



CATALYST Consortium End-of-Project Report

December 2005



The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

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LIST OF ACRONYMS AND ABBREVIATIONS

ADAR	Asociación para el Desarrollo Amazónico Rural
ADRA	Adventist Development & Relief Agency International
ADS	Asociación Demográfica Salvadoreña
AED	Academy for Educational Development
AGROVIDA	Asociación de Promoción Agraria y Defensa de la Vida
AKHS	Aga Khan Health Services
AMK	Aama Milan Kendra
ANC	antenatal care
ANE	Asia-Near East
APHA	American Public Health Association
APROFAM	Asociación Pro-Bienestar de la Familia
APROPO	Apoyo a Programas en Población
ASPEFAM	Peruvian Association of Medical Schools and Faculties
ASPEFEEN	Peruvian Association of Nursing Schools and Faculties
ASPEFOBST	Peruvian Association of Midwifery Schools and Faculties
BASICS	Basic Support for Institutionalizing Child Survival project
BCC	behavior change communication
BTL	Boticas Torres de Limatambo
CA	Cooperating Agency
CAF	Choose a Future!
CAIA	Centro de Atención Integral para Adolescentes
CBD	community-based distribution
CDK	clean delivery kit
CEDPA	Centre for Development and Population Activities
CELSAM	Centro Latinoamericano de Salud y Mujer
CHW	community health worker
CIASE	Comunidad de Investigación y Asesoramiento Social y Económico
CMS	Commercial Market Strategies
CPR	contraceptive prevalence rate
CSI	Child Survival India
CSR	corporate social responsibility
CYP	couple-years of protection
D&C	dilation and curettage
DAMAC	Disponibilidad Asegurada de Métodos Anticonceptivos
DFID	Department for International Development
EC	European Community
EMM	Expanded Method Mix
EOC	emergency obstetric care
FEMAP	Federacion Mexicana de Asociaciones Privadas
FHI	Family Health International
FIGO	International Federation of Gynecology and Obstetrics
FLASOG	Federacion Latinoamericano de Sociedades de Obstetricia y Ginecología
FLE	family life education
FP	family planning
GBV	gender-based violence
GICES	Initiative Group for Superior Education Quality
GIS	Geographic Information System
IGWG	Interagency Gender Working Group
IBP	International Best Practices

ICDDR/B	International Centre for Diarrhoeal Disease Research, Bangladesh
IFPS	Innovations in Family Planning Services
INLACSA	Industrias de Lacteos de Salto SA
IPPF	International Planned Parenthood Federation
IR	intermediate result
ISOP	Integrated Standards of Practice
IUD	intrauterine device
JHU/CCP	Johns Hopkins University/Center for Communication Programs
JSI	John Snow, Inc.
KBPW	Kathmandu Business and Professional Women
LAC	Latin America-Caribbean
LHW	Lady Health Worker
MAQ	Maximizing Access and Quality
MCH	maternal and child health
MIS	management information system
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MOPW	Ministry of Population Welfare
MOU	memorandum of understanding
MSH	Management Sciences for Health
MVA	manual vacuum aspiration
NGO	nongovernmental organization
NRCS	Nepal Red Cross Society
NTAG	Nepali Technical Assistance Group
OBSI	optimal birth-spacing interval
P&G	Procter & Gamble
PAC	postabortion care
PAHO	Pan American Health Organization
PHN	Population, Health, and Nutrition
PROCOSI	Programa de Coordinación en Salud Integral
PSI	Population Services International
PVO	private voluntary organization
RACHA	Reproductive and Child Health Alliance
RH	reproductive health
RR	<i>ra'aidat rifiyat</i>
SECS	Society for Education on Contraception and Sexuality
SIF	Service Improvement Fund
SIFPSA	State Innovations in Family Planning Services Project Agency
STARH	Sustaining Technical Achievements in Reproductive Health/Family Planning
TA	technical assistance
TAG	Technical Advisory Group
TAHSEEN	Improving our Health by Planning our Families
TBA	traditional birth attendant
TFR	total fertility rate
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

VHSG	village health support group
VHW	village health worker
WHO	World Health Organization
WHR	Western Hemisphere Region

EXECUTIVE SUMMARY

CATALYST is a USAID-funded health project designed to lower maternal, infant, and child mortality by increasing the use of sustainable, good-quality family planning (FP) and reproductive health (RH) services, and healthy practices through clinical and nonclinical programs. Between 2000-05, CATALYST provided information, counseling, and/or services to 4.6 million clients in 15 countries, distributing 1.45 million couple-years of protection (CYP) and training nearly 30,000 health care providers. Implemented by the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International, and PROFAMILIA/Colombia, CATALYST:

- **Greatly increased the availability and use of services**, including to underserved groups such as youth, men, low-income women, postpartum women, and postabortion clients.
- **Measurably improved the quality** of RH/FP services, including through service integration.
- **Developed replicable models** for mobilizing communities to support routine and emergency postpartum care, postabortion care (PAC), optimal birth spacing, and prevention of gender-based violence (GBV).
- Developed lasting, **innovative corporate social responsibility (CSR) partnerships** that leveraged \$5.3 million for RH/FP efforts from the nongovernment (commercial and non-profit) and government sectors.
- Worked with national governments to **change critical RH/FP policies and guidelines**.
- Developed, tested, and achieved **significant scale-up** of health programs.
- Conducted **ground-breaking research** on birth spacing that will change how clients are counseled, how providers are trained, and how programs are designed.
- Began the consensus- and awareness-building work necessary to effectively **“reposition” FP** and birth spacing as high-priority, life-saving, health-promoting practices.

At the global level, CATALYST provided technical leadership, developing coalitions, creating consensus, developing model interventions, and contributing to the state-of-the-art. At the country level, it responded to local needs, selecting interventions from its technical portfolio that appropriately matched a country’s interests, resources, and level of development. At the same time, CATALYST shared lessons among country programs, replicating successful models, building consensus within regions, and facilitating “South-to-South” technical exchange.

The most important lessons CATALYST learned about working with communities, clients, clinics, and partners follow:

- Birth spacing is an effective bridge for repositioning FP. Government officials, community leaders, providers, and clients enthusiastically support optimal birth spacing once they are given research evidence about the potential benefits of spacing children three to five years apart. Birth-spacing messages are effective and can be adapted to community interests, needs, and culture.
- Community support and trust are essential, particularly when introducing potentially controversial issues (e.g., GBV, PAC, and female genital mutilation). Community trust can be furthered by (1) focusing first on introducing rapid, visible improvements to clinics; (2) obtaining the support of political and natural leaders (including female religious leaders); and (3) collaborating closely with nongovernmental organizations (NGOs).
- When training and supervision are provided on-site, providers learn how to apply their new skills and knowledge within the constraints of their work setting; this is critical for strengthening performance.

- Testing a model program through operations research is a useful way to involve a whole site and gain the support of facility authorities.
- Working in coordination with the Ministry of Health is always important if services and innovations are to be institutionalized, but it is particularly important when introducing potentially controversial programs such as PAC and RH/FP services for adolescents.
- The commercial sector is willing and eager to invest in RH/FP given win-win options.
- An integrated approach with multisectoral linkages empowers communities and individuals to seek RH/FP services and information.
- Community members are willing to pay for services if they are involved in decision making about those services.

As a result of the CATALYST project, women, men, and youth in 15 countries have discovered new options—to talk to each other and make decisions about the size and timing of their families, to obtain potentially life-saving care, to seek answers to difficult reproductive health questions, to consider delaying marriage for their daughters, and to take action to improve the health of their families and community. All sectors of society—parents, men, governments, community leaders, students, NGOs, providers, the commercial sector—have a better understanding of the constructive role they can play in building health services that respond to community needs and that are of the highest possible quality. They now offer visible support to their neighbors and constituencies, ensuring that potential clients know what they need to know to benefit from and access services. But CATALYST’s legacy extends beyond the results it has achieved in the field, because CATALYST has ensured that its results can be replicated: the innovative models it has developed, implemented, scaled-up, and documented may prove to be its most lasting legacy.

I. INTRODUCTION

CATALYST is a USAID-funded health project designed to lower maternal, infant, and child mortality by increasing the use of sustainable, good-quality family planning (FP) and reproductive health (RH) services, and healthy practices through clinical and nonclinical programs. Between 2000-05, CATALYST provided information, counseling, and/or services to 4.6 million clients in 15 countries, distributing 1.45 million couple-years of protection (CYP) and training tens of thousands of health care providers. Implemented by the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International, and PROFAMILIA/Colombia, CATALYST:

- **Greatly increased the availability and use of services**, including to underserved groups such as youth, men, low-income women, postpartum women, and postabortion clients. In Egypt, for example (CATALYST's largest country program), clinic caseloads in initial catchment communities more than doubled after just one year.
- **Measurably improved the quality** of RH/FP services, including through service integration.
- **Developed replicable models** for mobilizing communities to support routine and emergency postpartum care, postabortion care (PAC), optimal birth spacing, and prevention of gender-based violence (GBV).
- Developed lasting, **innovative corporate social responsibility (CSR) partnerships** that leveraged \$5.3 million for RH/FP efforts from the nongovernment (commercial and non-profit) and government sectors.
- Worked with national governments to **change critical RH/FP policies and guidelines**.
- Developed, tested, and achieved **significant scale-up** of health programs.
- Conducted **ground-breaking research** on birth spacing that will change how clients are counseled, how providers are trained, and how programs are designed.
- Began the consensus- and awareness-building work necessary to effectively **“reposition” FP** by emphasizing birth spacing as a high-priority, life-saving, health-promoting practice for mothers and newborns.

CATALYST operated at both the global and the country level. At the global level, it provided technical leadership, developing coalitions, creating consensus, developing model interventions, and contributing to the state of the art. At the country level, it responded to local needs, selecting interventions from its technical portfolio that appropriately matched a country's interests, resources, and level of development. In Egypt, for example, where nearly two-thirds of women contracept, CATALYST focused on improving service quality, increasing access to specialized services like postabortion and postpartum care, increasing awareness of new findings in RH/FP, and reaching the underserved. In Yemen, on the other hand, which has a much less developed RH/FP program, CATALYST focused more simply on renovating clinics and providing basic training to clinic staff. At the same time, CATALYST shared lessons among country programs, replicating successful models, building consensus within regions, and facilitating “South-to-South” technical exchange.

This report discusses CATALYST's impressive results in greater detail, and shares lessons learned by local partners and Consortium members over the life of the project. It is organized to demonstrate how CATALYST contributed to USAID's three Intermediate Results (IRs) below:

1. **Global leadership demonstrated in FP planning, advocacy, and services**. CATALYST's contributions to this IR primarily involved (a) synthesizing global best practices and lessons learned to create improved models of RH/FP service delivery; and (b) mobilizing the global and regional partnerships, commitments, and resources necessary to apply these improved models.

2. **Knowledge generated, organized, and disseminated in response to program needs.**
CATALYST’s contributions to this IR primarily involved (a) developing new, critically important information and knowledge for use by policymakers, program managers, providers, and clients at the global, regional, country, and local levels; (b) creating state-of-the-art tools to aid implementation of improved models of RH/FP service delivery; and (c) disseminating knowledge, tools, and best and promising practices to clients, providers, policymakers, donors, and program managers through the media, advocacy, conference presentations, workshops, networks, behavior change communication (BCC), training, peer-review articles, and other documentation.
3. **Support provided to the field to implement effective and sustainable FP programs.**
CATALYST’s contributions to this IR primarily involved (a) mobilizing the country-level partnerships, commitments, and resources necessary to apply improved models of RH/FP service delivery; (b) testing and scaling-up models that have both national and global applicability; and (c) improving capacity and systems so that programs can be sustained.

While defined separately here, the IRs are interrelated: new knowledge is used both in global advocacy and in field-level design; the global policies that result from new knowledge demand new tools and new field-level training; and field work generates innovative programs that inspire further research and that change the way donors program their investments. In this sense, CATALYST’s approach is both “top-down” and “bottom-up”:

At the global level, CATALYST devised program models based on a synthesis of best practices and lessons learned from around the world (IR1). The evidence and tools necessary to implement and adapt these models were generated for local use (IR2). CATALYST then assisted field programs to apply these models (IR3), documented the data to generate knowledge (IR2) and to advocate for model adoption elsewhere (IR1). But innovations can and frequently do begin at the field level (IR3), and if evidence (IR2) supports their replication, CATALYST can advocate at a global or regional level for their adoption (IR1).

In the report that follows, CATALYST’s activities and achievements are presented according to their respective IR; these are followed by a brief discussion of lessons learned. Evaluation results are presented in further detail in Annex 1.

II. GLOBAL LEADERSHIP

CATALYST contributed to global leadership (IR1) in six key areas, discussed in detail below:

1. Placing **optimal birth spacing** on the world agenda.
2. Developing model community components to **postabortion care** programs, and demonstrating how PAC services can be successfully scaled-up.
3. Demonstrating how RH/FP services can be successfully **integrated** on a large scale into clinical, nonclinical, and nonhealth programs to increase access, improve quality, and reposition FP.
4. Putting **postpartum care** on the international agenda, and developing a model for increasing community involvement in postpartum care.
5. Developing workable models for addressing **gender and youth needs** in RH/FP programs.
6. Showing through research and the development of successful models how the commercial and health sector can each benefit from increased **CSR**.

1. Optimal Birth-Spacing Initiative

Original research commissioned by CATALYST (included in IR2 below) made clear the inadequacy of existing birth-spacing guidelines. For years, donors, governments, and providers have advised women to wait at least two years between births if they want to minimize health risks. While a two-year interbirth

interval is associated with lower risk than shorter intervals, CATALYST's research found that an "optimal" birth-spacing interval (OBSI) of three to five years is associated with the healthiest outcomes for pregnancies, newborns, infants, children, and mothers. Women are as likely to want to space as to limit births, according to other research, yet less of the demand for spacing is being met, and few countries have established birth-spacing norms or policies. The desire to space is the main reason cited for FP demand by married women under the age of 30 (Jansen 2002).

To remedy this situation, CATALYST (1) created model programs to integrate the optimal birth-spacing recommendation into existing health and nonhealth programs; and (2) led a global effort to create consensus for its "three-to-five" year recommendation.

1.1. Create Model OBSI Programs

To develop model programs, CATALYST funded OBSI small grants in five countries: Bolivia (two grants), Cambodia, Nepal, Peru (two grants), and Romania. These small grants provided funding, support, and technical assistance (TA) to local nongovernmental organizations (NGOs) working to introduce the concept of optimal birth-spacing to women, men, youth, and hard-to-reach populations. CATALYST also introduced integrated OBSI programming into country programs in Egypt, Laos, and Pakistan. These efforts are described in greater detail by country under IR3 below.

1.2. Build Consensus for the Optimal Birth-Spacing Recommendation

To introduce the concept of optimal birth spacing, gain support for CATALYST's optimal birth-spacing recommendation, and generate interest in FP as a health-promoting activity critical to national and global development agendas, CATALYST worked with multilateral agencies, USAID missions, other Cooperating Agencies (CAs), pharmaceutical companies, researchers, and other influential agencies and individuals. A brief description of some of its consensus-building activities follows:

- CATALYST and researchers presented the findings of the above-referenced research (see also discussion of IR2 below) to a WHO review panel of 30 global experts and an international expert panel in Geneva in order to gain WHO's endorsement of the OBSI recommendation (conducting additional data analysis, when requested).
- CATALYST disseminated OBSI research findings among USAID CAs and international donors (e.g., PAHO and UNICEF) through a network of OBSI Champions. OBSI Champions were individuals or agencies identified by CATALYST as being strongly supportive of optimal birth spacing and willing to disseminate OBSI information, both internationally and in the field. CATALYST organized six Champions Meetings, first to identify Champions, then to facilitate the process of information sharing and action planning. Recent meetings were attended by 45 CAs, USAID-funded projects, and donor agencies. Champions' meetings led to collaborative OBSI activities between CATALYST and other CAs and donors, including publications by JHU/CCP and ORC Macro with JHPIEGO, and the distribution of an OBSI flyer to 660 UNICEF field offices worldwide.
- CATALYST held a Central American conference in Guatemala in 2003 and an Asia-Near East (ANE) conference in Egypt in 2004. The Central American regional conference was attended by more than 50 government and public health officials, NGOs, CAs, and donors from Costa Rica, El Salvador, Guatemala, and Panama. The objectives of the conference were to disseminate OBSI research findings; encourage policy-level analysis of research findings; and elicit the political commitment of the Central American health sector to institute OBSI guidelines and norms as a strategy to reduce maternal, infant, and child morbidity and mortality. As a result of this conference, the optimal birth-spacing recommendation was endorsed by the Ministries of Health (MOHs) of those four countries.

