

THE RESPOND PROJECT ANNUAL REPORT to USAID

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ACRONYMS AND ABBREVIATIONS

ABRI	Access to Better Reproductive Health Initiative
AIBEF	Association Ivoirienne pour le Bien-Etre Familial
BCC	behavior change communication
COMMPAC	Community Postabortion Care Project
CoP	community of practice
DHS	Demographic and Health Survey
E&E	Europe and Eurasia
FDS	Forces de Défense et de Sécurité
FHI	Family Health International
FIGO	International Federation of Gynecology and Obstetrics
FP	family planning
IASSCS	International Association for the Study of Sexuality, Culture and Society
IBP	Implementing Best Practices
ICM	International Confederation of Midwives
ICN	International Council of Nurses
IPPF	International Planned Parenthood Federation
IR	intermediate result
IUD	intrauterine device
JHU/CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
LA/PMs	long-acting and permanent methods of contraception
MAARD	Modified Acquisition and Assistance Request Document
MAP	Men As Partners®
MDG	Millennium Development Goal
MOHFW	Ministry of Health and Family Welfare
NSV	no-scalpel vasectomy
OPRH	Office of Population and Reproductive Health
PACSA	Pietermaritzburg Agency for Christian Social Awareness
PECOP	Personal Concept Project
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	performance monitoring plan
PMTCT	prevention of mother-to-child transmission of HIV
R3M	Reducing Maternal Morbidity and Mortality Project
RESPOND	Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services
RH	reproductive health
SDA	supply-demand-advocacy (model)
SDI	Service Delivery Improvement
SOTA	state of the art
STI	sexually transmitted infection
SWAK	Society for Women and AIDS in Kenya
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing for HIV
WHO	World Health Organization

I. EXECUTIVE SUMMARY

The RESPOND Project—Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services—is a five-year Leader with Associates Cooperative Agreement awarded by the U.S. Agency for International Development (USAID) in October 2008, the purpose of which is to address the need for family planning (FP) through expanding contraceptive choices and program services. RESPOND supports countries to provide high-quality FP services, with a focus on the informed and voluntary use of long-acting and permanent methods of contraception (LA/PMs), and provides global technical leadership to advance knowledge of and support for these services among leaders and program managers at the international, regional, and country levels.

This Cooperative Agreement contributes to the USAID/Office of Population and Reproductive Health (OPRH) Strategic Objective 1: *Advance and Support Voluntary Family Planning and Reproductive Health Programs Worldwide*. RESPOND is led by EngenderHealth, in partnership with six other organizations: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU/CCP), the Futures Institute, the Population Council, Family Health International (FHI), Meridian Group International, Inc., and Cicatelli Associates Inc.

RESPOND's Strategic Objective is to *advance the use of reproductive health (RH) and FP services, with a focus on informed and voluntary use of LA/PMs*. RESPOND is designed to meet its objective through three main results areas:

- Intermediate Result (IR) 1: Leadership, global learning, and application of state-of-the-art (SOTA) for LA/PMs strengthened
- IR 2: Knowledge generated, organized, and disseminated to strengthen commitment, support and programming for LA/PMs
- IR 3: Holistic and evidence-based approaches used to strengthen supply of, demand for, and the enabling environment for RH/FP services, with a focus on LA/PMs

RESPOND's fundamental approach is to engage a broad range of groups and program practitioners to advance the strategic role that LA/PMs can play in responding to unmet need, enabling FP/RH programs to better achieve their goals and helping individuals achieve their reproductive intentions. The strategy is to make the case to various constituencies at the international and country levels using existing data and/or generating new evidence to demonstrate the value added that programmatic investments in LA/PMs can make, while addressing the barriers that policy makers, program managers, and prospective clients experience. Additionally, at the field level under IR 3, RESPOND's approach is to expand understanding and application of the supply-demand-advocacy (SDA) model, which was first articulated by the ACQUIRE Project and now serves as the basis of holistic programming to underpin service delivery models for RESPOND. This model highlights the need to view the supply, demand, and advocacy components as part of a dynamic system in which each piece influences and reinforces the other and in which all need to be coordinated and to be functioning effectively.

This annual report represents a summary of the first nine months of activities under the RESPOND Project's five-year Leader with Associate Cooperative Agreement for the period 2008–2013 (No. GPO-A-00-08-00007-00), supported by USAID/Bureau for Global Health, OPRH/Service Delivery Improvement (SDI) Division.

RESPOND began on October 1, 2008. In the first nine months of the project's start-up period, the emphasis was on building a strong foundation for implementation of global and field activities and

on beginning seminal global activities. RESPOND accomplished 12 important milestones during the first year of this project (see Table 1, page 5). Selected milestones include: (1) conducting the RESPOND Project launch in Washington, DC; (2) launching the LA/PM Community of Practice (CoP); and (3) completing the first round of country profiles.

RESPOND accomplished significant results during the first year of the project, as described in detail later in the evidence-based narrative section of this report. Selected results are provided below.

New expert-filtered electronic resource for implants initiated. RESPOND, in partnership with FHI, JHU/CCP, and USAID, is playing a lead technical and programmatic role in the development of an Implants Toolkit, envisaged to be the premier expert-filtered electronic database related to the latest scientific and programming information about hormonal implants. To date, more than 85 documents have been reviewed, showing the breadth and depth of materials represented by this effort. The toolkit is scheduled to go live by May 2010, and additional documents will be posted as they become available.

Champions mobilized via a CoP to advance the program environment for LA/PMs. Working in close coordination with USAID, RESPOND is serving as the Secretariat for an LA/PM CoP, which it formed in 2009. The purpose of the CoP is to engage FP champions around the world in collective learning and action around FP, with a focus on LA/PMs. RESPOND has established a community page on the Implementing Best Practices (IBP) Initiative's Knowledge Gateway to facilitate active communication and coordination. To date, the CoP has grown to 77 members from 27 different donors, cooperating agencies, projects, professional organizations, foundations, pharmaceutical companies, and multilateral organizations. The LAPM CoP community page has had 1,450 hits and 726 e-mail exchanges.

Country profiles providing evidence for LA/PMs' contribution to national goals developed. RESPOND developed a series of 12 country profiles for use in providing USAID missions and other key implementing partners with some basic information regarding how LA/PMs can contribute to meeting national development goals and individuals' reproductive intentions.

Two seminal and linked global research efforts developed and implemented. RESPOND is conducting two linked research studies: a secondary analysis of LA/PM-related Demographic and Health Survey (DHS) data, and a multicountry use dynamics study using qualitative methods. To date, RESPOND has developed a database of variables (e.g., age, parity, ideal number of children, knowledge, residence, source, wealth) against which to compare users and nonusers of long-acting, permanent, and traditional methods from 41 countries. Initial findings were presented at the International Conference on Family Planning sponsored by the Bill and Melinda Gates Foundation, held in Kampala in November 2009. For the multicountry use dynamics study, key questions have been developed, a concept paper has been reviewed, and a research protocol is under development.

