

THE ACQUIRE PROJECT ANNUAL REPORT to USAID

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Meridian Group International, Inc.



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FROM THE AMERICAN PEOPLE

the **ACQUIRE** project

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ACRONYMS

ACQUIRE	Access, Quality, and Use in Reproductive Health Project
ADRA	Adventist Development and Relief Agency International
AED	Academy for Educational Development
AGBEF	Association Guineenne le Bien-Etre Familial
AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
ARHB	Amhara Regional Health Bureau
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASHONPLAFA	Honduran Family Planning Association
AWARE	Action for West Africa Region Reproductive Health Project
BCC	Behavior Change Communication
BCO	Bangladesh Country Office
BCPC	Bolivian Center for Communication Programs
BMC	BioMed Central
BTC	Breakthrough Collaboratives
CA	Cooperating Agency
CBD	Community-based Distribution
CBO	Community-based Organization
CDC	Centers for Disease Control
CHEW	Community Health Worker
CHMT	Council Health Management Team
CHO	Community Health Officer
CHPS-TA	Community-based Health Planning and Services Technical Assistance Project
CIES	Centro de Investigación, Educación y Servicios/Salud Reproductiva
COPE	Client-Oriented, Provider-Efficient
cPAC	Comprehensive Postabortion Care
CPI	Client Provider Interaction
CPR	Contraceptive Prevalence Rate
CQI	Continuous Quality Improvement
CRHW	Community Reproductive Health Worker
CS	Child Survival
CSREF	Centre de Sante de Reference/Referral Health Center
CTU	Contraceptive Technology Update
CVCT	Couples Voluntary Counseling and Testing
CYP	Couple Years of Protection
DAC	Doctor Ambulatory Clinic

DFID	Department for International Development (UK)
DGFP	Director General of Family Planning
DHMT	District Health Management Team
DHPO	District Public Health Officer
DHS	Demographic Health Survey
DRC	Democratic Republic of Congo
DSF	Direction de la Sante Familiale
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ELCT	Evangelical Lutheran Church of Tanzania
EmONBC	Emergency Obstetrics and New Born Care
ENIAB	Ecole nationale des infirmiers et infirmières adjoints du Bénin/National School of Nurses and Nurse Assistants of Benin
ENIIEB	Ecole nationale des infirmiers et infirmières d'état du Bénin/ National School Of State Nurses of Benin
ENSFEB	Ecole nationale des sages femmes d'état du Bénin/National Midwifery School of Benin
EONC	Emergency Obstetric and Neonatal Care
ESI	Ecoles des Sciences Infirmières
EH	EngenderHealth
FAP	Feldsher Action Point
FGAE	Family Guidance Association of Ethiopia
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FHI	Family Health International
FOC	Fundamentals of Care
FP	Family Planning
FPA	Family Planning Association
FP/RH	Family Planning and Reproductive Health
FWC	Family Welfare Center
FWV	Family Welfare Visitor
FY	Fiscal Year
GBV	Gender-Based Violence
GLP	Global Leadership Priorities
GOB	Government of Bangladesh
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HBP	High Blood Pressure
HCP	Health Communications Partnership
HIPNET	Health Information and Publications Network
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTP	Harmful Traditional Practices
HWW	Hope Worldwide
IBP	Implementing Best Practices
IC	Informed Choice

ICT	Information and Communication Technology
IEC	Information, Education and Communication
IHSS	Social Security Institute
IMCI	Integrated Management of Childhood Illness
IMNES	L'Institut National Médico-Social/ National Medico-Social Institute
INFO	Information and Knowledge for Optimal Health Project (Johns Hopkins University)
IP	Infection Prevention
IR	Intermediate Result
IUD	Intrauterine Device
JHU-CCP	Johns Hopkins University, School of Public Health, Center for Communications Programs
JSI	John Snow Incorporated
KAB	Knowledge, Attitudes and Behavior
KAP	Knowledge, Attitudes and Practices
LAPM	Long-acting and Permanent Methods
LGU	Local Governmental Unit
LWA	Leader with Associate
M&E	Monitoring and Evaluation
M&L	Management and Leadership
M&S	Management and Supervision
MAP	Men as Partners
MAQ	Maximizing Access and Quality
MCH	Maternal and Child Health
MCWC	Maternal and Child Welfare Centers
MEASURE	Monitoring and Evaluation to Assess and Use Results Project
MEC	Medical Eligibility Criteria
MIS	Management Information System
ML/LA	Minilaparotomy Under Local Anesthesia
MOH	Ministry of Health
MOH/DHS	Ministry of Health/Directorate of Hospital Services (Tanzania)
MOHFW	Ministry of Health and Family Welfare
MSH	Management Sciences for Health
MSR	Medical and Surgical Requisites
MVA	Manual Vacuum Aspiration
NCTPE	National Committee on Traditional Practices of Ethiopia
NGO	Non-governmental Organization
NSV	No-Scalpel Vasectomy
NTC	Non-Profit Technology Conference
NYS	National Youth Service (Kenya)
OB/GYN	Obstetrician/Gynecologist
OPRH	Office of Population and Reproductive Health
PAC	Postabortion Care
PAHO	Pan American Health Organization

PDA	Personal Data Assistant
PEPFAR	The President's Emergency Plan for AIDS Relief
PI	Performance Improvement
PIA	Performance Improvement Approach
PIP	Project Implementation Plan
PLA	Participatory Learning and Action
PLWHA	People Living with HIV/AIDS
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNA	Performance Needs Assessment
PNP	Policies, Norms and Procedures
POPTECH	Population Technical Assistance
PPH	Post Partum Hemorrhage
PRIME II	Primary Providers' Training and Education in Reproductive Health
PRINMAT	Private Nurses and Midwives Association of Tanzania
PRISM	Pour Renforcer les Interventions en Sante Reproductive et IST
PRODIM	Program for the Development of Women and Children (Honduras)
PSI	Population Services International
QHP	Quality Health Partners Project
QI	Quality Improvement
QI/PI	Quality Improvement and Performance Improvement
QOC	Quality of Care
RACHA	Reproductive and Child Health Alliance (Cambodia)
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive Health
RHAC	Reproductive Health Association of Cambodia
RHD	Reproductive Health Division
RHR	Reproductive Health for Refugees
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SDA	Seventh Day Adventist
SDI	Services Delivery Improvement
SM	Safe Motherhood
SNIS	Sistema Nacional de Información en Salud/National Health Information System (Bolivia)
SO	Strategic Objective
SOP	Standard Operating Procedure
SOTA	State-of-the-Art
SPR	Selected Practice Recommendations
STI	Sexually Transmitted Infection
SWAA	Society for Women and AIDS in Africa
SWAK	Society for Women and AIDS in Kenya
TA	Technical Assistance

TBA	Traditional Birth Attendant
TCI	Transport Corridor Initiative Project
TFR	Total Fertility Rate
T-MARC	Tanzania Marketing and Communications: AIDS, Reproductive Health and Child Survival Project
TOT	Training of Trainers
UHC	Upazila Health Complex (Bangladesh)
UMATI	Family Planning Association of Tanzania
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development / Washington
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VHC	Village Health Committee
WARP	West Africa Regional Program
WHO	World Health Organization
WST	Whole-Site Training

I. OVERVIEW

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

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

This report opens with results achieved by each of ACQUIRE’s three intermediate results at the global/technical programs level. All work at this level is in support of ACQUIRE field programs. At the field level, this report contains programmatic results from 18 ACQUIRE-supported programs.¹ This number is over a 50 percent increase from last fiscal year when ACQUIRE supported nine programs. Country summaries for each program are included in the Field Programs report, and include national statistics and background text on ACQUIRE-supported activities, major accomplishments and results for the year, evaluation and research study abstracts, and monitoring data.



¹ “Supported” is defined as those countries that expensed to USAID Global CA funds during the indicated fiscal year (core, field support, PEPFAR, GLP, MAQ and OPRH Country Partnership or special initiative funds). REDSO is a supported program but is not on the map; Nigeria is on the map but not reported in the country summaries as activities have not yet begun.

II. GLOBAL LEADERSHIP/ TECHNICAL PROGRAMS

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

IR 1 focuses on improving access to quality RH/FP service delivery by increasing the availability of an appropriate range of services and promoting services among specific target populations. IR1 approaches include: reinvigoration of under-utilized methods, integration of services, improved knowledge about family planning among clients and providers, and a focus on reaching under-served populations. Wherever possible, ACQUIRE applies these approaches through supply side interventions (such as increasing the number of sites offering services or increasing the range of services offered), while at the same time addressing the demand for services through advancing communications, marketing, and community mobilization efforts.

- ❖ *Repositioning family planning to strengthen voluntary family planning programs and increase contraceptive prevalence.* USAID/W has identified “Repositioning Family Planning” as a priority for its work in Sub-Saharan Africa. In the face of scarce resources, weak infrastructure, and a growing focus on HIV/AIDS, it is extremely difficult for African country programs to make significant gains in strengthening their programs and raising contraceptive prevalence. In FY 2004/05 ACQUIRE collaborated with Julie Solo, a POPTECH consultant, to conduct case studies in Ghana, Malawi and Zambia to document the success of these FP/RH programs over the past 15 years and identify program interventions which led to that success. Malawi, Zambia, and Ghana, with limited resources, have shown considerable growth in contraceptive prevalence and/or substantial fertility decline despite high rates of poverty, low rates of literacy, predominately rural populations, and in the case of Zambia and Malawi significant HIV/AIDS prevalence.

The results of the case studies were presented to USAID and the CA community in June 2005.² USAID/W will use the findings to guide the strategy development for Repositioning Family Planning and inform efforts to identify key investments for the region. Next fiscal year, ACQUIRE will collaborate with USAID/W to conduct the next round of case studies in two countries that have shown less dramatic results—Senegal and Tanzania. A review of programmatic investments in these two countries is expected to identify key barriers or contextual factors that impede progress for family planning programs. USAID will use the information garnered from these five case studies to create a guidance document for developing family planning programs.

- ❖ *Long-Acting and Permanent Method guidance drafted to strengthen program interventions.* In 2003 ACQUIRE, USAID and our partners identified a need for a practical and user-friendly guidance document on how to plan for and design long-acting

² Solo, et al. “Making the Case for Investing in Family Planning: Learning from success in Zambia, Malawi, and Ghana”, “Ghana Case Study: Give them the power”, “Malawi Case Study: Choice not Chance”, and “Zambia Case Study: Ready for Change” (2005)

and permanent methods (LAPM) services.³ The guide is based on the key elements of successful LAPM provision, which include: (1) a method mix appropriate to the environment; (2) attention to both supply and demand issues; (3) client choice, counseling and informed consent; and (4) a quality service environment in which competent, unbiased service providers deliver continuously updated, safe services in compliance with standards and that are responsive to evolving client needs. Its guiding principals are to ensure program feasibility and effectiveness (participatory planning, use of data for decisions, fundamentals of care), and to strengthen technical aspects of service delivery. The guide also has a bibliography and links to key source documents and other materials to allow the reader to expand beyond the short guidance document. In FY2004/05 a draft of the document was completed in-house and is in circulation for comment. A final draft will be completed November 2005.

- ❖ ***Strengthening LAPM through supply and demand strategies.*** The global agenda includes promoting a unique approach to supply and demand programming that has global leadership core funding. There is wide recognition in the international family planning field that social marketing programs do not adequately address the needs of LAPM marketing and communications. ACQUIRE emphasizes close coordination of the promotion of LAPM (via mass media, interpersonal communication and community work) with the expansion and/or improvement of the supply of LAPM services. This approach resonates with USAID Mission personnel and led to 12 Missions adopting ACQUIRE's strategy and providing funding for LAPM supply and demand approaches.

This year, global staff provided technical assistance to field programs in Tanzania, Guinea and Honduras to develop holistic LAPM programs. (This does not include those activities funded with earmarked funds through 3 MAQ country partnerships or the 2 OPRH Country Partnership countries, which are described separately.) Technical assistance primarily consisted of reviewing and analyzing data for decision-making, assisting in program design to address both supply and demand, and in supporting some key elements of programs that are consistent with the global leadership agenda. In addition to the countries below, ACQUIRE/Global staff positioned the project for work in Rwanda and Senegal. Under IR2, technical assistance from ACQUIRE/Global staff was provided for field-funded activities in Bolivia and Bangladesh.

Strategy development to increase LAPM service use in Tanzania. ACQUIRE's global and field staff worked with the Tanzanian MOH and local stakeholders to develop a five year strategy to expand LAPM services. (For further information on other activities in Tanzania, see Tanzania in the country section.) Originally, the MOH set goals for the use of modern methods among all women nationally and regionally at 30% by 2009. However, ACQUIRE's analysis of the MOH goal using DHS, other available data sets, and the number of sites and providers in specific regions showed that 30% increases in all regions was not realistic. Projections for contraceptive use in the ten ACQUIRE focus regions of Tanzania only average 24% with some lower, medium and higher performing

³ The terminology change from long-term to long-acting recognizes the nature of some contraceptives as "long acting" as opposed to a focus on the amount of time that they are used. In fact, IUDs and implants are flexible methods that can be used for varying lengths of time, not only long-term. We also hope that the shift in terminology will contribute to changing the "image" of longer-acting methods and reach clients who may not have been as interested in a longer-term method of 5-12 years. USAID and other cooperating agencies are using the term "long-acting" as well.

regions. The result of the analysis and consultative meetings was an agreement that ACQUIRE would expand LAPM services from 138 sites in 2004 to 778 sites by 2009 (not all sites would be providing all methods) in the ten regions. This includes 80% of hospitals, 90% of health dispensaries, 100% of maternity homes and 33% of dispensaries in the ten regions providing quality LAPM services. The ten regions contain roughly half of the national population but have lagged behind the national average in contraceptive use.

The approach to the use of data for decision-making was highly appreciated by the stakeholders in Tanzania and is being used in other countries. Through facilitation of partner meetings and preparation of strategy documents, managers could reach a final agreement with measurable indicators with the MOH. The result was a clear direction and agreement on key program elements needed to achieve the MOH's national goals. In this fiscal year, the supply side work began with clinical site support, provider training, the provision of essential equipment and renovations. The result was an increase in use of services, most notably Norplant and female sterilization, despite major logistical challenges. The number of clients served with long-acting and permanent methods increased, from approximately 76,000 to 117,000, and an increase in Couple Years of Protection (CYP) from 52,000 to 71,000 between FY 2003/04 and FY 2004/05 at ACQUIRE-supported sites.

On the demand side, ACQUIRE/Global also provided technical assistance to ACQUIRE/Tanzania to plan for and implement several stakeholder meetings in-country to develop a demand generation strategy. With the recent award of the USAID-funded T-MARC Project, ACQUIRE global and field staff will coordinate with T-MARC staff and the MOH to discuss ways to ensure that national, district and community level communication and behavior change interventions include attention to long-acting and permanent methods. This strategy is still under development.

Expanding access to and demand for IUDs in Guinea. During FY 2003/04, ACQUIRE conducted the PNA in the Conakry, Faranah and Kankan regions to identify performance gaps and determine appropriate interventions to help raise overall prevalence from the current 4.2%. The goal is to improve providers' performance and clients' and communities' access to and use of long-acting and permanent methods of family planning (LAPMs). The published PNA concluded that to increase LAPM utilization in Guinea, it was necessary to promote LAPMs at the community level, as well as address provider performance and the systemic environment influencing provider performance.

ACQUIRE conducted the second study in collaboration with FHI to explore community awareness, perceptions and attitudes related to long-acting and permanent methods (LAPM) in the Siguiri District of Upper Guinea. Based on preliminary results from the study, ACQUIRE designed an IUD communications strategy and campaign in the districts of Siguiri, Kankan and Mandiana. Draft materials such as posters and pamphlets were created and plans are also underway to feature radio announcements, roundtables, and testimonials in the project regions. ACQUIRE gained buy-in for the strategy and materials during a meeting with key family planning stakeholders (Save the Children, PRISM, AGBEF, ADRA, and regional and district-level Ministry of Health representatives) in the Kankan region. Everyone agreed to use the IUD communications materials. As a result, ACQUIRE has increased the degree of stakeholder buy-in ensuring future standardization of the IUD strategy at the national level.

Using the studies as background information, ACQUIRE, designed a community mobilization strategy in the Siguiri district to expand demand for IUDs in 36 communities within the catchment area of 3 key health facilities. The local ADRA office agreed to follow a similar approach in their areas. All communities were then linked to sites with staff trained in IUD service delivery as a part of the contraceptive choice. ACQUIRE trained six local health educators and three midwives who engaged 36 village health committees (VHC) to plan for improvements in the reproductive health of their own communities. The trained VHCs led local participatory exercises with 720 community members who are now stakeholders in family planning. Continued community involvement in healthcare and decision-making is important to revitalizing the IUD.

The initial results are impressive; the number of IUD insertions performed in six ACQUIRE supported sites in the districts of Siguiri and Mandiana have increased from 14 in quarter one to 74 in quarter four, as a result of both provider trainings and activities to promote the advantages of the IUD.

- ❖ ***Revitalizing the IUD through MAQ Country Partnerships –“this is not your mother’s IUD”.*** (See also IR2 for the approach to the use of PNAs for this process.) As part of the Office of Population’s efforts to refocus attention and assistance on family planning, especially underutilized FP methods, ACQUIRE received core funds to provide technical assistance to several USAID Missions and their bilateral projects, designated “MAQ country partnerships,” with a specific focus on IUDs for Mali, Ethiopia, and Nigeria. ACQUIRE made significant progress in identifying the needs and devising strategies to expand IUD use in the MAQ IUD countries.

The PNAs in both Ethiopia and Mali—as well as in the other countries where ACQUIRE is focusing on IUDs (Kenya, Uganda, Tanzania, Ghana)—find much the same situation: low knowledge and use of the IUD, a high level of client misinformation and provider bias against the method, and a host of infrastructural, management and supervision weaknesses. Clinical training and supervision were also identified as priorities. In the next two years of this project, ACQUIRE will work to address these issues from both the supply and demand side, when possible, or influence the work of bilateral groups and other donors.

In Ethiopia, where EngenderHealth has a country office, a Contraceptive Technology Update and PNA were conducted in July 2005. Overall, the locally generated action plan focuses on supply and demand activities in several regions. The 11 facilities that participated in the PNA now have a focus on the IUD when none was there earlier. The Amhara Regional Health Bureau, Pathfinder and ACQUIRE are collaborating to incorporate these action plans into annual plans that have budget allocations for advancing the IUD work.

In Mali, ACQUIRE made an initial visit in December 2004 to engage the Mission and bilateral program support. A contraceptive technical update (CTU) was also held at this time. In March 2005, a performance needs assessment (PNA) was conducted that generated an action plan following an urban-based strategy focusing on four areas for programming: advocacy, improving knowledge attitudes and practices (KAP), client-provider interactions, and provider support systems for the IUD. During the PNA process at least four stakeholder meetings were implemented. As a result, senior members of the

MOH became key champions and began a process to revitalize the IUD in Mali. There is a strong recognition that improving the method mix within the context of clients' rights and informed choice is critical to program success.

Nigeria was identified as the third country to be assisted in May/June 2005, and an initial visit and CTU is scheduled there for early October 2005.

Anticipating our continued focus on IUDs and having identified weaknesses in providers' attitudes and skills, ACQUIRE has planned a regional standardization workshop in Kenya for November 2005. Here, ACQUIRE's master trainers will gather to finalize a core curriculum and agreed-upon approach to clinical training efforts, drawing largely from JHPIEGO and EngenderHealth's training materials and other key documents identified by the USAID MAQ Working Group on IUDs (which EngenderHealth co-chairs).

- ❖ ***Expanding access to and demand for LAPMs through OPRH Country Partnerships.*** ACQUIRE received core funding for two USAID/OPRH country partnerships—Kenya and Uganda. In accordance with the objectives of the country partnerships, ACQUIRE supports the Missions' efforts to revitalize family planning, while at the same time pursuing a global leadership agenda to increase the use of underutilized methods, with a focus on long-acting and permanent methods and the IUD in particular.

Kenya. In Kenya, in the past fiscal year, ACQUIRE conducted two studies to inform the OPRH Country Partnership interventions. The first was a PNA conducted in Kisii in May on revitalizing family planning and the IUD. The second was a small-scale formative research study, also conducted in Kisii, to determine knowledge and attitudes of the community about the IUD to inform a communications strategy (see Kenya country section for study abstracts). The PNA findings confirmed that many providers' knowledge and information about the IUD was inaccurate or outdated. Findings from client/provider observations illustrated that provider capacity for FP counseling needs improvement. Providers do not receive FP knowledge and skills updates and many rely on the initial training they received when they first entered the health profession. Based on the findings of the PNA, the MOH recognizes the need to revitalize both the supply and demand side of IUD services.

The MOH agreed that ACQUIRE will strengthen supply-side systems to support the fundamentals of care and management at 12 sites. Moving that agreement forward in FY2005/06, ACQUIRE is poised to conduct clinical training in IUD insertions skills for up to fifty providers and conduct refresher training in FP and IUD counseling skills using ACQUIRE's revised FP Counseling Curriculum. A monitoring system will collect IUD uptake data and an evaluation of the program's results, particularly with respect to providers' ability to insert IUDs safely and on-demand.

On the demand side, the formative research on the knowledge gaps, myths, and misinformation that are hampering acceptance of the IUD led to the development of a communications strategy with community participation. ACQUIRE, as a member of the Advocacy Committee of the National IUCD Task Force, brought the strategy to the Task force for approval. All members agreed that the communication approaches were excellent, and that after testing it in Kisii, they will consider taking the communication messages and approaches to other regions.

- ***Partnering to improve FP referrals through CBD training.*** In the area of training, ACQUIRE partnered with GTZ to develop a network of trained community-based distribution (CBD) agents in Kisii. GTZ agreed to contribute its staff and training expertise to recruit and train 30 CBD agents who will educate residents about family planning and the IUD as well as serve as referral agents to inform clients about newly trained providers available at the ACQUIRE-supported sites.
- ***Partnering to improve IUD supplies and safety.*** ACQUIRE staff worked with stakeholders to outline a collaborative program in which ACQUIRE and GTZ, with logistical support from JSI/DELIVER, will pilot the use of disposable IUD insertion kits in Kisii. Prior to implementation, ACQUIRE assessed the costs and feasibility of the project, and gained MOH and local USAID Mission approval. During the upcoming fiscal year, the kits will be produced, disseminated and integrated into provider training. As a result, IUD logistics and infection prevention will be improved.

Uganda. ACQUIRE collaborated with FHI to contribute to the MOH Family Planning Revitalization strategy, which is implemented through a stakeholder Working Group. In 2004/2005, ACQUIRE gained stakeholder approval for its district approach, objectives, and activities in four districts identified as having low client, community, and provider knowledge, use and access to LAPM—Mayuge (East), Hoima (West), Sembabule (South-Central), and Apac (North). Private sector involvement was approved as well. ACQUIRE works with the Uganda Private Midwives Association (UPMA) and ADRA at the district level to bring their networks into the program. In addition, four special initiatives were approved; an initial focus on the IUD (begun in FY04-05), integration of FP into HIV services, male involvement and program evaluation. The ACQUIRE approach was designed to complement existing FP activities with key partners in each of the districts, e.g., UPHOLD (Mayuge), POLICY II (Hoima), EGPAF (Sembabule), and UNFPA (Apac). All stakeholders bought into the approach and are working collaboratively with ACQUIRE to ensure consistency and maximize resources.

Following acceptance of the approach, ACQUIRE and the MOH collaborated to conduct a PNA for the MOH Family Planning Revitalization strategy in Mayuge District. PNAs for the remaining districts will occur in FY05-06. Stakeholders used data from the PNA to develop a District Action Plan to expand long-acting contraceptive options for women in Mayuge district. The District Health Management Team (DHMT) included in their action plans sensitization activities among political and community leaders (completed); updating of community reproductive health workers (CRHWs – completed) and their trainers (completed), and CRHW outreach activities to create awareness of IUD and Norplant availability and locations of services. Representatives of UPMA and ADRA participated in the PNA and in the subsequent district-level trainings. (Initial training of service providers in IUD and NORPLANT was conducted in August, 2005. In the two weeks following the training, 61 clients received NORPLANT implants and 4 IUDs. These are services that were not previously available within the district.)

ACQUIRE quickly established its technical leadership through partnerships on many levels within Uganda. We:

- provided technical guidance to the production of new or revised materials regarding LAPM for local NGOs;
- reviewed the counselor's training curriculum to ensure that FP information is up to date, and reviewed the medical eligibility checklist for PMTCT counselors to use in the EGPAF program;

- reviewed the FP chapter in the Community-based Curriculum for the POLICY Project in training of Community Development Officers and Community Development Agents;
- advised UPHOLD, the bilateral, on client materials needed for use in family planning counseling
- built LAPM information into the activities of the PSI-supported midwives and community-based outreach workers; and,
- refined the MOH's communications strategy for reproductive health.

ACQUIRE developed a communications strategy in July 2005 that is designed to increase client awareness of newly available methods and locations of services. This strategy has also been accepted by the MOH, with support from the Family Planning Revitalization Working Group.

The Mission has expressed its desire to see ACQUIRE continue to play a major role in supporting the expansion of family planning services and use in Uganda.

❖ *Increasing access to and awareness of vasectomy*

Increased vasectomy requests for information and uptake in Ghana. In Ghana, ACQUIRE implemented a vasectomy pilot and demonstrated that despite commonly held assumptions, men will use vasectomy services if programs address both supply and demand side issues. Through the bi-lateral agreement, EngenderHealth implemented whole-site training at sites in Accra and Kumasi to help clinic staff offer men's reproductive health services, including vasectomy, and to achieve a more male-friendly environment. Providers were either refreshed their no-scalpel vasectomy skills or learned the technique in a training conducted in India, where they proved their full competence and confidence in the service, including counseling and informed consent.

Demand side approaches were simultaneously organized where clinic staff reached out to communities via health talks and handed out promotional materials; a media campaign aired on television and radio featuring a satisfied user and the slogans "Vasectomy...give yourself a permanent smile" and "You're the man!;" posters and other materials were distributed in pharmacies, clinics, barber shops, and truck stops; and, a hotline was set up to answer questions about vasectomy. Pre- and post-test measurements of providers' attitudes show that their knowledge about and attitudes toward providing services to men improved substantially. A mystery-client study revealed that men who sought services were able to get the information they needed. The number of vasectomies performed quadrupled from the prior year (from 18 in 2003 to 81 in 2004).

A panel study conducted in metropolitan Accra prior to and following the campaign showed that men's awareness of vasectomy nearly doubled from 31% at baseline (67 of 216 men) to 59% (127 of 216 men). More than half the men who reported seeing the campaign's television advertisements took action as a result—visiting a doctor or health center to discuss vasectomy, discussing vasectomy with their partner/wife, and/or discussing vasectomy with colleagues. Men's "intention to consider vasectomy" doubled, with the proportion willing to do so increasing from one in every ten men at the baseline to one in every five at follow-up.

The launch of the program was significant as well. Senior physicians, satisfied clients, a "roving journalist" conducting interviews on the street and other leaders talked about

vasectomy on the radio, in newspapers and on TV. These champions were crucial to the legitimization of vasectomy during the campaign. Anecdotal evidence notes lively discussions about vasectomy in bars, in offices and on radio call-in shows. Lessons learned from the Ghana program are now being incorporated in vasectomy initiatives/activities in Bangladesh, Honduras, and Tanzania.

Replicating Ghana vasectomy model in Honduras. In Honduras, ACQUIRE is replicating the Ghana model in three pilot no-scalpel vasectomy sites in the cities of Tegucigalpa, San Pedro Sula and La Ceiba. On the supply side with field support, ACQUIRE inputs included clinical training, counseling, provision of equipment, and conducting in-reach and orientations. In addition, ACQUIRE organized and launched a vasectomy promotional campaign within the catchment areas of the three pilot sites based on an adaptation of the Ghana “Give yourself a permanent smile”. Prior to campaign development, ACQUIRE conducted focus group research using two market research studies. The first study informed the development of an appropriate communication strategy; the second tested the strategy before the campaign was launched (see Honduras country summary for study abstracts). The MOH launched the vasectomy promotional campaign and promised to expand it by committing government funds to a third metropolitan area. Initial reports are encouraging; data show that the number of vasectomy acceptors increased from 3 to 24 in a 12 month period, and each facility reported 8 to 10 men per day requesting information on no-scalpel vasectomy during the same period.

Lessons learned from case study on vasectomy acceptance in Tanzania. ACQUIRE currently supports 138 sites in 10 of 21 regions in Tanzania to revitalize family planning. A subproject in the Kigoma region focuses on male-centered services – including vasectomy. During FY 2004/05, ACQUIRE conducted a case study in Kigoma in collaboration with FHI and HealthScope, to investigate anecdotal reports of high vasectomy acceptance. The study purpose was to refine existing vasectomy decision-making models for programming and to develop a programmatic model that can be replicated in sites with low vasectomy acceptance or barriers to vasectomy (see Tanzania country summary for study abstract). Preliminary results indicate that one hospital—Heri Seventh Day Adventist Hospital—served the majority of clients in the Kigoma region. Rates of vasectomy utilization were high after the intensive training and promotional activities in 1998/9, dipped after a few years and rose again in 2001/02, perhaps as a result of renewed promotional efforts and training activities. On the service delivery side, provider skills need to be refreshed in family planning overall, especially in no-scalpel vasectomy and on the assurance of confidentiality. Preliminary results were used to formulate the Tanzania country strategy and to inform a communications campaign on LAPM, including vasectomy.

Vasectomy study highlights important lessons about vasectomy technique. In May, an ACQUIRE-supported study of vasectomy surgical techniques in South and South East Asia was published in the open-access journal *BMC Urology*.⁴ The study, jointly funded by ACQUIRE and FHI and conducted by Laval University in Quebec City, Canada,

⁴ Labrecque M, Pile J, Sokal D, Kaza RCM, Rahman M, Bodh SS, Bhattarai J, Bhatt GD, Vaidya TM. Vasectomy surgical techniques in South and South East Asia. *BMC Urol* 2005;5(1):10.

involved interviews and observations from 21 vasectomy clinics in five Asian countries.⁵ The study found that no-scalpel vasectomy, with simple ligation and excision of the vas deferens, was the most common technique performed in the region. The data from this observation study of provider practices provide a baseline for efforts to improve vas occlusion techniques to increase vasectomy effectiveness and acceptance in the region. A major result was that a well-researched and accepted medical technique (fascial interposition) was integrated into the national curricula of Nepal, India and Bangladesh, and there are proficient master trainers available to disseminate the technique.

❖ *Advancing post-abortion care strategies.*

Replicating ACQUIRE PAC strategies from Bolivia in Kenya. Over the past fiscal year, ACQUIRE, in collaboration with USAID/W and CATALYST, designed a program for community mobilization for postabortion care (PAC) based on the program model in Bolivia. To inform the proposal a team of ACQUIRE partners, Society for Women and AIDS in Kenya (SWAK) and USAID/Washington visited Bolivia to review the model. A replication was designed and approval for Kenya's activity was received at the end of FY 2004/05. In this model, facilitators work with community groups who identify the PAC-related problems in their communities; analyze the causes and consequences of these problems; and do problem solving, prioritizing, and action planning, including linking with health facilities to address barriers and needs. The MOH in Kenya and USAID/Kenya are in agreement that this is an interesting approach to test in the country and have given their support to the project.

Implementing the global USAID postabortion care strategy to increase service availability. USAID/W and ACQUIRE conducted a postabortion care (PAC) assessment in Cambodia in 2005 to determine the country's suitability for the USAID PAC strategy and PAC Resource Package. Over the past fiscal year, ACQUIRE worked with local partners and the MOH's Technical Working Group for PAC, (including the NGOs, RACHA, and RHAC) to introduce postabortion care services and to strengthen existing capacity in 24 sites within the public and private sectors. Activities included clinical training for providers, orientation of catchment area communities, transport support for referral of complications, and the development of communications materials for providers and community volunteers. In addition, ACQUIRE is working with local partners and the MOH to develop a comprehensive PAC protocol. The project aims to increase family planning uptake in all sites and make PAC services available in 22 additional facilities and communities over the next fiscal year. ACQUIRE will monitor the quality of the program and hopes to do an assessment once all the facilities are up and running.

❖ *Integration*

Piloting HIV and FP integration. ACQUIRE designed a FP-HIV integration pilot in two countries to assess HIV-positive clients' contraceptive needs and facility systems' capacity to deliver contraceptive services. The pilot project will enable the most appropriate interventions to be selected in order to facilitate the provision of family planning as part of a complete package of care for HIV-positive individuals accessing care and treatment.

⁵ The study was conducted in Cambodia, Thailand, India, Nepal, and Bangladesh. Collaborators included Family Health International; Laval University; Maulana Azad Medical College in India; Chhetrapati Family Welfare Center and Nepal Fertility Care Center in Nepal; and EngenderHealth offices in Bangladesh, India, and the United States.

To support this pilot, ACQUIRE staff collaborated with FHI to develop and refine a technical module entitled “*Contraception for Women and Couples who are HIV-Positive*” to assist facilities to provide family planning within HIV care and treatment settings.

Ghana and Uganda were selected in consultation with USAID/W, Missions and with MOH agreement. EngenderHealth has programs in both countries and FHI has established ART sites in Ghana. A PNA was conducted in Ghana showing the lack of any integration of HIV and FP in the selected sites. Based on other findings from the PNA, an intervention is being designed in close collaboration with all partners. In Uganda, the Mission is keenly interested in the implementation of this pilot and has assisted ACQUIRE staff to identify 5 potential partner local organizations that provide ART services.

❖ *Addressing the needs of underserved populations.*

Garnering bilateral and local commitment to address the needs of young married couples in Nepal. ACQUIRE supports an adolescent project, which will begin early next fiscal year, for young married couples in two districts (Dhanusha and Parsa) in the central region of Nepal. These two districts are also focus areas for the USAID funded bilateral, the Nepal Family Health Program, of which EngenderHealth is a co-managing partner with John Snow, Inc and provides technical leadership in family planning, maternal health and quality improvement. District Public Health Officers in the two focus districts have expressed enthusiasm in the project and will assist ACQUIRE in the program implementation. During the past fiscal year, ACQUIRE completed a literature review of programming related to young marrieds which showed that while there has been some operations research done specifically on young married couples, there is very little programming worldwide. Most programs are designed for adolescents in general and do not address the special needs of young marrieds. ACQUIRE provided local EngenderHealth and CARE staff with technical assistance to finalize a program design, and to develop a monitoring and evaluation plan and tools for the Young Married Couples Program. Three training curricula were developed with both core and field support: a manual for a training of trainers in ways to address the RH needs of young married couples; a manual for training staff in youth-friendly services; and, a peer education training manual. In addition, ACQUIRE planned a baseline study for the young married adolescent project to be implemented by New Era, a local research organization, that will be replicated at the end of the project period to measure changes to adolescent married couples’ knowledge, attitudes, and practices related to reproductive health issues (see Nepal country summary for study details).

MAP/Gender training for REDSO regional partners. ACQUIRE is building the capacity of REDSO regional partners, (i.e., Commonwealth Regional Health Community Secretariat, Regional Center for Quality of Health Care, and Center for African Family Studies) to incorporate Men As Partners (MAP) and Gender issues into their ongoing work. The training explores personal views of gender issues and their influence on programmatic work, key concepts and tools to engage men, an orientation on gender-based violence, and an introduction to gender integration. At the end of the training, participants focus on ways to incorporate what they have learned into their current workplans. During FY 2004/05, ACQUIRE staff made initial preparations for the training, developed curricula, attended to logistics and participant selection. In conjunction with USAID’s Interagency Working Group on Gender, an initial training will be held in September 2005 for participants from all three organizations.

Addressing gender-based violence through male involvement strategies in South Africa. In South Africa, ACQUIRE work is based on the basic premise that negative and deeply entrenched male attitudes and behaviors contribute both to gender based violence (GBV) and the spread of HIV, described in a recent publication as the country's "twin epidemics" by ACQUIRE staff Dean Peacock and Andrew Levack.⁶ Specifically, over the past year, ACQUIRE supported MAP work using PEPFAR funds including: workshops aimed at changing knowledge, attitudes and behavior; mobilizing men to take action in their own communities; working with media to promote changes in social norms, collaborating closely with other non-governmental organizations and grassroots community-based organizations to strengthen their ability to implement MAP programs, advocating for increased governmental commitment to promoting positive male involvement and working closely with national, provincial and local government to implement MAP programs and approaches. Over the past year, the program trained approximately 400 educators, and reached nearly 50,000 individuals through community outreach that promote HIV/AIDS prevention through abstinence and/or being faithful and beyond. ACQUIRE also supports five service outlets where nearly 850 persons received counseling and testing for HIV and received their test results. In addition, the program submitted, collaborated on, and conducted five studies using USAID funds (see South Africa country summary for study abstracts).

