

# THE ACQUIRE PROJECT ANNUAL REPORT to USAID

July 1, 2005 – June 30, 2006

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**USAID**  
FROM THE AMERICAN PEOPLE

the **ACQUIRE** project

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# ACRONYMS

ABD	Adjohoun-Bonou-Dangbo (health zone)
ACQUIRE	Access, Quality, and Use in Reproductive Health Project
ADRA	Adventist Development and Relief Agency International
AED	Academy for Educational Development
AGBEF	Association Guineenne le Bien-Etre Familial
AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
APHIA	AIDS, Population, & Health Integration Assistance Program
ARHB	Amhara Regional Health Bureau
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASHONPLAFA	Honduran Family Planning Association
ATN	Assistance Technique Nationale
AWARE	Action for West Africa Region Reproductive Health Project
BCC	Behavior Change Communication
BCO	Bangladesh Country Office
BCPC	Bolivian Center for Communication Programs
BMC	BioMed Central
BTC	Breakthrough Collaboratives
CA	Cooperating Agency
CAFS	Centre for African Family Studies
CARE	Cooperative for American Relief Everywhere
CBD	Community-based Distribution
CBO	Community-based Organization
CCHP	Comprehensive Counsel Health Plan
CDC	Centers for Disease Control
CHEW	Community Health Worker
CHMT	Council Health Management Team
CHO	Community Health Officer
CHPS-TA	Community-based Health Planning and Services Technical Assistance Project
CIES	Centro de Investigación, Educación y Servicios/Salud Reproductiva
COMPASS	Community Participation for Action in the Social Sectors
COPE	Client-Oriented, Provider-Efficient
COZO	Covè-Zagnando-Ouinhi (health zone)
cPAC	Comprehensive Postabortion Care
CPI	Client Provider Interaction
CPR	Contraceptive Prevalence Rate

CQI	Continuous Quality Improvement
CRHCS	Commonwealth Regional Health Community Secretariat
CRHW	Community Reproductive Health Worker
CS	Child Survival
CSREF	Centre de Sante de Reference/Referral Health Center
CTU	Contraceptive Technology Update
CVCT	Couples Voluntary Counseling and Testing
CYP	Couple Years of Protection
DAC	Doctor Ambulatory Clinic
DFID	Department for International Development (UK)
DGFP	Director General of Family Planning
DHMT	District Health Management Team
DHPO	District Public Health Officer
DHS	Demographic Health Survey
DRC	Democratic Republic of Congo
DSF	Direction de la Sante Familiale
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ELCT	Evangelical Lutheran Church of Tanzania
EmONBC	Emergency Obstetrics and New Born Care
ENIAB	Ecole nationale des infirmiers et infirmières adjoints du Bénin/National School of Nurses and Nurse Assistants of Benin
ENIIEB	Ecole nationale des infirmiers et infirmières d'état du Bénin/ National School Of State Nurses of Benin
ENSFEB	Ecole nationale des sages femmes d'état du Bénin/National Midwifery School of Benin
EONC	Emergency Obstetric and Neonatal Care
ESI	Ecoles des Sciences Infirmières
EH	EngenderHealth
FAP	Feldsher Action Point
FGAE	Family Guidance Association of Ethiopia
FGC	Female Genital Cutting
FGD	Focus Group Discussion
FHI	Family Health International
FHOK	Family Health Options Kenya
FOC	Fundamentals of Care
FP	Family Planning
FPA	Family Planning Association
FP/RH	Family Planning and Reproductive Health
FWC	Family Welfare Center
FWV	Family Welfare Visitor
FY	Fiscal Year
GBV	Gender-Based Violence
GHC	Global Health Council
GLP	Global Leadership Priorities

GOB	Government of Bangladesh
GOK	Government of Kenya
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HBP	High Blood Pressure
HCP	Health Communications Partnership
HIPNET	Health Information and Publications Network
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTP	Harmful Traditional Practices
HWW	Hope Worldwide
IBP	Implementing Best Practices
IC	Informed Choice
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IGWG	Interagency Working Group on Gender
IHSS	Social Security Institute
IMCI	Integrated Management of Childhood Illness
IMNES	L'Institut National Médico-Social/ National Medico-Social Institute
INFO	Information and Knowledge for Optimal Health Project (Johns Hopkins University)
IP	Infection Prevention
IR	Intermediate Result
IUD	Intrauterine Device
JGI	Jane Goodall Institute
JHU-CCP	Johns Hopkins University, School of Public Health, Center for Communications Programs
JSI	John Snow Incorporated
KAB	Knowledge, Attitudes and Behavior
KAP	Knowledge, Attitudes and Practices
LAPM	Long-acting and Permanent Methods
LGU	Local Governmental Unit
LWA	Leader with Associate
M&E	Monitoring and Evaluation
M&L	Management and Leadership
M&S	Management and Supervision
MAP	Men as Partners
MAQ	Maximizing Access and Quality
MCH	Maternal and Child Health
MCWC	Maternal and Child Welfare Centers
MEASURE	Monitoring and Evaluation to Assess and Use Results Project
MEC	Medical Eligibility Criteria
MIS	Management Information System
ML/LA	Minilaparotomy Under Local Anesthesia
MOH	Ministry of Health

MOH/DHS	Ministry of Health/Directorate of Hospital Services (Tanzania)
MOHFW	Ministry of Health and Family Welfare
MSH	Management Sciences for Health
MSR	Medical and Surgical Requisites
MVA	Manual Vacuum Aspiration
NCTPE	National Committee on Traditional Practices of Ethiopia
NGO	Non-governmental Organization
NSV	No-Scalpel Vasectomy
NTC	Non-Profit Technology Conference
NYS	National Youth Service (Kenya)
OB/GYN	Obstetrician/Gynecologist
OPRH	Office of Population and Reproductive Health
PAC	Postabortion Care
PAHO	Pan American Health Organization
PDA	Personal Data Assistant
PEPFAR	The President's Emergency Plan for AIDS Relief
PI	Performance Improvement
PIA	Performance Improvement Approach
PIP	Project Implementation Plan
PLA	Participatory Learning and Action
PLWHA	People Living with HIV/AIDS
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNA	Performance Needs Assessment
PNP	Policies, Norms and Procedures
POPTECH	Population Technical Assistance
PPH	Post Partum Hemorrhage
PRIME II	Primary Providers' Training and Education in Reproductive Health
PRINMAT	Private Nurses and Midwives Association of Tanzania
PRISM	Pour Renforcer les Interventions en Sante Reproductive et IST
PROCOSI	Programa de Coordinacion en Salud Integral
PRODIM	Program for the Development of Women and Children (Honduras)
PROSIN	Productos Y Servicios de Informatica
PSI	Population Services International
PSP	Private Sector Partnerships for Better Health
QHP	Quality Health Partners Project
QI	Quality Improvement
QI/PI	Quality Improvement and Performance Improvement
QOC	Quality of Care
RACHA	Reproductive and Child Health Alliance (Cambodia)
RCQHC	Regional Center for Quality of Health Care
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive Health

RHAC	Reproductive Health Association of Cambodia
RHD	Reproductive Health Division
RHR	Reproductive Health for Refugees
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SCOT	Strengthening HIV Counselor Training
SDA	Seventh Day Adventist
SDI	Services Delivery Improvement
SM	Safe Motherhood
SNIS	Sistema Nacional de Información en Salud/National Health Information System (Bolivia)
SO	Strategic Objective
SOP	Standard Operating Procedure
SOTA	State-of-the-Art
SPR	Selected Practice Recommendations
STI	Sexually Transmitted Infection
SWAA	Society for Women and AIDS in Africa
SWAK	Society for Women and AIDS in Kenya
TA	Technical Assistance
TASO	The AIDS Support Organization
TBA	Traditional Birth Attendant
TCI	Transport Corridor Initiative Project
TFR	Total Fertility Rate
T-MARC	Tanzania Marketing and Communications: AIDS, Reproductive Health and Child Survival Project
TOT	Training of Trainers
UHC	Upazila Health Complex (Bangladesh)
UMATI	Family Planning Association of Tanzania
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development / Washington
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VHC	Village Health Committee
WARP	West Africa Regional Program
WHO	World Health Organization
WST	Whole-Site Training



# I. OVERVIEW

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

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

The original ACQUIRE Results Framework, developed by USAID in 2003 reflected an orientation to a field-level service delivery agenda. In 2004, USAID introduced a revised OPRH results framework which focused core support on global leadership, knowledge generation and management, and support to the field. As a result, ACQUIRE conceptualized its activities and indicators at two levels. The core activities and results are shown at the intermediate result level; while the field activities and indicators reside at the lower level, or sub-intermediate result level. ACQUIRE also identified six key themes (see adjacent box) as sub-headings to further organize the global level information.

This report focuses on the results of global leadership/technical programs. The overview is followed by a global leadership section that contains two sub-sections that together document and demonstrates the added value of core-funded activities and technical assistance to the field. The first sub-section provides results paragraphs by intermediate result and key theme; the second sub-section provides annual performance data for the core indicators. The global leadership section is followed by a summary list of evaluation and research studies. The final section provides a funding overview for the year.

## ACQUIRE project themes

1. **Long-acting and permanent methods (LAPM):** programming support to increase access to LAPM service delivery; LAPM includes implants, IUD and male and female sterilization; it may also include injectables depending on country program
2. **Revitalization** of underutilized methods, particularly IUD and vasectomy
3. **Integration:** integrating FP into other health services;
4. **Gender:** mainstreaming gender and male involvement activities;
5. **Provider support systems:** strengthening systems that enable providers to deliver high quality care
6. **Fistula:** programming for the care and prevention of fistula

Four appendices follow the report. The first provides a status summary of all ACQUIRE activities for the past fiscal year. Appendix 2 contains all study abstracts completed this year organized by theme. Appendix 3 lays out the service statistics, as available, from the 21 ACQUIRE-supported programs shown in Figure 1 below.<sup>1</sup> Countries are grouped by global categories determined by a mix of funding categories and leadership themes; these are: programs receiving field support, with special attention to focus countries; O/PRH country partnerships, MAQ IUD country partnerships, global leadership priorities (GLP); and PEPFAR. The annual data and results from fistula programs are contained in the final appendix.

<sup>1</sup> “Supported” is defined as those countries that expensed to USAID Global CA funds during the indicated fiscal year (core, field support, PEPFAR, GLP, MAQ and OPRH Country Partnership or special initiative funds). REDSO is a supported program but is not on the map.

Figure 1. Map of ACQUIRE Countries

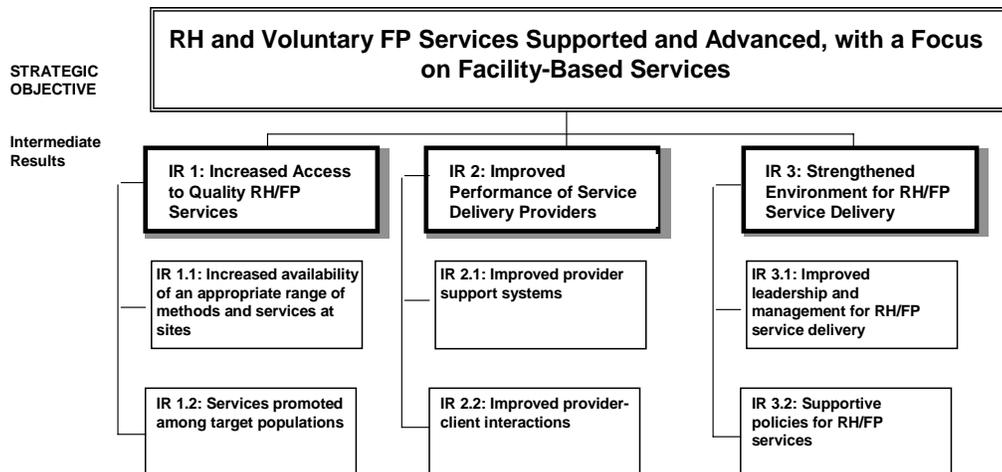


## II. GLOBAL LEADERSHIP/ TECHNICAL PROGRAMS

This Annual Report is submitted for the period July 1, 2005 to June 30, 2006, and represents the third year of ACQUIRE results. The ACQUIRE project objective is to advance and support family planning and reproductive health services with a focus on facility-based care. As shown in Figure 2, ACQUIRE has three results: increased access to quality FP/RH services; improved performance of service delivery providers; and strengthened environment for FP/RH service delivery.

IR 1 focuses on improving access to quality FP/RH service delivery by increasing the availability of an appropriate range of services and promoting services among specific target populations. IR1 approaches include: reinvigoration of under-utilized methods, integration of services, improved knowledge about family planning among clients and providers, and a focus on reaching under-served populations. Wherever possible, ACQUIRE applies these approaches through supply side interventions (such as increasing the number of sites offering services or increasing the range of services offered), while at the same time addressing the demand for services through advancing communications, marketing, and community mobilization efforts. IR 2 provides critical support to the work of IR 1 through advancing knowledge on how to program, design and implement effective performance support through supervision and training in ways that build local capacity (at the district level) to meeting provider and site needs. IR 3 supports both IR 1 and IR 2 through strengthening the management and use of knowledge at the country program level and within the broader reproductive health community, and fostering a supportive policy environment for high quality services and for expanded access to a wider range of FP/RH services at the lowest level in the healthcare system.

**Figure 2: ACQUIRE Results Framework**



## A. ACQUIRE RESULTS

### IR 1: INCREASED ACCESS TO QUALITY FP/RH SERVICES

#### Programming support to increase access to long-acting and permanent methods

*Scaling up family planning services in Bangladesh, Bolivia and Tanzania.* ACQUIRE's focus countries (Bangladesh, Bolivia, and Tanzania) are named to illustrate the concentration of global technical input and resources used to demonstrate how to program to increase access, quality and utilization of FP/RH services. ACQUIRE has scaled up service delivery in all three countries since the beginning of the program evidenced by impressive gains in LAMP family planning use in all countries.

