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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 3

October 2007 - September 2008

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

November 1, 2008



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

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Acronyms and Abbreviations

ABC	Abstinence, Be faithful and Correct and Consistent Condom use (provisions applicable to USAID HIV-AIDS assistance)
AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior change communications
BSP	Bayer Schering Pharma
CAMP	Contraceptive Availability Minimum Package
CAT	Critically Appraised Topic
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
COP	Chief of Party
CTO	Cognizant Technical Officer
CYP	Couple-Year of Protection
DMPA	Depot medroxyprogesterone (injectable contraceptive)
DV	Dermatovenereology/dermatovenereologist
EBM	Evidence-Based Medicine
EC	Emergency contraception
FAP	<i>Feldsher-accousherski punkt</i> (feldsher-midwife points)
FP	Family planning
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IUD	Intrauterine device
JSI	JSI Research & Training Institute, Inc. or John Snow, Inc.
KMSPH	Kyiv Mohyla School of Public Health
LAM	Lactational Amenorrhea Method
MCH	Maternal and Child Health
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
OHD	Oblast health department
PKAP	Provider Knowledge, Attitudes & Practices (survey)
POP	Progestin-only pills
PSP	Private sector partner
RH	Reproductive health
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
SDM	Standard Days Method
SMD	Support for Market Development (pharmacy research company)
STI	Sexually transmitted infection
TfH	Together for Health project
UAH	Ukrainian <i>hryvnia</i> (local currency)
UDHS	Ukraine Demographic and Health Survey
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

I. Overview

This report summarizes key accomplishments in Year 3 of the Together for Health (TfH) project toward its goal of reducing the number of abortions and unintended pregnancies and the incidence of sexually transmitted infections (STIs) by improved provision of and access to quality family planning/reproductive health (FP/RH) services through the public and private sectors. As stipulated in the Cooperative Agreement, this report centers on progress toward goals and results by addressing certain indicators. This narrative report incorporates selected indicators and is followed by a Monitoring and Evaluation (M&E) report with detailed results for indicators in the project's approved M&E plan (see Annex 2). Highlights of progress toward the project's goal are as follows:

- MOH statistics indicate a 7.5% decline in the abortion rate nationwide, from 18.6 abortions per 1,000 women of reproductive age (WRA) in 2006 to 17.2 in 2007, with six out of seven TfH partner oblasts also reporting declines.¹ These drops, seen in MOH statistics for several years, are consistent with the findings of the preliminary 2007 *Ukraine Demographic and Health Survey* (UDHS) which measured a total abortion rate as low as 0.4 per WRA—one quarter of the 1.6 rate found in the 1999 *Ukraine Reproductive Health Survey* (URHS).
- Data on contraceptive use point to a nationwide increase. MOH statistics show that the number of registered users of IUDs and hormonal methods per 1,000 WRA rose by 1.8% from 297.2 per 1,000 WRA in 2006 to 302.5 in 2007.² The preliminary 2007 UDHS also reports an increase, with a contraceptive prevalence rate of 50.8%, which is 13 percentage points higher than in the 1999 URHS. This upward trend is confirmed by an 11% increase in Couple Years of Protection (CYPs), from 716,013 in 2006-2007 to 796,889 in 2007-2008. The CYPs are calculated by the project from contraceptive sales data (from pharmacies and hospital sales), government contraceptive procurements and USAID-donated condoms. All project oblasts saw increases in CYPs, ranging from less than 1% in Poltava to 28% in Dnipropetrovsk.
- CYPs from condom distribution (pharmacy sales, government procurements and donations) are the project's measure of STI prevention. These increased 16% in Ukraine as a whole, and all TfH partner oblasts saw increased CYPs from condom sales and distribution.

During the year, the project focused on rolling out project activities in seven oblasts (Dnipropetrovsk, Kharkiv, Lviv, Odessa, Poltava, Vinnytsa and Volyn) and identifying the most successful experiences, with the greatest potential to improve FP/RH, for roll-out to six new oblasts. Three new oblasts (Cherkasy, Khmelnytsky and Rivne) officially entered the project late in the year and Donetsk, Ivano-Frankivsk and Zaporizhya are expected to join early in Year 4. These 13 oblasts have almost 60% of the Ukrainian population and give TfH broad national reach.

Key accomplishments during the year include:

- Building Government commitment to FP/RH through the State Program “Reproductive Health of the Nation” up to 2015 (SPRHN) and facilitating the development and adoption of oblast RH Programs. For the first time, 21 oblasts have allocated funds for FP/RH, with budget lines amounting to over \$28 million for improving FP services, including 24.5 million for contraceptive procurement;³
- Training 1,626 health workers in seven oblasts in five-day training courses on FP/RH and three-day courses on postpartum/postabortion FP. As a result, the number of access points for FP/RH care rose from 293 to 929 in the seven oblasts where the project worked during the year;
- Adoption by the MOH and Ministry of Education (MOE) of two new clinical reference manuals, one on postpartum/postabortion FP and the other on FP and HIV/AIDS;
- Opening an Evidence-Based Medicine (EBM) Center at the National Medical Academy for Postgraduate Education (NMAPE); and continuing to improve the skills of selected counterparts to institutionalize EBM approaches to updating providers' knowledge and practices;
- Supporting oblast partners to conduct a FP campaign during the MOH-declared “Family Planning Week.” During the year, the project and its partners reached almost 247,500 people through informational materials on FP/RH, interpersonal communications and public events, as well as an estimated 3.6 million through mass media;

¹ MOH statistics on abortion should be interpreted with caution. It is well known that they underestimate the actual number of abortions because they do not take into account procedures performed in the private sector.

² See page 6, *Changes in Contraceptive Use, Based on MOH Statistics*, for details of MOH statistics on contraceptive use (what is included, what is excluded.)

³ For purposes of this report, the term “oblasts” includes the Autonomous Republic of Crimea and the cities of Kyiv and Sevastopol

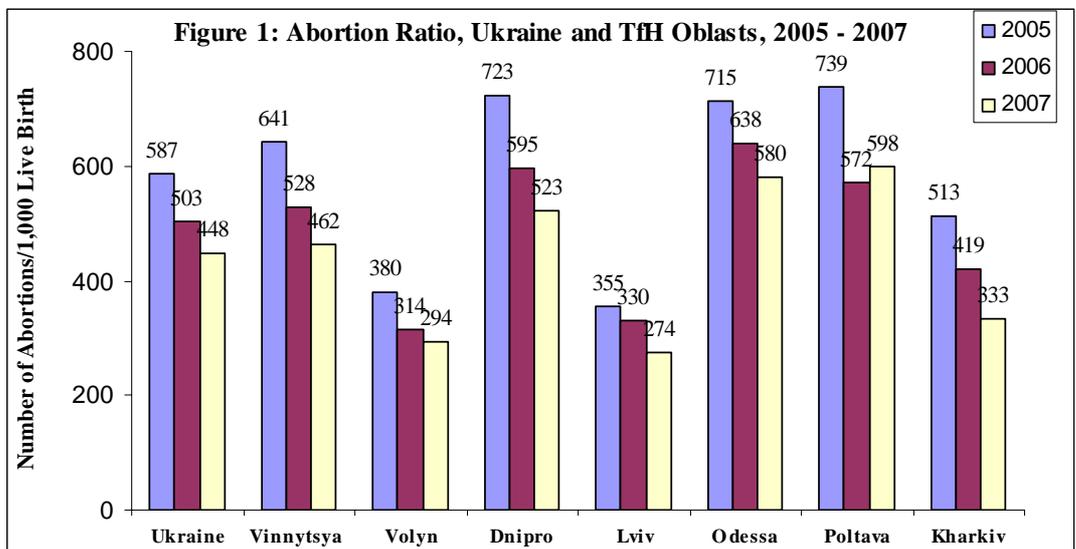
- Awarding five new grants to nongovernmental organizations (NGOs) for behavior change communications (BCC) and supporting the 10 NGO grants made the previous year;
- Training 1,418 pharmacists and provisors⁴ in seven oblasts in one-day training courses on modern contraception.
- Facilitating the first contraceptive procurements by the MOH (\$139,000) and four partner oblast health departments (OHDs) (\$127,000) under their newly-adopted budget line items for contraceptives; and starting distribution of USAID-donated condoms;
- Negotiating and conducting two joint workshops with Bayer Schering Pharma on evidence-based “detailing” of contraceptives for its medical representatives, trainers and “key opinion leaders,” with the expectation that they will bring TfH information to the thousands of doctors with whom they are in contact.
- Attracting counterpart contributions from the public and private sectors in the amount of almost \$1 million.

II. Progress toward the Project Goal

What progress has been made in the past year in reducing abortions and the incidence of STIs, and increasing contraceptive use?

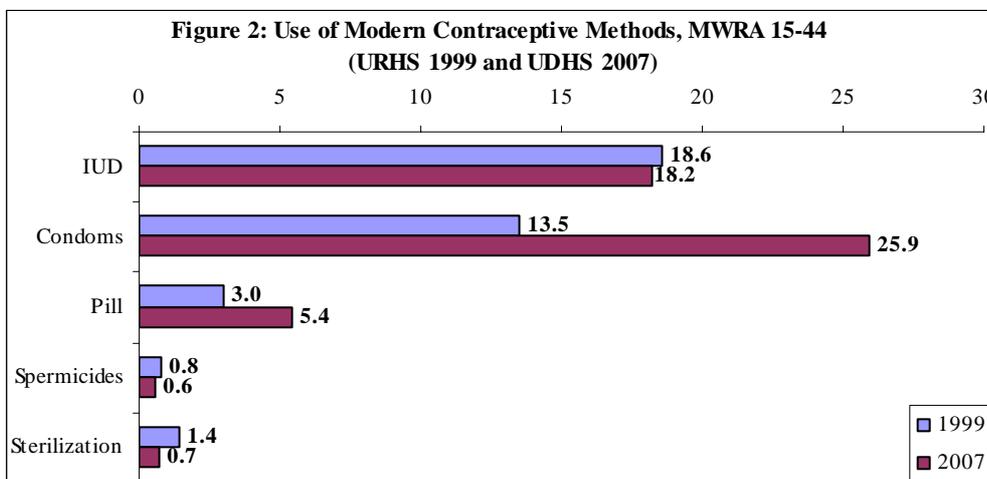
Declines in Abortion

MOH statistics indicate a 7.5% decline in the abortion rate nationwide, from 18.6 abortions per 1,000 WRA in 2006 to 17.2 in 2007. TfH partner oblasts all achieved impressive declines in the abortion rate since the project started⁵. The abortion *ratio* for the country also fell 10.9% from 503 abortions per 1,000



live births to 448 in this time period and, again, TfH oblasts saw sharp falls (see Figure 1.) The two oblasts where TfH has been working for the longest period of time showed the sharpest drops: Kharkiv, where there was a 20.6% decline, and Lviv, with a 16.9% decline.

Changes in Contraceptive Use, Based on Survey Data



The project’s approved M&E plan draws on survey data for the most reliable measure of change in contraceptive use. In June, preliminary data from the 2007 UDHS were released, providing the first survey data comparable to the 1999 URHS. The new data show an impressive increase in use of modern contraception, from 37.6% to 50.8% of married

⁴ Provisors are pharmacists with a higher education

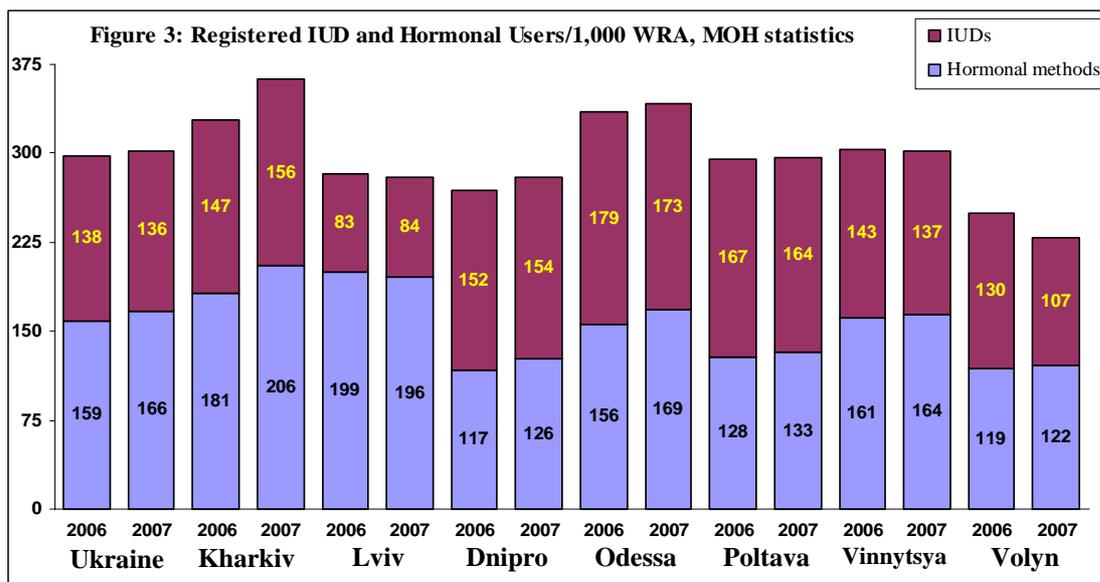
⁵ These trends cannot necessarily be fully attributed to TfH, since the project works in only a few cities and/or rayons in each oblast and, thus, has limited impact on oblast-wide statistics. The project’s limited geographic coverage also means that changes at the national level cannot be attributed to the project, although TfH’s work on policy issues and its partnership with pharmaceutical companies undoubtedly contribute to changes at the national level.

women aged 15–44, accompanied by a sharp decline in use of traditional methods, from 29.9% to 19.4% of women. Much of the increase comes from condom use, which almost doubled in the eight years between the two surveys (see Figure 2.) While pills remain a very small part of the method mix, their use grew from 3% to 5.4%, while IUD use fell slightly. It should be noted that these results cannot be attributed to TfH, since the project was only operational for a year before the 2007 survey—and in just two oblasts.

Changes in Contraceptive Use, Based on MOH Statistics

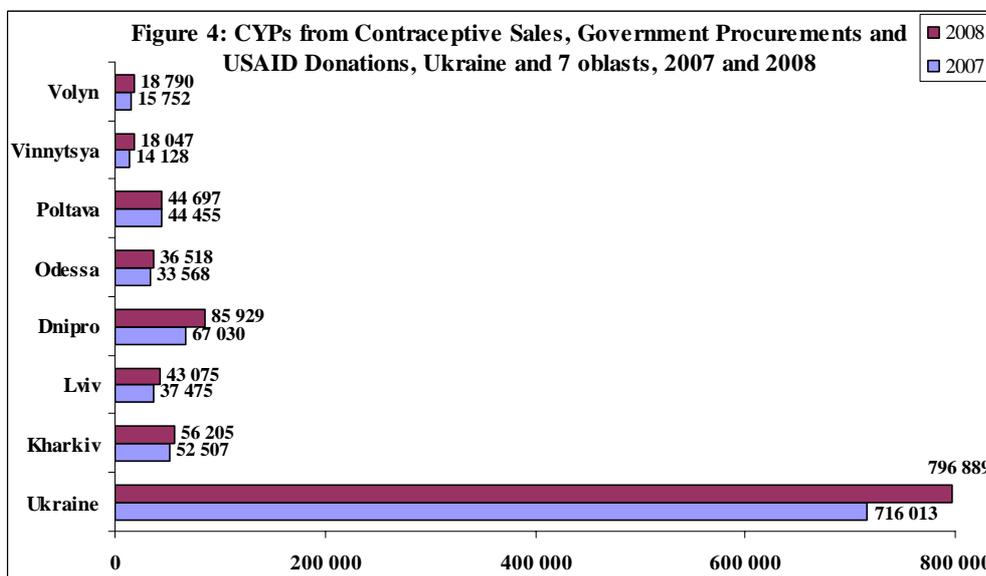
Since survey data are not available annually, TfH uses MOH service statistics to assess changes in contraceptive use on a year-to-year basis. It should be noted, though, that these statistics include only those people going to government health facilities—and not those going to pharmacies or private 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.

MOH statistics indicate that the number of registered users of IUDs and hormonal methods per 1,000 WRA in Ukraine increased 1.8% from 297.2 in 2006 to 302.5 in 2007. Among TfH partner oblasts, Dnipropetrovsk, Kharkiv, Odessa and Poltava all



saw increases—due to increased use of hormonals—with Kharkiv showing a dramatic 10.4% rise (see Figure 3.) Overall, the trend seen since 2005 toward increased use of hormonals and declining IUD use continued, consistent with a gradual broadening of the method mix from almost total reliance on condoms and IUDs to increased use of other methods, particularly oral contraceptives. The use rate for hormonals increased by 4.7% nationwide, while the IUD use rate fell by 1.6%, and similar trends can be seen in TfH partner oblasts. All oblasts except Lviv saw increases in the use rate for hormonal methods; and four out of seven oblasts saw drops in IUD use rates, although Dnipropetrovsk, Kharkiv and Lviv saw increases.

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



The vast majority of Ukrainians purchase contraceptives from pharmacies. Thus, contraceptive sales data can provide valuable information about trends in contraceptive use in the private sector. These data are donated to TfH by Support for Market Development (SMD), a pharmacy research firm. Until recently, there were very few free contraceptives available to clients, but during project Year 3, the national and

local governments started procuring contraceptives for free distribution to certain vulnerable populations and the project began working with OHDs to distribute USAID-donated contraceptives. The project consolidated data on distribution of these free contraceptives with the sales data from SMD and converted the numbers to CYPs as another measure of contraceptive use. The CYP data should reflect the impact of the project's work in Kharkiv and Lviv oblasts; and 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 2008 could potentially begin to reflect Tfh's work in Dnipropetrovsk, Poltava, Vinnytsya and Volyn, although the project had limited geographic coverage in these oblasts. Activities in Odessa started too late to expect any real impact on CYPs.

Nationwide, there was an increase of 11.3% from 716,013 CYPs in 2006-2007 to 796,889 in 2007-2008 (see Figure 4), reinforcing the picture presented by MOH service statistics. The increase is due largely to public sector procurements (9%), while private sector CYPs grew by only 2%. The methods showing the largest increases were the newest methods—the patch (41%) and the ring (57%)—which are strongly promoted by their manufacturers, although the actual numbers of CYPs were very small. IUDs, condoms, and progestin-only methods (pills and injectables) saw increases in excess of 10% in CYPs. Oral contraceptives had a lower growth rate, with an 8% increase in CYPs—but this should be considered a success, given a 20% rise in the price of pills between 2007 and 2008, based on SMD data. CYPs from spermicides and emergency contraception fell in 2008. All seven Tfh partner oblasts registered increases in CYPs in 2007-2008. Dnipropetrovsk, Lviv, Vinnytsya and Volyn saw increases above the national average, while Kharkiv, Odessa and Poltava had increases below 10% (see Annex 2, Table 3.)

Increased STI Prevention

To measure the impact of its STI prevention activities, Tfh uses CYPs based on condom sales, government procurements and USAID-donated commodities. These increased by almost 16% in Ukraine as a whole (from 263,568 CYPs in 2006-2007 to 305,384 in 2007-2008), by 33.9% in Dnipropetrovsk, 1.8% in Kharkiv, 10.8% in Lviv, 8.6% in Odessa, 9.3% in Poltava, 13.3% in Vinnytsya and 14.4% in Volyn (see Annex 2, Table 3.)