Increased access to reproductive health services to internally displaced persons in Uganda. The Reproductive Health Response in Conflict (RHRC) Consortium was founded in 1995 to increase access to a range of quality, voluntary reproductive health (RH) services for refugees and displaced persons around the world. CARE is one of seven agencies that make up the RHRC.⁷ In 2003, CARE developed training materials called "*Moving from Emergency Response to Comprehensive Reproductive Health Programs: A Modular Training Series*" to help agencies working in conflict-affected settings to analyze their RH situation and prepare action plans to address gaps in comprehensive RH programs. ACQUIRE, led by CARE, field-tested these materials in two locations in Uganda over the past fiscal year and finalized them. RHRC members will use the training materials to establish RH programs in conflict-affected areas, and ACQUIRE will explore opportunities to promote the use of this training series in other USAID programs.

❖ *Repairing and preventing fistula.*

Expanding the Availability of Fistula Repair Services in Bangladesh. In Bangladesh, with support from core and field support funds, ACQUIRE is supporting fistula services in three private sector hospitals – Kumudini Hospital, LAMB hospital, and Memorial Christian Hospital -- in three regions, and will expand this activity to two more hospitals during FY 2005/06. ACQUIRE activities include renovating and equipping facilities, providing on-site training to providers to repair fistula, training public sector field workers to identify fistula clients in the catchment areas of three hospitals, and developing leaflets for illiterate women that teach them the signs and symptoms of

⁶ Peacock D and Levack A (2004) The Men as Partners Program in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*, Vol3, No.3, Fall 2004, 173-188

⁷ The other six agencies are: American Refugee Committee (ARC), Columbia University, International Rescue Committee, JSI Research & Training Institute, Marie Stopes International, and the Women's Commission for Refugee Women and Children

obstructed labour. Over the past fiscal year, the focus was on readying the three sites to provide services. ACQUIRE completed fistula assessments at the three private sites and negotiated subagreements with each site based on assessment findings (See Bangladesh country summary for study abstract). ACQUIRE staff developed clinical and counseling training materials, and trained: one doctor and two nurse/paramedics in fistula repair; 12 nurses on counseling, infection prevention, and comprehensive fistula case management; and 9 health workers and supervisors on community awareness raising, fistula prevention, and referrals. Eleven fistula repairs were conducted at the three project sites because actual services did not begin until very late in the fiscal year; the number of repairs is expected to increase significantly during next project year. In-country, ACQUIRE is collaborating with UNFPA, which is working at the Fistula Repair Centre at Dhaka Medical College to introduce fistula repair services. ACQUIRE provided technical input to UNFPA materials in support of this initiative for use in all sites where services will be available, to ensure standardization of care.

Strengthening fistula repair capacity in hospitals in Uganda. In Uganda, ACQUIRE gained hospital management buy-in that strengthening fistula repair is a top priority and negotiated subagreements with 3 partner facilities: Kitovu Mission Hospital a private faith-based hospital, Masaka District Hospital, a public sector referral hospital, and Mulago Teaching Hospital, affiliated with Makerere University. The partner facilities will allocate staff and resources to advance these services in the long term. With these commitments in place, ACQUIRE conducted needs assessments, trained five doctors and 3 nurses in fistula repair, and 152 women received fistula repair surgery at the project sites. ACQUIRE assisted in preparing a fistula counseling training at Kitovu Mission Hospital, including technical support to adapt local training materials. In addition, through field support, ACQUIRE negotiated subagreements with Straight Talk Foundation and Family Life Programs for community-level activities, and conducted formative research with youth, men and women in Masaka District on their perceptions of maternal health and obstetric fistula. ACQUIRE also coordinates technical materials and approaches and collaborates by sharing information and data with UNFPA and with the Women's Dignity Project to have a consistent approach to improving access to fistula repair services throughout their networks.

Improving counseling for fistula clients. ACQUIRE conducted a workshop for a group of 12 international experts in obstetric fistula care. The goal of the two-day meeting in Kampala, Uganda was to identify the essential components of counseling for fistula clients, for which there is currently no formal guide to counseling. To test the findings of the group, ACQUIRE conducted focus group discussions with current and former fistula clients to gain additional insight into counseling needs. A report on the meeting findings was prepared and disseminated widely. There is wide recognition that more in-depth work needs to be done to address the special needs of fistula clients especially in poor resource settings. A particular need is to address the physical and psychosocial trauma experienced by fistula clients, which requires a different approach from standard preventive care counseling. A draft fistula counseling curriculum was developed based on the findings from this meeting, with funding from the Bill and Melinda Gates Foundation. The draft curriculum was used for the first time at the counseling training at Kitovu Mission Hospital. Hospital staff gave comments to further refine the curriculum. A final draft is now in development.

Increasing international awareness of fistula. In FY04-05 USAID/W staff asked ACQUIRE to develop a concept paper for expansion of fistula activities anticipated in FY05-06. USAID plans to have ACQUIRE undertake fistula expansion work in: Democratic Republic of Congo, Guinea, Ethiopia, Mali, Rwanda, and expand its work in Uganda and Bangladesh. In addition, ACQUIRE will collaborate with USAID/REDSO and USAID/WARP on regional initiatives on fistula.

IR 2: Improved Performance of Service Delivery Providers

This result provides critical support to the work of IR1 through advancing knowledge on how to program, design and implement effective performance support through supervision and training in ways that build local capacity (at the district level) to meeting provider and site needs. Following a typology suggested by Jim Shelton of USAID/W, ACQUIRE's strategy is to build on and add to the current knowledge about best practices in service delivery in four categories: (1) best practices in the actual delivery of services (including attention to the fundamentals of care); (2) best practices in the support of providers and sites in the delivery of quality services (training, supervision and performance support, including CQI and problem solving); (3) best practices in program design that influences and supports change within the service delivery system; and (4) best practices in global leadership through the documentation of practices in different settings.⁸

- ❖ *Promoting the fundamentals of facility-based care.* During FY2004/05, ACQUIRE completed a Fundamentals of Care (FOC) Resource Package to serve as a reference to guide program managers, providers and supervisors in incorporating the FOC into all stages of their program activities and service provision. The three FOCs are: informed and voluntary choice, safety of clinical procedures and services and mechanisms of quality assurance and management. All three components are critical to the provision of quality services in and beyond facilities, and require continuous and consistent attention to ensure that existing providers are updated routinely, and each new generation of providers is able to apply them. They are an essential foundation for any new services that might be introduced. The package defines the key elements or indicators of each component, defines what must be present for that indicator to be achieved based on internationally accepted best practices, and provides a list of tools that can be used to support assessment, design, program implementation and evaluation. The resource package is a key foundation for all four categories of best practices in service delivery.

The resource package has been integrated into ACQUIRE assessments and programming. In Tanzania and Bolivia, the baseline studies included variables that assisted ACQUIRE in programming the FOC into work plans and strategies. In Bangladesh, the FOC were incorporated into a performance needs assessment (PNA) to determine gaps in performance in choice, safety and quality assurance and management. As a result of the success of that exercise, the FOC have now been harmonized over the past fiscal year with PNA tools (see below). This has resulted in increased stakeholder awareness of the critical nature of the FOC and the incorporation of interventions to address them in resulting program design and interventions.

⁸ Advancing the agenda for IR2 has been hampered in FY2004-05 by the resignation and relocation of the Team Leader in November 2004, and delays in identifying a suitable replacement, Edna Jonas, who joined the project in late September 2005.

- ❖ ***Applying the PNA as a programming tool in 7 countries.*** Building on the lessons learned from its use in the PRIME II project, ACQUIRE has adapted and promoted the PNA as a tool for guiding the development of program strategies, using data to engage stakeholders and create ownership. Capitalizing on the expertise of IntraHealth staff seconded to the ACQUIRE project, ACQUIRE has provided global TA in the past fiscal year to conduct seven PNAs (six in Africa and one in Asia) bringing together stakeholders to reach agreement on a specific problem, establish desired performance, determine actual performance based on data, and agree on appropriate interventions to close the gap, using root cause analysis. The use of the PNA has promoted evidence-based programming in revitalizing IUDs, increasing access to LAPM, reviewing the performance of nursing schools in HIV/AIDS training, and in increasing the access of HIV positive women to contraceptive methods and services.

All PNAs rely on data and the expertise of local stakeholders to identify key performance gaps and prioritize interventions. To the extent possible, ACQUIRE has promoted the use of existing data to inform this process, gathering additional data where gaps in the initial prioritization of interventions suggests that it is important. For the revitalization of IUD activities described under IR1, ACQUIRE developed a guidance document that preceded and supported the adoption and use of the PNA. In **Kenya, Ethiopia and Mali**, all PNAs found that provider IUD knowledge and skills are low, for a variety of reasons, and that availability of equipment and supplies often constrains service delivery. In particular while the IUD itself might be readily available through medical stores, speculums, uterine sounds, etc. although standard equipment for maternal services, are sometimes procured through a different mechanism than the contraceptive commodities themselves. The PNAs also determined that considerable improvements need to be made in training and supervisory systems.

In **Bangladesh, Uganda, Rwanda, and Ghana**, the PNA was used as an assessment and ownership process to improve programming for a particular focus. In Bangladesh, the emphasis was on the fundamentals of care (as described above), using existing baseline data, and gathering additional data to provide information on gaps identified by stakeholders, but not included in the baseline. Results were used to strengthen the country workplan in areas related to counseling, informed choice, infection prevention as well as non-compliance with standards and weak training systems. In addition to resulting in prioritized program interventions, stakeholders requested an additional PNA process to focus specifically on the challenges in the supervision system to more effectively support providers (completed in 2005).

In Uganda, the PNA was used as an assessment tool at the district level to set the stage for increasing access to LAPM, developing the capacity of district health teams to use the tool themselves and provide support to other districts in its use. In Rwanda, the PNA assessed the capacity of five nursing schools to provide HIV/AIDS training to its students, and in Ghana, the PNA was the starting point for an ACQUIRE collaboration with FHI to increase access to contraceptive services for women receiving ARTs.

The use of the PNA in this past fiscal year has resulted in the development of a cadre of staff and collaborators at the global level and in these 7 countries able to conduct PNAs. In addition to introducing the staff of 7 country programs to this process and methodology, 6 global staff members with no prior experience in PNAs have received training. Other USAID projects, ACQUIRE partners and local NGOs have also benefited from training in the process. In Ethiopia and Mali, ACQUIRE partnered with the

bilaterals to conduct the PNAs. In Mali, a staff member of AWARE also served as the clinical expert for the data collection exercise. In Uganda, representatives of the Uganda Private Nurse Midwives Association and of ADRA were also participants.

- ❖ ***Strengthening training and supervision within service delivery networks and health systems.*** ACQUIRE's efforts to scale up access and utilization of services within geographic areas has been accompanied by interventions to build the capacity of district or network-level managers to meet the learning and support needs of providers and teams within their purview. To strengthen training, ACQUIRE has utilized whole-site training (WST) as a methodology for building local capacity of district and site supervisors to assess and meet the in-service training needs and to plan and conduct training for the members of a particular health care facility. Many of these activities are now underway, having been started in FY2005-06. The following examples from Guinea, Bangladesh, Bolivia, Tanzania, and Kenya are selected activities undertaken in FY 2004-05 at the country level that have involved global staff and/or have specific promise for global leadership in strengthening training and supervision systems.

Improving IUD and sterilization services through WST in Guinea (field and core). The PNA conducted in FY2003-04 and other surveys had all identified an underutilization of long-acting and permanent methods (LAPM). ACQUIRE had identified the Siguiro District of Kankan region in Haute Guinea as the focal point for supply and demand components of the LAPM revitalization strategy. USAID provided the ACQUIRE Project with funds to explore the barriers to utilization of LAPM (specifically IUD and tubal ligation the prevalence of which are the lowest) and to develop strategies for creating demand and improving the quality of services. ACQUIRE conducted a survey of knowledge and barriers among clients and providers with regard to LAPM, and community mobilization efforts are under way to create demand. An assessment of service sites was completed in February 2005 to target the improvement of the quality of service provision. In May 2005, a two-week WST intervention in Siguiro Hospital and 3 related urban health centers (Siguirikoro, Siguirikoura and Bolibana) constituted the intervention geared towards that goal. These health centers are located within walking distance to the hospital and they refer clients to the hospital.

In the first week, global staff coached site managers and local field staff in defining site training needs and preparing to meet those needs. Site managers reviewed assessment data, developed a training action plan and prioritized interventions. The team decided on two key interventions for the following week: **an orientation for 20 staff** from the four sites on the concept of WST and the situation of FP and RH in Guinea, a description of the project goal to increase the use of LAPM and the WST activities to that end, and finally a brief overview of contraceptive methods and infection prevention; and **a workshop for 28 key management and clinical staff** to include a contraceptive technology update (CTU) and update on infection prevention. The workshop included the head doctor, head nurse, the majority of maternity/FP staff, 2 representatives each from pediatrics, surgery, internal medicine and emergency unit, and 3 representatives (including the head of the center) each from the three urban health centers. Commitment was secured from the Hospital Director and the Prefectural Health Directorate to follow up on the action plans developed and provide support to the WST initiative. Because of the timing of this intervention (May 2005), we have yet to see service statistics to demonstrate the results of this approach to training.

Revitalizing training approaches in Bangladesh (field and core). ACQUIRE/ Bangladesh conducts a large amount of training in the public sector. In FY2004-05, ACQUIRE global staff collaborated with ACQUIRE/Bangladesh staff to review training approaches and materials used, to uncover and analyze strengths and weaknesses and to provide recommendations for strengthening, to review best practices in training in resource-constrained environments, and to strengthen the foundations for local training capacity. The main recommendations emanating from this review of training approaches were to (1) strengthen local training capacity for LAPM through the Ministry of Health and Family Welfare (MOHFW), including a system-wide assessment of training approaches and outcomes to guide the MOHFW in strengthening the institutional capacity and supervisory support system for training; and (2) develop a training strategy to support the previous objective. These are activities being implemented in FY2005-06.

USAID/Bangladesh had ceased working in the public sector approximately ten years ago and focused its energies on supporting the private and NGO sectors. Approximately four years ago, EngenderHealth was invited to participate in a renewed USAID effort to strengthen LAPM services in the public sector. In-service training, in particular, had not been provided to many staff in the public sector, a fact confirmed by the baseline conducted in the fall of 2004. In 2004, ACQUIRE conducted a baseline survey in 121 MOH facilities in four districts. The data showed that only 2.3% of Family Welfare Visitors (FWVs) had received training in IUD insertion and removal; 9.4% on family planning counseling and 8.6% on infection prevention. The MOHFW has expressed its intent to improve access to and utilization of long-acting and permanent methods to meet the needs of Bangladeshi couples, and to support its prevalence goals. As a result, ACQUIRE designed a five day IUD training intervention that included three core service components – IUD clinical training, counseling and infection prevention. Over the past year, ACQUIRE and the MOH have collaborated to train 662 FWVs in the public sector. In the 6 months following the intervention, average monthly IUD insertion in 38 facilities increased by 30%.

Pilot to scale: the institutionalization of self-learning training modules in Bolivia (field). To address lack of trained providers in sites due to low retention rates, ACQUIRE conducted provider update trainings on client counseling and rights and contraceptive technology. Following the trainings, routine supervisory visits at ACQUIRE sites showed that client counseling sessions had increased, and record reviews of informed consent for sterilization clients showed improvement. Success with the training approach led ACQUIRE to develop a self-learning contraceptive technology update (CTU) module and introduce it to seven departments and 10 rural health networks where provider training was inaccessible due to logistical barriers. To date, 441 providers have completed the self-learning CTU module. The self-learning module has already begun to be institutionalized, as the MOH has begun to adapt the module and has requested ACQUIRE's support in developing a maternal health component.

Training outreach in Tanzania (field). ACQUIRE applied an innovative approach to training in Tanzania through the use of peer education. An adaptation of the whole-site approach to training, ACQUIRE brought together provider teams from similar sites to clinics/hospitals with a high volume of LAPM clients for intensive, high-quality, supervised clinical training. Services were provided free of charge for the duration of the training, resulting in a much higher demand for services and the extension of the training to three weeks instead of two. In addition, Kagera Region, in which Ndolage Hospital is situated, many of the health facilities are owned by the Catholic Church that does not provide such services. Some clients had traveled up to 45 kms in order to receive Minilap services.

Training was centered around the Lutheran Ndolage Hospital⁹ and five nearby sites with the capacity to provide LAPM. Four master trainers conducted training and supervised trainees over a three week period. Care was taken to ensure that each site had access to a master trainer when trainees were providing services, and that sufficient equipment and supplies were available to support the anticipated demand. In these three weeks, services were provided to more than 800 women. Some clients arrived requesting NORPLANT, and could not be served because of a lack of supplies.

Standardizing supportive supervision in Kenya (field). Before ACQUIRE, private providers never received any supervision; they only received annual inspection and licensing visits from MOH representatives. Since ACQUIRE began, a schedule of regular supervisory visits has been established with the collaboration of MOH district level supervisors. To support this process, ACQUIRE standardized and field-tested a supervision manual. Over the past year, each private provider at ACQUIRE-supported sites has received a supervisory visit at least once. As a result of improved discussion, support and feedback during these visits, the sites have begun to improve record keeping, data utilization and the availability of critical supplies. It is expected that by the end of the project period, these activities will result in an improved district level supervisory system that regularly provides updated knowledge, skills, and supportive feedback.

- ❖ ***Global Leadership to Improve Performance: Foundational Resources.*** To improve provider performance in field programs, ACQUIRE has prepared the following materials to serve as foundational resources to ensure that the most up to date information is available to providers, incorporating the most recent MEC, results of studies, and other newly available evidence. Each document has a target audience and a roll-out plan.

NSV Curriculum. The No-Scalpel Vasectomy Curriculum was originally published in 1997. Since that time, several important best practices have come to light based on new evidence in large part from USAID-supported clinical studies conducted by EngenderHealth and Family Health International. Recent research results on occlusion techniques and follow-up procedures after vasectomy have led to the need to revise the curriculum. For example, results of a randomized controlled trial demonstrated that use of fascial interposition with ligation and excision significantly improved the effectiveness of vasectomy. Ligation and excision without fascial interposition, one of the most widely used techniques worldwide, should no longer be recommended. In addition, although it is generally recommended that men have semen analysis to confirm vasectomy success, this is often not practical or available in resource poor settings. In these settings it had been recommended that men wait 10-12 weeks or 15-20 ejaculations before beginning to rely on their vasectomy for contraception. Recent research, however, suggests that telling men to use another form of contraception until 3 months after vasectomy is more reliable than 20 ejaculations and is now recommended to reduce the risk of pregnancy. The draft revised curriculum was field tested in May 2005 in Bangladesh during a 3 day NSV training attended by 6 participants. Feedback from the trainers and the participants was incorporated into the draft, which was then reviewed by USAID. Comments from USAID have been incorporated and the curriculum will be going to production shortly. The target audience for the curriculum are those being trained as vasectomists and vasectomy assistants.

⁹ The Lutheran Church in Tanzania (ELCT) is a partner under the ACQUIRE project there.

Facilitative Supervision for Medical Quality Improvement (tentative title). This curriculum builds on EngenderHealth's prior work in developing a Facilitative Supervision Manual, the work of the MAQ Management and Supervision working group and EngenderHealth's expertise in medical monitoring and quality improvement. The purpose is to support district level supervisors in applying facilitative supervision techniques to the process of medical quality improvement. Innovations and best practices incorporated into the curriculum include the critical nature of the fundamentals of care -- choice, safety and quality assurance -- and how to support and monitor them; a systems approach to supervision; the roles and tasks of different types of supervisors (on-site supervisors, off-site supervisors, medical and non-medical supervisors); principles of leadership adapted from the M&L project; and linking supervision and training systems in support of a whole-site approach. The draft curriculum has been completed in FY04-05. It will be field-tested initially in Bangladesh in December 2005 and finalized. The target audience for the project will be country programs emphasizing a district approach and these include Bangladesh, Tanzania, Bolivia, and Uganda.

Family Planning Counseling: An Integrated Approach (tentative title). This curriculum complements EngenderHealth's existing curriculum, *Sexual and Reproductive Health Counseling: An Integrated Approach*. It takes the same comprehensive reproductive health approach, while focusing on the specific needs of family planning clients and the knowledge, comfort and skill providers need to support them. This new curriculum emphasizes that there are many types of clients, each with different needs. They include new clients who know what method they want, and new clients who need help choosing a method, as well as satisfied method users returning for supplies or routine follow-up, and clients returning with problem or concerns. The curriculum also addresses the specific needs of clients who come from a variety of population groups, such as adolescents, and HIV-positive individuals. This resource helps develop providers' skill in assessing clients' needs and tailoring counseling to the individual. It provides in-depth information to help providers prepare clients to successfully use different methods and to cope with common side effects. The curriculum is in its final drafting stage and will be used in Azerbaijan early in FY2005-06. It will be rolled out to ACQUIRE country programs in FY 2005-06, in conjunction with existing country plans for counseling training.

PI/QI/PLA Program Guidance. ACQUIRE developed a guidance document for program staff on how to integrate the different approaches to ensure comprehensive and effective programming. The guidance document has been introduced to staff during staff meetings and posted on the extranet. The document has also been integrated into the Facilitative Supervision curriculum, mentioned above, to facilitate supervisors' understanding of how these approaches can be used in support of improving performance at the district level. In the coming year, global staff will review the guidance document with country program managers to enhance their understanding of the complementarity of these approaches and to determine if and how changes should be made in programming at the country level. Similarly, ACQUIRE global staff compiled a summary of **Best Practices on the Performance Factors**. Using the PI process, the root causes of performance gaps have been categorized into five performance factors – job expectations, performance feedback, physical environment and tools, motivation and skills and knowledge to do the job. ACQUIRE staff have pulled together a summary of best practices to address these five performance factors, with links to resources for those best practices, and this has been posted on the extranet and shared with global staff. The CAPACITY project has expressed interest in expanding this document and we are exploring this activity jointly in FY2005-06.

IR 3: Strengthened Environment for FP/RH Service Delivery

IR3 focuses on two areas of activity. The first relates to strengthening the management and use of knowledge, including the promotion of best practices, to improve project performance and program results, within ACQUIRE, at the country program level and with the broader reproductive health community. The second focus area is fostering a supportive policy environment for high quality services and for expanded access to a wider range of RH/FP services to make more service options available to more people at the lowest level in the healthcare system that can ensure safety and quality.

❖ *Putting knowledge into practice within the ACQUIRE Project*

Sharing knowledge through iRiding. The iRider is a new model. It is envisioned as an information manager that helps individuals and organizations use their existing technology, and to integrate electronic tools with other information resources into their programs. For example, the iRider can help staff conduct effective searches, retrieve information, and evaluate it so that they can select and apply what is most relevant to their work. This individual can also develop health workers' skill in sharing knowledge and information, exchanging practices that work well, and learning from the experiences of others. The iRider is an individual with expertise in the effective use of traditional and new media and information and communication technologies (ICTs) who can develop these competencies in others.

In FY03/04, the iRider model was introduced within ACQUIRE, and two ACQUIRE staff were trained as iRiders. They provided support to ACQUIRE colleagues during FY04/05 through the following activities and services:

Identifying mechanisms for information collection, sharing, and dissemination. ACQUIRE iRiders developed an internal knowledge management online survey to collect information on mechanisms for collecting, sharing, and disseminating information. The survey was administered and the results are currently being analyzed and synthesized for a report that will be finalized in the first quarter of FY05/06. Preliminary findings have been shared with USAID/Washington.

Facilitating the development and implementation of Standard Operating Procedures (SOPs) for knowledge management. Over this past year, we have progressed in standardizing procedures for collecting, storing, retrieving, and exchanging information within ACQUIRE. Specific examples include: (a) a Knowledge Events Calendar used to inform staff about upcoming events where information about RH/FP can be exchanged and shared; (b) a Meeting Highlights template that is used to capture information obtained at external FP/RH events that ACQUIRE staff attend as well as recommendations and implications for the ACQUIRE Project based on that information; (c) a standard filing system to enhance access to project information and learning through the use of shared drives; (d) the ACQUIRE Project extranet. The extranet is a vital knowledge dissemination vehicle that reaches all ACQUIRE staff and partners, at headquarters and in the field, making essential programmatic and management information easily accessible. These (SOPs) will continue to be rolled-out to field staff in FY05/06 and evaluated the subsequent year. This process will help to identify successful elements of a knowledge-sharing culture that can be promoted as best practices for implementing partners to adopt and adapt.

Synthesizing and sharing resources. ACQUIRE iRiders are responsible for compiling and synthesizing articles, resources, and reference materials through a monthly list known as the “Notable Links,” which is shared via the project extranet. In addition, ACQUIRE has synthesized research reports on priority topics and highlighted actionable findings to facilitate their application in programs. These summaries are organized by theme and posted to the extranet.

Introducing information communications technology (ICT) tools and resources. ACQUIRE iRiders are responsible for identifying ICT tools to enhance program staff effectiveness, and make recommendations about their value and relevance. In FY04/05, the ACQUIRE M&E Team was given a demonstration of SharePoint Virtual Collaboration Software and is currently discussing the technology as one way to more effectively connect ACQUIRE M&E staff in New York and in the Field. During this past fiscal year, ACQUIRE iRiders supported an initiative to develop a roll-out plan for an internal search engine based on the Google application. ACQUIRE Project staff will participate in a pilot-test of this tool during the second quarter of FY05/06 (September–December). It is expected that this tool will facilitate knowledge sharing within the project by providing greater access to information within and across the project.

- ❖ ***Putting knowledge into practice in service programs.*** Knowledge is both generated and applied throughout the program cycle. Decisions about partner selection, desired program improvements, intervention design, what practices and tools to introduce, and the deployment of resources are not made in a vacuum. Our choices are informed by assessments, research, evaluations, our own experience, and input from other experts and from community members. And yet, programs don’t always have the desired impact. The biggest challenges are how to get knowledge and tools into the hands of potential users in service programs, how to inspire commitment to change to take people from knowing to doing, and how to scale-up and sustain improvements system-wide by putting knowledge into practice on a broader scale.

To achieve sustained program improvement, ACQUIRE promotes a comprehensive programming process that combines best practices from the fundamentals of care, change management, and knowledge management. Considering the critical data, tools, or models needed at each step in the programming cycle, we are formulating dissemination strategies to make knowledge and proven practices accessible to target audiences. We also build into programs the essential steps for creating a supportive environment for behavior change, to help staff adopt new practices. And we are deliberate in defining and choosing scale-up strategies to facilitate the expansion and mainstreaming of new tools and approaches into service programs. This requires understanding of the process of fostering organizational change, with particular attention to the conditions unique to medical settings.

Using data for decision-making. As evidenced elsewhere in this report, one of the ACQUIRE Project’s core principles is to use data for decision-making and to inform the design of program goals and interventions. During FY04/05, ACQUIRE undertook baseline assessments and performance needs assessments in key countries to generate data for diagnosing program needs, setting priorities, and designing interventions. (See IR1, *Revitalizing the IUD through MAQ Country Partnership*, and the M & E Section, *Collaborating with MEASURE to implement four baseline surveys*). The data and learning from these assessments were shared in targeted dissemination meetings with

decision-makers in each country and is being used in developing strategies and workplans to strengthen program performance. This knowledge will be more widely shared in published reports in FY 05/06.

Exploring how to build knowledge management capacity through iRiding in Bolivia.

In FY03/04, the ACQUIRE project, in collaboration with the INFO Project of JHUCCP and the Bolivian Center for Communication Programs (BCPC), proposed a joint venture to introduce and demonstrate the *eRider/iRider* model to build knowledge management capacity within Bolivian reproductive health service and communications organizations. It took much longer than expected to clarify the concept and reach agreement on expected outcomes and roles. Additional delays resulting from political events in Bolivia postponed Mission concurrence and reduced the time available to fully execute, monitor, and evaluate this proof-of-concept project.¹⁰ Without sufficient time to carry out the proposed activities, we could not adequately demonstrate the *e/iRider* model and fulfill our commitment to build local capacity to sustain the function in Bolivia after the pilot phase. We therefore reluctantly deleted this activity from ACQUIRE's workplan at the end of FY04/05.

Identifying best practices for IUD Projects. ACQUIRE co-chairs the MAQ IUD Working Group with FHI and has engaged many other cooperating agencies and USAID staff in a collaborative, ongoing effort to generate an electronic "IUD Toolkit." This toolkit will serve as a filtered information resource about many aspects of IUDs—latest knowledge in the areas of science, epidemiology, training, service delivery, logistics, and marketing.¹¹ When finished, we expect to have over 80 "tools" in the Toolkit, and it will be the primary informational resource for people working on various aspects of IUD service delivery. Several larger and smaller meetings have taken place, and the Working Group is planning, with the help of the INFO Project, to make an initial presentation of a prototype of the toolkit at the time of the MAQ Mini-U in October 2005.

In the MAQ IUD Country Partnerships, ACQUIRE is applying the best practices of forging participatory partnerships with maximal stakeholder involvement, using local data and other evidence to identify highest priority needs and program gaps and impediments, focusing on the fundamentals of care.¹² In subsequent activities, paying attention to both the demand and supply sides, country stakeholders will choose specific proven tools and approaches (best practices) based on their context and priority challenges.

Applying proven practices in country programs. As noted in the country summaries ACQUIRE has supported the introduction and scale-up of specific proven practices and tools in a number of countries to address local challenges. For example, in Bolivia, proven infection prevention (IP) approaches have been scaled up, spurring local institutions to develop their own IP committees, which have begun to actively monitor infection prevention. Also in Bolivia, self-learning training modules on counseling and contraceptive technology were developed and scaled- up, and they have begun to be institutionalized. Moreover, the MOH has begun to adapt the module and has requested ACQUIRE's support to develop a maternal health component.

¹⁰ Our collaboration was based on complementary technical and material resources that were to be applied in, but not beyond, FY 05-06.

¹¹ All of these areas had sub-working groups under the leadership of the overall working group; ACQUIRE co-chaired the Marketing sub-group and Service Delivery sub-group

¹² The fundamentals of care include counseling and informed choice, medical safety and quality, management and supervision

In Kenya, ACQUIRE updates to providers on contraceptive technology best practices have resulted in increased client uptake of family planning services. In addition, ACQUIRE 's work with the National Youth Service (NYS) to adapt proven approaches for increasing awareness among youth about HIV transmission has made it possible to effectively reach youth with HIV prevention messages.

In Benin, ACQUIRE worked in four health districts to introduce proven training approaches to reduce costs and improve quality of services. The result has been a large increase in the number of health facilities that offer emergency obstetric and neonatal care and active management of the third stage of labor, which is responsible for a dramatic drop in reported cases of hemorrhage (from 169 to 75 in targeted health facilities).

Documenting lessons learned in Kenya. During the past fiscal year, ACQUIRE collaborated with the AMKENI Project in Kenya to document the models and approaches used at the community and service delivery levels and their impact on “women’s agency” and on access to and use of services. ACQUIRE staff provided input on the protocol and tools and led a field study to learn what was done, what worked, what didn’t, and under what conditions. AMKENI’s balanced approach of improving service capacity while simultaneously working with communities to enhance healthier FP/RH/CS behaviors and demand for services was demonstrated to be effective. The Jibana Health Centre, for example, reported that as a result of AMKENI’s interventions the use of modern contraception among their clients more than tripled. And at Chwele Health Center, new acceptors increased in one year by 42%. Supervised deliveries also rose in project districts. At Kimilili, the number of supervised deliveries per year tripled.

The project also demonstrated the importance of attitudes at several levels, and their impact on service quality and use. AMKENI is credited with improving the attitude and behavior of supervisors, which has had a positive effect on the healthcare workers’ morale and work ethic. In turn, clients report that health workers are now friendlier and more helpful than they were before, and that as a result more people are going to the clinics. Another important project outcome is that village health committees (VHCs) and their communities have developed a sense of ownership of and responsibility for their local health facilities and outreach services,. An unanticipated result is that communities have taken the initiative to adapt the AMKENI approach to address other pressing community concerns beyond FP/RH.

ACQUIRE staff prepared a comprehensive report of the field survey of AMKENI’s model and its impact, and are now synthesizing the lessons learned. We are preparing a brief which will be completed by November 2005 in time for a meeting of stakeholders in Kenya (see Kenya country summary for report abstract).

- ❖ ***Promoting best practices in global initiatives and interagency working groups.*** ACQUIRE staff participate in numerous global initiatives and interagency working groups, to share knowledge generated by the project (including proven practices), to learn from others, and to promote the application of knowledge in practice. Over this last year, we made the following contributions:

Supporting USAID best practice and MAQ Initiatives. ACQUIRE is an active member of a number of MAQ interagency working groups and committees. ACQUIRE co-chairs the Monitoring and Supervision Working Group, the Client-Provider Interactions (CPI) Sub-Committee, the IUD Working Group, and the Steering Committee of the Program Task Force for the Repositioning Family Planning Working Group. ACQUIRE participates in the Interagency Working Group on Gender, the Integration Working Group, the PAC Consortium, Private Sector Partnership for Better Health Clinical Methods Task force, and HIPNET. In these forums (and in several WHO-led interagency groups), ACQUIRE has provided leadership and technical guidance on a range of clinical and programmatic issues.

In Dec. 2004, ACQUIRE provided technical assistance to the MAQ Initiative to develop and present three sessions at a MAQ Exchange meeting held in Kinshasa, DRC. A description of the content areas presented by ACQUIRE Project staff is noted below.

- **Male Involvement.** ACQUIRE Project staff developed a MAQ module on male involvement, and designed and facilitated a session on the importance of involving men in FP/RH. The session consisted of a presentation on the evidence-based rationale for including men in service delivery efforts, conceptual elements of male RH programming such as gender, access, type of services offered, community mobilization, demand creation, and viability. The objectives of this session were to: increase participant knowledge and awareness of the importance of working with men as partners in FP/RH; provide participants with the conceptual elements, tools, and lessons learned from other programs working with men in West Africa; provide participants with a forum to develop their ideas and suggestions for activities to integrate men into existing services and organizational work plans.
- **Contraceptive Technology Update: Medical Eligibility Criteria.** ACQUIRE designed and facilitated a session on contraceptive technology with a focus on the new WHO Medical Eligibility Criteria (MEC). The objectives of the presentation were to: describe the situational analysis of contraception in sub-Saharan Africa; present and explain the new medical eligibility criteria; and provide an update concerning temporary methods. Participants were given an overview of the state of contraception in sub-Saharan Africa and the reasons for the underutilization of FP methods. ACQUIRE then presented the objectives of the MEC as well as the other cornerstones of WHO's efforts to support FP programming through the dissemination and application of this information.¹³ In addition, the presentation also included information about the category classifications for each method, indications and contraindications, and examples of clinical situations.
- **Quality and Access Barriers.** The final presentation focused on barriers to access and quality. The objectives of this presentation were to reflect on the quality of services and to identify barriers to quality and possible interventions. ACQUIRE staff conducted an activity that asked participants to define quality according to their own personal experiences as clients. They were then asked to place their definitions along the spectrum of clients' rights. Overall, participants were able to address clearly the rights related to access, availability, confidentiality, safety, and information. A review of this activity was conducted and additional information emphasizing informed choice (IC) as a fundamental part of any high quality FP program was provided, using an IC information packet developed by EngenderHealth. The

¹³ The WHO four cornerstone references are: MECs, Practical Recommendations for Contraceptive Use, the Decision-Making Tool and the Handbook for Family Planning Providers

presentation was based on MAQ materials. Other exercises included small group work to identify barriers and describe the effects on clients as well as analysis of a case study to reflect on possible interventions. As with the previous presentations, the participants worked in groups to identify the causes of a given problem and propose different activities with no additional cost. This day was an opportunity to discuss barriers/problems and to ensure that important issues were covered.

Providing technical assistance to the West Africa Repositioning FP Conference.