- CATALYST also created partnerships with pharmaceutical companies in support of OBSI. Companies funded the dissemination of OBSI research results and included OBSI messages in their publications and products. These partnerships not only leveraged resources (see discussion of CATALYST’s corporate sector work under IR2 and IR3 below), they also raised the profile of birth spacing, reinforcing the idea among providers and consumers that birth spacing is an important health-promotion practice.
- OBSI was also a major focus of the CATALYST-sponsored ANE conference, where 130 participants—MOH, NGO, USAID, university, and CA representatives from nearly 20 countries—heard evidence from researchers about OBSI, learned about OBSI-related focus group research with women from five countries, and considered an optimal birth-spacing case study. As a result of the conference, four NGOs submitted proposals for integrating OBSI into community-based health and nonhealth programs; CATALYST funded two of these proposals (in Nepal and Cambodia, see below). Pakistan ministry delegates also decided to support CATALYST’s OBSI program in Pakistan as a result of the conference.

1.3. Results: Evidence of Increased Government, Donor, and CA Support for OBSI

The combination of advocacy work, high-quality research, and successful field-level programs led to widespread policy changes, as well as increased interest in OBSI on the part of governments and USAID missions:

- Endorsement of the optimal birth-spacing recommendation by the MOHs of the four Central American countries (Costa Rica, El Salvador, Guatemala, and Panama) attending the CATALYST OBSI Conference in Guatemala.
- Endorsement of the OBSI recommendation by the First Lady of Bolivia, who asked that public and private sector agencies working in RH/FP adopt the recommendation.
- Incorporation of OBSI messages in Egypt’s Integrated Standards of Practices (ISOP), the Service Norms of the MOH in Guatemala, and the maternal and child health (MCH) strategy of 12 Regional Health Units in Peru.
- Approval by the Laos MOH to amend oral contraceptive package inserts to replace the former two-year guideline with the three-year OBSI recommendation.
- Incorporation of OBSI guidelines by Pakistan’s MOH and Ministry of Population Welfare (MOPW) into the national training curriculum for Lady Health Workers (LHWs).
- Provision of funds by the USAID Mission in Egypt for a qualitative study on OBSI.
- Provision of additional funds by the USAID Mission in Peru for the OBSI grant initiated by CATALYST with core funds.
- Contribution of funds by eight regional health units in Peru for CATALYST to conduct OBSI and RH/FP trainings. A total of 867 regional health unit staff were trained directly by CATALYST staff, and 1,363 staff were trained through cascade training.
- Integration of OBSI and FP into World Vision’s community-based health program in India, with CATALYST TA.

2. Postabortion Care

USAID’s conceptual framework for PAC delivery has three components: (1) emergency treatment; (2) provision of FP counseling, FP methods, and referral for STI/HIV services; and (3) community empowerment through community awareness and mobilization. CATALYST has developed, implemented, and scaled-up comprehensive programs for realizing this vision as follows:

2.1 Scaling-Up PAC Services

- Peru. CATALYST built upon Pathfinder’s DFID-funded PAC program in Peru, integrating PAC services into existing emergency obstetric care (EOC) services in 306 MOH hospitals and health centers in seven departments of the country (65 through direct training and 241 through cascade training). This integration permitted the operation and expansion of PAC services in a politically challenging environment. As part of this effort, CATALYST helped the MOH develop national PAC norms, which significantly aided scale-up.
- Bolivia. CATALYST/Peru transferred its program model to Bolivia, which implemented PAC activities in five of Bolivia’s nine administrative departments. After five years, PAC services had been introduced to 165 facilities (52 tertiary and secondary hospitals and 113 health centers), where 1,092 service providers, including physicians and nurses, were trained. As in Peru, CATALYST helped the MOH develop national PAC norms, which aided scale-up.

Egypt. CATALYST/Peru also transferred its program model to Egypt, which introduced comprehensive, integrated PAC services to 20 hospitals, a breakthrough in a country where abortion is highly stigmatized. Before this, Egypt’s only organized PAC-related activity was operations research in three hospitals. Within one year, the 12 hospitals for which service statistics are available had treated nearly 3,500 PAC clients. Of these, 2,290 had been counseled, 348 opted to obtain a contraceptive at the point of service, and 1,432 were referred to other facilities for FP counseling. Ninety percent of those referred actually went to those facilities for counseling.

Essential to scale-up in all three countries was (a) community PAC education and mobilization (see below) and (b) introduction of aspects of PAC—identification of danger signs of incomplete abortion and abortion-related complications, stabilization, and referral to a hospital—to facilities at the primary-care level.

2.2. Piloting and Scaling-Up Community Awareness and Mobilization in PAC

Although now considered a critical component of the PAC service model, community PAC is a fairly new concept. Few agencies have experience mobilizing or educating communities about postabortion danger signs, the need to immediately transport emergency postabortion clients to a health facility, and the FP options available to postabortion women and women who wish to avoid an unintended pregnancy that could lead to an unsafe abortion. CATALYST supported innovative community approaches in five countries: in Bolivia, Egypt, and Peru, CATALYST focused on community mobilization and awareness, while in Cambodia and Romania, CATALYST focused on linking community health services to PAC facilities:

- In Bolivia and Peru, CATALYST used a community-action process to work with NGOs, community leaders, and community members to help pilot communities define their PAC service needs and implement solutions. As part of this process, communities were encouraged to make the connection between FP use and unsafe abortion, and to identify barriers that exist in their community to seeking both PAC and FP. Activities focused on dealing with the stigma associated with PAC, recognizing postabortion danger signs, and creating support for the transport of PAC clients.
- Egypt adapted Peru’s community PAC program following a South-to-South exchange with PAC staff from Peru. While community programs in Bolivia and Peru were designed to demonstrate the feasibility of a *community-mobilization approach* to community PAC, the program in Egypt focused on *message dissemination*. CATALYST worked with a wide range of community leaders to deal with the PAC stigma and educate community members about danger signs and the need to make transportation available to women with urgent PAC needs. Community PAC was piloted in five communities in Egypt, and then quickly replicated to an additional 49 communities.
- In Cambodia and Romania, CATALYST funded grants to improve community-level referral for PAC and facility-level counter-referral for FP. In Cambodia, CATALYST worked with an NGO to train

traditional birth attendants (TBAs), traditional healers, and Village Health Support Groups (VHSGs)¹ at the district level to recognize the complications of unsafe abortion and refer clients to health facilities for PAC treatment and FP. In Romania, CATALYST learned that post-PAC clients would not welcome proposed FP home visits by community nurses. It shifted its program, then, to instead strengthen postabortion FP services at both hospitals and community-level facilities through (a) provider trainings (OB/GYNs, community nurses, and family physicians) on PAC and FP, and (b) mobilization of local authorities, community members, and leaders to reach women who might not otherwise access PAC or FP services.

2.3 Influencing Additional Countries to Adopt the PAC Service Model

CATALYST also used core funds to hold a PAC conference in Bolivia in 2002, which was attended by 110 participants from Bolivia, the Dominican Republic, Guatemala, Haiti, Nicaragua, and Peru. As a result, the Dominican Republic, Guatemala, and Nicaragua initiated PAC activities without external financial support. The Guatemala MOH incorporated CATALYST's PAC model into its norms and protocols (published in January 2003), expanding existing activities to a national scale, while the Dominican Republic and Nicaragua launched pilot PAC programs.

2.4 Results

With the above activities, CATALYST achieved the following notable results:

1. Scaled-up PAC services.
2. Piloted and scaled-up community PAC awareness and mobilization programs.
3. Influenced additional countries to introduce the PAC service model.

National scale-up was possible because CATALYST built on the ground-breaking work of Pathfinder in Peru, while the development, implementation, and replication of community PAC programs represent pioneering work.

3. Integration

The international community has long known the potential access, quality, and cost-effectiveness benefits of service integration. Integrated services offer clients the services they need when and where they want them: services thus become more client centered and more easily accessed, reducing the number of missed opportunities. Integration may also be critical to repositioning FP: the potential health benefits of FP and child spacing are more easily communicated and accepted when provided within an MCH context (e.g., through postpartum and postabortion care).

Integration takes place typically in one of the following areas: (1) health (e.g., HIV prevention and FP, FP and postpartum care); (2) facility-based (clinical) and nonfacility/community-based (nonclinical) health programs (e.g., PAC services and PAC referral by community health workers [CHWs]); and (3) health and nonhealth (social) programs (e.g., FP and microcredit training, FP and literacy programs).

CATALYST has applied many of these ideas to its country programs—for example, introducing OBSI messages to women's literacy programs in Nepal, working with an NGO to deliver birth-spacing information to male farmers in Peru, assisting NGOs to incorporate OBSI messages in their health and nonhealth programs in Pakistan, integrating RH messages into MCH programs in Laos and Romania, and ensuring that FP information, counseling, referrals, and/or commodities are immediately available to

¹ VHSGs are community health networks composed of community members recruited through the cooperation of the MOH and the local authority.

postpartum clients in Bolivia, Egypt, Laos, and Romania and to postabortion clients in Bolivia, Cambodia, Egypt, Nepal, Peru, and Romania.

CATALYST's most important contribution to integration (from the perspective of global leadership) is its work in Egypt, where it introduced and scaled-up a systematic, multilayered integration program that includes all four integration modalities, synthesizing the best of what the international community has learned about integration. TAHSEEN/CATALYST created unprecedented coalitions of government officials, policymakers, community leaders, health care professionals, CHWs, religious leaders, NGOs, businesses, media, interested citizens, women's groups, and others. As a result of TAHSEEN's sensitization, these allies became committed to sharing key messages with their constituencies, messages that were reinforced by TAHSEEN plays, puppet shows, video dramas, and print materials. As a result, a young woman might hear about optimal birth spacing from a CHW, in a play, and from her literacy instructor, while her husband might hear about it from his religious leader and an agricultural extension worker. When either of them, inspired by these messages and this evidence of community support, visited their local clinic, they found that it was renovated and inviting: they would be attracted by the murals painted by local students or the audio-visual equipment supplied by a corporate partner. They found their clinic staffed now by providers trained in providing integrated RH/FP services and motivated by supportive supervision and a performance-based incentive system. All sectors, in other words, worked together to create a climate where communities could take responsibility for their clinic and their health outcomes. This model was initially implemented in five rural communities and was later scaled-up to 68, covering a population of at least 2 million people.

4. Community-Based Postpartum Care

Two-thirds of infant mortality takes place within the first month of life, and two-thirds of these deaths occur within the first week, while 60% of maternal deaths occur from the onset of labor through the first week (Koblinsky 2005). Postpartum care can reduce mortality levels and promote wellness for both mothers and children; postpartum care also provides an outstanding opportunity to reach new mothers with important information about optimal birth spacing and contraception. Yet a CATALYST-sponsored literature review and a subsequent survey of 12 projects in eight Asia-Near East (ANE) countries (see IR2 below) revealed that postpartum care, and in particular, community-based postpartum care, is a low priority for policymakers, program managers, providers, and clients. Even when services exist, clients are unaware of them, or cannot access them, or do not feel the services are necessary. Work needs to be done to place postpartum care on both the international *and* the community agenda.

The postpartum work being implemented by the projects surveyed by CATALYST used a variety of models and relied on a variety of standards (e.g., for the number of postpartum visits) and indicators (e.g., timing of first postpartum checkup). Only one of the 12 projects reported using a postpartum FP-related indicator, suggesting that FP counseling during the postpartum period is not considered a priority. Work must also be done, then, to share best practices and to encourage the integration of FP provision in postpartum programs.

CATALYST has responded at the global level to the under-prioritization of postpartum care, the relative lack of tested community approaches, and the sometimes ad hoc nature of efforts by:

1. Identifying and implementing model community-level postpartum interventions that integrate postpartum care with FP information, counseling, and services.
2. Pioneering community mobilization and education approaches in support of postpartum care.
3. Organizing a network of USAID CAs and bilateral programs to share information and place postpartum care more prominently on the international agenda.

4.1 Identifying Integrated Models of Postpartum Care

CATALYST's work to identify existing models of community-based postpartum care is described above. In Egypt, CATALYST also pioneered a model of community-based postpartum care. Egypt's national postpartum program calls for six postpartum visits by nurses within the first 40 days postpartum. A shortage of clinic nurses, however, has meant that the average postpartum woman receives fewer than one such visit. In 2004, TAHSEEN secured an agreement with the Ministry of Health and Population (MOHP) allowing female outreach workers—*ra'aidat rifiyat* (RRs)—to supplement the care provided by community nurses, advising postpartum clients during home visits about self-care, newborn care, breastfeeding, OBSI, immunization, and postpartum FP methods, and referring women and infants to facilities, when necessary. RRs were already conducting home visits to discuss FP with women clients, so TAHSEEN developed a curriculum and trained 339 RRs (from both the public and NGO sector) to provide more comprehensive care. In just over six months, NGO RRs alone had referred more than 23,000 clients for antenatal or postpartum care.

As of June 2005, TAHSEEN's comprehensive postpartum care program, which included not just these home visits but also provider training and widespread community education, was operational in 11 districts, and had been adopted by districts in another governorate, independent of TAHSEEN. As a result, more postpartum women in project areas were examined within 40 days postpartum, up from 26% to 60%.

4.2 Pioneering Community Mobilization for Postpartum Care

In Egypt, CATALYST provided technical leadership in the integration of a community-mobilization component into the more common facility-based postpartum care model. Specifically, CATALYST worked with physicians, nurses, community outreach workers, religious leaders, literacy educators, agriculture and irrigation workers, media professionals, and youth to spread the word to women, families, and communities about the importance of routine postpartum care, the signs of a postpartum emergency, and the need to respond to emergencies with urgent action.

4.3 Placing Postpartum Care on the International Agenda

To provide technical updates on state-of-the-art community-based postpartum care and to advocate for the adoption of a more comprehensive, community-based approach, CATALYST led the organization of a Community-based Postpartum Care Meeting in Bangladesh in April 2005. Attended by 69 participants from 10 countries, this meeting launched a network of CAs and bilateral projects working in community-based postpartum care in the ANE region (MotherNewBorNet, the membership of which continues to grow). The network will support technical excellence and innovation, helping bilateral projects strengthen their programs and providing global projects with a means of learning from bilateral projects. As a first step in institutionalizing this network, a steering committee and bylaws have been established.

5. Empowerment

The ability of women and youth to access health services and adopt healthier behaviors is influenced by complex sociocultural factors, including restrictions on mobility, financial means, and decision making. To help women and youth expand their options, programs can help raise their profile, and hence their status, so they can act more successfully on their own behalf. To improve health outcomes for women, youth, and families, however, programs must also focus on those who influence or, in many cases, determine decision making, such as husbands, mothers-in-law, or parents. This can involve working to improve interspousal or intergenerational communication, or engaging the constructive involvement of these influential groups as “champions” for health. Country-level activities are described under IR3

below, but CATALYST also engaged in a number of global activities, and activities with potential global impact, to empower women and youth.