The COMMPAC model in Kenya to be replicated and scaled up. RESPOND provides support for the Society for Women and AIDS in Kenya (SWAK) and other local groups to replicate the Community Postabortion Care Project (COMMPAC) model over the next three years, building on past ACQUIRE Project work (2005–2007) in the Nakuru District of the Rift Valley Province¹

¹ Wickstrom, J., Russell, N., and Escandon, I. 2008. Engaging communities as partners in postabortion care: A desk review of the Community Postabortion Care Project in Nakuru, Kenya. *E&R Report No. 11*. New York: EngenderHealth/The ACQUIRE Project.

and rigorously evaluating the implementation to determine its appropriateness for nationwide scale-up. RESPOND developed an implementation strategy built on the SDA model (see below) and began developing the research protocol that will use a pretest-posttest quasi-experimental design with controls, and will focus on determining the effect of the model on health outcomes in the areas of maternal health, RH, FP, and postabortion care.

Note to the Reader

The activities detailed in this report will refer to the SDA program model, which was developed under the ACQUIRE Project. This model highlights the need to view a program's supply, demand, and advocacy components as part of a dynamic system in which each piece influences and reinforces the other and in which all need to be coordinated and be functioning effectively. Under RESPOND, the design of project activities will rely heavily on this promising model and will reflect efforts to scale this model up vis-à-vis service delivery.

II. GLOBAL LEADERSHIP/TECHNICAL PROGRAMS

IR 1 is intended to increase commitment, resources, and actions related to LA/PM programming, with a focus on using global SOTA knowledge to influence others. The approach for IR 1 is to engage a broad range of groups and program practitioners to advance the strategic role that LA/PMs can play in responding to unmet need, enabling FP programs to better achieve their goals, and helping individuals achieve their reproductive intentions. A key element of our approach is to target and provide evidence to overcome the inherent biases that program managers and decision makers have against LA/PMs, while demonstrating the return that investments in these methods can have toward achieving contraceptive prevalence rates, couple-years of protection, and/or Millennium Development Goals (MDGs). Additionally, establishing new partnership models with the private sector to expand access to long-acting methods is a key component of RESPOND's global leadership mandate.

IR 2 is intended to increase commitment, resources, and action related to LA/PM programming, with a focus on developing and disseminating new knowledge and tools. This result focuses on improving understanding of the most effective approaches to advance the use of LA/PMs and improve the quality of and access to services. With a strong emphasis on practical application of the knowledge generated, RESPOND addresses both country-specific as well as global needs and will provide specific information on strategic considerations and trade-offs associated with various interventions. Three strategic themes dominate this work: 1) understanding the gap between clients' reproductive intentions and use of methods to limit and space births; 2) addressing specific barriers and opportunities to individual LA/PMs or LA/PMs as a group of provider-dependent methods; and 3) advancing service models that are scalable.

IR 3 is intended to apply tools and models in the field by supporting USAID country programs and by partnering with USAID bilateral projects or other donor-funded projects. RESPOND's cornerstone is the SDA model, which was first articulated by the ACQUIRE Project and which now serves as the basis of holistic programming to underpin service delivery models for RESPOND.

A. Global Activities

RESPOND began on October 1, 2008. In the first year of the project, the emphasis was on building a strong foundation for implementation of global and field activities and on beginning seminal global activities. Table 1 provides key milestones for Year 1. RESPOND defines a milestone as an important event in the life of the project that represents a major achievement. Appendix 1 provides a list of all RESPOND activities for Year 1. (This list includes those activities that began in Year 1 and are continuing into Year 2 and those that are projected to begin in Year 2).

Table 1. Milestones

Milestone	2008			2009					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Hire small core team of experienced staff	◆								
Hold first partnership meeting		◆							
Conduct RESPOND Project launch in Washington, DC				◆					

Milestone	2008			2009					
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Develop project logo and branding plan and materials			◆	◆	◆	◆			
Begin the global secondary analysis of DHS LA/PM data						◆			
Conduct meetings to begin development of the Implants Tool Kit				◆	◆	◆	◆		
Complete project brochure								◆	
Establish internal project web site (extranet)								◆	
Complete first round of country profiles (n=12)									◆
Finalize partner scopes of work									◆
Conduct LA/PM CoP launch meeting									◆
Enhance the Reality √ Tool			◆	◆	◆	◆			

B. Evidence-Based Narratives

This section provides evidence-based narratives (significant results) of the RESPOND Project. Project global indicators are not provided in this report, because the RESPOND performance monitoring plan (PMP) remains under review. Appendix 1 provides a table of current RESPOND activities, including those that began in the first year and are continuing into the second year and those that are proposed for Year 2.

IR 1: Leadership, Global Learning, and Application of SOTA for LA/PMs Strengthened

ACTIVITY. Foster and support the LA/PM CoP. Working in close coordination with USAID, RESPOND is serving as the Secretariat for the LA/PM CoP, which it formed in 2009 to engage champions around the world in collective learning and action around FP, with a focus on LA/PMs. In June 2009, the first technical consultative meeting was launched. Ten speakers from 10 different agencies shared their insights on the role of LA/PMs in national FP programs. Special emphasis was given to the new generation of hormonal implants (Sino-Implant [II]) and to the opportunities and challenges that their introduction and scale-up represent for FP programs. Members are encouraged to continue communication through the LA/PM CoP community page on the IBP Knowledge Gateway.

RESULTS. To date, the CoP has grown to 77 members from 27 different donors, cooperating agencies, projects, professional organizations, foundations, pharmaceutical companies, and multilateral organizations. The LAPM CoP community page has had 1,450 hits and 726 e-mail exchanges. Members of the CoP were invited to participate in two working groups, and most accepted. The first working group, led by staff from JHU/CCP, FHI, and EngenderHealth, is now in the process of developing an expert-filtered electronic Implants Toolkit (see Result 2 below for details). The second working group will develop and implement an LA/PM research agenda, identifying key knowledge gaps and prioritizing future LA/PM studies and analysis to guide

programming. In addition, RESPOND has established a community page on the IBP Knowledge Gateway to facilitate active communication and coordination.

ACTIVITY. Advance SOTA global learning and dissemination. This activity supports dissemination of RESPOND’s global leadership and emerging contributions of lessons learned through a wide variety of mechanisms, such as presenting at international conferences and meetings; participating in and presenting to USAID- and IBP-sponsored working groups; writing and submitting articles to peer-reviewed journals; and contributing to newsletters and list-serves. In addition, this activity supports dissemination of RESPOND information, results, and technical materials through the extranet (for RESPOND partners, including USAID/Washington) and through the RESPOND web site (for the larger community and public) and supports the technical assistance required for the editing and production of manuscripts, publications, and presentations.

RESULTS. RESPOND was invited to give a plenary presentation at the USAID Europe and Eurasia (E&E) Region’s SOTA Conference in Budapest, Hungary, in June 2009 on the latest developments in FP. The presentation, entitled, “FP: What’s New and What’s Hot in Maximizing Access and Quality and What It Means for E&E” provided more than 40 USAID Health, Population, and Nutrition staff from eight missions, the E&E Bureau, and the Global Bureau with critical technical and programmatic information on the latest developments in FP, as they pertained to the E&E Region. Follow-up was subsequently provided to several missions (e.g., Azerbaijan and Georgia) related to clinical methods of FP and to fostering change in medical settings.

During the first year, RESPOND published two journal articles. One article was published in *Studies in Family Planning*, a peer-reviewed international quarterly concerned with all aspects of reproductive health, fertility regulation, and family planning programs in both developing and developed countries. This quarterly is published by the Population Council and has a readership of over 100,000.