In Bangladesh, the primary focus of ACQUIRE work is supporting the MOH to provide long-acting and permanent family planning methods. Over the past year, ACQUIRE conducted studies and assessments that have informed the design of project interventions, developed, at the request of the USAID Mission, a national three year vision in collaboration with the MOH and USAID, and developed a communications campaign to create awareness and address myths and misunderstandings about NSV. As a result of the work, ACQUIRE scaled up its support to service delivery sites over the past three years from 954 to 2,485, to 3,297 sites (a 33% increase from FY 04/05 to FY 05/06). LAMP uptake has also continued to rise annually over the past three years from 85,158 to 247,359 to 423,474 (a 71% increase from FY 04/05 to FY 05/06 - includes injectables). This has resulted in over 4 million couple years of protection from October 2003 to June 2006.

In Bolivia, key ACQUIRE activities include medical monitoring; development and dissemination of national norms; introduction of quality improvement processes in health networks and hospitals; and training and updates in contraceptive counseling and technology, male involvement in reproductive health, informed choice, and infection prevention. ACQUIRE supported the development of the new USAID/Bolivia health strategy (2005–2009), with responsibility for strengthening reproductive health services in nine departments in 33 health networks spanning 131 municipalities. In accordance with the new strategy, ACQUIRE has undertaken a joint planning process with JSI, PROSIN II, and PROCOSI and conducted a situational diagnosis in 518 health facilities in 19 health networks.

ACQUIRE global and field staff collaborated over the past year to conduct a large-scale baseline evaluation to inform program planning. Together, they used selected baseline findings in a performance needs assessment (PNA) among the partners participating in USAID's health strategy. A major result of this process was the development of a joint plan of action among USAID partners with a strong focus on scaling up proven approaches in the ACQUIRE work plan. These proven approaches included implementing a continuous quality improvement process at the site level, and building the capacity of supervisors to implement Facilitative Supervision and meet the learning needs of health providers. The specific interventions were: 1) institutionalize a national supervision system at all levels of management in the health system; 2) train personnel in basic laboratory diagnosis, 3) strengthen local supervision plans, rapid assessments and monitoring plans to ensure they include contraception, 4) implement model for continuous quality improvement in health services, 5) strengthen supervision capacity at the level of municipalities and networks, 6) ensure all providers of maternal health services are familiar with the norms, protocols and standards of care, 7) disseminate the nutrition norms to the local level, and 8) build and improve systems for training in Integrated Management of Childhood Illness.

Following the PNA, infection prevention (IP) provider trainings and staff orientations became a strong focus of the work. As a result of this, IP has begun to be institutionalized in 15 health facilities in the Departments of Chuquisaca, Beni, Potosi, Santa Cruz, and in 8 MOH referral maternal hospitals in all the Departments of

Bolivia except Oruro and La Paz. Another area addressed has been the lack of trained providers in sites due to low retention rates. ACQUIRE developed a self-learning contraceptive technology update (CTU) model and introduced it to seven departments and 10 rural health networks where provider training was inaccessible due to logistical barriers. 640 providers used this module in 44 municipalities distributed in 11 health networks. The MOH has begun to adapt the module and has requested ACQUIRE's support in developing a maternal health component. As a result of ACQUIRE work, there has been a steady increase in services in ACQUIRE sites. Over the past fiscal year, 16,930 clients were serviced with LAPM family planning methods, producing almost 34,000 CYPs (includes injectables). The ACQUIRE Bolivia program will transition from field support to an associate award in 2006.

In Tanzania, ACQUIRE is the central USAID-funded mechanism to coordinate efforts of the Ministry of Health and other service partners to scale up and expand access to and the utilization of facility-based reproductive health services. As a result of the work, ACQUIRE scaled up its support to service delivery sites over the past three years from 55 to 138 to 400 sites. LAPM uptake has also continued to rise annually over the past three years from 145,124 to 322,863 to 398,335 (a 23% increase from FY 04/05 to FY 05/06 - includes injectables). This has resulted in over 550,000 couple years of protection from October 2003 to June 2006. In March 2006, the USAID Mission requested ACQUIRE to develop a strategy to expand its family planning program to the national level. Global and field staff worked together to lead a series of meetings to analyze ACQUIRE's current strategy and investments, which resulted in the development of a sound 6 year plan of expansion for the Tanzanian ministry that includes the training of trainers in clinical FP and counseling, investments in commodity security, outreach, and demand creation/community mobilization. Following, staff assisted districts to develop essential FP/RH interventions within their Comprehensive Counsel Health Plans (CCHPs). As a result, more than 70% (40) of the districts within ACQUIRE focus regions allocated budget lines within their CCHPs to various FP/RH activities, ensuring sustainable local support for facility renovations, procurement of equipment, and activities such as outreach and facilitative supervision

***Putting family planning back on the map and informing national scale-up efforts.*** In December 2005, ACQUIRE conducted the second round of investigations to document experiences with family planning programs in sub-Saharan Africa to support USAID's efforts in "repositioning family planning" within programs. The second round of investigations focused on less than successful attempts by national FP/RH programs over the past 15 years to increase contraceptive prevalence, decrease fertility, and ultimately improve maternal health. Tanzania and Senegal were selected to demonstrate why countries may have reached a plateau in their efforts to reduce fertility.

Preliminary findings from Tanzania show that a combination of variables, such as disruptions in training and inadequate commodity availability in the public sector, diminished the capacity and scope of family planning service providers. Transitions due to health sector and local government reforms may have led to a plateau in program achievements. The USAID/Tanzania Mission is already using the preliminary findings to develop future programs for improving family planning in Tanzania. The findings from the Senegal study will be used by USAID/W to guide the strategy development for Repositioning Family Planning and inform efforts to identify key investments for the region.

***Revitalizing family planning through the O/PRH Country Partnership in Uganda.*** ACQUIRE worked with the MOH in four districts (Mayuge, Hoima, Sembabule, and Apac) in Uganda to strengthen the capacity of district health management teams to more effectively support IUD and implant services, while also revitalizing access and use of short-acting methods. ACQUIRE coordinated a FP/IUD and implant training and post-training follow-up, and conducted a leadership workshop for senior MOH/RHD, Regional RH Coordinators, and supervisors.

As a result, coordination between the Regional RH Coordinators and the District Health Management Team increased, culminating in more effective problem-solving to ensure that contraceptives are on site for IUD

and implant service delivery and that providers are practicing according to standard. Over the past year, LAPM uptake increased in 11 sites from 0 to 3,913 clients (this includes 84 female sterilizations, 2 male sterilizations, 13 IUDs, 366 implants, and 3,448 injectables).

ACQUIRE integrated male involvement into family planning revitalization through an orientation and planning meeting for participants from Mayuge and Hoima districts, as well as representatives from CARE and TASO. As a result, two districts developed action plans to engage men as a strategy for increasing access to LAPM. These action plans have been incorporated into the associate award technical approach for implementation. ACQUIRE also led an family planning and IUD update at the Annual General Meeting of Uganda's Private Midwives (UPMA), that included more than 200 private practice nurse-midwives. As a result of this Meeting, UMPA members are now more aware of the IUD, which will facilitate ACQUIRE's future technical assistance to UMPA to train UMPA trainers to train and provide supportive supervision to their members to increase clients' access to IUD and implants through private practice midwives.

On the demand side, ACQUIRE provided technical assistance to develop a communications strategy and marketing materials in collaboration with a local advertising agency to increase awareness and address misconceptions related to family planning methods. And ACQUIRE provided family planning updates to the Straight Talk Foundation's radio journalists and teacher trainers. As a result of ACQUIRE's work, there has been a renewed focus on LAPM from the Mission and an associate award for LAPM has been established, which was not in USAID's portfolio previously.

***Increasing access to family planning services through collaboration between the population and environment sectors in the DRC.*** ACQUIRE supports the Jane Goodall Institute's (JGI) Community-Centered Conservation Program in the Democratic Republic of Congo (DRC) to provide community-based primary health care to reach women and children under five in northeastern DRC. ACQUIRE is providing technical assistance to JGI to strengthen FP/RH services. As a result of the inputs from JGI and ACQUIRE staff, from October 2005 to June 2006, this project provided family planning services to over 3,100 clients (including 982 long-acting and permanent methods), who previously lacked access to family planning services.

Over the past year, JGI has supported work in 60 facilities in three health zones (Lubero, Pinga and Walikale), including training health providers in FP counseling and outreach and equipping facilities to provide FP services. In February 2006, global staff traveled to the DRC to conduct a CTU (in collaboration with JGI staff) in the Lubero health zone, where participants from all three health zones attended. The CTU focused on FP counseling and provision, and 14 providers participated. As a result of the workshop, action plans were developed for each of the health zones to improve the accessibility to and quality of FP services. Activity implementation and follow-up based on action planning continues in all three zones: infection prevention measures have been implemented at sites; JGI is now supervising trained staff, and local government officials have identified CBD agents and included line items in their budgets for FP staffs' salaries.

***Advocating for LAPM contraceptive security with the NFPH Bilateral in Nepal.*** Many countries in the developing world continue to face challenges in meeting people's needs for contraceptives. The challenges range from lack of financing, and weaknesses in supply chains, to gaps in understanding about contraceptive needs within the context of existing national demographic trends. To respond to this last challenge, the ACQUIRE Project is using the Reality  $\sqrt$  simulation model, a technical tool created by ACQUIRE as part of the Long-Acting and Permanent Method (LAPM) Advocacy Package, to project contraceptive and method prevalence rates and enable country programs to make realistic, evidence-based programming decisions at the national, regional/provincial, district and facility level.

For example, last March, ACQUIRE assisted the National FP/RH Project with a strategic review of the national family planning program in Nepal. ACQUIRE staff met with key stakeholders and facilitated a one-day workshop to identify strategic priorities. Using Reality  $\sqrt$  project staff reviewed alternative scenarios for

reaching Nepal's contraceptive prevalence goals for 2009, the financial impact of improving continuation rates, and potential training needs for the provision of long-acting methods.

***Significant changes in attitudes related to child marriage and reproductive health use demonstrated in ACQUIRE's pilot site in Nepal.*** ACQUIRE implements a project to support the special reproductive health needs of young, married couples in Nepal. ACQUIRE mobilizes school teachers, social/religious leaders, in-laws, and young school students to take action against early marriage and dowry systems which contribute to poor health outcomes, including early childbirth. Over the past year, ACQUIRE mobilized over 1,000 peer educators to disseminate messages on the advantages of delaying marriage. For example, peer educators conducted 62 youth sensitization meetings and 68 sensitization meetings for mother-in-laws and daughter-in-laws, successfully raising awareness on key issues among 2,036 youth and 1,521 mothers-in-law and sisters-in-law. As a result, in one of the pilot districts, community members vowed to boycott child marriage ceremonies, delay marriage until after 20, and eliminate the exchange of dowries. Along with the changes in attitudes, ACQUIRE instituted a successful youth-friendly services program in the project communities. For example, in one facility, temporary family planning use doubled from 1,083 users to 2,056 users; and antenatal care clients increased six-fold from 42 to 266.

***Scaling-up and adapting Bolivia PAC program to Kenya.*** ACQUIRE, in collaboration with the Society for Women and AIDS in Kenya (SWAK), replicated the Bolivian community PAC process at five project sites in the Nakuru district in the Rift Valley Province. This process included the engagement of 16 community groups (412 people—about 25 people per group) to develop action plans to prevent unsafe abortion and support the treatment of unsafe abortion, miscarriage, and other pregnancy complications.

Examples of activities in action plans were: workshops and seminars on communication techniques used to improve communication between couples, and parents and children; talks and seminars to educate the youth on FP/RH; awareness building and education for the community on the importance of attending pre-natal and post-natal clinics; education of men on the importance of their active role in FP/RH healthcare; retrain health workers on technical updates on PAC; address timely utilization of PAC services and strengthen referral systems; disseminate PAC information within communities; develop sustainable emergency transportation plans; and explore the potential of developing community payment schemes for postabortion care. ACQUIRE staff updated the Post Abortion Care Working Group on the project activities in June 2006 in Washington, DC. Final project documentation of phase one is in process. Phase II, to be implemented in the next fiscal year, will include follow-up and consolidation of activities, as well as an evaluation component that will include analysis of the replication process and lessons learned, recommendations and guidance, and documentation and dissemination of results.

***Standardizing PAC in Cambodia: local NGOs recognize its importance.*** ACQUIRE works at the national level in Cambodia to develop PAC protocols, training materials, and trainers and to support local NGOs (RHAC and RACHA) to work at the health facility level. Over the past year, ACQUIRE collaborated with local partners to develop a National PAC Protocol to standardize services and promote greater integration of family planning into PAC services. A PAC technical working group, organized and supported by RACHA, was formed to draft and finalize the protocol. Working group and contributing members include the MOH/National Maternal Child Health Center, UNFPA, UNICEF, RACHA, RHAC, MediCAM, CARE, PSI, Marie Stopes, USAID, and DFID. The final version of the Protocol is being reviewed by local partners, and it is expected to be finalized and submitted to the MOH for approval by the end of September 2007; and then disseminated widely.

ACQUIRE provided technical assistance to both RHAC and RACHA supervisory and management staff through adaptation of existing monitoring tools and development of RHAC's own PAC protocol for use in service provision, monitoring, supervision, and quality improvement at its clinics. RHAC developed their own protocol for PAC services, in line with the draft national protocol to which they contributed and helped develop. It has served as a reference manual for their clinics and training resource for the expansion and

monitoring of services in the RHAC clinics. ACQUIRE provided input on the initial and final draft versions. As a result of this work, PAC services are now provided in 5 of the RHAC clinics.

The draft Global PAC Resource Package was useful in the development of both Protocols. In particular, the assessment guide for establishing or scaling up PAC services provided a useful outline for the content of the PAC protocol. Many of the recommended resources served as reference and sources of information, including the IMPAC manual and Postabortion Care, A Reference Manual for Improving Quality of Care, Postabortion Care Consortium, 1995. This evidence base was particularly very helpful in developing consensus and clear language about the benefits of delaying pregnancy following both full term pregnancies and abortions.