5.1 Implemented a Model Initiative to Address Gender-Based Violence Among Youth

A small-scale initiative funded by the Interagency Gender Working Group (IGWG) and implemented in Potosí and La Paz, Bolivia, successfully empowered youth to decrease the prevalence of GBV in their communities. To design this program, CATALYST adapted and expanded a CATALYST GBV program in Peru (which was itself an adaptation of a PAHO best practice). The Peru program was also community based but not specifically geared toward youth. As a result of the youth GBV-prevention program in Bolivia, the mayor of Potosí made a commitment to support any future GBV-related activities, and he included GBV prevention in his five-year municipal plan. Lessons learned by both the Peru and Bolivia GBV programs were incorporated in CATALYST's efforts to begin discussions about GBV with health providers in Egypt. Because the mission of the IGWG is to mainstream gender concerns throughout USAID, the lessons learned by this project have the potential to inform gender and youth programming worldwide.

5.2 Mainstreamed Gender into RH/FP Training and Educational Materials

The international community has long discussed “gender mainstreaming,” but few training materials offer practical advice on how trainees can adjust their behaviors to be more gender sensitive. CATALYST staff devised new trainings and revised existing trainings to ensure that materials appropriately sensitize providers and managers to their own attitudes, as well as the gender-based obstacles that inhibit women's use of FP and other health services.

Materials were developed not just for “professional” health providers. In Egypt, for example, CATALYST developed educational materials on gender for community leaders, CHWs, and community members. These materials addressed topics such as son preference, the need to keep girls in school, spousal communication, and the benefits to women and families of delayed marriage and delayed childbearing.

5.3 Involved Men as Champions to Support Their Partners' Birth-Spacing Options

Once birth spacing is understood to be a practice that supports the health of women and families, men can be encouraged to visibly support that practice. CATALYST worked with community leaders, including male religious leaders, agricultural extension workers, media leaders, and others in Egypt, Pakistan, and Romania, to enable them to encourage other men, as well as women, to adopt healthier practices. CATALYST also highlighted constructive male involvement by co-organizing the 2003 “Reaching Men to Improve Reproductive Health for All” Conference in Washington, D.C.

6. Sustainability, Partnerships, and Corporate Social Responsibility

Investments by corporations in health can benefit government- or NGO-managed health programs, the commercial sector itself and, ultimately, the consumer/client. CATALYST worked with the commercial sector to find ways to expand the availability of RH/FP services, information, and products—through cash and in-kind donations; establishment of worksite-based, employer-subsidized health services; and provision of new outlets for the distribution of RH/FP information and products.

Through its work with pharmaceutical companies and pharmacy chains, for example, CATALYST helped expand the method mix, trained private providers, made contraceptives available in remote areas, and

shifted users who could pay away from free public sector contraceptives. Pharmaceutical companies also provided major support for the global dissemination of OBSI research results. Such sponsorship enabled CATALYST to conduct sessions on OBSI at international scientific congresses, publish research on OBSI, and produce press releases, which resulted in feature articles on OBSI in the *Wall Street Journal*, *The Daily Press*, and other publications (see discussion of IR2 below).

Using core funds, CATALYST developed CSR partnerships in Bangladesh, Egypt, Guatemala, and Peru:

- In Bangladesh and Guatemala, CATALYST used core funds to expand employer-based RH/FP education, services, and products to low-income, low-literate factory workers.
- In Peru, CATALYST used core funds to identify potential corporate partners, recruit staff, and attract USAID matching funds; eventually the CSR program was exclusively funded by the Mission. CATALYST/Peru then partnered with BTL, one of Peru's largest pharmacy chains, to train pharmacists in RH/FP and to obtain contraceptive discounts in 86 pharmacy stores nationwide, also using core funds. These stores record 90,000 RH/FP transactions a month, expanding RH/FP services and shifting some RH/FP costs from the public sector.
- In Guatemala, CATALYST used core funds to form a CSR partnership between APROFAM (the local IPPF affiliate) and Guatevision to produce public service announcements on OBSI and the prevention of cervical cancer.
- In Egypt, CATALYST used core funds to train and provide TA to CATALYST/TAHSEEN staff and to make initial contacts with Egypt-based corporations. As a result of this assistance, TAHSEEN was able to use country funds to work with the commercial sector in Egypt to generate cash and material support for RH/FP programs. Because one of its objectives was increased community ownership of health services and outcomes, TAHSEEN stressed that no contribution was too small—from the local farmer who donated a sheep to keep the grass trimmed outside a rehabilitated clinic, to the large-scale contributions of multinational corporations:
 - Bristol Myers Squibb partnered with CATALYST to train private pharmacists in the management of hypertension during pregnancy and to provide drug and cash donations to public clinics in rural areas.
 - Multipharma supplied condoms to a TAHSEEN-affiliated NGO (Freedom) and to TAHSEEN clinics. It also conducted product orientations and health-awareness training to inform men about healthy RH/FP practices.
 - Procter & Gamble (P&G) disseminated messages regarding OBSI, delayed marriage, and delayed childbearing in health booklets distributed to 4.4 million girls; it also donated audiovisual supplies to TAHSEEN-supported clinics.

Investments such as these can be critical at a time of diminishing public resources, yet few governments have experience encouraging commercial-sector involvement. CATALYST's work developing win-win partnerships has changed the way in which governments, NGOs, and USAID view the potential of CSR:

- In Peru, government officials attending CSR events organized by CATALYST decided to adopt a CSR policy in Huancayo province, and the Peruvian MOH plans to require companies seeking government contracts to show evidence of a CSR program.
- CSR workshops organized by CATALYST in Bangladesh, India, and Peru led NGOs to adopt a CSR approach.
- CSR workshops and CATALYST work also influenced USAID to incorporate a CSR approach into bilateral programs in Bangladesh, Egypt, India, and Peru.

During the life of the project, CATALYST leveraged \$5,465,601 through 79 partnerships with the commercial, public, and NGO sectors and other donors.

III. KNOWLEDGE GENERATED, MANAGED, AND DISSEMINATED

The following CATALYST activities contributed to IR2 knowledge generated, managed and disseminated:

1. Optimal Birth Spacing

To generate, manage, and disseminate knowledge regarding OBSI, CATALYST:

- Demonstrated the association between birth intervals, and maternal, infant, and child morbidity and mortality.
- Identified perceptions about birth spacing to inform birth-spacing interventions, and generated a tool to guide future formative research on this topic.
- Identified lessons learned and challenges experienced by birth-spacing programs.
- Produced OBSI training tools.
- Disseminated research results at all levels.

1.1 Association Between Birth Intervals and Child and Mother Morbidity and Mortality

In consultation with USAID, UNICEF, and WHO, CATALYST generated scientific evidence indicating that interbirth intervals of three to five years reduces adverse health outcomes for mothers, infants, and children. This evidence was generated through systematic reviews of, and a meta-analyses of the data from, existing studies on the effects of interpregnancy, interbirth and interoutcome intervals on health and nutrition outcomes for pregnancies, infants, children, and mothers in industrialized and developing countries.

1.2 Perceptions about Birth Spacing

CATALYST conducted qualitative research in Bolivia, Egypt, India, Nepal, Pakistan, Peru, and Romania to illuminate the sociocultural context informing birth-spacing behaviors. Using focus group discussions with stakeholder groups, the research revealed multiple barriers to birth spacing. Results were used to inform BCC messages and provider training. To facilitate future formative research of this kind, CATALYST produced “The CATALYST Behavior Change Diagnostic Framework” and made it available on its website.

1.3 Programmatic Review of Birth-Spacing Programs

CATALYST funded and provided technical support to an important programmatic review of birth-spacing activities worldwide. As part of this effort, a methodology for performing programmatic reviews was developed and field tested in Guatemala. The review, which was published in 2005 in the *International Journal of Gynecology and Obstetrics* by W. H. Jansen, concluded that the desire to space births is the most prevalent reason for FP interest among married women aged 15-29 years.

1.4 Training Tools

CATALYST produced the OBSI Reference Guide for Trainers and a companion Participants’ Handbook to train trainers on optimal birth spacing, FP, training techniques, and counseling. The guide was used on a large scale in Pakistan and has been adapted to fit the needs of other OBSI programs. CATALYST has made the guide and handbook available to international and local NGOs, including ACCES, ADRA,

Advance Africa, AGROVIDA, DFID, Green Star, IDDR-B, JSI, KBPW, PSI, SECS, STARH, and World Vision, as well as the MOHs of several countries.

CATALYST also designed and produced the OBSI Pocket Guide, a user-friendly reference tool for lay persons and CHWs. CATALYST translated the Pocket Guide into Arabic, Bahasa, French, Hindi, Lao, Romanian, Spanish and Urdu, adapting the guide where necessary. CATALYST distributed 2,000 English-language copies of the Pocket Guide at the 2005 meeting on Repositioning Family Planning held in Ghana. Copies in other languages were distributed at conferences in the Dominican Republic and Romania, on a large scale in Indonesia, to the MOH and CATALYST partners in Laos, to World Vision community workers in India, and elsewhere.

1.5 Dissemination of Research Findings

CATALYST organized international conferences to disseminate OBSI research findings in Egypt, Guatemala, and Peru. OBSI results were also disseminated through presentations made by CATALYST staff or researchers at major conferences in Chile, the Dominican Republic, Germany, Indonesia, and Romania. (CATALYST's participation in the FIGO conference in Chile and the FLASOG conference in the Dominican Republic was sponsored by Wyeth Pharmaceuticals, while Schering sponsored CATALYST's involvement in its conference in Germany, which disseminated information about OBSI as well as private-public partnerships to senior sales and marketing staff from 54 countries.)

Five peer-reviewed journal articles on OBSI were published in the *International Journal of Gynecology and Obstetrics* with CATALYST technical support and funding brokered by CATALYST from Wyeth. The articles were published in the form of a supplement to the issue entitled "Birth Spacing: New Evidence on Newborn, Infant, Child and Maternal Health" (Volume 89, Supplement No.1, April 2005).

CATALYST was also successful in disseminating birth-spacing information to a broader audience through the mass media—for example, through articles in the *Wall Street Journal*, *The London Daily Mail*, and other magazines and newspapers in developing and industrialized countries. CELSAM, a Mexican NGO, sponsored a birth-spacing public relations campaign in conjunction with CATALYST that generated OBSI-related press coverage in 14 Latin American countries, reaching 5.5 million people and leveraging \$75,000 in public announcements.

2. Postabortion Care

CATALYST developed and disseminated information regarding state-of-the-art PAC, including innovative community approaches, by:

- Researching the needs of PAC clients.
- Developing tools for mobilizing communities in support of PAC.
- Disseminating state-of-the art information to CAs, international/local NGOs, and donors through the PAC Consortium Newsletter and website, and through professional conferences and journals.

2.1 Researching the Needs of PAC Clients

To assess the quality of PAC programs in Bolivia, CATALYST used core funds to conduct exit interviews with PAC clients. It learned that one-third of PAC clients had obtained the contraceptive method of their choice at the facility where they had received PAC services. It also learned that additional women had wanted to obtain a contraceptive before leaving the facility but could not either because they needed to discuss the matter with their partners or because the pharmacy at the facility was not open. Still others obtained a contraceptive at the facility but it was not their first choice. CATALYST worked with

the Population Council's FRONTIERS project to conduct operations research to investigate these barriers to free contraceptive use.

2.2 Developing Tools for PAC

CATALYST developed a guide that offers step-by-step instructions on how to mobilize communities in support of PAC, based on the model developed by CATALYST in Bolivia and replicated in Peru and Egypt. CATALYST made this guide available for inclusion in the USAID PAC Global Resource Package. The ACQUIRE project is currently using the guide to replicate the CATALYST model in Kenya.

CATALYST also used core funds to design a peer-review system for improving provider adherence to PAC protocols in Bolivia. Providers who were trained in both PAC service provision and use of a monitoring checklist were paired. They then took turns observing each other's performance (against the monitoring checklist) and sharing their observations. To test the efficacy of this peer review, a PAC expert conducted a "before and after" observation of selected providers. The expert concluded that peer review significantly improved nurse performance—by approximately 30% (the 6% improvement in physician performance was not statistically significant). The Population Council has since used the same approach in Guatemala.

2.3 Dissemination of State-of-the-Art Information

The PAC model described above (developed in Bolivia and replicated in Peru and Egypt) was presented at USAID's Postabortion Care Partners Meeting: Where We've Been, Where We Are, and Where We Are Going. CATALYST's experience scaling-up the model in those three countries was also presented at the Global Health Council annual meeting in June 2005 and will be presented in 2005 at the APHA conference.

CATALYST also increased the dissemination capacity of the PAC Consortium, a group of donors and agencies working to reduce the danger of unsafe abortion. Through the PAC Consortium, CATALYST disseminated information, models, and research related to USAID and consortium-member PAC programs. CATALYST published the first issue of the PAC Consortium Newsletter in March 2002; by the end of the project, CATALYST had published seven issues, which had been translated variously into Arabic, French, Portuguese, Russian, and Spanish, and also disseminated electronically.

In FY 2004-05, CATALYST conducted a readership evaluation of this newsletter. Seventy-nine respondents participated; of these, 57% were not closely affiliated with the PAC Consortium. Respondents rated various aspects of the newsletter (design, content, and overall quality) as *good to very good*. More than 80% found that the newsletter provided them with information they did not receive elsewhere. CATALYST launched the PAC Consortium website in April 2002. Between that time and June 2005, the website received nearly 160,000 successful requests.

3. Community-Based Postpartum Care

As noted above, CATALYST conducted a literature review of community-based postpartum care, which was understood to include self-care, counseling, and services. It reviewed more than 750 article abstracts from 1970-2004; 51 studies formed the basis of the report. The review identified three existing models: home visits by (1) professional providers; (2) trained community workers who provide education, support, and home care to mothers and newborns; and (3) trained community workers with referral or health facility support. The literature review concluded that most maternal and neonatal deaths occur at delivery or within the first 48 hours; mortality also continues to be high during the first week postpartum.

Because most of these deaths occur at home, immediate home-based postpartum care is needed. Unfortunately, as noted above, little is known about effective models for providing this care, and the care that does exist is little used. CATALYST complemented this study with a survey of the work of 12 CAs and bilateral projects implementing postpartum programs in eight ANE countries.

Marge Koblinsky, author of the literature review and ensuing report “Community-Based Postpartum Care: An Unmet Urgent Need,” presented her findings in 2004 at a CATALYST-sponsored meeting attended by CAs, USAID representatives, and program managers in Washington, D.C. Attendees demonstrated great interest in community-based postpartum care. CATALYST followed up by organizing the Community-Based Postpartum Care Meeting in Bangladesh in 2005. This meeting was attended by 69 participants from 10 countries. An important outcome of this meeting was MotherNewBorNet, a network of CAs working in community-based postpartum care, discussed above.

4. Empowerment

CATALYST created, revised, and disseminated a number of tools and best practices designed to assist providers and managers do their jobs in a way more sensitive to the specific needs of women, men, and youth. In particular, CATALYST:

1. Reviewed socialization processes and the impact of these processes on RH/FP outcomes.
2. Documented best practices that help empower youth, women, and men.
3. Developed tools to aid program managers to better train providers about gender and youth issues and to assess provider ability to use what they have learned.
4. Disseminated tools and information about constructive male involvement in RH/FP and gender-related best practices.

4.1 Researched Socialization and Disseminated the Results

CATALYST sponsored a study to explore the cultural, social, and family expectations of adolescent males in Bangladesh and the manner in which these expectations shape personal and social behaviors. CATALYST presented study findings, plus a guide to conducting formative research on gender socialization, in a CD-ROM. Study findings were also presented at:

- CATALYST’s ANE Conference “Scaling-Up for Success: Best Practices in FP and RH,” held in Cairo in March 2004.
- The Social Psychology Meeting Group held in Boston in April 2004.
- The Conference on Young People’s Sexual and Reproductive Health Needs in Asia: Progress, Achievements, and Way Forward, held in New Delhi in December 2004.