III. Progress Toward Results

This project year was divided into two parts. In the first six months, Tfh had a high level of activity, consistent with program directions in Year 2. In the second half of the year, however, the project followed a revised workplan designed to transition from intensive activity in seven oblasts to a lower level of activity reaching 13 oblasts and reflecting priorities agreed with the Mission for the remainder of the project. These priorities are to focus on the public sector, with a major emphasis on clinical training, while seeking to institutionalize and build the sustainability of activities, and leveraging support from government and private sector partners (PSPs). Thus, a number of activities were phased out during the year, including postpartum/postabortion training, follow-up visits to trained health workers, most support for EBM, work on linking FP and HIV services, training for pharmacists and follow-up visits to pharmacists, NGO grants, development of a project website, management training for FP/RH managers and advocacy activities. Other activities, such as BCC, were reduced. While these changes delayed some activities and meant that not all of the project's targets set for the year were achieved, overall Year 3 still saw some important 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.

Expanding Oblast Coverage

Throughout Year 3, Tfh worked closely with seven partner oblasts which are home to about a third of the population of Ukraine (see map at right.) Kharkiv and Lviv, which joined the project in 2006, were working effectively across project components. Four more oblasts (Dnipropetrovsk, Poltava, Vinnytsya and Volyn) that joined the project in spring 2007 were up to speed, while Odessa got off to a slow start due to delays



in the OHD designating an individual to assume responsibility for the project—but it was launched in October 2007. All seven oblasts came together in October for a two-day conference in Kyiv where each oblast presented its accomplishments and plans and the five new oblasts had an opportunity to learn from experience in Kharkiv and Lviv. This event was appreciated by all, but particularly by the new oblasts.

Early in 2008, the project started the process of expanding to six new oblasts, chosen together with the MOH on the basis on their interest and commitment to FP/RH, geographic representation, and their relationships with one of the current TfH partner oblasts, to facilitate building on the experience of these oblasts. The expectation had been to begin the process of bringing the six new oblasts into the project in April/May, but discussions with partners in Kyiv about project inputs and management approaches in the 13 oblasts continued into June. Then, in response to an MOH request, the first step in the process was a joint TfH-MOH meeting, held in late July, to bring all 13 oblasts together and orient the new ones to the project. Thereafter, the MOH issued a *prikaz* designating the TfH partner oblasts (Decree 487, August 22, 2008.) Cherkasy, Khmelnytsky and Rivne oblasts joined the project in August/September and work got under way there. Three other oblasts—Donetsk, Ivano-Frankivsk and Zaporizhya—will be brought into the project in the first quarter of Year 4.

This report focuses on the seven “current” partner oblasts that participated fully in project activities during the year, though there are references to work with the three new oblasts that joined the project late in Year 3.

Building Civil Society Support for FP/RH

In Year 2, TfH made 10 grants to NGOs, most of them in Kharkiv and Lviv, and these NGOs continued to work in Year 3 on BCC and advocacy activities for FP/RH. Some of them achieved notable successes, such as that presented in the text box at right.

Following a request for proposals in the oblasts that entered the project in 2007, TfH awarded five grants amounting to \$20,500 in October, to NGOs in Dnipropetrovsk, Vinnytsa and Volyn oblasts (see Annex 1 for a list and summaries of the grants.) Although applications were solicited for either BCC or advocacy activities, all the grants awarded were for BCC and they ranged from \$2,900 to \$5,000. The original plan had been to make grants in all five oblasts that joined the project in 2007, but no applications were received from NGOs in Poltava Oblast—although a grant had been made to a Poltava NGO in the first round—and, by the time Odessa was ready to start BCC activities, it was decided not to conduct a competition there because of resource limitations. By September 2008, all except one of the 15 grants were completed, although a few NGOs still need to submit final reports. No further grants are anticipated.

NGO Advocates Successfully for a Youth-Friendly Clinic

Concerned that youth are particularly at risk for unintended pregnancies and STIs, the NGO *Our Future is the 21st Century* in Poltava Oblast sought and received a small grant from TfH to advocate for establishment of a youth-friendly clinic in Kremenchuk City. The NGO used the grant to build support for the clinic among local medical specialists and City government officials. After a roundtable and press conference organized by the NGO with City Council members, the Council formed a Committee for Youth Issues whose advocacy, coupled with articles about the proposed clinic in the local newspaper, convinced the City government to allot funds, starting in 2009, to cover the costs of staff salaries for the proposed clinic. Meanwhile, the media attention surrounding the concept of the clinic caught the attention of the Head Doctor of the Kremenchuk Children’s Hospital. Seeing the importance of such a project, he donated a wing of his hospital for the future clinic—in an ideal location next to two universities and a transportation hub. Due to the NGO’s lobbying, the City Council allocated \$25,000 from “off-budget” funds to renovate the facility in late 2008. And the clinic is expected to open its doors in January 2010.

The NGO’s success is important in its own right, but it is doubly important for TfH because the project’s NGO grants program worked at the grass roots level to transform a national policy initiative—the State Program “RH of the Nation”—into a concrete result. TfH worked with Poltava Oblast to develop an Oblast RH Program to complement the national Program, and allocate \$5.2 million to improve FP/RH services, including \$280,000 for youth-specific activities. These funds are now going to support the new clinic.

Collaborating with Projects and Donors

TfH worked closely with many donors, projects and organizations. Collaboration with the Maternal and Infant Health Project (MIHP) and the Swiss Maternal and Child Health Project centered on integration of FP and maternal and infant care. The World Health Organization (WHO) in Ukraine became a closer partner due to its hiring a specialist on maternal and child health issues. The project worked closely with HIV partners on STIs and HIV—particularly with the HIV-AIDS Alliance on condom procurement and distribution and with the *Network of People Living with HIV* on printing of a manual linking FP and HIV. Staff also worked with the United Nations Children’s Fund (UNICEF) on services for youth, including youth-friendly clinics.

Monitoring and Evaluating Results

In the first quarter of the year, TfH conducted follow-up assessments in Kharkiv and Lviv oblasts to assess changes in areas where TfH had been working for just over a year. Selected results from these assessments are

included in this report and data for all indicators in the project's M&E Plan are presented in Annex 2. The last of the baseline assessments for the oblasts that entered the project in 2007 was conducted in Odessa Oblast in November, followed by data entry and analysis. The results of this assessment are also included in Annex 2. Key results of all the assessments were shared with partner oblasts and TfH staff to promote the use of the data for program development.

The clinical and M&E teams collaborated to conduct follow-up visits to project-trained health workers in Kharkiv and Lviv oblasts to observe their skills on the job about six months after the training and give them feedback to improve their knowledge and skills. At the same time, data were collected to assess whether the quality of care had improved relative to providers who had not participated in TfH training (see page 11.)

TfH also submitted an updated M&E Plan for the last two years of the project to USAID for approval. The plan reflects the project's expansion to new oblasts, the core activities to be conducted in the coming years and modifications to some indicators in the original approved M&E Plan based on experience during data collection.

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

This project year saw a continuing emphasis on five-day-long basic training for a range of health workers to achieve two objectives. One is to update their knowledge and skills and improve their often skeptical attitudes toward modern contraception, particularly hormonal methods. The other is to broaden the base of FP/RH providers beyond obstetrician-gynecologists (ob-gyns), thus bringing services closer to where people live and work. Other areas, including postpartum and postabortion FP, linking FP and HIV services and EBM tailed off during the second half of the year.

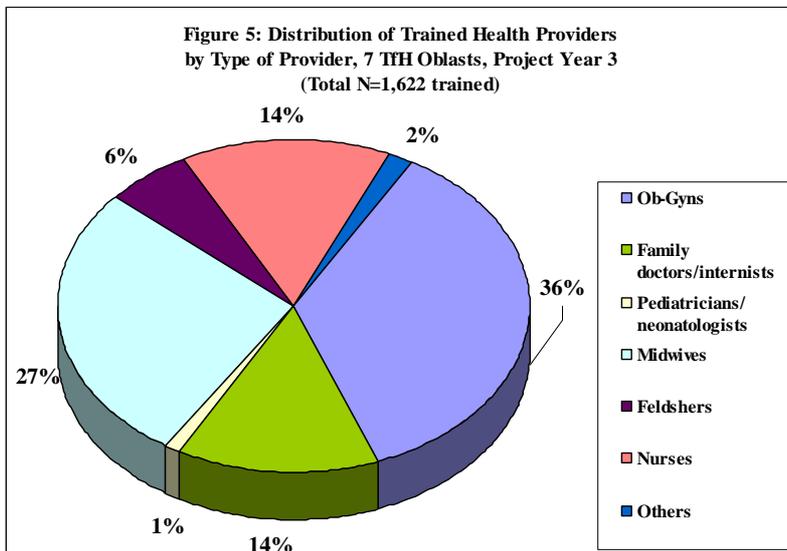
Training on FP/RH

The backbone of TfH's clinical training is a five-day FP/RH training course, supported by a reference manual, for mixed groups of health providers: ob-gyns, family doctors, internists, midwives and others. This training provides updated information and skills for ob-gyns who have already been providing FP/RH services at the same time as familiarizing other cadres, who have not yet been providing these services, with modern information and skills. The course covers all major modern methods of contraception, including fertility awareness-based methods, and highlights counseling skills to support clients' decision-making as well as removal of non-evidence-based barriers to contraception, such as unnecessary pelvic examinations, diagnostic tests and specialist referrals. It seeks to dispel myths about the risks associated with modern contraceptive methods, particularly hormonal methods, in order to promote a broader method mix. It also covers STI prevention, risk assessment and diagnosis, teaching patients to do breast self-examination, infection prevention and safe disposal of medical waste.

A total of 61 five-day training courses on FP/RH were conducted for 1,250 health workers (see Table 1), including the first course for one of the new oblasts, Cherkasy, which began at the end of September but was not completed until October, so it does not appear in the table. TfH also supported an MOH working group to develop a reference manual and training curriculum on postpartum and postabortion FP for doctors, midwives and nurses in inpatient settings. These materials are aimed at raising the very low levels of FP counseling and method provision in the postpartum and postabortion periods, documented in the 1999 URHS and still evident in field visits. The manual was approved by the MOH and MOE in December 2007 and 2,000 copies were printed and distributed during TfH trainings and, through the MOH, to all oblasts and medical academies. Nineteen courses were held for 376 health workers (see Table 1) and interest was very high, so after it was discontinued, all seven TfH oblasts conducted at least one one-day workshop, at their own expense, to familiarize more health workers with the material. With the manual recommended for use in medical education, the expectation is that the material will also be included in the academic program.

As can be seen in Figure 5, 64% of health workers trained were non-ob-gyns, expanding access to FP/RH care through new providers. And the trainings improved providers' knowledge as shown by test scores which increased from an average of 55% at the start of the trainings to 93% at the end (see Annex 2, Table 6.)

	Five-day FP/RH Course		Postpartum/Postabortion FP	
	No. of Courses	No. of Participants	No. of Courses	No. of Participants
Kharkiv	10	192	5	89
Lviv	9	183	5	96
Dnipropetrovsk	8	174	2	46
Odessa	7	141	1	21
Poltava	9	188	2	47
Vinnysya	9	184	2	36
Volyn	9	188	2	41
TOTAL	61	1,250	19	376



TfH has been committed to leaving behind a cadre of trainers in each oblast who can continue to teach modern FP/RH material to health workers in their oblast. A training of trainers was held in Odessa to prepare 15 trainers there, giving all seven current project oblasts a training team, amounting to 135 trainers in total. One of the ways oblasts have used their trainers is to conduct continuing medical education workshops using their own resources. The project only started counting these events in the second half of the year and during that time there were at least 50 such events, generally running for a day, and most often covering updates on contraceptive technology, postpartum/postabortion contraception and

services for youth. An estimated 1,760 health workers were reached through such events in the six-month period.

In February, Dr. Marcos Arevalo from Georgetown University/Institute for Reproductive Health visited Ukraine for a week to work with the project and its partners to introduce the Standard Days Method (SDM). He presented the SDM method to senior policy-makers on FP/RH from the MOH, the Academy of Medical Sciences and NMAPE who approved its introduction in Lviv on a pilot basis. This meeting was followed by two one-day trainings, one for TfH staff in Kyiv and another for 10 clinical trainers and nine representatives of NGOs in Lviv, where the method will be piloted. TfH partners voiced their concern that the CycleBeads® developed by Georgetown University as a visual aid were not suitable for use in Ukraine, so TfH worked with counterparts in Lviv to develop a one-page “calendar” appropriate to the method and test it. The content of the calendar was approved by Georgetown University but the project was still awaiting approval of the branding as the year ended. In the meantime, implementation went ahead on a small scale, using the draft version of the “calendar.”

Results of TfH Clinical Training

One of the key objectives of the project’s clinical training is to expand the range of providers offering FP/RH care and thus bring services closer to the population, so they don’t have to rely on ob-gyns in women’s health care facilities in towns and cities for services. When the project started working in its seven current partner oblasts, there were 293 facilities providing these services, but by the end of Project Year 3, that number had grown to 929.

	Lviv		Kharkiv	
	2006 (N=205)	2007 (N=232)	2006 (N=293)	2007 (N=316)
Various methods of contraception	69%	79%	64%	70%
Benefits and risks of the selected method	59%	79%	54%	63%
Side effects of the selected method	49%	74%	49%	62%
How to use the selected method	52%	78%	56%	65%
When to return for follow-up	38%	69%	48%	57%
Provider discussed 3 out of 5 topics	55%	78%	54%	65%

The assessments carried out in Kharkiv and Lviv oblasts in 2006 and 2007 provide some encouraging indications of the results of the project’s training. WRA leaving health facilities at the time of the follow-up assessment were more likely to report having been counseled on FP than the previous year (rising from 53% to 65% in Kharkiv and from 54% to 79% in Lviv.) They were also more likely to report receiving information about various aspects of contraception, as can be seen in the table above. In addition, 77% of the women surveyed in Lviv said they had received information on two out of three key STI topics in 2007, as compared to 63% the previous year; in Kharkiv, those numbers were 66% in 2007 compared with 63% in 2006.

The assessments also indicated that there had been improvements in the quality of care, as reported by clients. The percentage of women at health facilities reporting in exit questionnaires that the facility provided good services—as opposed to average or poor services—rose from 42% to 64% in Lviv and from 60% to 69% in Kharkiv. There were also increases in the proportions of women saying that they would advise a friend to visit the facility where they received services: from 76% to 86% in Lviv and 75% to 79% in Kharkiv.

To assess the quality of care provided by trained health workers, follow-up visits were conducted in September 2007 in Kharkiv and Lviv oblasts to observe the skills of trained health workers on the job about six months after training and to provide feedback to reinforce the training. The data collected during these visits, using checklists to assess quality of care, demonstrated improvements in medical history-taking, counseling on contraceptive method choice and provision or prescription of all contraceptive methods, compared with the skills of health workers who had not participated in Tfh training. Initial data from that assessment were included in the Tfh Year 2 Annual Report and final data analysis confirmed these results. One of the most important findings of the follow-up visits, however, was not evident from the initial data. More than 75% of IUD insertions by Tfh-trained ob-gyns were done using the “no touch” technique—as compared to 25% among ob-gyns not trained by Tfh. This technique decreases the likelihood of infection, since the IUD is loaded while still in its sterile packaging.



Lviv clinical training participants practice the “no-touch” technique for IUD insertion.

Linking FP and HIV-AIDS Care

In November, Tfh convened a working group to develop a manual and training curriculum to strengthen integration of FP and HIV services, so that FP/RH providers would be more knowledgeable about HIV and HIV providers would understand how to provide FP services to their clients. Working group participants included the MOH, WHO, HIV/AIDS Alliance, UNICEF, the HIV-AIDS Service Capacity Project and others. By late spring, the manual was completed and approved by the MOH and the MOE, paving the way for its use both in special trainings and in medical education. Once it was decided to cut back on the project’s work related to HIV, staff met with several HIV organizations, seeking funding for them to print the manual and/or support training for health workers based on the manual. While none indicated that they could pay for training, the *Network of People Living with HIV* recognized the importance of the topic and printed 1,500 copies of the manual, using Global Fund moneys, for distribution by the MOH, Tfh and the Network’s partners.

While Tfh has no plans for training based on the manual, staff will still collaborate with HIV partners through working groups and meetings, encouraging the integration of FP information into HIV policies and programs. In addition, some OHDs are interested in conducting short orientation sessions for health workers based on the manual, using their own resources.

Promoting Evidence-Based Medicine (EBM)

Since the first year of the project, Tfh has sought to build understanding of EBM among FP/RH leaders, as a fully sustainable approach to enabling them to update their policies and practices at any time, without waiting for international projects to bring them new information. To provide a focal point for researching international evidence in FP/RH for application to policy, teaching and clinical practice, as well as for teaching physicians going through postgraduate education about EBM, Tfh worked with the Department of Obstetrics, Gynecology and RH of NMAPE to establish an EBM Center with computers, Internet access and a small library. NMAPE and Tfh collaborated on the renovations and the Center was formally opened in February by MOH Deputy Minister Vasyl Lazarishynets, the Rector of NMAPE, Yuri Voronenko, and Tfh Chief of Party (COP), Asta-Maria Kenney, and attracted front page coverage in USAID’s E-Spotlight newsletter as well as in medical media. Since then, the Center has served as a resource for two other activities outlined below.

Some EBM methodologists trained by the project have been closely involved in developing Critically Appraised Topics (CATs)—one or two-pagers summarizing the evidence on a specific clinical topic. The CATs address widespread misinformation about contraception and will be used by Tfh partners in OHDs and academic institutions to reinforce the messages of clinical training for health workers as well as by private sector partners to bring accurate information to other doctors. The only EBM work to be continued in the last two years of the project will center on CATs. The process started with a two-day workshop in October for selected EBM methodologists to prepare them to research clinical topics and develop CATs. Michael Thomas, a consultant from Tfh partner, the Academy for Educational Development (AED), taught the workshop and thereafter provided technical assistance to the methodologists as they began developing CATs, together with Dr. Fred Tudiver, Professor at the International Center for Evidence Based Medicine at East Tennessee State University.

By the end of the year, 20 CATs⁶ had been finalized and were awaiting approval from NMAPE, in preparation for printing and distribution (see Result 3 for further details.)

The second activity was for some of the EBM methodologists to develop teaching curricula for courses on EBM for ob-gyns and family doctors in postgraduate medical education. The programs were completed and submitted to the scientific committee at NMAPE to gain approval for their integration into the teaching program.

Building a Partnership between Georgia and Ukraine to improve FP/RH

At the request of USAID/Georgia, and with the concurrence of USAID/Ukraine, Tfh conducted a five-day FP/RH course in November for 12 doctors from Georgia, including the break-away regions of Abkhazia and South Ossetia, and four Ukrainian colleagues. Tfh training materials for the course were translated into Russian and the course was conducted by two Ukrainian national-level trainers in Russian. The group also visited some health facilities to get a first-hand picture of how services are provided in Ukraine, including the roles of non-ob-gyns, such as family doctors, internists and midlevel staff. Reports from Georgia several months after the workshop indicated that participants were still excited about what they learned and the hospitality shown to them by Ukrainians and USAID. All costs of this activity were covered by USAID/Georgia.

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



A volunteer hands out IEC materials during the FP campaign in Lutsk City (Volyn Oblast)

The centerpiece of BCC activities during the year was a campaign conducted around Family Planning Week in May to support the project's core objectives of improving public attitudes toward modern contraception and building demand for services and products. The first half of the year saw a large number of education sessions in small groups, the distribution of information, education and communication (IEC) materials, special events for large audiences, mass media programming and other activities. In the second half, these were narrowed down to distribution of IEC materials, special events and technical assistance for oblast-initiated activities. Key audiences remain 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. Tfh partner AED leads this project component.