- “Fragile, Threatened, and Still Urgently Needed: Family Planning Programs in Sub-Saharan Africa” underscores the continuing validity of the health, equity, demographic, and development rationales for increased support to organized FP programs. The health rationale alone is compelling, as Sub-Saharan Africa is the one region that has not experienced a significant reduction in maternal mortality. Unmet need remains high in almost all Sub-Saharan countries, with the largest cohort of people reaching and moving through their reproductive years. Many of these countries are experiencing stagnation or fall-off in performance due to the effects of the HIV pandemic and workforce issues, health sector reform and decentralization, and reduced financing for FP. The article summarizes what service approaches and interventions have been found to be most efficacious in increasing access to FP services, including broadening method choice; creating demand and changing the behavior of clients, communities, providers, and health systems; and ensuring wide stakeholder participation, using locally relevant and generated information and data. (*Studies in Family Planning* 40[2]:147–154, 2009).

The other article appeared in *Culture, Health and Sexuality*, a peer-reviewed scholarly journal that publishes multidisciplinary articles analyzing culture and health, health beliefs and systems, social structures and divisions, and the implications of these for sexual health and individual, collective, and community well-being. It is the official journal of the International Association for the Study of Sexuality, Culture and Society (IASSCS) (readership numbers are not released to the public, as per IASSCS protocol).

- “Blood, Men and Tears: Keeping IUDs in Place in Bangladesh” provides insight into the reasons for discontinuation of the intrauterine device (IUD), based on a retrospective study among a cohort of women who had an IUD inserted 12 months earlier. (*Culture, Health & Sexuality*, 11[5]: 543–558, 2009).

ACTIVITY. Engage International Professional Organizations to promote the benefits of LA/PMs. International professional organizations are important institutions for technical and normative guidance to health care providers and organizations around the world. The International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM), and the International Council of Nurses (ICN) are potential advocates for FP and LA/PMs, with their worldwide members and with networks of providers in particular countries. RESPOND is working with each of these groups to determine their level of interest in pursuing collaboration in the development of materials and/or outreach activities to advocate for greater access to information and services for FP, including LA/PMs.

RESULTS. RESPOND and USAID/Washington held several promising initial exploratory meetings at the triennial FIGO meeting in Cape Town, South Africa, with the leadership of FIGO (Dr. Gamal Serour, President; Dr. Hamid Rushwan, Executive Director; and Dr. Anibal Faundes, Chairperson of FIGO’s Working Group on Prevention of Unsafe Abortion). These meetings followed on the meeting RESPOND had with Dr. Rushwan at World Health Organization (WHO) in Geneva, where both Dr. Rushwan and the RESPOND Clinical Director served as advisory experts at a WHO Consultation on Community-Based Provision of Injectable Contraception. This consultation reviewed the evidence, concluded that community-based provision of injectables was equal in safety and quality to clinic-based provision, and led WHO to recommend that community-based provision of injectables is to be encouraged in appropriate settings. Initial contact was also made with the incoming Executive Director of the ICN.

Meetings were also held in Cape Town with the incoming President (Bridget Lynch) and Executive Director (Agneta Bridges) of the ICM. The outcome of the meetings was a shared commitment and interest in collaborating. Areas identified for possible collaboration with both ICM and FIGO and RESPOND’s provision of technical assistance included help with drafting joint position statements on FP and on LA/PMs (analogous to the recently issued statement on postabortion care and FP) and help with augmenting web site content on LA/PMs and providing technical assistance to interested member associations.

IR 2: Knowledge Generated, Organized, and Disseminated to Strengthen Commitment to, Support of, and Programming for LA/PMs

ACTIVITY. Complete country profiles. During FY 2008–2009, RESPOND developed a series of country profiles for use in providing USAID missions and other key implementing partners with some basic information regarding how LA/PMs can contribute to meeting national development goals and individuals’ reproductive intentions. These two-page country profiles used DHS data:

- To illustrate that current trends in contraceptive prevalence and program performance will not be sufficient to meet national FP goals
- To highlight gaps in unmet need for limiting and spacing births
- To suggest ways in which LA/PMs (and RESPOND) can assist with both

RESULTS. RESPOND completed 12 profiles, for the Democratic Republic of the Congo, Ethiopia, India (Uttar Pradesh), Kenya, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Tanzania, Uganda, and Zambia. RESPOND will produce a second set of profiles in the next fiscal year for

Burkina Faso, Cambodia, Cameroon, Côte d'Ivoire, Egypt, Ghana, Haiti, Mali, Nepal, Pakistan, and Togo.

ACTIVITY. Develop and implement two seminal and linked global research efforts.

LA/PMs remain unavailable and underutilized in many countries, despite their high effectiveness rates and potential cost savings. To promote an evidence-based case for increased attention, resources, and programming for LA/PMs, RESPOND is conducting two linked research studies.

- A secondary analysis of LA/PM-related DHS data that will add to existing knowledge on current users, explore options for satisfying unmet need through increased uptake of LA/PMs, and explore trends in LA/PM use to determine if countries that have experienced an increase in the number of LA/PM users have similar characteristics.
- A multicountry use dynamics study using qualitative methods to further explore findings from the secondary analysis, including the complex social, cultural, and individual decision-making dynamics that interact to affect an individual's or a couple's use intentions and actual use of LA/PMs.

RESULTS. To date, RESPOND has developed a database of variables (e.g., age, parity, ideal number of children, knowledge, residence, source, wealth) against which to compare users and nonusers of long-acting, permanent, and traditional methods from 41 countries. Initial findings were presented at the International Conference on Family Planning sponsored by the Bill and Melinda Gates Foundation, held in Kampala in November 2009. For the multicountry use dynamics study, key questions have been developed, a concept paper has been reviewed, and a research protocol is under development.

ACTIVITY. Develop the Implants Toolkit with the LA/PM CoP. RESPOND, in partnership with FHI, JHU/CCP, and USAID, is playing a lead technical and programmatic role in the development of an Implants Toolkit, envisaged to be the premier expert-filtered electronic database related to the latest scientific and programming information about hormonal implants. The development process and structure of the Implants Toolkit are to follow that of the highly successful MAQ IUD Toolkit, whose development was co-led by FHI and EngenderHealth.

RESULTS. Six subgroups of the Implants Toolkit Working Group have been established to address the latest scientific knowledge, policies and guidelines, training, communication, logistics, and service delivery, with RESPOND technical staff co-leading each subgroup effort. The Implants Toolkit will be hosted on the K4Health Web Portal. To date, more than 85 documents have been reviewed, showing the breadth and depth of materials represented by this effort. The toolkit is scheduled to go live by May 2010, and additional documents will be posted as they become available.

IR 3: Holistic and Evidence-Based Approaches Used to Strengthen Supply of, Demand for, and the Enabling Environment for RH/FP Services, with a Focus on LA/PMs

ACTIVITY. Replicate and scale up the COMMPAC model in Kenya. Every eight minutes, a woman dies somewhere in a developing country due to complications from unsafe abortion and miscarriage. In 2006, such maternal health complications were the fourth leading cause of morbidity among women in Kenya.² The Rift Valley Province has consistently had the highest

² Kenya Ministry of Health. 2008. *Annual Health Sector Status Report: 2005–2007*. Nairobi.

number of cases of abortion-related outpatient morbidity in the country since at least 2003.³ As a result, RESPOND provides support for the Society for Women and AIDS in Kenya (SWAK) and other local groups to replicate the Community Postabortion Care Project (COMMPAC) model over the next three years, building on past ACQUIRE Project work (2005–2007) in the Nakuru District of the Rift Valley Province,⁴ and to rigorously evaluate the implementation, to determine its appropriateness for nationwide scale-up.