4.2 Documented Empowerment Best Practices

CATALYST documented two CEDPA youth programs with potential for widespread application: (1) the New Horizons and New Visions Programs for girls and boys, respectively, in Egypt; and (2) the Better Life Options Program for girls and boys in India. Both programs focus on transferring life skills and age-appropriate RH knowledge to young people through nonformal education. The Egypt program also aims to reduce the gender gap in primary education and to increase boys’ gender sensitivity, while the India program is delivered through vocational programs, schools, and intensive “training camps.” The case studies were disseminated at the CATALYST ANE Conference in 2004.

4.3 Created and Disseminated Tools

CATALYST developed an exit-interview tool for use in Pakistan and Nepal to evaluate the ability of trained providers to provide gender-sensitive PAC and OBSI services. CATALYST also used core funds

to create three training manuals: on gender (for providers), youth RH (for providers and program managers), and advocacy (for providers and program managers). CATALYST Consortium members PROFAMILIA and CEDPA combined their service delivery and training expertise to create the manuals, which were piloted in Colombia.

The youth manual is now available in both English and Spanish (in hard copy, on CD, and through the CATALYST website). The youth manual was also launched in Peru in February 2004 and used to train health providers NGO managers in Peru and Bolivia. Preliminary evaluation results show that trainees used the knowledge and skills gained through training to train providers and local authorities, as well as student networks and urban and rural communities. The youth manual was also used as a resource for a teenage pregnancy-prevention training coordinated and funded by PAHO and sponsored by First Lady of the Dominican Republic. The gender manual, meanwhile, was translated into Arabic and piloted in Egypt. CATALYST's program in Egypt also used the module on young married couples as a resource, incorporating some of its content into the MOH's draft ISOP.

4.4 Dissemination

In addition to the dissemination efforts noted above, CATALYST:

- Presented the Bolivia community-based GBV model at the Technical Advisory Group (TAG) meeting of the IGWG in May 2005. The TAG serves as the strategic planning and advisory body of the IGWG, ensuring that the IGWG addresses gender equity issues and needs. Its members are representatives of RH/FP CAs.
- Co-organized an international conference on constructive male involvement in RH/FP. It also sponsored nine participants to attend the conference from Egypt, India, Pakistan, and Peru.

5. Sustainability, Partnerships, and Corporate Social Responsibility

As noted above, CATALYST developed a wide variety of successful CSR partnerships. To document and further develop this work, CATALYST:

1. Conducted state-of-the art research on private sector-provided RH/FP services for employees.
2. Documented best practices for financially sustaining youth programs.
3. Developed tools for helping USAID and CAs work effectively with the commercial sector.
4. Disseminated research findings, CSR concepts, and sustainability models.

5.1 Research on Employer-Based RH/FP Services

To invest in health, businesses must have a convincing economic rationale, they must know that their bottom line will improve as a result of their investment. CATALYST found a lack of research on providing such a rationale to businesses in developing countries. In the absence of such a rationale, NGOs and donors, eager to reach the large numbers of young women employed in light manufacturing, often subsidize workplace services. Yet if on-site health services could reduce employee turnover and absenteeism, then the business could also see a benefit. In Bangladesh, CATALYST developed an RH/FP project and study with Health Solutions PDA, a local CSR consulting firm, to evaluate the return on investment of providing RH/FP services at a factory worksite. The results of the study are intended to help other businesses understand the potential benefits to their business of providing health services and products.

Six months after RH/FP services were initiated at the site, both management and employees reported that they very much appreciated the services and wished them to continue. Six hundred consultations had been provided to a workforce of just 500, mostly to young women. Fifteen percent of consultations concerned reproductive tract infections; one-third of consultations resulted in the provision of a FP method.

Preliminary results showed a decrease in both absenteeism and staff turnover between the first six months of 2004 and the first six months of 2005. Given these strong preliminary results, the factory has decided to continue providing services.

CATALYST also collaborated with Peru 2021 to survey employees of more than 40 major Peruvian companies to learn whether they thought employers should invest in employee health. A condensed version of the resulting paper was developed, translated, and distributed to companies worldwide. CATALYST also developed brochures for businesses on CSR, which it translated into Spanish and Arabic.

5.2 Documenting the Financial Sustainability of Youth Programs

CATALYST documented two financially sustainable youth programs: the PROFAMILIA Youth Center Program in Colombia and the FEMAP for a Healthy Youth Program in Mexico. The two models use different strategies for achieving financial sustainability:

- PROFAMILIA's youth center-based services for adolescents are funded in large part through discounted sales of services to youth.
- FEMAP, on the other hand, funds its community-based youth services through "productive initiatives" outside the adolescent program (e.g., the purchase of an ultrasound), the proceeds of which are exclusively earmarked for the adolescent program.

The case studies were widely disseminated on the CATALYST website and at the:

- ANE Conference in Egypt in March 2004.
- The Global Health Council Conference in June 2004.
- Sexual and Reproductive Health Peruvian and Latin American Congress in November 2004.
- SOTA meeting for USAID PHN officers in Florida in April 2005.

5.3 CSR Toolkit

CATALYST produced a toolkit for USAID and CAs entitled "21st Century Corporate Social Responsibility—Advancing Family Planning and Reproductive Health through CSR Strategic Partnerships." The toolkit describes how USAID and CAs can design "win-win," sustainable partnerships that leverage skills, resources, and health technology from the private sector. The toolkit is available through the CATALYST website and has been widely distributed within USAID (both at headquarters and to missions) as well as among CAs and NGOs, including Advance Africa, the Bangladesh Health Plan, the Ghana Ark Foundation, Health Frontiers, the India Bhonka Public Welfare Trust, the Nigerian Association for Reproductive and Family Health, Pathfinder, and World Vision.

5.4 Dissemination of CSR- and Sustainability-Related Research, Concepts, and Models

- CSR Workshops. To build NGO capacity to develop CSR partnerships, CATALYST: conducted a workshop in New Delhi, India, attended by 10 health NGOs (all receiving CATALYST grants in Uttar Pradesh) and 20 representatives of 14 companies and CSR NGOs, as well as USAID and MOH representatives; and conducted a workshop in Bangladesh in collaboration with the USAID-funded NGO Service Delivery Program, which was attended by 10 health NGOs and 10 companies, chambers of commerce, and donors. By organizing these workshops, CATALYST helped NGOs build CSR partnerships with the commercial sector and helped companies understand how RH/FP-related CSR could benefit their business. As a result of the workshop in India, the USAID Mission asked CATALYST to prepare a five-year CSR strategy for Uttar Pradesh. CATALYST also held a workshop in Colombia that brought together two dozen senior health NGO staff and government

health officials representing 10 Latin American countries to develop their ability to identify and initiate CSR partnerships. The CATALYST CSR program in Guatemala described above and below is an outcome of this conference.

- NGO Sustainability Workshop. CATALYST conducted an NGO workshop on sustainability in New Delhi, India, which was attended by representatives of 11 local NGOs. As a result of this workshop, two NGOs (CSI and PRAYTAN) were awarded small grants to implement cost-accounting systems. Further, CSI's cost-recovery level increased from 5% to 12% and PRAYTAN's increased from 5% to 17%, both within a year.
- Additional Workshops: USAID invited CATALYST to share its CSR models and results in Latin America with USAID staff at the 2005 Latin America-Caribbean (LAC) State-of-the-Art Workshop, where CATALYST highlighted results from its partnership with APROFAM (discussed below). CATALYST staff were also able to assist CATALYST/Peru to present its CSR activities at the 2003 conference of Peru 2021, one of Latin America's premier CSR NGOs. The conference was attended by more than 300 businesses. CATALYST attended the 2004 Peru 2021 conference, after which CATALYST/Peru held a two-day workshop in March 2005 for NGOs and the commercial sector. Participants included 43 representatives of 16 health-related NGOs and 28 representatives of 26 private companies, including Amanco, Banco Continental, Boticas BTL, Cementos Lima, Cooperativa Santo Domingo, Corporacion MISTI, Inka Farma, Kraft, Laboratorio Medico, and Unique.
- CSR Dissemination Partnership. CATALYST formed partnerships with the private and commercial sectors to generate and disseminate knowledge. As mentioned above, the IJGO Supplement on birth spacing was published with an unrestricted grant from Wyeth Pharmaceuticals. Wyeth also funded (1) the translation of the supplement into Spanish; (2) its distribution to the publisher Elsevier's Spanish-speaking subscribers; and (3) a CATALYST session on OBSI at the XVIII FLASOG Congress held in the Dominican Republic in May 2005.

6. Best Practices

Part of CATALYST's mandate was to identify or develop, and then implement, scale-up, document, and disseminate best practices. CATALYST did this by developing, implementing, and scaling-up the best practices described under IR1 above, and by documenting and sharing CATALYST best practices, and the best practices of Consortium members and partners. It used a variety of means to share its documentation and lessons, including through publications, presentations, workshops, the media, and the Internet.

6.1 Documenting Core-Funded Best Practices

CATALYST identified, implemented, and scaled-up best and promising practices in Bolivia, Cambodia, Egypt, Guatemala, India, Indonesia, Laos, Nepal, Pakistan, Peru, and Romania. CATALYST documented practices including community PAC, PAC scale-up, return on investment of employer-based services, integration of OBSI into health and nonhealth programs, scale-up of the TAHSEEN integrated model, GBV in Andean countries, pharmaceutical partnerships, employer-based services, and CATALYST's South-to-South approach. CATALYST also documented sustainable youth services, as discussed above, and the role of CATALYST Consortium member PROFAMILIA in health-sector reform in Colombia. CATALYST presented the latter case study at a forum on "Financing SRH Services in the Context of Health Sector Reform" organized by CATALYST in collaboration with Abt Associates/PHRPlus Project in Washington, DC, in July 2003. Representatives of 11 CAs and USAID attended this event.

6.2 Documenting Country Best Practices

In addition, CATALYST documented promising and best practices implemented by its largest country program—TAHSEEN in Egypt. These included OBSI, PAC, community-based postpartum care, integration, clinic management, supervision, incentives, the Service Improvement Fund (SIF), BCC, media, CSR, and youth programs.

6.3 Contributing to International Best Practice Forums

To disseminate CATALYST best practices and to learn from the best practices of others, CATALYST actively participated in the International Best Practices (IBP) consortium. CATALYST participated in and presented CATALYST best practices at the IBP meetings in Uganda and India, and supplied best-practice documents to the IBP website. CATALYST also sponsored participants from Jharkhand to attend the IBP Intra-Country Meeting held in Agra, India, in September 2003.

CATALYST was also a leading contributor to the Maximizing Access and Quality (MAQ) IUD subcommittee. It organized numerous meetings, shared strategies and tools (e.g., an IUD training module and a community-mobilization strategy), and contributed to the development of web-based training, BCC, and service delivery tools.

IV. SUPPORT TO THE FIELD

CATALYST provided support to field programs starting with Peru and Bolivia in 2001; it expanded its scope to Egypt and Pakistan in 2002, and India, Nepal, and Yemen in 2003. It also implemented activities in Bangladesh, Cambodia, the Dominican Republic, El Salvador, Guatemala, Indonesia, Laos, and Romania.

In this section, some global results are presented, followed by a summary of field activities.

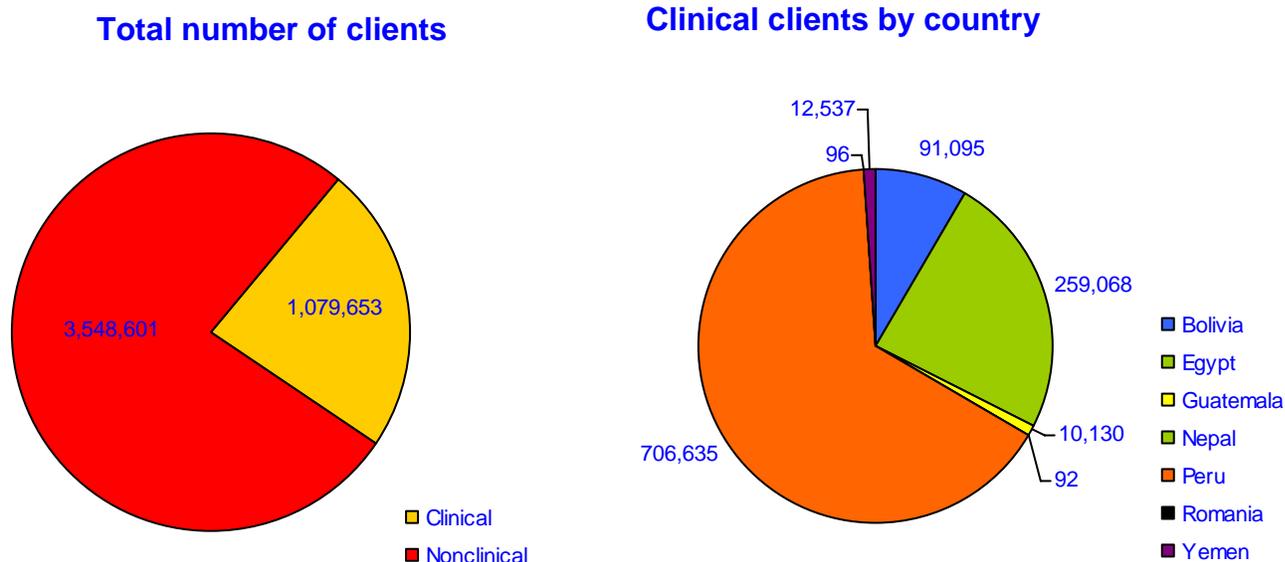
Combined Country Results

1. Clients served through service delivery sites initiated or improved with CATALYST's assistance

CATALYST's field programs provided services to 4.6 million clients.² Approximately 1.1 million clients obtained clinical services from physicians, nurses, or midwives in facilities or mobile clinics. Another 3.5 million clients obtained services through community-based distribution (CBD), pharmacists, or hotlines and/or emails to counseling centers. Of the 3.5 nonclinical clients, 3.3 million were CBD clients in India (see figure 1). These figures do not include clients who received home visits from CHWs such as Egypt's RRs, Pakistan's LHWs, Romania's community nurses, or the CHWs of Laos or Cambodia.

² Clients are individuals that obtained services through clinical and nonclinical programs. One individual may have obtained services more than once, so that in effect, what is measured here is the number of clinical/nonclinical consultations for services and/or counseling. CATALYST used existing systems to collect service statistics.

Figure 1 - Total Clients and Clinical Clients by Country



Of the 4.6 million clients, more than 4.4 million received FP/MCH services, while almost 60,000 obtained PAC services, about 52,000 obtained youth-friendly services, and about 71,000 were hotline callers in Peru and Egypt.

2. Referrals

During the life of the project, CATALYST tracked nearly 64,000 referrals in five countries (see table 1 below). This number, however, represents only a portion of referrals generated by CATALYST-supported programs. It does not, for example, include referrals made by community workers in Pakistan or India, referrals made by pharmacists in Peru or Egypt, or referrals made to PAC clients for other health services. It also does not include referrals from many participating clinics in Egypt.

Table 1 - Referrals by Type of Program and Country

	Time Frame	Type of Referral	CHWs	PAC	Youth	Total
Bolivia	2000-05	Referral of PAC clients for other health services	NA	21,204	NA	21,204
Cambodia	2004-05	Referral for PAC services, roughly one-third by TBAs, one-third by VHSGs, and one-third by community members	NA	163	NA	163
Egypt	2004-05	CHW referral of clients to public sector clinics; PAC referrals for clinic-based RH/FP services	40,644	1,461	NA	42,105
Peru	2002-03	Referral by NGO outreach workers for clinical services	NA	NA	411	411
Romania	2004-05	Referral by CHWs for PAC services	NA	96	NA	96
Total			40,644	22,924	411	63,979

3. Contraceptives sold/dispensed

CATALYST supported the distribution of at least 1.5 million CYPs. CYPs were only tracked by those programs for which contraceptive distribution was a major objective—i.e., Red Plan, APROPO MS Preven, and DAMAC activities in Peru; Egypt’s community-worker and PAC programs; and India’s CBD program. The majority of CYPs reported were distributed by CATALYST’s CBD program in India (which did not, however, track CYPs in 2004).

