH and help religious leaders work with their congregations on these topics. *Family from A to Z* in Kharkiv, which has professional TV production capability, made good progress in developing a video on contraception oriented to teens. The *Ukrainian Federation of Young Doctors* facilitated meetings between counterparts from different ministries (MOH, Ministry of Family, Youth and Sports and Ministry of Education) on SPRHN and participated in key activities at the national level in support of the program.

As Tfh began working in new oblasts, a second NGO competition was announced. Nine applications were received from NGOs in Dnipropetrovsk, Vinnytsa and Volyn—but none from Poltava Oblast—all of them focusing on BCC. Decisions about which NGOs to fund will be made early in Year 3.

Learning from the Romania Experience

Tfh strategies have drawn on lessons learned from the successful USAID-funded Romania Family Health Initiative (RFHI). Tfh worked with RFHI to organize a one-week study tour in May for 12 participants, mostly from project oblasts or working closely with the project on BCC. The group was joined by Tfh's Cognizant Technical Officer, Tatiana Rastrigina. The trip focused on observing the process of broadening access and utilization of FP/RH services at the local (district) level, and development and implementation of the Romanian National FP/RH Program, particularly in training, BCC and commodities. The group returned enthusiastic with what they had seen and an early result of the trip was a TV program developed and aired twice on UT-1, the first channel of the national television network. The program described how FP/RH services were expanded in the framework of health reform in Romania and compared work under way in Ukraine, though Tfh and its partners.

The project also sent a second group—three senior Ukrainian counterparts and one Tfh staff member—to attend the USAID-funded Europe and Eurasia Regional Family Planning Activity workshop on “Best Practices in Family Planning in the Europe and Eurasia Region” and the RFHI end-of-project conference. Tfh presented its innovative work on contraceptive security at the regional workshop and this triggered considerable interest. The group returned excited about what they had seen and heard, particularly about the central role played by family doctors in expanding access to FP/RH services.

Collaborating with International Projects and Donors

Tfh collaborated with many donors, projects and organizations. Collaboration with the Maternal and Infant Health Project (MIHP) and the Swiss Perinatal Project centered on integration of FP and maternal and infant care. WHO, both in Ukraine and Copenhagen, continued as a valued partner on FP/RH clinical and policy matters. The project worked closely with the HIV-AIDS Alliance, UNAIDS and WHO on STIs and HIV-AIDS—particularly with the HIV-AIDS Alliance on condom procurement and distribution. It also worked with UNICEF on services for youth, including youth-friendly clinics. It collaborated with the Health Policy Initiative (HPI) in assisting selected oblasts with development of local RH Programs and also on policy development related to the Prevention of Mother to Child Transmission of HIV-AIDS. Project staff collaborated with the European Union-funded health reform projects on primary health care issues until they closed. Finally, Tfh continued its excellent collaboration with the Center for Ukrainian Reform Education (CURE) on work with journalists, mass media and media production.

M & E/Research

Work in this area had two main focuses in the past year. One was to prepare and conduct baseline assessments in four new oblasts, involving four tools: facility assessments; pharmacy assessments; health provider knowledge, attitudes and practices questionnaires; and client exit questionnaires. Key results are presented in the M&E Annex to this report. Arrangements for the assessment in Odessa were put in place, but it was decided to postpone it until a decision was made to go ahead with project activities there. The other major activity was to conduct provider observations to assess the impact of clinical training and highlights of those observations are discussed on page 11.

A second round of data collection planned for Kharkiv and Lviv in early summer—a year after baseline data collection—was postponed, after consultation with USAID, because Tfh staff thought that BCC and pharmacy training activities had not had sufficient time to show results. The assessment is now planned for November 2007.

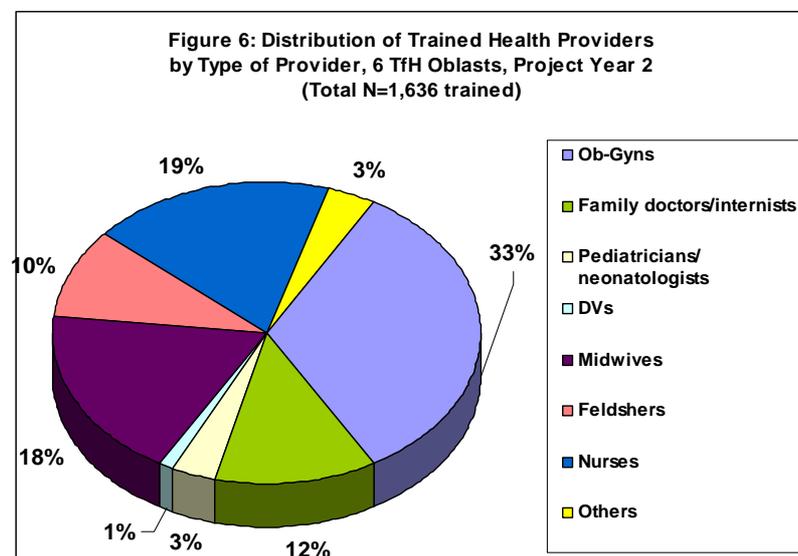
Result 1: Improved service provider skills and behavior related to FP/RH

The project faces many challenges in achieving this result. One is to expand the range of providers offering FP/RH services beyond ob-gyns in women’s health facilities in urban areas to involve family doctors, internists, midwives, dermatovenereologists and others, bringing services closer to the people. Another is to bring the knowledge and skills of health providers up-to-date and to improve their often skeptical attitudes toward modern contraception, particularly hormonal methods. And a third is to build the capacity of the leadership of the FP/RH community to provide modern guidance to the profession, so they will adopt and promote the best evidence-based practices.

Improving Health Providers’ Knowledge, Skills and Behavior

By the end of Year 1, a new five-day FP/RH training curriculum and reference manual for service providers were ready to put to use, as a cornerstone of the project strategy of taking FP/RH services closer to the population. They were designed to guide training for various types of providers—not only ob-gyns—in multi-disciplinary groups, so that services would be expanded beyond the traditional health care facilities to family doctors offices, ambulatories, FAPs and elsewhere. By training multi-disciplinary groups, ob-gyns saw that other types of health providers could actually provide FP/RH services, diminishing their concern about seeing others involved in providing care. The training covers all major modern methods of contraception and fertility awareness-based methods, with a strong emphasis on counseling skills to support clients’ decision-making as well as on removal of non-evidence-based barriers to contraception, such as pelvic examinations (in many situations), diagnostic tests and specialist referrals. It also seeks to dispel myths about the risks associated with hormonal methods and intrauterine devices (IUDs), in order to promote a broader method mix. And it covers STI risk assessment, condom promotion, dual protection, infection prevention, safe disposal of medical waste and teaching patients to do breast self-examination.

	No. of Courses	No. of Participants
Kharkiv	37	744
Lviv	38	716
Dnipropetrovsk	2	35
Poltava	3	62
Vinnitsa	1	21
Volyn	3	58
TOTAL	84	1,636



Between October 2006 and September 2007, a total of 84 five-day training courses on FP/RH were conducted for 1,636 health workers (see Table 1), with 67% of these being non-ob-gyns and almost half being mid-level staff (see Figure 6). Most of those trained were in Kharkiv and Lviv, with 75 courses in these two oblasts, but training in the new oblasts began as they entered the project. Two courses were specifically for educational institutions—one for teachers at the Kharkiv Medical Academy for Postgraduate Education and one for teachers in the postgraduate

department of Lviv National University—to be sure that up-to-date information and approaches are taught in these important institutions. In addition, faculty members from other academic institutions participated in other courses. Supporting the roll-out trainings were 11 short training of trainers (TOT) courses for 120 clinical trainers in six oblasts, including one advanced course to upgrade the skills active trainers in Lviv. In addition, Donetsk Oblast learned about Tfh’s clinical training and asked for copies of the materials to conduct its own abbreviated workshops—and the project was glad to comply.

One of the constraints in implementing the clinical training (as well as other workshops and events, particularly at the national level), was the time involved in obtaining a *Prikaz* for each workshop. Also local authorities were not able to release as many health workers as Tfh desired because they needed to maintain minimum staffing levels in health facilities. This meant that fewer health workers were trained than originally planned. The project had also planned to start work on developing the 12-day training modules to update FP teaching in post-graduate medical education for ob-gyns and family doctors. However, that was postponed in order to prioritize the development of an HIV-AIDS curriculum.

To assess the impact of its training on quality of care, the project adopted two approaches. For rapid feedback, it administered pre- and post-tests in every training course and used the results to fine-tune the training curriculum. Across all clinical training courses, average pre- and post-test scores rose from 58.6% at the start of training to 90.8% at the end. For a more important measure—how health workers are actually implementing the training in practice, at their workplaces—the project conducted observation visits to 70 health providers in Kharkiv and Lviv approximately 5-7 months after the training and compared them with 70 health providers not trained by Tfh—560 observations in total. These visits were also designed to help and support providers in their work, with the observers providing feedback to the health workers visited and addressing any questions or concerns they might have. The assessment portion of these visits used checklists covering key points in counseling clients on contraception, STI and HIV prevention and screening; medical history taking; procedures for physical examinations and (for medical methods) clinical provision of the method. The visits showed that health workers who had completed Tfh training were substantially more likely to follow recommendations than non-trained providers:

- 65% of trained providers took an appropriate medical history from the client, compared with 35% of non-trained providers;
- 52% of trained providers included all the key information when counseling on contraceptive method choice, while only 22 percent of non-trained providers did so
- 43% of trained providers covered key topics on STI risk assessment and counseling, as compared to 19 percent of non-trained providers.

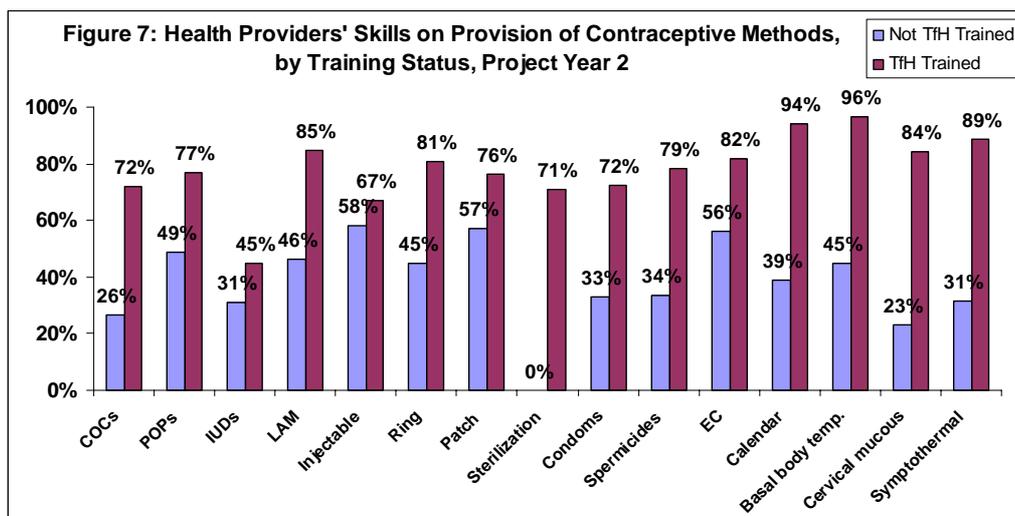


Figure 7 above compares providers trained, with those not trained, by Tfh on their provision of information and services for various contraceptive methods.

Removing Barriers to FP/RH Services through New Protocols

A very important accomplishment to reinforce improved physical access to FP/RH services was the adoption by the MOH, in December 2006, of new FP protocols (*Prikaz* 905, Approving Clinical Protocols for Obstetrical and Gynecological Care, "Family Planning," December 27, 2006) developed by the MOH’s clinical working group, with technical assistance from Tfh. The protocols are consistent with WHO recommendations and provide guidance to health workers in providing and prescribing the broad range of contraceptive methods available in Ukraine today. Most significantly, they remove many of the old non-evidence-based requirements for lab tests and analyses that were a barrier to women obtaining contraceptive care from health facilities and increased the cost of services. 4,000 copies of the protocols were printed and distributed nationwide—not only in Tfh oblasts—and Tfh’s clinical training reinforces the content of the protocols.

Unfortunately, it has not yet been possible to update the important MOH *Prikaz* 503, which includes standards for obstetrics and gynecology services, because sections dealing with obstetrics have not yet been updated. TfH helped the MOH revise the FP/RH sections of the *Prikaz*, in line with the updated clinical protocols, but now it must await updating of the obstetrical sections which constitute the bulk of the *Prikaz*.

Integrating FP/RH into Postpartum and Postabortion Care

In addition to bringing FP/RH care closer to the population, another key project strategy is to strengthen postpartum and postabortion FP, which has great potential to increase contraceptive use. Only 26% of women are counseled on contraception after delivery and less than 3% receive a method or prescription before leaving the hospital; and only 39% of women who have had an abortion receive counseling, with just 16% leaving with a method or a prescription.[‡] During the past year, TfH supported an MOH working group to develop a three-day training curriculum and reference manual on postpartum and postabortion FP for hospital staff. The TOT and actual initiation of training will take place early in Year 3 of the project.

Developing Understanding of Evidence-Based Medicine (EBM)

Expanding and improving FP/RH services is important, but it needs to go hand-in-hand with building understanding of EBM among FP/RH leaders, enabling them to update their policies and practices on any topic at any time, rather than waiting for international projects to bring them new information. At the end of Year 1, TfH provided an initial training for nine young EBM methodologists selected by leaders in the ob-gyn and dermatovenereological communities. Over the past year, this group has been helping the MOH clinical working group, as it developed training manuals and protocols, by gathering clinical evidence and examples of protocols and guidelines on FP/RH from other countries. In the summer, TfH provided another training for those methodologists working in academic institutions, centered on introducing EBM teaching into the academic curriculum and, since then, they have been working on drafting teaching modules. It turned out to be impossible to arrange the planned study tour to the EBM Center in Moscow in fall 2007 because the head of the center has a very busy schedule, so that has been postponed into Year 3 of the project.

TfH also worked with the head of the Ob-Gyn and Perinatology Department of the National Medical Academy for Postgraduate Education (NMAPE), who is also the MOH's Chief Ob-Gyn, to renovate space for a small EBM Center, furnish it, provide a small library on FP/RH topics and EBM and equip it with computers, Internet access and phones. This Center will be a focal point for the EBM methodologists and serve as a valuable resource for the newly-trained faculty at NMAPE to provide their students with practical instruction on EBM, helping them better evaluate medical evidence and incorporate the best evidence into their clinical practice. The Center should be officially opened in the first quarter of Year 3.

Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products

The challenges facing the BCC team include improving public attitudes toward modern contraception; particularly hormonal methods, helping the population to move from awareness to use of modern methods; and building BCC capacity in a country with a poor understanding of the importance of BCC in improving health, as well as of BCC techniques.

In the past year, BCC efforts moved forward in two broad directions, led by TfH partner, the Academy for Educational Development (AED). One was to improve public knowledge and attitudes toward contraception, helping people understand that modern methods are safe, effective and better than abortion. The other direction was to make people aware of where they can go for contraceptives and FP services—specifically to health facilities and pharmacies with trained providers displaying the “FP friendly” logo. Key audiences for BCC were men and women aged 20-30, who are those most likely to obtain abortions and to have STIs, and young people in urban areas whose RH practices are just being formed. The project was successful in reaching young people, who are easy to “find” through educational institutions and leisure spots for youth, but more work is needed to reach the 20-30 year-old group. It plans to make a special effort to reach this population in the coming project year.

Disseminating IEC Materials

At the beginning of the year, the project printed and began distribution of a poster (20,000 copies) and brochure (100,000 copies) outlining the different contraceptive methods available in Ukraine, along with their major advantages



The “Family Planning Friendly” Logo

[‡] 1999 Ukraine Reproductive Health Survey

and disadvantages, to help people make choices about which method is most suitable for them. In addition to being educational, these materials are a core component of the project's Tiahrt compliance strategy. Distribution channels for the materials have included clinical and pharmacy trainings, BCC events and other activities in which TfH is involved. TfH took advantage of the provider observations in Kharkiv and Lviv to verify whether these materials were on display in health facilities. The results were encouraging, with 95% of the health facilities visited having the poster on display and 98% having the brochure on display.

The "FP-friendly" logo was finalized and printed in the form of stickers (10,000 copies). Each health provider and pharmacy that participates in TfH training receives the logo to display outside their health facility or pharmacy, so the public will know that they provide accurate contraceptive information, and quality, affordable contraceptives. There was some delay in finalizing the logo after the pharmaceutical company Pfizer indicated that the proposed logo was very similar to the packaging for its drug, *Viagra*. After wrestling with potential trademark/copyright issues, in the end, it was decided to choose a different logo design (see page 12), incorporating the slogan "Together for a Healthy Future." Both the design and the slogan have proved very popular and, during provider observations, 79.2% of health facilities visited were found to have the logo on display.

Logo promotion began with some high profile events in Kharkiv and Lviv oblasts that attracted a lot of media coverage. In May, both oblasts celebrated Family Day in locations around the oblasts, with presentations on FP at universities, in city squares and discos. IEC materials were distributed, along with promotional materials for the logo such as T-shirts, hats and pins.

A half-hour video on postpartum contraception, entitled *Informed Choice*, and designed primarily for women and their partners before they leave the hospital with their new baby, was reproduced and distributed to maternity hospitals, women's consultations, TfH trainers and others (441 distributed). It has been warmly received, with requests from some TfH partners, such as the social services agency in Kharkiv, for additional copies to use in their work. This video was a joint undertaking between TfH, MIHP and CURE.

Two new posters were developed and printed, to help educators explain the male and female reproductive systems to the public. Dissemination of the new posters began through community educators in project oblasts and peer educators in the youth movement of the railroad trade union. In addition, some oblasts requested copies for distribution to health providers, particularly at the rayon level.

Involving Mass Media

TfH began to develop a cadre of journalists in project oblasts who are familiar with FP/RH and interested in covering the topic. In April, the BCC team worked with CURE to conduct a workshop for 25 journalists from Kharkiv, Lviv, Poltava and Volyn oblasts who specialize in health topics. This led to a number of articles in both print and broadcast media, many of them addressing the project's key message that prevention of unintended pregnancy is preferable to abortion. The most exciting outcome of the workshop, however, was that two of the journalists received prizes in the Ministry of Labor and Social Policy's awards ceremony in June. Olga Kravchenko produced a series of talk shows on FP/RH on Kharkiv Oblast's "OTB" TV Channel. And Olga Maksymyak wrote a series of articles on FP/RH for a weekly newspaper in Volyn Oblast.



Olga Kravchenko from Kharkiv Oblast displays her "Social Journalist" award from the Ministry of Labor and Social Policy for her TV work on FP/RH

Working in collaboration with CURE, the project produced two 12-minute segments for the nationally broadcast program *Perekhrestya*. The first program, in January, provided brief information about government policy on FP, the TfH project and major contraceptive methods. The second was prepared after the study tour to Romania and addressed how FP/RH was integrated into the services of family doctors in Romania, supporting the Government's efforts to strengthen primary health care, and compared and contrasted the situation in Ukraine.

The project also produced two articles for publication. One was a four-page article on postpartum contraception, developed to support the video *Informed Choice* (see above) and appeared in the October issue of *Moya Dytyna* (My Child) magazine. This magazine is distributed (about 200,000 copies) free to women who have had a baby in over 600 maternity hospitals and departments, including more than 50 in Kharkiv and Lviv oblasts. The other was an article for youth, published in the magazine *Tobi*, disseminated free to university students throughout

Ukraine, with a print run of 500,000. Five thousand extra copies were printed for TfH's BCC partners in the oblasts to use in conjunction with BCC events. *Tobi* also held a contest for young people on how to say "No" or reject unwanted sexual advances. One girl suggested how to respond to young men who say, "Come on, everybody does it." Her retort, "I don't care about everybody. My health is important to me, so the answer is NO!" Another young woman proposed, "There is a time for everything and OUR time hasn't yet come." Another appreciative writer named Valya noted, "I'm glad that I can write to you about this problem. You talked about an issue that is relevant for many girls nowadays because most of them can't and don't know how to say no to a guy. Most of my girlfriends think that girls shouldn't refuse this simple request."

Changing Attitudes and Behavior through Interpersonal Communications

The core of TfH's strategy to improve public attitudes toward contraception and change behavior is interpersonal communications, through interactive small-group sessions. During the year, the BCC team conducted five training courses for 98 community educators from Kharkiv, Lviv, Dnipropetrovsk, Poltava as well as peer educators of the youth movement of the railroad trade union, including one advanced training for experienced educators. Over the year, the project-trained educators conducted 412 small-group sessions for 7,028 people, mostly in Kharkiv and Lviv oblasts, with 37% of the participants being men. The project's manual that guides these sessions covers human sexuality, FP as a better alternative to abortion, modern contraception, STIs, HIV-AIDS and responsible decision-making in a series of sessions running for 3-4 hours each. The manual has been modified and improved, based on experience, throughout the year and will be printed in Year 3. (The project's work with peer educators from the youth movement of the railroad is outlined on page 8)



Young people involved in learning about FP/RH.

A particularly appreciative audience for TfH's educational sessions are young people in orphanages. Noting that this group is often involved in sexual relationships and goes on to experience an unintended pregnancy or STI, the Kharkiv Oblast Department of Education and Science turned to the project for help. TfH adapted its BCC manual for this audience and the teenagers are enormously appreciative of the relevant and understandable information they receive. Only during these sessions, they say, are they able to get honest answers to their questions about male-female relationships. They also appreciate the trust and respect shown to them by the project-trained educators and they are thrilled that an international project is paying attention to their needs. The staff at the orphanages is appreciative too and, although several hundred orphans have already benefited from TfH's educational sessions, demand keeps growing!

Reaching Mass Audiences with Special Events



A student reads a brochure on contraception and condom use given to him on Valentine's Day, along with a condom.

Special events proved a popular way to harness the enthusiasm of BCC community educators and young volunteers. They were conducted on World AIDS Day, Valentine's Day, Youth Day and during Family Week and reached almost 40,000 people. Events were held on city squares, in public buildings, universities, discos and other places, featuring short educational sessions, individual counseling and distribution of IEC materials. Several of these events included distribution of free condoms, donated by TfH partner MedCom, attractively packaged in small boxes, along with a miniature booklet on contraception and proper condom use. TfH also partnered with the Ministry of Family, Youth and Sport (MFYS) for the highly popular annual youth rock festival "Fortetsya" held in Odessa in June/July. The occasion drew a national audience of about 50,000 young people and TfH distributed educational materials and presented games between musical numbers to communicate messages about sexual decision-making, FP, STIs and HIV.

Building BCC Capacity

With very limited understanding of BCC in Ukraine, it proved challenging to identify partners with whom the project could work on BCC, and activities started up slowly. Project staff visited oblasts to identify potential

partners, then held BCC strategy development workshops (in Kharkiv, Lviv, Dnipropetrovsk, Poltava, Vinnytsya and Volyn oblasts), followed by interpersonal communications training workshops. These activities mobilized partners to get involved in mass media and interpersonal communications activities. By the end of the year, mass media, oblast departments of Social Services; Family, Youth and Sports; Education and Science; trade unions; health workers; mass media; as well as NGOs and youth volunteers were enthusiastically involved in various aspects of BCC.

Result 3: Increased availability, accessibility, and affordability of contraceptives

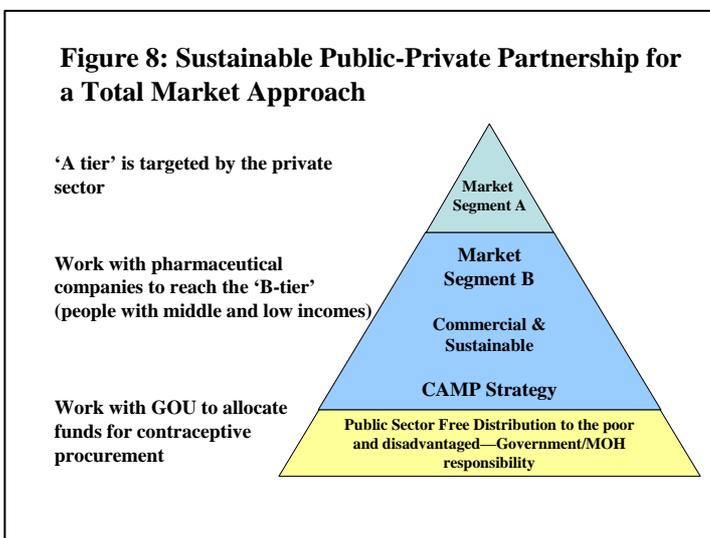
The overriding challenges facing the project in achieving this result are to ensure the availability of a range of contraceptives at affordable prices—and free for disadvantaged populations—in an environment essentially without free or donated contraceptives. The project’s baseline research in 2006 showed that combined oral contraceptives, condoms and emergency contraceptives are available in most pharmacies and IUDs are available in larger pharmacies. However, mid- and low-priced pills are much less available than the high-end brands and availability of progestin-only pills and injectables is poor. Moreover, the project has calculated that almost 55% of the need for high priced oral contraceptives (\$6 or more/cycle) is met, but only 25% of the need for mid- and low-priced brands (under \$6/cycle).

Launching a Public-Private Partnership for a Total Market Approach

To meet these challenges, by the end of Year 1, Tfh had developed an innovative strategy for a fully sustainable Total Market Approach to improve access to contraceptives (see Figure 8). The core of this strategy is to work with pharmaceutical companies to improve the availability of, and promote, a “Contraceptive Availability Minimum Package” (CAMP) that includes a broad range of contraceptive methods at mid and low prices, and work with the MOH to improve access to free supplies for disadvantaged populations.

One of the landmark events of the year was the official launch in December of the Public-Private Partnership (PPP) between the project, the MOH, six international and Ukrainian manufacturers and distributors of contraceptives, and a market research firm[§].

USAID Mission Director, Earl Gast, and First Deputy Minister of Health, Oleksandr Orda, were keynote speakers at the event, recognizing the potential of the Government and the private sector to work together to improve public health. The aim of this innovative partnership is to improve the provision of quality, affordable FP services and supplies, by making a broader range of modern contraceptive methods available through public and private providers at affordable prices, along with accurate information. The PPP lays the foundation for a truly sustainable national FP/RH program that can continue after donor support ends.



Launch of the Public-Private Partnership with USAID Mission Director, Earl Gast, First Deputy Minister of Health, Oleksandr Orda, the Private Sector Partners and Tfh staff

The private sector partners are contributing financial or in-kind resources to the partnership, including informational materials and public education activities, training for health providers and pharmacists, and continuous product support. For example, Organon reduced the prices of two oral contraceptive products nationwide by almost 50%, including the only progestin-only pill on the Ukrainian market, and Tespro reduced the price of its Copper-T IUD by 15%. Other

[§] Bayer-Schering Pharma, Jansen-Cillag, Medcom, Organon, Richter-Gedeon, SMD (market research firm) and Tespro.

partners, like Richter-Gedeon, provide marketing support for mid- or low-priced brands they would not otherwise promote; and Medcom contributes in-kind and direct support for BCC activities. All the partners contribute contraceptive samples for Tfh training and public education activities and SMD provides contraceptive sales data from pharmacies for the partnership on a quarterly and annual basis. The Government’s contribution is the activities and resources in the FP component of the SPRHN. And Tfh brings financial and technical assistance, in line with its scope of work, to implement the partnership objectives.

Initiating a Pharmacy Certification Program

To support the CAMP strategy, Tfh developed a pharmacy certification program to help pharmacists provide information and a range of contraceptives for clients. Involving pharmacists is an important strategy to improve access to contraception, since 85% of users get their method from pharmacies—often without visiting a doctor. Early in 2007, the curriculum for a one-day pharmacy training course was completed, with help from an AED consultant, and a TOT was conducted for 12 pharmacy trainers from pharmaceutical academies in Kharkiv and Lviv. Thereafter, the first training courses for pharmacists began and, since then, a total of 51 courses have been conducted for over 1,000 pharmacists (see Table 2). As a result, 547 pharmacies in six oblasts have been awarded the “FP-friendly” logo, including 23% of all pharmacies in Lviv and 19% of all in Kharkiv. Toward the end of the project year, as the project was moving into new oblasts, the six strongest, most active pharmacy trainers from Kharkiv and Lviv received advanced training to prepare them to conduct TOTs in new oblasts. They also received a TOT manual developed by the project. Subsequently, two further TOTs were held, preparing 13 new trainers each in Dnipropetrovsk and Volyn oblasts.