RESULTS. During the first year, RESPOND developed an implementation strategy and began developing the research protocol. The intervention is designed around the SDA model described above. The research will use a pretest-posttest quasi-experimental design with controls, will focus on determining the effect of the model on health outcomes in the areas of maternal health, RH, FP, and postabortion care, and will gauge the model's ability to be scaled up easily and in partnership with the Ministry of Health through the National Community Strategy.

ACTIVITY. Develop an integrated communication strategy for LA/PMs in Ghana with R3M. The Reducing Maternal Morbidity and Mortality Project (R3M) supports the Government of Ghana's efforts to expand women's access to modern FP and comprehensive abortion care, to reduce unwanted fertility and the severe complications and deaths caused by unsafe abortion. RESPOND supported R3M in expanding the availability and use of LA/PMs in the public sector within an environment of choice for all contraceptives in three regions (Greater Accra, Eastern Region, and Ashanti Region) in Ghana. In May 2009, RESPOND staff traveled to Ghana to work with R3M to develop a community communication strategy to increase correct knowledge of LA/PMs and to make the use of LA/PMs a societal norm. The team met with 12 key informants to identify current issues to be addressed and to help shape a stakeholders' workshop agenda.

RESULTS. More than 40 stakeholders attended the workshop, which resulted in the development of a community communication strategy that was submitted to R3M and its donor. To date, the strategy is under review and consideration by the Ghana Behavior Change Support Project, a USAID bilateral managed by JHU/CCP. Discussions are underway to implement a communication campaign drawing from the recommendations in the LA/PM strategy.

ACTIVITY. Provide technical assistance to in-country partners to advance LA/PM strategies and programs. This activity provides core funding to support technical assistance to USAID missions and their implementing partners, upon request, to potentially seed future activities for field funding. This fiscal year, RESPOND provided support to bilateral projects in Ethiopia and Tanzania.

Ethiopia has achieved impressive gains in contraceptive use. Prevalence was estimated to be 33.6% in 2006⁵—a significant increase from 4.7% in 2000,⁶ but still far short of the goal of a modern method prevalence rate of 60% by 2010. Although 34% of married women have an unmet

³ Kenya Ministry of Health. 2005. *A Report on Performance Status Health Management Information System: 2003–2004 Annual Report*. Nairobi.

⁴ Wickstrom, J., Russell, N., and Escandon, I. 2008. Engaging communities as partners in postabortion care: A desk review of the Community Postabortion Care Project in Nakuru, Kenya. *E&R Report No. 11*. New York: EngenderHealth/The ACQUIRE Project.

⁵ Central Statistical Agency [Ethiopia] and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia, and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

⁶ Central Statistical Authority [Ethiopia] and ORC Macro. 2001. *Ethiopia Demographic and Health Survey 2000*. Addis Ababa, Ethiopia, and Calverton, Maryland, USA: Central Statistical Authority and ORC Macro.

need for contraception, less than 2% of the current demand for FP is met by LA/PMs.⁷ This suggests that while there may be potential demand for these highly effective and long-acting methods, policy, supply, and access barriers prevent families from accessing them. The Access to Better Reproductive Health Initiative (ABRI), which is funded by a large anonymous donor and is implemented by EngenderHealth, has used the SDA model to strengthen and expand access to and demand for contraception in six states and two city administrations in Ethiopia. RESPOND global staff traveled to Ethiopia in May 2009 to review the ABRI experience with LA/PM service delivery to inform global efforts on LA/PM service delivery, particularly insertion and removal of implants, and to discuss how ABRI staff could participate in the LA/PM CoP. Following this visit, ABRI funded RESPOND global staff to assist them to develop a research brief on three studies that ABRI conducted to assess challenges and opportunities related to LA/PM service expansion in the context of the SDA model.

In Tanzania, nearly 50% of married women want to space or limit future births, but only half of these are using a contraceptive method. Twenty-two percent of married women in Tanzania have an unmet need for FP (15% for spacing, 7% for limiting). Based on the promising growth of the FP program in the 1990s, the Tanzanian government set a goal in the early 2000s to achieve a 30% modern contraceptive prevalence rate by 2010. In April 2008, as part of the government's strategic framework, this goal was revised to a 60% modern method prevalence rate by 2015. It is against this backdrop that the ACQUIRE Tanzania Project requested assistance from the RESPOND Project in February 2009 to facilitate a two-day workshop on *Evidence-Based Planning and Advocacy—The Reality √ Family Planning Forecasting Tool* for representatives from the ACQUIRE Tanzania Project and the Ministry of Health and Social Welfare Reproductive and Child Health Services Division.

RESULTS. ABRI disseminated the research brief on their three studies related to the SDA model in-country with key Ministry of Health stakeholders and implementing partners. RESPOND and ABRI staff also collaborated on the development of a presentation that was based on this research and was accepted for a roundtable discussion at the International Conference on Family Planning, held in Kampala in November 2009 and sponsored by the Bill and Melinda Gates Foundation.

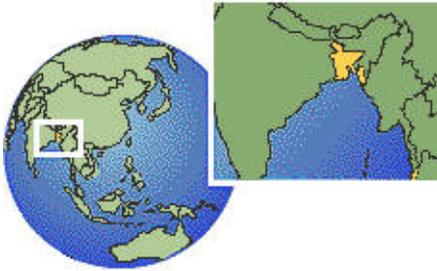
The ACQUIRE Tanzania Project has scheduled four data for decision making workshops for early 2010 to explore how Reality √ can be adapted for use at the regional and district levels, so as to assist Council Health Management Teams in budget planning and resource allocation for FP service delivery.

⁷ Central Statistical Agency [Ethiopia] and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia, and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

III. FIELD-SUPPORTED PROGRAMS

RESPOND implemented a small portfolio of field-supported country programs in Bangladesh (bridge funding for three months to a RESPOND Associate Award), Côte d'Ivoire, India, Namibia, and South Africa. These programs fit well with RESPOND's global agenda related to LA/PMs and provided opportunities for field-global collaboration.

ACTIVITY. Provide technical assistance to field-supported programs to advance LA/PM strategies and activities.

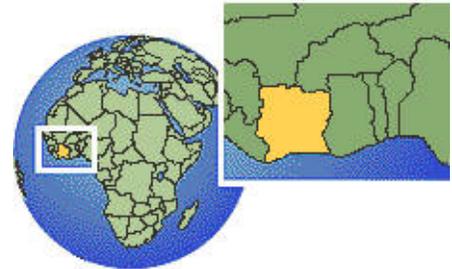


Bangladesh. USAID/Bangladesh recently awarded a five-year (2009–2013) bilateral Associate Award to RESPOND. The project focuses primarily on FP services, but it also includes a postpartum hemorrhage prevention component. The main objective of this bilateral is to increase the use of high-quality RH/FP services, with a focus on the informed and voluntary use of LA/PMs. The bilateral is grounded in the use of the RESPOND SDA model, originally developed under the ACQUIRE Project. The Associate Award will implement

activities using a district-based approach in 21 districts in three regional divisions (Sylhet, Barisal, and Chittagong). RESPOND/Global will collaborate with the Associate Award to refine LA/PM programming approaches, including testing a postpartum services model and strengthening services through urban outreach.