4. Providers trained

To improve the quality of services, CATALYST trained nearly 30,000 professional and community-based providers (doctors, nurses, midwives, TBAs, community outreach workers, and some pharmacists)³ in 11 countries on topics such as FP, OBSI, integration, and PAC (see table 2 below).⁴ This number does not include the thousands of community leaders, clinic board members, media, supervisors, youth, hotline operators, teachers, and others also trained by CATALYST.

Table 2 - Breakdown of Training of Providers by Content of Training and Country, 2000-05

	Boli- via	Cam- bodia	Egypt	Indo- nesia	India	Laos	Nepal	Paki- stan	Peru	Roma- nia	Ye- men	Total
EMM	NA	NA	NA	7,414	NA	NA	NA	NA	NA	NA	NA	7,414
RH/FP/MCH	NA	NA	NA	NA	NA	144	29	NA	3,617	61	253	4,104
Gender	NA	NA	NA	NA	NA	NA	165	NA	96	NA	NA	261
Infection Prevention	NA	NA	NA	NA	NA	NA	86	NA	NA	NA	NA	86
PAC/EOC	1,092	941	1,218	NA	NA	NA	12	NA	2,860	44	246	6,413
OBSI	NA	NA	NA	NA	1,894	82	NA	7,277	446	247	NA	9,946
Quality of Care	NA	NA	NA	NA	NA	NA	NA	NA	472	NA	NA	472
Service Integration	NA	NA	645	NA	NA	NA	NA	NA	NA	NA	NA	645
Ultrasound	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6	6
Total	1,092	941	1,863	7,414	1,894	226	292	7,277	7,491	352	505	29,347

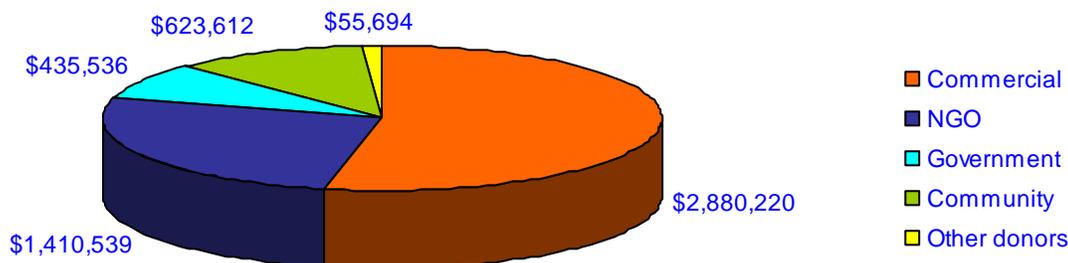
5. Non-USAID funds leveraged

Over the life of the project, CATALYST leveraged \$5.3 million in non-USAID funds. This amount includes cash and in-kind contributions from the commercial, NGO, and government sectors as well as from community residents and other donors. Government-sector contributions exclude MOH staff time at training sessions or when providing services; they also exclude commodities used in service provision. With the exception of Egypt, community contributions exclude the monetized value spent attending training and/or information-dissemination events. CATALYST partnerships with the commercial sector generated \$2.9 million through June 2005. USAID’s contribution to leverage these funds was \$1.2 million. The following figure breaks down contributions by sector.

³ The number includes pharmacists trained in Peru, but not the Ask-Consult members (2,835 pharmacists and 1,888 private physicians) in Egypt who were trained in RH/FP topics.

⁴ As some participants may have attended more than one training, it is slightly more accurate to say that CATALYST’s trainings reached nearly 30,000 participants.

Figure 2 - Funds Leveraged by Sector



6. Policies changed

Table 3 shows the RH/FP policies, procedures, and norms adopted or changed as a result of CATALYST interventions. (A more detailed discussion of individual countries’ efforts to effect these changes follows.)

Table 3 – RH/FP Policies, Procedures, and Norms Changed by Type and Country in FY 2004-05

Country	RH/FP Policies, Procedures, and Norms Changed
Bolivia	<ul style="list-style-type: none"> • GBV included in Potosi five-year municipal plan. • MOH developed national norms and protocols for PAC services. • MOH included PAC services in the Universal Maternal and Child Health Insurance plan. • Ministry of Youth and Sports developed national norms and protocols for adolescent health services.
Egypt	<ul style="list-style-type: none"> • Clinics (and not central MOH) now manages clinic revenue through SIF. • MOHP issued new Integrated Standards of Practice. • Modified incentive system for public sector clinic staff. • Integrated approach incorporated in preservice training package for MOHP physicians. • OBSI messages incorporated in MOHP Integrated Standards of Practice.
Guatemala	<ul style="list-style-type: none"> • OBSI incorporated into MOH service norms.
Indonesia	<ul style="list-style-type: none"> • MOH developed policy and strategy for expanding the method mix.
Laos	<ul style="list-style-type: none"> • MOH approved change to include three-year OBSI guideline in PSI oral contraceptive inserts.
Pakistan	<ul style="list-style-type: none"> • MOH and MOPW incorporated OBSI guidelines into national training curriculum for LHWs.
Peru	<ul style="list-style-type: none"> • Government drafted national bill to encourage CSR in companies bidding for government contracts. • Government legislated a Ayacucho regional government CSR policy. • Congress created an independent body responsible for evaluation and accreditation of universities. • First Compulsory National Medical Exam established. • Standards for midwifery curriculum developed and adopted by the Association of Midwifery Schools.

Individual Country Results from Field Support

The next section of the report presents individual country results.

1. Bolivia

The purpose of the CATALYST program in Bolivia was to support the MOH to implement and expand its PAC and adolescent programs. CATALYST scaled-up the PAC program in five of the country's nine departments and took the adolescent program to scale in all nine departments. It also supported the OBSI-related work of PROCOSI, an NGO network.

1.1 Postabortion Care

CATALYST supported the MOH to scale-up PAC/FP services from three facilities in two departments to 166 facilities in five departments and improve the quality of care provided to PAC clients in Beni, Cochabamba, La Paz, Oruro, and Santa Cruz. To do this, CATALYST conducted needs assessments at participating hospitals and trained providers in manual vacuum aspiration (MVA), infection prevention, counseling and support, and contraception. The project developed a supervision system that included tools to assess knowledge and skills acquired during training. A total of 41,485 PAC clients received PAC services between 2000-05: three-quarters were counseled, more than one-third chose to obtain FP, and half were referred for other RH/FP services. CATALYST also developed and initiated a PAC community-mobilization strategy that enabled community members to better access PAC and prevent unsafe abortions through use of FP.

As part of this work, CATALYST strengthened capacity at both the national and local levels. At the national level, CATALYST assisted partners to (a) include PAC services in the public sector's Universal Maternal and Child Health Insurance plan, which provides health services free of charge to women of reproductive age and children under the age of five; (b) develop National Norms and Protocols for PAC services; and (c) develop a national PAC training manual, including tools to assess clinical and counseling skills of providers. At the local level, PAC services were further institutionalized through the inclusion of PAC in (a) preservice training for university hospitals and (b) in-service training of other hospitals.

1.2 Youth

CATALYST worked with the Bolivia MOH and the Ministry of Youth and Sports to develop Bolivia's first National Program for Comprehensive Development of Adolescents and to improve and expand health services for young people. It supported the scale-up of youth-friendly services in primary, secondary, and tertiary care facilities, increasing the number of centers from 8 to 34, covering Bolivia's nine departments. To effect this scale-up, CATALYST trained 1,434 providers in youth-friendly counseling and clinical protocols; supported the MOH to develop adolescent-related standards of practice for its 2004-09 national program; and developed a management information system (MIS) to monitor adolescent service use.

CATALYST also encouraged youth in Bolivia to become peer educators, working with the MOH across the country (except in La Paz, where it worked with the NGOs SERVIR, CIASE, and CAIA to facilitate the participation of school-based youth). CATALYST worked with high schools to identify and train youth leaders in RH/FP and BCC so they could talk with peers at schools and health fairs. Youth groups were formed; their annual workplans were included in those of local health centers; they also conducted annual self-evaluations. A total of 991 peer educators were trained, and they informed at least 38,332 adolescents. Adolescent participation was reinforced through activities at adolescent centers.

In La Paz, CATALYST integrated HIV/AIDS-prevention activities into its peer-education program. Youth gave talks in high schools and disseminated messages, including through dramas presented at schools and in regional contests. A total of 128 teachers were trained and 3,491 adolescents were informed about HIV/AIDS prevention.

The IGWG funded a pilot initiative to address GBV among youth and in the community in La Paz and Potosí. Adolescents identified needs, and then developed action plans that involved local authorities and the community. In Potosí, 260 adolescents implemented eight action plans. In La Paz, 160 adolescents implemented eight action plans. Action plans included activities designed to raise awareness (e.g., mural painting, public-awareness fairs); enhance community safety (e.g., installation of safety lighting, remodeling of police stations); and improve GBV understanding in the community (e.g., training workshops, construction of an information center, enhancement of the Adolescent and Child Defense Agency). In support of this activity, CATALYST designed a GBV-prevention training module for providers of youth-friendly services. The module was used to provide online distance education to MOH providers in Beni, Cochabamba, La Paz, Potosí, Santa Cruz, and Sucre. The training reached nine trainers and 19 providers; trained trainers then conducted workshops for an additional 199 providers.

1.3 OBSI

In 2003-04, CATALYST supported PROCOSI—a network of 37 health NGOs in Bolivia—with core funds to carry out OBSI-related BCC and counseling in 137 rural municipalities in eight departments. Using a training module integrated into the MOH's maternal mortality reduction program, PROCOSI introduced OBSI to 196 clinic-based providers, then provided follow-up training so that providers could integrate the "three-to-five" message into services for pregnant and postpartum women. Additional trainings reached 386 more providers, for a total of 582.

With CATALYST support, PROCOSI influenced national, departmental, and local policy. OBSI was publicized by Bolivia's First Lady and emphasized in public health guidelines and technical manuals for the country's mother-and-child welfare program. Other international organizations, such as Save the Children USA and The Bill and Melinda Gates Foundation, used "three-to-five" project materials.

Evaluation results demonstrated that antenatal and postpartum women's knowledge of OBSI and the risks posed by short and long birth intervals increased significantly as a result of the antenatal and postpartum counseling sessions. The women surveyed also reported more interest in contraceptive use.

1.4 Sustainability

EngenderHealth will continue implementing the PAC activity, with IPAS providing MVA equipment. The public sector program will continue implementing its youth program. CATALYST has held discussions with the MOH, the Global Fund, UNICEF, and UNFPA to obtain funding to expand and continue providing TA to that program. The mayor of Potosí has committed to allocating funds for GBV prevention in Potosí's five-year municipal plan. Also, money has been allocated by the El Alto and Potosí municipalities to continue funding police stations established as a result of youth work in those communities. By training the providers of its 37 members and distributing OBSI materials to member clinics, PROCOSI built widespread support for OBSI. The First Lady asked public and private sector entities working in RH/FP to adopt OBSI recommendations in their programs, and the activity, including provider training, was incorporated into USAID's RH bilateral program.

2.Cambodia

The CATALYST Consortium supported two grants in Cambodia with the Reproductive and Child Health Alliance (RACHA), a local NGO: one for OBSI and one for PAC.

2.1 OBSI

The RACHA OBSI project sought to increase community awareness of the potential benefits of birth spacing and the health risks associated with short interbirth intervals. It used existing resources and information channels—VHSGs, TBAs, and satisfied male clients—to provide birth-spacing information to villagers through education sessions at health centers and elsewhere. To address a potential increase in demand for contraceptives, CATALYST collaborated with PSI to ensure that methods were available at participating clinics. Pre- and posttests conducted with providers demonstrated that CATALYST (1) increased provider knowledge of the optimal interval from 68% to 84%; and (2) increased provider knowledge about the potential benefits of OBSI to women’s health, from 54% to 74%.

2.2 PAC

Through its PAC grant, RACHA attempted to bridge the gap between communities and health facilities so that rural women could better access PAC. It:

- Raised awareness of postabortion danger signs and the availability of PAC services.
- Trained health center staff to provide FP counseling.
- Motivated community stakeholders and local health authorities to enable TBAs, monks, and traditional healers to refer clients to health facilities.

Results from baseline and endline surveys conducted with women, midwives, TBAs, and VHSGs demonstrated that CATALYST:

- Increased knowledge of PAC danger signs: The number of respondents who knew danger signs such as bleeding (TBAs, VHSGs), fever (TBAs, midwives, VHSGs), and lower abdominal pain/strong abdominal pain (TBAs, midwives, VHSGs) increased significantly while the number who answered “Other” or “Don’t know” decreased.
- Increased the number of TBAs who referred clients to health facilities (from 73% to 94%).
- Increased the number of midwives who reported coming in contact with PAC clients (from 80% to 91%). The percentage of midwives who referred PAC clients to higher-level facilities decreased after they received training on how to better manage PAC cases.
- Increased knowledge of various FP methods.

2.3 Sustainability

OBSI messages were incorporated in RACHA’s training materials, and RACHA will continue training FP providers. Both providers and community members are more knowledgeable about the seriousness and nature of postabortion emergencies, and better able to manage them, suggesting that PAC-related outcomes can be sustained.

3. Egypt

CATALYST/ TAHSEEN: a successful integrated model

USAID has been working with Egypt’s MOHP to help Egypt achieve replacement-level fertility by 2017. This partnership has contributed to a reduction in the total fertility rate (TFR) from 5.3 in 1980 to 3.2 in 2003, and to an increase in the contraceptive prevalence rate (CPR) from 24% in 1980 to 60% in 2003. In the fall of 2003, the CATALYST Consortium began implementing activities under the USAID

TAHSEEN Project (Tahseen Sehetna Bi Tanzeem Usretna, or Improving our Health by Planning our Families). TAHSEEN was designed to build upon the success of previous RH/FP programs, fill in service-delivery gaps, address remaining challenges, and increase the use of RH/FP services by underserved populations. The goal of this \$20 million project is to contribute to a further increase in CPR and as a result, to decrease the TFR.

TAHSEEN/CATALYST’s integrated model includes three main components: (1) improving the quality of RH/FP care; (2) mobilizing communities by involving all stakeholders; and (3) contributing to long-term sustainability. In its first phase, the project focused on five communities in one governorate. Over the next two years, it rapidly scaled-up to an additional 48 communities. A final 13 communities were added in 2005 for a total of 68. The project now works in five governorates, including three poor urban areas in Cairo. The catchment area of project clinics covers approximately 1.5 million people.

CATALYST tracked progress through service statistics, quality-of-care surveys, client exit interviews, and household surveys with married women in five communities. With regard to the household survey, a separate analysis was done of the responses of women under the age of 25 who were married and had one or two children. The data show increases in (1) the quality of care, (2) RH/FP knowledge, (3) the use of clinic services, and (4) the practice of healthy behaviors.

3.1 Improved Quality

CATALYST/TAHSEEN engaged in a number of activities to improve service quality: it worked with the MOH to create national integrated standards of practice; it developed curricula and trained hospital, clinic, community, and private providers in a range of integrated services; it trained supervisors in supportive supervision and trained whole clinic sites in quality improvement; it created a system to tie existing provider incentives to performance; and it revitalized clinic boards to assist with quality. The average quality score increased significantly in the 34 clinics for which pre- and postintervention quality data are available (see table 4). The extent of project integration is evident in the increased quality of antenatal and child-health services.

Table 4 - Improvements of Quality of Care (n = 34)

	Availability of integrated services	Equipment and drugs available	Work environment	Infection prevention	Quality of FP services	Quality of ANC services	Quality of child health services
Q3, 2004	64%	73%	27%	42%	40%	73%	70%
Q2, 2005	79%	99%	89%	87%	100%	92%	93%

Client exit interviews for these clinics also show improvements in the quality of care (see figure 3).