Table 2: Pharmacy Trainings Conducted on FP/RH, October 2006 – September 2007

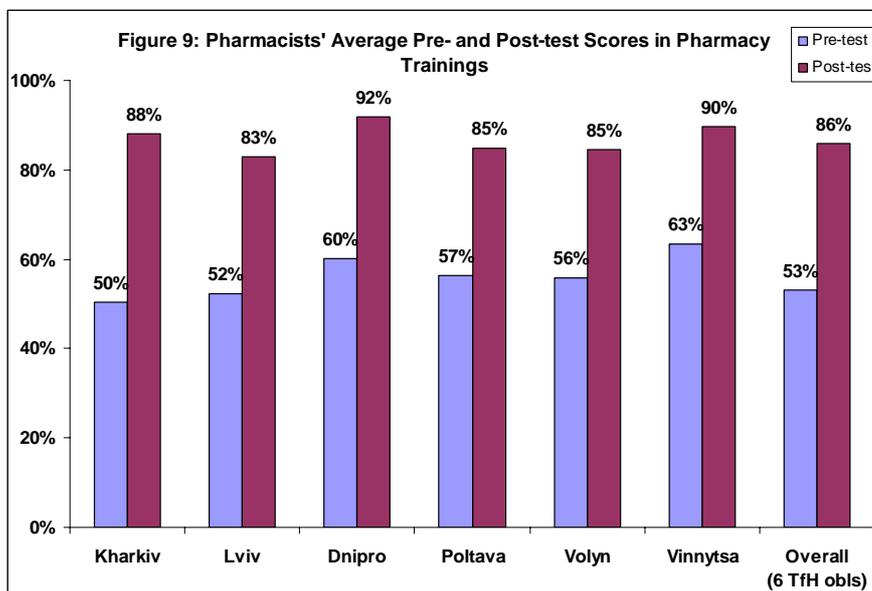
	No. of Courses	No. of Participants
Kharkiv	20	462
Lviv	16	229
Dnipropetrovsk	3	46
Poltava	6	123
Vinnitsa	2	42
Volyn	4	109
Total	51	1,011

Working with faculty members from the pharmaceutical academies in Lviv and Kharkiv took time, since they had no prior exposure to international projects and it was not easy to convince them of the safety of modern hormonal contraception as well as of the value of adult learning techniques. This slowed down the development of the pharmacy training curriculum, but it paid off in the institutionalization of updated information about FP into the academic institutions’ own programs. In addition, the academies host many of the trainings on campus, conferring prestige on the courses and bringing a counterpart contribution to the project.

The focus of the pharmacy training is to ensure that pharmacists have accurate, up-to-date information about modern contraceptives for their customers and to build support for increasing the availability of a range of affordable contraceptive methods in their pharmacies. Pre- and post-test scores show that the training contributed to increasing pharmacists’ knowledge quite substantially—from an average score across all trainings of 53.0% at the start of training to 85.8% at the end (see Figure 9). Throughout the year, the project’s pharmacy working group met to update the training curriculum in light of experience in the field.

The focus of the pharmacy training is to ensure that pharmacists

Finding pharmacists to participate in the training courses is an ongoing challenge and training has proceeded at a slower pace than anticipated. While a *prikaz* from a rayon or city health department is sufficient to gather public sector health workers for training, there is no such network or system in the pharmacy world—pharmacists need to be identified individually or through pharmacy chains. With contraceptives being a tiny market in Ukraine at this time, many pharmacists don’t have much interest in learning about FP. Moreover, many are reluctant to leave their pharmacy and forego sales while they are gone. To gain the interest of pharmacy owners and managers, roundtables were held in



Kharkiv, Lviv, Poltava, Vinnytsa and Volyn, to orient them to the Pharmacy Certification Program and encourage them to let their staff attend, and these events proved helpful—although more effort is still needed.

To support the trainings, both for pharmacists and health workers, a booklet on *Contraceptives Available in Ukraine* was developed in collaboration with the PSPs and is almost ready to go to the printer. It presents concise information—similar to the package insert—not only about the CAMP products, but also others, and it provides brief information about the manufacturers. Once printed, the booklet will be disseminated through trainings for health workers and pharmacists, as a reference.

In the summer, TfH concluded an agreement with SMD, a pharmacy market research firm, to conduct quarterly monitoring visits to certified pharmacies. The purpose of the visits is to assess the availability of the CAMP products, check on display of the “FP-friendly” logo and TfH posters and brochures on contraceptive methods. The monitoring visits began in July in Kharkiv and Lviv to monitor trainings conducted from March to June and these visits are now ongoing. The first results should be available early in Year 3 of the project.

Mobilizing Public Sector Resources for Contraceptive Procurement

While the main emphasis during the year was on working with the private sector, TfH and other advocates also worked with the ministries of Health, Finance and Economics to ensure that funds were included in the SPRHN for contraceptive procurement—a major breakthrough for Ukraine. Although funding for this purpose was cut by the Ministry of Finance, \$17 million remains and the eligibility criteria for free contraceptives were expanded beyond women with contraindications for pregnancy to people with HIV-AIDS, youth aged 18-20 and families with low incomes. Once passed, TfH worked with project oblasts to include funding for contraceptive procurement in local RH Programs developed to support the National Program, and then to advise them on the procurement process. Kharkiv and Lviv each allocated about \$40,000 for contraceptive procurement and conducted competitive bidding processes, which fell well short of international standards, although Lviv emphasized some lower-cost brands in its tender, which was a step in the right direction. Although the results of the project’s work to improve the procurement process are not large at this point, they will surely gain momentum over time, and contribute to combating corruption. Poltava and Vinnytsa have included funds to procure low-cost contraceptives in their draft RH programs and work with them is expected to produce good results—but their programs still need to be finalized and approved before procurement can begin.

Facilitating a USAID Condom Donation

TfH also worked with USAID, the HIV-AIDS Alliance and other USAID partners to prepare a request for condom overstock available free from USAID/Washington. The project helped prepare a request for 30 million condoms, mainly to support HIV/AIDS prevention activities conducted by Ukrainian NGOs. TfH will use some of these condoms for its clinical trainings, BCC activities and in health facilities with project-trained health workers. Following approval of the donation by USAID, the project worked closely with the HIV-AIDS Alliance to prepare the papers needed for the Cabinet of Ministers to approve importation of the condoms. This approval came through and, by the end of the project year, the condoms were arriving in a Kyiv warehouse.

Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health

There are numerous challenges in achieving this result, but TfH has prioritized three. One is to build a sustainable national FP/RH program, with resources attached, and promote its effective implementation, so as to show the results and benefits of investing in FP/RH. The second, closely related challenge is to build support for FP/RH in a country with a strong pronatalist policy, where opinion leaders see contraception as accelerating rapid population decline. And the third is to begin to modernize management approaches to FP/RH, introducing a public health perspective and helping managers to take the initiative to make changes and break out of the old paradigm of waiting for a *prikaz* from Kyiv before addressing issues and problems. One topic that was displaced from the list of priorities was health financing. The main reason for this was that there has been little interest from the oblasts in working on financing of FP/RH services, without looking at broader technical and financial reforms of the health system.

Adopting and Implementing the State Program “Reproductive Health of the Nation” up to 2010

The project’s main priority over the past year has been to support the development and adoption of the State Program “Reproductive Health of the Nation” (SPRHN) up to 2010, and then its implementation. By the end of Year 1, the concept paper for the program had been adopted by the Cabinet of Ministers and TfH began helping MOH officials with numerous drafts of the program itself, its budget and indicators. Despite set-backs in the ministries of finance and economics, where the budget was slashed and some activities deleted, and countless delays due to the uncertain political situation, the SPRHN was adopted by the Cabinet of Ministers on

December 27, 2006 (Decree #1849). The program aims to improve the demographic situation and the socio-economic potential of the country with a potential investment of almost \$150 million over a 10-year period, including \$90 million from the State budget and the remainder from local budgets. It adopts a multi-sectoral approach, with the MOH taking the lead role and working together with the Ministry of Education (MOE), Ministry of Family, Youth and Sports (MFYS) and the National Committee for Radio and TV.

The SPRHN allocates funds for five overriding objectives: making pregnancy safer; preventing unintended pregnancy and improving adolescent RH; improving FP services, reducing unintended pregnancy and abortion, and increasing contraceptive use; reducing the incidence of cervical and breast cancer and STIs; and strengthening the management and implementation of FP/RH programs at the national and oblast levels. The program's success will be measured through reduced maternal and infant mortality, fewer unintended pregnancies, decreased rates of abortion and STIs, increased contraceptive use and decreases in certain RH morbidities.

As already noted under Result 3, the SPRHN allocates about \$17 million for contraceptive procurement and expands the eligibility criteria for free contraceptives to four groups: women with high risk pregnancies, with HIV or AIDS, youth aged 18-20 and people with low incomes. Other FP activities include the development of standards/protocols for FP service provision in line with WHO recommendations, postgraduate training for doctors on FP/RH counseling, and public education campaigns.

Adoption of the SPRHN is significant for several reasons. Although it is the third national RH program adopted in Ukraine, this is the first time that the Government has allocated significant budget resources, including funds for contraceptive procurement for vulnerable populations. This is a major step forward in a pronatalist environment. Second, the program is well-structured, paralleling the World Health Organization's Reproductive Health Strategy. Third, it goes beyond the traditional approach of National Programs in Ukraine which focus on procurement, taking a more public health-oriented approach that has greater potential to benefit the population and reduce corruption. Public health-oriented activities include updating policies, training health workers, educating the population, procuring preventive medications and conducting research. The program also represents a valuable counterpart contribution to USAID's investment in the TfH and MIHP projects.

Following adoption of the SPRHN, TfH sought to move the Program into the implementation phase. This proved difficult, however, due to the political "freeze" in Kyiv and a reorganization at the MOH which left it unclear for several months who was responsible for the SPRHN. It took until April for the Cabinet of Ministers to officially send the SPRHN to Oblast Administrations, signaling to them their responsibility to develop oblast RH programs, and it wasn't until July that the MOH issued a *Nakaz* providing guidance to oblast health departments on implementation of the program (*On Implementation of SPRHN up to 2015*, July 4, 2007, № 372/34). Meanwhile, the MOE and MFYS adopted orders to implement the program in a timely way (*On Implementation of SPRHN up to 2015*, MOE order No. 44, January 25, 2007 and *Development of Healthy Lifestyles among Children and Youth*, MFYS order No. 947, March 30, 2007). A national conference on the program, to generate interest in the oblasts, was scheduled and postponed five times during the year because of political uncertainty—and was held over to Year 3. For similar reasons, it was impossible to establish a national coordinating committee.

Despite the paralysis in Kyiv, the project began working with oblast authorities—particularly in Vinnytsa and Poltava—to develop local RH Programs, in partnership with HPI. TfH developed a manual and Excel spreadsheets to facilitate the notoriously difficult process of developing oblast programs in support of national programs—at least for the RH of the Nation Program. These were used and tested with these two oblasts, refining them for national implementation. Numerous working meetings were conducted with oblast authorities and members of oblast coordinating committees, leading to draft oblast programs, complete with indicators and budgets, almost ready for consideration by oblast councils. The intention is that these programs should serve as examples for other oblasts.

The project's work on the SPRHN not only lays the foundation for a sustainable FP/RH program, but also contributes to the Mission's priority of improving governance and combating corruption. The process used by TfH in developing RH programs involves a range of stake-holders, including NGOs, and a high degree of transparency—for example posting programs and budgets on web-sites for public viewing. Moreover, the allocation of Government resources in the SPRHN for public health purposes—rather than primarily for procurement—will bring greater benefits for the population as a whole and reduce opportunities for corruption. As stated under Result 3, efforts to improve the procurement process and distribution system for Government-funded contraceptives will also promote good governance and help combat corruption.

While much has been accomplished in the policy arena in the past year, the project also encountered many constraints. The first significant constraint was—and continues to be—the ongoing climate of political

uncertainty which has hampered implementation of the SPRHN. The larger political shifts were reflected in uncertainty and changes within the MOH, with stability confined to a period of about three months between January and March. The most significant change for Tfh, however, was the MOH reorganization in the spring. Two key FP supporters with whom the project collaborated closely were replaced by new officials, at the Deputy Minister and department head levels, with little familiarity with FP/RH. While the project managed to build good working relationships with its new counterparts, their priority is child health, making it more difficult to institutionalize some of the changes the project has been promoting.

“Repositioning” Family Planning through Advocacy

Experience in advocating for the SPRHN demonstrated clearly the difficulty of advocating for FP/RH programs—and especially for contraceptive procurement and public education activities—in an environment where FP is perceived as promoting population decline. Tfh partner Harvard School of Public Health (HSPH) researched and drafted an “advocacy package” based mostly on evidence from Europe, the US and post-Soviet countries. The purpose of the document is to seek to “reposition” FP from a population control measure to one of health and human rights and to show how European governments include FP (including contraceptives) as an integral part of their health programs. At the end of Year 2, the “advocacy package” was presented to a group of potential advocates from Government, the academic community and NGOs and they identified the most effective arguments for the Ukrainian context and proposed local evidence to strengthen the arguments. The arguments resulting from this process should be helpful in supporting the SPRHN, and especially mobilization of funding for its FP objective, at the central and oblast levels.

Modernizing Management of FP/RH Programs

Tfh, with its partner HSPH has been planning to help FP/RH program managers shift from a Soviet top-down “management by *prikaz*” approach, centered on inputs for health facilities, to a more public health-oriented, population-centered approach. Management training was the vehicle chosen to do this, but Tfh did not want to simply roll out an “off-the-shelf” management course, preferring to develop a program in cooperation with faculty from local academic institutions that would then use the material in their own academic programs. This capacity-building approach has proved challenging, though, with Tfh’s key partners, Kyiv Mohyla School of Public Health (KMSPH) and NMAPE, reluctant to engage in a participatory process to develop a short course using modern teaching techniques, but rooted in Ukrainian experience and relevant for the local setting. Moreover, the two institutions have been hesitant to collaborate, with each one wanting to develop an “exclusive” program for its own institution. Thus, much time was spent on negotiations during the year and progress was slow.

Even so, faculty members from NMAPE and KMSPH researched and developed case studies based on innovations in Ukraine in FP/RH and health system strengthening. This led up to a workshop in the spring where Marc Mitchell from HSPH joined with two professors from Kyiv Mohyla Business School to conduct the first part of a TOT for future management trainers. The workshop aimed to familiarize participants with the case study teaching approach and to outline the major content areas for Tfh’s management training curriculum. It drew 22 faculty members from the leading postgraduate institutions training health managers in Ukraine: NMAPE, KMSPH, the postgraduate department of Bohomolets National Medical University and the School of Public Health at the National Academy of Public Administration under the President of Ukraine. It was an indication of the interest generated by this workshop, that both NMAPE and KMSPH asked (and were given) permission to use the case studies in their classes. The process of curriculum development is ongoing.

Mobilizing Counterpart Contributions

As part of its strategy for sustainability, Tfh advocates for direct and in-kind support from local partners, including oblast health departments, contraceptive manufacturers and other private sector partners, including NGOs. In Year 2, the project was able to mobilize an estimated \$412,300, with over \$162,000 coming from Government counterparts and more than \$250,000 from the private sector. The most important contributions made by project partners were: the time of oblast health department staff responsible for overseeing the project in the field; other FP/RH managers, health workers and pharmacists; office space and utilities for offices where Tfh oblast staff work; time of local mass media (radio and TV); venues for meetings, trainings and conferences for health workers and pharmacists; contraceptive samples for training and BCC activities; reductions in contraceptive prices; and the time of private sector partners’ staff in Kiev and in the oblasts.