ACQUIRE staff participated on several planning committees for the Advance Africa/AWARE-sponsored conference on Repositioning Family Planning in Africa, which was held in Accra, Ghana, in February 2005. ACQUIRE provided input both on content and on the meeting design and process. We also sponsored two key presentations on lessons learned and best practices regarding: 1) change and the dissemination of innovation in medical settings; and 2) involving men in reproductive healthcare.

Supporting implementation of the Best Practices Initiative. The Implementing Best Practices Consortium (IBP) advances an initiative to establish and maintain a network of international organizations committed to working together at the global, national, and local levels to ensure that best practices are shared and utilized within RH programs worldwide. ACQUIRE as a project and several of its partners, individually, are members of the IBP Consortium, and ACQUIRE staff serve on the Steering Committee. During this past fiscal year, the Consortium has convened two strategic planning meetings to discuss key issues and challenges (i.e., the feasibility of involving additional donors, marketing the IBP initiative, ambiguity with MAQ, the value-added by the IBP). In addition, the group reviewed IBP's strategic objectives and prioritized key activities.

In June 2005, the ACQUIRE Project facilitated a session to define the characteristics of a learning organization and steps that IBP Partners can take to become better learning organizations. This activity (1.3 in the IBP work plan) includes a literature review to define the characteristics of a learning organization. ACQUIRE coordinates the task group for carrying this out, using the IBP Electronic Communication System as a virtual workspace.

Collaborating with WHO. ACQUIRE served on the core steering committee of experts working closely with WHO on updating and disseminating its new Medical Eligibility Criteria (MEC) and Selected Practice Recommendations (SPR), as well as its ongoing work to transform Hatcher's Essentials of Contraception into the WHO Family Planning Handbook.

- ❖ ***Providing technical leadership on clinical issues.*** ACQUIRE's Clinical Director and other staff have provided the following technical updates to the global reproductive health community through publications and presentations:

Developing technical briefs. ACQUIRE co-authored three Global Health Technical Briefs published by the INFO Project. The topics were: Female Sterilization: The Most Popular Method of Modern Contraception; Vasectomy: Safe, Convenient, Effective- and Underutilized; and Client-Provider Interaction: Key to Successful Family Planning.

Providing Contraceptive Technology Updates (CTUs). ACQUIRE provided CTUs focused on longer-term and permanent contraception at the West Africa Conference on

Family Planning, as well as to AID Mission staff, Ministry of Health staff, and other interested parties in Ethiopia, Kenya, Mali, Uganda, Guinea, and Tanzania. Recognized for its expertise, ACQUIRE staff have also been sought and funded by UNFPA to provide technical updates for their staff.

Contributing to publications. ACQUIRE wrote the chapter on sterilization in the latest Contraceptive Technology and provided major input to the *Population Reports* issue on IUDs. In addition, ACQUIRE worked closely with USAID to produce three country case studies that analyzed reasons for success in family planning in Ghana, Malawi, and Zambia and to present the findings to a large meeting organized by the Office of Population for the CA community.

❖ *Providing leadership on policy issues*

Ensuring compliance with USG regulations. During FY04/05, ACQUIRE designed a comprehensive orientation to US government policies applicable to Reproductive Health/Family Planning, covering the Helms Amendment, the Mexico City Policy, and the Tiahrt Amendment. A workshop was conducted in July 2005 in Azerbaijan for USAID and ACQUIRE staff and in-country partners. The goal was to strengthen participants' capacity to program for, monitor, and manage issues related to informed choice and compliance with the Tiarht Amendment and the requirements of the Mexico City Policy and the Helms Amendment. In FY05/06, the orientation will be adapted for use by other staff and in other countries and will form the basis for a planned e-learning course. In addition to the orientation, ACQUIRE staff have responded to specific requests for guidance related to interpretation of and ensuring compliance with these policies.

III. FIELD PROGRAMS

The field programs report is organized by country and region. ACQUIRE increased its support from 9 to 18 programs between FY 2003/04 to FY 2004/05. ACQUIRE has categorized the 18 country programs into four types--focus countries, country partnerships, PEPFAR, and other programs. Detailed country summaries are presented that include national survey data, background information, results, study abstracts, and a monitoring section. The summaries are similar in format, but differ in content, particularly in the monitoring section that reports service delivery data. Indeed, requesting service delivery data from all country programs is a challenge. Varied funding sources have dissimilar reporting requirements. Some programs are community-focused rather than facility based, making site based service statistics irrelevant. Resources for data collection and Mission reporting requirements vary among countries. Finally, good national management information systems—the best source for service statistics—are often lacking or in disrepair.

Map of Countries



ACQUIRE has three focus countries—Bangladesh, Bolivia, and Tanzania. The three focus country programs were chosen because: they received at least \$1 million of field support funds in FY 2003/04; there was a high likelihood that at least this level of funding will be maintained for several years; and there was Mission and field interest to participate. Focus countries are lynchpins of New York and field collaboration where ACQUIRE develops strategic, data-driven work plans and performance management plans, which include targeted evaluation of ACQUIRE global strategies and outcomes, and high quality monitoring systems. ACQUIRE also has one Leader with Associate (LWA) country, Azerbaijan. The focus countries and the LWA all report the core statistics—sites, services, and training. Major results and accomplishments from the four focus countries over the past year are listed below.

ACQUIRE has two types of country partnerships: MAQ IUD country partnerships and O/PRH country partnerships. Over the past year, ACQUIRE was given MAQ GLP funds to support Ethiopia, Mali, and Nigeria to integrate best practices to catalyze and sustain efforts to reintroduce the IUD. ACQUIRE work occurs in collaboration with bilateral projects USAID/W and Missions, and other country stakeholders. In the same vein, ACQUIRE was also given Office of Population/Reproductive Health (O/PRH) funds to invest a one-time allocation of earmarked core funds in Kenya and Uganda. Over the past year, ACQUIRE collaborated with in-country partners to develop scopes of work and to conduct data collection, most notably through performance needs assessments (PNA). The resulting action plans did not yet begin and thus indicators and evaluation plans for these funds have not yet been developed. Work in Nigeria is planned for next fiscal year. Major areas of program focus are IUD revitalization, FP-HIV integration, and fistula. ACQUIRE was given PEPFAR funds in Kenya, Rwanda, and South Africa. The other programs that ACQUIRE supports are varied. They include Benin, Ethiopia, Cambodia, Ghana, Guinea, Honduras, Nepal, and REDSO/ESA.

Asia/Near East Azerbaijan

Low birth rates in Azerbaijan are sustained in large part by women relying on the use of abortion, with a total induced abortion rate of 3.2. Use of modern contraceptive methods is only 7%; approximately 44% of married women of reproductive age use a traditional method, primarily withdrawal. A variety of barriers inhibit use of modern methods including: a weak public health system; regulatory and other policy barriers that mitigate against access and quality; inadequate community mobilization for primary health care, including RH/FP services; unreliable supply or even a very limited supply of modern contraceptive methods; and significant gaps in knowledge and attitudes about modern methods, among both providers and potential users.

A report from Azerbaijan in 2001, showed that there is a very high level of unmet need for modern contraception (31% among all women and 53% among married women) and a high potential demand for contraception (current use plus unmet need). About 1 in 3 women reported a potential demand for contraception, including 7% of current users of modern methods, 25% of current users of traditional methods, and 7% of nonusers at risk of unintended pregnancy. These figures translate into an estimated 775,000 women aged 15-44 years with a potential demand for family planning services. Because less than one-fifth of these women are using a modern contraceptive method, about 630,000 remain at risk of an unintended pregnancy because they do not use any method or they use traditional methods.¹⁴

On October 1, 2004, USAID/Caucasus Azerbaijan awarded a 5 year Leadership with Associate (LWA) cooperative agreement to EngenderHealth under the ACQUIRE project to be the key mechanism for scaling up and expanding access to RH/FP services in Azerbaijan. ACQUIRE's goal is to improve the availability, quality, and sustainability of RH/FP services through a range of activities including empowering potential users through better information, training providers in contraceptive technology, counseling, and informed choice, and working with the private sector (pharmacists) in improving access to contraceptives. The joint partnership of key staff from EngenderHealth (with clinical and quality of care expertise); ADRA (with community development expertise),

¹⁴ Reproductive Health Survey, Azerbaijan, 2001. Centers for Disease Control. 2001.

Meridian (with IEC and private sector expertise), and IntraHealth (with training expertise) creates an opportunity to develop a complementary, harmonized, and coordinated response to the supply and demand problems around family planning utilization in Azerbaijan.

Over the past fiscal year, ACQUIRE has developed a draft work plan, results framework, and performance management plan (PMP), created linkages with key reproductive health communities and with the Ministry of Health, established an office, gained Azerbaijan government registration, and hired key personnel. Field trips to several potential implementation districts were made, and discussions took place with the MOH and USAID about the most suitable focus areas for immediate activity. Staff also implemented a baseline survey (see details below).

Work has started on the communications (IEC) strategy, beginning with a review of existing data from previous surveys, as well as existing IEC materials. The project will build on existing MOH materials, information obtained from the baseline reports, and possibly on more detailed formative research. For staff, work has begun on refreshing the existing counseling materials (e.g. flip charts), and on planning for improved dissemination and use of such materials.

Training is an important component of ACQUIRE. The MOH already has a training curriculum, and this has been reviewed by staff, with subsequent discussions for further refinement. Family planning counseling, infection prevention, and competency-based IUD insertion were identified as main areas to address in the project activities on building provider capacity and quality assurance. Two new curricula, Family Planning Counseling and Infection Prevention, are being developed and will be tested at the Master Refresher Training next fiscal year. Also at this conference, up-to-date information will be provided, results from the baseline survey will be discussed, and staff will be oriented to client-based approaches to contraceptive counseling.

Policy issues are another important area of work, as is the case in many former soviet areas that are still in transition. Currently, only gynecologists are able to prescribe hormonal contraceptives and insert IUDs. With so few gynecologists posted in rural health facilities, one issue that will continue to be discussed is the possibility of training other cadres of personnel to provide services. Beginning in April 2005, ACQUIRE Azerbaijan held several stakeholder meetings, involving the MOH, National Reproductive Health Office, district providers, Public Health School, and international NGOs, to advocate for a review of policies and regulation that affect use of RH/FP services and contraceptive security. As a result, an agreement was reached to convene a multisectoral RH/FP Advisory Panel, which will be mandated to identify laws and regulations that impede use of services and develop a national strategy supportive to a RH/FP policy and regulatory framework.

Contraceptive security is a serious issue in Azerbaijan with the uncertain future of the UNFPA supply. As well as holding discussions with MOH and UNFPA, project staff has begun to develop a strategy for working with private sector manufacturers, distributors, and vendors to rationalize the supply of reliable contraceptives.

Results

Creating an enabling environment for reproductive health and family planning services. Beginning in April 2005, ACQUIRE held several high-level meetings involving the MOH and local stakeholders to advocate for a review of policies and regulations governing RH/FP services and contraceptive security. As a result, an agreement was reached to convene a multisectoral RH/FP Advisory Panel to identify laws and regulations that impede the use of services and to develop a national strategy for creating a supportive RH/FP policy and regulatory framework.

Standardizing training to improve facility-based quality. Provider training should be standardized to ensure quality services are implemented consistently throughout the country. In Azerbaijan, ACQUIRE reviewed the national provider training curricula and identified major gaps, challenges, and outdated information. Family planning counseling, infection prevention, and competency-based IUD insertion were identified as main areas that ACQUIRE could address directly, building on its core competencies in building provider capacity and quality assurance. Two new curricula, FP Counseling and Infection Prevention, were developed and will begin to be used this fiscal year.

Evaluation and research

The only study during the fiscal year was a baseline study. The study design was based on the other ACQUIRE baselines, but includes a household component. The sampling framework for the facility survey included all district and sub-district hospitals and polyclinics, and a sample of Doctor Ambulatory Clinics (DACs) and Feldsher Action Points (FAPs). In total, 76 health facilities were assessed, and a total of 293 providers were interviewed. Data collected were entered and a preliminary analysis completed in late June. Also in June, plans were developed to conduct a household survey in the first few months of FY 2005/06, of 250 men and 750 women in 40 communities with, or close to, district and sub-district /peripheral hospitals and polyclinics, where facility strengthening would be implemented. Field testing began in early June and data were collected in the following 2 weeks. Reports for both study phases will be finalized and abstracted in the semi-annual report of FY 05/06.

Bangladesh

Bangladesh, the most densely populated country in the world, has approximately 140 million people, of which 36 million are women of reproductive age (15-49). The total fertility rate is 3.0 children. In 2004, the contraceptive prevalence rate for modern methods for married women of reproductive age was 47.3%. The method mix is skewed heavily to pills (26.2), and injectables (9.7), while permanent and long acting methods¹⁵ together account for only 7.2% of modern method use. There remains an unmet need for family planning—11.3%, with 6.3 % for limiting and 5.6% for spacing. Nine out of 10 children are delivered at home; only 9% are delivered in a health care facility¹⁶. The prevalence of obstetric fistula is almost 1.69 per 1,000 ever married women¹⁷.

EngenderHealth, the lead partner on ACQUIRE in Bangladesh, has been working in Bangladesh since 1974 in both the private and public sectors. A new phase of work began in July 2001 to strengthen the delivery of LAPM and maternal health services in collaboration

¹⁵ PLTM methods include IUD, Norplant, female and male sterilization.

¹⁶ DHS Final Report 2004

¹⁷ Situation analysis of obstetric fistula in Bangladesh, September 2003

with the Ministry of Health's Directorate General of FP and Directorate General of Health Services. ACQUIRE assumed this work in October 2003 to scale up activities to strengthen the public sector's capacity to manage and deliver quality services. The interventions focus on training and supervision, coordinating supplies and logistic systems, and conducting community-based activities to increase and link demand to service sites. ACQUIRE is also collaborating with UNFPA to address the fistula problem. UNFPA funds a national fistula program in the public sector. ACQUIRE is supporting fistula services in three private sector hospitals – Kumundini Hospital, LAMB hospital, and Memorial Christian Hospital -- in three regions of Bangladesh. ACQUIRE will expand this activity into two more hospitals during 2005 and 2006. The ACQUIRE activities include the renovating and equipping facilities, providing on-site training to providers to repair fistula, training public sector field workers to identify fistula clients in the catchment areas of three hospitals, and developing leaflets for illiterate women that teach them the signs and symptoms of obstructed labor. ACQUIRE will receive Field Support funds during 2005/06 and will continue to support the LAPM and maternal health interventions, including fistula repair and postpartum hemorrhage.

Because of its scale, Bangladesh is a focus country for ACQUIRE. ACQUIRE conducts baseline and end line surveys in its focus countries, provides intensified technical assistance to its offices, and collaborates on key activities designed to test and evaluate new and innovative models and approaches to programming. In 2004/05, the global scope of work included 1) collaboration with field staff on a baseline evaluation and a performance needs assessment that applied the baseline data to strategic discussions with the MOH to develop interventions focusing on the fundamentals of care (see study summaries below); 2) collaboration with field staff on a training needs assessment as an initial activity to strengthen training in the program. During 2005/06, global and core will collaborate to pilot a model to test a district wide approach to supervision, closely monitor informed consent and volunteerism, and test a demand model for strengthening IUD and vasectomy services. The demand strategy will be built on other global ACQUIRE work, such as the vasectomy initiatives in Ghana, Honduras, and Tanzania. Special attention will be given to monitoring, evaluating, and documenting these models.

Results

Successful IUD training increases family planning access. According to Bangladeshi national standards and protocols, a Family Welfare Visitor (FWV) is the only provider type who should provide IUD services in MOH facilities. FWVs are female providers who have completed at least 10 to 12 years of schooling and 18 months basic training on family planning services. In 2004, ACQUIRE conducted a baseline survey in 121 MOH facilities in four districts. The data showed that only 2.3% of FWVs had received training on IUD insertion and removal; 9.4% on family planning counseling; and 8.6% on infection prevention. As a result, ACQUIRE designed a five-day IUD intervention that included three core service components—IUD clinical training, counseling, and infection prevention. Over the past year, ACQUIRE and the MOH have collaborated to train 662 FWVs in the public sector. In the 6 months following the intervention, average monthly IUD insertion in 38 facilities increased by 30%.

Partnering with the MOH and DELIVER/JSI on contraceptive security to expand contraceptive choice. When ACQUIRE began to work with the MOH to re-invigorate LAPM, service availability, particularly for the IUD and sterilization, was a major problem. Studies and discussions with stakeholders revealed that a root cause of the problem was a

dearth of key drugs and supplies for LAPM. In particular, supplies were being procured item by item, and full sets were rarely available simultaneously. To resolve this problem ACQUIRE proposed the development of Medical and Surgical Requisites (MSR) kit boxes, which contained all required items in the same box. ACQUIRE staff then worked with DELIVER/JSI and the MOH to develop and distribute the boxes. Pilot distribution will begin in July 2005 in five districts through two MOH regional warehouses. If the pilot proves successful, national distribution will begin in January 2006.

Building private sector capacity to repair and prevent fistula. ACQUIRE completed fistula assessments at the three private sites (Kumundini Medical College Hospital, LAMB Hospital, and Malumghat Christian Hospital) and negotiated subagreements with each site based on assessment findings. ACQUIRE staff developed clinical and counseling training materials, and during FY 2004/05, trained: one doctor and two nurse/paramedics in fistula repair; 12 nurses on counseling, IP, and comprehensive fistula case management; and 9 health workers and supervisors on community awareness raising, fistula prevention, and referrals. Eleven fistula repairs were conducted at the three project sites; the number of repairs is expected to increase significantly during next project year.

Building national capacity to strengthen the national management information system. ACQUIRE uses the Bangladeshi national management information system (MIS) data to report project success in increasing family planning method access. Over the past fiscal year, ACQUIRE and local USAID Mission representatives joined forces with the MOH to conduct a data quality assessment of MIS service statistics. The assessment revealed that performance statistics for LAPM are under-reported due to a long reliance on community-based, rather than on facility-based reporting. ACQUIRE has since worked very closely with the MOH MIS Unit to design a facility-based reporting system, and provided orientation to MOH staff on the new system. As a result, the national MIS has already begun to show marked improvements within a sustainable, MOH-driven system.

Building support for family planning through a Mission-supported faith-based initiative. Religious barriers are a major obstacle to sterilization acceptance in Bangladesh where 90% of the population is Muslim. The MOH and the Mission requested that ACQUIRE produce a booklet titled “Family Planning in the Light of Islam” as part of the Mission’s Leaders Outreach Initiative. The initiative is funded through USAID/Bangladesh in collaboration with the Asia Foundation and the GOB’s Ministry of Religious Affairs and aims to reach Muslim religious leaders with messages about family planning. ACQUIRE produced the booklet at the end of the fiscal year. It is hoped that it will become a keystone in a successful Mission faith-based initiative that aims to overcome long-entrenched religious barriers to family planning.

Evaluation and research

Over the past fiscal year, ACQUIRE conducted three studies in Bangladesh. This included a baseline study; a performance needs assessment of the fundamentals of care, and an assessment of the treatment and prevention of fistula services.

Strengthening Delivery of Permanent and Long-term Family Planning Methods (PLTM) in Bangladesh: Baseline Report 2004

Objective: To document access to and quality of current services and to support strategic planning related to the program scale up

Design: A quasi-experimental pre-test/post-test design was used based on data from four structured questionnaires (facility audit, provider interview, client interview, observation) adapted from tools developed by MEASURE. Facilities were purposively selected and divided into “comprehensive” and “non-comprehensive” sites. At the comprehensive sites, ACQUIRE administered all tools. At the non-comprehensive sites, the facility audit alone was used. Data was collected from 121 facilities, 248 clients, 192 providers, and 248 observations.

Setting: Public sector facilities including: maternal and child welfare centers (MCWC), upazila health complexes (UHC), and family welfare centers (FWC).

Study participants: Health care providers and family planning clients

Interventions: USAID/Bangladesh provides field support funds to ACQUIRE to strengthen public sector capacity to manage and deliver quality services through interventions in training, supervision, and quality improvement, coordinating supplies and logistic systems, and conducting community-based efforts to increase and link demand to service sites.

Main outcome measures: Availability of PLTM family planning methods; Quality of services provided.

Results: Availability: Supplies and equipment for providing pills and injectables were found almost universally in all facilities; minilap sets for tubectomy were available in only 24.1% and no-scalpel vasectomy kits were available in only 69% of UHC/MCWC facilities; only 2.9% of family welfare visitors posted to UHC/MCWC facilities reported training in IUD insertion despite the fact that national protocols require them to provide these services at this level; Quality: of the total UHC/MCWC facilities, only 69% had a puncture resistant container for sharps; 20.6% had a leak-proof, lidded waste container; 20.7% had a plastic bucket with a lid for chlorine solution; less than half of providers observed told clients about initial side effects; of clients interviewed, 69.3% stated that the provider discussed a return visit; 32% said that the provider discussed warning signs of the chosen method; and 8% said that the providers used visual aids during counseling.

Conclusions: The baseline study confirms that ACQUIRE-supported facilities operate in a challenging environment in terms of access to quality family planning services. Availability of essential medical supplies are key, but are only offered universally for pills, condoms, and injectables, the most used forms of family planning. Provider compliance with infection prevention protocols is hampered by inadequate supplies. Finally, providers are not providing key information to clients regarding side effects, which may be a large contributor to high nation-wide discontinuation rates. ACQUIRE will continue to work on these issues and measure changes to the key outcome indicators at end line in 2008.

Strengthening the Fundamentals of Care for Family Planning Service Delivery in Bangladesh: Performance Improvement Needs Assessment Report, 2004

Objective: Every health facility needs a solid foundation on which it can build to succeed in providing quality care to its clients and communities. The fundamentals of care—choice, safety and quality—are central to that foundation. The objective of the PNA was to define stakeholders' goals and expectations for ensuring the fundamentals of care within facilities; to identify performance issues in this area and their respective root causes; and to determine the appropriate interventions to improve provider performance, service quality, and client and community access and use of family planning.

Design: Data from the ACQUIRE baseline survey; purposive sample of 19 facilities from the 4 baseline districts. An additional facility audit was completed at each site in the sample, and a total of 36 providers were interviewed to collect additional data on the fundamentals of care; series of stakeholder meetings were held to develop expectations, discuss performance issues and their causes, and define action plans for addressing those causes.

Setting: Public sector facilities including: maternal and child welfare centers (MCWC), upazila health complexes (UHC), and family welfare centers (FWC).

Study participants: Health care providers and family planning clients

Interventions: During October 2004, the ACQUIRE Project worked with the Bangladesh Directorate of Family Planning to conduct a PINA of the fundamentals of care in family planning in four districts in Bangladesh.

Main outcome measures: Differences in indicators of the fundamentals of care within facilities.

Results: *Informed choice:* for new family planning clients with two or more living children¹, the method most often discussed was the condom (70%) followed by the pill (38%). Mention of other methods in general was low, with discussion of PLTMs being the least mentioned to these clients (IUD 37%, tubectomy 27%, Norplant 12%, and NSV 3%). *Safety:* only 78% of total clients reported that their provider explained how to use the method while 60% stated that the provider told them what to do in case of problems with the method. *Quality:* only 9% (17) of providers reported they had received training in FP counseling, and only about 40% of the 21 medical officers interviewed had been trained in Norplant, NSV, and tubectomy and 19% in IUD.

Conclusions: To improve the various elements of the fundamentals of care in the area of family planning, the stakeholders suggested strategies aimed at clients, providers, and the organizational system in Bangladesh. For example: update providers' knowledge of family planning methods and orient providers to the client-centered counseling approach and integrated RH/FP counseling; facilitate change of the political mindset from focusing on increasing the numbers of FP acceptors towards increasing the quality of FP services; form a committee to review existing informed consent forms to simplify them; field test and finalize revised forms; and disseminate them to service providers.

Assessment of Fistula Services (Treatment and Prevention) at Selected Hospitals and Surrounding Areas, 2004.

Objective: Strengthening the Fundamentals of Care for Family Planning Service Delivery in Bangladesh: Performance Improvement Needs Assessment Report, 2004.

Design: Purposive sample in three private hospitals using three observation checklists and record reviews; in-depth interviews with providers, fistula clients, and their husbands/relatives; and focus group discussions with community members and traditional birth attendants/village practitioners.

Setting: Three private sector hospitals.

Study participants: Health care providers, fistula clients and relatives, community members, and traditional birth attendants/village practitioners.

Interventions: ACQUIRE is working in three private sector hospitals and their surrounding communities to introduce and institutionalize comprehensive obstetric fistula services. Activities focus primarily on treatment services and secondarily on prevention activities. Two hospitals will be added in 2005/06. ACQUIRE collaborates with the UNFPA-funded fistula project, which is working to build fistula services in the public sector and runs a national fistula repair center at Dhaka University.

Main outcome measures: OB/GYN client loads; provider training; facilities and equipment needed to conduct fistula repair; infection prevention measures; record keeping and reporting; and provider knowledge and perceptions of fistula.

Results/conclusions: Request report for detailed results and conclusions by facility.

Monitoring

Bangladesh is divided into 64 districts. Since October 2003, ACQUIRE has provided support to 2,500¹⁸ public sector sites in 61 districts. ACQUIRE defines a site as a government service delivery facility where the program has provided any type of technical assistance. The assistance may include a package of activities—such as pre-intervention visits, orientation of field workers, and communications activities—or a range of individual interventions such as supportive supervision and trainings on IUD, counseling, IP, and sterilization.

The national management information system is robust in Bangladesh and continues to improve.¹⁹ Quarterly service statistics are available to ACQUIRE, and field staff gather the data and create monthly reports to USAID/Bangladesh.

¹⁸ The number of sites is extrapolated from the reported Upazilas – the lowest unit of reporting in the national MIS. An Upazila typically encompasses one Upazila Health Complex plus 6 Family Welfare Complexes. The total number of sites is therefore approximately 7 times greater than the total number of Upazilas.

¹⁹ Prior to July 2004, because of a lag time in data from the national MIS system, service statistics were an estimate of the total number of clients, based on interim data gathered by ACQUIRE from roving supervisors. Following July 2004, ACQUIRE began using the national MIS data to report quarterly as data. This system has become more dependable following data quality work that ACQUIRE conducted with the DGFP and USAID/Bangladesh.

Fistula repair services have not yet begun. **Figure 1** shows that ACQUIRE more than quadrupled its support to sites, from 550 sites in January 2004 to 2,500 by June 2005. **Figure 2** shows an increase in the number of clients receiving methods at the ACQUIRE reported sites. The increase varies by method, and the majority of methods increased at a greater rate than the rate of increasing sites.

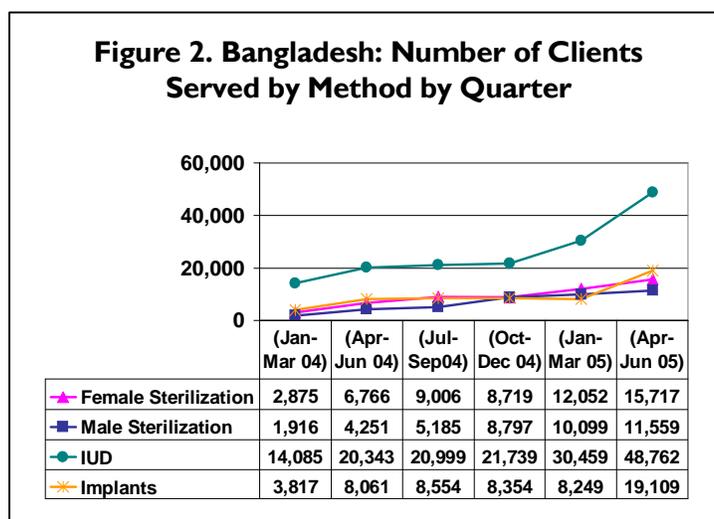
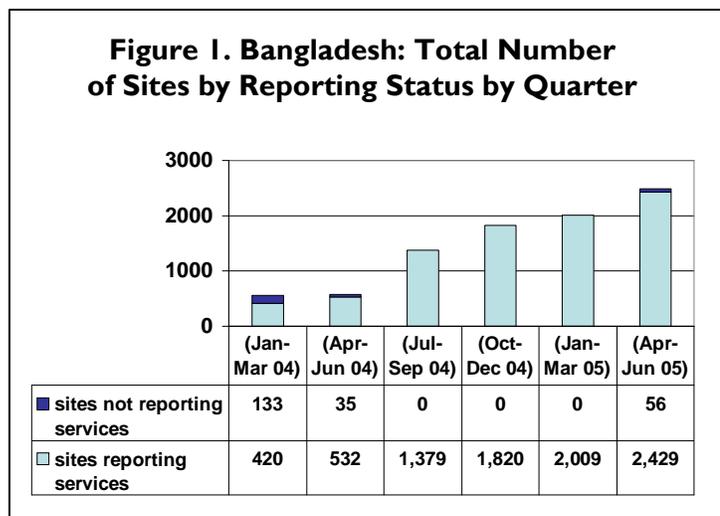


Table 1. Bangladesh Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
90	USAID/Field Support	7,185	Advocacy	
85	USAID/Field Support	7,019	BCC	
135	USAID/Field Support	9,939	Family planning update	
1	USAID/Field Support	9	Fistula repair	
77	USAID/Field Support	972	IUD clinical training	Infection prevention and counseling
388		25,124		

Cambodia

Cambodia has a population of 13.1 million, of which over 3 million are women of reproductive age (15-49). The total fertility rate is 4.0, and the contraceptive prevalence rate is 19%. The current maternal mortality ratio in Cambodia is estimated to be 437 per 100,000 live births, due to complications of childbearing.²⁰ Though abortion has been legal in Cambodia since 1997, its status is not widely known, and services are of sufficiently variable quality that complications of abortion rank as the second cause of maternal mortality, following postpartum hemorrhage. Moreover, repeat abortions are common despite recent increases in contraceptive prevalence and the increased availability of family planning.²¹

ACQUIRE is assisting Cambodia's Ministry of Health to design and implement a new PAC initiative, in partnership with the Reproductive and Child Health Alliance (RACHA) and the Reproductive Health Association of Cambodia (RHAC). This PAC initiative focuses on: the emergency treatment of complications of incomplete abortion; family planning counseling and provision; developing links to STI evaluation and treatment and increasing HIV counseling and/or referral for HIV testing; and community empowerment through community awareness and mobilization.

ACQUIRE Cambodia's policy work focuses on the national level. The public sector PAC model will focus on RACHA operational districts and private sector PAC will focus on Phnom Penh and six other RHAC urban clinic sites. ACQUIRE's global agenda is to assist the Mission in developing its PAC strategy. During the past fiscal year, ACQUIRE collaborated with USAID/Washington to assess the current PAC program needs and make recommendations to the Mission for next steps in moving forward with ACQUIRE support (see IR 1 under the global technical program for details).

Results

Implementing the global USAID postabortion care strategy to increase service availability. USAID/W and ACQUIRE conducted a PAC assessment in Cambodia in 2005, which determined the country's suitability for the USAID PAC strategy and PAC Resource Package. Over the past fiscal year, ACQUIRE has worked with local partners to introduce postabortion care services and to strengthen existing capacity in 24 sites within the public and private sectors. Activities included clinical training for providers, orientation of catchment area communities, transport support for referral of complications, and the development of communications materials for providers and community volunteers. In addition, ACQUIRE is working with local partners and the MOH to develop a comprehensive PAC protocol. The project aims to increase family planning uptake in all sites and make PAC services available in 22 additional facilities and communities over the next fiscal year.

Evaluation and research

No evaluation or research studies were conducted in FY 04/05.

²⁰ USAID Country Health Statistical Report: Cambodia, June 2005.

²¹ Ahlborg, Jean, M.D. Trip Report, Cambodia, November 5, 2004.

Monitoring

ACQUIRE Cambodia does not currently report quarterly service statistics, as its role is to provide limited technical assistance to RACHA and RHAC in their PAC work.

A USAID/W and ACQUIRE PAC assessment in the fourth quarter determining Cambodia's suitability for implementing the USAID PAC strategy and PAC resource package resulted in several important recommendations, including: the need to develop a PAC policy integrated into and consistent with Cambodia's existing Safe Motherhood Policy; the need to strengthen training capacity through revising the curriculum and content of existing PAC training, incorporating a greater clinical component into the training, and better addressing pain management and integration of birth spacing services; the need to standardize IEC/BCC materials, utilizing successful, field-tested models from other countries; and the need to increase male involvement and strengthen birth spacing messages in community mobilization efforts currently conducted by RACHA and RHAC.

ACQUIRE Cambodia has provided technical assistance to address the above recommendations. One intervention is the creation of a PAC technical working group (supported by RACHA) that meets monthly to draft a PAC protocol to inform national PAC standards and general reproductive health programming and services. Specifically, these standards elaborate: criteria for providers and facilities; criteria for standard care of common and severe complications; criteria for counseling, communication, and linkages to RH services such as birth spacing, and RTI/HIV counseling and screening; and criteria for pain management and infection prevention. This protocol will be completed in the second quarter of FY 05/06. These standards also include cross-cutting criteria for special needs populations such as adolescents, women who have experienced gender-based violence, and sex workers.

ACQUIRE has also provided assistance for RACHA-sponsored trainings, which have been held for MOH staff, midwives posted to primary health centers, as well as previously trained staff working at the referral hospital. ACQUIRE has led efforts to integrate clinical practice into the curriculum, and to provide post-training coaching in PAC services. Through training and equipping providers, PAC services have been expanded in both the public (72 sites) and private (six sites) sectors. In FY 05/06, study tours to the Philippines will be arranged for key trainers and supervisors among MOH, RHAC, and RACHA staff to observe services and obtain guided practice in a model clinical situation.

Finally, to increase awareness of PAC services, ACQUIRE has developed four new PAC IEC/BCC posters and leaflets for printing and distribution through PAC facilities and community volunteers; these are in the process of being approved and finalized.

Nepal

Nepal has a population of approximately 25 million people, of which about 50% are women of reproductive age (15-49). The total fertility rate is 4.1 children. The median age of first birth for women is 19.9 years (age 25-49).²² In 2001, the contraceptive prevalence rate (modern methods) for married women of reproductive age was 35.4%, with sterilization constituting 21% (15% female and 6% male) and injectables 8.4%.

²² Population, Nutrition, and Health Information Project, Nepal, June 2005

Sterilization is the most popular method and accounts for 60% of modern method use, while injectables is the second most popular method.²³

In Nepal, as in many other countries, married adolescent couples, and especially young women, do not have adequate access to reproductive health information, counseling, and services. ACQUIRE is implementing a pilot project for married adolescents through CARE/Nepal, an ACQUIRE partner for the period May 2005 to June 2006. This program, entitled “Reproductive Health for Married Adolescents,” builds on innovative best practices from youth-friendly and male-focused services, using participatory approaches.

The overall goal of this project is to improve the reproductive health of married adolescent women (below the age of 20) and their partners in two districts of Nepal by increasing their awareness and use of family planning, maternal health, and HIV/STI services. Secondly, the project focuses on increasing provider knowledge about the reproductive health needs of married adolescent couples and increasing community and family support for reproductive health decision-making among married adolescent couples.

The global core agenda in Nepal is designed to provide technical assistance and to monitor, evaluate, and document the Reproductive Health for Married Adolescents pilot project. Lessons learned and tools developed will be adapted and disseminated for use in other country programs.

Results

Garnering public sector commitment to improving adolescent health. During the past fiscal year, ACQUIRE hired project staff; developed a comprehensive program and monitoring and evaluation plan; and drafted training curricula and evaluation instruments. Project interventions will begin in FY 2005/06. ACQUIRE has shared the program with District Public Health officers (DPHO) in the two focus districts—Dhanusha and Parsa—and received their commitment to help in the program implementation.

Evaluation and research

Over the past fiscal year, ACQUIRE planned a baseline evaluation study for the project, which will begin in the first quarter of 2005/06 and will be implemented by New Era, a local research organization. The purpose of the study is to measure the extent to which the interventions (the provision of youth friendly services and peer education) have changed adolescent married couples’ knowledge, attitudes, and practices related to reproductive health issues. Cluster sampling will be done using the Nepal 2001 census data as the sampling frame. A quantitative survey will be carried out at baseline and end line with young married women (age 19 and below) and their partners that will focus on knowledge, attitudes, and practices related to gender and reproductive health (family planning, maternal health, and HIV/STIs). In addition, focus group discussions will be conducted among mother-in-laws and partners of married adolescent women. Data from the baseline will be used to refine the project design and will help in participatory planning with key stakeholders, including USAID/Nepal Mission and the MOH. The study will be repeated at end line to measure the outcomes of the project.