Disseminating IEC/BCC Materials

Dissemination of existing IEC materials that inform the population about the range of contraceptive choices available in Ukraine, their advantages and disadvantages, continued in current Tfh oblasts during the year and began in Cherkasy, Khmelnytsky and Rivne oblasts. In addition, some new materials were produced. The NGO *Family from A-Z* completed a video on contraception for youth, *Plan Your Future* (in Russian and Ukrainian), made with a Tfh grant and technical assistance. This video presents the story of a young couple making decisions about whether to start a sexual relationship—which they don't—and their quest for information about contraception. In preparation for the FP campaign, Tfh conducted a competitive bidding process to identify an agency to produce another video aimed at a broader audience. *Family from A-Z* won the job and produced a video entitled *Let's Plan our Family Together* with a storyline built around realistic scenarios of four couples in different life situations facing FP choices. The stories are interspersed with concise information about different contraceptive methods. Tfh prepared a new brochure about contraception to accompany the video, using pictures and messages from the video (60,000 copies printed.)

To support clinical training on postpartum FP, there was a major article about postpartum contraception in the magazine *My Child* (circulation 400,000) which is distributed free in maternity homes around the country. Distribution of the video on postpartum contraception produced in 2006 continued and it was used, particularly in maternity homes and women's consultations, to inform pregnant women, new mothers and their partners about the importance of birth spacing and their contraceptive choices after childbirth. As the year ends, a new

⁶ The CATS cover the following topics: combined oral contraceptives and acne, weight gain, return to fertility, ischemic or hemorrhagic stroke, depression, headache, venous thromboembolism, myocardial infarction, cervical cancer, ovarian cancer, endometrial cancer, breast cancer, hirsutism, candidiasis, benign liver tumors, ovarian cysts, benign breast disease; progestin-only pills and breastfeeding, DMPA and the return to fertility, DMPA and bone fractures.

postpartum poster and brochure are almost ready to send to the printer. The key message of these materials is that a new mother should rest before the next pregnancy, and modern methods of contraception can help.

Supporting Interpersonal Communications

TfH has emphasized interpersonal communications as its key strategy to improve public attitudes toward contraception and change behavior. Project-trained educators conducted 1,113 small-group sessions for 19,263 people in seven oblasts, with 35% of the participants being men. Some examples of these sessions include a series for workers in a Poltava cookie factory during lunch breaks and a series for students (mostly men) in a police academy in Dnipropetrovsk. Interpersonal communications tapered off in the latter part of the project year, but there were still at least 31 such sessions in the last six months, most of them running for about a day, conducted with minimal support from the project—generally just IEC materials for participants.

Telephone Hotline Reaches Pharmacists & their Clients



Apteka No. 1, a pharmacy chain based in Dnipropetrovsk and working in seven oblasts, started a hotline in 2005 when they recognized that clients and pharmacists need reliable information about health and medications. The hotline is operated by a team of seven trained telephone counselors and answers calls from both clients and pharmacists in the seven oblasts.

Apteka No. 1 took advantage of the opportunity to send its telephone operators to TfH's one-day FP/RH trainings for pharmacists. Callers had often asked about the side effects of certain contraceptives or about newer hormonal methods, and after the training, telephone operator Yevgeny Chernev says he and his colleagues feel confident answering these questions with qualified, evidence-based information. He adds that the telephone operators frequently use TfH reference materials to answer callers' questions. And the networking portion of the trainings—sharing names of TfH-trained doctors and pharmacists—was helpful for *Apteka No. 1* because it helped them expand their network of consulting doctors, so pharmacists can use the hotline to get answers to questions from medical professionals on-the-spot.

From the project's perspective, the investment in training the hotline operators was a wise one, since *Apteka No. 1* already had a "constituency" who could be reached with FP/RH information at no additional cost to the project. And the investment is paying off. Julia Garonenko, director of *Apteka No. 1*, reports that since the trainings, the telephone center has received more calls about FP, and contraceptive sales have risen accordingly—especially hormonal contraceptives, which are little-used in Ukraine.

Interpersonal communications sessions are usually guided by the project's manual for BCC educators or they center around one of the project's educational videos, coupled with a discussion. After many iterations and improvements based on experience in the field, the manual was finalized and endorsed by the Ministry of Family, Youth and Sports (MFYS) before being printed (600 copies) and distributed to TfH-trained BCC educators in the oblasts and given to the MFYS for dissemination to its network. The Ministry's endorsement is proving helpful in encouraging local MFYS staff and partners to use it. The manual covers human sexuality, FP as a better alternative to abortion, modern contraception, STIs, HIV and responsible decision-making in a series of sessions running for 3-4 hours each.

During the year, the BCC team conducted a three-day training course for 32 new community educators from NGOs, health providers and social services in Vinnytsa and Volyn oblasts. There was an abbreviated course for 10 additional educators in Odessa, since at that stage it was clear that TfH would only be able to support minimal interpersonal communications activities. TfH has trained a total of 155 community educators to date.

While the project closed out its work with the youth movement of the railroad trade union last fall, several of the peer educators continue to work. For example, one of them conducts regular sessions for young union members at his local trade union office and another continues to teach classes on FP/RH, based on the TfH educators' manual, at the Railroad University in Kyiv.

TfH also continued to work with UNICEF and other partners to support youth-friendly clinics. In the past year, the BCC staff took the lead in developing the section of a curriculum for social workers and educators on human sexuality, family planning and reproductive health, including HIV.

Organizing Special Events

Oblast partners, BCC educators, NGOs and young volunteers participated in conducting 184 special events for mass audiences to disseminate information about FP/RH and promote the "Together for a Healthy Future" logo. Public events were held on World AIDS Day, Students' Day, Youth Day and most actively during FP Week (see below) and they are estimated to have reached over 100,000 people. These occasions featured actions on city squares, in public buildings, universities, discos and other places, short educational sessions, video

showings, individual counseling and distribution of IEC materials. Several events included giving away free condoms, donated by Tfh partner MedCom, attractively packaged in small boxes, along with a miniature booklet on contraception and proper condom use. In addition, there were 21 public events for over 18,000 people conducted at no cost to the project, except for educational materials.

Building Demand for FP/RH Services and Products

The “Together for a Healthy Future” logo has been at the heart of Tfh’s demand-creation efforts. It is awarded to health facilities with Tfh-trained providers and, until pharmacy training was discontinued, was also awarded to pharmacies with trained staff. Some examples of how oblasts promoted the logo come from Vinnytsya and Volyn oblasts, where they worked with mass media—particularly print media—to explain the logo and what it means; and also from Dnipropetrovsk, where the NGO *Women’s Information-Coordination Center* disseminated a brochure about the logo that listed health facilities and pharmacies carrying the logo. The assessments conducted in Kharkiv and Lviv in late 2007 found the logo to be widely displayed by health facilities: by 87% of health facilities sampled in Kharkiv and 72% of those in Lviv.

Conducting the Family Planning Week Campaign

The centerpiece of the project’s work to build demand in the past year, and the major BCC activity, was the FP campaign which involved many months of planning, featured a new video and brochure on FP/RH (see page 12) and involved special events, IEC materials, interpersonal communications and mass media. The MOH declared May 19-25 to be all-Ukrainian “Family Planning Week” (155-Adm, May 12, 2008) and, while the Ministry’s participation in the event became a casualty to staff changes there, the occasion was marked in the oblasts and particularly in Tfh’s partner oblasts, where there was an impressive array of BCC activities, many of which extended into June.

The new video, *Let’s Plan our Family Together*, was aired at least once in 26 of the 27 oblasts in the country and, in many places, it was shown several times. The video was also shown on large plasma screens on the central squares of cities; in cinemas before the feature film; and during educational events for students at universities, adults in the workplace and others. Tfh-trained educators and volunteers from centers for social services for youth supported the video with discussion groups, educational activities and distribution of the new FP brochure.



Popular Singers Speak out on Family Planning, Contraception and Relationships (Excerpts from *Tobi* Magazine)

Mika Newton: Talking about pregnancy—you should know about it when you are 13 or 14 years old. Tell teenagers about it! Tell them about the responsibility and about abortion and how difficult it is. A girl should think about having children only when she is ready for them, when she feels that things are harmonious in her life. It doesn’t matter when that happens—when she’s 19 or in her 30s.

Arina Domski: Contraception is not only about protecting yourself from unintended pregnancy and STIs. Above all, it shows that you are responsible and care for your loved one. I think planning is the best way to start a family. And contraception is the foundation for such planning.

Vitaly Kozlovsky: [Responding to a question about talking with a girlfriend about contraception:] I think it’s the right and correct thing to do. Modern youth are more open now than thirty years ago. That’s why young people can talk easily about different topics. Talking about such things is an expression of care, respect and love for each other.

In addition to arranging for the new video to be aired free of charge, Tfh’s seven partner oblasts, NGOs and other partners were also active in organizing and participating in discussions, call-in shows and other programming on oblast TV and radio. Six “advertorials” prepared by the project about the concept of FP, contraceptive methods, myths on contraception and other topics appeared in print media in project oblasts along with locally produced materials. A special edition of *Tobi* magazine (circulation 500,000) was distributed to university students free of charge around the country, and featured interviews with three popular singers, Arina Domski, Vitaly Kozlovsky and Mika Newton, about FP, contraception and relationships.

There were also a host of other activities in Tfh partner oblasts. For example, in Dnipropetrovsk, centers for social services mixed education on FP/RH into the program of music and dancing at popular nightclubs in Dnipropetrovsk City and Kryvyi Rig. And in Lviv, IEC materials were distributed to young couples at marriage establishments in Lviv City and in the rayons. There were also theater performances on FP themes, art contests, events for students and others.

It is estimated that the campaign reached about 180,000 people through informational materials on FP/RH, interpersonal communications and public events, and about 3.6 million people through mass media. Another success was that an estimated three quarters of the cost of FP Week activities came from partners through oblast and local budgets and volunteer efforts—with only about a quarter coming from TfH.

Building Capacity to Conduct BCC

With BCC on health topics still being something relatively new in Ukraine, and no system in place to undertake these activities, it is always challenging to start up this project component and there is a need for continuing support and skill-building. In the past year, the BCC team worked with its oblast partners on an ongoing basis to encourage and strengthen their BCC activities. Odessa was the last to get started with a BCC strategic planning workshop in December and a capacity-building workshop in April, bringing it to the point where it has joined the other TfH oblasts in disseminating IEC materials, conducting special events, covering FP/RH information in the media and conducting some small group education sessions. The impressive array of activities conducted during FP Week testifies to the growing interest and capacity of oblast partners in BCC.

Conducting Public Relations for the Project

With the assistance of an intern, TfH was able to prepare nine short stories⁷ documenting the project's work and several of them were featured in the *USAID Insight* and *E-spotlight* newsletters, on the USAID/Washington website, and on the John Snow Inc (JSI) and *PSP-One* websites. Additional stories are almost complete.

Results of BCC Activities

The scope of TfH-assisted BCC activities during the year was quite significant. Almost 247,500 people were reached through informational materials on FP/RH (127,046), interpersonal communications (19,263) and public events (101,174), as well as an estimated 3.6 million through mass media.

The results of follow-up assessments carried out in Kharkiv and Lviv oblasts in late 2007, compared to baselines in summer 2006, showed some promising results from BCC activities. On the core measure of improving public attitudes toward contraception, surveyed WRA showed improved attitudes to modern contraceptives, giving more positive ratings to oral contraceptives, IUDs, condoms, emergency contraception, the Lactational Amenorrhea Method (LAM) and fertility awareness based methods. There was also progress on indicators on STIs, including knowledge that STIs can be asymptomatic, which grew from 53 to 57% in Kharkiv and from 47 to 56% in Lviv; and knowledge that using condoms every time people have sex can reduce the risk of contracting an STI, from 81% to 85% in Kharkiv and from 74% to 81% in Lviv.

The assessments also showed the broad reach of BCC activities, with 87% of project-assisted health facilities in Kharkiv, and 72% in Lviv Oblast displaying TfH IEC materials in 2007. Moreover, 93% of clients leaving Kharkiv health facilities, and 70% of those in Lviv, reported receiving print materials on FP/contraception, compared with 62% and 61% respectively a year earlier. Seventy-eight percent of women in Kharkiv, and 69% of those in Lviv, also reported seeing, hearing or reading something in mass media about modern contraception during the six months prior to the survey.

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 in an environment where the availability of contraceptives in pharmacies is limited to high priced combined oral contraceptives, condoms and emergency contraceptives, with IUDs available in larger pharmacies; and to encourage the availability of free contraceptives for disadvantaged populations.

Implementing the Public-Private Partnership

In December 2006, TfH launched a Public-Private Partnership (PPP) aimed at improving the availability of a broadened range of affordable contraceptives in the public and private sectors. Partners are the MOH, six international and Ukrainian manufacturers and distributors of contraceptives, and a market research firm⁸. At the end of 2006, some PSPs reduced the prices of selected affordable contraceptive brands as a contribution to the

⁷ Topics are: bringing FP closer to the people; clinical training and quality of care; telephone hotlines in Dnipropetrovsk; using the arts to reach teens; working with orphanages; students and FP; improving contraceptive availability in pharmacies; joint TfH-Bayer Schering Pharma workshops; Poltava RH Program.

⁸ Bayer Schering Pharma, Jansen-Cilag, Medcom, Schering-Plough (formerly Organon), Richter-Gedeon, SMD (market research firm) and Tespro

partnership, but Organon’s agreement with the project expired at the end of 2007, so TfH asked them to extend the price breaks and they agreed to do so for 2008 and part of 2009. The products involved are *Exluton*, the only progestin-only pill in Ukraine, and *Mercillon*, a mid-priced combined oral contraceptive. The prices of these products remain about 50% below their 2006 levels, even though the average price for pills in Ukraine rose by 20% since June 2007. Sales of these two brands and the *Pregna* IUD, distributed by TfH partner, Tespro—and also reduced in price—brought in a counterpart contribution of about \$155,000 during the year.

Throughout much of 2007, TfH discussed with its PSPs the idea of collaborating with the project on evidence-based “detailing” of contraceptives by their medical representatives. The rationale behind this idea was that the PSPs’ large networks of medical representatives and detailers around the country could potentially reach thousands of doctors and pharmacists each year, dispelling myths and bringing accurate information that, over time, can help these professionals develop more positive attitudes toward modern contraception.

Based on an expression of interest from Bayer Schering Pharma (BSP), the first step was a workshop in October to help EBM methodologists develop CATs on “hot topics” related to contraception (see page 11.) As the first CATs were being developed, the PSPs collected frequently-asked questions about contraception to be answered in future CATs. When BSP agreed to work with TfH on evidence-based “detailing,” the methodologists set to work to prepare additional CATs on priority topics identified by them. Then in June, two joint workshops were held: one with all 26 BSP medical representatives for gynecological products nationwide; the other for 18 “key opinion leaders” from medical academies and physicians who conduct workshops and roundtables on contraception. The workshops sought to address participants’ concerns about the information they provide about their contraceptive products and to help them use the principles of EBM—rather than just opinions—to provide accurate information on contraception during “detailing” visits, workshops and seminars. The plan is that these company representatives will disseminate the CATs and begin using EBM arguments to support contraceptive products. BSP paid almost all workshop costs, bringing a counterpart contribution of about \$10,000. As plans for the BSP workshops were under way, TfH sought to get other PSPs involved, but Richter Gedeon demonstrated little interest, and Schering Plough and Jansen Cillag reiterated their interest, but could not make a commitment due to reorganizations under way at both companies.

The project received a request from *PSP-One* to host a study tour from the Healthy Russia Foundation to learn from TfH’s work with the private sector, since they had received funding from USAID to implement a project modeled on TfH’s private sector activities. Two Healthy Russia Foundation staff came to Kyiv for two days and observed one day of the BSP workshops and met with project staff for a second day to learn about TfH’s private sector strategies, accomplishments, challenges and lessons learned.

Implementing the Pharmacy Certification Program

Table 3: Pharmacy Trainings Conducted on FP/RH, Project Year 3 (October 2007 – September 2008) and Project to Date				
	Project Year 3		Project to Date	
	No. of Courses	No. of Participants	No. of Courses	No. of Participants
Kharkiv	17	309	37	773
Lviv	15	212	31	431
Dnipropetrovsk	13	242	16	288
Odessa	5	97	5	97
Poltava	9	200	15	323
Vinnitsya	9	198	11	240
Volyn	8	160	12	269
Kyiv	0	0	1	6
Total	76	1,418	127	2,437

Recognizing that most Ukrainians purchase contraceptives directly from a pharmacy, often bypassing doctors, TfH developed a pharmacy certification program to help pharmacists provide information and a range of contraceptive products to their clients. The training provided pharmacists with accurate, up-to-date information about modern contraceptives and built their support for increasing the availability of a broader range of affordable contraceptive methods

in their pharmacies. A total of 76 one-day courses on FP/RH were conducted for 1,418 pharmacists in seven oblasts during the year (see Table 3), before the courses were discontinued. Pre- and post-test scores showed that the training improved pharmacists’ knowledge quite substantially—from an average score across all trainings of 53% at the start of training to 86% at the end (see Annex 2, Table 16.)

A major effort in the first half of the year was to develop a cadre of trainers in all partner oblasts with the capacity to conduct TfH’s short pharmacy workshops. The strongest, most committed trainers from the postgraduate education departments of Kharkiv National Pharmaceutical University and Lviv National Medical University traveled to five oblasts—all project oblasts except Dnipropetrovsk and Volyn, which were already covered in Year 2—and trained a total of 50 trainers from these oblasts during the year (eight to 12 new trainers in each oblast.) There are now 93 pharmacy trainers in the seven project oblasts. Most of the trainers are either

affiliated with pharmacy academies, where they often include the new material about contraception in their teaching, or they work with pharmacy chains, in human resources development, enabling them to pass on the information to staff in that chain during seminars. Trainers in pharmacy departments in universities in Kharkiv, Lviv and Odessa received the remaining copies of Tfh’s participants’ manual for pharmacists to disseminate to their students, interns and *kursants*⁹ when they teach about contraception, without project resources. The project is aware of at least 15 such day-long classes held without project support, for over 300 students, in the last six months.



A Lviv National Medical University trainer (at left) presents client scenarios during a pharmacy training in Lutsk.

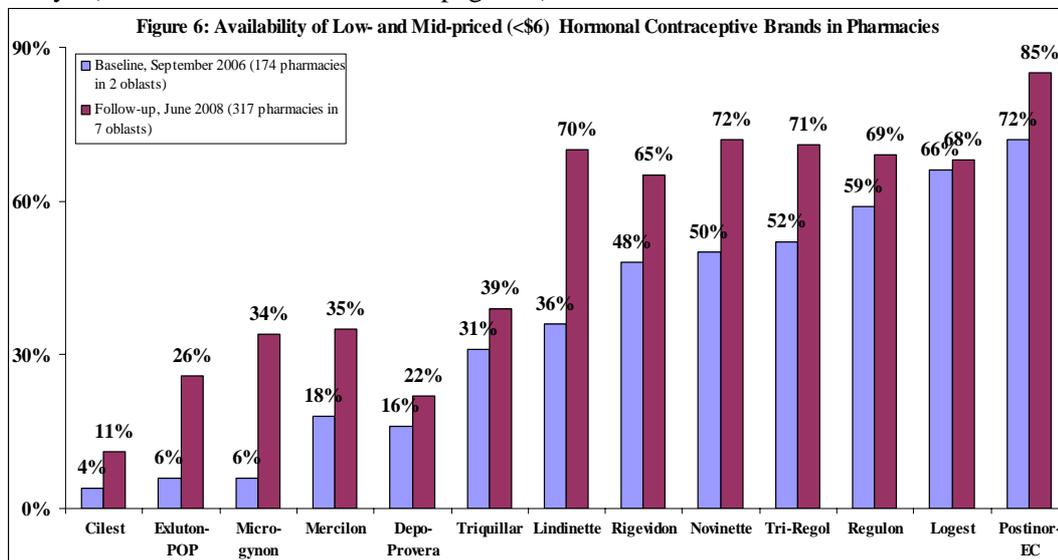
Tfh worked with SMD, a pharmacy market research firm, to conduct quarterly monitoring visits to certified pharmacies up until June. The aim of these monitoring visits was to assess the impact of Tfh’s pharmacy training, verifying if pharmacies where staff had been trained carried a range of affordable contraceptive methods and whether they had posters and brochures available for clients. At the same time, SMD brought a key message about contraception to the pharmacists to reinforce the training, e.g. “*Most women can use low dose combined oral contraceptives safely and effectively. Oral contraceptives can be started immediately after a woman has had an abortion or at any time recommended by her physician.*” SMD’s monitoring showed improved availability of lower-priced contraceptives—highlights of their findings are presented below, under *Results of the Pharmacy Certification Program*.