IV. Project Management

With a Year 2 workplan calling for rapid expansion to new oblasts as well as the start-up of an NGO grants program, the project hired three additional staff for its clinical, BCC and pharmacy teams in Kyiv. As the project began working in the new oblasts, it hired a full-time technical coordinator and a part-time financial coordinator for each new oblast, except Odessa where start-up was delayed. In addition, pharmacy coordinators were recruited in Kharkiv and Lviv to help identify pharmacy networks and pharmacists to participate in training. As new oblast staff came on board, they came to Kyiv for an orientation to the project, how it does business and to their own job responsibilities.

With an expanded staff, it was clear that a larger office was needed and the project moved from its Kostyolna Street office to a more spacious location on Shevchenko Boulevard at the end of April.

Over the past year, Tfh met several times with USAID to discuss compliance with FP and abortion requirements. The project's guidelines and monitoring procedures were finalized and put into effect, both for the project overall and for the NGO grants program.

Financial management of the project has presented some challenges. With a large pipeline at the end of Year 1, USAID asked project management to accelerate activities—particularly expansion to new oblasts—early in Year 2 and increase its burn rate to 50% above that anticipated in the cooperative agreement. Just as the project was reaching the desired burn rate, in the spring, however, uncertainties about future funding led to a need to scale back spending. While management was able to slow down spending, it could not be cut back to the levels envisioned in the cooperative agreement without a significant shift in project strategy. So by the end of the project year, a realigned budget was submitted to USAID proposing that the project run for four years, instead of five, to reflect its high burn rate.

Annex 1: List of NGOs Awarded Grants in May 2007

Public Education (7 grants)

Family from A to Z (Kharkiv) for a project entitled, “Healthy Future, Wanted Children” to raise the awareness of youth on safe sexual behavior and FP/RH issues. The plan is to conduct educational campaigns for students, disseminate print materials, produce and broadcast a video on Kharkiv TV and conduct a competition for youth involving essays and art projects.

Rainbow of Life (Kharkiv) for a project entitled, “Sexual Education – Step into Adult Life,” that aims to promote healthy lifestyles, particularly on FP/RH, among teenagers in orphanages in Kharkiv. Their plans include training teachers in orphanages and working with orphans directly in summer camps, through art competitions and other means.

STEL, Kharkiv City Foundation for Childrens’ Creativity for a project entitled “Effective Communication of Information through Theater for Teenagers and Youth.” This project seeks to raise awareness among youth of the negative consequences of abortion and to reduce the levels of unintended pregnancy and sexually transmitted infections, using theater. A play will be performed twice a month, accompanied by distribution of print materials and a discussion.

HARMONY, Charity Foundation for Psychological and Social Assistance (Lviv) for a project entitled, “How to Protect Yourself against..?” The goal is to shape the attitudes of young people in vocational schools, at the start of their sexual lives, on safe sexual behavior and gender relations. There will be round tables on FP/RH in vocational schools and counseling provided by volunteers.

Natalia Kobrynska Youth and Gender Center (Lviv) for a project entitled “Together to Shape Positive Information on RH for Youth – NGOs and Representatives of Various Religious Denominations in Lviv Oblast.” The project goal is to raise awareness on FP/RH issues among spiritual leaders of various denominations and involve them in shaping responsible behavior among youth. It plans to work with students in Christian seminaries and priests of various denominations and to hold a special event for youth of Lviv Oblast.

Students’ Union of Lviv Oblast for a project entitled, “Together for Health,” that aims to increase awareness of modern contraception and prevention of unintended pregnancy. It will involve youth, through summer camps for students of Lviv universities and other educational activities, production of print materials on FP/RH and work with mass media.

Union of NGOs, “Center for Uniting European Youth for a Common Future” (Lviv) for a project entitled, “Preserve Your Health,” that seeks to reduce the number of abortions. Their plans include organizing a youth information center on FP/RH called “Preserve your Health,” conducting community actions for Youth Day and bringing mobile counseling points to remote rayons in Lviv oblast.

Policy-Related Grants (3 grants)

Ukrainian Federation of Young Doctors (Kyiv) for a project entitled, “Reproductive Health – Work Together,” to help improve the RH of the population by supporting the activities set out in the SPRHN. It plans to work with central government officials to implement the program, assisting with the development of a national Coordination Committee, conducting round tables, publishing articles and materials, and working with mass media.

Lviv Oblast Association of Reproductive Health for a project entitled, “The Health of Youth – Wealth of the Nation,” to promote the SPRHN. The organization will analyze the state of FP/RH in Lviv Oblast, determine priority issues to be addressed through the national program, conduct a round table and public hearings involving the public and government officials, and produce print materials on RH.

Our Future is the 21st Century (Kremenchuk, Poltava Oblast) for a project entitled “Adoption of Financial Policies to Support Youth-Friendly Clinics.” The project goal is to improve access for youth to FP/RH services and obtain funding from the Kremenchuk City budget to support a “youth-friendly clinic” to provide free counseling for young people on FP/RH. Planned activities include shaping positive public attitudes toward such a clinic, conducting a round table for the public and local authorities and holding a workshop for journalists to cover FP/RH issues.

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Together for Health M&E Results

Project Year 2

October 2006 - September 2007

Notes on Data in this Report

Time Periods

The time periods covered by the data in this report vary. The time period covered by each data source is as follows:

- **Ministry of Health (MOH) statistics:** Calendar years;
- **SMD contraceptive sales data and Couple-Years of Protection (CYPs)** based on that data: years running from August 1 to July 31;
- **TfH project activities:** Project Year 2 (i.e. October 1, 2006 – September 30, 2007);
- **TfH surveys** (Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments): April – August 2007;
- **Provider observations:** April and September 2007.

Ministry of Health Statistics

Official statistics from the MOH on abortion are generally recognized to be underestimates because they do not take into account abortions performed by private providers.

MOH statistics on contraceptive use cover only registered users of IUDs and hormonals in public sector facilities. Since large numbers of women using contraception do not go to public facilities, and others are protected by methods other than hormonal contraceptives and IUDs, this figure is thought to significantly underestimate actual users.

Despite some problems, MOH statistics are useful for monitoring trends in contraceptive use, since they are available on an annual basis and by oblast. The data are for calendar years.

Simplified Methodology for TfH Surveys

In 2007, TfH conducted baseline surveys in four oblasts—Dnipropetrovsk, Poltava, Vinnytsa and Volyn — starting in late April and ending early in August, 2007. The survey in each oblast included four instruments: Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments. The table below shows the number of respondents/facilities in the surveys:

	Dnipropetrovsk	Poltava	Vinnytsa	Volyn	Total
Providers completing PKAP	95	90	94	101	380
Clients interviewed	336	326	315	328	1,305
Health facilities assessed	22	21	21	23	87
Pharmacies assessed	67	67	62	67	263

The sampling frame was based on all health facilities that provide FP/RH services in the four oblasts: oblast hospitals, oblast maternities, oblast FP centres, oblast women's consultations, city hospitals, city maternities, city FP centres, city women's consultations, city polyclinics, central rayon hospitals, central rayon women's consultations. Smaller facilities such as feldsher-midwife points (FAPs), ambulatories and family doctors' offices were excluded because they have very few (if any) FP/RH clients. The facilities were stratified by location (urban/rural) and type of facility (inpatient/outpatient) and 22 facilities in each oblast were randomly selected using Probability Proportion to Size methodology.

Data collection included assessment of the selected facilities using the facility assessment tool; then completion of the self-administered PKAP questionnaire by at least two providers; and finally the self-administered CEQ by at least 15 eligible FP/RH clients during a three-day period. Eligibility criteria for clients were: (a) reproductive age (15-49); (b) not planning or trying to get pregnant; (c) not having had a hysterectomy; and (d) not being seen for infertility problems. This was followed by an assessment of three pharmacies close to the selected facilities: one in the facility itself, the second less than 500 meters away, and the third less than 1,000 meters away.

Simplified Methodology for Provider Observations

To assess health providers' skills in Lviv and Kharkiv oblasts after receiving clinical training, provider observation visits were conducted. To compare providers' trained by Tfh with those not trained by the project, there were two rounds of observations. The first round took place in late April, 2007, when a total of 70 providers in Lviv and Kharkiv oblasts *not* trained by Tfh were observed by the project's clinical trainers-observers. The second round took place in early September when another set of 70 providers *trained* by Tfh were observed in the same oblast. Providers were randomly selected and each was observed in four encounters with clients. Thus, there were a total of 560 observations.

Observations were conducted using provider observation checklists that contained sections on general counseling, STI counseling, method selection and provision of all contraceptive methods available in Ukraine. Eligible providers were: Ob-Gyns, family doctors, nurses, midwives and feldshers working in any of the following facilities: oblast hospitals, oblast maternities, oblast FP centers, oblast women's consultations, city hospitals, city maternities, city FP centers, city women's consultations, city polyclinics, central rayon hospitals, central rayon women's consultations as well as FAPs, ambulatories and family doctors' offices. The table below shows the number of observed providers during the two rounds of observations:

Provider type	Not Tfh Trained	Tfh trained
	Total # (%)	Total # (%)
Ob-Gyn	49	43
Family doctor	9	11
Midwife / Feldsher / Nurse	12	16
Total (all provider types)	70	70

Contraceptive Sales Data and Couple-Years of Protection (CYPs)

Contraceptive sales data are donated to the project by SMD, a market research company specializing in the pharmaceutical sales data. These data cover one-year periods running from August 1 to July 31. Thus 2006 sales = August 1, 2005, to July 31, 2006, and 2007 sales = August 1, 2006, to July 31, 2007. These data are used to calculate CYPs for the same time periods, using the following conversion factors:

Oral Contraceptives (OCs)	13
IUDs	3.5
Condoms	120
Spermicides	120
Injectable	4
Patch	13
NuvaRing	13
Emergency Contraception (EC)	20

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Cross-cutting					
Performance indicators					
1	Number of oblasts where the project works	Project Documents/ Reports	7	12 oblasts: <u>Oblast Health Departments:</u> Kharkiv, Lviv, Odessa, Dnipropetrovsk, Poltava, Vinnytsa, Volyn; <u>SW Railroads:</u> Chernigiv, Khmel'nitsk, Kyiv, Sumy, Zhytomir	
2	Number of NGOs receiving grants for achievement of project objectives (by focus of NGO activities)	Project Documents/ Reports	0	Total: 10 3 advocacy grants 7 BCC grants	See Annex 1 of Annual Report Kyiv – 1 Lviv – 5 Kharkiv – 3 Poltava – 1
3	Number of people trained in FP/RH (including trainers, providers, pharmacists, BCC educators, managers, etc. - composite of other indicators mentioned below) (by oblast) with USG funds	Training Reports/Project Database	0	Total: 2,974 Kharkiv 1,267 Lviv 1,005 Dnipropetrovsk 126 Odessa 0 Poltava 201 Vinnytsa 144 Volyn 124 Kyiv, other - 107	Total - 2,968 377 men 2,591 women
4a	Number of major coordination/dissemination/policy events organized by TfH (by oblast and topic)	Project Documents/ Reports	4	19	Includes project launches in oblasts, Public Private Partnership, roundtables, etc.
4b	Number of people who participated in major coordination/dissemination/policy events organized by TfH (by oblast and gender)		Total 118 39.8% men 60.2% women	Total: 1,055 25.7% (271) men 70.5% (744) women	N.B. Percentages of men and women do not add to 100% because some participants' full named did not appear on registration forms

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Effectiveness indicators					
5	Abortion rate [number of induced abortions per 1,000 women aged 15-49 years in the previous year] (by oblast)	MOH Statistics	2005 Ukraine – 19.5 Kharkiv – 14.2 Lviv – 13.5	2006 Ukraine – 18.6 Kharkiv – 12.8 Lviv – 13.3 Dnipropetrovsk – 21.3 Odessa – 25.4 Poltava – 20.0 Volyn – 16.3 Vinnytsa – 20.4	See Table 1 for details by oblast
6	Abortion ratio [number of induced abortions per 1,000 live births in the previous year] (by oblast)		2005 Ukraine – 586.7 Kharkiv – 513.2 Lviv – 354.9	2006 Ukraine - 503.0 Kharkiv – 419.2 Lviv – 329.8 Dnipropetrovsk – 595.1 Odessa – 637.8 Poltava – 572.1 Volyn – 314.4 Vinnytsa – 527.5	See Table 1 for details by oblast
7a	Percent (%) of women aged 15-49 years who report currently using a modern contraceptive method (by oblast)	WAPS & Endline Survey	2004 Ukraine - 38.9%	2004 Ukraine - 38.1%	Year 1 result is from preliminary WAPS data; Year 2 result is from <u>final</u> WAPS report, issued 2007
7b	Annual proxy for indicator 7a: Number of registered IUD and hormonal method users per 1,000 women aged 15-49 (by oblast)	MOH Statistics	2005 Ukraine – 289.5 Kharkiv – 310.5 Lviv – 272.4	2006 Ukraine – 297.2 Kharkiv – 328.0 Lviv – 282.7 Dnipropetrovsk – 268.5 Odessa – 335.2 Poltava – 295.3 Volyn – 249.4 Vinnytsa – 303.9	See Table 2 for details by oblast