²³ Nepal Demographic and Health Survey, 2001

The final report will be available in FY 05/06 and abstracted in the semi-annual report for FY 05/06.

Monitoring

Nepal is divided into five development regions, 14 zones, 75 districts, and 3,914 village development committees (VDCs)²⁴. ACQUIRE supports activities in 69 VDCs in two districts (Dhanusha and Parsa) in the central region of Nepal. These two districts are also focus areas for the USAID-funded bilateral, the Nepal Family Health Program, of which EngenderHealth is a co-managing partner and provides technical leadership in family planning, maternal health, and quality improvement.

As project activities only began in July 2005, there is no monitoring data yet to report. However, ACQUIRE will collect service statistics from the project sites, including the number of married women and/or their partners coming in for family planning, maternal health, or HIV/STI services. Additionally, project staff will conduct pre and post tests among service providers attending the youth-friendly services training and among peer educators to assess outcomes of the training interventions.

East / Southern Africa

Ethiopia

Ethiopia is the second most populated nation in Sub-Saharan Africa, after Nigeria, with persistent high levels of fertility. At current levels, women will give birth to an average of 5.9 children. Fertility in rural areas is nearly twice as high as in urban areas and is also associated with female education: 77% of Ethiopian women have had no schooling at all. Only one third of current primary school aged children and 12% of secondary school aged children actually attend school. Contraceptive prevalence is very low although there are ongoing studies that indicate that this rate has recently increased. Studies indicate that half of Ethiopian women would like to prevent or delay pregnancy. And this need will grow exponentially in coming years, as Ethiopia's large youth population (46% under 15) matures.²⁵ The National Committee on Traditional Practices of Ethiopia (NCTPE) found in 1998 that 73% of the female population of Ethiopia had experienced Female Genital Cutting (FGC).²⁶ The 2000 Demographic Health Survey further showed that 80% of Ethiopian women have been circumcised. FGC is associated with both immediate and long-term consequences for both mothers and children.

The major focus of ACQUIRE's work in Ethiopia, funded with core funding under the MAQ Country Partnerships initiative (in support of Pathfinder's bilateral in Ethiopia and the MOH strategy in reproductive health), is to revitalize use of the IUD, a greatly underutilized long-term method that is used by only 0.1% of Ethiopian women. By increasing access to IUDs and improving their quality, ACQUIRE aims to reach Ethiopia's underserved populations. Rather than duplicate previous studies and data collection, over the past fiscal year, ACQUIRE conducted a small scale IUD Performance Needs Assessment (PNA) that relied heavily on existing data. The PNA brought together 44 stakeholders from the Amhara Regional health Bureau (ARHB), 11 ACQUIRE-supported health facilities, as well as representatives from Pathfinder, community-based

²⁴ A VDC is the lowest administrative level in Nepal. A VDC generally has 1,000 families.

²⁵ DHS (2001) Ethiopia 2000 Demographic and Health Survey. Macro International, USA.

²⁶ NCTPE. Baseline Assessment of Harmful Traditional Practices in Ethiopia. 1998

organizations (CBOs), and Family Guidance Association of Ethiopia (FGAE). The study report has been drafted and will be abstracted in ACQUIRE's next semi-annual report.

This fiscal year, the global scope of work included support to the MAQ IUD initiative, including 1) providing a contraceptive technology update on longer-term and permanent contraception to country program counterparts; 2) conducting an IUD PNA to engage local stakeholders to identify performance gaps to increasing access to LAPM and specifically revitalizing the IUD²⁷; and 3) conducting a literature review on traumatic fistula in preparation for an international conference in September 2005 in Ethiopia that focuses on fistula in conflict areas. During next fiscal year, ACQUIRE will be supporting the implementation of an action plan based on the IUD PNA. This includes a demand side strategy with three components: the development and use of communications materials, sensitization and mobilization of community related to IUD, and the provision of IUD services through community outreach. The strategy will target women, service providers and men to increase knowledge about the IUD and its long-term benefits. Although the communication campaign will focus on IUD-specific information, the unifying message will be encourage women to seek information on all available family planning options. The campaign will rely on a combination of mass media and promotion, using regionally targeted media, such as radio, newspaper and bill board, combined with public relations and outreach activities.

A second focus of ACQUIRE work, led by IntraHealth, is addressing female genital cutting (FGC). ACQUIRE's FGC approach is two fold: first, to educate men and women of reproductive age (15-40) and community leaders on the harmful effects of FGC and other Harmful Traditional Practices (HTP) on reproductive health; second, to target community leaders who have a critical role in guiding, ruling, and protecting the community to advocate for change so as to reduce FGC demand. The project links five dimensions related to FGC in all activities: health, gender, human rights, religion, and the need for information. During the past fiscal year, ACQUIRE continued its work to decrease the demand for FGC through network creation and team building from the national level to grass roots communities. Specifically ACQUIRE activities included performance improvement workshops; the revision and distribution of a 5-dimensional FGC educational pamphlet, booklet, and two videos; revision and distribution of a Training of Trainers Manual; TOTs and trainings on areas such as reproductive health, human rights, gender, community mobilization techniques, communication skills, advocacy, and monitoring and evaluation methodologies.

Results

Using stakeholder consensus to revitalize the IUD. The July 2005 Ethiopia IUD Performance Needs Assessment (PNA)—conducted with ACQUIRE support and including stakeholders from 11 public-sector facilities (providers and their facility-based/external supervisors) and community-based organizations—recommended six strategic areas for programming. On the supply side, they include various activities related to expectations and feedback, knowledge and skills, motivation and incentives, supplies and equipment, and organizational support. On the demand side, they include demand creation through development and use of IEC materials, sensitization and

²⁷ The PNA action plan for next fiscal year includes IUD clinical training using the EngenderHealth Facilitative Supervision curriculum, which includes the fundamentals of care and the PI/QI/PLA guidance document.

community mobilization related to IUD, and provision of IUD services through community outreach. As an immediate result, participants' knowledge about the IUD increased because a contraceptive update was included in the PNA. The increase in knowledge was measured through pre and post tests. The PNA also included a thorough review and analysis of existing data. Very limited data was collected for the PNA including 10 observations and service statistics collected by the facility participants themselves. A second result after the PNA is that the 11 facilities have incorporated the action plan activities into their COPE action plans. The Amhara Regional Health Bureau, Pathfinder and ACQUIRE are currently reviewing ongoing plans to incorporate the action plan into annual plans and budgets.

Building local capacity to uphold laws banning female genital cutting. The Ethiopian government has banned all forms of female genital cutting (FGC), but the law has been notoriously difficult to implement without popular support. ACQUIRE is working to build local capacity to respond to this issue. During the past fiscal year, ACQUIRE conducted trainings for men and women of reproductive age (15-40) and community leaders on the harmful effects of FGC and other Harmful Traditional Practices (HTP) and in other areas such as reproductive health, human rights, gender, community mobilization techniques, communication skills, advocacy, and monitoring and evaluation methodologies. In one example, ACQUIRE trained 100 people in community leader training. Following, mobilization activities took place in 4 areas of the Harari and Somali regions, where 1,695 community members listened to plays, poems, and information about FGC. As a result the community unanimously banned all types of FGC. In another instance, a National Forum of 37 (mostly Muslim) religious leaders met to discuss and exchange ideas about FGC. Following the forum, the leaders unanimously agreed to officially ban FGC and to circulate their official statements to zonal and district religious councils to stop FGC.

Monitoring

The program action plan is currently in development and once finalized, activity monitoring will ensue.

Kenya

Kenya has a population of approximately 33 million people, of which 8 million are women of reproductive age (15-49). Seven percent of all adults aged 15-49 are HIV-positive, and the majority of those infected are women.²⁸ The total fertility rate is 4.9 children. In 2004, the contraceptive prevalence rate of modern methods for married women of reproductive age was 31.5%. The method mix is skewed heavily to injectables (14.3%) and pills (7.5%). There remains a 24.5% unmet need for family planning among currently married women, with 10.1% for limiting and 14.4% for spacing.²⁹

In Kenya, the "Expanding Access to Quality PMTCT, VCT, PAC, and FP Services through Private Providers" program is working to expand access to quality family planning (FP) and reproductive health services (RH) through the private sector. It is estimated that up to 40% of the population receives its care through the private sector. ACQUIRE supports efforts to integrate prevention of mother-to-child transmission (PMTCT) of HIV and voluntary counseling and testing (VCT) for HIV into the services

²⁸ Population, Nutrition, and Health Information Project, Kenya, June 2005

²⁹ DHS Final Report, 2003

provided by private health care providers in Kenya. The project also strengthens the family planning and postabortion care services offered by these providers.

ACQUIRE is providing technical support to the Kenya National Youth Service (NYS) through the Men as Partners program to: 1) address gender stereotypes related to sexual and reproductive health, which contribute to HIV prevalence; and 2) garner constructive male involvement in HIV prevention. Young women are particularly vulnerable to HIV, due to gender inequity and socioeconomic factors that often prevent them from being able to negotiate safer sex. Gender expectations also increase men's risk of HIV infection because it increases their likelihood of engaging in risky behavior and decreases their likelihood of seeking health care and treatment. ACQUIRE focuses on three distinct groups within and/or served by the NYS: the service men and women, the NYS staff, and the communities served by the NYS.

ACQUIRE is also working to increase male involvement through the Transport Corridor Initiative in Busia, Kenya. The main target group of this project is truck drivers, who are particularly susceptible to HIV and other STIs. Activities include training peer educators, implementing communications campaigns, and involving NGOs and community leaders in social mobilization projects.

Kenya is one of two countries receiving core funding for a USAID/OPRH country partnership to support the Missions' efforts to revitalize family planning, while at the same time pursuing a global leadership agenda to increase the use of underutilized methods, with a focus on long-acting and permanent methods and the IUD in particular. Activities in Kenya focus on increasing access to and utilization of IUDs in the district of Kisii. In the past fiscal year, ACQUIRE Kenya conducted two studies in Kisii that will inform the OPRH Country Partnership interventions. The first was a PNA conducted in May on revitalizing family planning and the IUD. The second was a small-scale formative research study to determine community knowledge and attitudes about the IUD, which will inform a communications strategy. Interventions have included: a partnership with GTZ to improve FP referrals through CBD training; working with stakeholders to outline a collaborative program in which ACQUIRE and GTZ, with logistical support from JSI/DELIVER, will pilot the use of disposable IUD insertion kits in Kisii; and the development of a communications strategy, approved by the MOH and other national and local stakeholders.

For the "Expanding Access to Quality PMTCT, VCT, PAC, and FP Services through Private Providers" program, ACQUIRE has activities in five provinces: Coast, Nairobi, Central, Rift, and Nyanza. The "Men as Partners Program for National Youth Service" supports activities at NYS units and NYS training institutes and the communities they serve in various parts of Kenya. OPRH country partnership focuses on 15 sites in the Kisii district. The Transport Corridor Initiative collaboration on male involvement is being implemented in Busia, Kenya.

In FY 04/05, ACQUIRE developed a training manual and designed and applied assessment tools in seven NYS health facilities. The activities will continue in FY 2005/06 and global technical support will help in monitoring the implementation of activities and evaluating and documenting the results to share with other programs.

Global funds provided to ACQUIRE as part of the OPRH-supported Kenya country partnership were used to prepare a concept paper and draft workplan and to conduct a PNA and formative research for the design of a communications strategy and promotional campaign. In FY 05/06, the action plan will be implemented, interventions carried out, including the implementation of the promotional campaign. Lessons learned will be documented. The project will continue into FY 06/07.

ACQUIRE's global scope of work also included supporting the adaptation and replication of a community mobilization activity for post-abortion care that had originally been implemented by the Catalyst Project in Bolivia. These PAC GLP funds were used to conduct preparatory work—including a visit to Bolivia to negotiate with the USAID Mission and with local counterparts—select districts, and generate a proposal. In FY 05/06 activities will consist of staff and stakeholder training for project implementation, identification of community groups for the project, community group sessions to assess and prioritize issues and challenges, and the development of action plans.

Results

Success in preventing mother to child HIV transmission. The ACQUIRE private provider prevention of mother to child transmission (PMTCT) project supports services in 102 sites run by private nurse midwives. Over the past year, ACQUIRE trained a total of 142 providers and supplied the sites with HIV test kits and Nevirapine tablets and suspension. The trained providers counseled and tested 9,834 women and provided 625 expectant women with Nevirapine for PMTCT. Counseling included referral for other HIV services such comprehensive HIV care and community support groups, including HIV posttest clubs. The PMTCT service, now available through these private providers, increased private-sector clients' access to HIV services that were heretofore limited or non-existent.

Integrating contraceptive technology best practices leads to increased client uptake of family planning services. The Kenya Demographic and Health Survey documents a plateau in contraceptive use and 24% unmet need for family planning in Kenya. Training in contraceptive methods through contraceptive technology updates is important to keep up with changing science regarding the use and contraindications for contraceptive methods. ACQUIRE implemented a contraceptive technology update refresher training for 81 private sector providers in 64 facilities using the MOH-recommended curricula. Prior to the training, these providers had inserted nine IUDs and zero Jadelle implants, provided 131 women with pills, and performed 1,599 Depo-Provera injections in a quarter. After the training, provision of all four items went up by more than 600% in the third and fourth quarters: by June 2005, IUD insertions increased from nine to 202, Jadelle implants increased from zero to 14, the number of pill users rose from 131 to 2,586, and the number of Depo-Provera acceptors rose from 1,599 to 7,750. It should be noted that this apparent positive training outcome should be interpreted within the context of an overall improvement in commodity supply, which has been erratic in Kenya.

Better provision of postabortion care (PAC) services. ACQUIRE has trained 31 private providers to provide PAC services who were previously not offering these services. Post training, providers offered PAC services and counseling to 221 women with incomplete abortion. Of this total, nearly 75% (158) accepted a family planning method. ACQUIRE interviewed 19 private-sector PAC providers in Nairobi City about their experiences with the project. The participants reported the need for more PAC

community mobilization and education activities as well as challenges in their daily work, such as adverse media coverage, harassment, and client inability to pay for services. These findings will be addressed in the coming year to further improve the quality of the project.

Standardizing supportive supervision. Before the inception of the ACQUIRE Project, the private providers never received any supervision; they only received annual inspection and licensing visits from MOH representatives. Since ACQUIRE began, its staff set up a schedule of regular supervisory visits, inviting the MOH district level supervisors to co-supervise with them. To support this process, ACQUIRE standardized and field-tested a supervision manual. Over the past year, each private provider at ACQUIRE-supported sites has been supervised at least once. As a result of improved discussion, support, and feedback during these visits, the sites have begun to improve record keeping, data utilization, and the availability of critical supplies. It is hoped that by the end of the project period, these activities will result in an improved district level supervisory system that regularly provides updated knowledge and skills and supportive feedback.

Piloting an innovative approach to implementing sustainable quality services. In Kenya, ACQUIRE has adopted an innovative peer cluster approach to service delivery in which providers in proximate sites form groups to support one another. ACQUIRE supports provider attendance at cluster meetings, where field supervisors give updates and on-site technical assistance in quality improvement. The clusters have developed innovative sustainability models. For example, at monthly meetings they each contribute a small amount of money; part of this is banked and the rest is given to a cluster member to improve his/her facilities. For example, through this mechanism in the Ngong cluster, facilities have been able to purchase autoclaves, refrigerators for vaccines, delivery couches for the maternity units, and, where appropriate, medical stocks. One of the Kiambu clusters has saved enough money to start up a nursing home. Overall, these cluster activities have enabled the cluster members to improve the quality of services they are providing in a sustainable and locally appropriate way.

Adapting proven approaches to reach street youth with HIV prevention messages. ACQUIRE works with Kenya's National Youth Service (NYS) to build awareness among youth on how to reduce HIV transmission within the context of gender norms and stereotypes through the Men as Partners (MAP) program. Over the past fiscal year, ACQUIRE and the NYS trained 32 master trainers and educated 1,046 youth within the NYS using ACQUIRE's MAP-HIV Prevention Training Manual. This project has been particularly useful following NYS' intake of former street youth ('reformed youth') in 2003. Some of these youth were already infected with HIV and suffered chronic skin diseases and tuberculosis. ACQUIRE and NYS ensured that they used Kiswahili and "sheng" the common languages of the reformed youth, to communicate with them effectively during trainings.

Evaluation and research

Over the past fiscal year, ACQUIRE conducted four studies in Kenya.

The AMKENI Project Kenya: The Story So Far: Practical Experience, Lessons Learned and the Way Forward
May 2005

Objective: To document what the AMKENI model is, how it is being implemented, and the lessons learned that can guide future program implementation, both within Kenya and beyond.

Design: ACQUIRE staff prepared interview/discussion guides, which were reviewed by ACQUIRE and AMKENI staff before the commencement of the field study. Locations selected with the following criteria: full AMKENI model is being implemented; available statistics indicate there has been a moderate/strong increase in the use of RH services since AMKENI activities began; location has a “story to tell” that can provide valuable guidance for implementation in other sites.

Setting: This qualitative study was conducted at four facilities: the Jibana Health Centre and Mgamboni Dispensary in Coast Province and the Chwele Dispensary and Kimilili Sub District Hospital in Western Province.

Study Participants: Field agents and animators, clinical and non-clinical health workers, members of community groups, and reproductive health service clients.

Interventions: Field study was conducted in November 2004 to assess the AMKENI Project’s interventions in improving the capacity of health facilities to provide FP/RH/CS services, including HIV/AIDS-related services; working with communities to promote FP/RH/CS healthier behaviors and demand for services; strengthening the MOH’s decentralized systems for training and supervising reproductive health service providers.

Main Outcome Measures: family planning use, supervised deliveries, VCT use

Results: *Family planning:* Since the start of the project, use of modern contraception has more than tripled at Jibana. At Mgamboni, the number of clients receiving family planning services has increased more than sevenfold. FP use has increased significantly over the last four years at Kimilili—FP acceptors per quarter have increased from 960 at baseline to 1,636. At Chwele, FP acceptors have increased from 647 to 1,315 per quarter. *Supervised deliveries:* The number of supervised deliveries at Jibana per quarter has almost tripled from the baseline. At Kimilili the number per year has tripled from 119 to 354, and at Chwele the number has increased from 240 to 342 per year. *VCT use:* VCT and PMTCT services are popular with the community, but health workers are often unable to meet the demand due to the national shortage of HIV test kits and Nevirapine®.

Conclusions: Study confirms the AMKENI Project is having significant impact on the quality and use of reproductive health services in Kenya. Integrating demand creation with quality improvement of services is an effective strategy. Community partnership and participation are key in planning and implementing health services and activities. Continuing training for health workers is critical for improving service quality. Challenges include: increasing men’s involvement in RH, short supplies of essential drugs and medical equipment, and privacy and confidentiality concerns surrounding VCT and PMTCT services.

**Kenya National Youth Service Men as Partners Program
Health Services Needs Assessment
February 2005**

Objective: To document current health services provided in National Youth Service (NYS) health facilities, with particular emphasis on RH and STI treatment and management.

Design: Interview/discussion guides and inventory checklists were adapted from EngenderHealth instruments. Guides reviewed by ACQUIRE New York staff, NYS MAP Program staff, and consultant, with their feedback incorporated into guides. Data was collected from seven NYS health facilities.

Setting: Sites included health centers and dispensaries

Study participants: NYS health workers, service men and women

Interventions: PEPFAR provides funds to the National Youth Service Men as Partners (MAP) Program, implemented by the Kenya National Youth Service, with technical assistance and support from the CDC and ACQUIRE/EngenderHealth, to prevent HIV/AIDS transmission by helping NYS staff and service men and women to understand and change high-risk behaviors that transmit HIV.

Main outcome measures: physical infrastructure, medical supplies, RH services provided, trauma management, laboratory services, infection prevention, record keeping and reporting, supervision

Results: *physical infrastructure:* considerable variety in the quality of buildings of NYS clinics. All clinics need lockable filing cabinets, for confidential records, service records, and IEC materials. *Medical equipment:* quantity and variety of items supplied by MOH is not uniform. Levels of equipment vary from clinic to clinic. *RH services:* health workers state it is often difficult to counsel men on STIs. The supply of antibiotics for treating STIs is inconsistent. VCT clinics have been established at several sites and are popular. Trained counselors also run intermittent mobile clinics for VCT at other NYS camps. Most NYS clinics have prominently placed male condom dispensers and report that they supply a large number of condoms each week. Five clinics currently provide family planning services; all have adequate stocks of male condoms, oral contraceptives, and Depo Provera®. Two have female condoms, and one has IUDs (although they are not used). Antenatal care is provided at three clinics, and there is demand for more ANC. *Trauma management:* NYS service men and women are young and active; accidents are inevitable and minor injuries are common. NYS clinics lack basic medical supplies such as antiseptics, bandages, etc. *Laboratory services:* only one clinic has a staffed basic lab. *Infection prevention:* infection prevention facilities and procedures are generally poor. *Record keeping:* most clinics do not store medical records on site; patients keep their own medical records. *Supervision:* health workers report they are supervised by their NYS and MOH supervisors, but there is little structured, regular, and consistent supervision.

Conclusions: Staff training in STI management and family planning is necessary. Staff also needs training to reinforce the importance of ensuring patient confidentiality and privacy. More than half of the people seen at the clinics come from the surrounding communities, and there is considerable demand for ANC, family planning, and other MCH services that the clinics are generally not prepared to provide. Both supply of medicines and equipment and record keeping need improvement.

Kenya IUD Research Project
Knowledge and Attitude Research for Communications Strategy Design
June 2005

Objective: To assess women's and men's knowledge and attitudes about family planning, and about the IUD in particular

Design: Focus group discussions were conducted in the local language, Ekegusii. Three semi-structured discussion guides were used and eligible subjects were recruited through a questionnaire. Informed consent forms were administered. A two-day training was held for the recruiters and moderators to achieve standardization.

Setting: Recruitment took place in the catchment area of the project's collaborating public sector and NGO health facilities. FGDs were held at central locations.

Study Participants: Participants were recruited for three categories of interest: current users of the IUD, non-users and potential users, and men.

Interventions: The MOH has increased its efforts to promote sustainable and underused FP methods and has launched an IUD reintroduction initiative. The ACQUIRE Project is one of the main partners in this collaborative effort, assisting the MOH in revitalizing the IUD in Kisii District.

Main outcome measures: knowledge and attitudes about FP and the IUD, reasons for IUD use and non-use, myths and fears, reactions and preferences about the IUD, attitudes toward gynecological services, opinion of service sites, acceptability of communications channels

Results: *knowledge and attitudes:* knowledge and awareness of FP was generally high. Respondents expressed concerns about side effects of FP methods. Religion and culture play significant roles in FP use. Drivers of method choice are friends/peers, service providers, and consultation with spouses. Awareness of the IUD is high, but usage is low. Among non-users, attitude is negative. *Reasons for use/non-use:* Reasons for use included: fewer side effects than other methods, long-term method, does not require repeated trips to the clinic. Reasons for non-use included: interferes with sexual intercourse, insertion is uncomfortable, causes side effects, does not protect against STDs, not 100% effective. *Myths/fears:* general lack of information on the method. Myths include: IUD can disappear into the body, one can get pregnant and baby injured, it can cause infertility and wounds, can induce cancer, it comes out if one engages in strenuous work. *Reactions:* Respondents attribute the following to the IUD: it is reversible, safe, has no hormonal effects, highly reliable, is long-term, and does not require surgery. *Attitudes toward gynecological services:* attitudes were generally positive. Main discomfort was if the procedure was undertaken by a man. *Opinion of service sites:* Mixed views on government sites. Negative perceptions of the facilities hampers utilization as women are less likely to keep appointments and seek out services. They often stop using the method. *Communications channels:* men and women in urban and rural areas have access and listen to the radio frequently. Village barazas are popular with men and women in rural areas. Mobile cinemas are popular with men.

Conclusions: Though awareness of the method is high, actual usage is low. Among the few who use the method, satisfaction levels were relatively high. Non-users generally have negative attitudes towards the IUD. Information is a key faction to address all myths and concerns about the method. Radio and village barazas are key channels.

**Report on the Performance Needs Assessment on Revitalization of Family Planning and the IUCD, Kisii, Kenya
May 2005**

Objective: To help identify the root causes of performance gaps in the provision of family planning services, to help stakeholders determine the most appropriate interventions to improve family planning in general and revitalize the IUD.

Design: Stakeholder meetings, which included MOH managers, providers, and leaders of private and faith-based health institutions, determined performance indicators and analyzed data results. Data collected through provider interviews, client exit interviews, facility audits, observation of client-provider interaction, and community group interviews. Community level interviews conducted through nine FGDs.

Setting: four hospitals, four health centres, four dispensaries

Study Participants: health care providers, family planning clients

Interventions: ACQUIRE is assisting the Kisii district MOH to establish sustainable systems and services for IUD provision, as part of country's larger initiative to achieve a balanced family planning mix and increased choice for clients.

Main Outcome Measures: FP use; knowledge, attitudes, and practices; provider capacity; facilitative supervision; equipment and supply

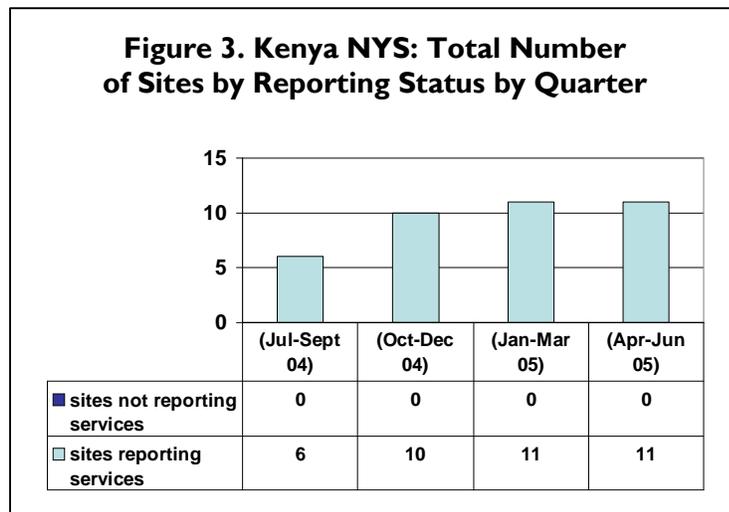
Results: *FP use:* Depo Provera® dominates the method mix, with low utilization of the IUD and other long-acting and permanent methods. *Knowledge, attitudes:* most clients interviewed wanted to space or limit births, but for the most part, most were not considering LAPMs. Most clients have heard of the IUD, but most perceptions are negative and misconceptions are common. However, clients using the IUD are very satisfied with the method. *Provider capacity:* providers generally do not ascertain clients' reproductive needs and goals. Providers give little information about the method when describing FP options. Providers often lack up-to-date knowledge and skills. They are also often pressed for time and view Depo Provera® as a convenient and efficient method. As there are so few IUD clients, providers feel out of practice and uncomfortable providing the IUD. *Facilitative supervision:* relative lack of facilitative supervision, and not geared toward improving performance. *Equipment and supply:* the environment is not conducive to high performance. Health facilities are missing any number of the equipment, supplies, and medicines needed to provide FP, LAPMs in particular. Some of the facilities did not have stock of contraceptives and some were missing IUDs and/or equipment needed for IUD insertion.

Conclusions: Provider knowledge and performance needs to be improved, through training, and client-provider interactions enhanced. Provider support systems need to be developed, by improving supervision, etc. Health facilities require management systems to ensure availability of equipment, supplies, and contraceptive methods. At the same time as these quality improvement activities are undertaken, on the demand side, it is necessary to improve client and community knowledge of IUD through communications activities.

Monitoring

“Men as Partners Program for National Youth Service”

The indicators reported for the “Men as Partners Program for National Youth Service” correspond to required indicators for those receiving PEPFAR funding. This data is compiled from training reports at the site level. A supported site encompasses a National Youth Service unit, any health facilities within the unit, as well as the community surrounding the unit.



Core project activities began in July 2004. **Figure 3** shows that ACQUIRE almost doubled its number of supported sites throughout the course of the year, from six in September 2004 to 11 by June 2005. **Table 2** shows that the project focus from July through March was on providing workshops on MAP and HIV prevention, care, and support for NYS service men and women, as well as orientation workshops for NYS staff and stakeholders on the same topics. In the fourth quarter there were fewer workshops/orientations given because the project focus was to train NYS master trainers and develop systems to support them.

Table 2. Kenya NYS: Training Data FY 04/05

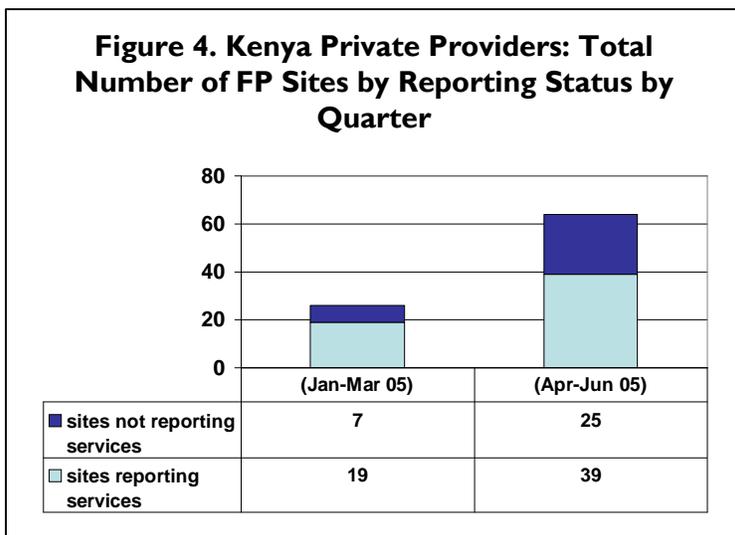
No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
30	PEPFAR	1,046	HIV prevention (for NYS service men/women)	MAP
8	PEPFAR	286	HIV prevention (for NYS staff/ stakeholders)	MAP
1	PEPFAR	32	HIV prevention (for master trainers)	MAP
39		1,364		

“Expanding Access to Quality PMTCT, VCT, PAC, and FP Services through Private Providers”

Indicators reported for the “Expanding Access to Quality PMTCT, VCT, PAC, and FP Services through Private Providers” program correspond to the indicators required for programs receiving PEPFAR funding, as well as the FP and PAC indicators generally reported for ACQUIRE programs. Sites are private health facilities that receive support from ACQUIRE to integrate PMTCT, VCT, FP, and/or PAC into existing services. ACQUIRE provides assistance to the private providers through training and supervision, helping providers to access supplies and equipment, and technical assistance to improve the quality of services offered.

Data is collected from service statistics at the private facilities as well as from training reports. The project employs four regional field supervisors whose responsibilities include visiting and collecting data from the private facilities within their regions on a quarterly basis.

Field supervisors also provide feedback to the private providers to correctly fill out the data collection instruments.



Active implementation of the PEPFAR-funded PMTCT activities began in July 2004. Of the activities funded through USAID Population funds, PAC training began in November 2004, while contraceptive technology update training began in January 2005. **Figure 4** shows that the number of sites receiving ACQUIRE support in FP increased from 26 in March 2005 to 64 in June 2005. **Figure 5** shows that over the

course of the year the number of sites receiving ACQUIRE support in PMTCT more than doubled from 49 in September 2004 to 103 in June 2005.

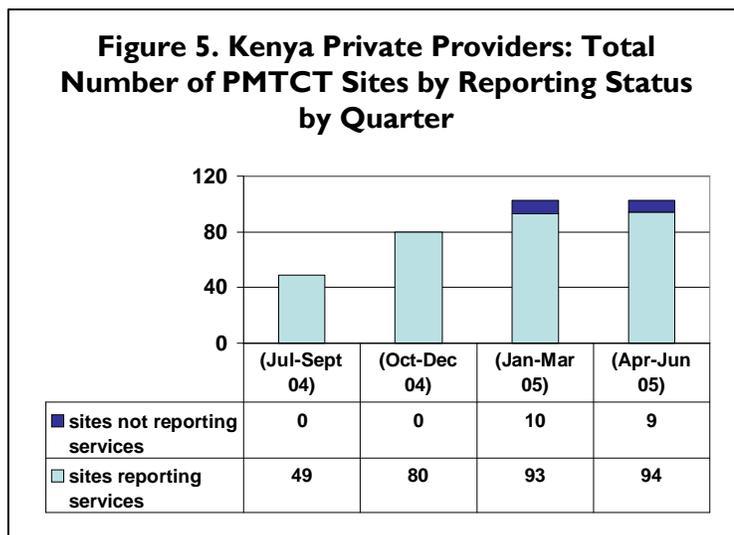


Figure 6 and **Figure 7** show increased numbers of clients receiving FP methods at the ACQUIRE-supported sites. Because training only began in January it is too early to draw firm conclusions, but these trends will continue to be monitored. **Figure 8** and **Figure 9** shows that by the fourth quarter all PAC clients were counseled in FP methods. **Figure 10** and **Figure 11** shows a clear increase between July 2004 and March 2005 in both the number of ANC clients counseled and tested for HIV and the number of HIV-positive ANC clients receiving Nevirapine at the ACQUIRE supported sites. There was a slight downturn in both indicators in the fourth quarter, which is probably due to shortages in both HIV test kits and Nevirapine through the normal MOH channels. These logistics problems are currently being addressed.

Figure 6. Kenya Private Providers: Number of Clients Served by FP Method by Quarter

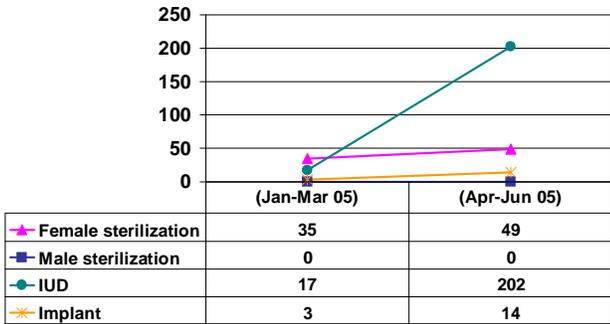


Figure 7. Kenya Private Providers: Number of Clients (New and Continuing) Receiving Injectables by Quarter

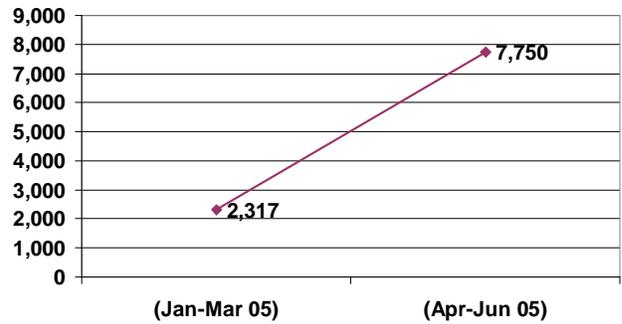


Figure 8. Kenya Private Providers. Number of PAC Clients Served by Quarter

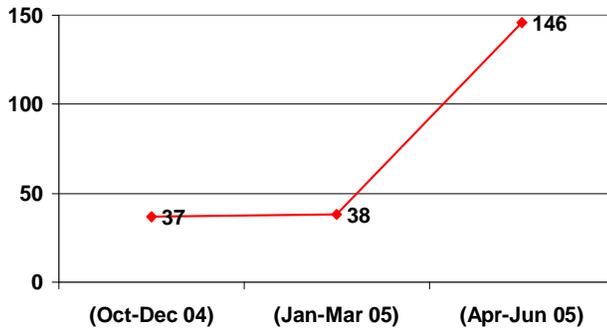


Figure 9. Kenya Private Providers: Percent of PAC Clients that Received Counseling in FP and Accepting FP Method by Quarter

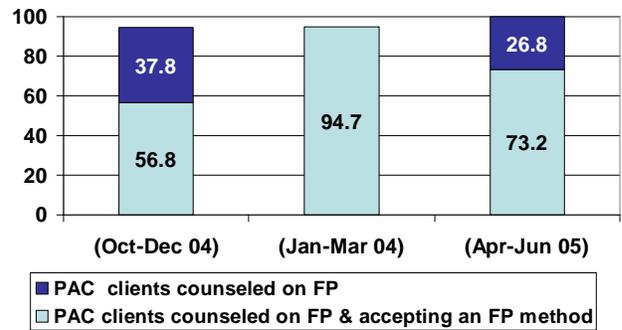


Figure 10. Kenya Private Providers: ANC Clients Served by Quarter

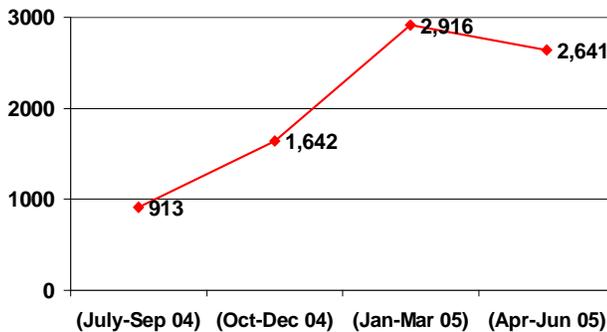


Figure 11. Kenya Private Providers: HIV-Positive ANC Clients Receiving Nevirapine by Quarter

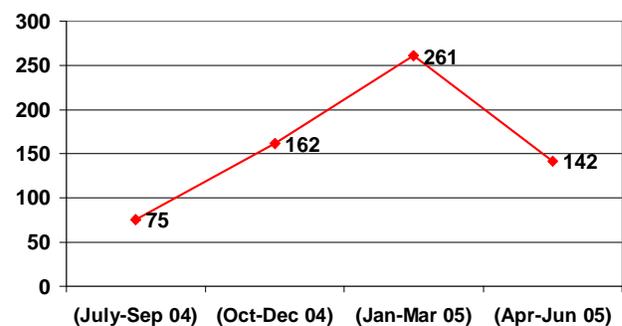


Table 3. Kenya Private Provider: Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
6	PEPFAR	142	PMTCT	
3	USAID/POP	31	PAC	
6	USAID/POP	81	Contraceptive technology update	
1	USAID/POP	19	Facilitative supervision	
16		273		

Regional Economic Development Services Office For East & Southern Africa (REDSO/ESA)

USAID/REDSO is providing funding to ACQUIRE to conduct reproductive health activities. These activities span across many countries and often include regional level work. As a result, this summary does not contain the evaluation and research or monitoring sections.