Integrating FP/RH into Postgraduate Pharmacy Education

In the third quarter, as the pharmacy trainings were finishing, Tfh began preparing to integrate FP/RH material into postgraduate pharmacy education, so that practicing pharmacists would receive updated information on this topic when they come for mandatory recertification programs every five years. The staff identified members for a new pharmacy working group to develop curriculum and teaching materials for postgraduate pharmacy education and two meetings of the working group were held, with members drawn from the postgraduate departments of the National Pharmaceutical University in Kharkiv, Lviv National Medical University, NMAPE in Kyiv, Odessa Medical University, Vinnytsa Medical University and Zaporizhya Medical University. By the end of the year, the working group had met twice, drafted all sections of the curriculum and reviewed them.

Results of the Pharmacy Certification Program and Public-Private Partnership

A major goal of the pharmacy certification program was to improve access to contraceptive information and to affordable commodities in pharmacies. In the course of the year, Tfh trained pharmacists from 708 pharmacies and, all in all, 994 pharmacies have been covered since the start of pharmacy training in 2007—19% of all pharmacies in Tfh’s seven partner oblasts, with coverage ranging from 5% of pharmacies in Odessa to 38% in Volyn (see Annex 2, Indicator 3.10, page 39.)



SMD monitoring visits conducted after the trainings showed an important change in the availability of low and mid-priced contraceptives in participating pharmacies (see Figure 6.) Combined oral contraceptives and progestin-only methods (pills and injectables) became significantly more available in

⁹ *Kursants* are practicing pharmacists/physicians attending postgraduate medical education courses to update their knowledge and skills

pharmacies where staff had been trained by TfH.

Supporting the Availability of Free Contraceptives for RHNP Populations

At the same time as working to improve the availability of a broader range of contraceptives in pharmacies, TfH has also been encouraging the MOH and OHDs to include line items for contraceptives for vulnerable populations in their SPRHN budgets as an important element of the social safety net. In Project Year 2, TfH helped advocates work with the Ministries of Health, Finance and Economics to ensure that \$17 million over 10 years were included in the SPRHN for contraceptive procurement—a major breakthrough for Ukraine. The eligibility criteria for free contraceptives were also expanded beyond women for whom pregnancy is contraindicated to people living with HIV youth aged 18-20 and families with low incomes.

The project's efforts to encourage oblasts to adopt line-items for contraception really began to pay off after a joint MOH-TfH conference in October on developing oblast FP/RH programs to support SPRHN (see page 19.) Prior to that, only Kharkiv and Lviv had line items for contraceptive procurement, but by the end of this project year, 21¹⁰ oblasts had budget lines amounting to \$24.5 million for contraceptives for vulnerable populations.

Once funding is authorized, funds still need to be appropriated through the annual budget process. In 2008, about \$260,000 were appropriated for MOH contraceptive procurements under SPRHN and TfH staff sought to help the Ministry use those funds wisely. They advised the MOH on best practices on contraceptive procurement and prepared recommendations following international approaches. The MOH made some significant adjustments to its initial plans, deciding to proceed with procurement of oral contraceptives, IUDs, condoms and spermicides—and deleting the pricey contraceptive patch—and revising the technical specifications in such a way as to open the door to a range of brands at various prices, instead of only three brands, as initially contemplated.

At the oblast level, Kharkiv and Lviv oblasts finalized their procurements in the final months of 2007, with Kharkiv procuring \$22,400-worth of oral contraceptives and the patch, while Lviv procured oral contraceptives, injectables and IUDs in the amount of \$39,100. TfH sought to help both oblasts make wise procurement decisions, but the reality fell well short of international standards, although Lviv emphasized some lower-cost brands in its tender, which was a step in the right direction. Dnipropetrovsk, Poltava and Vinnytsya also managed to win appropriations for 2008—\$40,000, \$32,000 and \$17,600 respectively—and TfH began to work with them on the procurement process.

With USAID having set aside \$743,830 for a contraceptive donation, TfH worked with the oblasts to forecast the quantities of contraceptives needed, based on SPRHN eligibility criteria and oblasts' assessments of unmet needs, in such a way that USAID's donation and locally procured contraceptives would complement each other and better meet the needs of the designated priority populations. With the needs of the TfH oblasts identified, and assumptions made about the needs of the project's six new oblasts, the consolidated forecast was discussed with the MOH before submitting an initial order to USAID/Ukraine in April. The process of ordering the contraceptives, however, has proven complicated. It began with numerous communications between USAID/Washington, USAID/Ukraine, TfH and the DELIVER project in Washington about product pricing, necessitating two revisions of the order. TfH then had to identify a Ukrainian NGO as the recipient of the donation, since JSI, as the implementing agency for the TfH project, does not have the legal status to receive a donation of humanitarian assistance. The *All-Ukrainian Charitable Organization JSI-Ukraine* was identified as the recipient and agreed to accept the donation. Then bureaucratic procedures made it impossible to get the samples needed for quality testing in Ukraine. By September, however, most of the issues on the US side were resolved and the action shifted to Ukraine. The remaining document needed for the Cabinet of Ministers is a letter of support from the MOH and TfH was working on this as the project year ended.

The distribution of USAID-donated condoms brought into Ukraine as humanitarian assistance by the HIV-AIDS Alliance began in March 2008. By the fourth quarter, the condoms had been delivered to TfH's seven partner oblasts and to one of the new oblasts, Cherkasy, and distribution to health facilities was well under way. Since these condoms were procured with HIV-AIDS funding, and are being used in an FP/RH project, a number of requirements pertain (see page 22.) Following discussions with USAID on a written agreement to be concluded with OHDs, and discussions with the HIV-AIDS Alliance (which is responsible for the condoms in the eyes of the Government of Ukraine) on a reporting system, the seven current TfH partner oblasts, as well as Cherkasy, Khmelnytsky and Rivne, signed the agreements. The seven "old" oblasts adopted and disseminated a *prikaz* passing on the USAID requirements about informed choice and the "ABC" language to health facilities

¹⁰ Cherkasy, Chernihiv, Chernivtsi, Dnipropetrovsk, Ivano-Frankivsk, Kharkiv, Khmelnytsky, Kirovohrad, Kyiv City, Lviv (MCH program, not specific RH program), Luhansk, Mykolayiv, Odessa, Poltava, Rivne, Sevastopol City, Sumy, Vinnytsya, Volyn, Zakarpattia, Zaporizhya.

receiving the condoms. TfH also prepared flyers for health workers to make them aware that the condoms are a donation from the American people and that there are certain requirements that accompany the donation.

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

During Year 3, TfH followed three broad approaches to advance this result. First, to support MOH and oblast counterparts to adopt RH Programs in the framework of the SPRHN and then implement them effectively, so as to show the results and benefits of investing in FP/RH. Second, to build support for FP/RH policies and services in a country with a strong pronatalist policy and where opinion leaders have little familiarity with preventive health. And third, to introduce modern management approaches to FP/RH, by helping health managers learn about public health perspectives and encouraging them to take initiative to address issues and problems, rather than waiting for higher authorities to solve the matter.

Implementing the State Program “Reproductive Health of the Nation” (SPRHN)

From the beginning, TfH has been actively involved in supporting the development of the FP/RH components of the SPRHN, which has the potential to become a sustainable FP/RH program for the future, backed by government resources. The SPRHN was adopted by the Cabinet of Ministers in December 2006 and allocates the local equivalent of \$21 million over a 10-year period for FP, including about \$17 million for contraceptive procurement—the first time that there has been a line item in the budget for contraceptives.

Throughout 2007, TfH had sought to work with the MOH to plan a national conference to launch the SPRHN but, due to political uncertainties, it wasn't until October that the event was actually held. Aimed at helping oblasts adopt local RH Programs supporting the SPRHN, the event was cosponsored by the MOH, the Health Policy Initiative (Constella-Futures) and MIHP. MOH First Deputy Minister, Andriy Musienko, and Leslie Perry, Director of USAID's Office of Health and Social Transition, as well as other senior government officials, participated, along with about 100 representatives from 23 oblasts, including deputy heads of OHDs, head ob-gyns and oblast financial specialists.

The one-day event focused on presenting MOH priorities for oblast-level implementation of the SPRHN and clarified follow-up steps that oblasts need to take to obtain financial support from oblast authorities. TfH presented a package developed with the MOH's Maternal and Child Health (MCH) and State Programs departments to facilitate implementation of the program: *Technical and Financial Guidelines for Developing Oblast FP/RH Programs in the Framework of the State Program “Reproductive Health of the Nation” up to 2015*. The package included copies of all the documentation governing State Programs and their implementation at the oblast level, templates for an oblast concept paper, for a detailed program description, for the program “passport,” annual indicators and an Excel spreadsheet to facilitate planning and budgeting. Vinnytsya and Poltava oblasts, that had used the TfH package in draft form, described their draft programs and the process used to develop them. Breaking the mold of using funds largely for procurement of equipment, with the attendant potential for corruption, they brought a new public health perspective to a State Program in the health sector, also allocating money for procurement of preventive supplies (like contraceptives or kits to detect cervical cancer), life saving drugs for complicated deliveries, as well as for BCC activities and improving providers' knowledge and skills on FP/RH. Moreover, their programs were developed in much more transparent and democratic ways than is usually the case in Ukraine, collaborating with multi-sectoral working groups including NGOs, and holding public consultations, presenting the draft Program at meetings, conferences and on the oblasts' web sites. Some oblasts even posted their approved Programs, with details of activities and funding levels, on the OHDs' website.

Recognizing the potential for a truly national program after this event, the MOH sent follow-up letters to the heads of oblast administrations and oblast councils encouraging them to adopt RH Programs in time to get funding for 2008. Signaled by the MOH to make the RH Program a priority, the oblasts rapidly began developing their programs and TfH worked with its partner oblasts to help them in the process and provided limited technical assistance to some other oblasts. Each quarter since the conference, the number of oblasts with local RH Programs has grown. By the end of Project Year 3, 21 oblasts^{†††}—two thirds of all oblasts in Ukraine—had adopted Programs authorizing about \$28 million for FP/RH (up to 2015), with \$24.5 for contraceptive procurement, almost \$1 million for improving health workers' knowledge and skills, and \$3.2 million for BCC. Most of the oblasts that adopted Programs used the TfH tools and reported that they facilitated the notoriously complicated process of developing an oblast health program.

TfH's “advocacy package,” *The Rationale for FP in Ukraine: Evidence from Europe, Eurasia and the US*, developed by project partner, Harvard School of Public Health (HSPH), in Year 2 was disseminated to all

oblasts at the conference (and to a broader group of counterparts in project oblasts) to help them advocate for funding for FP in their RH programs. It proved very useful in demonstrating how FP contributes to maternal and child health and reductions in STIs and HIV, as well as combating arguments—frequently made by financial officials—against government funding for FP and contraceptive procurement for populations other than those with medical contraindications to pregnancy. Toward the end of the year, TfH learned that USAID’s Bureau for Europe and Eurasia considered the document a potentially valuable resource to advocate for FP throughout the former Soviet Union and had asked the Europe and Eurasia Regional Family Planning Activity to adapt it for use throughout the region.

While most TfH efforts were concentrated on supporting oblast-level Programs, TfH also helped the MOH with arguments to advocate with the Ministry of Finance for full funding of FP/RH activities in the SPRHN for 2008. Full funding for the Program was approved for the year: a total of almost \$12.2 million, of which about \$422,600 is for FP, to procure contraceptives for vulnerable populations identified in the SPRHN (\$258,000) and to better equip FP/RH centers around the country, and \$2.2 million for early detection of STIs.

The past year also saw the first steps on Program implementation at the national level, although these were hampered by the uncertainty about leadership on MCH issues at the MOH. The MOH established a National Coordinating Committee for the SPRHN, with almost 40 members, headed by the Minister of Health and a first meeting of the committee was held in August, at very short notice and with poor attendance. While most of the agenda was related to adding new national programs to the SPRHN, because of the Cabinet of Ministers’ reluctance to approve new programs, there was one valuable presentation by the head of the State Programs’ Department of the MOH, with an update on progress with the Program, based on expenditures versus appropriated funds. TfH was also invited to work with the MOH to suggest working groups to implement the SPRHN, terms of reference for those groups and possible members; and also to propose functions and a staffing structure for a Program management unit to be housed in the Institute of Pediatrics, Obstetrics and Gynecology.

While TfH’s main agenda in supporting the SPRHN has been to build a sustainable FP/RH program for the future, the project’s work on the Program has also supported the decentralization of government, more transparent decision-making and improved governance. Reports by the MOH and oblast counterparts—often in open meetings—about how SPRHN money is being spent are one example. Another is Poltava Oblast’s development of its Program, posting a draft, with objectives, activities and budgets, on the OHD website for public comment.

Supporting Modern Public Health Management

In the previous project year, work with faculty members from NMAPE and Kyiv Mohyla School of Public Health (KMSPH) to research and prepare material for a training program to strengthen the management of FP/RH in the field progressed slowly. This changed in fall 2007, when Dr. Marc Mitchell from HSPH gave a half-day lecture at NMAPE attended by the Rector, who then threw his weight behind the development of the training curriculum, which he sees as valuable for the institution because of its public health orientation and its use of modern teaching methods. Since that time, a small group of NMAPE faculty has worked closely and enthusiastically with Dr. Mitchell by e-mail and telephone, to research and prepare lectures, case studies and modules based on experience in improving FP/RH care in Ukraine and strengthening the health system within which FP/RH care is provided. As the project year ends, a program covering the following topics and tied to FP/RH is nearing completion: a public health approach to planning, healthy lifestyles, use of information, the role of the manager, quality of care and client-centered care, managing human resources and financing. Unfortunately, in fall 2007, partners from KMSPH decided not to participate in the working group on the grounds that they didn’t have time to work on developing the program.

Dr. Mitchell will visit Kyiv in October to work with the NMAPE faculty members to prepare for practice teaching to groups of doctors already working in management positions and going through continuing medical education at NMAPE. He will mentor and co-teach with the NMAPE faculty members as they teach their material for the first time and then work with them to make final changes to the curriculum. The expectation is that the curriculum will be ready in the first quarter of Year 4. While this course will no longer be taught for managers of FP/RH in TfH’s partner oblasts, as originally envisioned, the collaborative process used to develop the program ensures that it will be integrated into NMAPE training for health managers. Moreover, with a small group of faculty members now experienced in developing modules around modern public health-oriented approaches, and with some experience in teaching this material using a modern, very practical case study approach with real life examples from the field, TfH is confident that it has made a valuable contribution to improving health management, particularly around FP/RH, in Ukraine.

Mobilizing Counterpart Contributions

From the beginning of the project, Tfh has encouraged its public and private sector counterparts to invest in FP/RH. In Year 3, the project was able to mobilize almost \$1 million in counterpart contributions, with approximately \$560,000 coming from Government counterparts and about \$428,000 from the private sector. Contributions from the public sector included funds used for contraceptive procurements; workshops, roundtables and training workshops on FP/RH conducted at oblast expense; mass media time and space; the time of OHD officials, other FP/RH managers, health workers, BCC educators and other government personnel; office space and utilities for offices where Tfh oblast staff work; venues for Tfh-supported meetings, trainings, BCC events; and other items. Private sector contributions came from reductions in contraceptive prices by two PSPs; contraceptive samples donated by PSPs for training and BCC activities; NGO cost sharing; mass media time and space in private media; Bayer Schering Pharma's support for joint workshops with Tfh; SMD's donation of contraceptive sales data; the time of private sector partners' staff in Kyiv and in the oblasts, the time of private sector pharmacists; and other items.

IV. Project Management

The project faced a number of management challenges during this project year. After spending at a very high level for much of Year 2, JSI submitted to USAID a request for a realigned budget covering four years, rather than five. In November, the project heard that this request was not accepted and project management then worked with the Mission to decide on programmatic priorities for a five year project reaching at least 13 OHDs, at a reduced level of spending. Tfh Senior Advisor from JSI/Boston, Christine Claypoole, visited Kyiv in February to assist with this effort. General agreement was reached on how to move forward in the second half of the project and, in light of this agreement, a revised workplan for the second half of Project Year 3 was submitted to USAID and approved.

The decisions about how to move forward in the remaining years of the project had a number of implications. COP, Asta-Maria Kenney, made several trips to the seven partner oblasts to explain project directions and reach agreement with partners on their roles moving forward. JSI terminated nine local staff—reducing the number of Ukrainian employees from 31 to 22—with others assuming part-time status. AED also terminated one of its four staff in Kyiv. JSI significantly reduced its headquarters budget and reached agreement with AED and HSPH on reduced budgets for the remainder of the project.

Ms. Kenney also announced her plan to leave Ukraine in November and JSI received Mission approval for Dr. Laurentiu Mihail Stan, currently Deputy COP, to step into her position. At year's end, the management structure to support Dr. Stan was still being discussed with the Mission.

A new Policy Coordinator, Natalia Zaglada, joined the staff in October, after working with Tfh on the SPRHN for over a year part-time. A young American intern, Rachel Criswell, in Ukraine on a Fulbright scholarship, volunteered with the project for most of the year, undertaking a variety of tasks. Policy Advisor, Bohdan Pidverbetsky, and M&E Coordinator, Viktoriya Tymoshevska, left the project to take important steps up the professional ladder and they still need to be replaced.

Addressing these overriding management issues meant that plans to seek additional funding for project activities were not fully realized. However, JSI staff worked with PSPs in the pharmaceutical sector to outline a joint project, *Together for Health: Expanding Family Planning through the Private Sector*, and submit it as a concept paper for Global Development Alliance funding. Unfortunately, it was rejected on the grounds that it was too similar to the activities already conducted under the Tfh project.

Addressing Compliance Issues

Tfh devoted considerable time and effort to compliance issues, particularly related to FP, abortion and HIV-related requirements. Staff implemented project guidelines on FP and abortion throughout the year and management updated the guidelines in June to include HIV requirements applicable to USAID-donated condoms (see below.) Staff also followed the special project guidelines for NGOs receiving grants from Tfh.

Tfh conducted 16 visits to monitor clinical trainings, 21 to pharmacy trainings, 36 to BCC events and seven to NGO events. Comprehensive pre-award screening visits were conducted to the five NGOs that submitted successful applications for a grant from Tfh (see page 8) to review their policies, programs, administrative and financial records for compliance with USAID requirements. The new grantees also provided the signed certifications required under the so-called Mexico City policy. All 15 active NGO grantees also received visits to their offices to monitor their technical, administrative and financial compliance once during the year. In

addition, staff conducted a comprehensive pre-award screening visit to the NGO *Family from A to Z*, which won a competitive bidding process to make a video for FP Week.