RESULTS. RESPOND implemented a project launch in July 2009, in collaboration with the Ministry of Health and Family Welfare (MOHFW), that was attended by 430 participants, including senior officials of MOHFW and by the U.S. Ambassador to Bangladesh.

Côte d'Ivoire. Even when comprehensive, safe, and quality FP services are available for HIV-positive men and women, gender norms may detrimentally influence behavior that places both women and men at risk for HIV infection. To address this need in the Côte d'Ivoire, RESPOND provides technical and financial assistance to build the capacity of the local International Planned Parenthood Federation (IPPF) affiliate (Association Ivoirienne pour le Bien-Etre Familial, or AIBEF) to support local partners funded through the President's Emergency Plan for AIDS Relief (PEPFAR), including the Ministry of Health, the Ministry of Education, the Ministry against HIV/AIDS, and the National Police, to integrate male engagement strategies into their current HIV prevention activities.



RESULTS. In May 2009, RESPOND trained AIBEF staff to implement a male engagement workshop using the Men As Partners® (MAP) tools and model. Key points from the workshop included how gender influences both men's and women's RH; how to use community mobilization strategies to engage men in the prevention of gender-based violence and to increase their role in HIV prevention, testing, and care; and how to integrate male engagement into existing workplans. In August 2009, AIBEF replicated the workshop under close RESPOND supervision, training 21 persons from the Ivorian Uniformed Defense Corps (the Forces de Défense et de Sécurité, or FDS), local nongovernmental organizations, women's groups, and the Ministry of Health.

Five of these agencies now have robust male engagement activities included in their yearly workplans and will continue to receive technical assistance from AIBEF and RESPOND in implementation. For example, the Ministry of Education is planning to conduct a situation analysis at three sites, form 10 health committees per site, orient school administrators to MAP, and train 450 peer educators in the health committees in MAP. Another partner, the FDS, will organize a workshop for FDS stakeholders, produce specific communication materials, and conduct 250 sessions for FDS members and their families.

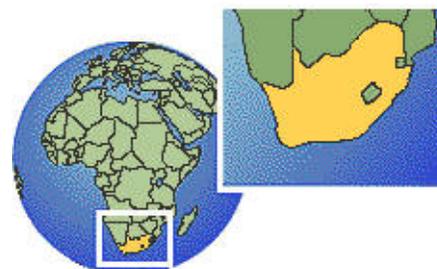


Namibia. HIV prevalence in Namibia was estimated at 15.3% in 2007, with approximately 200,000 people living with HIV at the end of 2007.⁸ It is widely recognized that gender dynamics play a critical role in increasing both men's and women's vulnerability to HIV. The USAID Mission in Namibia requested that RESPOND provide technical assistance to PEPFAR partners to integrate male engagement activities into their HIV activities through the MAP approach started under the ACQUIRE Project. RESPOND provides

technical assistance through a subagreement with Lifeline/ChildLine Namibia, a local nongovernmental organization that has worked with the USAID Mission on PEPFAR activities since 2004.

RESULTS. Over the past year, RESPOND provided support to Lifeline/Childline Namibia to provide technical assistance to 15 in-country partners to integrate male engagement activities into their current HIV and AIDS programming. Technical assistance included conducting orientation workshops, needs assessments, and trainings. As a result of the assistance, RESPOND and Lifeline/Childline Namibia trained 182 individuals to promote prevention of HIV and AIDS and HIV-related community mobilization and reached 5,574 individuals (60% males, 40% females) with community outreach messages on prevention of HIV and AIDS.

South Africa. HIV prevalence in South Africa was estimated at 18.3% in 2006. The estimated number of people living with HIV at the end of 2007 was 5.7 million.⁹ While the immediate determinant of the spread of HIV relates to behaviors such as unprotected sexual intercourse, multiple sexual partners, and sexually transmitted infections (STIs), the fundamental driver of the epidemic in South Africa is rooted in gender inequity and gender-based violence.¹⁰ Indeed, gender-based violence is widely recognized as a major public health problem worldwide and a key contributor to HIV infection. The USAID Mission in South Africa therefore asked RESPOND to support 10 community-based organizations, faith-based organizations, and the South African government to implement MAP programming to reduce the spread and impact of HIV and AIDS and gender-based violence in eight of South Africa's nine provinces. The core of the strategy relies on skills-building workshops on gender norm transformation, encouraging men to reach out to other men who are practicing behaviors that put them (and their partners) at risk for HIV and AIDS and gender-based violence, and on mobilizing communities to take action via community



⁸ UNAIDS. 2008. Namibia Country Profile. Accessed at: www.unaids.org/en/CountryResponses/Countries/namibia.asp.

⁹ UNAIDS. 2008. South Africa Country Profile. Accessed at: www.unaids.org/en/CountryResponses/Countries/south_africa.asp.

¹⁰ Government of South Africa. 2007. *HIV and AIDS and STI strategic plan for South Africa, 2007-2011*. Pretoria.

education events and the formation of community action teams. The program also supports six mobile clinics that provide voluntary HIV counseling and testing.

RESULTS. Over the past year, global staff assisted the country office in doing strategic planning, conducting site visits, partnering, developing work plans and PMPs, and preparing donor reports. During this time, RESPOND trained 1,309 individuals in HIV and AIDS prevention and in HIV-related community mobilization and reached 98,442 individuals (50% men and 50% women) through community outreach messages geared to prevention of HIV and AIDS. In total, 11,689 individuals received counseling and testing and got their test results at mobile sites (60% men and 40% women).

Uttar Pradesh, India. According to the National Fertility Health Survey-3, the contraceptive prevalence rate in Uttar Pradesh, India, is 43.6%, with unmet need for limiting at 12% and unmet need for spacing at 9%. Female sterilization accounts for 40% of all modern method use and outnumbers vasectomy by a ratio of 18 to one. Given that vasectomy is simpler and less costly than female sterilization, the USAID/India Mission provided RESPOND with field support funds to support the Government of Uttar Pradesh for three years to expand awareness of, acceptance of, and access to no-scalpel vasectomy (NSV) services in three districts. RESPOND's role is to provide technical assistance, support, and advice to the Uttar Pradesh Government and other local partners in the implementation of activities under the National Rural Health Mission Uttar Pradesh State Action Plan. RESPOND's technical assistance plan is organized around the holistic SDA model, originally developed under the ACQUIRE Project, to complement the Uttar Pradesh Government's strategic approach.

RESULTS. As field support for this activity was received in September 2009, detailed result information will be provided in the next Annual Report (FY 2009–2010).

IV. CHALLENGES

Although the RESPOND Project was extremely successful and productive during its first, start-up year, the project faced and resolved several constraints. The first three months of start-up coincided with the closeout of ACQUIRE. Staff level of effort was split, as attention needed to be paid to managing financial and subagreement closeout, completing the final project report, populating the digital archive with final publications, and closing out all remaining field activities. Because ACQUIRE and RESPOND involved the same key personnel, this slowed down RESPOND's start-up. The challenges were managed as well as possible and are no longer an issue.