A PAC study tour to the Philippines was organized in November 2005 for RHAC providers, trainers, and program managers to observe service management and improve their clinical skills. A study tour to Nepal for MOH and RACHA staff to assess the PAC strategic initiative and strong clinical training program there was postponed due to political unrest and will take place this fiscal year. In preparation for greater focus on clinical and practical skills in upcoming training, seven of the original trained PAC trainers were trained in coaching and preceptorship skills in May 2006. This training provided an opportunity to assess the clinical skills of the trainers themselves. Birth spacing counseling skills, a key priority of the PAC interventions, were noted to be weak, in part due to the long standing separation of acute PAC interventions from birth spacing services at higher level facilities. This need will be specifically addressed in training center development, refresher training for trainers, on-going PAC training, and clinical preceptorship.

## **Revitalization of underutilized methods**

*ACQUIRE catalyzed the revitalization of IUDs within the Kenyan national program.* ACQUIRE's OPRH core-funded pilot program in Kisii district has shown great success. This innovative, holistic global approach simultaneously addressed both supply and demand deficiencies in the District resulting in 1,106 clients served during the period July 2005 to June 2006 in the pilot area with long-acting and permanent methods, nearly 50% of which are IUD users.

Based on these positive results and advocacy to policymakers, USAID/Kenya and the GOK will continue to invest in revitalization efforts in Kenya. USAID/Kenya had requested the seven APHIA II bilaterals integrate IUD scale-up into their work plans, which includes a continued ACQUIRE role to scale-up the IUD campaign nationwide. However, due to funding cuts (40%) plans for this scale-up/roll-out have been deferred to FY 2007/08. Under the Western Bridge Funding, the IUD will be promoted province wide through 1) training of all family planning service providers in the province, 2) support for improved commodity logistical systems, and 3) active community mobilization activities to support this effort through the existing Behavior Change Communication (BCC) structures established and strengthened by the previous AMKENI project. At the national level, the project Director for the Western Bridge Funding is exploring with USAID and the Division of Reproductive Health the use of Bridging funds to support the production of the Kisii campaign print materials—"Fahamu ukweli wa mambo" ("Know the truth about the IUD") posters and brochure-for use by other APHIA bilaterals. ACQUIRE will provide TA to the bilaterals through the creation of a media plan for scale-up of the IUD campaign.

ACQUIRE designed community interventions to challenge myths and rumors and to increase knowledge of the benefits of the IUD through radio, community events, and education campaigns using satisfied clients. The campaign is a "myth-busting" campaign, directly countering the most entrenched rumors about the IUD and positioning it as a flexible method with many unique benefits. The campaign carries the slogan "Fahamu ukweli wa mambo" (Translation: Now you know the truth) and features women and couples-satisfied users-'standing up' to challenge the myths and negative perceptions held by their peers. Peer educators and CBD agents were trained to serve as information and referral agents for FP/IUD services. Seventy-two peer educators were trained in April 2006, and a total of 375 CBD agents were trained.

***Leveraging core funding and technical assistance to revitalize IUD services in three countries.*** Over the past year, ACQUIRE worked in collaboration with bilateral projects in Ethiopia, Mali, and Nigeria to revitalize and increase access to IUDs.

In Ethiopia, ACQUIRE provided technical assistance to the MOH and the Pathfinder-led bilateral to ensure that 11 facilities in the Amhara Region provide IUD services in addition to other FP methods. Global staff supported field staff to conduct a PNA; develop a joint action plan to be implemented by the bilateral and its partners; conduct a CTU on the IUD; provide clinical IUD training and informed choice training for community health workers; conduct quality improvement exercises; and develop community outreach activities and a communications strategy. To support and synergize with supply interventions, a set of demand creation materials will soon be launched.

In Mali, ACQUIRE has worked with the MOH and two bilaterals—ATN (led by Abt) and Keneya Ciwara (led by CARE)—to improve family planning method mix and revitalize the IUD. ACQUIRE global staff assisted field staff to conduct a PNA and determine an action plan to improve the use, access to, and quality of IUD services at four health centers in Bamako. During FY 05-06, ACQUIRE global staff provided technical assistance to field staff to develop an IUD communications strategy and to introduce quality improvement at the four project facilities. Anecdotal reports from the USAID Mission suggest an increase in IUD uptake. The Mission has welcomed the boost that the demand creation TA has given. This has led to integration of these activities into the current PSI bilateral (and a phase-out of our direct involvement in Mali).

In Nigeria, ACQUIRE provided technical assistance to the MOH and the COMPASS bilateral (led by Pathfinder) to revitalize the IUD in Lagos State. As part of the process of revitalization, USAID/Nigeria and COMPASS requested that ACQUIRE lead partners in a PNA that focused on IUD services in 14 local government areas in Lagos State. In March 2006, ACQUIRE staff returned to Lagos to lead the assessment and to conduct a CTU on FP (with a focus on the IUD). At the end of the PNA, the stakeholders developed an action plan to revitalize the IUD. As a result of ACQUIRE's activities, the bilateral and USAID are very interested in IUD revitalization—as evidenced by USAID's monitoring of COMPASS to be sure that IUD interventions from the action plan are included in their work plan. The PNA identified the attitudes and actions of men and community leaders as a significant barrier to women's receiving IUD services. Technical assistance to partners on addressing these barriers is planned for FY 06-07.

***Increased IUD use in Guinea.*** In FY 2003/04, ACQUIRE global staff collaborated with field staff to conduct a performance needs assessment to identify performance gaps and determine appropriate interventions to increase access to and use of LAPMs; and to conduct a study on community awareness of and barriers to LAPM to better understand how to increase awareness and access to long-term and permanent methods. ACQUIRE and its partners designed a pilot program based on the study and PNA recommendations and action plan that aimed to raise community and client awareness of LAPMs and to strengthen the capacity of the MOH to provide IUD services in 6 facilities in the Siguiri district of Upper Guinea.

On the supply side, over the past fiscal year, field staff has trained a cadre of 11 specialized trainers in IUD insertion, counseling and infection prevention. Data from whole site training sessions and medical site visits showed that providers in the 6 facilities improved their performance in IUD service provision following the training sessions. On the demand side, ACQUIRE global staff provided technical assistance to field staff to develop and launch a communications campaign that included the development of more than 600 posters and 2,000 brochures about the IUD. And global and field staff collaborated on community mobilization activities that resulted in the orientation of more than 700 community members in the Siguiri District to the IUD as a family planning option. As a result of ACQUIRE's work, the target communities in the Siguiri district are more aware of the IUD as a family planning option and IUD uptake acceptance has significantly increased at the 6 supported sites from 128 IUD clients served in FY 2004/05 to 373 in FY 2005/06.

*ACQUIRE's efforts to introduce vasectomy leveraged new resources and forged new partnerships in Honduras.* ACQUIRE's approach that closely knits supply and demand programming for hard-to-promote and culturally sensitive long-acting and permanent methods (LAPM) led to a dramatic increase in acceptors from 4 to 28 to 93 over the past three years. More importantly, anecdotal accounts in one hospital showed changes in attitudes of postpartum couples who originally wanted a female sterilization, but, upon learning about the vasectomy services, stated that they would rather have a vasectomy. ACQUIRE's programmatic inputs were introducing men's reproductive health (RH) services in health facilities, conducting clinical vasectomy trainings, developing, pre-testing and launching a vasectomy communications campaign, and conducting an assessment in collaboration with PSP-One to expand the vasectomy initiative through private sector providers.

ACQUIRE's work with the private sector also included leveraging support from private media to continue the vasectomy campaign. For example, the Honduras Herald (El Heraldo) published an article about no-scalpel vasectomy in its health section, which will be the first of four articles, which reached an estimated 90,000 persons. Both newspapers, The Prensa and the Herald also published the vasectomy campaign poster, free of charge, for several consecutive weeks. The campaign created interest among health professionals evidenced by requests from hospitals for ACQUIRE technical assistance in the coming year.

### **Integrating family planning into other health services**

*Expanding partnerships on PEPFAR positive prevention program to include family planning in Uganda.* As a result of the FP-ART pilot activities with TASO, the USAID/Uganda Mission invited ACQUIRE to collaborate with TASO/SCOT, CDC, and several Ugandan AIDS-focused NGOs to implement a new initiative called Positive Prevention. ACQUIRE and its partners developed program activities including updating current HIV counselor training with family planning materials, supporting counselors and HIV groups offering services to integrate family planning information-sharing, counseling, method provision, and/or referral. During the last quarter of FY 05-06, ACQUIRE met with local partners to develop the project's implementation plan. During the first quarter of FY 06-07, ACQUIRE assisted the TASO/SCOT training team to produce an FP-integrated, Positive Prevention counseling and service provision training manual. ACQUIRE is also in the process of implementing a PNA at select ART centers in three districts, to ensure that project interventions address the unique service system characteristics of public, NGO, and research sector sites.

*Ground-breaking work to integrate family planning with HIV programs takes hold.* In Ghana, ACQUIRE developed and implemented a 15-month pilot to integrate family planning counseling and services into HIV care and treatment services in two public sector hospitals. Preliminary observations by a local research team (with TA from FHI) suggest that FP information is being incorporated into the ART clinics' health talks, FP counseling is beginning to take place, and clients are accepting condoms (male and female), pills, and injectables at both facilities though the numbers are small. Additionally, there has been an initial shift in providers' and supervisors' attitudes and practices in support of the rights of people living with HIV/AIDS to make decisions about their future fertility. Challenges to FP-integrated ART services require additional TA to the supervisory system and the organization of work in high-volume setting. ACQUIRE is implementing a second integration pilot in Uganda in collaboration with the AIDS Support Organization (TASO) at the Mbale antiretroviral therapy center. ACQUIRE is providing technical assistance to TASO to integrate family planning into existing care and treatment services for women using ARVs. ACQUIRE adapted the Ghana training curriculum to the Ugandan context. Following the FP training of TASO trainers and 15 counselors and providers, FP services at the ART center were officially launched.

## **Mainstreaming gender and male involvement activities**

*Addressing gender stereotypes and roles that increase vulnerability to HIV infection using PEPFAR funds in Kenya.* The Men as Partners (MAP) - HIV prevention program is designed to empower men to become change agents by teaching them to recognize the roles and norms that can put their own health and relationships at risk. The ACQUIRE NYS MAP Program aims to prevent HIV/AIDS transmission by helping NYS staff and communities to understand and change high-risk behaviors that spread the infection by addressing gender stereotypes related to reproductive health. Over the past fiscal year, ACQUIRE trained and supervised a cadres of NYS Master Trainers. As a result, 11 NYS units held MAP workshops for youth on gender issues as they relate to HIV. As a result, participants were engaged and actively discussed the issues even after the end of the training.

ACQUIRE also implements a MAP program with USAID/REDSO funds that focuses on reducing gender-based violence and improving men's attitudes towards the use of RH services among long-distance truck drivers through the ROADS project. ACQUIRE developed a training manual for this program and held a MAP workshop with them in June 2006. Four more workshops are planned for the first quarter of FY 2006/2007. In addition, ACQUIRE also facilitated a training workshop for mainstreaming gender and MAP into programs for CAFS partners and for Family Health Options Kenya (FHOK). As a result, participants developed and have been implementing action plans. Similar workshops for CAFS partners in Ethiopia (Oromia Development Association and Amhara Development Association) are ongoing.

*Increasing capacity of regional organizations to integrate gender into programming.* In September 2005, the ACQUIRE Project in collaboration with USAID's Interagency Working Group on Gender (IGWG) conducted a five-day intensive training on gender integration and male engagement for 40 participants from three organizations supported by REDSO—the Regional Centre for African Family Studies (CAFS) in Kenya, the Regional Center for Quality of Health Care (RCQHC) in Uganda, and the Commonwealth Regional Health Community Secretariat (CRHCS) in Tanzania. Each of these organizations provides technical assistance to other organizations in the region. The training focused on gender, gender integration, Men as Partners, and gender-based violence. The result was increased capacity and plans for the regional organizations to integrate gender-related programming into their current workplans, using key lessons learned from the training. Specifically, CRHCS is integrating gender into its pre-service curricula; RCHQC is integrating gender into their on-going quality of care work; and, CAFS has planned technical assistance activities to support their community-based partners in implementing Men As Partners programs.

During FY 05/06, ACQUIRE project staff provided a ToT on gender, Men as Partners, and gender-based violence for CAFS and one of its partner organizations, Family Health Options of Kenya (FHOK). Twenty participants attended the ToT. As a result, CAFS now has the capacity to train their partners in the East Africa region and has implemented three trainings for their partners in Kenya and Ethiopia. FHOK is now using MAP approaches in its gender based violence work.

## **IR 2: IMPROVED PERFORMANCE OF SERVICE DELIVERY PROVIDERS**

### **Strengthening provider support systems**

*Integrating the fundamentals of care (FoC) into assessments and interventions.* Ensuring good-quality care is essential to efforts to increase the use of health services. ACQUIRE focuses on three essential service-delivery elements across its programs: informed and voluntary decision making; medical, improving FP/RH care and safety and quality assurance. These three elements constitute the Fundamentals of Care (FoC) that are built upon a framework of clients' rights and staff needs that ensure client-centered care on the one hand and an enabling atmosphere for service providers on the other. These are published in the

ACQUIRE Fundamentals of Care (FOC) Resource Package. This package takes each of the three FoCs and provides illustrative performance statements, proposed indicators and links to existing tools and references, all of which can be used in the design, implementation and evaluation of interventions supporting service delivery.

Over the past year, ACQUIRE applied the FoC in eight countries in Asia, Africa and the Americas (Bangladesh, Bolivia, Honduras, Ghana, Nigeria, Kenya, Tanzania, Uganda), most notably in the provision of facilitative supervision technical assistance, needs assessments, evaluation studies, and in the IUD standardization workshops. In particular, the FoC served as a foundation for the IUD Standardization Workshop held in Kenya in November 2005 for Africa country program medical associates/trainers and in Ghana in June 2006 for the AWARE and QHP Project trainers (this was later replicated by QHP for additional QHP trainers); FoC served as a framework for developing the facility/provider portion of project baseline assessments in Bolivia and Tanzania and in the PNA in Bangladesh, Uganda, Mali, Kenya, Ghana, Bolivia, and Ethiopia, and Nigeria; and FoC is a foundation for on going work to strengthen supervision and expand quality assurance within health facilities in Tanzania, Uganda, and Bangladesh, Bolivia, and Honduras.