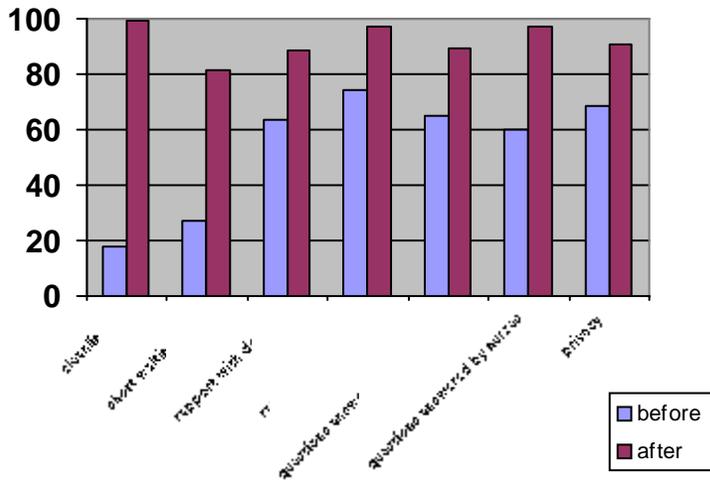


Figure 3 - Improvements of Quality of Care (client exit interviews)

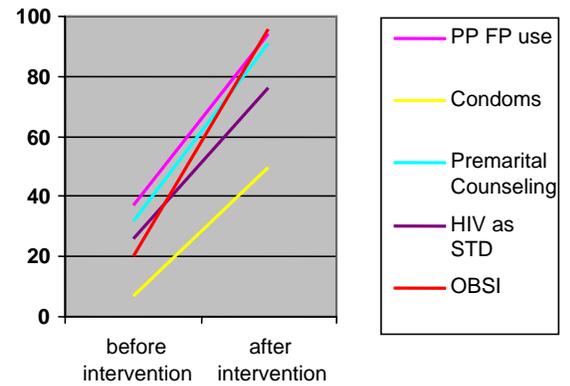


Figure 4 - Improvements in Women's Knowledge (household survey)

For example, CATALYST's PAC activities yielded quantifiable improvements to services (measured in terms of treatment with MVA, provision of counseling, and availability of FP methods and/or referrals). CATALYST introduced PAC using a two-phase approach. In the first phase, PAC experts from CATALYST/Peru traveled to Egypt to help CATALYST (a) define a feasible PAC strategy and (b) initiate PAC activities. In the second phase, PAC experts from Peru traveled to Egypt to transfer the integrated PAC model, which includes both community involvement and improvements in the quality of PAC services. More than 870 hospital-based PAC providers were trained in 20 hospitals. At 13 of 14 district hospitals (the hospitals for which service statistics are available) 3,423 PAC clients were served between July 2004 and June 2005. During the last month of this period, 70% of PAC clients were treated with MVA instead of D&C, and 86% received counseling, both up from 0%. Preliminary data from exit interviews conducted by the Population Council in six hospitals show that 77% of PAC clients received counseling on FP and 66% were referred to a FP clinic.

3.2 Increased Knowledge of RH/FP

TAHSEEN/CATALYST mobilized a wide variety of community leaders—including male and female religious leaders, agricultural extension workers, literacy teachers, high school students, university students, the media, and others. CATALYST educated these leaders about a variety of RH/FP topics and prepared them to mobilize and educate their communities to support clinics renovated by CATALYST, adopt optimal birth-spacing practices, understand their FP options, support routine postpartum care and prompt care for postpartum and postabortion emergencies, engage in interspousal or intergenerational dialogue about RH/FP issues, and ensure that girls continue their schooling and do not marry or give birth at too young an age. Youth were reached through a university-based peer education program, Egypt's first RH/FP hotline, and Shabab TAHSEEN Weeks, which introduced young people to RH/FP issues and community service. Men were reached through religious leaders, agricultural and irrigation extension workers, literacy instructors, the media, and other community leaders. Women were reached through providers, female religious leaders, women's groups, and other leaders. TAHSEEN supported interpersonal and mass media approaches with the production of BCC materials, plays, puppet shows, and video shows, all reinforcing key TAHSEEN messages. According to household surveys, women's knowledge increased substantially (see figure 4 above), as did the knowledge of community members participating in TAHSEEN activities (see table 5 below).

Table 5 - Increases in Community Knowledge, by Topic, BCC Medium, and Target Group

Topic	BCC Medium	Target Group	Pretest (%)	Posttest (%)
Newborn care	Community meetings	Men and women (n=6,838)	19	91
Postpartum danger signs	Community meetings	Men and women (n=6,838)	10	93
Postpartum FP options	Community meetings	Men and women (n=6,838)	35	92
Postpartum FP options	Dramas	Men and women in 1 Fayoum village (n=75)	0	65
Postpartum FP options	Dramas	Men & women in 3 Fayoum villages (n=150)	0	55
Postpartum FP options	Dramas	Men & women in 1 Minia village (n= 150)	23	79
Postpartum FP options	Dramas	Men & women in 3 Beni Suef villages (n= 150)	30	96
OBSI	Literacy classes	Men (n=541)	37	85
OBSI	Meetings w/ agricultural extension workers	Male farmers (n=1,605)	24	57

3.3. Increased Service Use

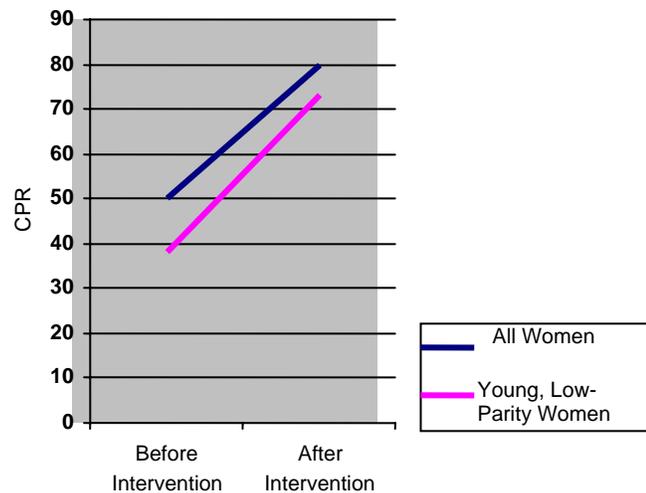
TAHSEEN recorded notable increases in service use as a result of the increased service quality and community knowledge noted above. Data for the first year of operations are available for the first five clinics; they show a 128% increase in caseload, a 105% increase in CYP distributed, and an 11% increase in the average number of antenatal care visits per pregnancy. After just three months, the “scale-up” clinics showed a 26% increase in caseload and a 29% increase in CYP distributed, compared with the same quarter the year before (Q2 2005 compared with Q2 2004).

This increase in clinic use was confirmed by household surveys. The percentage of women who reported that anyone in the household had visited a clinic during the past six months increased for all women (from 73% to 94%), including young, married, low-parity women (from 87% to 98%). The use of the clinic as a source of FP commodities increased from 47% to 81% for all contracepting married women and from 47% to 74% for young, married, low-parity contracepting women. More women were visited at home by RRs (from 35% to 94%), according to the household survey. Postpartum care in clinics (provided within 40 days) increased from 26% to 60%, in part due to RR referrals: between November 2004 and June 2005, NGO RRs alone referred more than 23,000 women for antenatal and postpartum services.

3.4 Increase in the Practice of Healthy Behaviors

The household survey showed that more women were discussing FP with their husbands (from 34% to 64% for all women and from 46% to 78% for young, married, low-parity women). The CPR also increased in both groups (see figure 5). More contracepting women were using the IUD (from 46% to 54%), suggesting that Egypt is better able to supply the large demand for this most popular method. No significant change was seen in the methods used by young, low-parity women.

Figure 5 - Increases in CPR, Egypt



3.5 Sustainability

As noted above, TAHSEEN was engaged in a number of sustainability-related initiatives, increasing MOH and governorate capacity, increasing NGO and private-sector involvement in providing RH/FP services and products, and developing community ownership of health facilities. Community members and leaders have new trust in their clinics and in their own ability to make change happen. CATALYST reactivated clinic boards in 55 communities, expanding community representation and including women as members. As a result of CATALYST's work, these boards now use SIFs to strengthen clinic operations and improve quality of care, and they are mobilizing community support for their clinics. For example:

- In Tayeba, factory owners agreed to pay a university to conduct follow-up training for clinic staff.
- In Sheikh Hassan, clinic board members donated their fees to the SIF, they are reaching out to pharmaceutical companies and businessmen for contributions, and they have organized a campaign for community drug donations.
- In Mansheat Faysal, the board has arranged for a car to reach out to neighboring hamlets. A local NGO and the village council arranged for trees to be planted in the clinic yard, and the board initiated an incentive system for outreach workers.
- In three communities, board members are soliciting cash donations for renovated clinics from every household. They are finding that households are happy to contribute as they now trust that the money will be well spent.

Clinic boards have become models of good governance. The Governor of Minia has instructed the education sector to adopt the CATALYST model. He has made 1 million Egyptian pounds available from his own budget, and has contributed 100,000 Egyptian pounds to clinic SIFs. The business community now trusts that the public sector will deal wisely with business contributions. The project has created avenues for those contributions, leveraging more than \$1.8 million from national and local businesses, and community leaders. Toshiba el Araby has adopted entire communities, while P&G sponsored a clinic in a poor urban area of Cairo, covering all its expenses, and donated TVs and VCRs for 15 clinics.

The project has received the support of key MOHP and USAID officials. In 2004, the Minister of Health and Population indicated that he would like TAHSEEN to implement its integrated model in more than

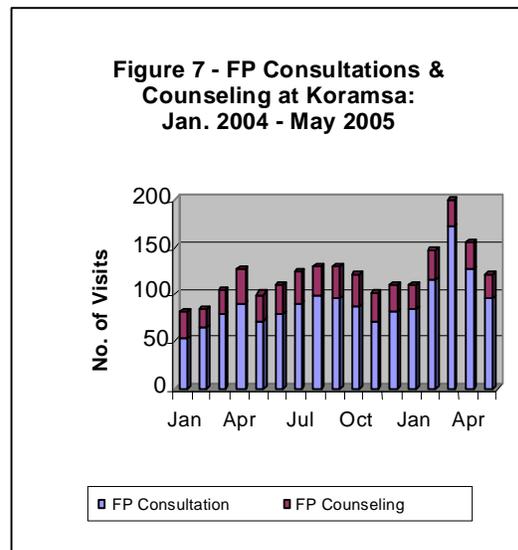
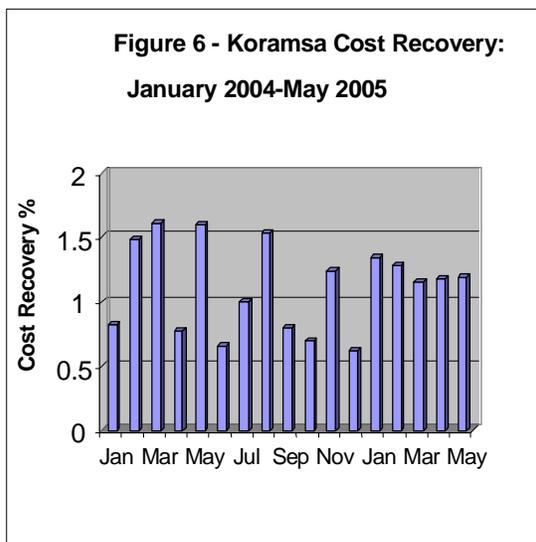
200 communities throughout Egypt. In 2005, the Director of USAID/Egypt remarked in a television interview that USAID missions around the world should adopt the TAHSEEN model. Most components of TAHSEEN’s program will continue with support from USAID and the Government of Egypt. The Governor of Aswan will implement the TAHSEEN PAC model in his governorate entirely with local funds; CATALYST provided only materials and an initial training for providers. The youth hotline will be supported by the private sector and the Egyptian Family Planning Association. TAHSEEN’s NGO program and CSR programs will also receive additional support from the private sector (P&G, BMS, Future Pharma, Multipharma, Wyeth, and local NGOs).

4. Guatemala

CATALYST demonstrated in Guatemala that with little investment, NGO-managed, employer-based services can reach hard-to-reach groups (such as low-wage, low-literate, female factory workers) with sustainable RH/FP services. With CATALYST assistance, APROFAM, Guatemala’s local IPPF affiliate, established clinics at two textile factories on the outskirts of Guatemala City: Koramsa and Estofel. Between January 2004 and June 2005, these clinics provided factory workers with more than 6,900 consultations—involving RH/FP services, information, counseling, method provision, and/or referrals (see figure 7).

4.1 On-site Clinic

Koramsa is the largest garment manufacturer in Guatemala. To serve its approximately 14,000 employees, Koramsa provided APROFAM with space to set up a small clinic with two consultation rooms and assumed the cost of physical infrastructure and basic services (electricity, water, etc.). APROFAM’s indirect costs were therefore quite low. In addition, Koramsa paid a fixed monthly fee as a contribution to the direct cost of providing services. Employees using APROFAM’s services covered half the cost of general consultations (counseling, FP, and gynecology) and all the cost of specialized services (pap smears and ultrasounds). As a result, the clinic quickly became financially sustainable. The clinic’s cumulative cost recovery through May 2005 was 123%; see figure 6 for cost recovery over time.



4.2 Mobile Clinics

CATALYST also helped APROFAM negotiate with additional companies to provide on-site services through mobile clinics, including BonMax, Colgate-Palmolive, Cementos Progresos, DeQuinsa, Guatexpress, INLACSA, Hotel InterContinental, Hotel Radisson, Jaqueline Carol, La Paneria, Metal Envases, Rotoplast, Tapametal, TermoPlastico, and Vivero Mil Flores. Within 18 months, mobile clinics had provided workers with 2,423 consultations (RH/FP counseling, method provision, pap smears, etc.).

4.3 Television Spots

Finally, CATALYST assisted APROFAM to negotiate partnerships with two cable television stations (Guatevision and Cablevision) to provide pap-smear and OBSI information to viewers. The Guatevision partnership leveraged \$38,526 through 60 free television spots that reached 550,000 viewers as well as discounts for additional media time. The Cablevision partnership leveraged 80 free television spots with a commercial value of \$5,333; these reached 60,000 households.

4.4 Sustainability

Employer-based services at Koramsa and Estofel will continue as the activity generates sufficient income to cover all direct and indirect costs and even generate a profit for APROFAM.

5. India

The State Innovations in FP Services Project Agency (SIFPSA) in Uttar Pradesh, India, is implementing the 10-year, \$325 million, USAID-funded Innovations in Family Planning Services (IFPS) project to reduce fertility and increase access to and improve the quality of RH/FP services. IFPS worked in 33 districts of Uttar Pradesh, covering a population of 83 million, as well as some districts in Jharkhand and Uttaranchal states, for a total population coverage of 110 million. CATALYST provided TA to SIFPSA between February 2003 to June 2005, as well as to World Vision in three districts of the state.

5.1 Community-Based FP, RH, and Child Health (RH/FP/CH) Service Delivery

CATALYST TA to SIFPSA helped it deliver RH/FP services through CBD agents affiliated with NGOs, dairy cooperatives, and the commercial sector. As a result:

- The CPR is significantly higher in areas where CATALYST-supported CBD is operational, compared with other project areas (30% and 22%, respectively).
- NGO CBD workers have provided contraceptives to more than 3.3 million clients between 2003-05. Of these clients, nearly 1.7 million are using condoms, 1 million are using oral contraceptives, and slightly fewer than 1 million are using IUDs (the IUDs were obtained through referral).
- Since March 2003, the number of trained CBD workers increased from 12,000 to 17,454.

5.2 Community Mobilization through Panchayat Members and Pradhans (Panchayat Leaders)

FP has a mixed history in Uttar Pradesh. To create an enabling environment at the community level for RH/FP service use, SIFPSA trains, mobilizes, and supports panchayat members (elected village officials) and panchayat leaders (also called pradhans, a minimum of one-third of whom are women). Following training, these leaders encourage community members to use CBD services, urge pregnant women to become registered, ensure transportation availability in the event of an obstetric emergency, and select TBAs for safe-delivery training. Anecdotal evidence suggests that they have accompanied clients to

services, motivated clients to attend project-sponsored educational dramas, and actively shared information. As part of this effort, CATALYST helped SIFPSA to:

- Develop a three-day training curriculum.
- Train more than 28,500 pradhans in 33 districts.
- Design a series of eight distance-learning booklets to reinforce training that were circulated to panchayats in three districts.