TfH also participated in joint monitoring visits with USAID staff to Lviv and Poltava oblasts, including monitoring of compliance with USAID family planning and abortion requirements. These trips included visits to health facilities and pharmacies in urban and rural areas, meetings with oblast and local officials, TfH-trained health workers, clinical trainers, pharmacists, BCC educators and NGO grantees. A third visit to Vinnytsya Oblast was organized, but was postponed at the Mission's request. All these visits and reviews found that TfH activities and partners in the field were following the principles of voluntarism and informed choice and there was no indication of any violation of restrictions on abortion-related activities.

Over a period of several months, TfH worked with its Cognizant Technical Officer (CTO) and the Regional Legal Advisor to prepare an agreement between the project and OHDs that would apply to recipients of donated contraceptives and condoms—the latter purchased with USAID HIV funding, triggering HIV requirements. Under the agreements, OHDs receiving USAID-donated contraceptives are required to comply with USAID voluntarism and informed choice provisions, as well as “ABC” provisions, and to pass on these provisions through an oblast-level *prikaz* to health facilities receiving the donation. By the end of the project year, TfH's seven current partner oblasts, as well as Cherkasy, Khmelnytsky and Rivne, had signed these agreements and the seven “old” oblasts had adopted the required *prikazes*.

TfH also received a review of its compliance with the “environmental considerations” provisions of its cooperative agreement from its CTO and environmental officers from USAID/Washington and USAID/Ukraine, including a site visit to the FP Center in Dnipropetrovsk. Project management explained how it had incorporated information about infection prevention and proper handling and disposal of medical waste into its reference manuals and trainings for health workers as well as into its monitoring visits to health workers.

V. Constraints

The uncertain political climate continued to complicate TfH's work at the national level. Having acquired new counterparts at the MOH, with limited familiarity with FP/RH, at the end of Year 2, staff was able to work with them and they turned out to be supportive of its work. However, after the September elections, their status became unclear, pending the appointment of a new Minister of Health, making them increasingly reluctant to make decisions. Meanwhile, the former head of the MCH department, Nadya Zhylka, who had been a strong advocate of progressive policies on FP/RH as well as the force behind the SPRHN, was demoted and after extended periods of vacation and sick leave, left the Ministry. Thus, for months on end, TfH had no day-to-day counterpart. It wasn't until July that a new team was put into place. All this uncertainty slowed the project's efforts to support the SPRHN at the national level, complicated the planning and execution of the FP campaign, and delayed final agreement on the project's oblast expansion plans.

Annex 1: List of NGOs Awarded Grants in October 2008

Center for Family Support (Novomoskovsk, Dnipropetrovsk Oblast) for a project entitled “Youth Theater ‘Together for Health’” to raise awareness on FP/RH among youth and people of reproductive age. This project focused on developing and performing a play about responsible behavior and protecting RH. The play was performed for students in vocational schools and other educational institutions and in TfH pilot rayons in Dnipropetrovsk Oblast.

Women’s Information and Coordination Center (Dnipropetrovsk) for a project entitled “Preserving the RH of the Population of Dnipropetrovsk Oblast” aimed at reducing the number of abortions by promoting modern contraceptive methods. Activities included an information campaign through radio, television and the newspaper *Dniprovska Pravda*, the creation and distribution of a FP/RH brochure listing pharmacies and health facilities with TfH-trained providers, and a telephone hotline for FP counseling.

Volunteer Oblast Youth Center (Vinnytsya) for a project entitled “Conscious Present—Happy Future.” This project sought to educate youth and teachers about FP/RH in rural regions of Vinnytsya Oblast through teacher trainings and public awareness activities. It also reached out to marginal youth communities through educational sessions held at orphanages.

Volunteers’ Club of Lutsk City (Volyn) for a project entitled “Healthy Youth Generation—Happy Ukrainian Nation.” This project addressed issues of FP/RH with teenagers and people of reproductive age through the mass media. Activities included educational round tables with journalists and representatives of educational institutions, creating an RH rubric to appear in the oblast newspaper, and conducting trainings with TfH-trained trainers.

Liubystok Center for Family Practical Psychology (Lutsk, Volyn Oblast) for a project entitled “Health of Youth—Welfare of Society” implementing innovative BCC techniques in two pilot rayons of Volyn Oblast. This group sought to reach the youth of the oblast by conducting a press conference on FP/RH issues, authoring two FP/RH booklets, and establishing a mobile counseling center and telephone hotline on FP/RH. The group also held roundtables, trainings and seminars on FP/RH issues and trained volunteers who organized special events on FP/RH.

Together for Health M&E Results

Project Year 3

October 2007 – September 2008

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 (e.g. August 1, 2007 to July 31, 2008 = 2008)
- **TfH project activities:** Project Year 3 (i.e. October 1, 2007 – September 30, 2008);
- **TfH surveys** (Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments)—see table below:

Oblast	Year 1	Year 2	Year 3
Kharkiv	August 2006		November 2007
Lviv	September 2006		December 2007
Dnipropetrovsk		July 2007	
Odessa		November 2007	
Poltava		May 2007	
Vinnitsya		June 2007	
Volyn		April 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. Moreover, the numbers reflect doctors' formal or informal prescriptions and, in most cases, not actual provision of a method.

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 Assessments

In Project Year 3, TfH conducted a baseline assessment in Odessa oblast and two follow-up assessments in Kharkiv and Lviv oblasts. Several of the tables in this document present baseline data for seven oblasts or present results from baseline and follow-up assessments in Kharkiv and Lviv—even though not all these assessments were conducted in Year 3. Complete data are presented in order to facilitate comparisons between oblasts or over time. The timeframe for the assessments is shown in the table above.

The assessments included four instruments: Client Exit Questionnaires (CEQ), Provider Knowledge, Attitudes and Practices Questionnaires (PKAP), facility assessments and pharmacy assessments. The tables below show the number of respondents/facilities in the baseline assessment in Odessa Oblast and the follow-up assessments in Kharkiv and Lviv:

Baseline Assessment: Odessa Oblast	
Providers completing PKAP	100
Clients completing CEQ	332
Health facilities assessed	22
Pharmacies assessed	64

Follow-up Assessments			
	Kharkiv	Lviv	Total
Providers completing PKAP	100	144	244
Clients completing CEQ	444	446	890
Health facilities assessed	30	29	59
Pharmacies assessed	91	90	181

The sampling frame of the baseline assessment in Odessa Oblast was based on all health facilities that provide FP/RH services in the oblast: 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. 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 were randomly selected using Probability Proportion to Size methodology.

The sampling frame of the follow-up assessments in Kharkiv and Lviv oblasts was based on the list of health facilities that have TfH-trained health providers; this list was produced from the database containing records of all TfH-trained health providers in all oblasts. Again, only large health facilities that have TfH-trained providers were included in the assessment.

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.

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

Data about contraceptive sales in pharmacies are donated to the project by SMD, a market research company specializing in the pharmaceutical sales data. When calculating CYPs, in addition to data on contraceptive sales, TfH includes data about contraceptives procured by the MOH and oblast partners and distribution of USAID-donated commodities. These data cover one-year periods running from August 1 to July 31. Thus 2006 sales = August 1, 2005, to July 31, 2006; 2007 sales = August 1, 2006, to July 31, 2007; and 2008 sales = August 1, 2007, to July 31, 2008. These data are used to calculate CYPs for the same time periods, using the following conversion factors:

Table 2.

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

Data for Prior Project Years

There are some differences in the numbers reported here and in the Annual Report for Project Year 2 due to database cleaning.

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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, Vinnytsya, Volyn; <u>SW Railroads:</u> Chernigiv, Khmelnytsky, Kyiv, Sumy, Zhytomir	10 oblasts: <u>Oblast Health Departments:</u> Kharkiv, Lviv, Odessa, Dnipropetrovsk, Poltava, Vinnytsya, Volyn, Cherkasy, Khmelnytsky, Rivne	Pursuant to discussions with USAID in Year 3, it was decided that TfH should work with 13 oblast health departments, rather than working with other partners in the oblasts. Accordingly, the project dropped its collaboration with the S.W. Railroads and initiated partnerships with additional oblast health departments.
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	Total: 5 5 BCC grants	
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	Project Database	0	Total: 2,974 Kharkiv – 1,267 Lviv – 1,005 Dnipropetrovsk – 126 Odessa – 0 Poltava – 201 Vinnytsya – 144 Volyn – 124 Kyiv, other – 107	Total 7 TfH oblasts - 3,147 Kharkiv - 597 Lviv - 496 Dnipropetrovsk - 462 Odessa - 292 Poltava - 445 Vinnytsya - 452 Volyn - 397 Kiev, other - 6	
4a	Number of major coordination/dissemination/ policy events organized by TfH (by oblast and topic)	Project Documents/ Reports	4	19	3	- <i>TfH Oblast Conference</i> for project oblasts to share experiences and plans, Kyiv, October 10/11, 2007—7 partner oblasts; - <i>Conference on</i>

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
4a						<i>Technical and Financial Guidelines for Developing Oblast FP/RH Programs in the Framework of SPRHN, Kyiv, October 17—23 oblasts;</i> - <i>Meeting with Current and New Together for Health Oblasts, Kyiv, July 23—12 TfH oblasts (Khmelnysky was absent)</i>
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	Total: 148 22.3% (33) men 77.7% (115) women	The percentages of men and women may not add to 100% because some participants' full names did not appear on registration forms
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	2006 Ukraine – 18.6	2007 Ukraine – 17.2	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	2006 Ukraine – 503.0	2007 Ukraine – 448.0	
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%	2007 Ukraine – 50.8%	- Year 1 result is from preliminary WAPS data; - Year 2 result is from final WAPS report, issued 2007; - Year 3 result is from UDHS 2007

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
						preliminary report; - Comparisons between WAPS and UDHS should be made with caution due to different methodologies.
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	2006 Ukraine – 297.2	2007 Ukraine – 302.5	See Table 2 for details by oblast
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 Vinnytsya – 14,128 Volyn – 15,752	2008 Ukraine – 796,889 CYPs Kharkiv – 56,205 Lviv – 43,075 Dnipropetrovsk – 85,929 Odessa – 36,518 Poltava – 44,697 Vinnytsya – 18,047 Volyn – 18,790 Cherkasy – 21,173 Donetsk – 43,011 Ivano-Frankivsk – 9,433 Khmelnysky – 17,977 Rivne – 14,831 Zaporizhya – 29,914	See Table 3 for details by oblast 2006 = Aug. 2005 – July 2006 2007 = Aug. 2006 – July 2007 2008 = Aug. 2007 – July 2008
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 Vinnytsya – 4,605 Volyn – 5,204	2007 Ukraine – 305,384 CYPs Kharkiv – 26,258 Lviv – 22,623 Dnipropetrovsk – 37,756 Odessa – 16,622 Poltava – 16,595 Vinnytsya – 5,216 Volyn – 5,953	

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
					Cherkasy – 5,982 Donetsk – 16,652 Ivano-Frankivsk – 4,440 Khmelnysky – 6,504 Rivne – 5,877 Zaporizhya – 14,047	
Result 1: Improved service provider skills and behaviors related to FP/RH						
Performance indicators						
11	Number of Clinical Working Group meetings held during the year	Meeting Minutes	4	12	3	
1.2a	Number of clinical Trainings of Trainers (ToTs) conducted during the year (by oblast)	Project Database	1	Total – 11 Kharkiv – 4 Lviv – 3 Dnipropetrovsk – 1 Odessa – 0 Poltava: -1 Vinnytsya – 1 Volyn – 1	Total – 1 Odessa – 1	
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 Vinnytsya – 14 Volyn – 11	Total – 15 Odessa – 15 0 – men 15 – women
1.3a	Number of clinical <u>trainings</u> on FP/RH conducted during the year (by oblast)	Project Database	0	Total – 84 Kharkiv – 37 Lviv – 38 Dnipropetrovsk – 2 Odessa – 0 Poltava – 3 Vinnytsya – 1 Volyn – 3	Total – 80 Kharkiv – 15 Lviv – 14 Dnipropetrovsk – 10 Odessa – 8 Poltava – 11 Vinnytsya – 11 Volyn – 11	Includes 5-day FP/RH trainings and 3-day postpartum/postabortion FP trainings

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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 Vinnytsya – 21 Volyn – 58	Total – 1,626 Kharkiv – 281 Lviv – 279 Dnipropetrovsk – 220 Odessa – 162 Poltava – 235 Vinnytsya – 220 Volyn – 229	See Table 5a – 5c for details by oblast, gender and type of provider
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%	Follow-up Assessment Kharkiv – 86.7% Lviv – 72.4%	The results for Years 2 and 3 are not comparable, because of different methodologies in data collection. Year 2 results are from a proxy measure.
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	Project Database	0	In 6 TfH oblasts - 39.5% Kharkiv: 63.7% Lviv: 63.2% Dnipropetrovsk: 15.9% Poltava: 36.5% Vinnytsya: 28.1% Volyn: 36.0%	In 7 TfH oblasts - 51.8% Kharkiv – 72.6% Lviv – 79.1% Dnipropetrovsk – 35.3% Odessa – 26.3% Poltava – 36.5% Vinnytsya – 54.6% Volyn – 58.2%	
1.5b	Number of <u>new access points</u> for FP/RH services that have at least one health provider trained by TfH	Project Database	0	In 6 TfH oblasts – 348 Kharkiv – 139 Lviv – 159 Dnipropetrovsk – 7 Poltava – 19 Vinnytsya – 6 Volyn – 13	In 7 TfH oblasts – 395 Kharkiv - 57 Lviv – 52 Dnipropetrovsk – 46 Odessa – 20 Poltava – 68 Vinnytsya – 86 Volyn – 66	

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
1.6	Average pre- and post-test scores of trained health providers (by oblast)	Project Database	N/A	Average pre-test score – 58.6% Average post-test score – 90.8%	Average pre-test score – 55.5% Average post-test score – 92.9%	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 of the Year 2 Annual Report	N/A	
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 of the Year 2 Annual Report	See Table 7	
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 of the Year 2 Annual Report	See Table 7	
1.9	Percent (%) of FP/RH <u>providers</u> (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% Vinnytsya – 38.3% Volyn – 18.8%	Baseline Assessment: Odessa – 28.0% Follow-up Assessment Kharkiv – 33.0% Lviv – 30.6%	There are no baseline data for Kharkiv and Lviv because the Provider Knowledge, Attitudes & Practices Questionnaire was introduced after the baseline assessments in those two oblasts had been conducted.

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
1.10	Percent (%) of RH <u>clients</u> (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% Vinnytsya – 67.8% Volyn – 53.7%	Baseline Assessment: Odessa – 71.1% Follow-up Assessment Kharkiv – 65.2% Lviv – 78.7%	
1.11	Percent (%) of RH <u>clients</u> (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% Vinnytsya – 72.9% Volyn – 55.2%	Baseline Assessment: Odessa – 70.7% Follow-up Assessment Kharkiv – 65.4% Lviv – 77.4%	
1.12	Percent (%) of RH <u>clients</u> (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% Vinnytsya – 52.5% Volyn – 33.5%	Baseline Assessment: Odessa – 40.3% Follow-up Assessment Kharkiv – 53.2% Lviv – 56.5%	
1.13a	Number of registered IUD users per 1,000 women aged 15-49 years (by oblast)	MOH Statistics	2005 Ukraine – 140.9	2006 Ukraine – 138.4	2007 Ukraine – 136.2	See Table 2 for details by oblast
1.13b	Number of registered hormonal method users per 1,000 women aged 15-49 years (by oblast)		2005 Ukraine – 148.6	2006 Ukraine – 158.8	2007 Ukraine – 166.3	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	0	
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	Brochures – 127,046 Posters - 5,858 Video/DVD - 202 “FP-friendly” logo – 7,726	See Tables 8a – 8d for details by oblast and type of material

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
2.3a	Number of BCC <u>trainings</u> of community educators conducted during the year (including railroad educators) (by oblast)	Project Database	1	Total - 5 Kharkiv - 1 Lviv - 2 Dnipropetrovsk & Poltava - 1 Alushta - 1	Total - 3 Odessa - 1 Vinnytsya - 1 Volyn - 1	
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 - 11 Poltava - 9 Alushta - 24	Total - 42 Odessa - 10 Vinnytsya - 22 Volyn - 10	See Tables 9a and 9b for details by oblast and gender
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	Total - 2 Kharkiv - 1 Odessa - 1	- Press-conference for Georgia-Ukraine FP training workshop, Kharkiv, November 2007 - Orientation on FP/RH for journalists, Odessa, April 2008
2.4b	Number of <u>journalists/media</u> professionals participating in media events regarding TfH and FP/RH (by oblast and gender)	Project Documents/ Reports	4	Total - 25 5 men 20 women	Total - 25 Kharkiv - 16 (5 men, 11 women) Odessa - 9 (1 man, 8 women)	
2.5a	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	Newspaper/magazine articles - 111 TV spots/programs - 107 Radio spots/programs - 56 Internet - 26	See Tables 10a - 10d for details by oblast and type of mass media

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
2.5b	Total number of people reached by BCC interpersonal communications, IEC materials and mass media on FP/RH during the year (TfH oblasts)	IEC/BCC Tracking	n/a	n/a	Total – 3,829,974 Kharkiv – 1,223,503 Lviv – 145,345 Dnipropetrovsk – 673,513 Odessa – 146,024 Poltava – 170,623 Vinnytsya – 877,106 Volyn – 586,296 Kyiv & NGOs – 7,564	See Table 11 for details by oblast
2.6a	Number of BCC activities/education sessions on FP/RH conducted (excluding SW railroads) (by oblast)	Project Database	0	Total - 412 Kharkiv - 166 Lviv - 245 Dnipropetrovsk - 0 Odessa - 0 Poltava - 0 Vinnytsya - 1 Volyn - 0	Total – 1,113 Kharkiv – 288 Lviv – 128 Dnipropetrovsk – 203 Odessa – 0 Poltava – 63 Vinnytsya – 270 Volyn – 161	
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	Total: 19,263 34.7% men 65.3% women	See Tables 12a & 12b 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)	Project Database	2	Total - 120 Kyiv - 59 Chernigiv - 13 Khmelnysky - 0 Sumy - 8 Vinnytsya - 38 Zhytomir - 1 Kharkiv - 1	Total - 0	Collaboration with the SW Railroads was discontinued in Year 3
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	Total - 0	Collaboration with the SW Railroads was discontinued in Year 3

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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	Proxy Measure: <i>FP methods poster</i> - 95% (64 facilities out of 67) <i>FP methods brochure</i> - 98% (66 out of 67 facilities)	Follow-up assessment <i>FP methods poster</i> Kharkiv – 86.7% Lviv – 72.4% <i>FP methods brochure</i> Kharkiv – 36.7% Lviv – 79.3%	The results for Years 2 and 3 are not comparable, because of different methodologies in data collection. Year 2 results are from a proxy measure.
Effectiveness indicators						
2.9a	Percent (%) of RH clients (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 of the Year 2 Annual Report	See Tables 13a & 13b	
2.9b	Mean score (on a scale of 1-5; with 5 being the most positive attitude) for RH clients' (of all who complete a Client Exit Questionnaire) attitudes toward modern contraceptive methods (by oblast and method)		See Year 1 report	See Table 14 of the Year 2 Annual Report	See Tables 13a & 13b	
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% Vinnytsya - 46.3% Volyn - 47.1%	Baseline Assessment: Odessa - 63.2% Follow-up Assessment Kharkiv – 57.4% Lviv – 56.3%	
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% Vinnytsya - 76.8% Volyn - 67.4%	Baseline Assessment: Odessa - 83.2% Follow-up Assessment Kharkiv – 84.7% Lviv – 81.6%	
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% Vinnytsya - 28.6% Volyn - 29.3%	Baseline Assessment: Odessa – 41.9% Follow-up Assessment Kharkiv – 47.1% Lviv – 38.1%	