***Standardizing ACQUIRE's approach to IUD clinical training.*** The need for clinical training in IUD insertion and removal is one of the key needs that emerged from an analysis of the results of the PNAs in ACQUIRE countries, particularly in relation to the IUD. As a result, over the past year, ACQUIRE led two standardization IUD workshops based on the latest scientific information about the high safety and efficacy of the IUD and the related new WHO eligibility criteria. Also addressed are the challenges of generating change in medical settings; specifically increasing providers' knowledge; reducing their widespread and unfounded biases against the IUD; and, increasing their engagement as active FP (and IUD) service providers. Participants are given an opportunity to review their respective national guidelines and training curricula for consistency with these latest findings and WHO recommendations. Participants also reviewed best programmatic practices, as well as refreshed their IUD insertion, removal, and side-effects management skills. Participants received an up-to-date IUD resource package on CD-ROM and developed country-specific action plans for providing IUD-related technical assistance and training in their respective programs.

Thus far, ACQUIRE global staff have conducted two IUD standardization workshops in collaboration with field staff. The first took place in November 2005 in Kenya and included the participation of 18 senior clinicians/trainers from Ethiopia, Kenya, Mali, Tanzania, and Uganda and representatives from the Kenya MOH, and the AMKENI bilateral project. A subsequent workshop was conducted for the AWARE Project, a USAID-funded regional bilateral for West Africa, in Accra, Ghana. The 40 workshop participants included AWARE clinical trainers and program staff from Ghana, Sierra Leone, Nigeria, and Cameroon, Ghanaian MOH officials, and USAID representatives. As a result of this event, AWARE will be carrying out a similar training for Francophone countries during FY 2006/2007. An interesting finding from the events is that guidelines and curricula were found to be generally up-to-date; the major challenge identified is ensuring that providers follow the guidelines.

***ACQUIRE scaled up and replicated SOTA supervision techniques*** The facilitative supervision approach and curriculum was validated as important to the Bangladesh health system. Participants from national, regional, district, and upazilla levels of the Directorate of Family Planning embraced, adapted, and implemented the approach and materials developed by ACQUIRE in 2005. This success was replicated in Uganda in 2006 with a series of workshops on facilitative approaches, first in Mayuge District and then scaled up in 4 additional project districts in Uganda. The workshops helped to build the knowledge, skills, and attitudes among senior MOH/RHD and District Officials that will enable them to implement a facilitative approach to supervision and support improved provider performance and quality of the health care services.

*Using proven training approaches to increase the access and quality of maternal health services in Benin.* ACQUIRE increased access and quality of maternal health services at 66 sites in the departments of Oueme/Plateau and Zou/Collines through a training approach combining three topics (the use of protocols, emergency obstetric and neonatal care (EONC) and active management of the third stage of labor (AMTSL), and 3 types of training (classroom training, self-directed learning and coaching). Currently PPH/AMTSL services are available at all but one health facility in 4 health zones in the two departments. Evaluation results show that all service providers in target districts are now able to manage EONC cases and practice AMTSL to standards, the working environment has improved (confidentiality, infection prevention practices, and service organization), and service protocols are available at all targeted sites. Quarterly service statistics reports indicate that 75.17% of vaginal deliveries are performed with AMTSL, and that the number of haemorrhage cases and referrals for obstetric emergencies has significantly decreased. For instance, ABD health zone in Oueme/Plateau Department reported 22 PPH cases and 309 complications in 2004; and only 7 PPH cases and 73 complications in 2005. The number of referrals also significantly decreased from 10 to 0 for PPH and from 100 to 40 for complications between 2004 and 2005. Similarly, COZO health zone in Zou/Collines Department reported 24 PPH cases and 218 complications in 2004; in 2005, COZO reported only 17 PPH cases and 95 complications. Regarding referrals, COZO reported 10 referrals for PPH and 57 for complications in 2004. In 2005, only 5 PPH cases and 18 complications were referred.

### **IR 3: STRENGTHENED ENVIRONMENT FOR FP/RH SERVICE DELIVERY**

*Collaborating with FHI on Improving Contraceptive Continuation.* On Nov. 29-30, 2005, ACQUIRE co-sponsored an interagency workshop with FHI in Washington, D.C. to address the problem of contraceptive discontinuation. Family planning programs have historically focused on recruiting new contraceptive users, but have paid less attention to retaining and supporting existing clients. The gathering of approximately 50 research and program experts from the USAID cooperating agency community examined the evidence from research and program experience about individual, community, service delivery, and environmental factors that support and hinder continuation—of hormonal methods in particular. The objectives of the meeting were to identify the most promising interventions that could be scaled-up or replicated to improve continuation rates, as well as knowledge gaps that warrant further study.

ACQUIRE helped design the workshop, provided resources for the background paper, and identified experts to invite. In addition to participating in the discussions, ACQUIRE staff moderated a panel on research and program perspectives, presented the program perspective on factors related to CPI, addressed service delivery that relates to method and contraceptive continuation, and facilitated the small group discussion about how the service delivery environment affects access and continuation rates.

*Promoting evidence-based programming to support national reproductive goals in Ethiopia.* ACQUIRE played a lead role in organizing and conducting a meeting for key stakeholders in April 2006 to promote the systematic documentation, sharing and use of information to define program needs and inform program interventions. For two days, more than fifty representatives of the MOH, national and international NGOs and donors reviewed recent trends in fertility and reproductive health and their associated factors, discussed government goals and strategies, exchanged practices and program approaches that appear promising for meeting existing needs in Ethiopia, and made recommendations for strengthening the documentation, routine sharing and adoption of promising practices to improve programs and reproductive health outcomes. ACQUIRE collaborated on the design of the meeting, managed the collection and synthesis of proven and promising practices that provided a basis for discussion (with MAQ GLP support), and made a plenary presentation on fostering change on behalf of the MAQ/IBP Fostering Change Task Force. The meeting was a joint effort of the MOH, USAID/MAQ and the IBP initiative, and was supported by MACRO/ DHS. As a result of this meeting, USAID/ Ethiopia committed to organizing a series of meetings at the regional level to coincide with the formal dissemination of the new DHS report to seek input on interpreting the data, foster ownership of the evidence, and promote the exchange of evidence-based

practices and program approaches that could be applied or expanded to help meet reproductive health goals at the regional level.

***Fostering LAPM data collection in family planning service delivery research.*** ACQUIRE participated in an ORC/MACRO-led review committee of the ORC/MACRO Service Provision Assessment (SPA), a tool that provides internationally comparable information on the extent to which health services are being provided at the expected standard, as well as information on factors related to the service delivery environment that may contribute to positive or negative findings. The SPA's current family planning component focuses on short-term methods. ACQUIRE advocated for a stronger emphasis on LAPM and worked with ORC Macro under the DHS+ program to revise the family planning components to include more questions on long-acting and permanent methods following standards and guidelines from the latest WHO Medical Eligibility Criteria. As a result, in the future, the reproductive health community will be armed with key LAPM indicators that are comparable across regions and countries.

## B. GLOBAL PERFORMANCE DATA

As discussed in the overview, the process of documenting ACQUIRE's progress towards results has undergone significant changes since project inception based on the 2004 introduction of the revised O/PRH results framework which focused core support on global leadership, knowledge generation and management, and support to the field. As a result of the changes, the project management staff, in close consultation with USAID/W, developed two draft PMPs (in 2004 and in 2005) in an attempt to integrate the global leadership agenda into the field-oriented framework and to better reflect the project's proposed legacy, "to provide more choices of methods and services to more people in more places." However, these attempts – when juxtaposed with the original results framework and the emerging O/PRH reporting needs – were confusing and did not support the essential purpose of the PMP which is to guide data collection, monitoring and evaluation and reporting project results.

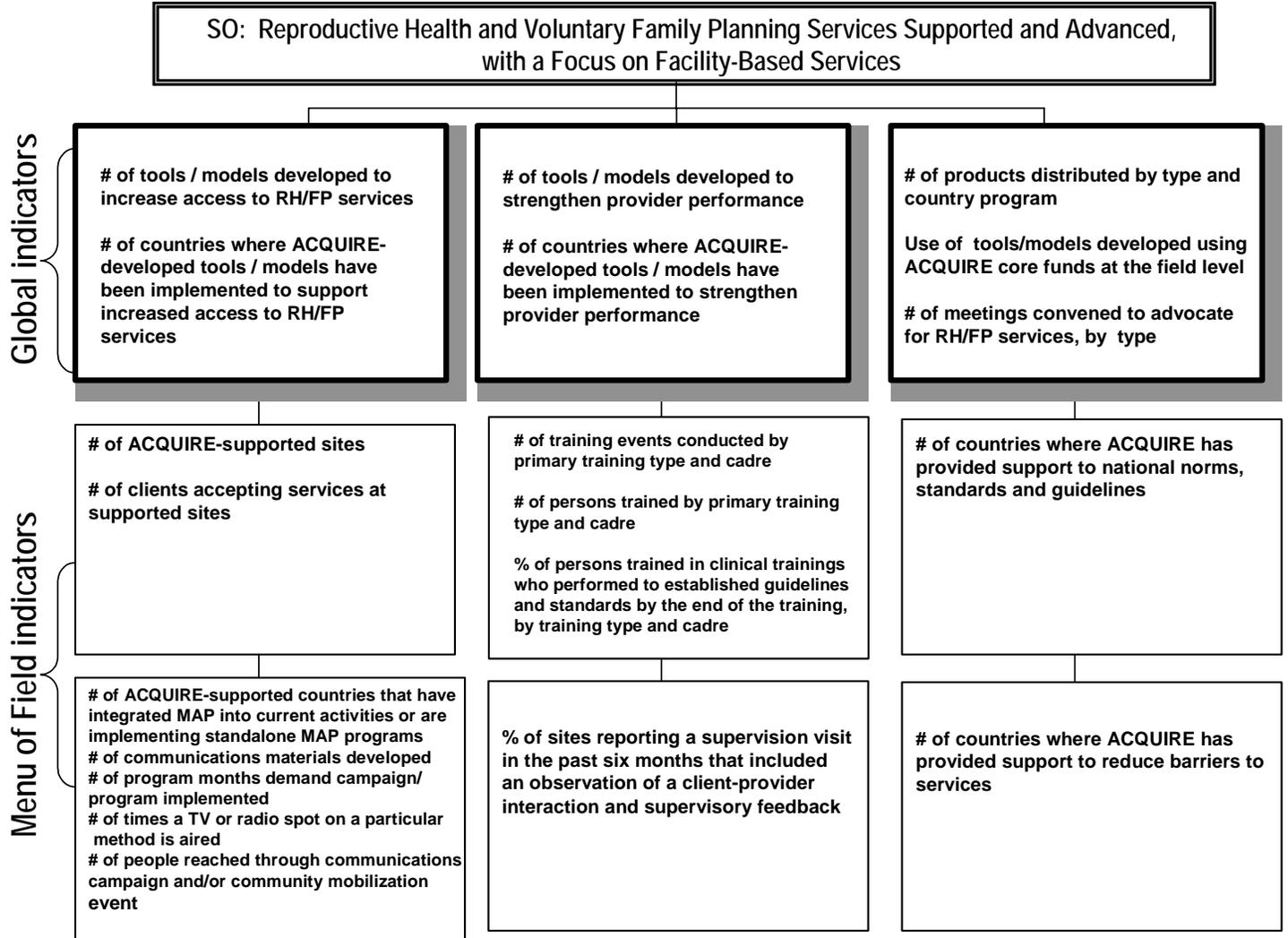
Although the full PMP remains in draft, USAID/W approved the final indicators in June 2006. The final indicators shown in Figure 3 and are organized by IR. Where available, indicator data is provided in this report, although it was agreed that ACQUIRE would begin to report on these indicators after July 2006. The indicators are divided into two levels: global and field. On the global side, ACQUIRE retrospectively determined actual values for FY 2003/04 and 2004/05, and developed planned values for the global indicators for the remainder of the project. Table 1 shows that ACQUIRE met or exceeded the majority its global benchmarks over the past year. It should be noted that *the number of hits on key documents* on the ACQUIRE website lacks values because this indicator relies on WebTrends and Google Analytics, software that was unavailable to the Project until after May 2006.

On the field side, ACQUIRE uses the menu of indicators to guide field programs in harmonizing their indicators with NY requirements, where applicable and feasible given human and financial constraints. These indicators are reported by country rather than in aggregate<sup>2</sup>. The actual values for these indicators are reported in the field programs appendix of this report as available.

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<sup>2</sup> It should be noted that this approach is based on lessons learned from previous EngenderHealth cooperative agreements, where service statistics were "rolled-up" over the life of the project for all countries, but were meaningless in the aggregate given the varied, dynamic annual country portfolio and differing indicator definitions.

FIGURE 3. ACQUIRE PERFORMANCE INDICATORS



**Table I: ACQUIRE achievements**

	FY 03/04	FY 04/05	FY 05/06		FY 06/07	FY 07/08
<b>IR 1</b>	Actual	Actual	Planned	Actual	Planned	Planned
# of tools / models developed to increase access to FP/RH services	3	7	12	11	13	13
# of countries where ACQUIRE-developed tools / models have been implemented to increase access to FP/RH services	1	10	12	12	13	14
<b>IR 2</b>						
# of tools / models developed to strengthen provider performance	4	6	8	8	8	8
# of countries where ACQUIRE-developed tools / models have been implemented to strengthen provider performance	1	6	9	11	9	10
<b>IR 3</b>						
# of meetings convened to advocate for FP/RH services, by type	0	1	3	1	8	11
# of products developed by type	5	26	62	57	86	98
# of hits on key documents on the ACQUIRE website	N/A	N/A	N/A	N/A	N/A	N/A
<i>Note: tracking technology put into place in May 2006; values will be reported next fiscal year</i>						

<b>RESULT NAME:</b> IR 1		
<b>INDICATOR 1:</b> Number of tools / models / approaches developed or adapted to increase access to FP/RH services		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	N/A	3
2004/05	N/A	7
2005/06	12	11
2006/07	13	
2007/08	13	

**UNIT OF MEASURE:** Cumulative number

**SOURCE:** Project reports

**INDICATOR DESCRIPTION:** Number of tools, models or approaches developed and/or adapted by ACQUIRE global staff to increase access to FP/RH services. \*\* indicates that ACQUIRE developed the tool, model or approach or did so in collaboration with other cooperating agencies.