Traumatic Fistula

While the condition of obstetric fistula is garnering more attention on the international reproductive health agenda, little focus to date has been given to gynecologic or traumatic fistula. These fistulae form as the result of direct trauma – not as the result of prolonged, obstructed labor, but often as the result of violent rape or other forms of sexual assault. The resulting genital injury can lead to the formation of a vaginal fistula. In some regions of the African continent, where rates of violence are both profound and entrenched, women and children have systematically been victimized, especially in countries such as Uganda, Rwanda, the Democratic Republic of Congo, Liberia, and Sudan where stories of conflict-related sexual violence have become all too common. While many health care providers caring for women or children in these locations have seen traumatic fistula, expertise on the issue remains scattered; the coordinated creation and sharing of strategies and tools to address the issue has not yet occurred. For this reason, in FY 2004/05, REDSO and ACQUIRE collaborated to bring together the few health care service delivery organizations and providers who are working, often independently, to provide care and treatment to the victims of such violence to advance the state of the art on traumatic fistula.

In FY 2004/05, two activities were undertaken: (1) a literature review to uncover what is known about traumatic fistula and documented in both published and “grey” literature to be shared with participants in advance of a meeting. The literature review is entitled *Traumatic Fistula as a Consequence of Sexual Violence in Conflict Settings*; (2) preparations for an international conference on September 6-8, 2005 in Addis Ababa bringing together approximately 80 representatives from 15 countries in the region and beyond with expertise in providing care and treatment for the victims of traumatic fistula. The conference was jointly sponsored by the ACQUIRE Project, the Ethiopian Ob/Gyn Society, the Hamlin Fistula Hospital, and Synergie des Femmes pour les Victimes des Violences Sexuelles. In preparation for this meeting, ACQUIRE developed an initial list of invitees and initiated the logistics of organizing the conference.

MAP/Transport Corridor Initiative

Following program assessment and design for the Transport Corridor Initiative (TCI) Project in Busia, Kenya male involvement was identified as a priority area for intervention. REDSO requested ACQUIRE to explore the potential for implementing interventions, which developed from the Men as Partners work being done in South Africa and Kenya. ACQUIRE engaged a consultant in Kenya to conduct a program assessment and design for the Transport Corridor Initiative in March 2005. The assessment looked specifically at issues related to the role of men, focusing on workplace and community interventions at important hot spots along the three main regional corridors. The assignment was completed and recommendations made; however, USAID subsequently put the TCI project out for competitive tender, and the ACQUIRE activities were put on hold pending the award of the contract. The award was made to a consortium led by FHI in August 2005, and ACQUIRE will resume work on this initiative in October 2005.

MAP/Gender training for REDSO regional partners

ACQUIRE will build the capacity of REDSO regional partners, Commonwealth Regional Health Community Secretariat, Regional Center for Quality of Health Care, and Center for African Family Studies, to incorporate MAP/Gender into their ongoing work. An initial training will be held in September 2005 for participants from all three organizations. This will be the foundation for future activities. The training will include a theoretical framework on men and masculinity, emerging research on engaging men in gender equality, personal exploration of gender issues and their influence on programmatic work, and the use of gender—positively and negatively—in culture, religion, media, etc. At the end of the training, participants will focus on ways to incorporate what they have learned into their programmatic work. During FY 2004/05, initial preparations were made for the training, and included curriculum development, logistics, and participant selection.

ACQUIRE global provided support to the third REDSO activity, including the development of a detailed five-day training curriculum on gender and MAP that included information on gender, gender integration, and gender-based violence as well as action plans for future technical assistance training.

Republic of South Africa

The HIV prevalence rate in South Africa is one of the highest in the world with more than 20% of the adult population infected (an estimated 6.5 million people).³⁰ HIV/AIDS disproportionately affects women, who have higher rates of infection than men and are exposed to sexual and domestic violence—10% of sexually experienced females aged 15-24 reported that they had ever had sex because somebody forced them, and 28% felt coerced into their first sexual encounter.³¹ Other studies have shown that violence against women continues throughout their lives.

ACQUIRE works on Men As Partners (MAP) activities within eight of South Africa's nine provinces under the basic premise that negative and deeply entrenched male attitudes and behaviors contribute to South Africa's "twin epidemics"—gender-based violence (GBV) and the spread of HIV. In particular, ACQUIRE supports local partners to encourage men to

³⁰ UNAIDS. (2002) Report on the global AIDS epidemic. Geneva: UNAIDS.

³¹ Pettifor A et al. (2004). HIV and sexual behavior among young South Africans: a national survey of 15-24 year olds. Johannesburg: Reproductive Health Research Unit, University of Witwatersrand.

become actively involved in advocating for gender equality, ending domestic and sexual violence, playing a more active role in reducing the spread and impact of HIV/AIDS, promoting safe sex, and sharing the burden of caring for those affected by HIV/AIDS.

Results

Addressing gender-based violence through male involvement strategies in South Africa.

Working in eight of nine South African provinces, ACQUIRE work is based on the basic premise that negative and deeply entrenched male attitudes and behaviors contribute both to GBV and the spread of HIV, described in a recent publication as the country's "twin epidemics" by ACQUIRE staff Dean Peacock and Andrew Levack.³² Specifically, over the past year, ACQUIRE has supported MAP work using PEPFAR funds including: workshops aimed at changing knowledge, attitudes, and behavior; mobilizing men to take action in their own communities; working with media to promote changes in social norms, collaborating closely with other non-governmental organizations and grassroots community-based organizations to strengthen their ability to implement MAP programs, advocating for increased governmental commitment to promoting positive male involvement and working closely with national, provincial and local government to implement MAP programs and approaches. Over the past year, the program has trained approximately 400 educators, and reached nearly 50,000 individuals through community outreach events that educate people about HIV prevention and promote HIV/AIDS prevention focusing on abstinence and faithfulness. ACQUIRE also supports five service outlets where nearly 850 persons received counseling and testing for HIV and received their test results. In addition, the program submitted, collaborated on, and conducted five studies using USAID funds.

Evaluation and research

Three studies were completed using USAID funds. The report of a MAP baseline study of 2,500 people in Soweto is almost complete and will be reported in the upcoming semi-annual report. This study was designed by FRONTIERS to assess the effectiveness of MAP project activities on knowledge, attitudes, and practices in ACQUIRE activities.

³² Peacock D and Levack A (2004) The Men as Partners Program in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*, Vol3, No.3, Fall 2004, 173-188

Men As Partners: A Diagnostic Study. Researched for the Frontiers in Reproductive Health Program of the Population Council, by the Community Agency For Social Enquiry

Objective: The FRONTIERS program, ACQUIRE, and Hope Worldwide are implementing the Men as Partners program at selected sites in Soweto. As part of the project, and as part of a broader evaluation, FRONTIERS designed a qualitative diagnostic study to assess the effectiveness of this MAP community-based intervention and to develop a crucial understanding of the context of sex, gender, and GBV within a cultural and socio-economic framework at selected sites in Soweto.

Design: A diagnostic study using FGDs and in-depth interviews.

Setting: 21 sites in Soweto

Study participants: 20 focus group discussions with men and women across three main age groups (15-24, 25-34 and 35-54) and in-depth interviews with 12 men and women across the same age groups. An additional eight interviews were conducted with key community leaders.

Interventions: Hope Worldwide's MAP activities in Soweto.

Main outcome measures: Knowledge of community attitudes to contribute to program development

Results: The socio-cultural definitions of gender indicate that the traditional views of manhood and womanhood are dominant in the communities studied. Although culturally embedded stereotypes of gender underlying the expectations of masculine and feminine roles are difficult to challenge, the data indicates some measure of a paradigm shift particularly among the younger respondents who are beginning to realise the value of equitable relations between men and women. This has positive ramifications for the MAP program that is specifically targeted at young men between the ages of 15 and 34. Gender inequalities and biases are evident in virtually every aspect of the social lives of men and women in the sites of study. This is evidenced by the interface between gender and culture as explanatory factors in most issues that were discussed. Not surprisingly, unequal gender relations inhibit women's ability to practice safe sex and contribute to the high incidence of gender-based violence within the study communities. The existing definition of manhood is also not supportive of safe sexual practices. For example, having sex without a condom is associated with being manly while on the other hand the inability to achieve a sexual conquest within a given time is considered as a weakness.

Conclusions: The findings indicate that gender-based violence is very widespread in the study's sites and the key factors that explain violent tendencies in men are linked to gender and culture. Respondents were generally positive about the Men as Partners intervention but highlighted the main obstacle to male participation as stigma attached to the perception that reproductive health issues are women's issues. The prevention of mother to child transmission (PMTCT) of HIV is one area of reproductive health where men have a vital role to play because the essential components of PMTCT, such as prevention of unwanted pregnancy among HIV-positive women or formula feeding for infants born to HIV-positive mothers, would require women to have some consent and support from their male partners. Drawing from the general discussions on male involvement in RH and GBV, it is evident that there is room to integrate men in PMTCT provided that the intervention addresses the gender-culture stereotypes raised and also educates men on ways in which they can get involved. Gender inequalities emerged as a key explanatory factor for GBV and reproductive health concerns. Thus, the deconstruction of gender stereotypes and social norms that compromise the health of men and their partners and children is a task that requires a social movement engaging a broad community approach.

Understanding Men's Low Utilization of HIV Voluntary Counseling and Testing (VCT) and Men's Role in Efforts to Prevent Mother-to-Child HIV Transmission (PMTCT) in Soweto, South Africa

Objective: To understand reasons why very few men in Soweto, South Africa, seek VCT services and how this impacts primary prevention, participation in PMTCT programs, and access to HIV/AIDS care and support.

Study Design: Five focus groups were carried out with residents of Soweto—four with men and one with women. Male focus group participants also completed a short survey to determine their HIV testing history and preference for HIV service delivery. Six individual interviews were carried out with men who had previously tested for HIV. Seven individual interviews were also carried out with women who have participated in PMTCT programs.

Setting: Four neighborhoods in Soweto: Diepkloof, Meadowlands, Mdeni, and Dopsonville.

Study participants: Men and women aged 18-40 living in Soweto.

Interventions: None

Main outcome measures: Increased knowledge of why men do not test to improve program interventions

Results: Reasons for men not testing fell into three realms: individual factors, societal factors, and institutional factors. Individual factors included assuming that a partner's HIV status is one's own, fear of results, no value seen in knowing one's status, and no sense of vulnerability to HIV. Societal factors included stigma and men's gender socialization. Institutional factors included poor treatment by nurses and confidentiality concerns. Reasons for men testing included health problems, influence from a friend or partner, knowing someone with HIV, a sense of responsibility, and peace of mind. When women enter PMTCT programs, male partners rarely play a supportive role. Men often leave their partner for various reasons including the stigma of being associated with HIV and fear of confronting their own status. In cases where men remain, they often refuse to utilize VCT.

Conclusions: A key finding, not identified elsewhere in the literature, is that of men using their partner's HIV results as an indicator of their own status. This issue should be addressed in programmatic efforts. Other findings suggest that men may be more likely to test in male-specific sites staffed by male counselors. In order to encourage testing, men would benefit from group discussions about gender and HIV-related issues. Peers should encourage men to test and promote the fact that HIV-positive men can live a healthy and productive life, especially if they are aware of their status at an early stage. Successful efforts to eradicate stigma are also essential if men are to increase their role in VCT and PMTCT programs.

Report on the Evaluation of the Men as Partners (MAP) Program Implemented by Hope Worldwide In Soweto (Prepared for EngenderHealth by Vanessa Kruger, Project Evaluation and Research Service Trust, January 2005)

Objectives: To evaluate whether the MAP program as implemented by Hope Worldwide in Soweto achieved its stated goals of reducing men's domestic and sexual violence, increasing their support for more gender equitable relationships, and increasing their utilization of HIV services and other health seeking behaviours.

Study Design: The evaluation design set out four main data collection activities:

- Focus group discussions with men who had not previously engaged with the MAP program;
- Review and synthesis of existing data on MAP interventions;
- A knowledge, attitude, and behaviour (KAB) questionnaire administered three times to 150 men to obtain data on knowledge, attitudes, and behaviour (pre training, post training, and 3 months following the training).
- In-depth interviews with 10 males who have completed the MAP training program.

Three focus groups were held in February 2003 and provided insights into factors that prevented men from engaging constructively, as well as identifying ways in which men could be encouraged to participate more actively and constructively. The information obtained in these focus groups is presented in this report with the information obtained from the in-depth interviews. These interviews were conducted in March 2004 and explored similar issues to those of the focus group, but from the perspective of men who had already taken the step to engage more actively by attending MAP training events. It is clear from this qualitative data that a high level of importance (in relation to positive impact) is placed on the MAP training events. Progress reports for the period June 2003 to July 2004 were reviewed and summarized. HWW is involved in a range of mobilisation strategies other than the 3-day training events. The main issue that arises in the review of progress reports is what can be considered an inadequate number of training events, with a limited number of male participants. While the interpretation of the reported statistics may not be accurate, it does appear that for the MAP program to increase its impact more training events need to be held for a larger number of men.

Setting: Soweto, South Africa

Study Participants: 150 male participants and 50 of their partners.

Interventions: staff training; strengthened IEC; workshops, group discussions, peer education; health promotion events; community mobilization

Main outcome measures: Improvements and positive changes in KAB among MAP workshop participants

Results: The KAB study did not unfold as planned and the required sample size was not obtained. HWW was responsible for the recruitment of male participants and their partners and for the administration of the questionnaires. Three main issues arose here:

- No partners were interviewed. As a result, information obtained on behaviour from male participants could not be corroborated or verified in any way.
- 131 male participants (19 short of the targeted sample size) were interviewed prior to the training. Just over 60 completed the 3-day training and were available for immediate post-training interviews but only 27 were traced 3 months later.
- A technical error occurred with the immediate post-training interviews in that more than half of the questionnaire was not completed and therefore no data on immediate post-training knowledge and attitudes were available. An attempt to rectify this error was made and an additional 27 males were trained and interviewed before and immediately after the training to allow for the pre, immediate, and post comparison to be made.

The sample size of the KAB study was not adequate from which to draw reasonable conclusions. Data obtained is, however, recorded in aggregated forms, but in as much detail as possible. This is primarily for record purposes and also for possible reference use in any future analytical processes. From the limited data obtained during this evaluation process, it can still be held that the MAP interventions by HWW are considered valuable—and in some cases, life changing experiences—by those who have had an opportunity to engage.

Monitoring

ACQUIRE South Africa collects PEPFAR data that is focused on HIV/AIDS prevention, behavior change, counseling and testing, and policy development and systems strengthening. This is the first year of data collection. Figures are collected and updated on a semi-annual basis to comply with PEPFAR requirements. The below figures were reported to the Mission this fiscal year.

Table 4. South Africa Training Data FY 04/05

Prevention/Abstinence and Being Faithful	
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	27,183
Male	16,097
Female	11,086
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence	10,120
Male	4,904
Female	5,316
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	233
Prevention/Other Behavior Change	
Number of targeted condom service outlets	300
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	11,236
Male	5,497
Female	5,739
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful (total)	158
Counseling and Testing	
Number of service outlets providing counseling and testing according to national and international standards	5
Number of individuals who received counseling and testing for HIV and received their test results	827
Male	266
Female	561
Other/policy development and system strengthening	
Number of local organizations provided with technical assistance for HIV-related policy development	30
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	30
Number of individuals trained in HIV-related policy development	50
Number of individuals trained in HIV-related institutional capacity building	50
Number of individuals trained in HIV-related stigma and discrimination reduction	50
Number of individuals trained in HIV-related community mobilization for prevention care and/or treatment	80

Rwanda

Rwanda has a population of over 8 million people, of which over 2 million are women of reproductive age (15-49). The contraceptive prevalence rate for modern methods by married women is 4.3%; 1.9% are currently using injectables and 1.0% are using pills as their method of choice. The total fertility rate is 5.8, and the total unmet need for family planning is 35.6%. One in 93 women die in childbirth, and only 62.6% of Rwandan women are assisted in delivery.³³ There are 500,000 people living with AIDS in Rwanda, and the adult HIV prevalence rate is 8.9%.³⁴

In Rwanda, ACQUIRE seeks to increase access, quality, and utilization of RH and HIV/AIDS services in targeted areas. ACQUIRE's FY04/05 program in Rwanda received field support funds to increase access, quality, and utilization of RH and HIV/AIDS services in targeted areas; this aspect of the project is implemented by IntraHealth and Abt Associates. In addition, EngenderHealth is taking the lead to assist the MOH and a recently established Repositioning Family Planning Working group to support a participatory process to assess progress made in reproductive health and family planning and to recommend and draft key elements of a family planning strategy.

ACQUIRE Rwanda has 16 supported sites in five provinces that provide the minimum package of PMTCT services according to national standards. ACQUIRE Rwanda also supports the minimum package of VCT services, according to national standards, at 12 of these service delivery points. ACQUIRE Rwanda defines a site as a facility where ACQUIRE provides programmatic support related to PMTCT (including the integration of FP, safe motherhood, and maternal/child nutrition into PMTCT). Other program activities (such as VCT, support groups, and prevention work) occur in these same sites and their catchment areas.

In FY 04/05, ACQUIRE global did not have a scope of work in Rwanda. However, global funds will be used in FY 05/06 to revitalize and expand access to vasectomy. This support will include a needs assessment and a demand creation model based on lessons learned from the ACQUIRE's vasectomy campaign in Ghana. Global funds will also be used to revitalize and expand access to the IUD, by conducting a site readiness assessment, and based on the results, providing clinical and facilitative training and IUD kits.

Results

Improved access to HIV testing and treatment. During FY 2004/05, ACQUIRE assisted the Rwandan Ministry of Health (MOH) in supporting comprehensive PMTCT services in 16 health facilities. These services include VCT for pregnant women and their partners; administration of HIV prophylaxis to HIV-positive pregnant women and their newborns; prenatal, obstetrical, and postnatal care; and breastfeeding counseling and family planning counseling and services. Provider HIV counseling skills, as well as community outreach and sensitization activities, contributed to strong use of PMTCT services at all 16 service sites. Over the past fiscal year, ACQUIRE Rwanda provided 11,800 pregnant women with HIV counseling and testing, which represents 94% of all ANC clients at the sites. Encouraging gains were also made in testing women's partners at ACQUIRE-supported service sites; the rates of women's partners being tested increased from 33% last fiscal year to 49% this fiscal year. Of the 558 babies born to

³³ USAID Country Health Statistical Report: Rwanda, June 2005.

³⁴ UNAIDS Epidemiological Factsheets (2002 Update).

HIV-positive women this year in ACQUIRE service sites, 275 received ART prophylaxis at birth. In addition, 304 babies born to HIV-positive women reached 15 months of age during this year (the age when HIV rapid testing can determine HIV status), 220 received HIV testing, and 206 were found to be HIV negative.

Strengthening male involvement to reduce HIV transmission. Over the past fiscal year, ACQUIRE launched VCT services in 12 MOH facilities. To encourage increased use of couples VCT and individual VCT services, ACQUIRE trained community leaders to communicate the importance of VCT, with a particular focus on couples HIV testing. In total, 5,800 clients received counseling and testing at the 12 facilities. Of this total, 11% were counseled with their partners. During the couples' HIV counseling session, the counselor facilitated the disclosure of results between partners, and worked with the couple to develop a risk reduction plan according to their HIV status. This was particularly important for the 325 HIV-discordant couples, the highest HIV risk group in Rwanda.

Strengthening training programs to improve quality through proven approaches. ACQUIRE collaborated with the MOH to conduct a PNA of the performance of five Nursing Schools in HIV/AIDS training. The goal of this assessment was to determine the desired and current performance of these schools in the delivery of quality HIV/AIDS education and provide recommendations to improve this performance. Data was collected in February 2005 through interviews, focus groups, and the completion of checklists at schools and practical training sites. Findings of the PNA show that the actual performance of the schools does not match stakeholder expectations in HIV/AIDS training. An example of this is the training of teachers interviewed: the desired performance expressed by key stakeholders was that 100% of teachers have training in both HIV/AIDS and pedagogy. Findings of the PNA show that only nine out of 22 teachers interviewed (41%) had received both of these desired trainings. In a June 2005 workshop, stakeholders were brought together to discuss findings of the PNA and to recommend interventions to improve the quality of HIV/AIDS nursing training. The recommended interventions will be used to develop future activities to enhance the capacity of HIV/AIDS training in Rwanda, including the development of HIV/AIDS curricula.

Supply and demand approach increases success of HIV/AIDS Prevention. Over the past fiscal year, ACQUIRE convened community members and health facility staff to integrate consumer perspectives on service delivery and develop functioning partnerships between health center providers and the communities they serve, through a community-provider approach. Monthly meetings of the 31 community-provider groups encouraged dialogue between the communities and health facilities and allowed for information exchange about services and disease prevention. The 600 members of these groups are also trained in community outreach and HIV/AIDS prevention education. Together these groups reached over 100,000 community members with HIV prevention messages and promoted the use of HIV services at the health sites. Messages disseminated by these groups also helped promote high demand for and uptake of VCT and PMTCT services at the health facilities this year. This approach contributed to a 94% uptake of HIV testing in ANC women; 99% uptake of HIV testing in VCT clients; and 71% follow-up of babies born to HIV-positive women.

Evaluation and research

Performance Needs Assessment for HIV/AIDS Pre-service Training in 5 Nursing Schools of Rwanda

Objective: To determine human resources/performance needs for quality HIV/AIDS pre-service training.

Design: This needs assessment utilized the Performance Improvement Approach (PIA), and consisted of interviews with key stakeholders (school directors/teaching headmasters, teachers, and preceptors), focus group discussions with graduating students and new graduates, a facility audit, and a review of teaching materials and tools. Data was collected in February 2005 in five selected ESIs and the practicum sites attached to these schools. Data entry and quantitative analysis were conducted by Tulane University/ École de Santé Public Butare using SPSS 11.0.

Setting: Five nursing schools out of 22 in Rwanda: ESI Kabgayi, ESI Byumba, ESI Nyagatare, ESI Rwamagana and ESI Kibungo.

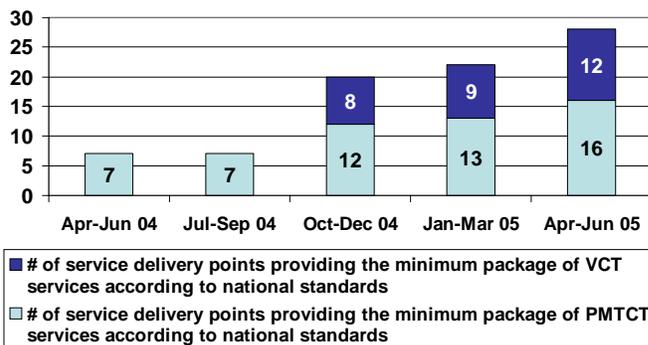
Study participants: In each school, one director, five teachers, and two preceptors (two per practicum sites) were interviewed, and two focus groups of five students were held. In addition, in each school a facility audit was conducted, a practicum audit was conducted, and teaching materials and tools were reviewed.

Main outcome measures: Desired and actual performance for HIV/AIDS training in nursing schools and practicum; factors influencing the performance of nursing schools and practicum in terms of HIV/AIDS training.

Results: Actual performance of the schools does not match stakeholder expectations in HIV/AIDS training. Among the findings: almost 60% of teachers had not received formal training in HIV/AIDS and pedagogy; 95% of preceptors had not received formal training in HIV/AIDS and supervision techniques; no nursing schools used manuals/documents reflecting national HIV/AIDS norms, standards, and protocols.

Conclusions: In June, stakeholders were brought together to discuss findings of the PNA and recommend interventions to improve the quality of HIV/AIDS nursing training. These interventions will be used to develop future activities to enhance the capacity of HIV/AIDS training in Rwanda including the development of HIV/AIDS curricula and training of nursing school teachers in HIV/AIDS.

Figure 12. Rwanda: Number of PMTCT and VCT Service Delivery Points by Quarter



Monitoring

ACQUIRE Rwanda reports quarterly service statistics by site. Service statistics are obtained from each site on a monthly basis. Service statistics reported by Rwanda include selected PMTCT and VCT indicators, as well as community outreach records, and indicators have been selected according to PEPFAR requirements. All ACQUIRE-supported sites in Rwanda are currently reporting service statistics.

Figure 12 shows the number of ACQUIRE supported PMTCT and VCT

service delivery points by quarter. The program successfully reached its target number of nine new PMTCT service delivery sites in FY04/05 (for a total of 16 sites), and integrated VCT and CVCT services at 12 of these sites.

Figure 13 shows the number of pregnant women in PMTCT settings receiving post-test results, and **Figure 14** shows the number receiving a complete course of ARV. The number of women provided with PMTCT services receiving their post-test results has more than doubled since the beginning of FY04/05, and the number of women receiving a complete course of ARV has also risen significantly. These increases are likely due to both the increased number of service delivery sites supported and community mobilization activities led by community leaders trained in ACQUIRE Rwanda's community outreach program. Of the 558 babies born to HIV-positive women this year in ACQUIRE service sites, 275 received ART prophylaxis at birth.

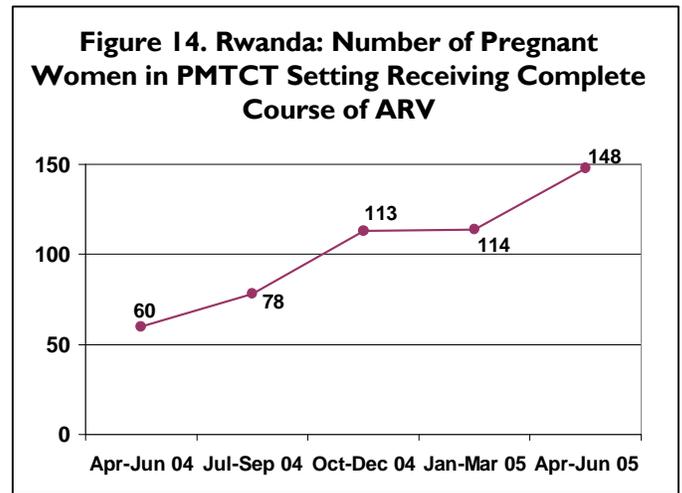
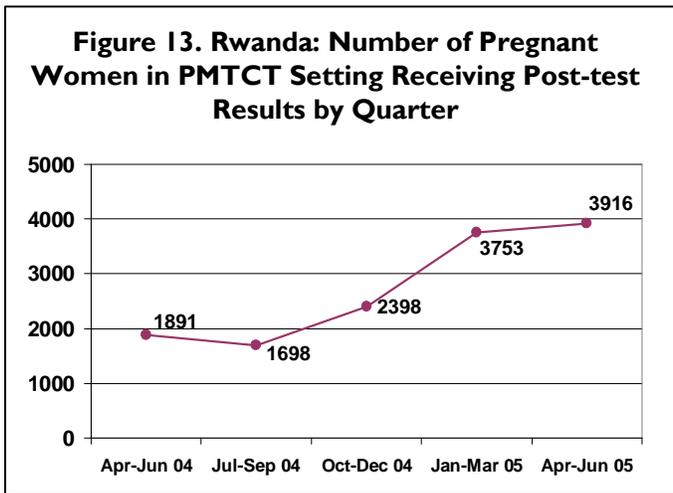


Figure 15 shows the number of male partners who were tested in each quarter as part of PMTCT. This number has more than tripled since the beginning of FY04/05.

Figure 16 shows the number of individuals provided with counseling and testing at the service delivery site. This table includes couples tested as part of CVCT, but does not include male partners tested as part of PMTCT.

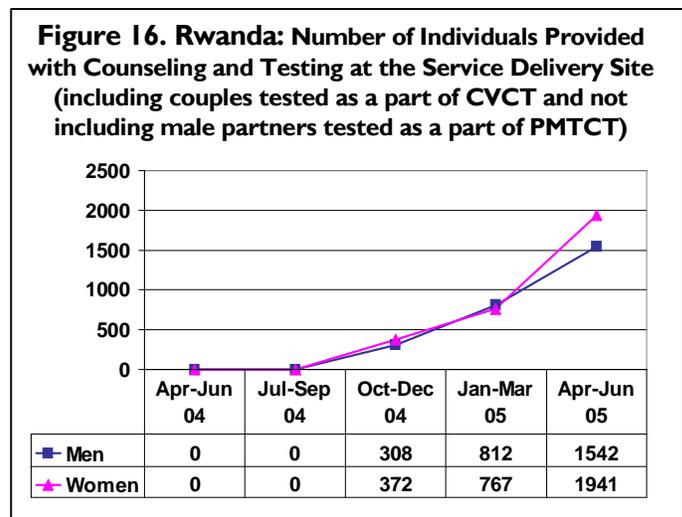
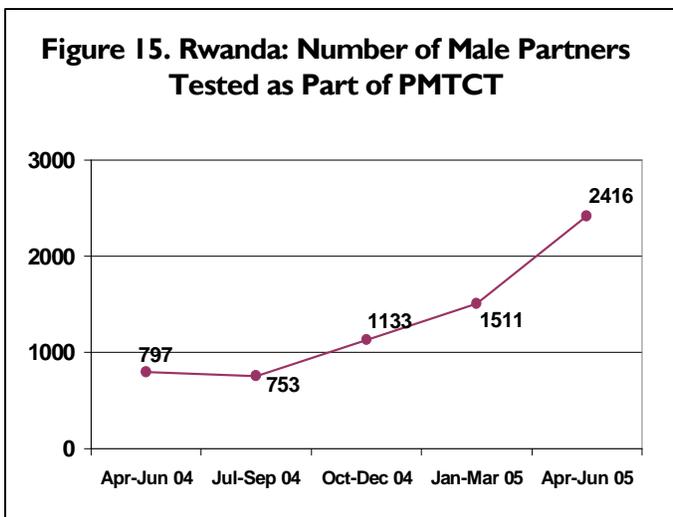


Figure 17. Rwanda: Number of Individuals Reached Each Quarter by Community Outreach Programs, by Type of Program

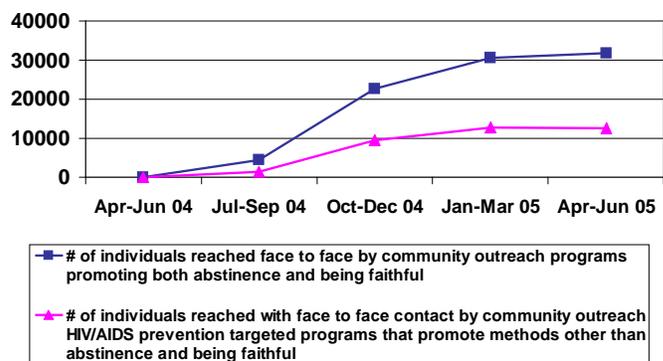


Figure 17 illustrates the reach of both abstinence/faithfulness and other behavior change (including condoms) community outreach programs conducted by peer educators in each quarter of FY04/05. Abstinence/faithfulness-based outreach activities targeted young people, while other behavior change outreach targeted adults. In FY04/05, 31,658 young people were reached through abstinence/faithfulness community outreach programs, and 12,465 adults were reached through community outreach programs focusing on other behavior change. The number of individuals reached has remained

steady between quarters three and four, as peer educators trained in quarter three continued to deliver prevention messages to their communities in quarter four.

Table 5 shows the number of trainings conducted by ACQUIRE Rwanda, by quarter. In FY 04/05, a total of 90 providers were trained in PMTCT, and 116 were trained in VCT. The number of individuals trained in HIV/AIDS prevention/outreach promoting both abstinence and being faithful was 610, and 221 individuals were trained in HIV/AIDS prevention/outreach focusing on other behavior change (including condoms).

Table 5. Rwanda Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
1	PEPFAR	14	VCT training for PMTCT Counselors	VCT
5	PEPFAR	44	VCT/PMTCT Counselor Training	PMCTC, VCT, FP/SM
2	PEPFAR	21	Couples VCT Counselor Training	VCT
5	PEPFAR	46	Integrated PMTCT/VCT/SM/FP training	PMCTC, VCT, FP/SM
16	PEPFAR	505	Youth Group HIV abstinence/faithfulness peer education training	AB Prevention
3	PEPFAR	105	Youth Group HIV abstinence/faithfulness peer education training	AB Outreach
13	PEPFAR	221	Community-Provider Partnership (PAQ) team training in HIV prevention outreach	Other Prevention
1	PEPFAR	8	TRAC ART Course	Art
4	PEPFAR	26	Laboratory HIV Rapid Test and RPR test Training	Lab
50		990		

Tanzania

Over half of the population in Tanzania, the largest country in East Africa, is under the age of 25. The number of women of reproductive age (15-49) is projected to increase from 8.2 million in 2003 to 10.7 million in 2009, representing a 30% increase. The total fertility rate is 5.6 children. Though contraceptive use has doubled in the past decade to 25.4%, the use of long-acting and permanent methods has remained relatively static and currently accounts for only one-seventh (14%) of the modern contraceptive mix. The total unmet need for family planning is 22%. More married women have an unmet need for contraception (1.1 million) than are currently using a modern contraceptive method (880,000), and over 400,000 married women have an unmet need to limit.

USAID/Tanzania has designated the ACQUIRE Project to be the Reproductive Health flagship project and a key mechanism for coordinating efforts to scale up and expand RH/FP services in Tanzania. The strategic objective of the project is to increase demand for, access to, and use of facility-based RH/FP services. This objective is built upon two positive features of Tanzania's health systems—first, the availability and reach of existing health facilities, and second, an institutional process of health sector reform. Program implementation is aligned with the health sector reform shift and moves away from a national hospital level focus to a district level focus. The ACQUIRE strategy includes national level policy and coordination work, as well as scaling up services in 10 of 21 regions in the country.³⁵

ACQUIRE is driven to form effective, long-lasting, and sustainable partnerships and collaborations to maintain a client-focused approach in activities. ACQUIRE works with three categories of partners: 1) Technical partners include EngenderHealth, the lead organization, and PACT Tanzania; 2) Implementing partners include the Ministry of Health, two faith-based organizations—ELCT and SDA—and Private Nurses and Midwives Association of Tanzania (PRINMAT); 3) Collaborating partners that are other USAID-funded projects and organizations with whom ACQUIRE coordinates activities and project inputs and shares lessons learned.³⁶

Tanzania is a focus country for the ACQUIRE project. ACQUIRE conducts baseline and end line surveys in its focus countries, provides intensified technical assistance to its offices, and collaborates on key activities designed to test and evaluate new and innovative models and approaches to programming.