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
8	Couple-Years of Protection (CYPs) in USG-supported programs (by oblast)	Contraceptive sales data from SMD	2006 Ukraine – 643,836 CYPs Kharkiv – 57,731 Lviv – 35,263	2007 Ukraine – 716,013 CYPs Kharkiv – 52,507 Lviv – 37,475 Dnipropetrovsk – 67,030 Odessa – 33,568 Poltava – 44,455 Volyn – 15,752 Vinnytsa – 14,128	2006 = Aug. 2005 – July 2006 2007 = Aug. 2006 – July 2007 See Tables 3a-h for details by oblast
9	Couple-Years of protection (CYPs) from condoms in USG-supported programs (by oblast)	Contraceptive sales data from SMD	2006 Ukraine – 224,360 CYPs Kharkiv – 20,036 Lviv – 18,281	2007 Ukraine – 263,568 CYPs Kharkiv – 25,791 Lviv – 20,413 Dnipropetrovsk – 28,182 Odessa – 15,306 Poltava – 15,177 Volyn – 5,204 Vinnytsa – 4,605	
Result 1: Improved service provider skills and behaviors related to FP/RH					
Performance indicators					
1.1	Number of Clinical Working Group meetings held during the year	Meeting Minutes/Project Database	4	12	
1.2a	Number of clinical Trainings of Trainers (ToTs) conducted during the year (by oblast)	Training Reports/Project Database	1	Total: 11 Kharkiv: 4 Lviv: 3 Dnipropetrovsk: 1 Odessa: 0 Poltava: 1 Vinnytsa: 1 Volyn: 1	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
1.2b	Number of clinical <u>trainers</u> trained in FP/RH (by oblast and gender)		Total: 51 12: men 39: women	Total: 120 Kharkiv: 38 Lviv: 29 Dnipropetrovsk: 12 Odessa: 0 Poltava: 16 Vinnytsa: 14 Volyn: 11	See Table 4 for details by oblast & gender
1.3a	Number of clinical <u>trainings</u> on FP/RH conducted during the year (by oblast)	Training Reports/Project Database	0	Total: 84 Kharkiv: 37 Lviv: 38 Dnipropetrovsk: 2 Odessa: 0 Poltava: 3 Vinnytsa: 1 Volyn: 3	
1.3b	Number of <u>providers</u> trained in FP/RH (by oblast, type of provider and gender)		0	Total: 1,636 Kharkiv: 744 Lviv: 716 Dnipropetrovsk: 35 Odessa: 0 Poltava: 62 Vinnytsa: 21 Volyn: 58	See Table 5.a-c for details by oblast & gender
1.4	Percent (%) of health facilities (of all visited in randomized assessments) that are displaying the “FP-friendly” logo at time of visit (by oblast and urban/rural)	Facility Assessments	0	<u>Proxy Measure:</u> Total: 79.2% Kharkiv: 68.0% Lviv: 89.3%	<u>Proxy Measure</u> from trained provider observation visits to 67 facilities in Lviv and Kharkiv

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Effectiveness indicators					
1.5a	Percent (%) of health facilities <u>already providing</u> FP/RH services in TfH oblasts that have at least one health provider trained by TfH	Training Reports/Project Database	0	In 6 TfH oblasts: 39.5% Kharkiv: 63.7% Lviv: 63.2% Dnipropetrovsk: 15.9% Poltava: 36.5% Vinnytsa: 28.1% Volyn: 36.0%	
1.5b	Number of <u>new access points</u> for FP/RH services that have at least one health provider trained by TfH	Training Reports/Project Database	0	Total in 6 TfH oblasts: 348 Kharkiv: 139 Lviv: 159 Dnipropetrovsk: 7 Poltava: 19 Vinnytsa: 6 Volyn: 13	
1.6	Average pre- and post-test scores of trained health providers (by oblast)	Training Reports/Project Database	N/A	Average pre-test score – 58.6% Average post-test score – 90.8%	See Table 6 for details by oblast
1.7	Average score for providers' FP/RH skills, assessed during provider observation visits (by training status and contraceptive method)	Supportive Provider Observation Visits	N/A	See Table 7	
1.8a	Percent (%) of FP/RH <u>providers</u> (of all who complete a Provider Knowledge, Attitudes & Practices Questionnaire) with positive attitudes to modern contraceptive methods (by oblast and method)	Provider Knowledge, Attitudes & Practices Questionnaire	N/A	See Table 8	
1.8b	Mean score (on a scale of 1-5; with 5 being the most positive attitude) for FP/RH <u>providers'</u> (of all who complete a Provider Knowledge, Attitudes & Practices Questionnaire) attitudes toward modern contraceptive methods (by oblast and method)		N/A	See Table 8	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
1.9	Percent (%) of FP/RH providers (of all who complete a Provider Knowledge, Attitudes & Practices Questionnaire) who correctly identify low-priced contraceptive brands (by oblast)	Provider Knowledge, Attitudes & Practices Questionnaire	N/A	Baseline assessment: Dnipropetrovsk 37.9% Poltava 35.6% Vinnytsa 38.3% Volyn 18.8%	
1.10	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who report being counseled on FP (by oblast)	Client Exit Questionnaire	Kharkiv – 53.5% Lviv – 54.3%	Baseline assessment: Dnipropetrovsk 71.9% Poltava 67.8% Vinnytsa 67.8% Volyn 53.7%	
1.11	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who report being counseled about STIs (by oblast)	Client Exit Questionnaire	Kharkiv – 63.4% Lviv – 62.8%	Baseline assessment: Dnipropetrovsk 79% Poltava 74.2% Vinnytsa 72.9% Volyn 55.2%	
1.12	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who report receiving a modern contraceptive method or prescription (formal or informal) (by oblast)	Client Exit Questionnaire	Kharkiv – 58.5% Lviv – 52.2%	Baseline assessment: Dnipropetrovsk: 65% Poltava: 53.8% Vinnytsa: 52.5% Volyn: 33.5%	
1.13a	Number of registered IUD users per 1,000 women aged 15-49 years (by oblast)	MOH Statistics	2005 Ukraine – 140.9 Kharkiv – 144.2 Lviv – 81.8	2006 Ukraine – 138.4 Kharkiv – 146.6 Lviv – 83.4 Dnipropetrovsk – 151.5 Odessa – 178.9 Poltava – 167.3 Vinnytsa – 142.9 Volyn – 130.3	See Table 2 for details by oblast

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
1.13b	Number of registered hormonal method users per 1,000 women aged 15-49 years (by oblast)		2005 Ukraine - 148.6 Kharkiv - 166.3 Lviv - 190.6	2006 Ukraine – 158.8 Kharkiv – 181.3 Lviv – 199.3 Dnipropetrovsk – 117.0 Odessa – 156.3 Poltava – 128.1 Volyn – 119.2 Vinnytsa – 161.0	See Table 2 for details by oblast
Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products					
Performance indicators					
2.1	Number of BCC Working Group meetings held during the year	Project Documents/ Reports	1	13	
2.2	Number of TfH IEC/BCC materials distributed during the year (by oblast and type of material)	IEC/BCC Tracking	0	FP methods brochure - 92,009 FP methods poster - 7,119 Postpartum video/DVD - 441 “FP-friendly” logo - 3,036	See Table 9 for details by oblast
2.3a	Number of BCC <u>trainings</u> of community educators conducted during the year (including railroad educators) (by oblast)	Training Reports/Project Database	1	Total: 5 Kharkiv 1 Lviv 2 Dnipropetrovsk 1 Alushta 1	Participants in the Alushta workshop were from Kharkiv, Lviv, Vinnytsa and the SW railroads
2.3b	Number BCC <u>community educators</u> trained in FP/RH (including railroad educators) (by oblast and gender)		Total 51 12 men 39 women	Total: 98 Kharkiv 23 Lviv 31 Dnipropetrovsk 20 Alushta 24	See Table 10 for details by oblast Participants in the Alushta workshop were from Kharkiv, Lviv, Vinnytsa and the SW railroads
2.4a	Number of <u>events</u> conducted for journalists/ media professionals regarding TfH and FP/RH (e.g. news conferences, orientations, study tours, etc.) (by oblast)	Project Documents/ Reports	1	Total: 1 Kyiv - 1	Participants were from Kharkiv, Lviv, Poltava and Volyn oblasts

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
2.4b	Number of <u>journalists</u> /media professionals participating in media events regarding TfH and FP/RH (by oblast and gender)	Project Documents/ Reports	4	Total: 25 5 men 20 women	
2.5	Number of mass media products (articles, TV and radio spots/programs, Internet reports, etc.) produced and disseminated by TfH (by oblast and type)	IEC/BCC Tracking	3	Newspaper/magazine articles – 58 TV spots/programs – 50 Radio spots/programs – 20 Internet – 8	See Table 11 for details by oblast
2.6a	Number of BCC activities/education sessions on FP/RH conducted (excluding SW railroads) (by oblast and gender)	Training Reports/Project Database	0	Total: 412 Kharkiv 166 Lviv 245 Dnipropetrovsk 0 Odessa 0 Poltava 0 Vinnytsa 1 Volyn 0	
2.6b	Number of people reached by BCC activities/education sessions on FP/RH (excluding SW railroads) (by oblast and gender)		0	Total: 7,028 37.2% (2,614) men 62.8% (4,414) women	See Table 12a & b for details by oblast & gender
2.7a	Number of TfH BCC activities/education sessions on FP/RH conducted at the <u>workplace</u> (SW Railroads)	Training Reports/Project Database	2	Total: 120 Kyiv 59 Chernigiv 13 Khmelnitsky 0 Sumy 8 Vinnytsa 38 Zhytomir 1 Kharkiv 1	
2.7b	Number of people reached by BCC activities/education sessions on FP/RH in the <u>workplace</u> (SW Railroads)		Total 55 37 men 318 women	Total: 1,876 50.8% (953) men 49.2 (923) women	See Table 13 for details by oblast
2.8	Number and percent (%) of health facilities (of all visited in randomized assessments) that are displaying TfH IEC materials at time of visit (by oblast and type of material)	Facility Assessments	N/A	<u>Proxy Measure:</u> FP methods poster - 95% (64 facilities out of 67) FP methods brochure - 98% (66 out of 67 facilities)	<u>Proxy Measure</u> from trained provider observation visits

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Effectiveness indicators					
2.9a	Percent (%) of RH <u>clients</u> (of all who complete a Client Exit Questionnaire) with positive attitudes to modern contraceptive methods (by oblast and method)	Client Exit Questionnaire	See Year 1 report	See Table 14	
2.9b	Mean score (on a scale of 1-5; with 5 being the most positive attitude) for RH <u>clients'</u> (of all who complete a Client Exit Questionnaire) attitudes toward modern contraceptive methods (by oblast and method)		See Year 1 report	See Table 14	
2.10	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who know that STIs can be asymptomatic (by oblast)	Client Exit Questionnaire	Kharkiv – 53.5% Lviv – 47.3%	Baseline assessment: Dnipropetrovsk 60.1% Poltava 53.7% Vinnytsa 46.3% Volyn 47.1%	
2.11	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who know that condom use can protect against both unplanned pregnancy and STIs (by oblast)	Client Exit Questionnaire	No valid data	Baseline assessment: Dnipropetrovsk 79.2% Poltava 75.5% Vinnytsa 76.8% Volyn 67.4%	
2.12	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who report currently using a modern contraceptive method (by oblast and method)	Client Exit Questionnaire	Kharkiv – 48.7% Lviv – 33.1%	Baseline assessment: Dnipropetrovsk 49.7% Poltava 34.7% Vinnytsa 28.6% Volyn 29.3%	
2.13	Percent (%) of RH clients (of all who complete a Client Exit Questionnaire) who report currently using dual protection (by oblast and method)	Client Exit Questionnaire	Kharkiv – 26.8% Lviv – 24.2%	Baseline assessment: Dnipropetrovsk 26.2% Poltava 14.7% Vinnytsa 15.9% Volyn 18.6%	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Result 3: Increased availability, accessibility and affordability of contraceptives					
<i>Performance indicators</i>					
3.1	Number of Private Sector/Contraceptive Security Working Group meetings held during the year	Project Documents/ Reports	2	3	
3.2	Number of agreements reached with pharmaceutical companies for a partnership program for implementation in oblasts	Project Documents/ Reports	4	7	
3.3	"Contraceptive Availability Minimum Package" (CAMP) of contraceptives defined (including different methods and prices)	Project Documents/ Reports	Yes	Yes (updated)	
3.4a	Number of pharmaceutical <u>ToTs</u> conducted during the year (by oblast)	Training Reports/ Project Database	0	Total: 4 Kyiv 2 Dnipropetrovsk 1 Volyn 1	N.B. Participants in Kyiv ToT were from Kharkiv and Lviv oblasts
3.4b	Number of pharmaceutical <u>trainers</u> trained in FP/RH by the Project during the year (by oblast and gender)		Total - 0	Total: 48 Kyiv 16 Dnipropetrovsk 13 Volyn 13	N.B. Participants in Kyiv ToT were from Kharkiv and Lviv oblasts See Table 15 for details by oblast
3.5a	Number of <u>trainings</u> on FP/RH for pharmacists conducted during the year	Training Reports/Project Database	0	Total: 51 Kharkiv 20 Lviv 16 Dnipropetrovsk 3 Odessa 0 Poltava 6 Vinnytsa 2 Volyn 4	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
3.5b	Number of <u>pharmacy staff</u> trained in FP/RH by the Project during the year (by oblast and gender)		0	Total: 1,011 Kharkiv 462 Lviv 229 Dnipropetrovsk 46 Odessa 0 Poltava 123 Vinnytsa 109 Volyn 42	See Table 16 for details by oblast
3.6	Average pre- and post-test score of trained pharmacy staff (by oblast)	Training Reports/Project Database	N/A	Average pre-test score - 53% Average post-test score - 85.8%	See Table 17 for details by oblast
3.7	Number of events/conferences conducted for trained pharmacists (by oblast)	Project Documents/ Reports	N/A	0	
3.8	Percent (%) pf pharmacies (of all pharmacies awarded “FP-friendly” logo) displaying program logo at time of visit (by oblast)	Pharmacy Assessments/ SMD Follow-up Pharmacy Monitoring Visits	N/A	No information available	
<i>Effectiveness indicators</i>					
3.9	Number of pharmacies awarded FP-friendly logo (by oblast)	Project Documents/ Reports	0	Total: 547 Kharkiv 205 Lviv 130 Dnipropetrovsk 38 Poltava 85 Vinnytsa 34 Volyn 55	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
3.10	Percent (%) of pharmacies in TfH oblast(s) that have at least one staff person trained by TfH in FP/RH (by oblast)	Project Documents/ Reports	N/A	Total in 6 TfH oblasts: 10% Kharkiv 19% Lviv 23% Dnipropetrovsk 2% Poltava 15% Vinnytsa 5% Volyn 21%	
3.11	Number of contraceptive supplies from CAMP sold by partner pharmaceutical companies (by oblast)	Contraceptive sales data from SMD	Total CAMP sales, Ukraine COCs – 1,788,444 POPs – 7,177 Injectable – 28,386 Condoms – 7,290,321 IUDs – 38,634 EC – 524,855	Total CAMP sales, Ukraine COCs – 1,284,925 POPs (Exluton) – 5,698 Injectable – 13,057 Condoms – 13,991,739 IUDs (Pregna T 380 A) – 963 EC – 665,051	See Tables 18a & b for details by oblast N.B. Year 1 data here supersede data in the TfH Year 1 Annual Report. These data include CAMP products only—not all contraceptives—and cover a different time period.
3.12	Percent (%) of pharmacies visited that have CAMP products available (by oblast)	TfH Pharmacy Assessments/ SMD Pharmacy Monitoring Visits	Kharkiv – 0% Lviv – 0%	Baseline assessment: Dnipropetrovsk: 0% Poltava: 0% Vinnytsa: 0% Volyn: 0%	
3.13	Percent (%) of pharmacies visited with TfH IEC materials on display (by oblast and type of materials)	TfH Pharmacy Assessments/ SMD Monitoring Visits	N/A	Not available	
3.14	Contribution of private sector partners to FP/RH programs in UAH or estimated value of in-kind contributions	Project Documents/ Reports	\$29,398	\$250,551	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
Result 4: Increased capacity and commitment of the public sector to support policies and systems for improved reproductive health					
<i>Performance indicators</i>					
4.1	Number of coordination meetings held regarding the National RH Program	Project Documents/ Reports	3	2	
4.2	Number of legal/policy documents on FP/RH adopted by GOU	Project Documents/ Reports	1	4	Cabinet of Ministers Resolution No. 1849, <i>On approving the National Program “Reproductive Health of the Nation” up to 2015</i> , December 27, 2006; MOE Order No. 44, <i>On Implementation of SPRHN up to 2015</i> , January 25, 2007; MFYS Order No. 947, <i>Development of Healthy Lifestyles among Children and Youth</i> , March 30, 2007; MOH Order No. 372/34, <i>On Implementation of SPRHN up to 2015</i> , July 4, 2007.
4.3	Advocacy packages on FP/RH developed	Project Documents/ Reports	0	1	
4.4	Financing methodologies for FP/RH services developed and implemented	Project Documents/ Reports	0	0	
4.5a	Number of trainings on management and advocacy for FP/RH conducted during the year (by oblast)	Training Reports/Project Database	0	2—Kyiv	
4.5b	Number of people trained in management or advocacy for FP/RH during the year (by oblast and gender)		0	Total: 61 24 men 37 women	