This year's planned value was not met as the FP in Fragile States Guide was dropped as an activity as per USAID/W direction.

FY 2003/04:

1. Baseline/endline (B/E) refers to data collection methodology and tools developed by MEASURE and adapted to the ACQUIRE project with MEASURE TA
2. \*\*Supply/demand (S/D) refers to country-specific approaches to supply and demand programming that emphasizes strengthening the supply of services while simultaneously addressing demand for LAPM through a combination of communications, marketing and community mobilization interventions; the LAPM demand focus has been on the IUD and vasectomy
3. \*\* Men As Partners® (MAP) refers to global technical assistance given to programs to design strategies and activities--usually within existing programs--that increase male access to FP/RH information and services and promote constructive male involvement in FP/RH services for their families and within communities.

FY 2004/05:

4. \*\*Reality √ refers to a tool to assist program managers to assess the feasibility of projections for contraceptive use in the context of existing resources
5. \*\*IUD revitalization refers to global technical assistance given to bilateral projects and Missions to identify needs and devise strategies to expand the use of IUDs; strategies have used a combination of participatory approaches (e.g. the PNA from PRIME II), partnership, and applying a supply and demand approach; technical assistance has included the transfer of tools and knowledge to local counterparts using an ACQUIRE-developed IUD learning guide and WHO's IUD Toolkit.
6. \*\*Young marrieds refers to global technical assistance given to programs to meet the FP/RH needs of young married couples, which includes support to design a program strategy, develop and implement M&E plans and tools, and introduce training curricula.
7. Community mobilization for postabortion care (PAC) refers to global technical assistance given to programs—based on the model developed by CATALYST—to design strategies that assist community groups to identify PAC—related problems in their communities; analyze the causes and consequences of these problems; and design action plans, including linking with health facilities, to address barriers and needs.

FY 2005/06: 4 tools/models were developed; one was dropped as per USAID/W direction

8. \*\*LAPM Guide refers to a guidance document to assist health planners to design LAPM services; the document was drafted and sent to USAID/W for comment.
9. \*\*Integration Guide: refers to a guidance document that includes the definition of integration and a conceptual framework; document has been drafted and submitted to USAID/W for comment.
10. \*\*FP for HIV+ Women Training Manual: refers to a training curriculum, job aids, client brochure and supervision checklist designed to support HIV+ women and their partners to achieve their fertility intentions.
11. \*\*FP/HIV+ Women (CD-Rom): refers to a CD-Rom completed in collaboration with FHI entitled, *Contraception for Women and Couples who are HIV-Positive* to assist facilities to provide FP within HIV care and treatment settings; distributed copies to all field offices.
12. FP in Fragile States Guide: refers to the development of a guide to assist health planners in fragile states to think through key considerations and steps for effective FP/RH programming; this activity was dropped as per USAID/W direction.

<b>RESULT NAME:</b> IR 1		
<b>INDICATOR 1:</b> Number of countries where tools / models / approaches have been implemented to support increased access to FP/RH services		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	N/A	1
2004/05	N/A	10
2005/06	12	12
2006/07	13	
2007/08	14	

**UNIT OF MEASURE:** Cumulative number

**SOURCE:** Project reports

**INDICATOR DESCRIPTION:** This indicator tracks the number of countries that introduced any ACQUIRE-developed tools / models / approaches *for the first time*, to date, 12 countries have implemented tools or models. In FY 2005/06, Bolivia and Senegal were added to the list. Countries may introduce more than one tool or model and implementation may continue into subsequent years; however counties are only counted once. Introduction details are listed below.

1. Bangladesh: FY 2004/05: **B/E**: global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; FY 2005/06: **Reality √ tool**: global staff introduced the Reality √ tool to field staff; work will continue next year with the assistance of Dr. John Ross; **S/D for vasectomy**: global staff worked with core staff to develop a media plan and campaign for vasectomy that integrated elements of demand into the supply side interventions for vasectomy.
2. Bolivia: FY 2005/06: **B/E**: global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; **Integration**: global and field staff collaborated to translate global integration framework (FP Integrated HIV Services: A Framework) into Spanish and will use the framework to work with local stakeholders to integrate FP, Maternal Health and PAC services under the new Associate Award.
3. Ethiopia: FY 2004/05: **IUD revitalization**: global staff assisted field staff to conduct a PNA and to incorporate the recommendations into COPE action plans; global staff also worked with field staff to provide clinical IUD training and updates for providers; FY 2005/06: **S/D for IUD**: global staff worked with the field to develop a demand creation strategy and develop and pre-tested a communications campaign.
4. Guinea: FY 2004/05: **IUD revitalization**: global staff assisted field staff to conduct a PNA and a special study to explore community KAP related to LAPM; results informed the development of a LAPM strategy for Guinea with an emphasis on the IUD; FY 2005/06: **S/D for IUD**: building on the previous year's work, global staff provided TA and launched community mobilization activities and provided TA for communication materials development.
5. Ghana: FY 2003/04: **S/D for vasectomy**: Global staff assisted field staff to develop, monitor, and evaluate a vasectomy pilot that included a communications campaign to promote vasectomy services in 2 regions; global staff led the analysis and final report writing, publication and dissemination of a final report that was disseminated internationally and posted to website and intranet; FY 2004/05: **IUD revitalization**: Global staff assisted field staff to collaborate with CHPS and Frontiers to test strategies for improving community-level

access to IUD services. Frontiers completed the baseline report over the past year; **Integration** global staff provided technical assistance to field staff to design an FP-HIV integration pilot to assess HIV+ clients' contraceptive needs and facility systems' capacity to deliver FP services; FY 2005/06: **FP/HIV+ Women (CD-Rom)** as part of the integration pilot, global staff assisted field staff to train in-country partners using this CD-Rom.

6. Honduras: FY 2004/05: S/D for vasectomy: global staff assisted field staff to replicate the Ghana vasectomy pilot, including the development and launch of a vasectomy communications campaign that has since been scaled up by the MOH in specific regions; **MAP**: global staff assisted field staff to increase access to and promote vasectomy; activities included training in vasectomy service provision and in whole site "male friendly service" training.
7. Kenya: FY 2004/05: S/D for IUD: global staff assisted field staff to develop a strategy in the Kisii district to address barriers to and improve the uptake of the IUCD as part of a balanced method mix, global TA has included assistance in the implementation of a PNA, clinical and counseling training, developing ways to address logistics & supply issues, establishing referral networks and CBD agent networks, helping to train community peer educators to conduct outreach work, and to develop communications campaign to address barriers to IUD use; work continued in FY 2005/06; FY 2005/06: Community PAC global staff assisted field staff to replicate the Bolivia model; the first phase of replication was completed and documentation of results is underway; phase two will be conducted next fiscal year.
8. Mali: FY 2004/05: IUD revitalization: global staff assisted field staff to support bilateral programs to improve family planning method mix and revitalize the IUD; this has included support to conduct a PNA; TA to bilaterals for IUD messaging and communications; and the introduction of COPE at 6 facilities.
9. Nepal: FY 2004/05: Young marrieds: global staff assisted field staff to support an adolescent project in 2 districts that are focus areas of the NFHP bilateral; global TA included the development of a literature review of programming related to young marrieds; provided TA to finalize program design and develop M&E plans and tools, training curricula, and to technical oversight of a baseline evaluation study.
10. Senegal: FY 2005/06: IUD revitalization: global staff assisted field staff to revitalize the use of IUDs in 16 districts with a focus on reducing provider bias against IUDs; interventions included assessing site readiness, reviewing standards, guidelines and curriculae, training of trainers, training, provision of IUD kits, monitoring and follow-up of trainees.
11. Tanzania: FY 2004/05: Reality √: global staff created the tool to assist field staff to work with the MOH and local stakeholders to assess contraceptive prevalence projections nationally and regionally. FY 2005/06: B/E: global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; **S/D for LAPM**: global staff assisted field staff to develop a LAPM strategy that included supply and demand components; on the demand side, global staff assisted field staff to plan and implement in-country stakeholder meetings to develop a demand generation strategy.
12. Uganda: FY 2004/05: Reality √: global staff used the draft tool to assist field staff to assess contraceptive prevalence projections. FY 2005/06: Integration: global staff assisted field staff to develop a strategy to collaborate with SCOT/TASO to integrate FP into Positive Prevention Project; **S/D for IUDs and implant**: global staff assisted field staff to initiate IUD and implant service delivery implementation activities in 4 districts, to develop a demand-side strategy and action plan, to develop and pre-test a communications campaign, and to conduct vasectomy trainings and outreach; **FP/HIV+ Women (CD-Rom)** global staff assisted field staff to conduct integration training using this tool.

<b>RESULT NAME: IR 2</b>		
<b>INDICATOR 1: Number of tools / models / approaches developed to strengthen provider performance</b>		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	N/A	4
2004/05	N/A	6
2005/06	8	8
2006/07	8	
2007/08	8	

**UNIT OF MEASURE:** Cumulative number

**SOURCE:** Project reports

**INDICATOR DESCRIPTION:** Number of tools, models or approaches developed and/or adapted by ACQUIRE global staff to improve provider performance. \*\* indicates that ACQUIRE developed the tool, model or approach or did so in collaboration with other cooperating agencies.

FY 2003/04:

1. \*\*Facilitative Supervision (FS) for Medical Quality Improvement Curriculum refers to training curriculum that focus on teaching supervisors to ensure the fundamentals of care (see below) of facility based services.
2. Family Planning (FP) Counseling Curriculum refers to a curriculum that helps trainers develop providers' skill in assessing clients' needs and tailoring counseling to them, including adolescents and HIV+ individuals.
3. \*\*Updated No-scalpel Vasectomy (NSV) Curriculum refers to a curriculum, originally published in 1997, that is used to train vasectomists and vasectomy assistants in vasectomy procedures. Global staff updated the curriculum to include findings from recent clinical studies related to new occlusion techniques and follow-up procedures.
4. Performance Needs Assessment (PNA) refers to the adaptation and promotion of the PNA tool, developed by the PRIME II project, to guide the development of evidence-based, stakeholder-owned program strategies.

FY 2004/05:

5. \*\*Fundamentals of Care (FoC) Resource Package refers to a reference document to guide program managers, providers and supervisors to incorporate FoC into all stages of program activities and service provision. The FoC are: informed and voluntary choice, safety of clinical procedures and services, and mechanisms of quality assurance and management.
6. \*\*Performance Improvement, Quality Improvement, and Participatory Learning and Action (PI/QI/PLA) guidance document refers to a guidance document for program staff on how to integrate these different approaches to ensure comprehensive programming.

FY 2005/06:

7. \*\*Culture Competence Manual refers to collaboration with MSH to adapt their US-based training resource entitled, Provider Guide to Quality and Culture, which includes a training curriculum and tools, to an international low resource setting.
8. \*\*Whole district (WD) refers to global technical assistance given to programs to design strategies that strengthen health systems at the district level in support of facilities-based FP/RH services, focusing on supervision, training and logistics systems.

<b>RESULT NAME:</b> IR 2		
<b>INDICATOR 1:</b> Number of countries where tools / models / approaches have been implemented to strengthen provider performance		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	N/A	1
2004/05	N/A	6
2005/06	9	11
2006/07	9	
2007/08	10	
<p><b>UNIT OF MEASURE:</b> Cumulative number</p> <p><b>SOURCE:</b> Project reports</p> <p><b>INDICATOR DESCRIPTION:</b> This indicator tracks the number of countries that introduced any ACQUIRE-developed tools / models / approaches <i>for the first time</i>, to date, 9 countries have implemented tools or models. In FY 2005/06, Bolivia, Nigeria, and Tanzania were added to the list. Countries may introduce more than one tool or model and implementation may continue into subsequent years; however countries are only counted once. Introduction details are listed below.</p> <ol style="list-style-type: none"> <li>1. Bangladesh: <b>FY 2004/05: NSV:</b> global staff assisted field staff to field test the revised NSV curriculum during a field-based NSV training; global staff used participant feedback to further revise the curriculum and submitted it to USAID/W for review; <b>PNA:</b> global staff assisted field staff to conduct a PNA that focused on the FoCs; results were used to strengthen the country workplan in areas related to counseling, informed choice, infection prevention, non-compliance with national standards, and weak training systems; <b>FY 2005/06: PNA:</b> global staff assisted field staff to conduct a second PNA—requested by stakeholders from the first PNA—that focused on how to more effectively support providers in the supervision system—this included <b>FOC</b> as a guiding principal; <b>FS Curriculum:</b> global staff worked with field staff to test the curriculum in two training courses within the national, regional, district and upazilla levels within the Directorate of Family Planning; <b>FoC</b> was a guiding principal for the curriculum; global staff used feedback from participants to finalize the curriculum and the final curriculum will be used to train district level supervisor in two districts in the upcoming year.</li> <li>2. Bolivia: <b>FY 2005/06: FOC:</b> global staff integrated the FoC into the facility/provider portion of the project baseline, and is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities; <b>PNA:</b> global staff led a PNA in collaboration with field staff, bilateral projects and local NGOS to reach consensus on desired provider performance and interventions to improve service quality, including improving compliance with national norms and standards, and updating knowledge and skills; recommendations were integrated into the ACQUIRE field-based workplan; <b>FOC</b> served as a framework for this PNA.</li> <li>3. Ethiopia: <b>FY 2004/05: PNA:</b> global staff assisted field staff to conduct a PNA that focused on the revitalization of IUD activities; staff found that provider knowledge and skills are low and that the availability of equipment and supplies constrains service delivery; <b>FOC</b> served as a framework for this PNA.</li> <li>4. Guinea: <b>FY 2003/04: PNA:</b> global staff assisted field staff to conduct a PNA that identified an underutilization of long-acting and permanent methods; following ACQUIRE identified tone district as a focal point for the long-acting and permanent method revitalization strategy described above under IR 1.</li> </ol>		

5. Ghana: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that focused on FP and HIV integration and showed a lack of any integration of HIV and FP at supported sites; **FOC** served as a framework for this PNA; the PNA became the starting point for an ACQUIRE collaboration with FHI to increase access to contraceptive services for women receiving ARTs; FY 2005/06: **FOC** served as a foundation for the AWARE and QHP trainers in the IUD standardization workshop; this was later replicated by QHP for additional QHP trainers.
6. Honduras: FY 2005/06: **FOC** is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities.
7. Kenya: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA to inform the country partnership interventions that focused on revitalizing family planning and the IUD; **FOC** served as a framework for this PNA; findings confirmed that provider knowledge and information about the IUD was inaccurate or outdated; that provider counseling skills needed improvement; findings resulted in the development of a joint MOH-ACQUIRE strategy to revitalize both the supply and demand side of IUD services; **FOC** served as the foundation for the IUD standardization Workshop held in Kenya In 11/05 for African country program medical associates and trainers.
8. Mali: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that focused on the revitalization of IUD activities; **FOC** served as a framework for this PNA; staff found that provider knowledge and skills are low and that the availability of equipment and supplies constrains service delivery.
9. Nigeria: FY 2005/06: **PNA:** global staff assisted field staff to conduct a PNA; the **FoC** served as a framework for the PNA.
10. Tanzania: FY 2005/06: **FoC:** global staff integrated the FoC into the facility/provider portion of the project baseline and is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities; **WD:** global staff provided technical assistance to design a strategy for scaling up training activities in support of the long-acting and permanent method expansion in 10 regions.
11. Uganda: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that was used as an assessment tool at the district level to set the stage for increasing access to long-acting and permanent methods, developing the capacity of district health teams to use the tool themselves and provide support to other district in its use; FY 2005/06: **WD:** global staff provided technical assistance to field staff to develop a district strategy to strengthen elements of supervision, expand quality assurance within health facilities, and facilitate development of strategic training plan using the **FOC** as a foundation; **PNA:** global staff assisted field staff to conduct a PNA; the **FoC** was a guiding principal this PNA.