This fiscal year was marked by numerous start-up activities that included: quarterly meetings with technical, implementing, and collaborating partners (the five-year vision of the project was drafted at the first meeting in Arusha), an official dissemination of ACQUIRE's Project Implementation Plan (PIP) to share with other stakeholders, and a baseline study to benchmark the current situation of family planning and postabortion care services in the 10 focus regions of the project, and the establishment of three fully-staffed and operational regional offices to increase support of the MOH decentralization system, located in Arusha, Iringa, and Kigoma.

³⁵ ACQUIRE is supporting 10 of 21 regions on the mainland: Arusha, Dodoma, Iringa, Kigoma, Kilimanjaro, Manyara, Mwanza, Rukwa, Shinyanga, and Tabora.

³⁶ Collaborating partners include AED (lead organization on the T-Marc project), JSI/DELIVER (logistics and commodities), JHPIEGO (lead organization on the ACCESS project), among many others.

In collaboration with the Population Council Frontiers project, ACQUIRE initiated a pilot strategy to decentralize comprehensive postabortion care services at 10 lower level facilities, health centers and dispensaries in Geita district, Mwanza. As part of this strategy, ACQUIRE conducted a rapid facility assessment at the 10 facilities and trained 15 service providers in cPAC.

During this fiscal year the project supported 138 sites. Moving forward, ACQUIRE will scale-up its support in a phased manor to reach more facilities over time. For instance, we project the number of supported sites will be 448 by June 2006 and 857 by June 2008.

Global and field collaborations for FY 05/06 include expanding access of vasectomy services, developing and testing approaches to make fully functional vasectomy services available in 10 of the 21 regions in the country by promoting vasectomy through a campaign and ensuring sites are ready and prepared to provide NSV (e.g. logistics, equipment, clinical trainings). Collaborations will also include the roll-out of the LAPM guide, technical assistance in the use of the facilitative supervision training curriculum, and facilitate collaborations between MSH/M&L and ACQUIRE/Tanzania to build complementary management and leadership skills for district health supervisors in Tanzania.

Results

Increasing number of sites that provide a range of family planning methods. During the past fiscal year, ACQUIRE supported 138 sites across the country. Site support—including provider training and the provision of equipment and renovations—led to an increased use of services, most notably in Norplant, female sterilization, and injectables, despite major logistical challenges. Increased use is evidenced by an increase in the numbers of clients served with LAPMs (including injectables), from approximately 76,000 to 117,000, as well as an increase in Couple Years of Protection (CYP) from 52,000 to 71,000 from Quarter 1 (July-Sep '04) to Quarter 4 (Apr-Jun '05) at ACQUIRE-supported sites.

Success in implementing innovative training strategies. ACQUIRE developed an innovative approach to job training in Tanzania through the use of provider peer education. With this approach, ACQUIRE brings providers from similar sites to clinics/hospitals with a high volume of LAPM clients for intensive, high-quality, supervised clinical training. The approach focuses on the challenges and realities of reaching clients in the clinical setting. During this fiscal year a Minilap training was held by ELCT at Ndolage Hospital, complemented by a successful community mobilization activity. The training was scheduled for two weeks but was extended for an additional week in order to meet the needs of over 800 females, some of whom had traveled up to 45 kms to receive Minilap services.

Supporting MOH decentralization. ACQUIRE has successfully decentralized its work to three field offices in the Kigoma, Iringa, and Arusha regions, increasing the fluidity of work within the MOH decentralized system, as well as providing more direct support to its subgrantees. The three field offices regularly conduct site visits, hold meetings with regional and district medical officers, and coordinate and monitor training events. This has led to greater buy-in and ownership of the project by subgrantees, as evidenced by a strengthened reporting system that sends timely and accurate reports to ACQUIRE and the MOH.

Collaborating to develop successful partnerships. As the key mechanism for scaling up and expanding RH/FP across Tanzania, ACQUIRE has a significant role to play in multi-sectoral collaboration. This year, ACQUIRE explored and developed new partnerships with GTZ and the Quality Assurance Project, for example, which will expand and improve the quality of services provided in the traditional health sector. In addition, ACQUIRE hosted and took a lead role in the Population, Health, and Environment meeting in Kigoma, which explored ways to integrate health and environment programs. The meeting resulted in an increased awareness of the need to collaborate with other sectors in Tanzania and a spin-off project in neighboring regions of the eastern Democratic Republic of the Congo.

Evaluation and research

During FY 04/05, ACQUIRE conducted two studies in Tanzania, including a vasectomy case study and a baseline study.

Kigoma Vasectomy Case Study

Objective: This case study aimed to refine existing vasectomy decision-making models for programming and to develop a programmatic model that can be replicated or scaled up in sites with low vasectomy acceptance or barriers to vasectomy

Design: Both quantitative and qualitative methods were used in this case study. Facility audit and client record data were collected to quantify levels of vasectomy use and characteristics of vasectomy users. In-depth interviews and focus groups were also conducted to determine the key variables in the decision-making process and to explore opinions regarding voluntary surgical contraceptive use.

Setting: 5 facilities in the three districts (Kibondo, Kasulu, and Kigoma) of the Kigoma region

Study participants: Vasectomy users and their wives, tubal ligation users, and non-vasectomy users, key opinion leaders

Interventions: Kigoma is one of the focus regions that ACQUIRE supports. ACQUIRE provides technical assistance in clinical trainings in NSV and ML/LA, in addition to other long-term method trainings.

Main outcome measure: Key variables in decision-making process, opinion leaders' influence regarding uptake of voluntary surgical contraception

Results: Vasectomy users reported that the principal reason they choose vasectomy was financial or concerns related to their wife's health. Rumors regarding loss of virility and lack of knowledge about vasectomy were barriers to vasectomy uptake. There is a considerable amount of communication between couples during the decision-making process. Religious leaders exert a strong influence on reproductive health, including vasectomy acceptance. Many opinion leaders agreed that religious influence is a strong barrier to wider vasectomy acceptance.

Conclusion: The results of this case study indicate that there is a need for increased vasectomy education and promotion from both opinion leaders and local community members. Education efforts should be directed toward men, and be specific while addressing broader economic and social outcomes. On the service delivery side, provider skills need to be enhanced in family planning provisions, especially in NSV and on the assurance of confidentiality.

Tanzania Baseline Study

Objective: To benchmark facility readiness to provide, availability of, and quality of care offered for FP and cPAC services.

Design: A pretest/posttest design was used and a facility audit, provider interview, client-provider observation checklist, and a client exit interview were implemented in the 10 regions in which the ACQUIRE project is modeling its program. A representative sample of ACQUIRE supported sites was drawn from all 10 focus regions and stratified by facility type—hospital, health center, and dispensary. Data was gathered from 335 sites.

Setting: Both public and private sector facilities were included in the study: Ministry of health hospitals, health centers, and dispensaries; PRINMAT maternity homes; ELCT hospitals, health centers, and dispensaries; and SDA health centers and dispensaries.

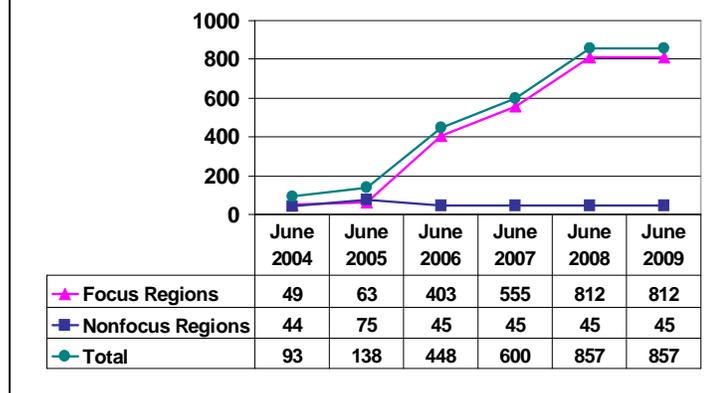
Study participants: Health care providers and family planning clients

Interventions: Access to FP/RH services in the targeted districts will be improved through integrated networks of public, private and NGO providers, community mobilization to support FP/RH services, and through policies that redress medical barriers, increase resource flows to FP/RH and rationalize use of available resources.

Main outcome measure: Availability of LAPM; Quality of services or facility readiness to provide LAPM; Quality of care

Results: *Availability:* Preliminary results indicate that the majority of all providers interviewed have not received in-service training in family planning methods within the past four years. Overall, 6% of providers reported to have received training in IUD insertion and removal, 8% received training in Norplant insertion, 4% received training in ML/LA, and 1% received training in NSV. In addition, 5-6% of all providers offer IUD or Norplant without having received training in the methods, and about an equal proportion of all providers have received training in IUD and Norplant but do not provide the service. *Quality of care:* In about one out of five new client interactions providers asked clients about their STI knowledge (19%) and discussed ways to prevent STIs (18%) and HIV infection (20%). In about one out of 10 interactions, providers asked new clients about their STI symptoms (12%), asked about their knowledge of HIV/AIDS (12%), and discussed ways that HIV is transmitted (11%). Providers did not encourage clients to have an HIV test (4%).

Figure 18. Tanzania: Health Facilities Currently Supported and Projected to be Supported Through 2009



Conclusion: The preliminary results indicate that the availability of trained staff in LAPM is low and ACQUIRE's support in training health care providers is needed across all 10 focus regions. The project's presence is essential in contributing to the MOH's goal of reaching a modern contraception use rate of 30% by 2009, among women aged 15-49. The findings of the baseline will be further used to scale up programmatic activities to the following number of service delivery sites: see **Figure 18**

Monitoring

The Tanzania national health management information system (HMIS), known as MTUHA, compiles site-level data at the district level; district/council health management teams (CHMTs) travel to facilities and collect service statistics, among other activities, during their supportive supervision visits. ACQUIRE is working to strengthen this system by training CHMTs in facilitative supervision, and to use the data generated from the HMIS system for future reporting needs. This fiscal year, ACQUIRE continued to collect site-level data from ACQUIRE-supported sites because although service statistics are collected on a quarterly basis for the HMIS, there is a one month lag time between when the quarter ends and when the data is available. In partnership with the Ministry of Health, ACQUIRE is developing a form to extract specific data related to the ACQUIRE project from the HMIS.

Figure 19. Tanzania: Total Number of Sites by Reporting Status by Quarter

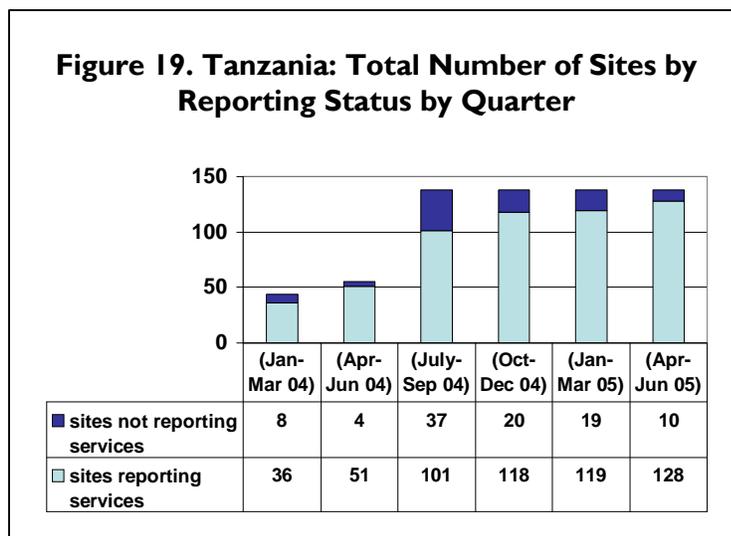
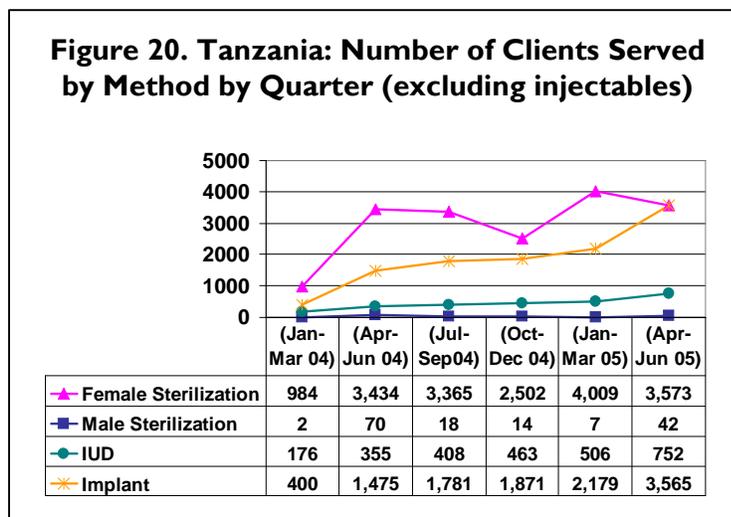


Figure 20. Tanzania: Number of Clients Served by Method by Quarter (excluding injectables)



The ACQUIRE project defines a supported site as a health facility identified by a subgrantee for programmatic support to provide clinic based reproductive health services. **Figure 19** shows the number of supported sites by reporting status by quarter. The number of supported sites more than doubled from 55 in Quarter 4 of FY 03/04 to 138 in Quarter 1 of FY 04/05. With consistent follow up by staff throughout this fiscal year, the number of supported sites reporting service statistics increased steadily from 101 in Quarter 1 (July-Sept '04) to 128 in Quarter 4 (March-June '05). Of the 138 supported sites, 95% offered at least four family planning methods from July '04 to June '05.

Figure 20 shows the number of clients served by method by quarter (excluding injectables). Although the number of sites doubled from Quarter 4 of FY 03/04 to Quarter 1 of FY 04/05, the number of clients served by method did not increase proportionately. Due to internal logistics, funds were not allocated to subgrantees until October 2004, which resulted in a delay in the onset of activities. However, because contracts were signed, ACQUIRE was obligated to report sites owned by subgrantees as supported sites.

Female sterilizations declined slightly at the beginning of this fiscal year, from 3,365 between July and Sept 04 (Q1) to 2,502 between Oct and Dec 04 (Q2), due to fewer

outreach activities, and then increased to 4,009 between Jan and March 05. The number of clients served with Norplant and IUD increased steadily throughout the year. ACQUIRE trained 123 providers in Norplant insertion and removal and 32 providers in the IUD, which contributed to the increase in service statistics over the year. The number of clients served in male sterilization is low, but from April to June of 2005, the number of clients served increased considerably. The reason for this increase is that a clinical NSV training was conducted in Kibondo district, Kigoma, in April 2005.

The data presented in **Figure 20** also includes those services offered through outreach activities. Providers at ACQUIRE-supported sites offer outreach services to rural facilities that lack trained providers and/or equipment. Sites receiving outreach are typically health centers and dispensaries, registered through the MOH and approved to provide a standard of clinical care. During outreach, a team of trained providers travel to designated health facilities with supplies and equipment needed to conduct the LAPM outreach. The services received during outreach activities are reported with the facility from which the provider travels. Consequently, it is difficult to disaggregate outreach services from daily facility services.

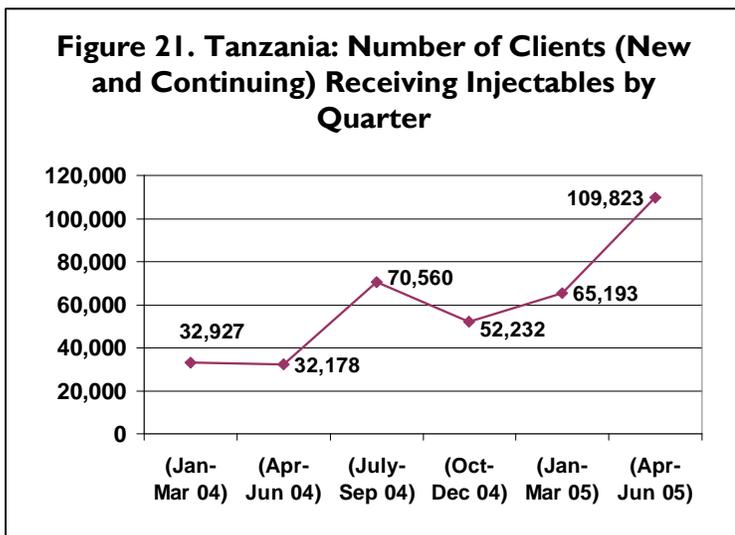


Figure 21 shows the number of clients receiving injectable by quarter. During Quarter 2 of FY 04/05, a nation-wide stock out of injectables occurred and as a result injectable clients receiving Depo-Provera decreased from 70,560 in Quarter 1 to 52,232 in Quarter 2. With the distribution of this commodity Depo-Provera regained its prominence and clients served increased to 65,193 between Jan-March 2005 and 109,823 between April and June 2005.

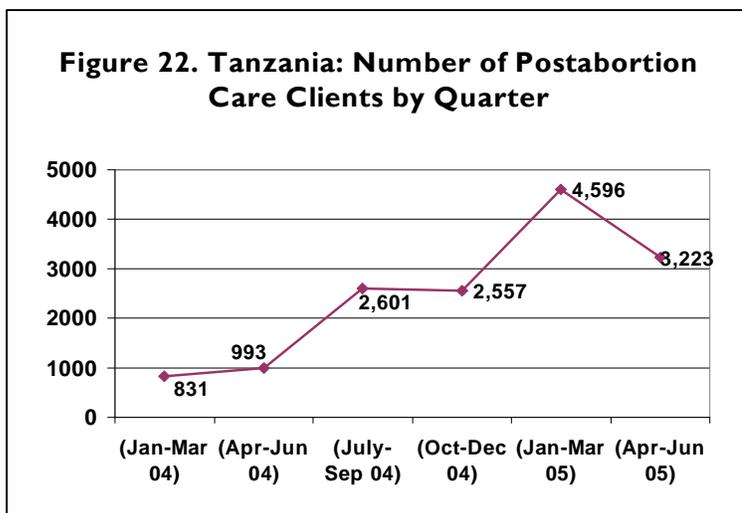


Figure 22 shows the number of clients receiving post-abortion care treatment by quarter.

Table 6. Tanzania Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
7		103	ML/LA	
6		123	Norplant training	
3		32	IUD	
2		22	FP Counseling	
1		15	NSV	
3		52	cPAC	
1		10	Infection Prevention	
3		115	COPE	
1		35	Maternal COPE	
27		507		

Uganda

Although contraceptive use in Uganda has increased nearly four-fold in the past decade—rising from 4.9% in 1988 to 22.8% in 2001—unmet need for family planning remains high. Over 34% of currently married women have an unmet need for family planning.³⁷ More married women have an unmet need for contraception (1.1 million) than are currently using a modern contraceptive method (740,000). More than 450,000 married women have an unmet need to limit their families. Long-acting and permanent methods (LAPMs) such as IUDs, implants, and sterilization (male and female) account for only 14% of the modern method mix.

The ACQUIRE project assists the Ugandan Ministry of Health in revitalizing family planning, with particular emphasis on LAPMs. Contributing to the Ministry of Health's goal of increasing the contraceptive prevalence rate from 23% to 40% by 2010, ACQUIRE supports the MOH through targeted efforts to revitalize family planning, specifically increasing access to LAPMs. ACQUIRE focuses on increasing access to facility-based services for LAPMs (tubal ligation, vasectomy, IUDs, and implants).

In collaboration with Family Health International, ACQUIRE will provide technical assistance in up to four districts: Mayuge, Hoima, Sembabule, and Apac. Interventions focus on strengthening both the supply and demand sides of facility-based family planning services. The project spans a two-year period—that began January 2005 and will continue till December 2006—and is organized into four semesters (blocks of six-month periods). Each semester, the number of sites providing services is increased and there is a focus on at least one special initiative. In subsequent semesters, lessons learned and experiences of the previous semester will be incorporated.

ACQUIRE also received funds to provide technical assistance—training, supervision/follow-up, and material support—to three health care facilities to improve providers' fistula repair and care skills, including counseling. ACQUIRE is also supporting the establishment of linkages to FP and related RH services to clients as an integral part of rehabilitation. Simultaneously through field support funds, ACQUIRE is working at the community level to support prevention efforts in the catchment areas of the project facilities.

³⁷ Demographic and Health Surveys, 2000/2001

Uganda, an O/PRH country partnership, has been identified to receive funds to test leadership strategies to scale up LAPMs. Uganda also received USAID/W's GLP on FP/HIV Integration funds to increase access to family planning services, which includes a special emphasis on integration.

During FY 04/05, the global scope of work included: 1) a performance needs assessment was conducted in Mayuge, the first district to receive support from the ACQUIRE project; 2) an action plan was developed and activities implemented, targeted to meet the gaps identified by stakeholders; and 3) a country office was established.

During FY 05/06, in collaboration with the field, global activities will include: 1) a PNA in the second district of Hoima; 2) adaptation of the fundamentals of care for supervision and monitoring activities undertaken; 3) FP/HIV integration activities; and 4) the revitalization of the IUD.

Results

Revitalizing IUDs through District Health Management Teams. In February 2005, ACQUIRE and the MOH collaborated on a PNA for the Uganda Family Planning Revitalization project in the first of four districts identified as having low client, community, and provider knowledge of the IUD. The District Health Management Team (DHMT), in their commitment to expanding long-term contraceptive options for women in Mayuge district, included in their action plans: sensitization activities among political and community leaders, updating of community reproductive health workers (CRHWs) and their trainers, and CRHW outreach activities to create awareness of the IUD and Norplant availability and locations of services. The DHMT has gained support from the MOH/RHD Eastern District Coordinator to provide additional LAPM-trained personnel to expand the training capacity for the district in upcoming months.

Evaluation and research studies

The Performance Needs Assessment to Revitalize Family Planning in Mayuge District, Uganda

Objective: The purpose of the PNA was to identify appropriate interventions to improve the performance of the FP program in order to increase use, access to, and quality of family planning services in Mayuge, particularly LAPM services.

Design: PNA is a four step process, including: 1) A stakeholders' agreement to identify desired performance for providers, understand opinions regarding the performance problem, and discuss the process to be followed during and after the assessment; 2) Data collection on actual performance through observation of provider performance, provider interviews, client exit interviews, group discussions, site assessments, and client record reviews; 3) Data analysis; 4) Stakeholders' workshop to review results of data collection, analyze the performance gaps, and identify interventions to address the performance issues.

Setting: Six health facilities (two health center IVs, and four health center IIIs) capable of providing LAPM services

(continued)

The Performance Needs Assessment to Revitalize Family Planning in Mayuge District, Uganda (continued)

Study participants: Health care providers and family planning clients. Stakeholders included: district and regional MOH officials, health facility in-charges, a Presidential representative, local council members, community members, and representatives from Uganda Private Midwives Association (UPMA), People Living with HIV/AIDS Network, ADRA, USAID, FHI, and Policy Project.

Interventions: The ACQUIRE Project supports the Ministry of Health's (MOH) strategy for revitalization of family planning in Mayuge District, Uganda.

Main outcome measure: Performance gaps to help revitalize family planning

Results: Results of the data collected during the PNA show that providers have inadequate capacity to provide FP services. For instance, very few providers have been trained in LAPMs, and two of 17 providers interviewed had inserted an IUD and only one provider had inserted Norplant. Although providers in general had favorable attitudes towards FP, they seemed to be concerned about vaginal bleeding as a side effect of some of methods, were not updated on the latest World Health Organization Medical Eligibility Criteria, and required that a woman be menstruating on the day of her visit in order to provide her with a FP method.

Conclusion: During the stakeholders' workshop, three main intervention areas were identified: (a) training capacity development, (b) facilitative supervision and management of service, and (c) awareness creation. An action plan for Semesters 1 and 2 were drafted from potential interventions identified by the stakeholders for each prioritized performance gap and its respective root causes. The action plans also identified the persons or group responsible for each activity and the time period for their completion. The action plan was submitted to the District Health Team for review and feedback.

Monitoring

The ACQUIRE project will collect service statistics from the Uganda Health Management Information System. In the Uganda HMIS, site-specific data is aggregated at the district level. FHI developed an excel spreadsheet to be used at the district level for the purpose of data management. The excel spreadsheet replaces a paper pencil system of tabulation and enables Mayuge district to manage and aggregate easily the data received from each site.

West Africa

Benin

The total population of Benin is approximately 7 million.³⁸ In 2001, the contraceptive prevalence rate among married women for modern methods was 7.2%, with injectables the most common method used.³⁹ The ratio of maternal mortality in Benin is approximately 850 maternal deaths to 100,000 live births.⁴⁰

³⁸ USAID Country Health Statistical Report: Benin, June 2005.

³⁹ ORC Macro, 2005. MEASURE DHS STATcompiler. <http://www.measuredhs.com>, September 9 2005.

⁴⁰ USAID Country Health Statistical Report: Benin, June 2005.

ACQUIRE's work in Benin is managed by IntraHealth International. It focuses on assisting the Direction de la Sante Familiale (DSF) build capacity for FP/RH service delivery at the national and district levels, and includes several key intervention areas: the expansion of family health service protocols developed under PRIME II; EONC and PPH prevention performance improvement; the establishment of post-abortion care (PAC) services, including FP counseling and services in 3 pilot sites; integration of IMCI in the curriculum of public health schools (in collaboration with WHO and UNICEF); strengthening of training competencies for 20 national and department trainers; strengthening of provider capacity and training through the revision and update of Policies, Norms, and Procedures for dissemination by the National RH Program; and leadership and support to technical working groups and in-country professional health associations.

Over the past fiscal year, ACQUIRE supported 53 functioning sites in three departments, all of which are "existing" sites that received support previously through PRIME II. ACQUIRE global does not have a scope of work in Benin, although IntraHealth is able to request short-term technical assistance from ACQUIRE global staff or from field-based ACQUIRE partners (e.g., CARE), pending availability of funds.

Results

Strengthening proven training approaches to reduce costs and improve quality of services. ACQUIRE worked in four health districts to introduce a new training approach, which combined the use of protocols, emergency obstetric and neonatal care (EONC), and active management of the third stage of labor (AMTSL). In a shortened course timeframe, this training approach combined a one-week classroom session with self-directed learning and coaching. This training approach resulted in a substantial reduction of time spent by service providers out of their facility (one week instead of three) and a reduction of training costs as compared with the classic approach which would have required three separate training sessions of one week each. In addition, the training approach resulted in a total of 26 trainers/supervisors/tutors trained, who in turn trained and coached 61 services providers. Before training, EONC and AMTSL services were available in only 2 health facilities. These services are now provided at 42 health facilities out of 53 functioning sites in 3 departments. Direct observation of providers during monitoring visits showed that services are provided according to standards. Review of service statistics revealed that in 2004 only 6% of vaginal deliveries were performed with AMTSL, compared to 52% in 2005. In 2004, targeted health facilities reported 169 cases of hemorrhage and 126 cases of HBP. In 2005, there was an important decrease with only 75 cases of hemorrhage and 46 cases of HBP recorded.

Scaling up emergency obstetric care services. Based on positive results achieved by a pilot project aimed at reducing the two delays in seeking/reaching emergency obstetric care, the MOH requested ACQUIRE to extend the EONC community mobilization approach to all communities of Malanville/Karimama health district. ACQUIRE provided support for community mobilization and training of 75 service providers/supervisors, 87 community health workers (CHEW's), and 233 members of village health committees (VHC). From October 2004 to June 2005, all villages in the district have established emergency transportation systems and funds, and have CHEW's/VHC able to identify danger signs and refer women with obstetric complications to the nearest health facility. CHEW's records shows that they are conducting regular IEC activities in the community to sensitize women and their families on dangers signs and the importance of seeking appropriate care as soon as possible. Also discussions with community members and service providers during

monitoring visits revealed that as a result of mobilization activities that emphasized maternal mortality issues and the needs of pregnant women, men were more willing to accept/support the referring of their wife to a health facility in a timely manner.

Increased MOH capacity in maternal care services. The MOH training capacity has been strengthened through the training of national and departmental trainers in andragogy, training management, and supportive supervision. During the 2-week workshop, participants were oriented on innovative learning approaches, in-service training standards, and the performance improvement approach. The MOH now has a core group of 13 competent trainers prepared to conduct quality training and support trainee performance on the job. Three months after their training, these trainers have already been involved in 8 training events, targeting more than 160 service providers.

Evaluation and research

Performance Needs Assessment for Child Health/IMCI Pre-service Training in 3 Nursing Schools of Benin

Objective: To determine human resources/performance needs for quality child health/IMCI pre-service training.

Design: This needs assessment utilized the Performance Improvement Approach (PIA), and consisted of interviews with key stakeholders (school directors, teachers, and preceptors), focus group discussions with graduating students and new graduates, a facility audit, and review of teaching materials and tools.

Setting: Three nursing schools: ENIIEB and ENSFE at IMNES of Cotonou, and ENIAB in Parakou.

Study participants: Ministry of Health (MOH), Direction de la Sante Familiale (DSF), school directors and other stakeholders, graduating students and recent graduates.

Interventions: Results and recommendations of the PNA will be used to plan future interventions to strengthen nursing schools' capacity in child health/IMCI training. To date, results of the PNA have been disseminated to key stakeholders. Individualized action plans for each school, based on identified needs, have been elaborated. Training curriculums are currently being revised, and integration activities will begin in September.

Main outcome measures: Actual school performance measured against indicators of desired performance, and the presence of an enabling environment for quality child health pre-service training including IMCI.

Results: Needs identified include a discrepancy between the training a provider receives and his/her practical duties; the absence of use of curricula reflecting national norms in IMCI; lack of qualified teachers and preceptors; lack of training tools at both schools and practicum sites; an organization of practicum which does not favor apprenticeship; no formalization of ties between schools and practicum sites, and lack of coordination between the MOH, which employs providers, and the Ministry of Technical Education and Professional Development, which is responsible for nursing schools.

Conclusions: The introduction of IMCI in nursing schools is necessary to obtain and sustain impact of the IMCI strategy.

Monitoring

Benin defines a site as a government service delivery facility where at least one employee has received ACQUIRE-supported training. Service statistics for ACQUIRE are comprised of number of women giving birth with active management of the third stage of labor (AMTSL) and training data. These data are reported quarterly, by site. PAC services have not yet been established in pilot sites; training activities will commence in October. A needs assessment for the integration of IMCI in public schools' health curriculum has been completed and results have been disseminated; the integration process will begin in September.

Figure 23. Benin: Total Number of Sites by Reporting Status by Quarter

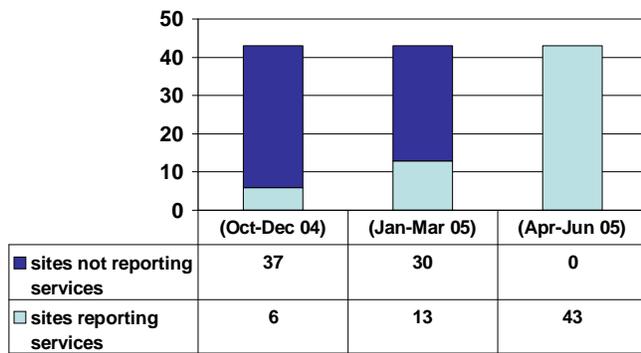


Figure 23 shows the total number of EONC/AMTSL sites by reporting status by quarter. Sites not reporting statistics are those in which training in EONC/AMTSL had not yet occurred. By the end of June all sites had received training and were reporting statistics.

Figure 24 shows the number of vaginal births with AMTSL by quarter. The two departments undertaking this initiative are Zou-Collines, which is comprised of 2 districts and 17 sites and Oueme-Plateau, which is comprised of 2 districts and 26 sites, all supported by ACQUIRE in FY 04/05. The training of trainers (TOT) in AMTSL took place in quarter 3, or January-March 2005 (AMTSL births in quarter

2 represent the results from a UNICEF/MOH AMTSL training). The number of vaginal births with AMTSL during the third quarter results from the fact that trainers are also providers themselves and implemented the skills they learned in their own clinics prior to training other providers. The elevated number of vaginal births in April-June 2005, after TOT activities, results from the training of providers that took place in this quarter.

Figure 24. Benin: Number of Vaginal Births with AMTSL by Quarter

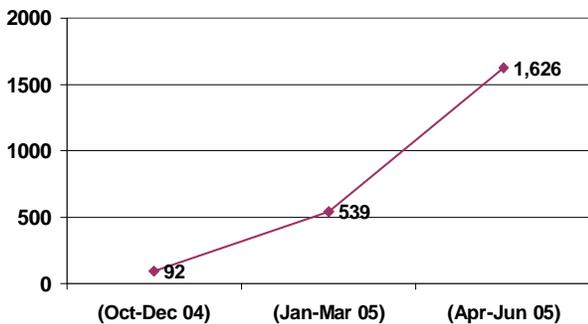


Figure 25. Benin: Percent Vaginal Births with AMTSL by Quarter

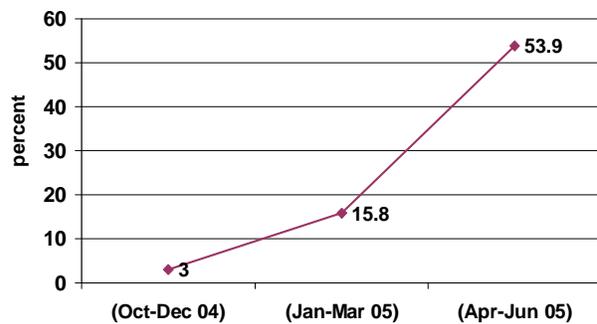


Figure 25 shows the percent of vaginal births with AMTSL by total number of births at ACQUIRE supported sites. At ACQUIRE supported sites, use of AMTSL increased from 3% to 54%. Universal use of AMTSL is not possible to obtain. Firstly, a number of births

are attended not by a midwife, but by a midwife's assistant who is not trained in AMTSL, and not authorized to administer oxytocin. Clinic data do not differentiate between births assisted by a midwife or the midwife's assistant. Secondly, AMTSL is not administered in the event of a problem birth.

Table 7 shows the number of training events, number of individuals trained, and training topics by quarter. During FY 04/05, ACQUIRE conducted refresher trainings for 26 trainers/supervisors and 61 service providers located in Oueme/Plateau and Zou/Collines departments in EONC (emergency obstetric and neonatal care), the prevention of PPH (postpartum haemorrhage), and the use of family health service protocols. ACQUIRE further expanded community EONC to all communes of the Malanville/ Karimama health zone by training 75 trainers/supervisors, 87 community agents, and 233 village health committee (VHC) members. ACQUIRE also strengthened MOH training capacity by updating 13 trainers from national and departmental levels in andragogy, management, and supportive supervision.

Table 7. Benin Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
2	USAID	53	TOT/BCC	Community EOC, Management, Malaria
1	USAID	15	TOT/BCC	
2	USAID	320	BCC	Community EOC, Management, Malaria
2	USAID	26	TOT/PNP/EONC/AMTSL	
1	USAID	16	Training methodology	
4	USAID	61	PNP/EONC/AMTSL	
1	USAID	14	TOT in Andragogy	
13		504		

Ghana

The total population of Ghana is 21.4 million, with an estimated population growth rate of 1.4%.⁴¹ Although the percentage of married women currently using any modern method of family planning increased by 8 percentage points in the last decade (10.1 in 1993 to 18.7 in 2003), the percentage of married women who want no more children is 36%. The total fertility rate is 4.4 children.⁴² While awareness in Ghana of the HIV epidemic is thought to be over 95%, 320,000 adults are infected with HIV, of which 44% are women. 30,000 children are infected with HIV. The HIV prevalence rate is 3.3%.⁴³

ACQUIRE works in two ways in Ghana. First, ACQUIRE works on an IUD initiative in collaboration with the Quality Health Partners project (QHP), Frontiers, and the Community-based Health Planning and Services Technical Assistance project (CHPS-TA). The IUD initiative tests strategies to improve access to IUDs at the community level; IUD insertions will not be done in clinics, but at the Community Health Officers' compounds.

⁴¹ State of the World Population, 2004

⁴² Ghana Demographic and Health Survey, 2003

⁴³ National AIDS Control Programme, 2004

Refresher training in family planning for Community Health Officers (CHOs), CHO/midwives, and their supervisors was completed in May 2005.