In addition, RESPOND was awarded at a time when most USAID missions had already allocated their field support funding. Initially, RESPOND field support was related to PEPFAR activities (carried over from ACQUIRE), and there was no field support related to the global LA/PM agenda. As a result, RESPOND developed a strategy to engage and reach out to USAID missions and other major donors by: 1) identifying programs and partners, including EngenderHealth or other partner bilaterals, who had a likely need for RESPOND technical assistance; and 2) advocating for increased attention to LA/PMs, drawing on evidence from DHS surveys and other data sets and tailoring this to specific country needs and programs.

V. APPENDIXES

Appendix 1: List of Current Activities

Appendix 2: Funding Overview

Appendix 3: List of Subagreements

Appendix 4: Products

Appendix I: List of Current Activities

Activity	YR1	YR2 (Planned)
IR 1. Leadership, Global Learning, and Application of SOTA for LA/PMs Strengthened		
1. Foster and support LA/PM CoP	✓	✓
2. Advance SOTA global learning via events, journals, and web-based and other mechanisms	✓	✓
3. Expand public–private-sector collaboration with Bayer Schering Pharma	✓	✓
4. Leverage increased access to the levonorgestrel intrauterine system (Mirena)		✓
5. Engage international professional organizations to promote benefits of LA/PMs		✓
IR 2. Knowledge Generated, Organized, and Disseminated to Strengthen Commitment to, Support of, and Programming for LA/PMs		
6. Complete country profiles and thematic briefs	✓	✓
7. Conduct a secondary analysis of DHS data	✓	✓
8. Update couple-years of protection numbers for FP		✓
9. Complete gender alignment paper		✓
10. Develop Implants Toolkit with LA/PM CoP	✓	✓
11. Develop and post an e-learning course on LA/PMs	✓	✓
12. Document, monitor, and evaluate global activities and the validation and scale-up of models	✓	✓
13. Provide technical assistance in monitoring and evaluation to country programs	✓	✓
14. Conduct multicountry use dynamics study in up to five countries		✓
15. Implement case studies on cost/impact of mobile services		✓
16. Collaborate with FHI to build on existing Contraceptive and Reproductive Health Technologies Research and Utilization study on contraceptive continuation in Kenya	✓	✓
17. Conduct poverty-equity assessment for LA/PMs in three OPRH priority countries		✓
18. Conduct Policy Determination 3 (PD-3) policy assessment		✓
19. Conduct an RH services study in Azerbaijan		✓

Activity	YR1	YR2 (Planned)
IR 3. Holistic and Evidence-based Approaches Used to Strengthen Supply of, Demand for, and the Enabling Environment for RH/FP Services, with a Focus on LA/PMs		
20. Develop an integrated communications strategy for LA/PMs in Ghana (with R3M)	√	√
21. Test performance improvement approach for contraceptive security with DELIVER		√
22. Replicate and scale up COMMPAC model (Kenya)	√	
23. Provide technical assistance to program implant scale-up (3–4 countries)		√
24. Test postpartum FP integration model		√
25. Test model for expanding private-sector provision of LA/PM services (India)		√
26. Revitalize female sterilization in three countries (TBD)		√
27. Enhance Reality √ tool (costing module and staffing projections) and produce Version 2, including French translation	√	
28. Complete and test trainers' guide for Reality √ tool	√	√
29. Conduct outreach/technical assistance to USAID missions and implementing partners	√	√
30. Provide technical assistance to roll out and scale up LA/PM national strategy in Kenya		√
31. Provide technical assistance to two West African countries for IUDs/implants		√

Appendix 2: Funding Overview

On September 24, 2008, USAID awarded EngenderHealth a cooperative agreement with a ceiling of \$240,000,000 to provide support for the Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services (RESPOND—GPO-A-00-08-00007-00). In the first period, through June 30, 2009, USAID obligated a total of \$7,387,578.

By June 30, 2009, USAID had obligated \$4,325,000 in Core Support; \$2,155,245 in PEPFAR Field Support (\$1,825,000 for South Africa and \$330,245 for Côte d'Ivoire); and \$907,333 in Modified Acquisition and Assistance Request Documents (MAARDs) (\$450,000 for Bangladesh and \$457,333 for Namibia). RESPOND incorporates the Allocables mechanism as per USAID SDI guidance and deducts 10% from all gross obligations for managing the program's activities.

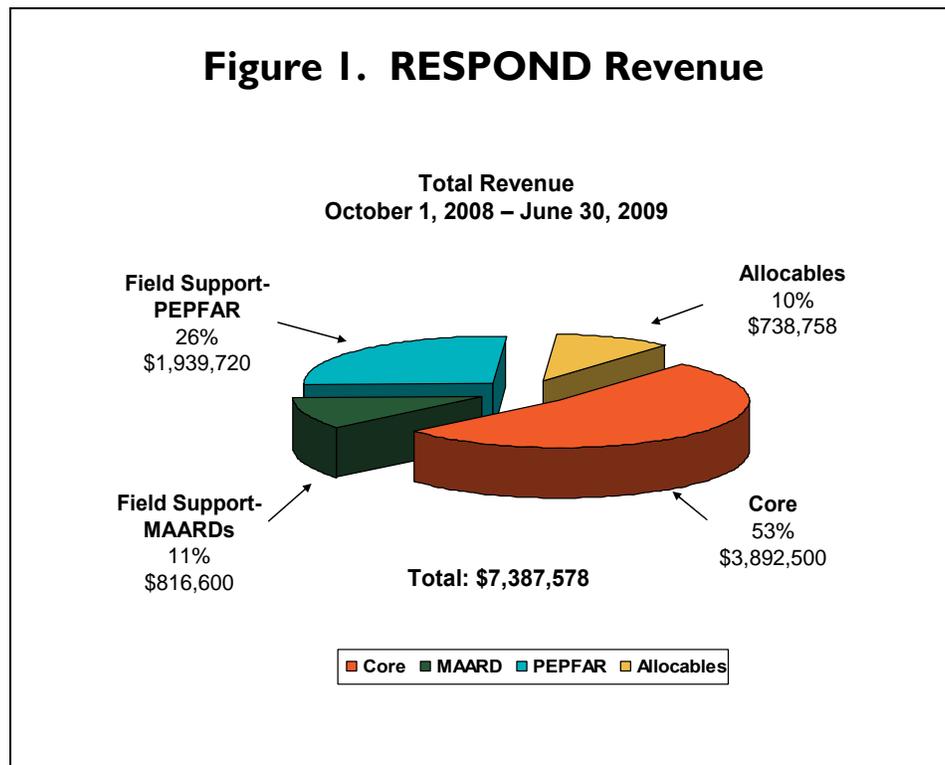


Figure 1 shows the total revenue through June 30, 2009, for the RESPOND Project (\$7,387,578), disaggregated by Core, Field Support (through PEPFAR and MAARDs), and Allocables. PEPFAR funding for South Africa and Côte d'Ivoire has ensured continuity in program development for activities that were begun under the ACQUIRE Project (Cooperative Agreement No. GPO-A-00-03-00006-00). The MAARD for Namibia also provided continuity for funding activities that had begun under ACQUIRE. The MAARD issued for Bangladesh provided bridge funding for program activities during the period that Bangladesh prepared a (successful) proposal and budget for an Associate Award.