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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% Vinnytsya - 15.9% Volyn - 18.6%	Baseline Assessment: Odessa – 20.2% Follow-up Assessment Kharkiv – 30.2% Lviv – 22.4%	
Result 3: Increased availability, accessibility and affordability of contraceptives						
Performance indicators						
3.1	Number of Private Sector/Contraceptive Security Working Group meetings held during the year	Project Documents/ Reports	2	3	3	- Two working group meetings on post-graduate education curriculum on FP/RH; - One meeting with PSPs
3.2	Number of agreements reached with pharmaceutical companies for a partnership program for implementation in oblasts	Project Documents/ Reports	4	7	0	TfH continues to work with its 7 Private Sector Partners pursuant to the agreement adopted in December 2006
3.3	"Contraceptive Availability Minimum Package" (CAMP) of contraceptives defined (including different methods and prices)	Project Documents/ Reports	Yes	Yes (updated)	No	As of April 2008, TfH discontinued activities to support the CAMP
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	Total - 5 Kharkiv – 1 Lviv – 1 Odessa – 1 Poltava – 1 Vinnytsya – 1	
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	Total - 50 Kharkiv – 10 Lviv – 9 Odessa – 8 Poltava – 11 Vinnytsya – 12	See Tables 14a & 14b for details by oblast and gender

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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 Vinnytsya - 2 Volyn - 4	Total - 76 Kharkiv – 17 Lviv – 15 Dnipropetrovsk – 13 Odessa – 5 Poltava – 9 Vinnytsya – 9 Volyn – 8	
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 Vinnytsya - 109 Volyn - 42	Total – 1,418 Kharkiv – 309 Lviv – 212 Dnipropetrovsk – 242 Odessa – 97 Poltava – 200 Vinnytsya – 198 Volyn – 160	See Tables 15a & 15b for details by oblast and gender
3.6	Average pre- and post-test score of trained pharmacy staff (by oblast)	Project Database	N/A	Average pre-test score - 53% Average post-test score - 85.8%	Average pre-test score – 53.3% Average post-test score – 86.4%	See Table 16 for details by oblast
3.7	Number of events/conferences conducted for trained pharmacists (by oblast)	Project Documents/ Reports	N/A	0	0	
3.8	Percent (%) of pharmacies (of all pharmacies visited) displaying program logo at time of visit (by oblast)	Pharmacy Assessments	N/A	No information available	Follow-up Assessment: Kharkiv – 30.8% Lviv – 23.3%	
Effectiveness indicators						
3.9	Cumulative number of pharmacies awarded FP-friendly logo (by oblast)	Project Documents/ Reports	0	Total - 547 Kharkiv - 205 Lviv -130 Dnipropetrovsk - 38 Poltava - 85 Vinnytsya - 34 Volyn - 55	Total – 994 Kharkiv – 243 Lviv – 195 Dnipropetrovsk – 109 Odessa – 54 Poltava – 150 Vinnytsya – 146	

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
					Volyn – 97	
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% Vinnytsya - 5% Volyn - 21%	Total in 7 TfH oblasts – 18.6% Kharkiv – 23.6% Lviv – 35.9% Dnipropetrovsk – 8.5% Odessa – 4.9% Poltava – 26.9% Vinnytsya – 25.4% Volyn – 38.3%	
3.11	Number of contraceptive supplies from CAMP sold by partner pharmaceutical companies (by oblast)	Contraceptive sales data from SMD	Total CAMP sales, 2006 Ukraine COCs – 1,788,444 POPs – 7,177 Injectable – 28,386 Condoms – 7,290,321 IUDs – 38,634 EC – 524,855	Total CAMP sales, 2007 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	Total CAMP sales, 2008 Ukraine COCs – 1,343,666 POPs (Exluton) – 8,023 Injectable – 14,847 Condoms – 18,223,308 IUDs (Pregna T 380 A) – 2,351 EC – 625,468	- See Table 17 for details by oblast - 2006 = Aug. 2005–July 2006 2007 = Aug. 2006–July 2007 2008 = Aug. 2007–July 2008
3.12	Percent (%) of pharmacies visited that have CAMP products available (by oblast)	Pharmacy Assessments	Kharkiv – 0% Lviv – 0%	Baseline assessment: Dnipropetrovsk: 0% Poltava: 0% Vinnytsya: 0% Volyn: 0%	Baseline Assessment: Odessa - 0% Follow-up Assessment: Kharkiv -7 % Lviv - 0%	
3.13	Percent (%) of pharmacies (of all pharmacies visited) with TfH IEC materials on display (by oblast and type of materials)	Pharmacy Assessments	N/A	Not available	Follow-up Assessment: <i>FP methods poster</i> Kharkiv – 26.4% Lviv – 30.0% <i>FP methods brochure -</i> Kharkiv – 15.4% Lviv – 28.9%	

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
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	\$428,609	
Result 4: Increased capacity and commitment of the public sector to support policies and systems for improved reproductive health						
Performance indicators						
4.1	Number of coordination meetings held regarding the National RH Program	Project Documents/ Reports	3	2	10	- 1 national-level meeting; - 9 oblast-level meetings
4.2	Number of legal/policy documents on FP/RH adopted by GOU	Project Documents/ Reports	1	4	23	See Table 18 for details
4.3	Advocacy packages on FP/RH developed	Project Documents/ Reports	0	1	0	The Advocacy Package developed in Year 2 meets the needs of TfH and counterparts to advocate for FP/RH
4.4	Financing methodologies for FP/RH services developed and implemented	Project Documents/ Reports	0	0	0	
4.5a	Number of trainings on management and advocacy for FP/RH conducted during the year (by oblast)	Project Database	0	2—Kyiv	0	
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	0	
Effectiveness indicators						
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	2	- <i>Manual Postpartum and Postabortion Family Planning</i> , approved by Medical Commission at the Methodological

TfH Indicator Matrix (October 1, 2007 – September 30, 2008, except when indicated)						
#	Indicator	Data Source	Year 1	Year 2	Year 3	Comments - Year 3 Data
						<p>Council of the Ministry of Health and Ministry of Education and Science of Ukraine, Protocol #4, December 24, 2007</p> <ul style="list-style-type: none"> - Manual <i>FP for People Living with HIV</i> approved by Central Medical Commission at the Methodological Council of the Ministry of Health and Ministry of Education and Science of Ukraine, Protocol #23-01-25/56, May 22, 2008
4.7	New curriculum/clinical guidelines and/or protocols adopted by continuing medical education and/or supervision	Project Documents/ Reports	0	0	2	<ul style="list-style-type: none"> - Manual <i>Postpartum and Postabortion Family Planning</i>, see 4.6 above; - Manual <i>FP for People Living with HIV</i>, see 4.6 above.
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	\$560,521	

Supplementary Tables
M&E Results, Year 3, October 1, 2007 - September 30, 2008

Table 1. Abortion Rate and Ratio, 2005, 2006 and 2007

Area	Abortion Rate			Abortion Ratio		
	2005	2006	2007	2005	2006	2007
Ukraine	19.5	18.6	17.2	586.7	503.0	448.0
AR Crimea	23.0	21.2	19.7	690.3	556.7	475.2
Vinnitsya	22.2	20.4	18.4	641.1	527.5	461.9
Volyn	17.8	16.3	15.5	379.7	314.4	293.9
Dnipropetrovsk	22.6	21.3	19.4	723.2	595.1	523.1
Donetsk	22.0	19.8	18.8	766.0	608.3	551.9
Zhytomyr	18.5	18.9	17.6	525.1	491.6	429.1
Zakarpattia	13.7	12.4	11.6	292.9	247.8	229.0
Zaporizhya	21.5	21.9	18.2	699.9	624.7	495.5
Ivano-Frankivsk	9.2	8.5	8.4	227.1	195.2	186.7
Kyiv	23.3	23.4	21.9	763.7	713.5	620.7
Kirovohrad	27.7	27.0	24.5	874.6	778.8	661.1
Luhansk	24.2	23.3	21.7	893.9	750.8	668.6
Lviv	13.5	13.3	11.2	354.9	329.8	274.1
Mykolayiv	21.9	21.4	20.4	688.6	593.9	529.0
Odessa	26.4	25.4	24.9	714.5	637.8	579.6
Poltava	21.5	20.0	20.5	739.0	572.1	598.0
Rivne	10.1	11.5	10.2	227.3	222.1	197.3
Sumy	10.9	8.5	9.6	379.5	272.0	305.5
Ternopil	11.5	11.0	9.5	302.7	271.4	238.2
Kharkiv	14.2	12.8	10.8	513.2	419.2	332.8
Kherson	23.7	22.3	19.0	719.3	584.7	485.1
Khmelnysky	13.8	14.3	13.9	291.0	360.9	344.8
Cherkasy	14.4	12.9	12.5	322.5	382.0	357.6
Chernivtsi	18.4	17.0	15.8	310.7	402.1	380.1
Chernihiv	26.3	24.4	22.3	464.2	728.8	659.7
Kyiv City	19.9	20.8	18.9	377.1	576.5	513.3
Sevastopol City	22.8	21.0	19.6	392.6	550.8	487.9

Source: MOH of Ukraine

Table 2. Registered Hormonal Method and IUD Users, per 1,000 WRA, 2005, 2006 and 2007

Area	2005			2006			2007		
	Hormonal methods	IUDs	Total	Hormonal methods	IUDs	Total	Hormonal methods	IUDs	Total
Ukraine	148.6	140.9	289.5	158.8	138.4	297.2	166.3	136.2	302.5
AR Crimea	122.1	98.8	220.9	118.9	94.2	213.1	122.2	88.7	210.9
Vinnitsya	153.4	151.7	305.1	161.0	142.9	303.9	164.4	137.3	301.7
Volyn	116.0	154.7	270.7	119.2	130.3	249.4	121.7	107.3	229.0
Dnipropetrovsk	104.8	144.7	249.4	117.0	151.5	268.6	126.2	154.3	280.5
Donetsk	186.2	155.4	341.6	207.4	146.8	354.2	209.6	143.6	353.2
Zhytomyr	94.0	145.3	239.3	115.2	139.7	255.0	124.1	136.9	261.0
Zakarpattia	81.7	78.3	160.0	82.4	67.9	150.4	82.2	75.4	157.6
Zaporizhya	213.5	173.7	387.1	209.7	174.2	383.9	210.3	173.2	383.5
Ivano-Frankivsk	148.0	180.4	328.4	174.4	189.4	363.8	187.0	200.1	387.1
Kyiv	96.6	155.4	251.9	108.5	150.4	258.9	120.6	140.1	260.7
Kirovohrad	131.8	166.2	298.0	133.2	154.0	287.2	132.3	152.1	284.4
Luhansk	77.6	129.5	207.0	93.7	122.6	216.3	116.1	116.9	233.0
Lviv	190.6	81.8	272.4	199.3	83.4	282.7	196.1	83.7	279.8
Mykolayiv	150.2	106.5	256.7	169.1	114.2	283.3	163.1	107.5	270.6
Odessa	148.4	182.2	330.6	156.3	178.9	335.2	168.5	173.1	341.6
Poltava	125.5	172.2	297.7	128.1	167.3	295.3	132.9	163.8	296.7
Rivne	126.7	139.1	265.7	135.7	133.6	269.3	131.9	122.0	253.9
Sumy	192.4	305.2	497.6	228.4	312.5	540.9	245.3	327.8	573.1
Ternopil	127.2	94.5	221.7	133.3	96.2	229.5	126.4	97.7	224.1
Kharkiv	166.3	144.2	310.5	181.3	146.6	328.0	205.6	156.4	362.0
Kherson	144.7	92.6	237.3	143.2	93.0	236.2	161.2	83.0	244.2
Khmelnysky	203.0	197.9	400.9	199.2	194.0	393.2	212.5	178.4	390.9
Cherkasy	79.1	97.0	176.1	79.3	95.5	174.8	88.6	93.6	182.2
Chernivtsi	182.2	272.4	454.6	194.3	272.0	466.3	221.3	266.1	487.4
Chernihiv	162.9	106.1	268.9	169.1	106.9	276.0	172.0	107.3	279.3
Kyiv City	230.5	63.3	293.8	237.9	61.6	299.5	239.5	59.9	299.4
Sevastopol City	24.5	81.4	106.0	89.9	81.8	171.8	109.2	85.8	195.0

Source: MOH of Ukraine

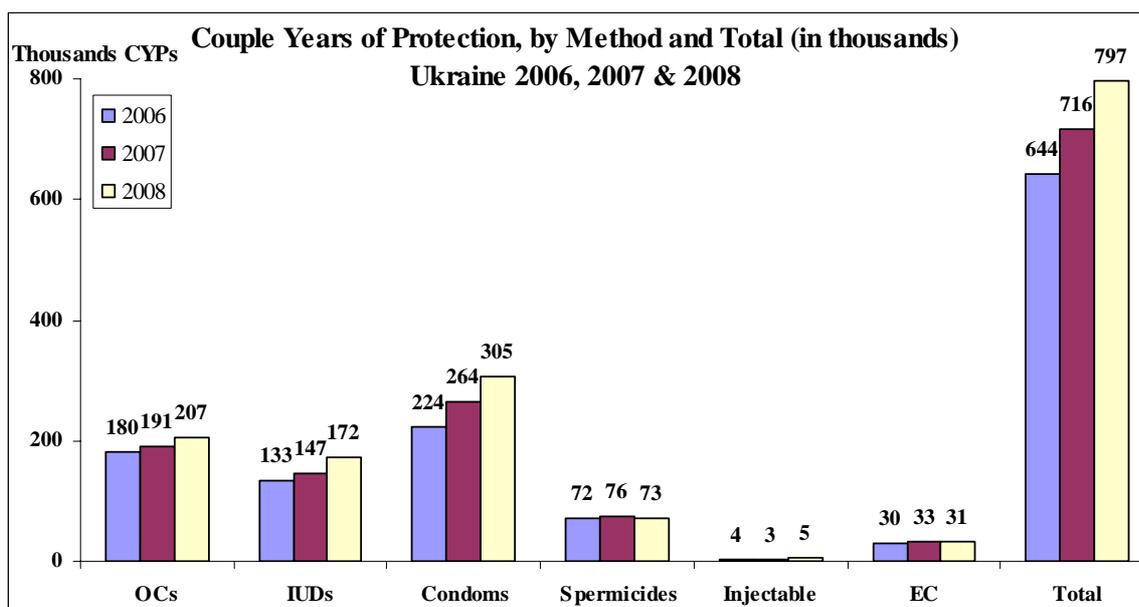
Table 3. Couple-Years of Protection (CYPs), Ukraine & 13 TFH Oblasts

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs
Ukraine				
COCs	140,359	179,832	190,346	206,038
POP (Exluton)	620	430	438	617
IUDs	108,626	132,598	146,969	172,022
Condoms	155,377	224,360	263,568	305,384
Spermicides	54,743	71,884	75,805	72,502
Injectable	2,728	3,560	3,264	4,635
Patch	24	434	797	1,923
NuvaRing	0	535	1,573	2,473
EC (Postinor)	23,178	30,202	33,253	31,296
Total CYPs	485,655	643,836	716,013	796,889

Kharkiv				
COCs	7,818	9,771	9,230	10,640
POP (Exluton)	28	26	19	24
IUDs	9,198	19,145	9,034	11,634
Condoms	7,833	20,036	25,791	26,258
Spermicides	4,030	6,139	5,890	4,791
Injectable	279	166	44	89
Patch	5	62	74	543
NuvaRing	0	15	27	57
EC (Postinor)	1,683	2,371	2,399	2,169
Total CYPs	30,874	57,731	52,507	56,205
Lviv				
COCs	5,301	6,177	6,670	5,821
POP (Exluton)	18	3	12	16
IUDs	5,072	6,146	5,530	10,546
Condoms	14,612	18,281	20,413	22,623
Spermicides	2,482	2,875	2,777	2,202
Injectable	102	158	147	211
Patch	1	15	8	24
NuvaRing	0	19	104	49
EC (Postinor)	1,392	1,588	1,814	1,583
Total CYPs	28,979	35,263	37,475	43,075
Dnipropetrovsk				
COCs	6,513	17,210	17,952	19,402
POP (Exluton)	12	23	31	57
IUDs	9,989	9,170	8,810	17,042
Condoms	13,144	24,095	28,182	37,756
Spermicides	2,974	7,379	7,813	7,407
Injectable	96	301	301	373
Patch	2	139	194	294
NuvaRing	0	84	271	372
EC (Postinor)	976	2,850	3,477	3,227
Total CYPs	33,706	61,251	67,030	85,929
Odessa				
COCs	4,511	5,054	7,776	11,332
POP (Exluton)	13	9	12	38
IUDs	2,121	2,898	5,992	2,926
Condoms	13,882	10,756	15,306	16,622
Spermicides	2,461	2,754	2,830	3,349
Injectable	69	150	114	89
Patch	2	26	76	170
NuvaRing	0	33	105	179
EC (Postinor)	1,092	1,015	1,357	1,813
Total CYPs	24,152	22,696	33,568	36,518
Poltava				
COCs	5,768	9,718	10,955	8,866
POP (Exluton)	4	18	12	16
IUDs	8,271	11,855	11,743	14,791
Condoms	8,294	12,709	15,177	16,595
Spermicides	2,324	4,167	4,933	3,280
Injectable	28	341	165	143
Patch	0	0	9	53
NuvaRing	0	0	4	4
EC (Postinor)	695	1,157	1,459	949
Total CYPs	25,383	39,966	44,455	44,697

Vinnitsya				
COCs	3,503	4,737	4,647	5,595
POP (Exluton)	18	9	10	20
IUDs	2,695	1,600	1,964	3,843
Condoms	3,683	4,224	4,605	5,216
Spermicides	1,723	2,159	2,182	2,404
Injectable	24	49	13	180
Patch	0	0	5	59
NuvaRing	0	3	12	52
EC (Postinor)	473	610	690	679
Total CYPs	12,118	13,392	14,128	18,047
Volyn				
COCs	3,355	4,484	4,583	4,674
POP (Exluton)	7	15	9	20
IUDs	2,790	2,202	3,206	5,481
Condoms	3,314	3,447	5,204	5,953
Spermicides	1,248	1,544	1,675	1,538
Injectable	69	152	107	147
Patch	0	0	0	0
NuvaRing	0	0	0	0
EC (Postinor)	782	805	968	977
Total CYPs	11,566	12,648	15,752	18,790
Cherkasy				
COCs	3,716	5,690	6,781	5,969
POP (Exluton)	11	6	3	1
IUDs	2,727	3,042	5,079	5,173
Condoms	4,282	5,385	6,586	5,982
Spermicides	1,805	2,833	3,312	3,030
Injectable	40	33	31	28
Patch	0	0	0	13
NuvaRing	0	0	16	21
EC (Postinor)	643	1,029	1,085	955
Total CYPs	13,223	18,018	22,894	21,173
Donetsk				
COCs	15,036	18,221	15,603	13,927
POP (Exluton)	67	52	42	89
IUDs	3,203	6,192	5,950	6,370
Condoms	10,635	16,591	16,547	16,652
Spermicides	4,704	5,212	4,532	4,064
Injectable	206	203	85	118
Patch	9	37	62	83
NuvaRing	0	14	4	79
EC (Postinor)	1,836	2,016	1,898	1,627
Total CYPs	35,696	48,538	44,723	43,011
Ivano-Frankivsk				
COCs	3,518	4,401	3,349	2,181
POP (Exluton)	14	0	1	2
IUDs	8,358	5,397	9,741	1,442
Condoms	7,300	6,796	4,553	4,440
Spermicides	1,328	1,557	1,051	764
Injectable	121	34	72	136
Patch	0	1	4	9
NuvaRing	0	1	1	2
EC (Postinor)	792	912	684	457
Total CYPs	21,431	19,099	19,454	9,433