TfH Indicator Matrix (October 1, 2006 – September 30, 2007, except when indicated)					
#	Indicator	Data Source or Collection Method	Year 1	Year 2	Comments
<i>Effectiveness indicators</i>					
4.6	Number of clinical manuals/curricula/guidelines/protocols developed/updated in line with evidence-based medicine and approved by the relevant governmental institutions	Project Documents/ Reports	1	1	MOH Order No. 905, <i>On Approving Clinical Protocols for Obstetrical and Gynecological Care, "Family Planning,"</i> December 27, 2006
4.7	New curriculum/clinical guidelines and/or protocols adopted by continuing medical education and or supervision	Project Documents/ Reports	0	0	
4.8	Contribution of GOU/local government counterparts to RH/FP/STI programs in UAH or estimated value of in-kind contributions (by oblast)	Project Documents/ Reports	\$9,934	\$162,062	

Supplementary Tables
M&E Results, Year 2, October 1, 2006 - September 30, 2007

Table 1. Abortion Rate and Ratio, 2005 and 2006

Area	2005		2006	
	Abortion rate	Abortion ratio	Abortion rate	Abortion ratio
Ukraine	19.5	586.7	18.6	503.0
Crimea	23.0	690.3	21.2	556.7
Vinnyska	22.2	641.1	20.4	527.5
Volynska	17.8	379.7	16.3	314.4
Dnipropetrovska	22.6	723.2	21.3	595.1
Donetska	22.0	766.0	19.8	608.3
Zhitomirska	18.5	525.1	18.9	491.6
Zakarpatska	13.7	292.9	12.4	247.8
Zaporizhska	21.5	699.9	21.9	624.7
Ivano-Frankivska	9.2	227.1	8.5	195.2
Kyivska	23.3	763.7	23.4	713.5
Kirovogradska	27.7	874.6	27.0	778.8
Luganska	24.2	893.9	23.3	750.8
Lvivska	13.5	354.9	13.3	329.8
Mykolaivska	21.9	688.6	21.4	593.9
Odeska	26.4	714.5	25.4	637.8
Poltavska	21.5	739.0	20.0	572.1
Rivenska	10.1	227.3	11.5	222.1
Symska	10.9	379.5	8.5	272.0
Ternopilska	11.5	302.7	11.0	271.4
Kharkivska	14.2	513.2	12.8	419.2
Khersonska	23.7	719.3	22.3	584.7
Khmelnitska	13.8	291.0	14.3	360.9
Cherkaska	14.4	322.5	12.9	382.0
Chernivetska	18.4	310.7	17.0	402.1
Chernigivska	26.3	464.2	24.4	728.8
Kyiv (city)	19.9	377.1	20.8	576.5
Sevastopol (city)	22.8	392.6	21.0	550.8

Source: MOH of Ukraine

Table 2. Registered Hormonal Method and IUD Users, per 1,000 WRA, 2005 and 2006

Area	2005			2006		
	Hormonal methods	IUDs	Total	Hormonal methods	IUDs	Total
Ukraine	148.58	140.93	289.51	158.8	138.35	297.15
Crimea	122.14	98.78	220.92	118.9	94.21	213.11
Vinnitska	153.41	151.68	305.09	160.99	142.86	303.85
Volynska	116.00	154.65	270.65	119.15	130.26	249.41
Dnipropetrovska	104.78	144.66	249.44	117.04	151.51	268.55
Donetska	186.16	155.44	341.60	207.42	146.81	354.23
Zhitomirska	94.00	145.26	239.26	115.21	139.74	254.95
Zakarpatska	81.74	78.27	160.01	82.44	67.94	150.38
Zaporizhska	213.45	173.66	387.11	209.65	174.23	383.88
Ivano-Frankivska	148.03	180.37	328.40	174.36	189.44	363.8
Kyivska	96.56	155.37	251.93	108.52	150.42	258.94
Kirovogradska	131.78	166.22	298.00	133.23	153.95	287.18
Luganska	77.55	129.47	207.02	93.68	122.59	216.27
Lvivska	190.58	81.83	272.41	199.27	83.40	282.67
Mykolaivska	150.24	106.46	256.70	169.11	114.19	283.3
Odeska	148.37	182.22	330.59	156.26	178.91	335.17
Poltavska	125.49	172.19	297.68	128.05	167.29	295.34
Rivenska	126.66	139.08	265.74	135.67	133.58	269.25
Symska	192.36	305.19	497.55	228.4	312.50	540.9
Ternopilska	127.16	94.52	221.68	133.34	96.17	229.51
Kharkivska	166.30	144.20	310.50	181.33	146.64	327.97
Khersonska	144.68	92.59	237.27	143.2	93.01	236.21
Khmelnitska	203.00	197.88	400.88	199.24	193.98	393.22
Cherkaska	79.06	97.04	176.10	79.34	95.45	174.79
Chernivetska	182.24	272.36	454.60	194.3	272.03	466.33
Chernigivska	162.87	106.05	268.92	169.07	106.91	275.98
Kyiv (city)	230.50	63.31	293.81	237.92	61.59	299.51
Sevastopol (city)	24.54	81.43	105.97	89.92	81.84	171.76

Source: MOH of Ukraine

Table 3a. CYPs, Ukraine 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

UKRAINE	2005 CYPs	2006 CYPs	2007 CYPs
COCs	140,359	179,832	190,346
POP (Exluton)	620	430	438
IUDs	108,626	132,598	146,969
Condoms	155,377	224,360	263,568
Spermicides	54,743	71,884	75,805
Injectable	2,728	3,560	3,264
Patch	24	434	797
NuvaRing	0	535	1,573
EC (Postinor)	23,178	30,202	33,253
Total CYPs	485,655	643,836	716,013

Table 3b. CYPs, Kharkiv 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

Kharkiv	2005 CYPs	2006 CYPs	2007 CYPs
COCs	7,818	10,540	9,230
POP (Exluton)	28	26	19
IUDs	9,198	19,145	9,034
Condoms	7,833	20,036	25,791
Spermicides	4,030	6,139	5,890
Injectable	279	166	44
Patch	5	62	74
NuvaRing	0	15	27
EC (Postinor)	1,683	2,371	2,399
Total CYPs	30,874	57,731	52,507

Table 3c. CYPs, Lviv 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

Lviv	2005 CYPs	2006 CYPs	2007 CYPs
COCs	5,301	6,177	6,670
POP (Exluton)	18	3	12
IUDs	5,072	6,146	5,530
Condoms	14,612	18,281	20,413
Spermicides	2,482	2,875	2,777
Injectable	102	158	147
Patch	1	15	8
NuvaRing	0	19	104
EC (Postinor)	1,392	1,588	1,814
Total CYPs	28,979	35,263	37,475

Table 3d. CYPs, Dnipropetrovsk 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

Dnipropetrovsk	2005 CYPs	2006 CYPs	2007 CYPs
COCs	6,513	17,210	17,952
POP (Exluton)	12	23	31
IUDs	9,989	9,170	8,810
Condoms	13,144	24,095	28,182
Spermicides	2,974	7,379	7,813
Injectable	96	301	301
Patch	2	139	194
NuvaRing	0	84	271
EC (Postinor)	976	2,850	3,477
Total CYPs	33,706	61,251	67,030

Table 3e. CYPs, Odessa 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

Odessa	2005 CYPs	2006 CYPs	2007 CYPs
COCs	4,511	5,054	7,776
POP (Exluton)	13	9	12
IUDs	2,121	2,898	5,992
Condoms	13,882	10,756	15,306
Spermicides	2,461	2,754	2,830
Injectable	69	150	114
Patch	2	26	76
NuvaRing	0	33	105
EC (Postinor)	1,092	1,015	1,357
Total CYPs	24,152	22,696	33,568

Table 3f. CYPs, Poltava 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

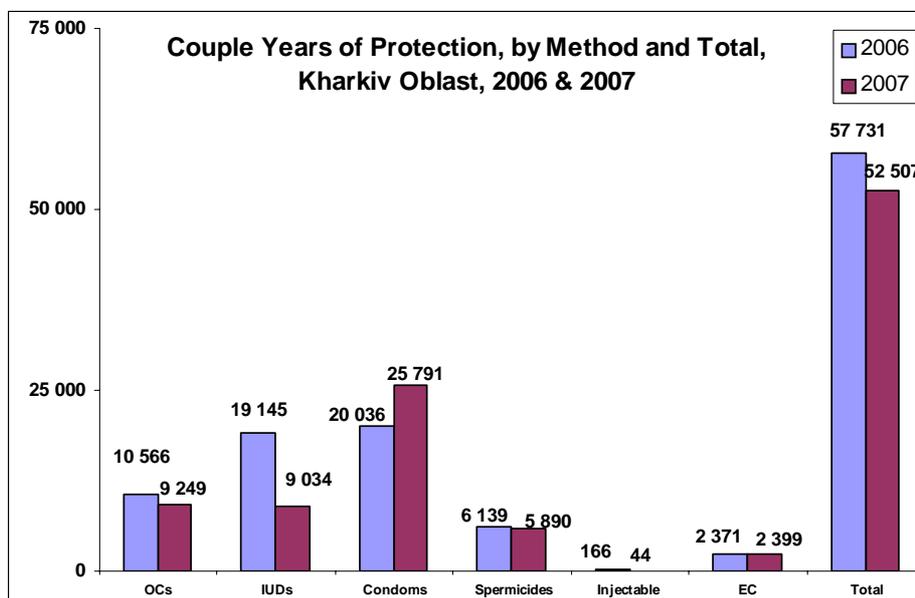
Poltava	2005 CYPs	2006 CYPs	2007 CYPs
COCs	5,768	9,718	10,955
POP (Exluton)	4	18	12
IUDs	8,271	11,855	11,743
Condoms	8,294	12,709	15,177
Spermicides	2,324	4,167	4,933
Injectable	28	341	165
Patch	0	0	9
NuvaRing	0	0	4
EC (Postinor)	695	1,157	1,459
Total CYPs	25,383	39,966	44,455

Table 3g. CYPs, Vinnytsa 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

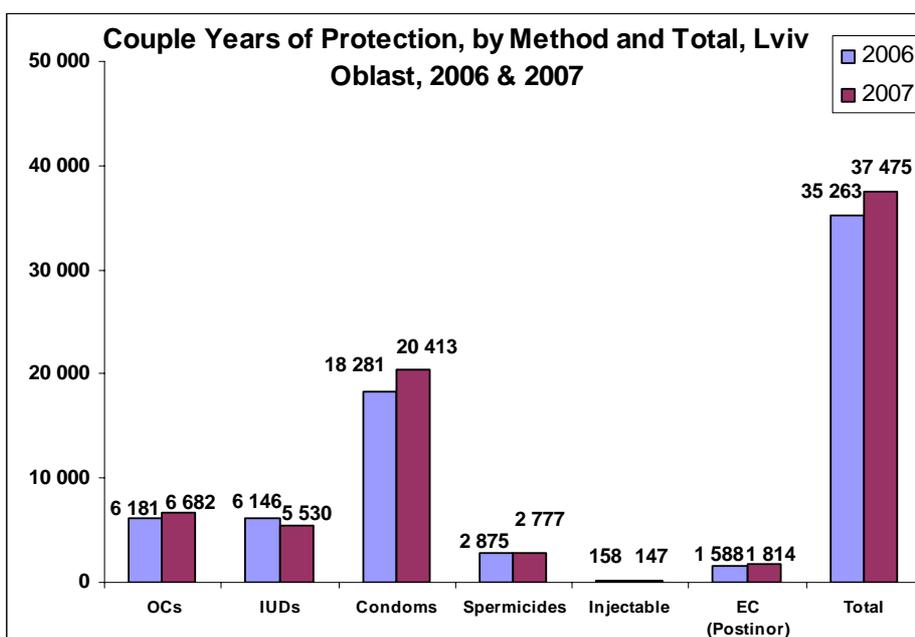
Vinnytsa	2005 CYPs	2006 CYPs	2007 CYPs
COCs	3,503	4,737	4,647
POP (Exluton)	18	9	10
IUDs	2,695	1,600	1,964
Condoms	3,683	4,224	4,605
Spermicides	1,723	2,159	2,182
Injectable	24	49	13
Patch	0	0	5
NuvaRing	0	3	12
EC (Postinor)	473	610	690
Total CYPs	12,118	13,392	14,128

Table 3h. CYPs, Volyn 2005 to 2007 (Aug.-July 2005, 2006 and 2007)

Volyn	2005 CYPs	2006 CYPs	2007 CYPs
COCs	3,355	4,484	4,583
POP (Exluton)	7	15	9
IUDs	2,790	2,202	3,206
Condoms	3,314	3,447	5,204
Spermicides	1,248	1,544	1,675
Injectable	69	152	107
Patch	0	0	0
NuvaRing	0	0	0
EC (Postinor)	782	805	968
Total CYPs	11,566	12,648	15,752



Note: OCs includes both COCs and POPs; the patch and the ring are omitted because the CYPs were too low to appear in the graphs.