Figure 2. RESPOND Encumbrances and Expenses

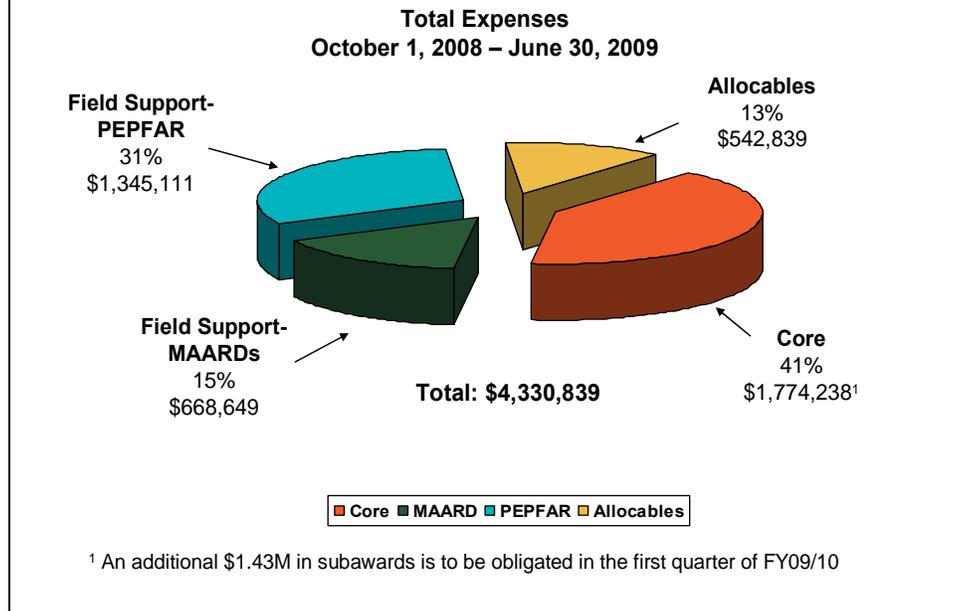


Figure 2 shows expenses for the period October 1, 2008, through June 30, 2009 (\$4,330,839). The fund balance as of June 30, 2009, for all funds (pipeline) was \$3,056,751. For Core funds, the fund balance was \$2,118,262 as of June 30, 2009. During this launch phase, we worked with USAID in developing specific activities and job descriptions and recruited for new hires. Also, during the launch phase, we developed each partner's role and responsibilities on RESPOND in the context of the specific activities being defined. By the end of June, we had completed the broad definitions of the majority of subawards. The bulk of the subawards (approximately \$1.43M) was obligated in the first quarter of FY 2009–2010.

Appendix 3: List of Subagreements

Core-Funded

RESPOND has six major partners on the team:

- Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU/CCP)
- Meridian Group International, Inc.
- Cicatelli Associates Inc.
- Family Health International
- Futures Institute
- Population Council

JHU/CCP

JHU/CCP serves as the lead partner on RESPOND for behavior change communication (BCC) activities. This includes leadership, coordination, and management of the BCC component and activities across the three results areas of the project. Under this leadership, JHU/CCP provides technical oversight of staff assigned to BCC across the project. JHU/CCP provides support to field programs in Bangladesh (AA), India, and Namibia and participates in five global activities across the Results Framework:

- Activity 1.1.1—LAPM CoP
- Activity 2.1.5—Implants Toolkit
- Activity 2.3.1—Multicountry Use Dynamics Study
- Activity 3.1.1—Development of an Integrated Communication Strategy for LA/PMs in Ghana
- Activity 3.3.1—Replication and Scale-Up of COMMPAC Model (Kenya)

Meridian Group International, Inc.

Meridian contributes to the social marketing, advertising, public relations, and promotion of service delivery networks and of LA/PMs, as part of the implementation of the larger BCC component of the project. Meridian provides support to core-funded work in India and participates in four global activities:

- Activity 1.1.1—LAPM CoP
- Activity 2.1.5—Implants Toolkit
- Activity 3.1.1—Development of an Integrated Communication Strategy for LA/PMs in Ghana
- Activity 3.3.4—Test Model for Expanding Private-Sector Provision of LA/PM Services in India

Cicatelli Associates Inc.

Cicatelli Associates Inc. is developing appropriate distance learning approaches and tools that can be used globally and applied in low-resource developing countries for disseminating SOTA approaches, best practices, and evidence-based knowledge for supporting LA/PM services and for improving the knowledge and skills of service providers and/or trainers, program planners, managers, and supervisors. Cicatelli participates in three global activities:

- Activity 1.1.1—LA/PM CoP
- Activity 3.4.2—Completion and Test of Trainers' Guide for Reality \sqrt Tool in Bangladesh and in Ethiopia
- Activity 3.4.3—Reality \sqrt /Strategic LA/PM Workshops for Generating Interest in and Commitment for LA/PM Programming

Family Health International

FHI participates in setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This will serve to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. FHI is also tasked to develop and refine global and country-level analysis suitable for use with national- and local-level governments and institutions to assist with advocacy, strategy development, goal-setting, and planning and resource allocation for RH/FP programming. This may include research/special studies related to areas such as identification and removal of barriers to RH/FP service delivery, systems strengthening, provider performance, integration of FP with HIV and AIDS services, the FP needs of people living with HIV and AIDS or at risk of infection, and the needs of youth. FHI is leading a study in collaboration with the ACQUIRE bilateral project in Azerbaijan that focuses on RH service provision in the public sector. FHI participates in four specific global activities:

- Activity 1.1.1—LAPM CoP
- Activity 2.1.5—Implants Toolkit
- Activity 2.3.3—Case Studies Exploring Mobile Services
- Activity 2.3.5—Building on Existing CRTU Study on Contraceptive Continuation in Kenya

Futures Institute

The Futures Institute participates in setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This will serve to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. The Futures Institute is also tasked to perform global- and country-level analysis and develop tools suitable for use with national- and local-level governments and institutions to assist with advocacy, strategy development, goal-setting, and planning and resource allocation for RH/FP programming. Specifically, the Futures Institute participates in five global activities:

- Activity 1.1.1—LAPM CoP
- Activity 2.1.1—Completion of Country Profiles
- Activity 2.1.2—Secondary Analysis of DHS Data
- Activity 2.1.3—Update of CYP Numbers for FP
- Activity 3.4.1—Enhancement of Reality \checkmark Tool and Production of Version 2

Population Council

As with the other partners, the Population Council participates in setting and implementing the research and knowledge-sharing agenda at the global level and at the country level in selected countries, depending on the project's design and available resources. This will serve to help meet RESPOND's challenge of closing the knowledge gap related to LA/PMs and other priority areas of RESPOND programming. The Population Council will collaborate with RESPOND staff to further refine monitoring and evaluation tools, including adapting and streamlining tools and methodologies for baseline/endline data collection and routine monitoring using situation analysis, Lot Quality Assurance Sampling, and other relevant methodologies. This will include technical assistance to apply the methodologies and tools to gather annual outcome data in selected countries. The Population Council provides support to the RESPOND bilateral in Bangladesh and participates in two global activities:

- Activity 1.1.1—LAPM CoP
- Activity 3.3.1—Replication and Scale-Up of COMMPAC Model (Kenya)

Field Support—Funded

Côte d'Ivoire—Family Planning and HIV Integration with AIBEF

With PEPFAR funds, EngenderHealth will work in partnership with AIBEF (the local IPPF affiliate) to expand their work in the integration of FP with HIV services, in MAP, and in the prevention of mother-to-child transmission of HIV (PMTCT), including monitoring and evaluation of these activities. AIBEF is collaborating with RESPOND to work on sexual and reproductive health in seven clinics (two in Abidjan and five outside the capital), providing services (including FP counseling, voluntary counseling and testing for HIV [VCT], and care and treatment for HIV, AIDS, and STIs). The goal is to improve AIBEF's capacity to design, implement, and evaluate their programs related to FP-HIV integration, male engagement, and PMTCT through continued technical and financial support to implement these services within its clinic network and surrounding communities. Specific integration activities include orientation to EngenderHealth's FP-HIV approach in four AIBEF clinics. In terms of PMTCT, one AIBEF clinic in Abidjan will be piloted for a training-of-trainers and peer education approach. To engage men as partners, MAP trainings will be conducted with partner organizations, including technical assistance for follow-up visits with participants and monitoring and evaluation of the process to assess implementation quality.