Khmelnytsky				
COCs	4,638	3,761	4,084	3,686
POP (Exluton)	0	0	0	2
IUDs	1,456	956	6,531	6,052
Condoms	2,105	2,009	3,928	6,504
Spermicides	997	910	1,185	1,112
Injectable	83	28	17	28
Patch	0	0	1	3
NuvaRing	0	0	0	4
EC (Postinor)	456	376	553	587
Total CYPs	9,733	8,039	16,299	17,977
Rivne				
COCs	2,958	2,733	2,726	2,999
POP (Exluton)	4	0	0	0
IUDs	2,842	4,309	6,545	3,080
Condoms	2,385	4,341	4,850	5,877
Spermicides	1,409	1,443	1,591	1,927
Injectable	40	22	17	47
Patch	0	0	0	0
NuvaRing	0	0	0	0
EC (Postinor)	556	729	773	901
Total CYPs	10,195	13,577	16,502	14,831
Zaporyzhya				
COCs	5,678	6,726	11,207	8,525
POP (Exluton)	15	0	6	24
IUDs	2,160	3,031	3,024	2,608
Condoms	3,495	9,619	14,211	14,047
Spermicides	1,928	2,470	3,635	3,178
Injectable	287	385	198	131
Patch	0	11	36	41
NuvaRing	0	38	122	132
EC (Postinor)	660	918	1,598	1,230
Total CYPs	14,222	23,197	34,037	29,914



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

Table 4.a. Number of clinical trainers trained in FP/RH, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	38	0	38
2	Lviv	29	0	29
3	Dnipropetrovsk	12	0	12
4	Odessa	0	15	15
5	Poltava	16	0	16
6	Vinnitsya	14	0	14
7	Volyn	11	0	11
	Total	120	15	135

Table 4.b. Number of clinical trainers trained in FP/RH, by oblast and gender, Year 3 and to date

		Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	0	0	30	8
2	Lviv	0	0	26	3
3	Dnipropetrovsk	0	0	11	1
4	Odessa	15	0	15	0
5	Poltava	0	0	14	2
6	Vinnitsya	0	0	13	1
7	Volyn	0	0	11	0
8	Total	15	0	120	15

Table 5a. Number of health providers trained in FP/RH, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	744	281	1,025
2	Lviv	716	279	995
3	Dnipropetrovsk	35	220	255
4	Odessa	0	162	162
5	Poltava	62	235	297
6	Vinnitsya	21	220	241
7	Volyn	58	229	287
	Total	1,636	1,626	3,262

Table 5.b. Number of health providers trained in FP/RH, by oblast and gender, Year 3 and to date

		Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	256	25	923	102
2	Lviv	244	35	865	130
3	Dnipropetrovsk	191	29	224	31
4	Odessa	153	9	153	9
5	Poltava	208	27	267	30
6	Vinnitsya	192	28	211	30
7	Volyn	202	27	259	28
8	Total	1,445	180	2,901	360

Note: Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 5.c. Number of health providers trained in FP/RH, by oblast and type of provider.

#	Oblast	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Year 2										
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	Vinnitsya	21	0	0	0	0	0	0	0	21
7	Volyn	33	4	10	1	3	0	0	7	58
8	Kyiv	14	0	2	2	0	0	2	1	21
8	Total Year 2	559	202	300	162	303	53	20	58	1,636
Year 3										
1	Kharkiv	57	32	62	29	88	10	0	0	278
2	Lviv	103	49	72	5	37	5	0	4	275
3	Dnipropetrovsk	114	11	68	5	11	2	2	7	220
4	Odessa	101	11	44	2	4	0	0	0	162
5	Poltava	90	39	59	12	27	0	1	6	234
6	Vinnitsya	48	51	66	5	45	2	0	3	220
7	Volyn	64	29	70	37	22	0	2	3	227
8	Kyiv	5	1	0	0	0	0	0	0	6
9	Total Year 3	582	223	441	95	234	19	5	23	1,622
To Date										
1	Kharkiv	213	156	162	109	311	48	1	22	1022
2	Lviv	377	117	243	84	104	20	17	29	991
3	Dnipropetrovsk	133	12	77	5	14	2	2	10	255
4	Odessa	101	11	44	2	4	0	0	0	162
5	Poltava	132	44	67	12	34	0	1	6	296
6	Vinnitsya	69	51	66	5	45	2	0	3	241
7	Volyn	97	33	80	38	25	0	2	10	285
8	Kyiv	19	1	2	2	0	0	2	1	27
9	Total to Date	1,141	425	741	257	537	72	25	81	3,252

Note: The totals in this table may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their specialty

Figure 5: Distribution of Trained Health Providers by Type of Provider, 7 TtH Oblasts, Project Year 3 (Total N=1,622 trained)

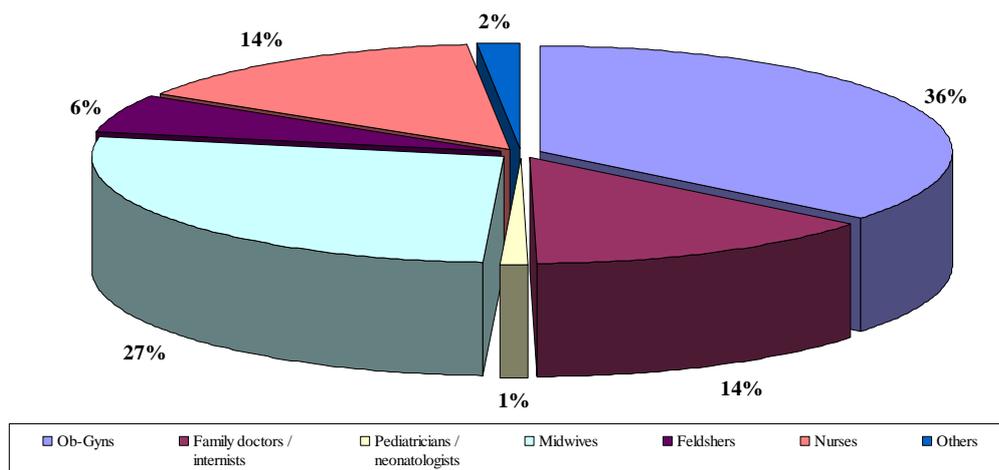


Table 6. Average pre- and post-test scores of trained health providers, by oblast, Project Year 3

#	Oblast	Pre-test score	Post-test score
1	Kharkiv	53.7%	91.2%
2	Lviv	56.5%	94.5%
3	Dnipropetrovsk	60.4%	88.6%
4	Odessa	59.0%	90.7%
5	Poltava	58.5%	92.2%
6	Vinnitsya	49.3%	97.6%
7	Volyn	52.7%	95.2%
8	Total	55.5%	92.9%

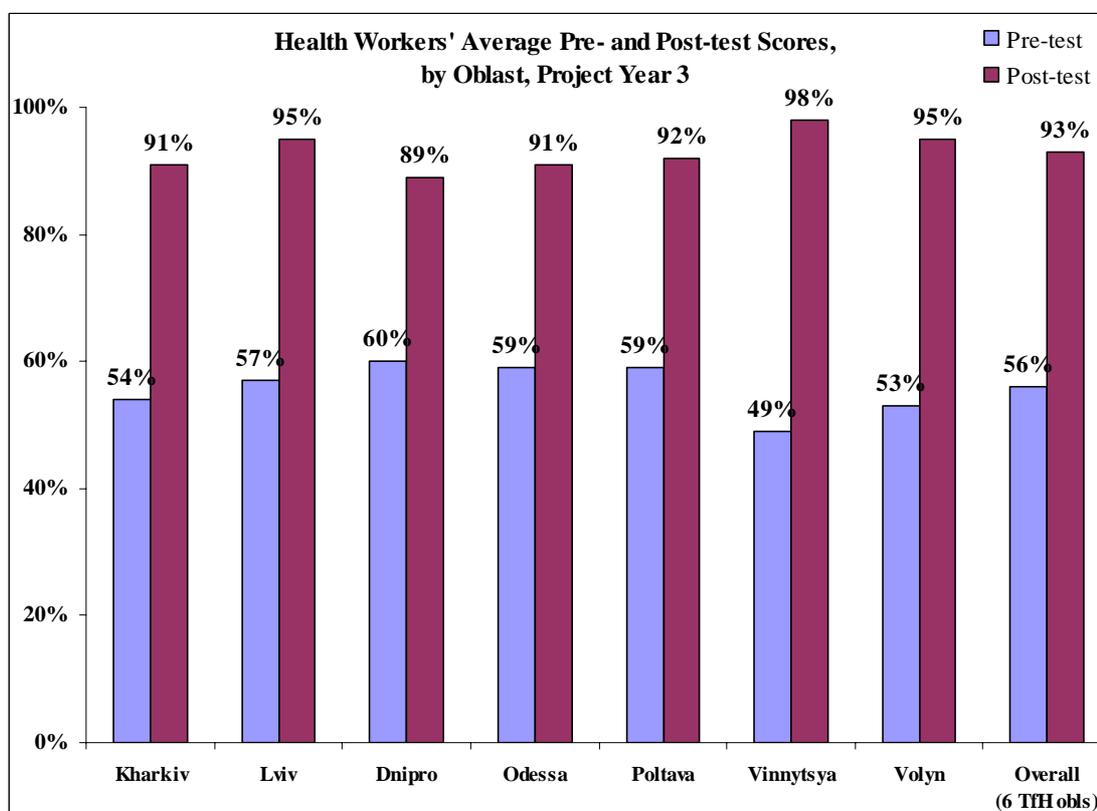


Table 7. Percent (%) of FP/RH providers (of all who complete a Provider Knowledge, Attitudes & Practices Questionnaire) with positive attitudes to modern contraceptive methods; and mean score (on a scale of 1-5; with 5 being the most positive attitude) for attitudes toward contraceptive methods, by oblast and method, Project Year 3

Method	Dnipro-petrovsk	Kharkiv*	Lviv*	Odessa	Poltava	Vinnitsya	Volyn
Combined oral contraception	N=95	N=100	N=144	N=100	N=90	N=94	N=101
Mean score	4.5	4.6	4.3	4.4	4.4	4.5	4.3
Positive attitude	97.9%	99.0%	91.7%	94.0%	91.1%	98.9%	85.2%
Progestin-only Pills	N=90	N=100	N=143	N=99	N=86	N=93	N=99
Mean score	3.8	3.9	3.8	3.8	3.8	3.6	3.6
Positive attitude	67.8%	78.0%	71.3%	66.7%	73.3%	62.4%	58.6%
Intrauterine devices (IUD)	N=95	N=100	N=144	N=100	N=90	N=94	N=101
Mean score	4.1	4.3	4.0	3.9	4.1	3.7	3.9
Positive attitude	94.7%	91.0%	82.6%	82.0%	88.9%	71.3%	78.2%
Injectables (Depo-Provera)	N=91	N=94	N=141	N=100	N=87	N=87	N=81
Mean score	3.2	3.6	3.2	3.0	2.8	3.1	3.0
Positive attitude	38.5%	59.6%	39.7%	30.0%	31.0%	35.6%	30.9%
Condoms	N=95	N=99	N=144	N=100	N=90	N=93	N=98
Mean score	3.8	4.2	4.2	3.9	3.8	4.0	4.2
Positive attitude	64.2%	84.9%	84.7%	73.0%	66.7%	72.0%	82.7%
Female sterilization	N=92	N=97	N=139	N=100	N=90	N=92	N=100
Mean score	3.0	3.3	3.4	3.5	3.4	3.4	3.2
Positive attitude”	39.1%	42.3%	47.5%	56.0%	55.6%	54.4%	47.0%
Male sterilization	N=89	N=93	N=135	N=93	N=81	N=86	N=92
Mean score	3.1	3.3	3.4	3.4	3.3	3.3	3.2
Positive attitude	43.8%	38.7%	48.9%	52.7%	50.6%	44.2%	45.7%
Emergency Contraception	N=95	N=99	N=143	N=100	N=89	N=94	N=97
Mean score	2.7	2.9	3.0	2.6	2.4	2.8	2.6
Positive attitude	26.3%	41.4%	37.1%	23.0%	20.2%	30.9%	25.8%
Spermicides	N=94	N=99	N=144	N=100	N=90	N=94	N=100
Mean score	3.3	3.5	3.5	3.5	3.3	3.3	3.6
Positive attitude	41.5%	60.6%	52.1%	53.0%	50.0%	43.6%	60.0%
Hormonal patch “Evra”	N=72	N=96	N=129	N=90	N=60	N=84	N=65
Mean score	4.0	4.4	3.9	4.2	3.7	3.9	4.0
Positive attitude	79.2%	93.8%	72.1%	85.6%	60.0%	69.1%	70.8%
Vaginal Ring “NuvaRing”	N=73	N=92	N=121	N=90	N=63	N=86	N=77
Mean score	3.8	4.1	3.7	4.2	3.3	4.1	3.8
Positive attitude	64.4%	85.9%	56.2%	81.1%	42.9%	75.6%	58.4%
LAM	N=95	N=98	N=144	N=100	N=88	N=94	N=97
Mean score	3.4	4.1	4.1	3.7	2.9	3.5	3.6
Positive attitude	46.3%	78.6%	77.1%	64.0%	27.3%	55.3%	53.6%
Natural FP methods	N=95	N=99	N=144	N=100	N=90	N=94	N=101
Mean score	2.9	3.1	3.6	3.1	2.8	2.9	3.6
Positive attitude	20.0%	33.3%	56.9%	27.0%	18.9%	28.7%	53.5%
Withdrawal	N=95	N=99	N=144	N=100	N=90	N=94	N=99
Mean score	1.7	1.9	2.5	2.0	2.0	2.2	2.1
Positive attitude	1.1%	1.0%	16.0%	9.0%	7.8%	4.3%	7.1%

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

* Data for Kharkiv and Lviv are from follow-up assessments. The Provider Knowledge, Attitudes & Practices Questionnaire was introduced after baseline surveys were conducted in these two oblasts, so no baseline data are available for them.

Table 8.a. Number of brochures distributed, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	36,945	38,555	75,500
2	Lviv	17,575	17,640	35,215
3	Dnipropetrovsk	4,805	16,570	21,375
4	Odessa	0	10,990	10,990
5	Poltava	23,070	16,075	39,145
6	Vinnytsya	1,180	8,772	9,952
7	Volyn	5,219	16,652	21,871
8	Kyiv	2,765	1,232	3,997
9	NGOs	1,000	560	1,560
	Total	92,559	127,046	219,605

Note: Materials distributed in Kyiv were distributed by the Tfh office to various audiences for various purposes, and include distribution through the S.W. Railroads

Table 8.b. Number of posters distributed, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	2,620	1,391	4,011
2	Lviv	2,155	753	2,908
3	Dnipropetrovsk	212	361	573
4	Odessa	0	644	644
5	Poltava	1,023	857	1,880
6	Vinnytsya	144	450	598
7	Volyn	366	816	1,182
8	Kyiv	599	586	1,310
9	NGOs	0	0	0
	Total	7,119	5,858	12,981

Note: Materials distributed in Kyiv were distributed by the Tfh office to various audiences for various purposes, and include distribution through the S.W. Railroads

Table 8.c. Number of videos distributed, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	173	38	211
2	Lviv	28	0	28
3	Dnipropetrovsk	4	73	77
4	Odessa	0	0	0
5	Poltava	42	10	52
6	Vinnytsya	0	0	0
7	Volyn	2	10	12
8	Kyiv	192	71	270
9	NGOs	0	0	0
	Total	441	202	643

Note: Materials distributed in Kyiv were distributed by the Tfh office to various audiences for various purposes, and include distribution through the S.W. Railroads

Table 8.d. Number of logos distributed, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	1,616	1,244	2,860
2	Lviv	0*	869	869
3	Dnipropetrovsk	158	529	687
4	Odessa	0	1,110	1,110
5	Poltava	408	794	1,202
6	Vinnytsya	98	860	958
7	Volyn	408	1,386	1,794
8	Kyiv	348	934	1,282
	Total	3,036	7,726	10,762

* 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 9.a. Number of BCC community educators trained, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	0	23	0	23
2	Lviv	0	31	0	31
3	Dnipropetrovsk	0	11	0	11
4	Odessa	0	0	10	10
5	Poltava	0	9	0	9
6	Vinnitsya	0	0	22	22
7	Volyn	0	0	10	10
8	Alushta	0	24	0	24
9	Kyiv	15	0	0	15
10	Total	15	98	42	155

Note: The Alushta workshop included participants from several oblasts; the Kyiv workshop was for the S.W. Railroads.

Table 9.b. Number of BCC community educators trained, by oblast and gender, Year 3 and to date

	Oblast	Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	0	0	22	1
2	Lviv	0	0	20	11
3	Dnipropetrovsk	0	0	11	0
4	Odessa	9	1	9	1
5	Poltava	0	0	9	0
6	Vinnitsya	19	3	19	3
7	Volyn	8	2	8	2
8	Alushta	0	0	16	8
9	Kyiv	0	0	0	15
10	Total	36	6	114	41

Note: The Alushta workshop included participants from several oblasts; the Kyiv workshop was for the S.W. Railroads.

Table 10.a. Number of print articles distributed, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	0	16	8	24
2	Lviv	1	3	6	10
3	Dnipropetrovsk	0	0	30	30
4	Odessa	0	0	5	5
5	Poltava	0	14	18	32
6	Vinnitsya	0	3	20	23
7	Volyn	0	4	15	19
8	Kyiv	0	12	7	19
9	NGOs	0	0	2	2
	Total	1	52	111	164

Note: Kyiv includes distribution through the S.W. Railroads

Table 10.b. Number of TV spots/programs distributed, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	0	32	43	75
2	Lviv	6	2	3	11
3	Dnipropetrovsk	0	0	15	15
4	Odessa	0	0	2	2
5	Poltava	0	6	16	22
6	Vinnitsya	0	1	12	13
7	Volyn	0	2	12	14
8	Kyiv	0	2	2	3
9	NGOs	0	0	3	3
	Total	6	45	107	158

Note: Kyiv includes distribution through the S.W. Railroads

Table 10.c. Number of radio spots/programs disseminated, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	0	2	7	9
2	Lviv	4	4	7	15
3	Dnipropetrovsk	0	0	3	3
4	Odessa	0	0	0	0
5	Poltava	0	1	4	5
6	Vinnitsya	0	4	16	20
7	Volyn	0	4	15	19
8	Kyiv	0	0	0	0
9	NGOs	0	0	4	4
	Total	4	15	56	75

Note: Kyiv includes distribution through the S.W. Railroads

Table 10.d. Number of Internet articles disseminated, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	0	5	20	25
2	Lviv	1	5	0	6
3	Dnipropetrovsk	0	0	1	1
4	Odessa	0	0	1	1
5	Poltava	0	0	1	1
6	Vinnitsya	0	0	0	0
7	Volyn	0	2	3	5
8	Kyiv	0	2	0	2
9	NGOs	0	0	0	0
	Total	1	14	26	41

Note: Kyiv includes distribution through the S.W. Railroads

Table 11: Number of people reached by BCC interpersonal communications, IEC materials and mass Media on FP/RH

#	Oblast	Interpersonal Communication	Special Events	Brochures	Mass Media	People Reached
1	Kharkiv	4,387	46,730	38555	1,133,831	1,223,503
2	Lviv	2,174	7,550	17640	118,000	145,345
3	Dnipro	3,909	1,890	16570	651,144	673,513
4	Odessa	0	375	10990	134,659	146,024
5	Poltava	967	9,030	16075	144,556	170,623
6	Vinnitsya	5,032	5,369	8772	858,057	877,106
7	Volyn	2,794	24,458	16652	542,392	586,296
8	Kyiv	0	0	1232	0	1,232
9	NGOs	0	5,772	560	0	6,332
	Total	19,263	101,174	127,046	3,582,639	3,829,974

Table 12.a. Number of participants in educational sessions on FP/RH, by oblast

#	Oblast	Year 1	Year 2	Year 3	To Date
1	Kharkiv	15	2,418	4,387	6,820
2	Lviv	0	4,676	2,174	6,850
3	Dnipropetrovsk	0	0	3,909	3,909
4	Odessa	0	0	0	0
5	Poltava	0	0	967	9,67
6	Vinnitsya	0	20	5,032	5,052
7	Volyn	0	0	2,794	2,794
8	Kyiv/Railroads	12	2,055	0	2,067
9	Total	27	9,169	19,263	28,459

Table 12.b. Number of participants in educational sessions on FP/RH, by oblast and gender, Year 3 and to date

		Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	2,265	2,122	3,839	2,983
2	Lviv	1,579	576	4,462	2,353
3	Dnipropetrovsk	2,637	1,272	2,637	1,272
4	Odessa	0	0	0	0
5	Poltava	534	428	534	428
6	Volyn	3,259	1,649	3,268	1,660
7	Vinnitsya	2,212	582	2,212	582
8	Total	12,486	6,629	16,952	9,278

Note: Breakdowns by gender may not always add to the same number as the total number of Participants in educational sessions because of incomplete reporting, e.g. participants not providing their full name.