5.3 Adolescent Health and Family-Life Education Initiatives

To address early marriage and early childbearing, which are the norm in Uttar Pradesh, CATALYST provided TA to initiate and implement pilot adolescent health and family-life education (FLE) activities in two districts. Specifically, CATALYST assisted local partners to:

- Develop a state Adolescent Health and FLE Strategy in partnership with the State Department of Education. A training package for adolescents is being implemented by NGO partners and schools.
- Conduct a training-of-trainers workshop for program partners. In the Ballia district, 12 master trainers were trained; these trainers then trained 210 lead trainers (120 for out-of-school and 90 for in-school adolescents). In the Raibareilly district, seven master trainers were trained.
- Support adolescent health and FLE projects through NGOs operating in one periurban village and one slum area in Delhi.

5.4 TA in Jharkhand and Uttaranchal

The states of Jharkhand and Uttaranchal were recently created. As such, they lacked state-level policies and information necessary to conduct health sector planning. CATALYST provided TA to these state governments to help them generate the information they need to roll out an effective health system. CATALYST also strengthened the ability of these state governments to partner with NGOs and the private sector. Specifically, CATALYST:

- Developed a Health Geographic Information System (GIS) prototype that was approved by the Government of Jharkhand. It also field tested health survey data for the GIS in two districts.
- Created an NGO Directory for Jharkhand and Uttaranchal to help states identify appropriate local partners for their health activities.

5.5. Other Training and TA

In addition, CATALYST:

- Used Flexible Funds to help World Vision and its partner NGOs incorporate RH/FP into their existing child health programs.
- Trained master trainers in OBSI and distributed 6,000 copies of the Hindi OBSI Pocket Guide to community workers.
- Trained more than 2,000 public sector community workers in RH/FP.

5.5 Sustainability

CATALYST activities will be supported in future by (1) the Reproductive Child Health II project—funded by the Government of India (85%), the World Bank, DFID, and the European Community (with USAID funding for TA); and (2) the second phase of the USAID-funded IFPS 2 project.

6. Laos

In December 2003, CATALYST, World Vision, and PSI, in partnership with the Savannakhet Provincial Health Department, began an integrated, community-based program in 18 villages in two districts of

Savannakhet Province. The purpose of the program was to protect and improve the health of mothers and children, especially newborns, by improving MCH services and ensuring that FP services were available to MCH clients. The project focused not just on facility-based public sector providers, but an array of community providers, such as TBAs and village health workers (VHWs).

6.1 Adoption of Best Practices by Communities and Community-Based Providers

The project introduced an essential package of community-based MCH/FP education and services, including: (a) birth preparedness and EOC; (b) essential newborn care; (c) optimal birth spacing/FP; and (d) social marketing of pills, condoms, and branded clean-delivery kits (CDKs). With CATALYST TA, “Take Action” health cards for birth preparedness and newborn care were produced and distributed to TBAs and households; a three-year birth-spacing message was included in PSI’s product insert for “OK” oral contraceptives; and the CDK, designed with community and TBA participation, was launched.

6.2 Strengthening the Capacity of Facility- and Community-Based Health Care Providers

In support of improved MCH services and increased access to FP services, CATALYST and its partners:

- Trained 17 master trainers and provider trainers.
- Organized and designed a two-week training for 15 trainers and health managers to learn and observe MCH/FP best practices in Thailand.
- Upgraded health centers with equipment, supplies, and pharmaceuticals through the combined resources of CATALYST and World Vision.
- Trained clinic staff, pharmacists, TBAs, and VHWs in project interventions. For example, TBAs received CDKs and training on their use, while VHWs received oral contraceptives, condoms, and CDKs for their revolving-drug-fund medical kits.

6.3 Sustainability

Project partners held a national dissemination and strategic-planning workshop in June 2005 that was attended by Lao provincial and MOH officials, program staff, and district and community providers. It ended with the strong recommendation that the project be sustained. Interventions will continue with the support of the Government of Laos in collaboration with World Vision and PSI. PSI’s nationwide social marketing program will continue to distribute contraceptives together with other health products, and it will continue to include FP and OBSI messages in its television, radio, and other mass media activities. Given the strong acceptance of CDKs by TBAs and expectant mothers, PSI has also begun looking for resources with which to produce more CDKs. World Vision is beginning its Area Development Program in Laos and can integrate MCH/FP activities into its start-up program in Savannakhet. The Savannakhet Vice-Governor and Provincial Health Office are strongly interested in continuing MCH/FP project interventions in the two districts, and possibly expanding them to new districts. Finally, with the recent normalization of trade relations between the United States and Laos, it is possible that USAID will establish a bilateral program that could include interventions introduced by the project.

7. Nepal

CATALYST engaged in both OBSI and PAC activities in Nepal. Specifically, it integrated OBSI information into existing education programs for adolescent girls and microcredit programs for women, and upgraded the ability of some public sector facilities to provide PAC services.

7.1 Integrating OBSI into Educational and Empowerment Programs for Adolescent Girls

CATALYST worked with three partner NGOs—AMK, NRCS, and NTAG—to reach 10- to 19-year-old girls with messages and activities designed to improve their leadership, communication, and life-planning skills, while also improving their understanding of (1) the potential benefits of continued schooling, delayed marriage, delayed childbearing, and optimal birth spacing, and (2) the risks associated with HIV, sexually transmitted infections (STIs), and trafficking in girls. To reach in-school girls, CATALYST worked in 15 schools in the conflict-affected districts of Baglung, Mahottari, and Udayapur. Partner NGOs conducted project orientations with district and village stakeholders—public sector officials, schools, and other NGOs involved in health or education—as well as with parents. CATALYST then conducted a 10-day Master Trainers’ course for field supervisors, female teachers, and NGO district managers using CEDPA’s Choose A Future! (CAF!) manual (200 copies of which were printed in Nepali and distributed by the NGOs). Implementing partner trainers then organized trainings for groups in the schools of their respective districts. CATALYST formed 96 groups of girls from grades 8, 9, and 10. A total of 1,843 girls participated every day for two hours after school, discussing CAF materials, which included sessions on optimal birth spacing and trafficking in girls. Girls also toured health facilities.

To reach out-of-school girls, CATALYST helped form 45 Class Management Committees. These committees, which included representatives of disadvantaged and marginalized groups, created girls’ groups, motivated parents, and monitored nonformal education classes. Nonformal education centers were formed to reach 27 groups of out-of-school girls with literacy training, using World Education’s nine-month “Lalima” package, which addressed RH/FP, OBSI, GBV, parenthood, legal rights, planning for the future, and other life skills. A total of 1,155 girls participated in this program. When girls completed the program, CATALYST encouraged them to re-enter the formal education system, linking them, when possible, to scholarships available for disadvantaged or low-caste girls.

CATALYST formed 15 village-level RH/FP coordination committees, consisting of public sector and NGO decision makers. Their role was to problem solve, ensure smooth management of RH/FP services at the local level, maximize health resources, and prevent duplication of efforts. Local committees received technical support from a national-level coordination committee. CATALYST also organized community activities during local and national festivals to disseminate messages about RH/FP, prevention of HIV/AIDS and STIs, and trafficking of girls. CATALYST distributed posters and pamphlets during events, which featured song competitions, street dramas, magic shows, quiz competitions, and rallies.

7.2 Integrating OBSI into Microcredit and Empowerment Activities for Women

The Kathmandu Business and Professional Women (KBPW) received a one-year grant to incorporate OBSI training and education into existing microcredit, literacy, and empowerment activities in rural areas. KBPW trained 300 people to disseminate birth-spacing and FP messages; trainees then provided counseling to nearly 2,000 women (almost three-quarters of the female population in that catchment area).

7.3 PAC

A CATALYST PAC grant enabled two primary health care centers to upgrade to serve as PAC service sites; it also enabled the expansion of PAC services to another district hospital. In addition, a gender component was incorporated into PAC training. As part of this activity, CATALYST trained 316 providers on comprehensive FP counseling, infection prevention, gender, and use of an MIS.

7.4 Results

CATALYST tested the RH/FP knowledge of in-school girls in 10 of the 15 schools prior to the intervention and after one year. It found statistically significant improvements in their general knowledge of ways to prevent unwanted pregnancies, as well as their understanding of specific FP methods. Their knowledge of the optimal birth-spacing interval increased from 0% to 52%; a similar increase was noted

in knowledge of breastfeeding as a FP method. Girls demonstrated a better understanding of when they should marry, how to respond to parental requests that they marry at a very young age, the potential benefits of OBSI to maternal health, and which providers should attend deliveries.

KBPW conducted a household survey in those wards in which KBPW was active. Women were much more knowledgeable of specific FP methods: knowledge of injectables rose from 45% to 93%, knowledge of oral contraceptives rose from 38% to 95%, knowledge of condoms rose from 13% to 85%, and knowledge of IUDs rose from 13% to 84%. Knowledge of the optimal birth-spacing interval rose from 6% to 69%, with knowledge of the potential risks to infant and maternal mortality of short birth intervals rising from 10% to 63% and 14% to 80%, respectively.

7.5 Sustainability

CATALYST's work with adolescent girls will be supported by ACCESS, USAID's new project. KBPW will continue disseminating the OBSI messages that are now included in their training materials. PAC activities have been handed over to health facilities, which will continue providing services.

8. Pakistan

In Pakistan, CATALYST worked with the MOH and the Ministry of Population Welfare (MOPW) to raise provider and community awareness of the potential benefits of birth spacing in 10 districts of four Pakistani provinces. Initiated in March 2004, the program had three main components: outreach-worker training, awareness raising and BCC, and partnership with NGOs to reach special populations. In addition, CATALYST awarded subgrants to the Aga Khan Health Services (AKHS) to conduct training and raise awareness about OBSI in the Northern Areas, and to the Population Association of Pakistan in support of an international conference on RH and FP.

8.1.1 Training Outreach Workers

In collaboration with the MOH, MOPW, and several national NGOs, CATALYST trained more than 7,000 LHWs, male mobilizers, nurses, medical officers, trainers, and supervisors in OBSI. About 70% of trainees were from the public sector. To accomplish this, CATALYST first conducted a training needs assessment, and then developed an OBSI Reference Guide for Trainers in English, combining international research with a local perspective. Materials were reviewed and approved by experts in both ministries, and translated into Urdu and Sindhi. In developing these materials, the Government of Pakistan and CATALYST agreed on a core message of waiting "at least three years" between births, rather than the usual recommendation of "between three to five years," to avoid confusion at the field level.

This was followed by an orientation workshop for a core group of trainers. At three workshops in Islamabad, 61 national master trainers learned the scientific basis of OBSI and upgraded their FP, counseling, and training skills. While most master trainers are MOH employees, some were from NGOs, Greenstar Social Marketing, and the USAID-funded Maternal and Newborn Health Project. As a result of training, the average knowledge of master trainers increased from 63% to 80%. Master trainers then trained 390 district-level trainers and supervisors in 10 districts, who in turn trained thousands of LHWs and male mobilizers in OBSI, counseling, and FP. CATALYST envisions that trained LHWs and male mobilizers will reach 1.4 million people with birth-spacing information and referrals.

CATALYST assessed the effect of cascade trainings through pre- and posttests. Average knowledge scores of 4,136 LHWs increased from 65% to 81%. CATALYST staff, who monitored trainings, reported that acceptance of the OBSI message by service providers exceeded expectations because the

recommendation is consistent with the Quran's teachings that women should breastfeed their children for two years. Service providers also prefer the message of better health for mothers and children to the government's former recommendation that families limit the number of children. Both print and electronic media have also reported favorably on the messages.

8.1 6.2. Improving Community Knowledge of Birth Spacing

CATALYST subcontracted BCC activities to Spectrum Communications, an international advertising firm. Based on qualitative data on the knowledge, attitudes, and behaviors of providers and the community. Spectrum developed several themes and messages, including artwork, which it tested in project areas using focus group discussions. As part of this effort, the project developed a logo, counseling cards, posters, billboards, brochures, bumper stickers, giveaway items, and radio spots, which were broadcast from April-September 2005 in four local dialects. CATALYST expects that 1.8 million people will be reached with birth-spacing messages through this BCC effort.

8.2 6.3. NGO Collaboration

CATALYST worked with 14 local NGOs in Pakistan to conduct awareness-raising events for groups that might not be reached through public sector health outreach, such as men, youth, and community leaders. NGOs conducted more than 40 such events, reaching 4,263 community members. One NGO held a "March for OBSI," which received national press coverage. CATALYST also worked with NGOs to create a cadre of "male champions" to spread the word to other men about optimal birth spacing. To implement this activity, CATALYST trained 19 master trainers and 333 NGO trainers from the 14 NGOs in OBSI and awareness raising. It also trained NGOs in budget development and financial record-keeping.

8.3 6.4. Aga Khan Health Services

AKHS is the largest provider of health services in the conservative, conflict-affected Northern Areas. The AKHS program integrated OBSI into AKHS' existing health curriculum. Twelve master trainers were trained; they in turn trained 1,303 outreach workers to counsel clients on OBSI during routine clinic and outreach activities. Between December 2004 and August 2005, Aga Khan outreach workers conducted 547 education sessions, reaching approximately 70,000 people with birth-spacing and FP information.

8.4 6.5. Sustainability

The MOH has indicated that it intends to replicate the OBSI program in other districts.

7. Peru

CATALYST's Peru program, implemented in seven regions of the country, consists of the following components: (1) PAC, (2) accreditation and recertification, (3) improving health conditions in the seven coca-growing regions in Peru, (4) contraceptive security and CSR, (5) OBSI, (6) youth, and (7) GBV.

8.5 7.1. PAC

CATALYST's work integrating PAC services into existing EOC services in 306 MOH hospitals and health centers in Peru, as well as its work piloting a community-action process to mobilize communities around PAC, is described under IRs 1 and 2 above. Results of a follow-up assessment indicate that 638 facilities had improved their ability to provide EOC services, including PAC. A participatory assessment of pilot PAC-related community-mobilization activities with 373 community members (primarily women and adolescents) in 11 urban, periurban, and rural communities showed that participants in each community had developed an action plan to address adolescent pregnancy, GBV, and abortion-related complications. Community leaders, such as municipal leaders, health providers, and teachers, attended action-planning sessions and offered their support with implementation. For example, providers offered to carry out health education sessions, and municipalities offered to host those sessions in their buildings.

8.6 7.2. Accreditation and Recertification

CATALYST worked with the Government of Peru and eight key Peruvian partners to build the foundation for (1) an accreditation system for medical schools and public sector facilities and (2) a certification and re-certification system for medical professionals. Partners included ASPEFAM (Peruvian Association of Medical Schools and Faculties), ASPEFEEN (Peruvian Association of Nursing Schools and Faculties), ASPEFOBST (Peruvian Association of Midwifery Schools and Faculties),

Colegio Medico del Peru (Medical Association), Colegio de Enfermeros del Peru (Nursing Association), Colegio de Obstetricas del Peru (Midwifery Association), Peruvian Commission on the Accreditation of Medical Schools (CAFME), and Initiative Group for Superior Education Quality (GICES). As a result:

- Nineteen of Peru's 28 medical schools will be accredited, an additional five schools are undergoing improvement, and four will eventually be closed because they do not meet quality standards.
- A National Medical Exam was designed, tested, and established as a compulsory mechanism for gauging the quality of medical education; it is now operational in 18 schools in 13 cities.
- One-third of Peru's physicians have upgraded their competencies.
- National standards have been established for nursing and midwifery schools. A competence profile and basic curriculum were developed for 25 midwifery schools, and 48 nursing schools have completed their self-evaluations and are ready for external evaluations by peers.
- A re-licensing system is in place for 43,333 nurses, and a professional-development system has been institutionalized for Peru's 20,200 professional midwives.