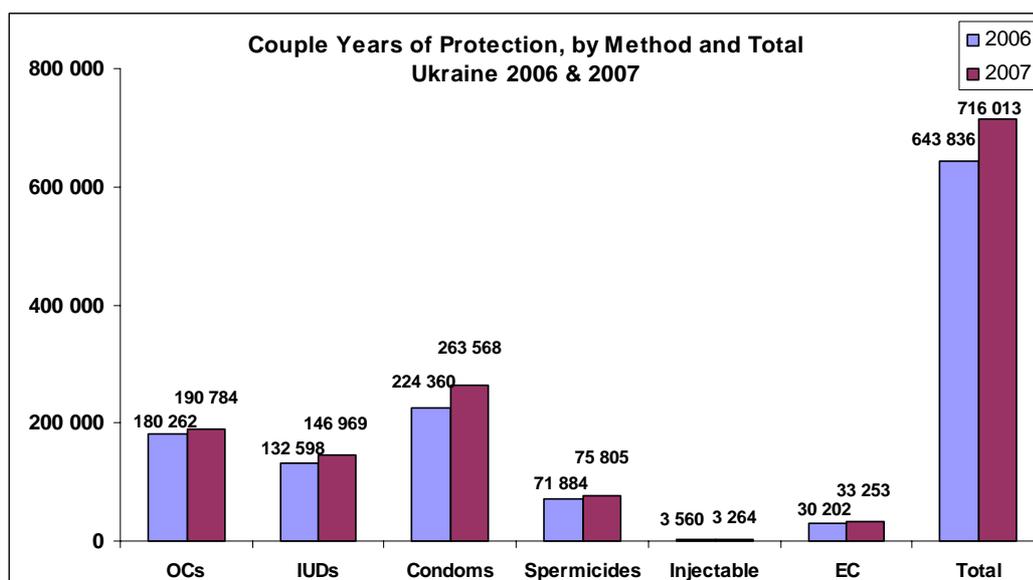


Table 4. Number of clinical trainers trained in FP/RH, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	30	8	38
2	Lviv	26	3	29
3	Dnipropetrovsk	11	1	12
4	Odessa	0	0	0
5	Poltava	14	2	16
6	Vinnitsa	13	1	14
7	Volyn	11	0	11
8	Total	105	15	120

Table 5a. Number of health providers trained in FP/RH, by oblast and gender, Project Year 2

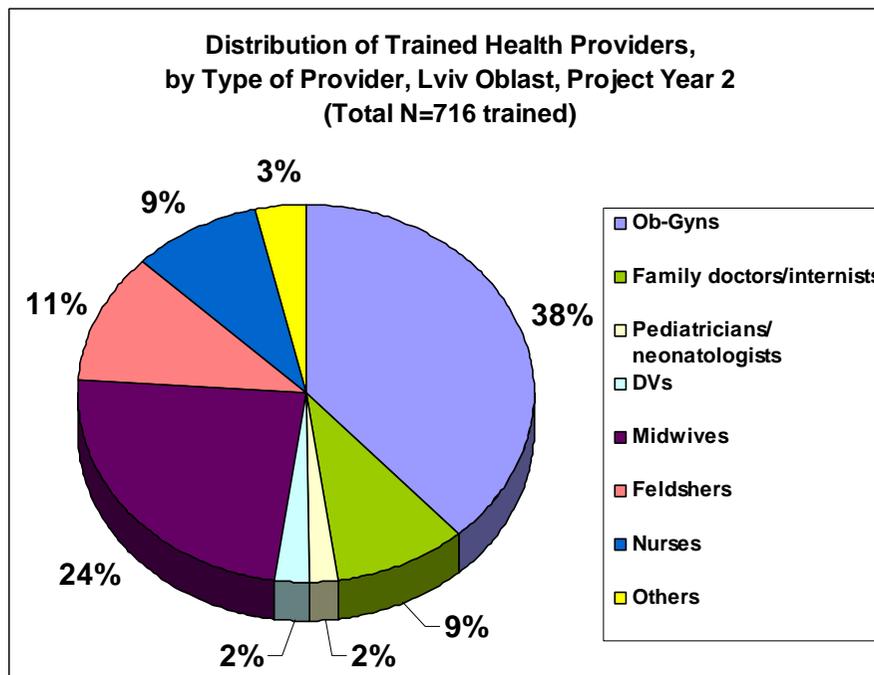
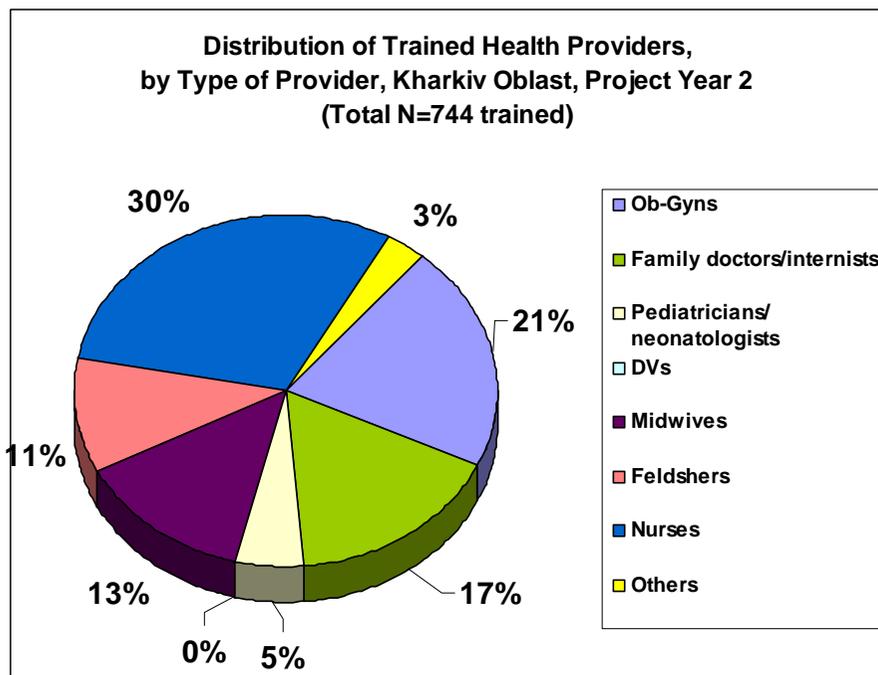
#	Oblast	Female	Male	Total
1	Kharkiv	667	77	744
2	Lviv	621	95	716
3	Dnipropetrovsk	33	2	35
4	Odessa	0	0	0
5	Poltava	59	3	62
6	Vinnitsa	19	2	21
7	Volyn	57	1	58
8	Total	1,456	180	1,636

Table 5b. Number of health providers trained in FP/RH, by oblast and type of provider, Project Year 2

#	Oblast	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato- venereologists	Other	Total
1	Kharkiv	156	124	100	80	223	38	1	22	744
2	Lviv	274	68	171	79	67	15	17	25	716
3	Dnipropetrovsk	19	1	9	0	3	0	0	3	35
4	Odessa	0	0	0	0	0	0	0	0	0
5	Poltava	42	5	8	0	7	0	0	0	62
6	Vinnitsa	21	0	0	0	0	0	0	0	21
7	Volyn	33	4	10	1	3	0	0	7	58
8	Total	545	202	298	160	303	53	18	57	1,636

Table 5c. Number of health providers who participated in clinical conferences, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	265	53	388
2	Lviv	111	27	151
8	Total	376	80	539



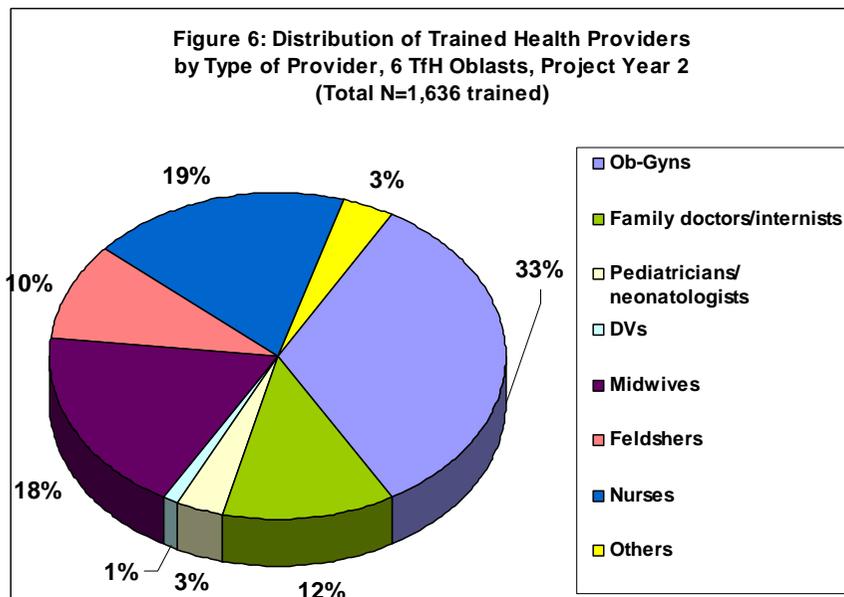


Table 6. Average pre- and post-test scores of trained health providers, by oblast, Project Year 2

#	Oblast	Pre-test score	Post-test score
1	Kharkiv	48.3%	87%
2	Lviv	55.6%	88.6%
3	Dnipropetrovsk	59.3%	89.9%
4	Odessa	-	-
5	Poltava	68.3%	97.5%
6	Vinnitsa	73.2%	92.7%
7	Volyn	68.3%	98.6%
8	Overall	58.6%	90.8%

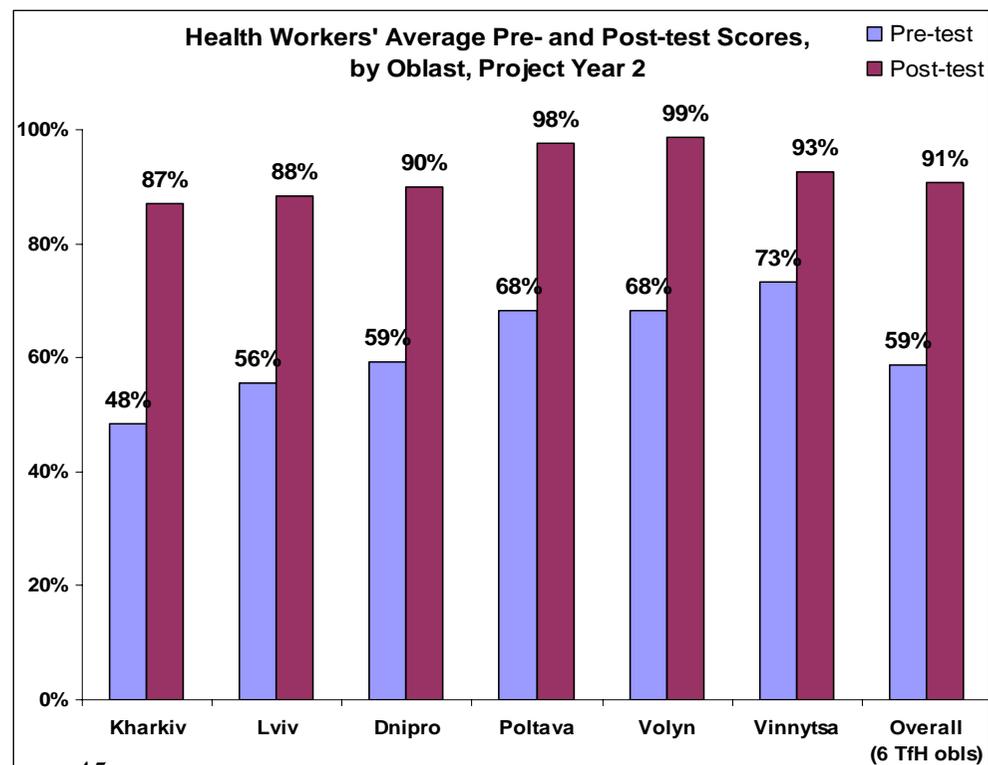


Table 7. Average scores for providers' FP/RH skills assessed during provider observation visits, by training status and method, Project Year 2

#	Indicator	Not trained by Tfh	Trained by Tfh
1.	% of all recommended items/questions about medical history asked by providers	34.6%	65.3%
2.	% of all recommended items mentioned by providers during counseling on FP method selection	21.7%	51.9%
3.	% of all recommended items mentioned by providers during STI risk assessment and counseling	18.6%	42.7%
% of all recommended items mentioned/performed by providers when providing specific methods			
4.	Combined oral contraceptives	26.4%	71.9%
5.	Progestin-only pills	48.6%	76.8%
6.	IUDs	31.0%	44.6%
7.	Depo-Provera	58%	67.1%
8.	Condoms	33.0%	72.2%
9.	Spermicides	33.7%	78.5%
10.	Female sterilization	No observations	70.9%
11.	Contraceptive patch	57%	76.3%
12.	Vaginal ring	45%	80.6%
13.	Lactation amenorrhea method	46.1%	84.7%
14.	Emergency contraception	56%	82%
15.	Calendar method	38.8%	94.1%
16.	Basal body temperature method	45%	96.4%
17.	Cervical mucous method	23.3%	84.4%
18.	Symptothermal method	31.3%	88.7%

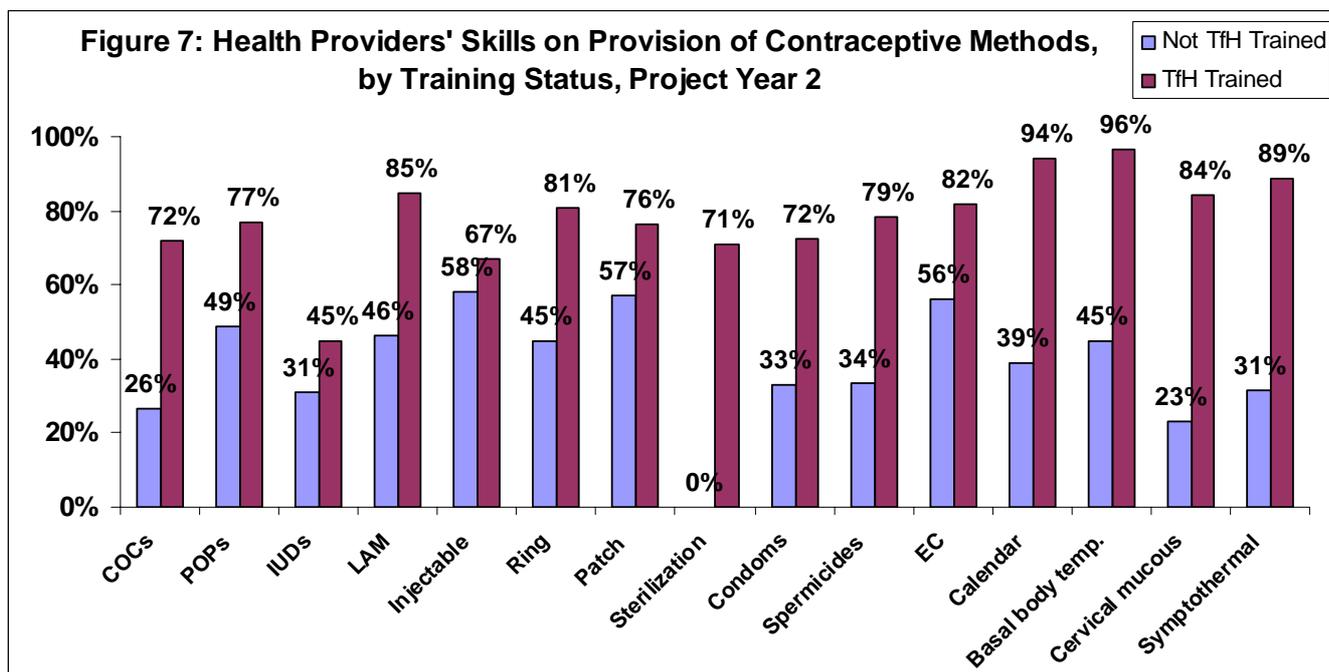


Table 8. Percent (%) of FP/RH providers (of all who complete a Provider Knowledge, Attitudes & Practices Questionnaire) with positive attitudes to modern contraceptive methods; and mean score (on a scale of 1-5; with 5 being the most positive attitude) for attitudes toward contraceptive methods, by oblast and method, Project Year 2