Table 12.c. BCC mass public events (e.g. Valentine's Day, HIV/AIDS Day, Family Week), by oblast.

#	Oblast	Year 2		Year 3		To Date	
		# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants
1	Kharkiv	23	23,199	18	46,730	41	69,929
2	Lviv	6	5,042	9	7,550	15	12,592
3	Dnipropetrovsk	2	234	7	1,890	9	2,124
4	Odessa	1	10,000	4	375	5	10,375
5	Poltava	2	8,000	6	9,030	8	17,030
6	Vinnitsya	4	520	30	5,369	34	5,889
7	Volyn	0	0	31	24,458	31	24,458
8	Kyiv	4	850	0	0	4	850
9	NGOs	3	8,070	79	5,772	82	13,842
10	Total	45	55,915	184	101,174	229	157,089

Table 13.a. Percent (%) of FP/RH clients (of all who complete a Client Exit Questionnaire) in Kharkiv and Lviv oblasts 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, at baseline (2006) and follow-up (2007)

CONTRACEPTIVE METHOD	Kharkiv		Lviv	
	Baseline	Follow-up	Baseline	Follow-up
Combined oral contraceptives	N=451	N=431	N=423	N=436
Mean score	3.7	4.0	3.5	3.8
Positive attitude	51.0%	66.0%	39.7%	62.4%
Intrauterine devices (IUD)	N=451	N=439	N=421	N=439
Mean score	3.7	3.8	3.5	3.8
Positive attitude	56.8%	63.3%	41.6%	68.6%
Injectables (Depo-Provera)	N=443	N=425	N=416	N=423
Mean score	3	3.4	2.9	2.9
Positive attitude	12.0%	23.1%	11.5%	14.7%
Condoms	N=451	N=437	N=422	N=435
Mean score	3.7	4.0	3.9	4.1
Positive attitude	59.4%	76.7%	61.9%	85.8%
Female sterilization	N=445	N=430	N=417	N=432
Mean score	2.3	2.8	2.7	2.7
Positive attitude	12.4%	24.7%	16.6%	19.7%
Male sterilization	N=444	N=429	N=415	N=430
Mean score	2.4	2.8	2.8	2.7
Positive attitude	12.4%	23.5%	17.8%	16.5%
Emergency Contraception	N=443	N=430	N=413	N=427
Mean score	2.8	3.2	2.8	3.0
Positive attitude	18.5%	28.6%	12.6%	29.3%
Spermicides	N=444	N=433	N=418	N=430
Mean score	3.4	3.5	3.5	3.4
Positive attitude	33.3%	39.0%	33.3%	38.6%
Hormonal patch “Evra”		N=429		N=429
Mean score	n/a	3.6	n/a	3.6
Positive attitude	n/a	29.6%	n/a	30.3%
Vaginal Ring “NuvaRing”		N=425		N=420
Mean score	n/a	3.4	n/a	3.3
Positive attitude	n/a	20.2%	n/a	23.1%
LAM	N=442	N=421	N=415	N=426
Mean score	2.7	3.4	3.5	4.1
Positive attitude	10.0%	24.9%	21.5%	62.2%
Natural FP methods	N=449	N=427	N=416	N=434
Mean score	2.9	3.1	3.4	3.6
Positive attitude	20.5%	31.6%	36.8%	53.5%
Withdrawal	N=452	N=432	N=418	N=436
Mean score	2.4	2.4	2.7	2.8
Positive attitude	13.7%	14.8%	19.4%	22.7%
Abortion	N=450	N=434	N=419	N=429
Mean score	1.3	1.3	1.3	1.3
Positive attitude	0.9%	0.5%	0.7%	0.7%

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

Table 13.b. 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 at baseline, by oblast, Project Year 3

Method	Dnipropetrovsk	Odessa	Poltava	Vinnitsya	Volyn
Combined oral	N=332	N=324	N=309	N=307	N=315
Mean score	3.7	3.9	3.9	3.7	3.6
Positive attitude	55.42%	60.8%	53.4%	51.8%	43.8%
Intrauterine devices (IUD)	N=330	N=323	N=312	N=306	N=315
Mean score	3.7	3.8	3.7	3.5	3.7
Positive attitude	61.2%	64.7%	60.9%	51.0%	50.5%
Injectables (Depo-Provera)	N=320	N=322	N=300	N=298	N=305
Mean score	3.0	2.9	2.7	3.1	2.8
Positive attitude	11.3%	14.0%	9.7%	12.4%	7.2%
Condoms	N=333	N=323	N=307	N=306	N=316
Mean score	3.6	3.8	3.7	3.8	4.0
Positive attitude	55.6%	37.8%	59.0%	70.3%	68.7%
Female sterilization	N=326	N=322	N=304	N=304	N=311
Mean score	2.7	2.8	2.7	2.4	2.6
Positive attitude	19.0%	23.3%	21.4%	11.5%	15.8%
Male sterilization	N=327	N=323	N=304	N=304	N=304
Mean score	2.6	2.8	2.7	2.5	2.7
Positive attitude	17.7%	21.0%	18.8%	12.2%	16.1%
Emergency Contraception	N=321	N=322	N=299	N=303	N=310
Mean score	3.0	3.0	2.6	3.0	2.9
Positive attitude	20.3%	23.3%	15.1%	15.5%	14.2%
Spermicides	N=326	N=322	N=302	N=306	N=313
Mean score	3.4	3.4	3.3	3.4	3.4
Positive attitude	37.1%	41.9%	30.8%	33.7%	26.5%
Hormonal patch “Evra”	N=325	N=323	N=296	N=305	N=310
Mean score	3.5	3.7	3.5	3.5	3.3
Positive attitude	16.3%	26.0%	11.8%	14.8%	12.3%
Vaginal Ring “NuvaRing”	N=325	N=323	N=297	N=305	N=309
Mean score	3.3	3.5	3.5	3.5	3.2
Positive attitude	14.8%	21.1%	11.8%	18.4%	12.9%
LAM	N=316	N=320	N=299	N=306	N=309
Mean score	3.0	3.3	3.0	3.1	3.4
Positive attitude	15.5%	24.4%	16.7%	16.7%	20.4%
Natural FP methods	N=324	N=323	N=299	N=307	N=318
Mean score	2.8	3.0	3.0	3.2	3.4
Positive attitude	19.1%	30.0%	21.7%	29.6%	40.6%
Withdrawal	N=329	N=325	N=305	N=308	N=315
Mean score	2.4	2.6	2.4	2.7	2.5
Positive attitude	11.3%	20.6%	17.1%	23.1%	14.0%
Abortion	N=326	N=323	N=306	N=306	N=313
Mean score	1.3	1.4	1.2	1.3	1.2
Positive attitude	0.9%	2.5%	0.0%	0.7%	0.6%

Table 14.a. Number of pharmacy trainers trained, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	0	10	10
2	Lviv	0	9	9
3	Dnipropetrovsk	13	0	13
4	Odessa	0	8	8
5	Poltava	0	11	11
6	Vinnitsya	0	12	12
7	Volyn	13	0	13
8	Kyiv	17*	0	17
9	Total	43	50	93

* The Kyiv workshop was for trainers from Kharkiv and Lviv

Table 14.b. Number of pharmacy trainers trained, by oblast and gender, Year 3 and to date

		Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	9	1	9	1
2	Lviv	9	0	9	0
3	Dnipropetrovsk	0	0	11	2
4	Odessa	6	2	6	2
5	Poltava	10	1	10	1
6	Vinnitsya	8	4	8	4
7	Volyn	0	0	10	3
8	Kyiv	0	0	10	7
9	Total	42	8	73	20

Note: Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 15.a. Number of pharmacy staff trained in FP/RH, by oblast

#	Oblast	Year 2	Year 3	To Date
1	Kharkiv	464	309	773
2	Lviv	229	212	441
3	Dnipropetrovsk	46	242	288
4	Odessa	0	97	97
5	Poltava	123	200	323
6	Vinnitsya	42	198	240
7	Volyn	109	160	269
8	Kyiv	6	0	6
9	Total	1,019	1,418	2,437

Note: The workshop in Kyiv was for SMD staff preparing to conduct follow-up visits to pharmacies

Table 15.b. Number of pharmacy staff trained in FP/RH, by oblast and gender, Year 3 and to date

		Year 3		To Date	
		Female	Male	Female	Male
1	Kharkiv	289	20	742	30
2	Lviv	196	16	402	28
3	Dnipropetrovsk	231	11	273	13
4	Odessa	92	5	92	5
5	Poltava	190	10	300	13
6	Vinnitsya	168	30	205	34
7	Volyn	154	6	253	11
8	Kyiv	0	0	5	1
9	Total	1,320	98	2,270	135

Note: Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 16. Average pre- and post-test scores of trained pharmacists, by oblast, Project Year 3

#	Oblast	Pre-test score	Post-test score
1	Kharkiv	41.6%	89.0%
2	Lviv	60.4%	83.8%
3	Dnipropetrovsk	55.5%	82.5%
4	Odessa	60.3%	86.2%
5	Poltava	54.3%	90.2%
6	Vinnitsya	49.8%	86.5%
7	Volyn	62.3%	85.6%
	Total	53.3%	86.4%

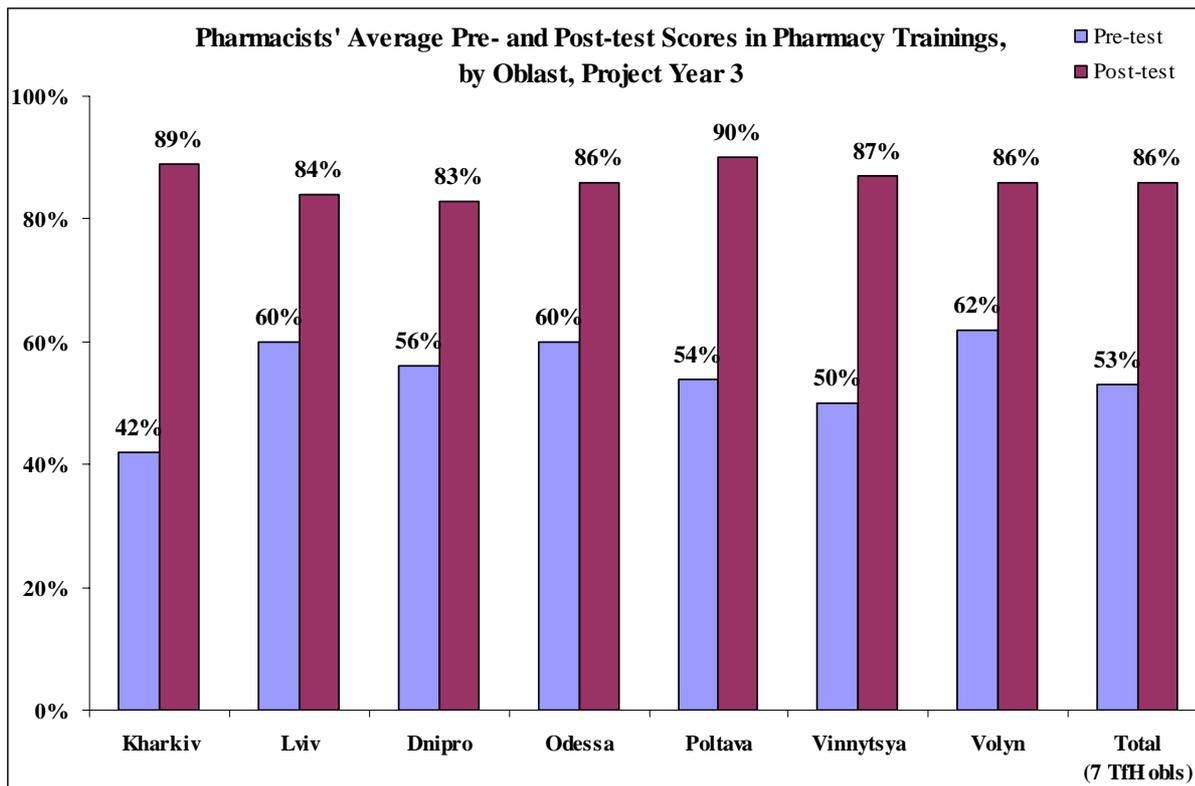


Table 17. Comparison of Contraceptive Supplies from CAMP Sold by Partner Pharmaceutical Companies in Ukraine, Kharkiv and Lviv Oblasts, Aug. 2005-July 2006 and Aug. 2006-July 2007

(A)

Method	Ukraine			Kharkiv			Lviv		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Combined oral contraceptives (cycles)	1,788,444	1,284,925	1,343,666	115,204	64,405	64,602	60,326	44,893	42,150
Progestin only pills (Exluton) (cycles)	7,177	5,698	8,023	187	250	317	251	156	212
Injectable (Depo-Provera) (vials)	28,386	13,057	14,847	3,712	174	355	970	588	805
Emergency contraception (Postinor) (packs)	524,855	665,051	625,468	39,375	47,973	43,375	29,048	36,271	31,651
Condoms (pieces)	7,290,321	13,991,739	18,223,308	503,216	1,860,774	1,791,078	637,927	873,441	1,111,449
IUDs (units)	38,634	963	2,351	4,000	97	163	1,897	61	159

(B)

#	Method	Dnipropetrovsk		Odessa		Poltava		Vinnytsya		Volyn	
		Year 2	Year 3	Year 2	Year 3	Year 2	Year 3	Year 2	Year 3	Year 2	Year 3
1	Combined oral contraceptives(cycles)	114,791	102,756	58,774	79,552	92,289	57,245	31,080	33,950	40,450	34,274
2	Progestin-only pills (Exluton) (cycles)	401	742	150	499	150	209	132	259	116	259
3	Injectable (Depo-Provera) (vials)	1,202	1,490	455	356	659	506	52	720	428	588
4	Emergency contraception (Postinor) (packs)	69,539	64,531	27,145	36,252	29,182	18,985	13,805	13,571	19,352	13,571
5	Condoms (Contex) (pieces)	1,895,772	3,014,124	429,393	663,456	654,801	586,212	159,279	245,265	357,321	397,599
6	IUDs (Pregna T 380A) (units)	85	170	0	0	0	810	0	0	0	0

Table 18: Legal/Policy Documents on FP/RH adopted by the Government of Ukraine

Government Entity	Title of Law/Policy	Number	Date Adopted
MOH	On the Organization of the National Coordinating Committee on SPRHN Implementation	Prikaz # 74	February 2, 2008
MFYS	On Approval of Activities/Events of the Ministry of Family, Youth and Sports to Preserve the Reproductive Health of the Nation for 2008	Prikaz # 553	February 15, 2008
MOH	On Approval of Detailed Planned Activities for SPRHN Implementation	Prikaz #3372/34	July 4, 2007
Oblast/City Level			
Poltava Oblast Council	Reproductive Health	Resolution of Oblast Council # 38/8353	November 8, 2007
Lugansk Oblast Council	Reproductive Health of the Population up to 2015	Resolution of Oblast Council # 18/21	November 29, 2007
Zaporizhyya Oblast Council	Reproductive Health of the Nation in Zaporizhyya Oblast up to 2015	Resolution of Oblast Council # 15/5-17/2007	November 29, 2007
Rivne Oblast Council	Reproductive Health of the Population of Rivne Oblast up to 2015	Resolution of Oblast Council # 543	December 14, 2008
Sumy Oblast Council	Reproductive Health of the Nation in Sumy Oblast up to 2015	Resolution of Oblast Council # 436/5-19/2007	December 14, 2007
Volyn Oblast Council	On Improving the Reproductive Health of the Population up to 2015	Resolution of Oblast Council # 16/12	December 18, 2007
Odessa Oblast Council	Reproductive Health of the Population of Odessa Oblast up to 2015	Resolution of Oblast Council # 397-V	December 20, 2007
Khmelnitsky Oblast Council	Reproductive Health of the Population of Khmelnytsky Oblast up to 2015	Resolution of Oblast Council # 7-11/2007	December 26, 2007
Ivano-Frankivsk Oblast Council	Reproductive Health of the Population in Ivano-Frankivsk Oblast 2008-2015	Resolution of Oblast Council # 478-17/2007	December 28, 2007
Chernigiv Oblast Council	Reproductive Health of the Population of Chernigiv Oblast 2008-2015	Resolution of Oblast Council # 5-16/2008	January 25, 2008
Vinnitsya Oblast Council	Reproductive Health up to 2015	Resolution of Oblast Council # 460	January 25, 2008
Dnipropetrovsk Oblast Council	Dnipropetrovsk Oblast Maternal and Child Health Care up to 2015	Resolution of Oblast Council #345-14/V	January 29, 2008
Kyiv City Council	Reproductive Health of the Population of the City of Kyiv 2008-2015	Resolution of City Council # 90/4562/5-6/2008	March 13, 2008

Vinnitsya OHD	On Implementation of State and Oblast RH/FP Programs	Prikaz # 142	March 26, 2008
Cherkasy Oblast Council	Reproductive Health up to 2015	Resolution of Oblast Council # 16-14/V	March 28, 2008
Mykolayiv Oblast Council	Reproductive Health of the Population of Mykolaiv Oblast up to 2015	Resolution of Oblast Council # 3	March 28, 2008
Sevastopol City Council	Reproductive Health of the Population of the City of Sevastopol up to 2015	Resolution of City Council # 4007/5-10/2008	April 8, 2008
Kharkiv Oblast Council	<i>Zdorov'ya Slobozhanschyny</i>	Resolution of Oblast Council # 683-V	April 17, 2008
Zakarpattya Oblast Council	Reproductive Health of the Population of Zakarpattya Oblast up to 2015	Resolution of Oblast Council # 545/5-16/2008	May 23, 2008
Kirovograd Oblast Council	Reproductive Health of the Population of Kirovograd Oblast 2008-2015	Resolution of Oblast Council # 450/5-16/2008	June 6, 2008

N.B.

1. All the oblast Programs above include funding for FP;
2. Lviv Oblast had already adopted a Program to address Maternal and Child Mortality, which includes contraceptive procurement, in April 2007.

Together for Health

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