<b>RESULT NAME:</b> IR 3		
<b>INDICATOR 1:</b> Number of meetings convened to advocate for FP/RH services		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	0	0
2004/05	0	1
2005/06	3	1
2006/07	8	
2007/08	11	
<p><b>UNIT OF MEASURE:</b> Number</p> <p><b>SOURCE:</b> Project reports</p> <p><b>INDICATOR DESCRIPTION:</b> Tracks the total number of meetings where staff has advocated for a focus on reproductive health and family planning services.</p> <p>USAID/W has identified 'Repositioning Family Planning' as a priority for its work in sub-Saharan Africa. USAID/W requested ACQUIRE to conduct case studies to document the changes in three countries that have shown positive changes in CPR and decreases in TFR (Malawi, Zambia, and Ghana), and in two countries where a plateau in these indicators had occurred (Senegal and Tanzania).</p> <p><u>FY 2004/05:</u> ACQUIRE presented the case study results from the first set of countries; <u>FY 2005/06:</u> ACQUIRE presented the findings from Tanzania and Senegal.</p>		

<b>RESULT NAME:</b> IR 3		
<b>INDICATOR 1:</b> Number of products developed by type		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2003/04	N/A	5
2004/05	N/A	26
2005/06	62	57
2006/07	86	
2007/08	98	
<p><b>UNIT OF MEASURE:</b> Cumulative number</p> <p><b>SOURCE:</b> Project reports</p> <p><b>INDICATOR DESCRIPTION:</b> Tracks the total volume and variety of ACQUIRE-developed products. A product is defined as an information vehicle to increase aware of results, lessons learned and best practices and must be posted on the ACQUIRE website or intranet.</p> <p><u>FY 2003/2004:</u> 2 E&amp;R studies; 3 donor reports; <u>FY 2004/05:</u> 15 E&amp;R studies and reports; 3 donor reports; 3 case studies</p> <p><u>FY 2005/06:</u></p> <ul style="list-style-type: none"> <li>• <b>E&amp;R studies:</b> 16 studies: see Evaluation and Research Studies section for details</li> <li>• <b>Donor reports:</b> 2 reports: 1 semi-annual report and 1 annual report completed and submitted to USAID</li> <li>• <b>Program reports:</b> 8 reports <ul style="list-style-type: none"> <li>○ Get A Permanent Smile: Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana</li> <li>○ Repositioning Family Planning Case Study Reports (4)</li> <li>○ Traumatic Gynecological Fistula as a Consequence of Sexual Violence in Conflict Settings: A Literature Review</li> <li>○ Improving the Use of LTPM in Guinea</li> <li>○ PNA on the Revitalization of the IUD in Mali</li> </ul> </li> <li>• <b>Technical updates:</b> 2 Updates: Community Mobilization and Traumatic Gynecologic Fistula</li> <li>• <b>Project briefs:</b> 1 Brief: Acquiring Knowledge: A Focus on the Fundamentals of Care</li> <li>• <b>Meeting reports:</b> 2 Reports: Traumatic Gynecologic Fistula: A Consequence of Sexual Violence in Conflict Settings: A Report of a Meeting Held in Addis Ababa, Ethiopia, September 6-8, 2005, and Consultation on Improving Contraceptive Continuation: Meeting Proceedings: Washington, D.C., November 29-30, 2005: An interagency workshop organized by Family Health International and the ACQUIRE Project</li> </ul>		

### III. EVALUATION AND RESEARCH STUDIES

Table 2 shows ACQUIRE evaluation and research studies finalized in FY 2005/06. ACQUIRE planned to conduct 18 E&R studies over the past year, indicated below as (\*\*). In total 16 were completed, and 2 remain ongoing. The remaining 9 studies listed below were begun in 2004/05 and completed this fiscal year. All completed studies in Table 2 are abstracted in Appendix 2 and grouped by ACQUIRE theme. It should be noted that a large number of these studies are designated as pre-intervention studies, including baseline studies and assessments used to plan programs. In the final two years of the project, we will focus on follow-up or post-intervention studies to demonstrate programmatic outcome. Additionally the reader will note that each study has an assigned code (e.g. ETH-03) that refers to a number in the ACQUIRE studies database that is housed on a common drive; study proposals, tools, final reports and abstracts are all posted to the ACQUIRE extranet.

**Table 2 Summary of Studies**

Study name	Status	Comments
<b>Programming support to increase access to long-acting and permanent methods</b>		
1. **Baseline survey in Bolivia [BOL-02]	<b>Completed</b>	Final report in English and Spanish; disseminated in-country and within the CA community; posted on ACQUIRE website and intranet; abstracted below.
2. **Evaluation of the use of PDAs in the Bolivia baseline survey [BOL-03]	<b>Completed</b>	Results presented at GHC; GHC requested a journal article; article under review at GHC; abstracted below.
3. **Baseline survey in Tanzania [TAN-03]	<b>Completed</b>	Final report in English; disseminated in-country and within the CA community; posted on ACQUIRE website; abstracted below.
4. **Baseline survey in Azerbaijan <sup>3</sup> [AZ-01]	<b>Completed</b>	Final report in English; disseminated in-country and within the CA community; posted on ACQUIRE website; abstracted below.
5. **PNA for the Revitalization of FP/LAPM in Hoima District, Uganda [UGA-02]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below
6. **PNA for the Revitalization of FP/LAPM in Sembabule District, Uganda [UGA-03]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below
7. “Get a Permanent Smile” Vasectomy Campaign Communications Evaluation [GHA-02]	<b>Completed</b>	Final report in English; disseminated in-country and within the CA community; posted on ACQUIRE intranet; abstracted below.
<b>Revitalization of underutilized methods</b>		
8. **PNA of Revitalization of IUD in Ethiopia [ETH-03]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.
9. **PNA of Revitalization of IUD in Nigeria [NIG-04]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.

<sup>3</sup> This baseline study was undertaken by the ACQUIRE Associate Award in Azerbaijan; global staff assisted field staff in the study design, implementation, analysis and report writing.

<b>Study name</b>	<b>Status</b>	<b>Comments</b>
10. **Evaluation of the F&HWC intervention in Bangladesh [BA-11]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below
<b>Integrating family planning into other health services</b>		
11. **OR project to scale up PAC services in Tanzania (in collaboration with Frontiers) [TAN-05]	<b>Ongoing</b>	Study report drafted and being finalized. Report will inform policy change in Tanzania to decentralize PAC services from district hospitals to health centers and dispensaries.
12. **Dual protection study in South Africa (in collaboration with University of Cape Town) [SA-05]	<b>Ongoing</b>	This study began on schedule in Feb 2006. Field work is now complete and data analysis is underway. We expect project completion by the end of September 2006.
13. Performance Needs Assessment for the Integration of STI/HIV and FP, Ghana [GHA-06]	<b>Completed</b>	Final report in English; disseminated in-country and within the CA community; posted on ACQUIRE intranet; abstracted below.
14. Follow-up and Performance evaluation of service providers trained in PAC/FP in Benin [BEN-02]	<b>Completed</b>	Final report in French; disseminated in-country and within the CA community; English copy not yet received; English copy will be posted on ACQUIRE intranet; abstracted below.
15. Performance Needs Assessment: Integrating FP Counseling & Services into ART Services in Uganda [UGA-05]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below
<b>Strengthening provider support systems</b>		
16. **PNA to Strengthen the Supervision System in Bangladesh [BA-12]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.
17. **PNA on RH and Quality of Care in Bolivia	<b>Completed</b>	Not considered a study (no primary data collection was done). This PNA used existing data and focused on a stakeholder workshop to ensure strategic coordination, promote effective use of limited resources, and maximize synergy among the USAID implementing partners and the MOH. Final report in English on file; disseminated in-country.
18. Follow-up and performance evaluation of service providers trained in EONC/AMTSL/ protocols [BEN-04]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.
<b>Mainstreaming gender and male involvement activities</b>		
19. **Baseline Survey of RH for Married Adolescent Program in Nepal [NEP-02]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.
20. Focus Group Discussions (FGDs) with Mothers Law and Husbands of Married Adolescents (second phase of above study) [NEP-03]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.

<b>Study name</b>	<b>Status</b>	<b>Comments</b>
21. **Evaluation of the MAP in Hillbrow / Esselen Clinic to Reduce GBV and Promote Positive Male Involvement in HIV/AIDS and Reproductive Health in South Africa (w/MEASURE) [SA-04]	<b>Ongoing</b>	Staff from the MEASURE project protocol is currently changing the design of the study. A revised study protocol will be submitted to the USAID South Africa mission in September 2006. Once the protocol is approved by USAID it will be submitted to the appropriate institutional review boards.
22. **Promote Positive Male Involvement in HIV/AIDS and RH in South Africa (w/Frontiers) [SA-01]	<b>Ongoing</b>	Field work was completed in August 2006. Data analysis is underway. Initial findings from pre and post-interviews are expected by October 2006.
<b>Fistula</b>		
23. **Assessment of Fistula Services in Guinea [GUI-06]	<b>Completed</b>	Not considered a study although methodology required informed consent oversight; Final trip report on file; disseminated in-country.
24. **Assessment of Fistula Services in Rwanda [RWA-02]	<b>Completed</b>	Not considered a study although methodology required informed consent oversight; Final trip report on file; disseminated in-country.
<b>Other</b>		
25. Follow-up and performance evaluation of community health workers trained in community EONC [BEN-03]	<b>Completed</b>	Final report in English; disseminated in-country; posted on ACQUIRE intranet; abstracted below.



## IV. FUNDING OVERVIEW

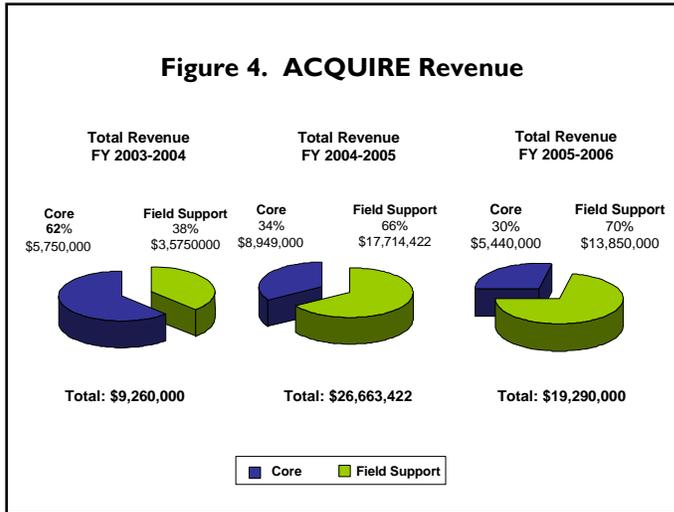


Figure 4 shows the total revenue for the ACQUIRE Project (\$55.2M) disaggregated by Core and Field Support in FY 2003/04, FY 2004/05, and FY2005/06.

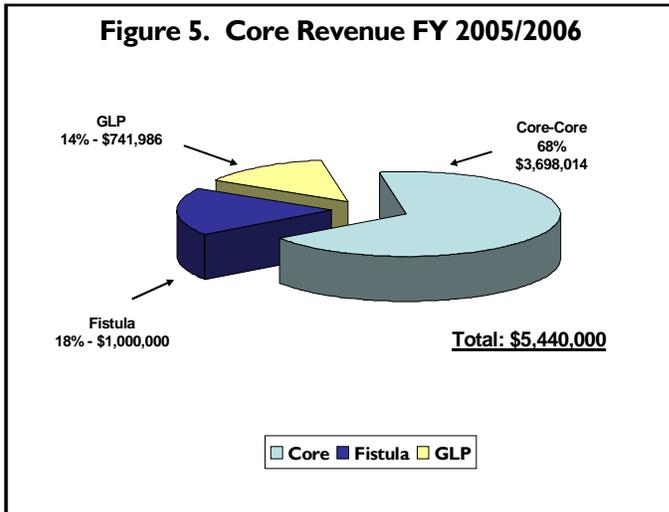


Figure 5 shows Core revenue for FY 2005/06 (\$5,440,000).