METHOD	DNIPROPETROVSK	POLTAVA	VINNYTSA	VOLYN
Combined oral contraception (N)	95	90	94	101
Mean score	4.5	4.4	4.5	4.3
Positive attitude	97.9%	91.1%	98.9%	85.2%
Progestin-only Pills (N)	90	86	93	99
Mean score	3.8	3.8	3.6	3.6
Positive attitude	67.8%	73.3%	62.4%	58.6%
Intrauterine devices (IUD) (N)	95	90	94	101
Mean score	4.1	4.1	3.7	3.9
Positive attitude	94.7%	88.9%	71.3%	78.2%
Injectables (Depo-Provera) (N)	91	87	87	81
Mean score	3.2	2.8	3.1	3.0
Positive attitude	38.5%	31.0%	35.6%	30.9%
Condoms (male) (N)	95	90	93	98
Mean score	3.8	3.8	4.0	4.2
Positive attitude	64.2%	66.7%	72.0%	82.7%
Female sterilization (N)	92	90	92	100
Mean score	3.0	3.4	3.4	3.2
Positive attitude	39.1%	55.6%	54.4%	47.0%
Male sterilization (N)	89	81	86	92
Mean score	3.1	3.3	3.3	3.2
Positive attitude	43.8%	50.6%	44.2%	45.7%
Emergency Contraception (N)	95	89	94	97
Mean score	2.7	2.4	2.8	2.6
Positive attitude	26.3%	20.2%	30.9%	25.8%
Spermicidal (N)	94	90	94	100
Mean score	3.3	3.3	3.3	3.6
Positive attitude	41.5%	50.0%	43.6%	60.0%
Hormonal patch “Evra” (N)	72	60	84	65
Mean score	4.0	3.7	3.9	4.0
Positive attitude	79.2%	60.0%	69.1%	70.8%
Vaginal Ring “NovaRing” (N)	73	63	86	77
Mean score	3.8	3.3	4.1	3.8
Positive attitude	64.4%	42.9%	75.6%	58.4%
LAM (N)	95	88	94	97
Mean score	3.4	2.9	3.5	3.6
Positive attitude	46.3%	27.3%	55.3%	53.6%
Natural FP methods (N)	95	90	94	101
Mean score	2.9	2.8	2.9	3.6
Positive attitude	20.0%	18.9%	28.7%	53.5%
Withdrawal (N)	95	90	94	99
Mean score	1.7	2.0	2.2	2.1
Positive attitude	1.1%	7.8%	4.3%	7.1%

Note: “Positive” attitude means that the provider rated the method as “good” or “very good.”

Table 9. IEC Materials Distributed, Project Year 2

#	Oblast	FP methods brochure	FP methods poster	Post-partum video	Logo
1	Kharkiv	36,795	2,620	173	1,616
2	Lviv	17,175	2,155	28	0*
3	Dnipropetrovsk	4,805	212	4	158
4	Odessa	0	0	0	0
5	Poltava	23,070	1,023	42	408
6	Vinnytsa	1,180	144	0	98
7	Volyn	5,219	366	2	408
8	Kyiv	1,765	474	185	348
9	NGOs	1,000	0	0	0
10	Railroads	1,000	125	7	0
11	Total	92,009	7,119	441	3,036

* Did not report quantities of logos distributed.

Note: Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes

Table 10. Number of BCC community educators trained, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	22	1	23
3	Lviv	20	11	31
4	Dnipropetrovsk	20	0	20
5	Alushta	17	7	24
8	Total	79	19	98

Note: The Alushta workshop was conducted for experienced BCC educators from: Kharkiv – 8, Lviv - 9, Vinnytsa – 1, SW Railroads – 6

Table 11. Mass Media Materials Disseminated, Project Year 2

#	Oblast	Print Articles	TV spots/ programs	Radio spots/ programs	Internet
1	Kharkiv	16	31	3	5
2	Lviv	9	8	8	1
3	Dnipropetrovsk	0	0	0	0
4	Odessa	0	0	0	0
5	Poltava	14	6	1	0
6	Vinnytsa	3	1	4	0
7	Volyn	4	2	4	2
8	Kyiv	4	0	0	0
9	NGOs	0	0	0	0
10	Railroads	8	2	0	0
11	Total	58	50	20	8

Note: Most mass media materials in Kyiv were through the railroad trade union

Table 12a. Number of participants in educational sessions on FP/RH, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	1,545	858	2,403
2	Lviv	2,860	1745	4,605
3	Dnipropetrovsk	0	0	0
4	Odessa	0	0	0
5	Poltava	0	0	0
6	Volyn	0	0	0
7	Vinnytsa	9	11	20
8	Total	4,414	2,614	7,028

Table 12b. BCC mass public events (e.g. St. Valentine’s Day, HIV/AIDS Day, Family Week, etc.), by oblast, Project Year 2

#	Oblast	# of events conducted	Approximate # of participants
1	Kharkiv	23	23,200
2	Lviv	6	5,050
3	Dnipropetrovsk	2	230
4	Odessa	1	10,000
5	Poltava	0	0
6	Vinnytsa	5	1,100
7	Volyn	0	0
8	Kyiv	1	200
9	Total	38	39,800

Table 13. Number of participants in educational sessions on FP/RH at the workplace (UkrZaliznytsa/railroads), by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	6	7	13
2	Vinnytsa	384	255	639
3	Kyiv	401	566	967
4	Chernigiv	66	106	172
5	Khmelnitsky	0	0	0*
6	Sumy	59	17	76
7	Zhytomir	7	2	9
8	Total	923	953	1,876

* While the database records 0 participants from Khmelnytsky Oblast, there were over 100 participants from the Oblast—but the educational sessions they attended took place either in Vinnytsa or Chernigiv Oblast

Table 14. Percent (%) of FP/RH clients (of all who complete a Client Exit Questionnaire) with positive attitudes to modern contraceptive methods; and mean score (on a scale of 1-5; with 5 being the most positive attitude) for attitudes toward contraceptive methods, by oblast and method, Project Year 2

METHOD	DNIPROPETROVSK	POLTAVA	VINNYTSA	VOLYN
Combined oral contraceptives (N)	332	309	307	315
Mean score	3.7	3.9	3.7	3.6
Positive attitude	55.42%	53.4%	51.8%	43.8%
Intrauterine devices (IUD) (N)	330	312	306	315
Mean score	3.7	3.7	3.5	3.7
Positive attitude	61.2%	60.9%	51.0%	50.5%
Injectables (Depo-Provera) (N)	320	300	298	305
Mean score	3.0	2.7	3.1	2.8
Positive attitude	11.3%	9.7%	12.4%	7.2%
Condoms (male) (N)	333	307	306	316
Mean score	3.6	3.7	3.8	4.0
Positive attitude	55.6%	59.0%	70.3%	68.7%
Female sterilization (N)	326	304	304	311
Mean score	2.7	2.7	2.4	2.6
Positive attitude	19.0%	21.4%	11.5%	15.8%
Male sterilization (N)	327	304	304	304
Mean score	2.6	2.7	2.5	2.7
Positive attitude	17.7%	18.8%	12.2%	16.1%
Emergency Contraception (N)	321	299	303	310
Mean score	3.0	2.6	3.0	2.9
Positive attitude	20.3%	15.1%	15.5%	14.2%
Spermicides (N)	326	302	306	313
Mean score	3.4	3.3	3.4	3.4
Positive attitude	37.1%	30.8%	33.7%	26.5%
Hormonal patch “Evra” (N)	325	296	305	310
Mean score	3.5	3.5	3.5	3.3
Positive attitude	16.3%	11.8%	14.8%	12.3%
Vaginal Ring “NuvaRing” (N)	325	297	305	309
Mean score	3.3	3.5	3.5	3.2
Positive attitude	14.8%	11.8%	18.4%	12.9%
LAM (N)	316	299	306	309
Mean score	3.0	3.0	3.1	3.4
Positive attitude	15.5%	16.7%	16.7%	20.4%
Natural FP methods (N)	324	299	307	318
Mean score	2.8	3.0	3.2	3.4
Positive attitude	19.1%	21.7%	29.6%	40.6%
Withdrawal (N)	329	305	308	315
Mean score	2.4	2.4	2.7	2.5
Positive attitude	11.3%	17.1%	23.1%	14.0%
Abortion (N)	326	306	306	313
Mean score	1.3	1.2	1.3	1.2
Positive attitude	0.9%	0.0%	0.7%	0.6%

Note: “Positive” attitude means that the provider rated the method as “good” or “very good.”

Table 15. Number of pharmacy trainers trained, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	0	0	0
2	Lviv	0	0	0
3	Dnipropetrovsk	11	2	13
4	Odessa	0	0	0
5	Poltava	0	0	0
6	Vinnitsa	0	0	0
7	Volyn	10	3	13
8	Kyiv	9	7	16*
9	Total	30	12	42

* Participants in the Kyiv training were from Lviv and Kharkiv—not from Kyiv.

Table 16. Number of pharmacy staff trained in FP/RH, by oblast and gender, Project Year 2

#	Oblast	Female	Male	Total
1	Kharkiv	452	10	462
2	Lviv	217	12	229
3	Dnipropetrovsk	44	2	46
4	Odessa	0	0	0
5	Poltava	119	4	123
6	Vinnitsa	38	4	42
7	Volyn	104	5	109
8	Total	974	37	1,011

Table 17. Average pre- and post-test scores of trained pharmacists, by oblast, Project Year 2

#	Oblast	Pre-test score	Post-test score
1	Kharkiv	49.7%	87.5%
2	Lviv	52.4%	82.9%
3	Dnipropetrovsk	60.2%	91.8%
4	Odessa	0	0
5	Poltava	56.5%	84.8%
6	Vinnitsa	63.3%	89.8%
7	Volyn	55.9%	84.6%
8	Overall	53.0%	85.8%

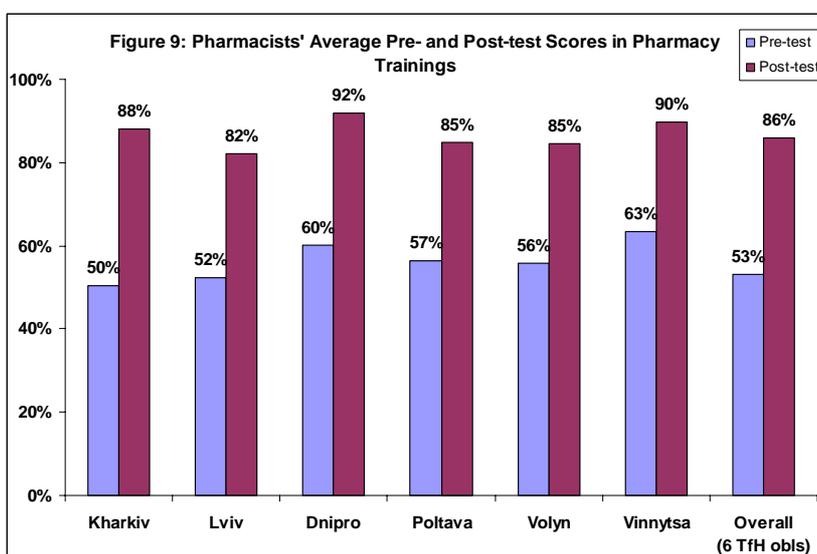


Table 18a. Number of Contraceptive Supplies from CAMP Sold by Partner Pharmaceutical Companies, August 2006 – July 2007

#	Method	Kharkiv	Lviv	Dnipro- petrovsk	Odessa	Poltava	Vinnytsa	Volyn	Ukraine
1	Combined oral contraceptives (Cilest, Lindynetter, Mercilon, Microginon, NOvynette, Regulon, Rigevidon, Tri-Regol, Triquillar)(cycles)	64,405	44,893	114,791	58,774	92,289	31,080	40,450	1,284,925
2	Progestin-only pills (Exluton) (cycles)	250	156	401	150	150	132	116	5,698
3	Injectable (Depo-Provera) (vials)	174	588	1,202	455	659	52	428	13,057
4	Emergency contraception (Postinor) (packs)	47,973	36,271	69,539	27,145	29,182	13,805	19,352	665,051
5	Condoms (Contex) (pieces)	1,860,774	873,441	1,895,772	429,393	654,801	159,279	357,321	13,991,739
6	IUDs (Pregna T 380A) (units)	97	61	85	0	0	0	0	963

Table 18b. Comparison of Contraceptive Supplies from CAMP Sold by Partner Pharmaceutical Companies in Ukraine, Kharkiv and Lviv Oblasts, Aug. 2005-July 2006 and Aug. 2006-July 2007

Method	Kharkiv, Year 1	Kharkiv, Year 2	Lviv, Year 1	Lviv, Year 2	Ukraine, Year 1	Ukraine, Year 2
Combined oral contraceptives (cycles)	115,204	64,405	60,326	44,893	1,788,444	1,284,925
Progestin only pills (Exluton) (cycles)	187	250	251	156	7,177	5,698
Injectable (Depo-Provera) (vials)	3,712	174	970	588	28,386	13,057
Emergency contraception (Postinor) (packs)	39,375	47,973	29,048	36,271	524,855	665,051
Condoms (pieces)	503,216	1,860,774	637,927	873,441	7,290,321	13,991,739
IUDs (units)	4,000	97	1,897	61	38,634	963