ACQUIRE also received GLP funding to collaborate with FHI on FP/HIV Integration. The objective is to integrate family planning counseling and services into existing HIV care and treatment services, with the specific intent of learning more about the fertility desires of HIV-positive women and making family planning services and choices available to HIV-positive women who are receiving ARV treatment. The project will develop a model for replication in other settings and will take place at two hospitals currently providing ARV's, which are funded by DFID through FHI's START project. In May 2005, a performance needs assessment was conducted and an action plan developed.

The global scope of work for Ghana included providing assistance and oversight for the FP/HIV performance needs assessment; working closely with USAID/W to produce a country case study in Ghana as part of a case study series that analyzes reasons for success in family planning; providing support to field staff to mainstream vasectomy acceptance through a media campaign (see IR 1); and providing input on the content and design of the Advance Africa/AWARE-sponsored conference "Repositioning Family Planning in Africa," which was held in Accra, Ghana in February 2005.

Results

Optimizing health benefits of ART within a comprehensive, client-centered approach.

ACQUIRE, FHI, and the Ghana Health Service began a 15-month project in February 2005 at two HIV care and treatment centers in Ghana that will lead to improvements in the quality of care of HIV-positive clients receiving ARV. The first step in this process was the implementation of a performance needs assessment (PNA) of the FP needs of HIV-positive men and women (see study results below).

Comparing alternative strategies to increase client access to IUD information and services.

A 22-month pilot study to improve access to IUD information and services is in progress in three districts in Ghana. ACQUIRE is providing supervisory support to the project, and has funded the purchase of 20 IUD kits and trained 12 Community Health Officers (CHOs) in FP counseling and 11 Midwives in IUD insertion.

Evaluation and research

Integrating Family Planning Counseling and Services into HIV Care and Treatment Services in Ghana

Objective: Study objective is to assess the current provision of FP counseling and services to HIV-positive clients attending HIV and FP clinics; to assess knowledge and skills of health workers to provide quality FP counseling and services to HIV-positive clients; and to assess the needs of hospitals and health workers to enable them to provide these services.

(continued)

Integrating Family Planning Counseling and Services into HIV Care and Treatment Services in Ghana *(continued)*

Design: PNA is a four step process: 1) A stakeholders' agreement to: identify desired performance for providers, understand opinions regarding the performance problem, and discuss the process to be taken during and after the assessment; 2) Data collection on actual performance through: observations of provider performance, provider interviews, client exit interviews, focus groups, site assessments, and client record reviews; 3) Data analysis; 4) Stakeholders' workshop to: review results of data collection, calculate the performance gaps, and identify interventions to address the performance issues.

Setting: Two public sector hospitals: Korle-Bu Teaching Hospital, Accra, and Atua Government Hospital, Odumase-Krobo, Eastern Region.

Study participants: Participants of the stakeholders' meetings included representatives from the Ghana Health service, Ghana National AIDS Control Program, Korle-Bu Teaching Hospital, Atua Government Hospital, St Martins Hospital, Agomanya Wisdom Association, Manya Krobo Queenmother's Association, Precious Women Talents, KLO Drivers' Association, AED/SHARP, DFID, and Family Health International. Health care providers at HIV and FP clinics and clients at HIV outpatient clinics were interviewed.

Interventions: ACQUIRE, FHI, and the Ghana Health Service began collaborating on a 15-month study in February 2005 at two HIV care and treatment centers in Ghana to determine the extent to which FP is included in the package of services provided to HIV-positive clients and to assist the sites to expand services to include FP.

Main outcome measures: Availability of FP services to HIV-positive clients at HIV & FP clinics; knowledge and skills of health workers that provide FP services to HIV-positive clients; and facility readiness to provide integrated services.

Results: Results indicate that there is a high demand for FP services by HIV-positive women. Eight out of twenty female clients attending the HIV clinic would have liked to receive information about FP during their consultation. Six clients said they are thinking about having a child in the future. Two HIV clinic managers stated that their clinics provide no family planning services. Only one of the twelve HIV clinical staff interviewed stated that they personally provide FP services, although eight said that they provide family planning information and counseling to their HIV-positive patients. Both hospitals provide a comprehensive range of HIV diagnostic, care, and support services, as well as offer a full range of FP services.

Conclusions: Root causes of performance gaps and recommended interventions were determined at the second stakeholders' meeting. Participants agreed that the project should target the following interventions: 1) Update HIV and FP policies to address specifically the FP needs for HIV-positive clients; 2) Update staff job descriptions to include the provision of FP services to HIV-positive clients; 3) Develop clinical guidelines/protocols to give guidance on providing FP services to PLWHAs; 4) Develop IEC materials that address the FP needs of PLWHAs; 5) Train HIV and FP clinic staff in contraception for HIV-positive men and women, including the special considerations for HIV-positive women who are taking antiretroviral drugs; 6) strengthen the QI activities being undertaken by the FP and HIV clinics, and explore how to increase community/client involvement in these QI activities; and 7) strengthen the facilitative supervision skills of supervisors.

Monitoring

Under the ACQUIRE-funded activities, Ghana has trained 12 Community Health Officers and 11 Midwives in IUD insertion and removal and family planning counseling. Monitoring the FP-HIV integration work will begin in FY 05/06 once the activity action plan is finalized.

Table 8. Ghana Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
3	ACQUIRE	23	IUD Insertion and Removal	FP Counseling Updates

Guinea

Guinea has a population of approximately 9 million people, and over 2 million women are of reproductive age (15-49). The total fertility rate is 5.8. Almost one-quarter (24.2%) of married women have an unmet need for family planning. The contraceptive prevalence rate for modern methods for married women is 4.2%;⁴⁴ half of these women use pills, and one quarter use injectables as their methods of choice. Only .5% of married women current use long-acting and permanent methods (LAPMs).⁴⁵

The ACQUIRE activities in Guinea are designed as a follow-up to an LAPMs performance needs assessment (PNA) conducted in 2004, which noted that while providers are receptive to providing female sterilization and IUD services, they do not routinely discuss these methods when counseling FP clients. Providers attribute underutilization of these methods to a general lack of awareness. In response to this needs assessment, ACQUIRE Guinea is working on a pilot program to raise community/client awareness of LAPMs and strengthen the capacity of Ministry of Health facilities to provide LAPM services in Haute Guinea. This pilot program will complement MSH/PRISM work in Haute Guinea, where MSH has subcontracted with EngenderHealth to expand IUD services and to provide technical assistance in quality improvement.

The demand generation component of this pilot program includes a media communications campaign and community mobilization strategy. In 2004, ACQUIRE collaborated with FHI to conduct a qualitative study in the Kankan, Mandiana, and Siguiiri districts of Haute Guinea, to explore community awareness, perceptions, and attitudes related to LAPMs. Results from this study (forthcoming) have been used to identify demand creation messages and strategies and to develop IEC/BCC pilot interventions to increase awareness of LAPMs and address associated concerns and myths.

ACQUIRE Guinea will also address LAPM supply. Access to quality LAPM services will be expanded and support will be provided to sites that have already established these services. ACQUIRE will build on the work being done through PRISM in strengthening FP/FH services and supporting the introduction and implementation of IUD services into 20 district hospitals and urban health centers in Haute Guinea.

⁴⁴ USAID Country Health Statistical Report: Guinea, June 2005

⁴⁵ ORC Macro, 2005. MEASURE DHS STATcompiler. <http://www.measuredhs.com>, September 9 2005.

Within the region of Kankan in Haute Guinea, ACQUIRE has identified the district of Siguiiri as the focal point for both the supply and demand components of the LAPM revitalization strategy. In the district of Mandiana, ACQUIRE will engage only in social marketing activities and supply generation, as community mobilization activities are currently being conducted by Save the Children. In the district of Kankan, ACQUIRE will intervene only through social marketing activities (rural radio broadcasts), as supply is being addressed through MSH/PRISM.

By the end of FY 04/05, the project had three sites in the health district of Siguiiri and four sites in the district of Mandiana. In FY 05/06 the project will expand IUD and female sterilization services to seven sites in the district of Siguiiri and four sites in Mandiana. ACQUIRE Guinea defines a site as a health facility (hospital, health center, or health post) that has received technical assistance from ACQUIRE, including: provider training in family planning counseling, contraceptive technology, infection prevention, facilitative supervision, IUD insertion/removal, or minilaparotomy, and any other activities supporting the integration of IUD and minilaparotomy services.

ACQUIRE Guinea received \$300,000 in field support funding for FY 04/05. ACQUIRE Guinea also receives \$103,603 in core funding, as well as \$30,335 through the AWARE Project.

In FY 04/05, ACQUIRE global funds were used to support publication of the 2004 PNA report and to provide follow-up technical assistance in response to identified needs, including whole-site training to improve provision and utilization of the IUD and female sterilization in one province. Global funds were also used to support the qualitative study conducted in collaboration with FHI. In addition, the funds were used to support community mobilization and promotional activities to complement the field-supported supply side activities.

Results

Increased sustainability of an IUD strategy through stakeholder buy-in. In FY 2003/04, ACQUIRE conducted a study in collaboration with FHI to explore community awareness, perceptions, and attitudes related to LAPMs in the Siguiiri District. During the past fiscal year, ACQUIRE used the results of that study to develop communications materials as part of a marketing campaign to revitalize the IUD in the district. ACQUIRE gained buy-in for the strategy and materials during a meeting with key family planning stakeholders (Save the Children, PRISM, AGBEF, ADRA, and regional and district-level Ministry of Health representatives) in the Kankan region, who agreed to use the IUD communications materials. As a result, ACQUIRE has increased the degree of stakeholder buy-in, ensuring future standardization of the IUD strategy at the national level.

Increased IUD uptake in focus sites. As part of its subcontract with Save the Children, ACQUIRE trained 34 health providers in infection prevention, contraceptive technology, and counseling to support the introduction of the IUD to two rural sites and a referral hospital in Mandiana. During the training, providers were able to practice IUD insertion and related services on clients. In addition, ACQUIRE supported demand activities that focus on promoting the advantages of the IUD within surrounding communities. The result of this approach has been a gradual increase in IUD uptake at the four supported sites in Mandiana, from 16 insertions in the third quarter (January to March 2005) to 57 insertions in the fourth quarter (April to June 2005).

Promoting the IUD through community mobilization. As part of its community mobilization strategy, ACQUIRE Guinea is promoting the IUD through use of pre-existing groups of volunteers (village health committees or VHCs) who work for their community to increase awareness regarding health issues. ACQUIRE subcontracted with ADRA to train six ADRA health educators and three midwives for the training of 36 VHCs on participatory learning and action (PLA) methodology, a mobilization approach that engages community members in planning improvements in the reproductive health of their own community. The trained VHCs have in turn involved 720 community members in a series of six PLA exercises, which will be used to produce community IUD/LAPM action plans. These actions plans will be used by VHCs in weekly village-based IUD/LAPM awareness activities. Before the end of the project, each VHC will have led at least 32 IEC/BCC activities in their village.

Evaluation and Research

Improving the Use of Long-Term and Permanent Methods of Contraception in Guinea: A Performance Needs Assessment

Objective: To identify performance gaps and determine appropriate interventions to improve providers' performance and clients' and communities' access to and use of LAPMs.

Design: The Performance Needs Assessment approach compares desired performance to actual or current performance, identifying performance gaps in a given area. Desired performance is determined by in-country stakeholders, while actual performance is evaluated by: observing provider performance; interviewing providers, clients, and non-clients; holding focus group discussions; and conducting clinic record reviews. Stakeholders then review performance gaps and conduct root-cause analysis to identify causes and appropriate interventions. The study was conducted in February-March 2004.

Setting: Assessments were done at a convenience sample of 14 representative health facilities in the Conakry, Faranah and Kankan regions.

Study participants: Per facility, two to three health providers were interviewed (32 total), two to three clients were administered client exit interviews (34 total), and ten randomly chosen client records were reviewed (140 total). Eleven providers were observed. Site assessment was conducted once per facility.

Main outcome measures: Client unmet need for LAPMs, provider performance in relation to LAPMs, systemic environment facilitating or obstructing provider performance.

Results: There is a clear unmet need for family planning in terms of spacing and limiting births. However, only 50% of clients had ever received family planning information from a health care provider. Providers tended to focus information on the method the client asked about; few clients were told about the IUD or voluntary sterilization. Only 15% of postpartum and antenatal clients were told about family planning during their visit. Though providers have good attitudes regarding LAPMs and the IUD, they are not advised that they should be providing information on LAPMs. A number of approaches at the client, provider, and system level were recommended to improve the utilization of LAPMs.

Conclusions: To increase LAPM utilization in Guinea, it is necessary both to promote LAPMs on a community level, as well as address provider performance and the environment influencing provider performance.

Community Awareness of and Barriers to Long-acting and Permanent Contraception in Guinea

To learn more about demand and supply issues around family planning in Guinea, the ACQUIRE Project, with technical assistance from Family Health International, has undertaken a research project to identify community awareness of, and barriers to, LAPMs. Work on the qualitative research project began in August 2004. Data collection took place in October 2004 in four communities in the prefectures of Kankan and Siguiiri of Haute Guinea. In spring 2005, EngenderHealth developed the codebook (with technical input from FHI and Meridian), coded the transcripts, and analyzed the data. A draft report is currently pending review, and upon finalization, the report will be abstracted in the 05/06 semi-annual report.

Monitoring

In the first quarter, service statistics reported by ACQUIRE Guinea were for those sites supported through the PRISM project, due to the similar intervention area and some overlap between ACQUIRE and PRISM supported sites. Currently, ACQUIRE Guinea is reporting quarterly service statistics for six ACQUIRE-supported sites; all ACQUIRE supported sites will be providing services statistics on a quarterly basis in FY 05/06.

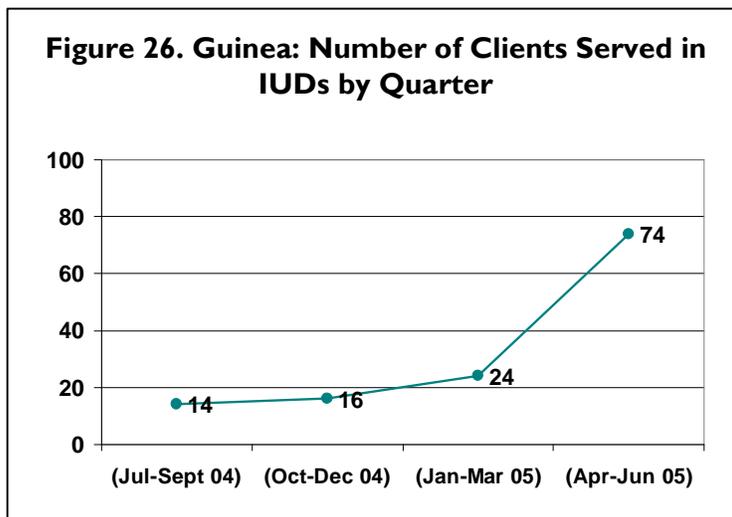


Figure 26 shows the number of IUD insertions performed in six ACQUIRE supported sites in the districts of Siguiiri and Mandiana, by quarter. The number of insertions rose considerably in the second and third quarters as a result of both provider trainings and activities to inform communities and promote the advantages of the IUD in the district of Mandiana.

Table 9 shows the number of training events, number of individuals trained, and training topics by quarter. During FY 04/05, ACQUIRE conducted a total of 10 trainings. ACQUIRE Guinea conducted IUD insertion and removal training both under its subcontract with MSH, as well as through field support funding. In addition, as part of its subcontract with Save the Children, ACQUIRE Guinea conducted three trainings to support the introduction of the IUD into four sites in Mandiana.

In addition to provider trainings, ACQUIRE subcontracted with ADRA to train six ADRA health educators (in addition to three midwives) for the training of 36 village health committees (VHC). The VHC have in turn engaged 720 community members in a series of six participatory learning and action (PLA) exercises. These exercises will aid each community in the production of LAPM action plans tailored to their individual needs. These action plans will then be used by VHCs in further community mobilization activities.

Table 9. Guinea Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
1	USAID	9	Introduction to qualitative studies	
1	USAID	8	PLA orientation	
1	USAID/ Save the Children	18	Infection prevention	
1	USAID/ Save the Children	10	Family planning	Counseling, CTU
1	USAID/ Save the Children	6	IUD insertion and removal	FP
1	USAID	50	Whole Site Training	IP, CTU
3	USAID	180	VHC PLA Training	
1	USAID	9	Training of trainers in PLA methodology	
10		290		

Mali

There is substantial unmet need for family planning in Mali—28.5%. The total fertility rate is 6.8, and contraceptive prevalence is correspondingly low, with only 5.7% modern method use. Modern method use is almost completely represented by short-term methods, and IUD prevalence is only 0.2%.⁴⁶ Mali’s maternal mortality rate is high, at 582 deaths per 100,000 live births.⁴⁷

Mali is one of three countries given MAQ GLP funds to support a three-country initiative to integrate best practices to catalyze and sustain efforts to reintroduce the IUD. In FY 04/05, an initial visit was made to Mali to gather information, discuss programmatic options, get stakeholder input and approval, provide a CTU update for partners, and plan for a performance needs assessment (PNA). The PNA was conducted in February 2005 with the Ministry of Health and other partners in Mali, helping to determine and design the interventions needed to revitalize the use of the IUD to improve family planning method mix. A proposed implementation plan has been developed and shared with the mission and will be further discussed during the October 2005 FP Repositioning Review Meeting.

In FY 05/06 it is anticipated that IUD activities will focus on 4 clinics in Bamako, the capital of Mali. After this pilot project is carried out in an urban setting, it is anticipated that the project will roll out IUD revitalization interventions to other regions, incorporating lessons learned from the work in Bamako.

This fiscal year, the global funds were used to provide a contraceptive technology update on longer-term and permanent contraception to country program counterparts and to conduct an IUD PNA to engage local stakeholders to identify performance gaps to increasing access to LAPM, and specifically, revitalizing the IUD.

⁴⁶ ORC Macro, 2005. MEASURE DHS STATcompiler. <http://www.measuredhs.com>, September 22 2005.

⁴⁷ USAID Country Health Statistical Report: Mali, June 2005.

Results

Using stakeholder consensus to revitalize IUDs. The 2005 Mali IUD Performance Needs Assessment was conducted with ACQUIRE support in four sites in communes of Bamako, focusing on four programming areas: advocacy, KAP, client-provider interactions, and provider support systems. During the PNA process at least four stakeholder meetings were implemented. As a result, senior members of the MOH have begun a process to revitalize the IUD in Mali, to improve method mix within the context of clients' rights and informed choice.

Evaluation and research

Performance Needs Assessment on Revitalization of the IUD: Bamako, Mali

Objective: To identify and analyze gaps in performance and system weaknesses in the provision of IUD services, and determine the most appropriate interventions to improve the use, access to, and quality of IUD services.

Design: This study utilized the Performance Needs Assessment approach, and consisted of observations of provider performance, provider interviews, FP client exit interviews, service statistics review, and group interviews with users and non-users of FP methods. An initial stakeholders meeting was held to identify desired program performance for the IUD and to learn stakeholder perspectives regarding underutilization of LAPMs and the IUD in particular. A final stakeholder meeting was held to analyze root causes for performance gaps and identify appropriate interventions to address performance issues. The study was conducted in March-April 2005.

Setting: Four health centers (CSREFs) in Bamako (Communes I, II, IV, and V).

Study participants: Per facility, three to five family planning providers and family planning clients were interviewed, and three to five provider-client interactions were observed. In addition, a total of eight group interviews were conducted in communities near the four CSREFs; these targeted female FP users and non-users aged 18-49 (separately) and men aged 20-50 years.

Main outcome measures: Desired performance for the provision of IUD services; current performance of service providers, including attitudes and values toward the IUD and LAPMs and facility capacity to deliver IUD services; and knowledge, attitudes, and practices of clients and community members regarding the IUD.

Results: Low IUD utilization may be attributed to: little knowledge of the IDU among clients and other community members interviewed; inadequate provider capacity, due to inadequate training (little practice with IUD counseling and insertion, lack of learning materials, no WHO medical eligibility criteria updates); and inadequate organizational support, including lack of regular facilitative supervision and weak infrastructure and logistics systems.

Conclusions: Recommendations from the PNA included focusing on the following key action areas: on the demand side, advocacy to policy makers and providers on the importance of the IUD, improved client and community knowledge and perceptions of the IUD; and on the supply side, improved provider performance, client-provider interactions, and provider support systems. The resultant action plan will be discussed during the October 2005 FP Repositioning Review Meeting.

Monitoring

Monitoring activities will begin in FY 05/06, once when the activity action plan is discussed during the FP Repositioning Review Meeting.

Latin America / Caribbean

Bolivia

Bolivia has a population of 8.3 million people, of which approximately 2.1 million are women of reproductive age (15-49). The contraceptive prevalence rate for modern methods for married women is 34.9%, with approximately 10.2% of married women using IUDs and 6.5% of married women using sterilization.⁴⁸ The total fertility rate is 3.5 children. Bolivia's maternal mortality ratio is approximately 229 maternal deaths to 100,000 live births. More than half of deliveries in the country are assisted (56.7%).

EngenderHealth, the lead partner on ACQUIRE in Bolivia, has been working in Bolivia since 1995 to provide technical assistance to the Ministry of Health and local NGOs to improve the quality and accessibility of voluntary family planning and other reproductive health services. In FY04/05, ACQUIRE activities extended to all nine departments in Bolivia and included medical monitoring, development and dissemination of national norms, introduction of QI processes (COPE and facilitative supervision) in health networks and hospitals, and training and updates in contraceptive technology, male involvement in RH, counseling and informed choice, as well as infection prevention. In FY05/06 the ACQUIRE Bolivia program will be one of four key actors in the new USAID Bolivia strategy (2005-2009), with sole responsibility for the strengthening of reproductive health services. In addition to continuing to work on improving the quality and accessibility of voluntary family planning, ACQUIRE will be expanding its technical assistance to cover the areas of maternal health and postabortion care. ACQUIRE supports activities in all nine departments of the country. In FY2004/05, ACQUIRE worked with all third-level hospitals in the country (nine out of nine) and a selection of secondary hospitals, health posts, and health centers.

Because of its scale, Bolivia is a focus country for ACQUIRE. ACQUIRE conducts baseline and end line surveys in its focus countries, provides intensified technical assistance to its offices, and collaborates on key activities designed to test and evaluate new and innovative models and approaches to programming.

During FY 2004/05, the global scope of work included: 1) collaborating with field staff to conduct a baseline study of ACQUIRE programming in Bolivia, which will be completed in the first half of 2005/06; 2) creating the I-rider model, including a proof of concept in Bolivia (with the INFO Project) and training and deploying two ACQUIRE staff as I-riders within ACQUIRE.

During FY 2005/06, the global and field teams will collaborate to work on revitalizing postpartum IUDs, the use of the BTC methodology to improve the integration of FP into postabortion care settings, and to test out an adapted learning package to strengthen CPI, counseling, and informed choice by increasing providers' cultural competence.

Results

Strengthening infection prevention through proven approaches. Over the past six months, ACQUIRE scaled up proven approaches to infection prevention (IP) training by conducting 23 provider trainings and staff orientations—a six-fold increase over 2003/04. As a result, IP has begun to be institutionalized in ACQUIRE-supported facilities. For example, ACQUIRE provided IP training at Percy Boland Maternity Hospital in Santa

⁴⁸ DHS Statcompiler, 2003

Cruz. Following the training, the hospital administration established a new IP Committee and institutionalized infection prevention measures throughout the hospital. In another example, following ACQUIRE technical assistance and training, Prosalud in Santa Cruz developed its own IP program manual and formed an IP regional committee and IP health center committees, which have begun to actively monitor infection prevention.

Pilot to scale: the institutionalization of self-learning training modules. To address lack of trained providers in sites due to low retention rates, ACQUIRE conducted provider update trainings on client counseling and rights and contraceptive technology. Following the trainings, routine supervisory visits at ACQUIRE sites showed that client counseling sessions had increased, and record reviews of informed consent for sterilization clients showed improvement. Success with the training approach led ACQUIRE to develop a self-learning contraceptive technology update (CTU) module and introduce it to seven departments and 10 rural health networks where provider training was inaccessible due to logistical barriers. To date, 441 providers have completed the self-learning CTU module. The self-learning module has already begun to be institutionalized, as the MOH has begun to adapt the module and has requested ACQUIRE's support in developing a maternal health component.

Increased use of communications materials for client counseling. During the fiscal year, ACQUIRE developed and assisted the MOH to distribute nearly 12,000 units of communications materials to public sector sites, including a large proportion of family planning (FP) counseling flipcharts, samples, penis models, and brochures. As a result, anecdotal evidence and supervisory reports show increases in ACQUIRE-supported sites with private space for counseling and the use of communications materials during counseling sessions. Additionally, ACQUIRE and the MOH collaborated on developing a supervisory plan to ensure routine monitoring of supplies of communications materials and their use at the site level.

Improving quality of care through national norms. Over the past fiscal year, building on previous EngenderHealth quality improvement work, ACQUIRE assisted Prosalud to develop Quality of Care (QOC) Norms and distribute them to all providers in the 33 Prosalud clinics. Prosalud is developing a national supervision plan to monitor the implementation of the QOC Norms and working with ACQUIRE to develop protocols for Quality Improvement Committees at the institutional level.

Evaluation and research

Over the past fiscal year, ACQUIRE conducted one study in Bolivia. This was a baseline study of ACQUIRE work in Bolivia, which was begun in FY2004-2005 and will be completed in the first half of FY2005-2006.

ACQUIRE Bolivia Baseline Study

Objective: To measure the extent to which ACQUIRE activities in Bolivia have affected access to and quality of family planning, maternal health, and PAC services in the facilities it supports.

Design: A quasi-experimental pre-test/post-test design was used. MEASURE Evaluation tools developed for the AMKENI project in Kenya were adapted to collect the data, and “lessons learned” from the implementation of the ACQUIRE Bangladesh baseline were also applied. The study tools—spanning the content areas of FP, maternal health, and PAC—included facility inventories, provider interviews, client exit interviews, and observations of client-provider interaction. A random, representative sample of 258 ACQUIRE-supported sites was drawn across all 9 Bolivia departments, corresponding to USAID Bolivia’s 2005-2009 focus municipalities.

Setting: Public sector facilities (tertiary hospitals, secondary hospitals, and health centers) and private sector facilities (PROSALUD and CIES).

Study participants: Health care providers and family planning clients.

Interventions: The ACQUIRE Bolivia program is one of four key actors in the new USAID/Bolivia strategy (2005-2009), with lead responsibility for the strengthening of reproductive health services in partnership with the Ministry of Health and other local NGOs. In addition to continuing to work with public sector and NGO sites throughout the country on improving the quality and accessibility of voluntary family planning, ACQUIRE will expand its technical assistance in Bolivia to cover the areas of maternal health and postabortion care. Other key activities include the integration of family planning services into STI/HIV/AIDS service delivery programs, MAP work, and work on youth-friendly RH services. Cross-cutting programmatic foci are gender, rights, and intercultural issues.

Main outcome measures: Availability and quality of LAPM, PAC, and maternal health services; counseling; infection prevention; intercultural communication; MAP; and supervision systems.

Results: In FY04-05 the study instruments were drafted and pilot tested, the data collectors recruited and trained, and data collection was begun. (Because of political instability data collection began at the end of June rather than mid-May.) Data collection continued into FY05-06. After preliminary data analysis for programming purposes, a final report will be available in the second quarter of FY05-06.

Monitoring

The Bolivia national management information system (SNIS) is accessible to ACQUIRE staff via the internet. Service statistics are available by month, and field staff gather the data and create quarterly reports to USAID/Bolivia. However, there is a lag time of 2-3 months between data collection and data entry/validation in the system, and some sites still have incomplete or missing service statistics months after the end of each quarter.⁴⁹ An additional problem is that at times sites have different names or designations in the SNIS than they do on the ground, which makes identification of their data difficult.

⁴⁹ There was a 6-month time lag for data between January and March of 2005 because of changes made to improve the software and hardware of the SNIS system.

Figure 27. Bolivia: Total Number of Sites by Reporting Status by Quarter

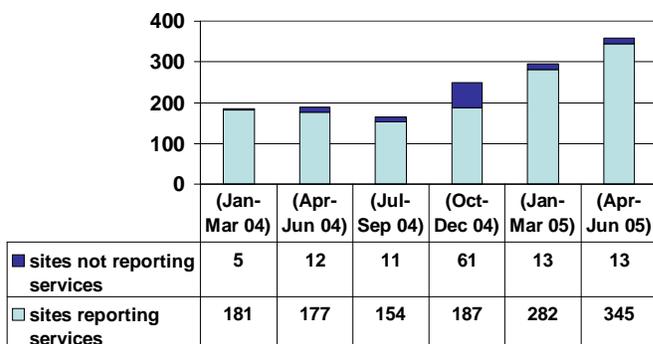


Figure 28. Bolivia: Number of Clients Served by Method (Excluding Injectables) by Quarter

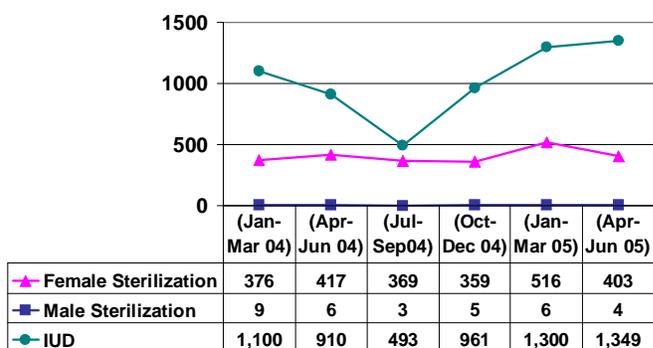
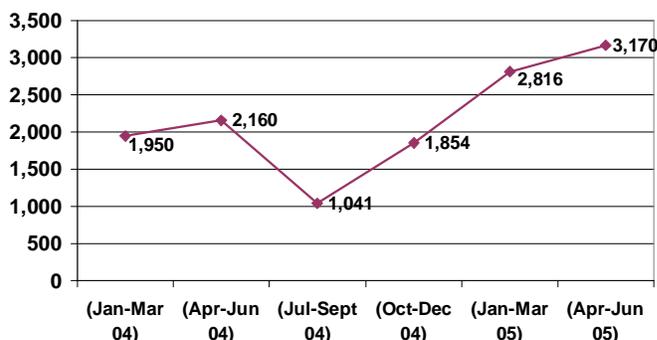


Figure 29. Bolivia: Number of New Clients Served in Injectables by Quarter



This was a major issue in Quarter 2 of this fiscal year, when many sites were newly supported by ACQUIRE. Finally, data is “closed” for each calendar year after December; therefore data from the second half of FY2004/2005 may still be somewhat incomplete.

The Bolivia program defines supported sites as secondary and tertiary hospitals that receive direct ACQUIRE support, and public sector health posts and centers and private sector health centers that receive ACQUIRE support through their membership in health networks supported by ACQUIRE. **Figure 27** shows that despite a temporary decrease in number of sites in Quarter 1 of FY2004-2005 (due to temporary suspension of technical assistance in one health network), ACQUIRE almost doubled its support to sites, from 186 in January 2004 to 358 by June 2005.

Figure 28 and **Figure 29** show the trends by method in number of clients served. One can see a clear drop in IUD and injectable use between July and September 2004 (Q1), followed by a sustained increase at a greater rate than the rate of increasing sites. The drop in Quarter 1 was likely due to stockouts of injectables and IUDs throughout the country. ACQUIRE worked throughout the year to improve this situation as part of a committee led by the Ministry of Health, and it appears that the situation has improved significantly. In addition, ACQUIRE conducted trainings in IUD insertion in December 2004. A slight decrease in female sterilization can be seen in Quarter 4; this is likely due to difficulty on the part of some trained providers to provide the procedure because of conflicting priorities mandated by the Ministry of Health. In addition, in May and June of 2005, there were health sector strikes as well as major general protests throughout Bolivia, which undoubtedly affected client attendance of health facilities.

Table 10. Bolivia Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
5	USAID/Field Support	78	MAP/RH services for men	
4	USAID/Field Support	43	Tiaht Amendment	Mexico City Clause
10	USAID/Field Support	441	Contraceptive Technology (self-learning module)	Integrated RH counseling
15	USAID/Field Support	454	COPE I ⁵⁰	
26	USAID/Field Support	575	COPE II	
21	USAID/Field Support	480	COPE III	
1	USAID/Field Support	44	NSV workshop at health centers	
9	USAID/Field Support	288	Facilitative supervision	
22	USAID/Field Support	861	Infection prevention	
6	USAID/Field Support	192	Informed choice and informed consent	Counseling
2	USAID/Field Support	70	Contraceptive technology update	
2	USAID/Field Support	35	IUD insertion	
1	USAID/Field Support	24	HIV/STI/AIDS COPE I	Infection prevention and counseling
1	USAID/Field Support	25	HIV/STI Stigma and discrimination	
8	USAID/Field Support	234	COPE IV	
133		3,844		

Honduras

The population of Honduras is approximately 6.4 million people, of which 1.5 million are women of reproductive age (15-49). The CPR of modern methods for married women is 61.8%.⁵¹ The TFR is 4.4. The maternal mortality ratio is approximately 108 maternal deaths to 100,000 live births. The percentage of women assisted in delivery increased from 40.5 in 1996 to 61.7 in 2001⁵².

At the request of the MOH and USAID, ACQUIRE builds on and continues activities begun by EngenderHealth under previous agreements in the late 1990's to assist the MOH in establishing and improving voluntary sterilization and counseling services. The program continues to expand availability and quality of male and female sterilization, as well as interval and postpartum IUD; support implementation of the MOH family planning monitoring and evaluation system; and strengthen male reproductive health services in the MOH. The three ACQUIRE priority areas that are reflected in the

⁵⁰ All COPE training reported for Bolivia is COPE for Reproductive Health Services.

COPE I = first exercise

COPE II = 3-month follow-up

COPE III = 6-month follow-up after COPE I

COPE IV = 9-month follow-up after COPE I

⁵¹ Encuesta Nacional de Epidemiología y Salud Familiar (ENESF / Honduras 2001)

⁵² Encuesta Nacional de Epidemiología y Salud Familiar (ENESF / Honduras 1996 & 2001)

Honduras workplan are: revitalizing FP with a focus on LAPM, scaling up services through networks, and the integration of FP with HIV, PAC, and maternity services (specifically in relation to counseling). ACQUIRE provides technical assistance to public sector facilities particularly in the rural areas of the five priority departments: Copan, Ocotepeque, Lempira, La Paz, and Intibuca. Additional support will be provided in the departments of Atlantida, Cortes, Santa Barbara, Yoro, Region Metro, and Francisco Morazan. ACQUIRE supports public sector VSC services in the other regions through support of nationwide medical monitoring at 26 hospitals. ACQUIRE's in-country partners include: the MOH, PRODIM, The National Institute for Women, the National AIDS Forum, ASHONPLAFA, and the Social Security Institute (IHSS).

During FY 04/05, ACQUIRE global and field staff collaborated with the MOH and PAHO to promote male reproductive health services at three pilot NSV sites located in the cities of Tegucigalpa, San Pedro Sula, and La Ceiba. ACQUIRE Project staff from Meridian and CARE—in collaboration with local CARE and ADRA counterparts—conducted a promotional and marketing assessment with the MOH at the first two pilot sites in April 2004. The USAID Mission requested ACQUIRE design a separate proposal to expand these activities. To date, USAID has funded the development of campaign materials for the promotion of NSV services, and the campaign was launched in May 2005. Global staff will continue collaborations with field staff in FY 05/06 to monitor the promotional campaign.

Results

Family Planning Strategy. EH, through ACQUIRE, has led the implementation of the family planning strategy of the MOH that includes: 1) Analysis of supply and demand for family planning services; 2) Strengthening provider skills through training to develop and implement the strategy; 3) Provision of basic equipment to health facilities; 4) Assurance of Contraceptive Security (led by DELIVER); 5) Record keeping and flow of information; 5) Monitoring, supervision and evaluation of FP services; and 6) Development of Information, Communication, and Education strategy (led by HCP/AED). This strategy has been linked to the National Health Sector Reform process, and family planning services have been established in 10 of the 20 regional health departments in the country. In the previous fiscal year, the first four pilot departments tested the new strategy. Then in FY 04/05, ACQUIRE rolled out training to 12 additional departments, for a total of 16 regional health departments. The system is fully functional in 10 of the 16 departments, with follow up taking place in the remaining departments. A total of 154 health providers were trained in the new FP strategy.