7.3 Improving Health Conditions in Seven Coca-Growing Regions of Peru

To improve health in project areas, CATALYST and its partners:

- Trained 7,419 health providers in 367 facilities on topics such as RH/FP/MCH, PAC, EOC, quality of care, and gender.
- Established seven regional Centers for the Development of Competencies to train providers.
- Established 95 quality teams in five regions.
- Established and strengthened 181 Local Committees for Health Administration by training 2,132 managers, community members, health providers, and staff in administration.
- Trained 391 MOH staff in the perinatal information system (SIP2000).
- Trained 365 MOH staff in obstetric and neonatal functions.
- Trained 867 MOH staff in OBSI, and another 1,363 MOH staff through replica workshops. As a result, provider knowledge of the optimal birth-spacing interval increased from 26% to 98%, their knowledge of potential health risks to the woman of nonoptimal spacing increased from 81% to 98%, and their knowledge of potential health benefits to a newborn increased from 87% to 95%.
- Assisted 343 communities to conduct health-promotion activities with PRISMA, CATALYST's local NGO partner. Interventions included environment, water and sanitation, garbage disposal, and RH/FP. Regional health plans were developed in Huánuco and Junín.
- Trained 210 professionals in the PROGRESA Health Management Program, in partnership with the PHR*plus* and Policy Projects. PROGRESA is a health-management training program designed to train senior, mid-level, and frontline managers at the regional, hospital, and facility level.

7.4 Contraceptive Security and Corporate Social Responsibility

CATALYST developed CSR MOUs with Agricola Chapi, Amanco, BTL pharmacies, Camposol, Corp Los Andes, Dan Per, InkaFarma, Kraft/Peru, Tintaya, and Yanacocha. These MOUs collectively leveraged more than \$1.5 million. Amanco, for example, is providing RH/FP education, services, and products to its employees. The partnership with BTL, one of Peru's largest pharmacy chains, resulted in contraceptive discounts and the training of pharmacists in 86 pharmacies nationwide; these pharmacies record approximately 90,000 RH/FP transactions per month, expanding the availability of RH/FP services and shifting some RH/FP burden from the government to the private sector. The remaining eight corporations have committed to providing RH/FP information, services, and products to their employees; their efforts will reach approximately 40,000 clients. In addition:

- Apropro, a local NGO, introduced the OK Condom with CATALYST assistance, selling more than 1 million units between October 2003 and September 2004.

- CATALYST worked with INPPARES, a local NGO, to bring together two pharmaceutical companies (Schering and HRA-Pharma) to build a provider network, known as RedPlan Salud. This network has attracted more than 550 midwives in 20 districts of Lima to sell affordable FP methods to 32,000 low- and moderate-income women who otherwise would have obtained free commodities from the public sector. Evaluation results indicated that 54% of RedPlan Salud clients had previously relied on the public sector for RH/FP services.

7.5 OBSI

In addition to integrating OBSI into existing public sector training (see above), CATALYST implemented two OBSI-related small-grant initiatives to facilitate the integration of OBSI messages into the health and nonhealth programs of two Peruvian NGOs: ADAR and AGROVIDA.

Using core, field, and counterpart funds, CATALYST worked with the NGO Asociación para el Desarrollo Amazónico Rural (ADAR) to increase awareness among the 25,000 residents of 46 communities of the potential benefits of OBSI. ADAR disseminated OBSI messages through radio spots, community fairs, talks with community leaders and CHWs, teachers, NGOs, grassroots organizations, and provider workshops. As a result, knowledge of the optimal birth-spacing interval increased among women from 52% to 79%, and among students from 66% to 87%.

Through the NGO Asociación de Promoción Agraria y Defensa de la Vida (AGROVIDA), CATALYST integrated OBSI messages into training and BCC activities to increase OBSI awareness among 2,000 men and women of reproductive age, and students from three technical institutes (for youth activity, see below). A variety of information-dissemination channels were used, including health promoters, women leaders, clinic-based providers, and mass media. An evaluation demonstrated that AGROVIDA increased the proportion of women (from 57% to 87%), men (from 51% to 79%), and students (from 58% to 95%) able to correctly identify the optimal birth-spacing interval, as well as the risks to mother and newborn associated with birth intervals of less than three years. There was also a significant increase in the number of noncontracepting adults who intended to use a method in future.

7.6 Youth

CATALYST supported the Peruvian NGO APROPO to sell contraceptives and antibiotics for the syndromic treatment of STIs to youth aged 18-29 in 10 mid-size Peruvian cities. As part of its communication strategy, APROPO revamped its hotline and website. CATALYST learned that approximately two-thirds of hotline callers were female, and 59% of callers were under the age of 25. The two topics most frequently discussed were pregnancy (49%) and contraceptives (42%). The website received 237,500 information requests between July 2003 and June 2005. The success of the website is largely due to the fact that APROPO publicized the website in 98 Internet cafés frequented by youth and developed BCC materials targeting youth that advertised the website and hotline.

CATALYST also collaborated with INPPARES to operate two youth-run RH/FP education, counseling, and referral kiosks in lower-income districts of Lima. In addition, as part of the above-referenced AGROVIDA OBSI grant, CATALYST trained 10 youth from three educational institutions in La Libertad on RH/FP, OBSI, and gender, so they could become peer educators. Results from the evaluation conducted in two of these institutions demonstrated that this was an effective way to transmit OBSI messages to students.

7.7 GBV

CATALYST worked with two NGOs—Manuela Ramos and Amauta—to implement a GBV activity in two sites: (1) San Juan de Miraflores, a periurban community near Lima; and (2) Ancahuasi, a rural community in the Department of Cuzco. CATALYST increased awareness of GBV among community members and assisted community members to design action plans to prevent and reduce GBV and/or support GBV victims. Nine workshops were held with 140 participants to increase GBV awareness, identify factors that can lead to GBV, and identify support mechanisms available and used by GBV victims. The workshop helped participants define action plans for addressing GBV (see table 6).

Table 6 - GBV Working Groups and Action Plans in Peru

Site	Working Groups	Action Plans Implemented
San Juan	<ul style="list-style-type: none"> • Women's leaders from CBOs • Local public sector authorities • Adolescent mothers • Students (boys and girls) • Local development committee 	<ul style="list-style-type: none"> • GBV awareness (posters, murals, street candle walk, street fair) • Identification of existing support network for GBV victims • Creation of institutional-support directory • Establishment of cross-referral system • Creation of surveillance patrols
Ancahuasi	<ul style="list-style-type: none"> • Female community leaders • In-school youth • Out-of-school youth • Institutions belonging to a local development committee 	<ul style="list-style-type: none"> • GBV awareness (school- and nonschool-based production of educational materials targeting youth and the general public, dramas, student retreat) • Workshops for male/female leaders on support to GBV victims • Workshops for local authorities on GBV issues

7.8 Sustainability

Most major activities—for example, commercial-sector, accreditation and certification, improving health conditions in seven regions, and the grants to PROGRESA, APROPO, and PRISMA—will continue through USAID's bilateral project. Agrovida's network of CBOs and health promoters will continue disseminating OBSI messages. Also, the MOH has integrated optimal birth spacing into its national strategy for RH/FP, and 12 Regional Health Offices have incorporated OBSI guidelines into their MCH strategies. Finally, trained MOH staff are replicating CATALYST OBSI training using MOH funds.

In October 2003, CATALYST used core funds to hold its second Latin American PAC conference. As a result, MOH RH and FP protocols were modified to reflect CATALYST's comprehensive PAC model. Protocols were further enhanced by incorporating a gender perspective with TA from CATALYST Consortium member PROFAMILIA. In the area where community PAC was piloted, a committee for monitoring and transparency in health, consisting of NGO and hospital representatives, was established to work with local health facilities to improve the quality of PAC/FP services. The regional health authority donated an office for the committee, and the committee is receiving TA from the MOH's National Office of Transparency and Health. Health-care management, coordination, and monitoring committees consisting of NGO representatives have also been established in each participating community.

8. Romania

CATALYST provided OBSI and PAC grants in Romania to the Society for Education on Contraception and Sexuality (SECS), a local NGO.

8.1 OBSI

With its OBSI grant, SECS conducted focus group discussions with providers and clients to assess their knowledge of and attitudes toward birth spacing. SECS revised its national FP curriculum to address OBSI and provider counseling on both birth spacing and FP. The curriculum was then used to train 160 health providers, who are educating most clinic clients and are expected to reach 40,000 women and men.

Based on findings from focus group discussions, SECS also created a male-focused intervention (funded through CATALYST by IGWG). SECS identified and trained male champions for birth spacing, FP, peer education, and community mobilization. These men wanted their female partners to also be involved, so

CATALYST then trained female champions. Supported by a comprehensive BCC strategy, champions disseminated information to more than 6,000 peers within just six months. SECS' activities improved male and female support of OBSI and FP. Both men and women showed significant improvements in their understanding of the optimal birth-spacing interval, and the many potential health and other benefits to mothers, newborns, and couples of optimal birth spacing, according to baseline and endline data.

Men and women are also now twice as likely to have discussed contraceptive use with a partner. Nearly half of men report having discussed birth spacing with a partner, up from just 2%, while nearly three-quarters of women reported having decided to practice OBSI after discussing it with a partner, up from just 20%. SECS also increased the use of FP methods, with the number of women reporting contraceptive use rising from 31% to 63%, and the number of men reporting contraceptive use rising from 35% to 61%.

8.2. PAC

SECS' PAC grant provided women who had received PAC services at the municipal hospital in Orastie with information and education on FP. OB/GYNs, family doctors, nurses, and community nurses were trained in FP counseling and how to dispel misunderstandings about contraceptive methods. Brochures were produced to help providers disseminate FP information in the community. At the end of the project, SECS held a national conference in Bucharest on these new OBSI and PAC approaches. Ninety-six participants attended, including providers, local authorities, and international donors.

8.2 Sustainability

The new USAID bilateral project will continue supporting FP training and PAC activities in Romania. OBSI messages will continue to be disseminated as they were incorporated in SECS' training curriculum. Also, several county health departments have contracted with SECS to replicate OBSI activities.

9. Yemen

CATALYST began its work in Yemen in February 2004, improving basic health services in some of the poorest, least accessible regions of the country—regions where maternal and child mortality rates are among the highest in the world and where there is a significant threat of terrorism.

9.1. Clinic Upgrades

Together with local health authorities, CATALYST conducted needs assessments of 72 facilities in three governorates (Amran, Marib, and Shabwa). The assessment found dilapidated, neglected, unorganized facilities; weak or absent facility management; inadequate supplies; lack of qualified providers, especially women; unreasonably low salaries; and harsh working conditions. All needed some renovation and equipping. Half the facilities visited were district hospitals, but most had no qualified providers in place and there was a strong need to train those providers who were in place.

CATALYST was able to refurbish and equip those facilities that had personnel (36), but the other facilities needed to first recruit and train providers. Since February 2004, CATALYST provided construction assistance to 11 facilities, renovation assistance to 10 facilities, and clinical equipment to 25 facilities. CATALYST also distributed midwifery kits to 150 community midwives and 60 kits of small instruments to health centers.

9.2. Training

CATALYST arranged for one- and two-year preservice midwifery training for 135 providers from 32 facilities. In addition, 372 physicians, midwives, and health workers (representing almost all the selected

50 districts) benefited from short-term training in FP, antenatal and postpartum care, IUD insertion, reproductive tract infections, child health, EOC, infection prevention, and counseling.

Mobile Teams

To compensate for the lack of female providers and equipment at many clinics, CATALYST deployed three RH/FP mobile teams to each visit 20 health centers each month (for a total of 60 per month). While the team offered curative services, they also provided FP and maternal health services, counseling, and referral for complex cases. On average, the team served 50 clients while most health centers averaged around 15. In less than five months, the mobile teams served more than 14,000 clients; one-third of consultations were FP related. Some training for mobile teams and for EOC providers was organized in cooperation with training sources from Egypt and Tunisia using a South-to-South approach. CATALYST also provided substantial contracts to training institutes in the three governorates and at the national level to train health staff and provided them with educational materials.

Health Education

Once facilities were visibly improved and better able to respond to increased client demand for services, CATALYST began health-education activities in 20 health centers. It trained educators; equipped rooms for counseling and health education; and assembled, produced, and distributed materials and films to be shown in clinics and during the mobile team visits, in cooperation with the National Center for Health Education. Approximately 3,000 attended sessions during the first five months of implementation.

9.5 Sustainability

CATALYST worked closely with the MOPHP at all steps to ensure ownership of activities and products. It also encouraged cost sharing so that activities funded by CATALYST received contributions from local councils or the MOPHP (mobile team staff, for example, are paid by the MOPHP). CATALYST secured commitments from health authorities to budget for the costs of new facilities and programs and to recruit graduating midwives after they complete their training. In collaboration with USAID projects such as DELIVER, CATALYST also ensured that supplies are available for facilities and that transportation is available for distribution and supervision. In addition, local capacity was strengthened through the training of trainers who will continue training staff; manuals and guidelines for providers and managers are also now available.

V. SOUTH-TO-SOUTH

CATALYST's South-to-South approach relies on Southern technical expertise to build the capacity of partner institutions through training, observational visits, posttraining TA to facilitate action-plan implementation, and long-term institutional mentoring. As a result of CATALYST's South-to-South approach, partners increased their capacity by developing cost-accounting systems, scaling-up PAC services, improving EOC and MCH skills, developing gender-sensitive RH/FP services, learning about approaches to accreditation, and disseminating models for sustaining youth-friendly services. Exchanges occurred within the ANE region (Egypt, Laos, Pakistan, Thailand, Yemen), within the LAC region (Bolivia, Colombia, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, and Peru), and between the LAC and ANE regions (Egypt and Peru). Some highlights follow:

- Physicians from CATALYST's PAC program in Peru visited Egypt to share PAC expertise with Egyptian hospitals. Egyptian physicians responsible for developing Egypt's PAC strategy then visited CATALYST's program in Peru.

- PROFAMILIA staff visited ADS, the IPPF affiliate in El Salvador, to provide TA on cost accounting. ADS staff then visited PROFAMILIA in Colombia to observe how it used cost accounting for decision making.
- PROFAMILIA offered TA in gender and GBV to Bolivia's youth program, and worked directly with the providers of youth-friendly services to incorporate a gender perspective into this program.
- An Egyptian delegation visited CATALYST's accreditation program in Peru. They developed an action plan there for creating awareness among Egyptian government and university officials of the benefits of such a system. Once home, the delegation worked with schools to revise medical and nursing curricula, and to develop a guideline for self-assessment and accreditation.

VI. LESSONS LEARNED

The most important lessons CATALYST learned globally about working with communities, clients, clinics, and partners follow:

- Birth spacing is an effective bridge for repositioning FP. Government officials, community leaders, providers, and clients enthusiastically support optimal birth spacing once they are given research evidence about the potential benefits of spacing children three to five years apart. Birth-spacing messages are effective and can be adapted to community interests, needs, and culture.
- Community support and trust are essential, particularly when introducing potentially controversial issues (e.g., GBV, PAC, and female genital mutilation). Community trust can be furthered by (1) focusing first on introducing rapid, visible improvements to clinics; (2) obtaining the support of political and natural leaders (including female religious leaders); and (3) collaborating closely with nongovernmental organizations (NGOs).
- When training and supervision are provided on-site, providers learn how to apply their new skills and knowledge within the constraints of their work setting; this is critical for strengthening performance.
- Testing a model program through operations research is a useful way to involve a whole site and gain the support of facility authorities.
- Working in coordination with the Ministry of Health is always important if services and innovations are to be institutionalized, but it is particularly important when introducing potentially controversial programs such as PAC and RH/FP services for adolescents.
- The commercial sector is willing and eager to invest in RH/FP given win-win options.
- An integrated approach with multisectoral linkages empowers communities and individuals to seek RH/FP services and information.
- Community members are willing to pay for services if they are involved in decision making about those services.