South Africa

- 1. Men As Partners Student Peer Education Project—*Stellenbosch University, Office for Institutional HIV Coordination; Cape Peninsula University of Technology, HIV/AIDS Unit, Cape Town; Cape Peninsula University of Technology, HIV/AIDS Unit, Belleville; University of Cape Town, HIV Programme; University of Fort-Hare***

These five subawards focus on the implementation of the MAP approach, linking this gender-norms initiative to already existing campus-wide HIV and AIDS policies and programs, in recognition that traditional forms of masculinity put men and their partners at risk of infection. Activities related to the goal of reducing risk-taking behavior among students and staff include training peer educators, designing a campaign to market VCT provision by peer educators, collaborating with EngenderHealth to host activities in conjunction with MAP Week, conducting VCT drives, participating in residence hall and community outreach activities, distributing condoms, and conducting other campus-wide events. The peer educators attend monthly meetings, and results are monitored and evaluated by project staff.

- 2. Men As Partners—HIV Palliative Care Programme—*Zanempilo Home-Based Care; Qedusizi Community Development Project***

The aim of these two subawards, which incorporate the MAP approach into HIV palliative care programs, is to help the organizations reach out to men, who are often reluctant to access critical health services, due (among other things) to traditional gender norms. In addition to providing home-based palliative care for HIV and AIDS, with a focus on reaching men (including distribution of nonmedical supplies, psychosocial support, and provision of referrals for counseling), the programs will build staff/volunteer/community health worker capacity to provide quality services by providing MAP palliative care training (with monitoring visits to assess progress) and helping them conduct community events and workshops to raise MAP awareness.

- 3. Boys for Change in with Girls Action—*Personal Concept Project (PECOP)***

PECOP has been working with EngenderHealth in South Africa since 2003 and is an implementing partner for the MAP program. The goal of the EngenderHealth-supported project is to work with boys and girls on behavior change activities related to gender roles and societal norms, to reduce the incidence of violence and the spread of HIV and AIDS.

Through the project, male and female peer educators are trained as “transformation agents,” with a developed action paper outlining a plan to reach male and female audiences separately through dialogues, workshops, and street campaigns intended to build skills and address issues related to gender, power, stereotypes, and societal gender norms. Throughout the project, updates will be provided through weekly team meetings and the release of press statements to local community-based media to publicize messages and activities of the transformation agents. There will also be a poster competition, in partnership with local schools, in relation to human rights and children’s rights, HIV, and gender-based violence, and at least five murals will be produced on similar topics.

4. Youth Peer Education for Gender and HIV/AIDS Training—Pietermaritzburg Agency for Christian Social Awareness (PACSA)

PACSA works to facilitate the empowerment of members of marginalized communities, especially women, youth, and people who are unemployed. Poverty and HIV and AIDS are mainstreamed into all of their work, and one of their programs focuses specifically on gender and HIV. Two programs work directly with men and boys. EngenderHealth’s MAP project works with PACSA’s Youth, Gender, Sexuality, and HIV/AIDS Project, started in 2000, a peer education project that works directly with boys and girls in schools and community youth structures. The ultimate goal is to alter gender attitudes and power relationships in partner communities, not only to reduce gender-based violence and vulnerability to HIV among youth, but also to help create a new “gendered society.” The organization aims to accomplish this through partnerships with two nongovernmental organizations to help them establish peer education programs using PACSA’s life skills, gender, and HIV training manual (developed partly with input from MAP), to offer refresher trainings, team-building workshops, and oversight visits to strengthen preexisting peer educators network, to conduct workshops and community events led by peer educator groups, to distribute leaflets, and to establish and mentor youth clubs. The project is monitored and evaluated through bimonthly debriefing and monitoring meetings, review of submitted reports on each session led by a peer educator, site visits, and workshop participant feedback.

Namibia—Lifeline/Childline Namibia

Lifeline/Childline Namibia has promoted emotional, and more recently, HIV wellness initiatives for 28 years using innovative and participatory methods. Male engagement activities were first introduced to PEPFAR partners under the ACQUIRE Project in 2007 with Lifeline/Childline as the local partner. In this second subaward, in conjunction with PEPFAR and other partners, Lifeline/Childline Namibia will continue to support programming that increases male engagement in HIV and AIDS prevention, care, and support, by means of: offering training and technical assistance for new and existing partners through workshops and workplan development to integrate male engagement activities into partners’ HIV/AIDS programming; helping to raise the profile of the male engagement initiative and to reach a broader audience by offering support to performing artists creating pieces focused on male engagement and HIV and AIDS and by establishing an Ambassadors Program designed to enlist influential and well-known men and to train them to become gender and male engagement spokesmen; producing short public service announcements to be aired on the radio and other information, education, and communication materials (such as posters) in conjunction with the Ambassadors; devising and disseminating a facilitator’s guide to accompany a digital stories DVD; working with the MenEngage Network of Namibia to host monthly network meetings and to help formalize the network; and concentrating efforts on various subthemes/populations to develop models for future scale-up (by developing male-friendly VCT services, participating in the National Male Circumcision Task Force, focusing on boys and young men with gender transformative life skills,

and working with religious groups and leaders to gain support for the faith-based male engagement initiative and to promote pastoral leadership).

Appendix 4: Products

Journal Articles

Jacobstein, R., Bakamjian, L., Pile, J. M., and Wickstrom, J. 2009. Fragile, threatened, and still urgently needed: Family planning programs in Sub-Saharan Africa. *Studies in Family Planning* 40(2):147–154.

Bradley, J., Alam, M., Shabnam, F., and Beattie, T. S. H. 2009. Blood, men and tears: Keeping IUDs in place in Bangladesh. *Culture, Health & Sexuality* 11(5):543–558.

Country Profiles

Profiles developed for the following countries:

Democratic Republic of the Congo	Ethiopia	India (Uttar Pradesh)
Kenya	Madagascar	Malawi
Nigeria	Rwanda	Senegal
Tanzania	Uganda	Zambia.

Project Branding Materials and Tools

RESPOND brochure, presentation template, business cards, and letterhead. In addition, the Global Knowledge Management Team has also launched two online communication resources, the RESPOND Project extranet (extranet.respond-project.org) and the public web site (www.respond-project.org).

Project Briefs

“What is a Community of Practice?” (June 2009)

Electronic Materials

Repositioning in Action E-Bulletin (June 2009—published 3–4 times per year)