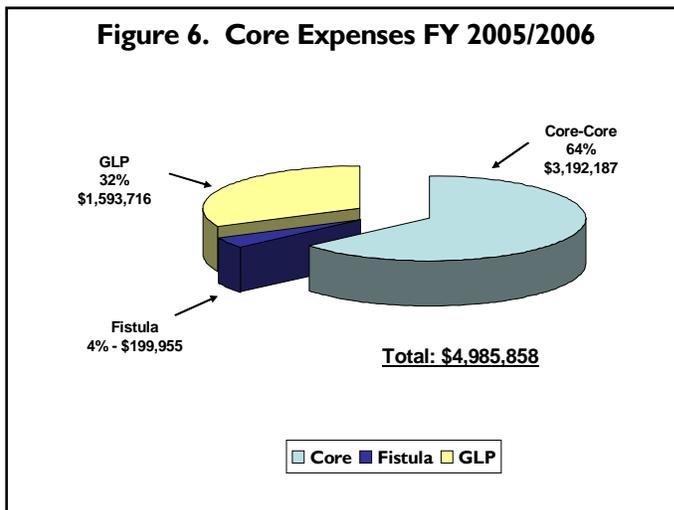


Figure 6 shows Core expenses for FY 2005/06 (\$4,985,858). ACQUIRE received core funding in FY2005/06 in three types: Core-Core (\$3,698,014); Global Leadership Priorities (GLP - \$741,986); and Fistula (\$1,000,000). Part of the Core-Core funding included “swapping” \$614,000 with field support funds earmarked for a continuation of the Ethiopia FlexFund activity.

**Figure 7. Field Support – Revenue/Expenses  
FY2005/2006**

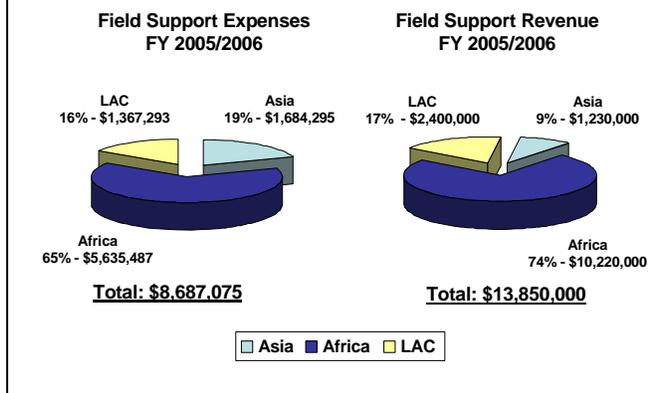


Figure 7 shows FY 2005/06 revenue and expenses for field support. By far, the largest amount of Field Support revenue received was for Africa. In Africa, approximately 15% of the total (\$10.2 M) was PEPFAR funding. Tanzania received the largest tranche overall (\$4.1M), followed by Kenya (\$2M), Ethiopia (\$917K), Guinea (\$713K), South Africa (\$700K), Uganda (\$690K), Benin (\$500K), Rwanda (\$300K), and REDSO (\$300K). In Asia, Bangladesh received \$1M which accounted for 81% of the total for the region (\$1.2M); Nepal received \$230,000. Latin America continued to receive significant funding, with Bolivia receiving \$2M. This accounted for 83% of the total (\$2.4M) for the region. Honduras received \$400,000.

**Figure 8. Actual Core Funded Subaward to Date (10/1/2003- 6/30/2006)**

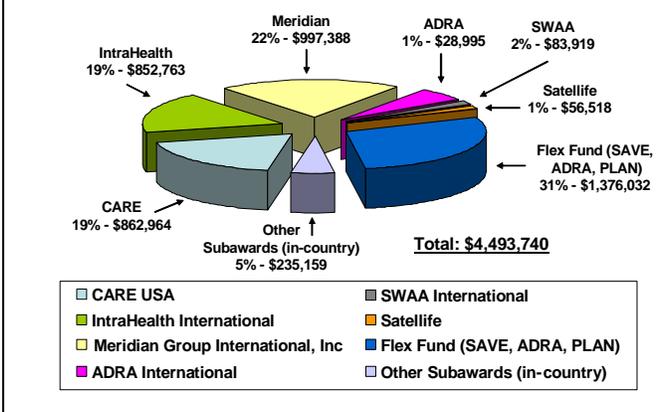


Figure 8 shows the subaward funding to partners to date. ACQUIRE has allocated the core funds as agreed in the initial agreement among the partners. CARE, IntraHealth and Meridian have received the higher amounts and together account for 60% (excluding the Flex Fund) as they have seconded full-time staff assigned to ACQUIRE. ADRA and SWAA, as Field Partners, received lesser amounts. Satellite, as a technical partner received funds exclusively for work in Bangladesh and Bolivia. The Ethiopia FlexFund (a pass-through account) accounted for 31% of the total core subaward amount. The funds were distributed among Save the Children, ADRA International, and PLAN International.

**Figure 9. Actual Core Funded Subaward Expenses to Date (10/1/2003- 6/30/2006)**

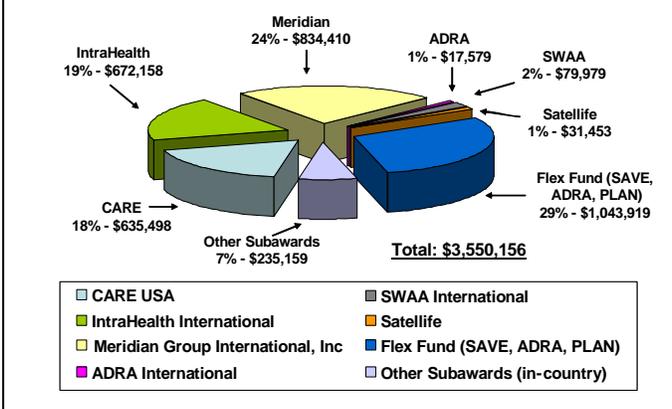


Figure 9 shows actual expenses incurred by the partners. Subaward expenses are significantly lower than the obligated amounts. This is only a reflection of financial time-lags and partner invoicing practices. The partners have all complied with the ACQUIRE agreement and are fulfilling their obligations.

## APPENDIX I: Status of Activities

ACQUIRE reports its activities by intermediate result semi-annually and annually. Table 1 shows the status of ACQUIRE activities for the period of this report (July 1, 2005 to June 30, 2006).

**Table 1: Activity achievements by result**

Activity	Status	Comments
<b>IR 1</b>		
<b>Expand access to IUD in four countries</b>		
Rwanda	Canceled	Mission decision to use funds for fistula led to cancellation of this activity.
Senegal	Ongoing	Work focused on revitalizing the use of IUDs in 16 districts, emphasizing training and technical updates to improve acceptability and access to services. The focus was on reducing provider bias against IUDs. Interventions included assessing site readiness, reviewing standards, guidelines and curricula, training of trainers, training, provision of IUD kits, monitoring and follow-up of trainees, and a visit at the end of the year to assess progress. Activity to be completed in FY 06/07.
Ghana	Ongoing	Collaboration with CHPS and Frontiers projects underway to test strategies for improving community-level access to IUD services. Frontiers completed baseline. Waiting to receive the next report after project implementation and their assessment of impact. ACQUIRE will provide feedback on the final report.
Guinea	Ongoing	Global staff provided TA and launched community mobilization activities and provided TA for communication materials development. Future work will focus exclusively on fistula.
<b>Expand vasectomy services and promotion</b>		
Tanzania	Ongoing	Vasectomy will be promoted and through an integrated LAPM “demand creation strategy”. Tanzania vasectomy case study completed and posted to intranet and ACQUIRE website.
Bangladesh	Ongoing	Advertising agency selected; media plan developed; campaign concepts developed and pre-tested; final concept selected and campaign development underway in close coordination with the Directorate General of Family Planning. Launch scheduled for January 2007 following elections.

Activity	Status	Comments
Honduras	Ongoing	Clinical training for vasectomy completed. Pre-test and launch of communications initiative completed. Continued radio campaign with second phase of media support underway in collaboration with HCP. Conducted assessment in collaboration with PSP-One to expand vasectomy initiative to private sector. Monitoring and documentation of results in initial sites continues. FY 06/07 is the last year of field support funding.
Rwanda	Canceled	Mission decision to use funds for fistula led to cancellation of this activity.
<b>LAPM Program Guidance</b>	Ongoing	First full draft completed and submitted to USAID/W in Aug 2006 for comment.. Draft will be packaged with the Reality $\sqrt$ tool.
<b>Integrate FP/RH and other RH services</b>		
Adapt and apply strategies to improve PAC uptake in up to 2 countries	Ongoing	Kenya: Phase 1 of the Community PAC model implemented. Documentation of Phase 1 results underway. Phase 2 and documentation/evaluation will be completed in FY 06/07. Tanzania: ACQUIRE interventions have been completed (with field support) and training, monitoring, and supervision systems established. Collaborating with FRONTIERS to monitor and evaluate activities. Model will be integrated into subagreements for selected districts as part of the national scale-up strategy in FY 06/07.
FP for HIV+ Women	Ongoing	Module developed with FHI on <i>Contraception for Women and Couples with HIV</i> . Ghana: Curriculum and training materials developed. PNA and training completed. Monitoring and evaluation with FHI ongoing. Uganda: Program planning for integrating FP into Positive Prevention project initiated in close collaboration with SCOT/TASO. Activity will be integrated into the Associate Award.
FP in PAC/Cambodia	Ongoing	Interventions continue to strengthen local capacity to include a clinical practicum within PAC training and to facilitate immediate access to FP counseling and methods following emergency treatment in public sector facilities.
<b>Integrate FP into postpartum services in 2 counties</b>	Ongoing	
	Benin	ACQUIRE program ended. Activity canceled.
	Bolivia	Review of Bolivia baseline results with stakeholders in November 2005 identified specific areas for FP integration into maternal health and PAC services. Next steps are to review ACQUIRE's draft approach to integration for application/adaptation in Bolivia Associate Award.

<b>Activity</b>	<b>Status</b>	<b>Comments</b>
<b>FP/HIV Integration Working Group</b>	Ongoing	Integration definition and conceptual framework drafted and presented to Service Delivery Subcommittee at November 2005 meeting.
<b>Finalize concept paper on integration</b>	Ongoing	Final draft concept paper on ACQUIRE's approach to FP-HIV integration was presented during the ACQUIRE Mini-U, January 2006 and is currently in internal review for editing.
<b>Develop Service Networks and partnerships</b>	Redesigned	This activity was redesigned and integrated into overall programming.
<b>TA to develop, implement, monitor, and document</b>		
Meeting the needs of young married couples  Care-Nepal	Ongoing	Initial Young Married Youth activities completed. Evaluation underway. Project activities continue to refresh peer educators and to engage communities. Work will be replicated in Bangladesh in the next fiscal year.
Care-Bangladesh	Not started	ACQUIRE partner engagement will be reviewed as part of Mission's request to develop a three-year vision for ACQUIRE activities in Bangladesh.
ADRA-Honduras	Ongoing	Collaborative relationship established with ADRA existing funds. Discussions underway for expansion of collaborative activities.
ADRA-Uganda	Completed	ACQUIRE provided staff and partners with an orientation on gender/male involvement. Future activities will be supported through the Associate Award.
SWAK-Kenya-PAC	Ongoing	See PAC Community Mobilization activity below in GLP section.
<b>Address the FP/RH needs of specific client groups</b>		
Strengthen programs to meet the needs of young married couples	Ongoing	Initial activities completed in Nepal with field support. Core funds continuing to provide TA for monitoring, evaluation and documentation of results.
Strengthen programs for constructive male involvement	Ongoing	Highlights include capacity building workshop for 3 REDSO-supported regional institutions in October 2005 and DC-based USAID training on GBV sponsored by the IAWG in November 2005. Technical assistance continued to have regional institutions incorporate male involvement in programs and work plans.
<b>IR 2</b>		
<b>Develop and test approaches that build capacity of providers, service sites and health supervisors to ensure quality of FP/RH services through sustained attention to the Fundamentals of Care (FoC)</b>		

Activity	Status	Comments
Integrate FOC into assessments and interventions	Ongoing	ACQUIRE developed a FOC resource package to assist program planners, managers, supervisors, and providers in designing, implementing, monitoring, and evaluating facility-based program interventions and services. FOC was a guiding principle for the development of the Facilitative Supervision curriculum that was field tested in Bangladesh in December 2005, and then used in on going work to strengthen supervision and expand quality assurance within health facilities in Tanzania, Uganda, and Bangladesh Bolivia, and Honduras.; FOC served as a foundation for the IUD Standardization Workshop held in Kenya in November 2005 for Africa country program medical associates/trainers and in Ghana in June 2006 for the AWARE and QHP Project trainers (this was later replicated by QHP for additional QHP trainers); FOC served as a framework for developing the facility/provider portion of project baseline assessments in Bolivia and Tanzania and in the PNA in Bangladesh, Uganda, Mali, Kenya, Ghana, Bolivia, and Ethiopia, and Nigeria;
Strengthen CPI, counseling, informed choice using integrated FP/RH counseling curriculum and updated FP module	Ongoing	A draft of the FP Counseling Curriculum was field tested in Kiisi, Kenya in December 2005 and in Azerbaijan in April 2006. Experience from these workshops, including feedback from trainees and the trainers, was used to guide final revisions to the curriculum and development of the standardization workshops. Final draft will be ready for USAID/W review in FY 06/07.
<b>Strengthen CPI, counseling and informed choice by increasing providers' cultural competence</b>	Ongoing	The Bolivia baseline results indicate that provider's cultural competence is a major factor affecting quality of services; ACQUIRE approached the Mission about their interest in this tool in February 2006. In July 2006 the Mission approved implementation of this project. This will be implemented in collaboration with MSH through a subagreement. The subagreement was approved by USAID/W in mid-July; activities will be conducted in FY 06/07.
<b>Develop and test an integrated model for strengthening training and supervision capacity at the district level to meet the performance needs of sites and providers</b>		