Clinical FP Services Organized in an Emergency Room Setting. In the Hospital Escuela, a tertiary level facility, family planning services were established at the emergency room for women bleeding during their first trimester who did not require hospitalization. ACQUIRE trained health providers in FP methods, postabortion care counseling⁵³, and infection prevention. ACQUIRE also provided 10 counseling flipcharts as well as other IEC materials and monitored the provision of FP counseling. As a result of this work, women are now treated immediately for their complications and offered counseling on family planning. With informed consent procedures in place, 100% of women leave the facility with a family planning method.

⁵³ Trainings conducted in FY 03/04.

Vasectomy Services Pilot-Tested at 3 Facilities. ACQUIRE pilot-tested the provision of no-scalpel vasectomy services at three health facilities located in the Northern and Central Regions during FY 04/05. Two facilities are MOH sites and one is under the Social Security Institute. ACQUIRE provided equipment to the facilities, trained providers in NSV and family planning counseling, and conducted in-reach and orientations with all providers at the sites. At the end of the year, a total of 24 NSV procedures were performed, and family planning counseling was offered to more than 100 men. In comparison, only three NSV procedures were performed in the previous fiscal year.

No-Scalpel Vasectomy (NSV) Promotional Campaign. A promotional campaign was designed, validated, and launched on June 29 to increase male participation in FP programs and to increase knowledge of vasectomy services available to couples. Components of the campaign include brochures, posters, billboards, and radio spots. Since the campaign launch, several articles have appeared in both national and local newspapers. The three NSV pilot sites described above that offer NSV services reported that , on average, approximately eight to ten men visit the site each day requesting information about NSV. Preliminary data shows that since the launch of the campaign the number of NSV procedures is on the rise at these three sites.

Evaluation and research

During FY 04/05, the Honduras team conducted two focus group studies in preparation for the vasectomy promotional campaign. The first focus group study helped enable the team to develop an appropriate communication strategy and the second focus group was to test the creative concepts developed before the campaign was launched.

Honduras Vasectomy Promotion – Campaign Planning Focus Group Study

Objective: To collect information that is required in order to develop a communications strategy for promoting vasectomy services among men using public and NGO-level health services in Honduras.

Design: Three focus groups of eight to ten participants per group were recruited from among the campaign target market. Recruitment criteria included: males only, married, with at least two children and reported to have completed or near completion of family size, and between the ages of 25-45. Participants were recruited from disparate locations to ensure that they did not know one another.

Setting: The focus groups were conducted at a central location in downtown Tegucigalpa—recruitment was conducted by a professional market research firm and focus groups were observed by ACQUIRE staff.

Study participants: Men, aged 25-45, from low and low-middle socioeconomic groups (C and D groups, i.e. users of public and NGO health facilities).

Interventions: Focus groups followed general guide on family planning and specific knowledge and attitudes related to vasectomy. Men were also asked to evaluate 10 different copy points related to vasectomy.

Main outcome measures: Knowledge and attitudes about FP and vasectomy; subjective reactions to and preferences for key facts about vasectomy; use and preferences of various media channels; opinions of service sites; understanding of MOH and Honduras FPA logos.

(continued)

Honduras Vasectomy Promotion – Campaign Planning Focus Group Study
(continued)

Results: In general, most men are aware that there is a surgical family planning method for men. However, correct knowledge about the method is extremely low, and there are very strong myths and misperceptions related to the method. The most pervasive and unsettling myth for men is that vasectomy will affect their virility, and that it can even cause men to change their sexual preference. Request report for detailed results and conclusions by facility.

Conclusions: The campaign should reposition vasectomy as a simple and effective male method of family planning that does not affect their sexual performance (direct promise) and that allows them to take better care of their partner/family (implied promise).

Honduras Vasectomy Promotion – Campaign Creative Concept Test Focus Group Study

Objective: To use feedback from the focus group participants to identify which campaign concept and execution is most preferred, understood, and effective among the target audience, and to refine the campaign's messages and/or visual components prior to production.

Design: Three focus groups each, in Tegucigalpa and San Pedro Sula, of eight to ten participants per group were recruited from among the campaign target market. Recruitment criteria included: males only, married, with at least two children and reported to have completed or near completion of family size, and between the ages of 25-45. Participants were recruited from disparate locations to ensure that they did not know one another.

Setting: The focus groups were conducted at central locations in downtown Tegucigalpa and San Pedro Sula—recruitment was conducted by a professional market research firm and focus groups were observed by ACQUIRE staff.

Study participants: Men, aged 25-45, users from low and low-middle socioeconomic groups (C and D groups, i.e. users of public and NGO health facilities).

Interventions: Participants were asked to listen to several groups of mixed radio commercials, including vasectomy, and were asked to recall messages immediately after each mix of commercials (three commercials in each mix). Participants were also introduced to three different creative executions, including a 30-second radio spot and poster.

Main outcome measures: Degree to which each campaign effectively conveys intended knowledge about vasectomy and improves perception of the method; reactions to and preferences for each campaign.

Results: Each of the three creative concepts were well accepted and well understood by focus group participants. Among the six different focus groups, the permanent smile campaign was most often rated as the preferred campaign by the target audience. Minor recommendations were made regarding visual elements of the poster.

Conclusions: The permanent smile campaign was recommended for implementation.

Monitoring

In Honduras, health facilities currently consolidate their service statistics only annually for the MOH. Therefore, as in last fiscal year, in FY04/05 ACQUIRE staff has collected quarterly service statistics directly from ACQUIRE-supported sites through a parallel system. Because this represents extra work for the sites, and because ACQUIRE staff often lack the authority to demand this data, it has proven difficult to consistently obtain necessary service statistics. In addition, because the ACQUIRE field office does not have dedicated M&E staff, some of the medical and program officers, as well as consultants, have needed to visit, telephone, and fax ACQUIRE-supported sites to obtain the necessary data. During this fiscal year, ACQUIRE staff have conducted workshops in monitoring and supervision, and it is hoped that this will facilitate, to some extent, the data collection process.

Figure 30 shows that ACQUIRE added five new hospitals in FY04/05, increasing its total number of supported sites from 21 sites in January 2004 to 26 by June 2005.

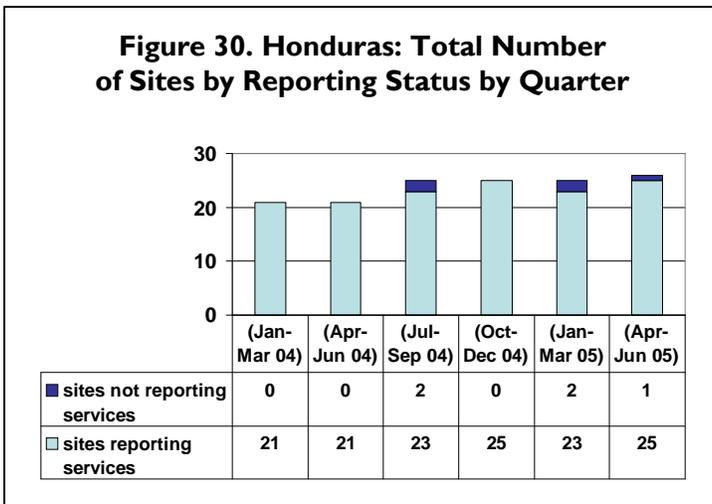
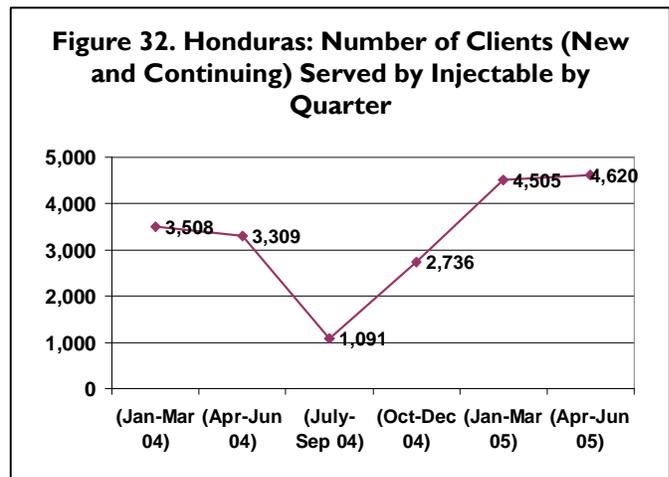
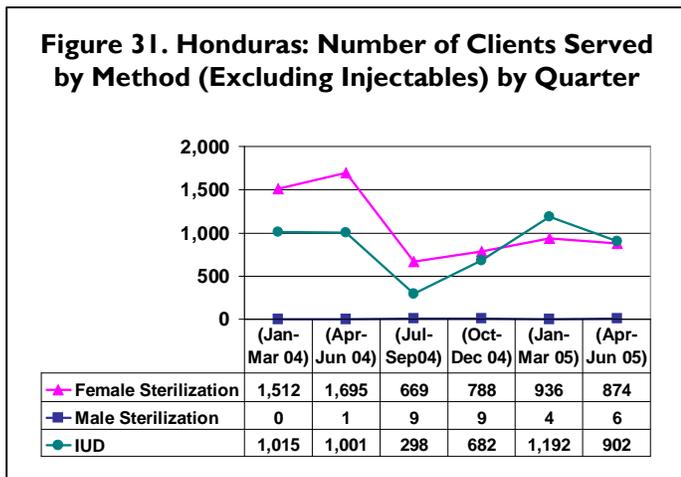


Figure 31 and Figure 32 show a temporary drop in all methods except male sterilization in July-September 2004, followed by an increase. The drop was caused by the combination of a restructuring of the Honduran public health system during this time (which affected both service delivery and data compilation/collection), as well as a major strike of doctors and nurses during this quarter (which seriously constrained service delivery). Female sterilization numbers did not rebound as strongly as the other methods due to absences among personnel trained in the minilap procedure (for example, trained providers moving to other hospitals, changing their shifts from morning to evening, provider leaves of absence, etc.).



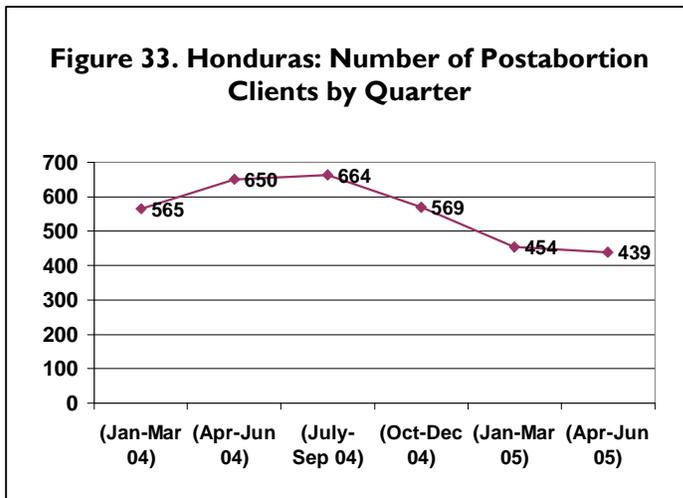


Figure 33 shows the number of postabortion care clients by quarter.

Table 11. Honduras Training Data FY 04/05

No. Events	Funding Source	No. Trained	Primary Topic	Additional Topic(s)
8	USAID/Field Support	147	Monitoring/supervision	
2	USAID/Field Support	6	Refresher training for trainers in interval IUD	
5	USAID/Field Support	154	New FP strategy	
2	USAID/Field Support	57	Contraceptive technology (all available methods)	
2	USAID/Field Support	80	Refresher training for nurses in provision of NSV	
1	USAID/Field Support	18	FP counseling	Informed choice
2	USAID/Field Support	31	Introduction of men's RH services	
2	USAID/Field Support	103	Training about NSV campaign	
1	USAID/Field Support	27	Male identities as related to health care	
1	USAID/Field Support	14	Minilap with local anesthesia	FP counseling and informed consent
2	USAID/Field Support	32	Strengthening SRH programs	
1	USAID/Field Support	25	Female sterilization data collection system	
1	USAID/Field Support	15	Family planning update	
30		709		

IV. MANAGEMENT

FY 04/05 was the first full year of implementation for ACQUIRE, and represented a period of rapid expansion for the project in both its field and global portfolio. The portfolio of country programs expanded from 6 in the first year to 15 in the second.

ACQUIRE's expanded portfolio was fueled by two major factors: the availability of PEPFAR funds and interest by USAID Missions in accessing partner capacities through the ACQUIRE mechanism as other cooperative agreements ended. In addition, the Office of Population and Reproductive Health selected ACQUIRE as the vehicle for implementing a partnership between USAID/W and Missions, bringing new resources to 5 countries to boost family planning programming using best practices through the MAQ (Ethiopia, Mali and Nigeria) and O/PRH (Uganda, Kenya) country partnerships. Finally, during this implementation period, ACQUIRE was awarded its first Associate Award for Azerbaijan.

ACQUIRE also held a staff and partner workshop in July 2004, to kick-off implementation following a successful start-up period and to begin discussions of ACQUIRE's eventual project legacy. The outcome was a proposed agenda of global project priorities which were refined during the year in close consultation with USAID/W. ACQUIRE's proposed legacy and "added value" as a global project is to leave behind a set of program models and lessons learned through their application on how to introduce, scale up and sustain a method and service mix that responds to unmet needs for family planning and reproductive health. ACQUIRE's new motto for communicating this legacy is "More methods and services to more people in more places."

The growth in ACQUIRE's portfolio resulted in challenges and issues from a management perspective and these are discussed briefly below:

- **Staffing** – as the portfolio grew, ACQUIRE's staffing pattern in the global office and in the field required adjustment. We needed to address the increased demands for M&E and documentation skills, for contracting and financial oversight funds passed through to partner organizations, as well as beef up our capacity to oversee expanded FP work and simultaneous demands through the country partnerships. ACQUIRE successfully recruited, oriented and integrated into the project team the following new staff: M&E Associate, Documentation Specialist, Program Associate for Grants and Budget coordination, and a Program Associate for Family Planning. In addition, we set up a new field office for Uganda to manage the new funding for the O/PRH funding and field support.

Against the backdrop of the staff expansion, ACQUIRE also experienced staff changes, all within the IR 2 Team for Improved Provider Performance. The team leader relocated to the Dominican Republic and it took several months to recruit and hire a replacement. The position was filled by September 26, 2005. While this was taking place, we worked with USAID/W to refine the IR 2 workplan and global priorities, shifting the focus from blended learning to strengthening capacity through training and supervision with a focus on the district level and below. In addition, the Senior Technical Advisor for Training departed ACQUIRE to work on CAPACITY.

We put this position on hold until we could hire the team leader and revisit the priorities. We expect to make a determination on the staffing needs by January 1, 2006, once the new IR 2 team leader spends the first few months reviewing strategic directions and staffing needs.

- **Partnership management** – During this implementation period, ACQUIRE received several streams of funding intended to go to one particular partner. The Partner Management Committee reviewed and updated ACQUIRE partnership agreement to reflect an expansion of roles and responsibilities for partners who were taking the lead on implementing and managing particular activities or country projects.

An ancillary issue for the partnership is the management of expectations regarding the following through of the partnership vision from the global level to the field. At the global level, ACQUIRE has an integrated project team where staff and partner roles and responsibilities function according to the expectations that were mutually agreed upon during the initial proposal and start-up. At the field level, the vision has been adapted based on the needs and requirements of USAID Missions. Despite this, ACQUIRE has successfully and substantively engaged all the partners in at least one or more field programs. Examples include (see country profiles for details):

ADRA: Azerbaijan

CARE: Bolivia, Mali

IntraHealth: Benin, Ethiopia, Kenya, Mali, and Rwanda

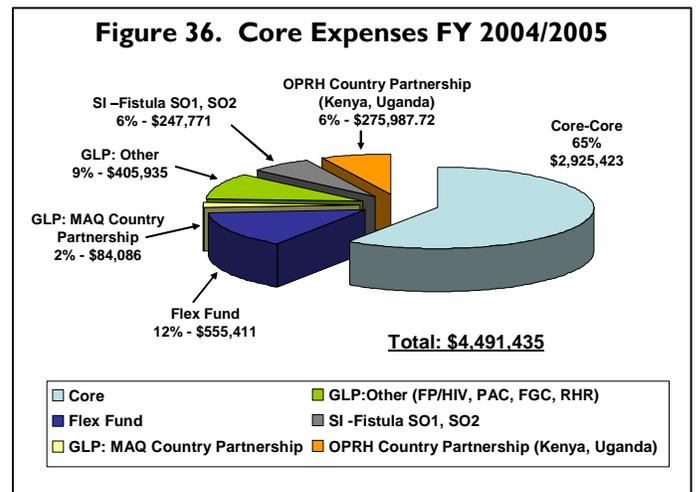
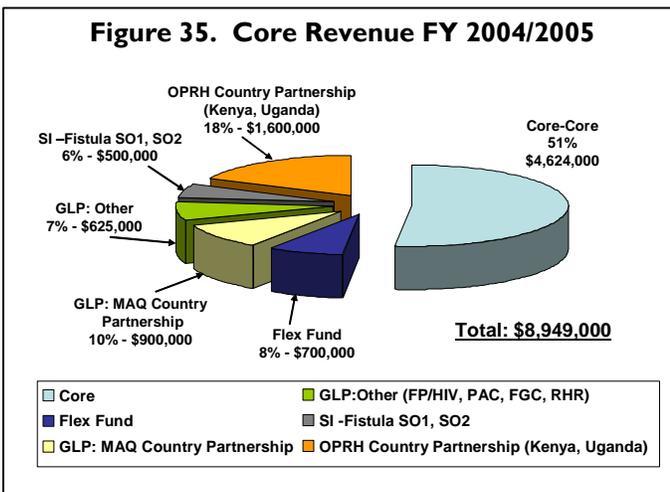
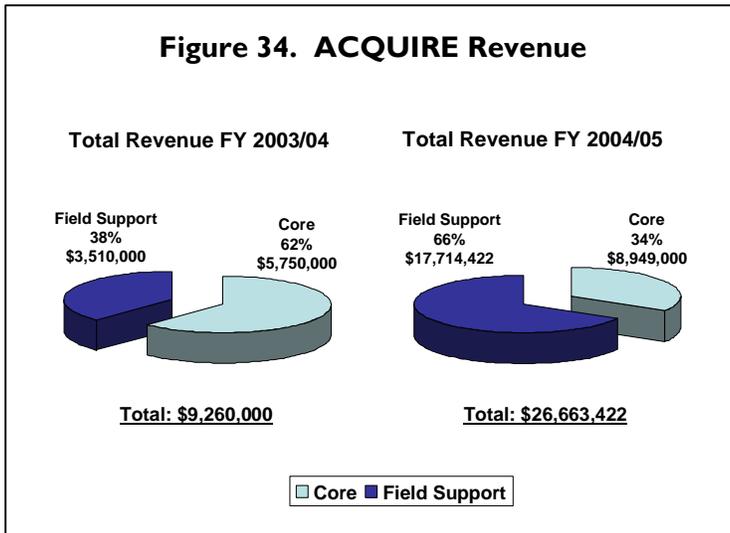
Meridian: Bangladesh, Honduras, Kenya, Tanzania, Uganda

SWAA International: Kenya

- **Pipeline management** – Over the course of the year, as activities and new sources of funds expanded, our monthly reporting of pipeline and expenditures became more and more complicated. It was difficult to analyze the pipeline given the new streams of funding, and the fact that some of these streams (the MAQ country partnerships) included funding for more than one period, and implementation was delayed pending mission approvals. We have since developed a format for pipeline reporting that helps us to track expenses and obligations across different sources, program contexts and partnerships.

V. FUNDING OVERVIEW

Figure 34 shows the total revenue for the ACQUIRE Project (\$35.9M) disaggregated by Core and Field Support in FY 2003/04 and FY 2004/05. **Figure 35** shows Core revenue for FY 2004/05. And **Figure 36** shows Core expenses for FY 2004/05. Although not shown in **Figure 34**, Field Support funding in FY 2004/05 (\$17.7M) includes significant obligations from PEPFAR (\$4.1M). This amount will reduce significantly in 2006 since the Rwanda PEPFAR funding will be channeled through another cooperative agreement. In addition, ACQUIRE received, as part of the Core funding, \$4.4M earmarked for Special Initiatives (Fistula), OPRH Country Partnerships (Kenya, Uganda), and Global Leadership Priorities (PAC, MAQ-IUD, Repositioning FP, HIV-FP Integration, RHR, FGC), and Ethiopia FlexFund. Most of this funding is for activities that cover more than one year.



**Figure 37. Field Support – Revenue/Expenses
FY2004/2005**

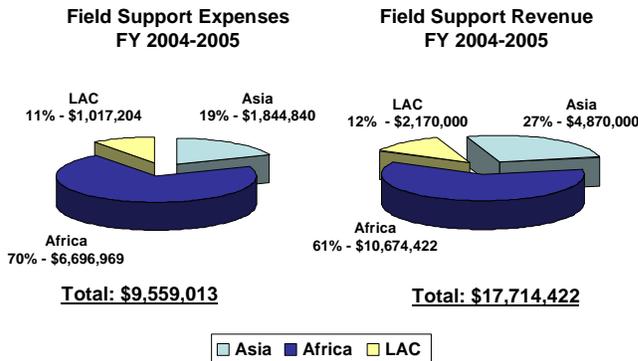


Figure 37 shows FY 2004/05 revenue and expenses for field support. By far, the largest amount of Field Support revenue received was for Africa. In Africa, over 40% of the total (\$10.6 M) was PEPFAR funding. In Asia, Bangladesh accounted for 66% of the total (\$4.8 M), although part of the funding was forward funding for the period July 1, 2005-June 30, 2006. Latin America, although trailing the other 2 regions, continued to receive significant funding, with Bolivia receiving 78% of the total (\$2.2 M). We expect the field support funding trend to continue with the exception of the PEPFAR funding which channel the Rwanda funding through another cooperative agreement.

Figure 38. Actual Core Funded Subaward to Date (10/1/2003- 6/30/2005)

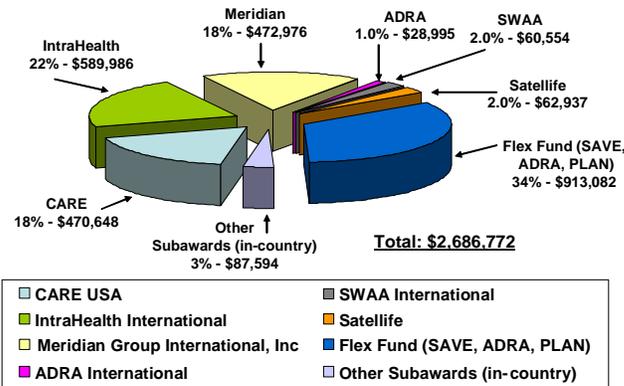


Figure 38 shows the subaward funding to partners to date. ACQUIRE has allocated the core funds as agreed in the initial agreement among the partners. CARE, IntraHealth and Meridian have received the higher amounts and together account for 91% (excluding the Flex Fund) as they have seconded full-time staff assigned to ACQUIRE. ADRA and SWAA, as Field Partners, received lesser amounts. Satellite, as a technical partner received funds exclusively for work in Bangladesh and Bolivia. The Ethiopia FlexFund (a pass-through account) accounted for 34% of the total core subaward amount. The funds were distributed among Save the Children, ADRA International, and PLAN International.

Figure 39. Actual Core Funded Subaward Expenses FY 2004/2005

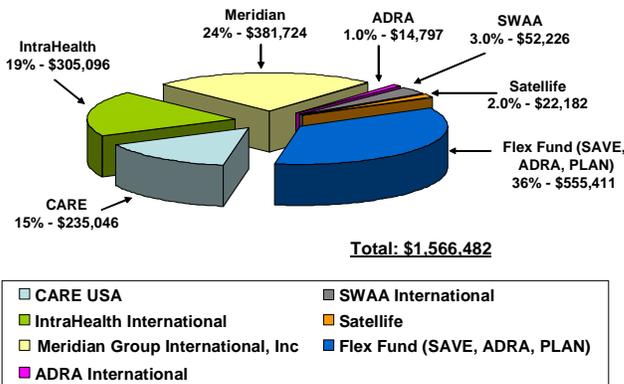


Figure 39 shows actual expenses incurred by the partners. Subaward expenses are significantly lower than the obligated amounts. This is only a reflection of financial time-lags and partner invoicing practices. The partners have all complied with the ACQUIRE agreement and are fulfilling their obligations.

V. MONITORING AND EVALUATION

ACQUIRE uses the results framework as its organizing principal and as a management tool. However, ACQUIRE found that the results framework did not show how results will be implemented (programmatic strategy). As a consequence, ACQUIRE developed leadership priority strategies with accompanying “so what” questions to show how the results are implemented, and to demonstrate the added value of core funds to programming. ACQUIRE is in the process of integrating the ACQUIRE results framework and program strategies (see Appendix 1) in the coming year’s revision of the performance management plan. Major accomplishments in monitoring and evaluation for this fiscal year are below.

Collaborating with MEASURE to implement four baseline surveys using proven tools and approaches and lessons learned. ACQUIRE is collaborating with MEASURE to conduct baseline and end line facility surveys in Bangladesh, Bolivia, Tanzania, Azerbaijan—ACQUIRE focus countries--using a quasi-experimental pre-test/post-test design. MEASURE provided technical assistance to ACQUIRE to develop tools, plan for the surveys and develop sampling frameworks. The purposes of the survey are to document changes in key project indicators that occur during the course of the project; and to assess the extent to which these trends can be attributed to the project (which speaks to the effectiveness of the project’s interventions). The survey instruments are based on a streamlined version of the Quick Investigation of Quality tools developed by MEASURE *Evaluation* for the AMKENI bilateral project in Kenya.

In Bangladesh, ACQUIRE collected data from a purposive sample of 121 facilities in four districts. A final report is under review, and the data was used in a performance needs assessment and work planning during the past fiscal year. In Tanzania, ACQUIRE collected data from a random, probabilistic sample of 335 sites in 10 regions. A preliminary report was written, and the data was presented at an ACQUIRE launch meeting and used to develop work plans. In Bolivia, ACQUIRE collected data from a random, probabilistic sample of 258 sites in 9 departments. The report is being drafted. In Azerbaijan, ACQUIRE collected data from a random sample of 184 facilities in 5 districts. The report is being drafted. As a result of this work, ACQUIRE will be able to determine project outcome in at least four countries by 2008. This work is pivotal in responding to a recent USAID/W evaluation that recommended that cooperating agencies develop more effective ways of evaluating their programs⁵⁴. In all cases, New York and field staff worked extremely closely to conduct the studies to facilitate learning and develop capacity among all team members.

Collaborating with SATELLIFE to pilot the use of handheld computers to implement routine monitoring and evaluation interventions. One of the ways to support the provision of good quality services is to ensure that data is accurate, timely, useful and shared. However, many of ACQUIRE’s collaborating institutions face barriers to good data collection and information dissemination that preclude them from working towards this goal. These include weaknesses in the telecommunications infrastructure, with the data collection process, and in the way information gets disseminated (e.g. problems with

⁵⁴ Assessment of M&E in projects Managed by the Bureau of Global Health, OPRH, August 2004.

printing, shipping and data transcription). As a means of addressing these barriers, ACQUIRE and SATELLIFE introduced PDA use – personal digital assistants (sometimes known as handheld computers) in Bangladesh and Bolivia.

In Bangladesh, SATELLIFE trained ACQUIRE field staff to develop supervisory checklists using specialized software on PDAs. Over the past year, ACQUIRE field staff took existing supervisory checklists, evaluated their content, redesigned them for the electronic format, and then installed the revised and reformatted versions on PDAs. As the project approaches the conclusion of the first phase, staff reports that the PDA improved the quality of the data collected and reduced the time it takes to process the data.

In Bolivia, SATELLIFE collaborated with ACQUIRE to implement a PDA pilot to collect survey data and conduct an evaluation of the pilot in a subset of the baseline sites. A total of 12 sites were included in the pilot, six of which will be sites where data was collected using PDAs and the remaining six of which was sites where data are collected by hand. ACQUIRE evaluated the pilot to determine whether or not PDA use is a more effective way of gathering survey data compared to standard means of data collection, even in low-resource settings. The preliminary report is in process. Results from this evaluation will be used to explore the possibility of expanding use of PDAs for other monitoring, evaluation and dissemination purposes with the goal of reducing time for data collection and increasing use of data for decision-making.

Providing monitoring and evaluation guidance to OPRH cooperating agencies. ACQUIRE is a member of the OPRH Monitoring and Evaluation (M&E) Steering Committee that chairs the M&E working group--a community of practice of M&E specialists in OPRH projects. The purpose of the group is to learn from each other, share experiences and collectively address common problems to strengthen the monitoring and evaluation of OPRH programs. During the past year, ACQUIRE attended four Washington-based meetings and contributed to the development of a vision and agenda for the working group, shared lessons learned in performance monitoring and results reporting, and identified training courses to build M&E capacity within cooperating agencies.

Developing capacity to monitor and evaluate. ACQUIRE has a core group of five M&E staff in New York who serve as a resource to and link for monitoring and evaluation specialists throughout the 17 ACQUIRE-supported country programs. ACQUIRE administers an evaluation and research standard operating procedure (E&R SOP) process to ensure that ethical principles and laws governing research on human subjects and informed consent are followed; that studies are well designed and conducted; and that ACQUIRE has a centralized repository of work to facilitate sharing and learning across the organization and within the FP/RH community. Over the past year, ACQUIRE M&E staff reviewed approximately 40 study proposals. As a result, informed consent and confidentiality of research subjects was well-protected and technically sound studies were conducted. ACQUIRE also hosted an M&E Training Workshop paid for through field support and private funds. Twenty-five M&E specialists from Asia, Africa, and the Americas attended the New York-based workshop. ACQUIRE brought in experts from the University of Connecticut, Columbia University, Family Health International, and Satellife to discuss qualitative and quantitative research methods and the use of software programs and handheld computers to facilitate data collection and analysis. M&E Specialists also shared lessons learned and key methodologies in their current work.

Appendix I: Results and Strategies

Table 12: ACQUIRE Leadership Priority Strategies

<p>Strategy 1: To expand contraceptive and service choice (MORE METHODS & SERVICES)</p> <ul style="list-style-type: none"> ▪ How to improve programming for FP, and in particular LAPM of family planning to enable programs to better respond to the unmet needs of delaying, limiting and spacing? ▪ How to increase and sustain a range of methods, including underutilized methods, to support an improved method mix? <p>Strategy 2: To increase the participation of clients, communities and providers (MORE PEOPLE)</p> <ul style="list-style-type: none"> ▪ How to effectively support use of FP/RH services among a broader population (i.e. men, young marrieds, HIV+ women and men)? ▪ How to effectively support facility staff in the provision of quality services to their clients and communities? <p>Strategy 3: To increase service delivery options (MORE PLACES)</p> <ul style="list-style-type: none"> ▪ How do we effectively increase the number and types of facilities providing services (scale-up)?

Table 13: ACQUIRE Results Framework

SO:	Reproductive Health and Voluntary Family Planning Services Supported and Advanced (with a Focus on Facility-Based Services)
IR 1	Increased Access to Quality Reproductive Health and Family Planning Services IR 1.1 Increased access to service delivery points that offer an appropriate range of methods and services IR 1.2 Services promoted among target populations ⁵⁵
IR 2	Improved Performance of Service Delivery Providers ⁵⁶ IR 2.1 Improved provider support systems IR 2.2 Improved provider-client interactions
IR 3	Strengthened Environment for RH/FP Service Delivery IR 3.1 Improved leadership and management for RH/FP service delivery IR 3.2 Supportive policies promoted for RH/FP services

⁵⁵ Includes clients served through outreach activities

⁵⁶ Includes family planning counselors and peer educators

Appendix 2: List of Citations

Journal Articles

Labrecque M, Pile J, Sokal D, et al. Vasectomy surgical techniques in South and South East Asia. *BMC Urology* 2005; 5:10. Full text available at: <http://www.biomedcentral.com/1471-2490/5/10>

Peacock D and Levack A. The Men as Partners Program in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health* 2004; 3:3.

Studies

Solo, et al. "Making the Case for Investing in Family Planning: Learning from success in Zambia, Malawi, and Ghana", "Ghana Case Study: Give them the power", "Malawi Case Study: Choice not Chance", and "Zambia Case Study: Ready for Change" (2005).

Strengthening Delivery of Permanent and Long-term Family Planning Methods in Bangladesh: Baseline Report (2004).

Strengthening the Fundamentals of Care for Family Planning Service Delivery in Bangladesh: Performance Improvement Needs Assessment Report (2004).

Assessment of Fistula Services (treatment and prevention) at selected hospitals and surrounding areas, (2004).

The AMKENI Project Kenya: The Story So Far: Practical Experience, Lessons Learned, and the Way Forward. May 2005.

Kenya National Youth Service Men as Partners Programme: Health Service Needs Assessment. February 2005.

Kenya IUD Research Project: Knowledge and Attitude Research for Communications Strategy Design. June 2005.

Kenya: Report on the Performance Needs Assessment on Revitalization of Family Planning and the IUCD. May 2005.

Men As Partners: A Diagnostic Study. Researched for the FRONTIERS in Reproductive Health Program of the Population Council, by the Community Agency For Social Enquiry.

Understanding Men's Low Utilization of HIV Voluntary Counseling and Testing (VCT) and Men's Role in Efforts to Prevent Mother-to-Child HIV Transmission (PMTCT) in Soweto, South Africa.

Report on the evaluation of the Men as Partners (MAP) Programme Implemented by HopeWorldwide In Soweto. Prepared for EngenderHealth by Vanessa Kruger, Project Evaluation and Research Service Trust, January 2005.

Performance Needs Assessment for HIV/AIDS Pre-service Training in Five Nursing Schools of Rwanda.

Kigoma Vasectomy Case Study.

Tanzania Baseline Study.

Performance Needs Assessment to Revitalize Family Planning in Mayuge District, Uganda.

Performance Needs Assessment for Child Health/IMCI Pre-service Training in Three Nursing Schools of Benin.

Integrating Family Planning Counseling and Services into HIV Care and Treatment Services in Ghana.

Improving the Use of Long-term and Permanent Methods of Contraception in Guinea: A Performance Needs Assessment.

Performance Needs Assessment on Revitalization of the IUD: Bamako, Mali.

Bolivia Baseline Study.

Honduras Vasectomy Promotion—Campaign Planning Focus Group Study.

Honduras Vasectomy Promotion—Campaign Creative Concept Test Focus Group Study.

Technical Guides/Updates

Vasectomy: Safe, Convenient, Effective—and Underutilized. MAQ Global Health Technical Brief, January 1, 2005.

Female Sterilization: The Most Popular Method of Modern Contraception. MAQ Global Health Technical Brief, January 1, 2005.

Client-Provider Interaction: Key to Successful Family Planning. MAQ Global Health Technical Brief, May 2005.

Contraceptive Technology Update: Longer Term and Permanent Contraception

Conference Presentations

Levent Cagatay. “Change and Diffusion of Innovations.” Repositioning Family Planning in West Africa, Accra, Ghana. February 15-18, 2005.

Levent Cagatay. “Male Involvement: A Practical Overview.” Repositioning Family Planning in West Africa, Accra, Ghana. February 15-18, 2005.

Roy Jacobstein and David Hubacher. “Choice Comes with Strings Attached: Fostering IUD Uptake.” Repositioning Family Planning in West Africa, Accra, Ghana. February 15-18, 2005.

Lisette C. Bernal Verbel. “Involving Men in Reproductive Health” Session at the Repositioning Family Planning MAQ Exchange Workshop, Kinshasa, Democratic Republic of the Congo. December 6-9, 2004.

Maj-Britt Dohlie. “Barriers to Access and Quality” Session at the Repositioning Family Planning MAQ Exchange Workshop, Kinshasa, Democratic Republic of the Congo. December 6-9, 2004.

Project Reports

The ACQUIRE Project: Progress Report for the quarter, October 1-December 31, 2004.

The ACQUIRE Project: Progress Report for the quarter, July 1-September 30, 2004.

The ACQUIRE Project: Review of Service Statistics for Field Programs, FY 2004/2005, Quarter 1: July 1 to September 30, 2004.