Activity	Status	Comments
Strengthening district level support systems (whole district model) for LAPM service delivery: Tanzania	Ongoing	ACQUIRE's support aims to strengthen health systems at the district level in support of facilities-based FP/RH services. In particular, it focuses on supervision, training and logistics systems. Over the past fiscal year this activity was modified to reflect the change in the overall scope and strategy of ACQUIRE's support to the Tanzania FP program. ACQUIRE's proposed expansion strategy is being finalized and will be submitted to the USAID Mission for review in early FY 06/07. ACQUIRE's support is designed to be integrated with the wider health sector reform program and sector-wide approach in which Council Health Management Teams (in districts) take charge of all planning, budgeting and management of their district health program
Apply the Performance Improvement Approach to review and address non-training needs of supervisors in 2 countries to supplement expansion of training in Facilitative Supervision	Ongoing	A PNA to address supervision was conducted in Bangladesh in August 2005 and the new Facilitative Supervision Curriculum was field tested there in December 2005. (ACQUIRE has received requests to implement supervision activities from Ethiopia and Bolivia and Tanzania; plans are under discussion.
<b>Facilitate collaboration between MSH/M&amp;L and ACQUIRE/Tanzania to build complementary management and leadership skills for district health supervisors in Tanzania</b>	Completed	The initial assessment visit was conducted by MSH in October 2005. Workshop and technical assistance provided by MSH in Kigoma Region.
<b>Apply and evaluate the BTC methodology to address key FP service delivery issues</b>	Dropped	Other than the work done in the prior year to develop an initial concept paper for moving this forward and the field-based collaboration in Tanzania with between ACQUIRE and QAP in Dar, we were unable to identify a program where this methodology can be applied. Hence this activity has been dropped.
<b>IR 3</b>		
<b>Improving knowledge to practice within and beyond ACQUIRE</b>		
Rollout, monitor and evaluate the KtoP SOPs (and best practices model) within ACQUIRE core and field programs	Ongoing	Knowledge management survey completed and preliminary analysis conducted (November 2005). SOPs on capturing and sharing knowledge have been established, and are posted on ACQUIRE's extranet. Dissemination plans are routinely developed for every publication, with strategies tailored to defined target audiences. Plans to evaluate the SOP's are underway. ACQUIRE's best practices model (stakeholder involvement in planning, creating a supportive environment for desired changes, developing capacity in the new practice or service, scaling-up what works and incorporating desired changes into ongoing systems) provides a framework for program development.

Activity	Status	Comments
Provide leadership to and participate in global initiatives and working groups to promote knowledge to practice and share experiences	Ongoing	Co-sponsored an interagency workshop with FHI's CRTU project in Wash., D.C. to address the problem of contraceptive discontinuation (Nov 2005); Provided substantial technical support to JHU HCP and INFO to conduct an interagency meeting on improving CPI to meet clients' FP needs in HIV/AIDS service settings (March 2006); Played a lead role in the advance work for and conduct of a national IBP meeting in Ethiopia (April 2006); Publication and dissemination of 3 case studies from the FP Repositioning Task Force, and developed two additional case studies in Senegal and Tanzania and one synthesis of all five case studies. Results were presented and well received by USAID (AID/W approval of final reports pending); Development and pilot-testing of an integration framework; Participated in the development of the IBP/MAQ Fostering Change Guide, which features ACQUIRE's program to revitalize IUDs in Kisii Kenya; Compiled a list of PAC indicators for programmers to sue in designing PAC programs
<b>Document and disseminate ACQUIRE products and learning</b>		
Update and maintain website and extranet	Ongoing	
Prepare and disseminate working papers, study reports, technical updates, project briefs and other project documentation - see list provided with July 7 workplan	Ongoing	<p>In FY 05/06, ACQUIRE published :</p> <ul style="list-style-type: none"> <li>• 3 country case studies on Repositioning FP (Ghana, Malawi and Zambia)</li> <li>• The Repositioning FP case study synthesis report</li> <li>• The traumatic fistula meeting report in English and French</li> <li>• The ACQUIRE annual report</li> <li>• Technical updates on: traumatic fistula, community mobilization and communications</li> <li>• A project brief on the Fundamentals of Care</li> </ul> <p>We also completed:</p> <ul style="list-style-type: none"> <li>• What's New in Long-Acting and Permanent Methods of Contraception: An International Development Perspective, article accepted by the ACNM journal for publication in 2007</li> <li>• The Ghana vasectomy report</li> <li>• 4 baseline surveys (Bolivia, Bangladesh, Tanzania and Azerbaijan)</li> <li>• Special study on vasectomy in Kigoma in collaboration with FHI</li> </ul>

Activity	Status	Comments
		<ul style="list-style-type: none"> <li>• Working draft of the Facilitative Supervision Curriculum for Medical Quality</li> <li>• Working draft of the Family Planning Counseling Curriculum</li> <li>• Project briefs on our work to increase supply and demand for vasectomy in Ghana, and on lessons learned from the AMKENI Project</li> </ul>
Disseminate ACQUIRE learning through participation in international conferences and seminars (e.g. APHA, GHC, IHI, HIV Conferences, etc.)	Ongoing	<p>Conducted skills-building workshops at the 7<sup>th</sup> International Conference on AIDS in Asia and the Pacific, and at the 14<sup>th</sup> International Conference on AIDS and STIs in Africa (ICASA).</p> <p>Shared ACQUIRE learning through presentations at:</p> <ul style="list-style-type: none"> <li>• Contraceptive Security Regional Meeting in Tanzania</li> <li>• APHA Conference</li> <li>• Global Health Council meeting</li> <li>• Psychosocial Workshop (PAA)</li> <li>• Nonprofit Technology (N-TEN) Conference</li> <li>• USAID Mini-University</li> </ul> <p>Co-sponsored interagency meeting on contraceptive continuation with FHI, and the JHU HCP-led meeting on CPI to meet the FP needs of HIV/AIDS clients.</p>
<b>Promote use of lower level providers for decentralized delivery of LTPM</b>	Not started	This activity was planned in response to a field-expressed need; however it was not deemed a priority for this year and was deleted from the workplan.
<b>GLPs and Special Initiatives</b>		
<b>MAQ IUD Country Partnerships</b>		
Mali	Ongoing	ACQUIRE global staff visited Mali in October-November 2005; an action plan was incorporated into FP Repositioning efforts of MOH/Mali; As requested by the bilateral, ACQUIRE worked with counterparts to develop an IUD communication strategy and provided technical assistance to introduce COPE in 4 Bamako facilities. Communications strategy completed, budgeted, and submitted to Mission. Mission requested that ACQUIRE complete its work and hand-off the program to the bilateral project.
Ethiopia	Ongoing	PNA recommendations were incorporated into COPE action plans/committees in more than eight facilities. Based on the PNA action plan, ACQUIRE provided clinical IUD training and IUD updates for Community Health Workers; participating facilities were assessed and upgraded; and a demand creation strategy was developed. Communications campaign developed and pre-tested.

Activity	Status	Comments
Nigeria	Ongoing	Initial visit in October 2005. PNA conducted March 2006. Technical assistance in MAP requested from ACQUIRE next fiscal year.
Overall - summary of lessons learned from MAQ IUD country partnerships	Ongoing	Concept paper under development to guide tools and methodology for case study reports; all cast studies and final synthesis report will be completed by June 2007
<b>OPRH Country Partnerships</b>		
Uganda	Ongoing	PNA completed in 4 districts. IUD and implant service delivery implementation activities ongoing in all 4 districts. Demand-side strategy and action plan developed. Communications campaign developed and pre-tested in Mayuge and Hoima. VSC training and outreach activities underway in Mayuge. Activities will be followed up next fiscal year through the Associate Award.
Kenya	Ongoing	IUD skills training completed. Communications campaign developed and pre-tested. Service delivery and supervision ongoing in Kisii District. Communications campaign launched, including trained spokespersons, a weekly 10-minute radio talk show, print materials, and pr coverage. Community component launched, including 372 CBD agents and 75 peer educators trained and dispatched.
<b>PAC Community Mobilization – Kenya</b>	Ongoing	ACQUIRE, led by the Society for Women and AIDS in Kenya (SWAK) replicated the Bolivian community PAC process within 5 project sites in the Nakuru district in the Rift Valley Province. This process included the engagement of community groups to develop action plans to prevent unsafe abortion and support the treatment of unsafe abortion, miscarriage, and other pregnancy complications; increase the local capacity to address the timely utilization of PAC services and strengthen referral systems; disseminate PAC information within communities; provide assistance to communities to develop sustainable community-based emergency transportation plans; and to explore the potential of developing community payment schemes for postabortion care. Draft documentation of results are under internal review.
<b>FP for women with HIV</b>	Ongoing	CD-ROM developed with FHI entitled, <i>Contraception for Women and Couples with HIV</i> . In Ghana in 2 GHS hospitals, PNA completed; prototype curriculum and training materials developed. Provider trainings completed. Job aids and client brochure developed and in use. Monitoring and evaluation with FHI ongoing. In Uganda, work initiated with TASO/Mbale; prototype curriculum adapted for Uganda requirements.

Activity	Status	Comments
<b>Fistula</b>	Ongoing	Fistula repair and training activities underway in Bangladesh, Ethiopia, Guinea, Rwanda, Uganda. Planning and negotiation underway for FY 2006/07 activities in above countries, plus in Nigeria, Sierra Leone and Ghana (with Mercy Ships) and regional efforts in East and West Africa. See Appendix for detailed fistula activities and results.
<b>Repositioning FP</b>	Ongoing	Plateau case studies in Senegal and Tanzania completed and reports submitted to GLP champion. Presentation to USAID/W conducted in April 2006.
<b>Contraceptive Security</b>	Ongoing	Collected input from field staff about the challenges they face in contraceptive security (CS), proven strategies and solutions, and remaining needs during the ACQUIRE mini-university in Jan. 2006. Subsequently compiled evidence of the needs and challenges regarding 2 gaps in CS systems (i.e., LAPM supplies and equipment, and the link from the district level to individual sites) from various studies (including ACQUIRE's PNAs and baseline studies). Established contact with USAID/W about an activity to address these gaps, and agreed that the next step would be to conduct a CS assessment in Tanzania. This was scheduled, postponed, and ultimately cancelled. Next steps will be taken in the first quarter of FY 2006-07.
<b>University of Cape Town Study - dual protection and fertility desires of HIV+ women</b>	Ongoing	This study began on schedule in Feb 2006. Field work is now complete and data analysis is underway. Project completion will occur by the end of December 2006.



## APPENDIX 2: Study Abstracts

### INCREASING ACCESS TO PERMANENT AND LONG-ACTING METHODS OF CONTRACEPTION

#### ACQUIRE Bolivia Baseline Study [BOL-02] [Pre-intervention]

**Objective:** The 2005 baseline survey is the first element in an evaluation whose objective is to measure the extent to which ACQUIRE activities in Bolivia have affected the availability and quality of family planning, maternal health, and PAC services at the facilities it supports.

**Design:** A quasi-experimental pre-test/post-test design is being used for the evaluation. The study tools include facility inventories, provider interviews, client exit interviews, and observations of consultations, and are based on the Quick Investigation of Quality methodology. With the assistance of MEASURE Evaluation, a representative sample of facilities across the country was drawn to correspond to the expected focus of ACQUIRE work between 2005 and 2009.

**Setting:** The baseline survey fieldwork was conducted between June and August 2005 at 234 health facilities: public sector primary-level health centers, secondary-level network hospitals, and tertiary-level referral hospitals, as well as various levels of sites operated by two NGO entities—PROSALUD and CIES.

**Study participants:** Health care providers and clients in the facilities surveyed.

**Interventions:** ACQUIRE Bolivia is one of five key actors in the new USAID/Bolivia health strategy, with responsibility for strengthening RH services. In addition to continuing FP work, ACQUIRE is expanding its technical assistance to cover the areas of maternal health and PAC, as well as integration of FP services into other RH services. Cross-cutting focuses are adolescents, RH services for men, intercultural issues, rights, quality, and infection prevention.

**Main outcome measures:** Availability of FP, PAC, and maternal health services and supplies; counseling; infection prevention; MAP; community outreach; intercultural communication; supervision systems and QI tools; provider training and knowledge; and IEC materials.

**Results:** Selected key findings include: *Availability of services and supplies:* The study revealed significant gaps in the supply of short-acting and long-acting contraceptive methods. Key emergency obstetric care services are unavailable in the majority of facilities. In addition, ANC consultations are a missed opportunity to give clients FP information and to speak with clients about future FP needs. *Infection prevention:* Lack of compliance with infection prevention standards, particularly related to handwashing, was seen during the observations of FP consultations. Gaps in infection prevention equipment were also seen. *Counseling:* The method most frequently discussed and accepted by FP clients was Depo-Provera. The majority of providers reported soliciting partner consent before offering the pill, IUD, injectables, vasectomy, and tubal ligation. *Supervision systems:* Providers lack support and facilitative supervision, particularly at the public sector sites. *Provider training:* Across contraceptive methods, large proportions of providers offered the methods but had not received training in them in the past three years. In addition, a noteworthy proportion of providers reported being trained recently in methods but not providing them. Providers are very much in need of trainings and refreshers related to maternal health, particularly emergency obstetric care. *IEC materials:* IEC materials related to FP are more widely available than materials related to maternal health and PAC. Gaps in availability of written norms and protocols exist across all facility types.

**Conclusions:** ACQUIRE Bolivia has used the findings from the baseline survey in a PNA among the partners participating in USAID's Health Strategy, as well as in general to guide ACQUIRE program planning

and to prioritize activities in each of the technical areas for which the project is responsible. In addition, the findings have been presented to the MOH at central and regional levels, as well as to ACQUIRE's NGO partners, for use in their program planning.

## **The Use of Personal Digital Assistants (PDAs) to Collect Baseline Survey Data: Lessons Learned from a Pilot Project in Bolivia [BOL-03]**

**Objectives:** To compare the use of personal digital assistants (PDAs) against the use of standard paper questionnaires for collecting baseline survey data.

**Design:** The PDA pilot was an additional component to a 234-site baseline survey. The sites, which were purposively selected, consisted of six where data were collected using PDAs and six where baseline data were collected by hand.

**Setting:** 12 sites in the Altiplano region of Bolivia, between June and July 2005

**Study participants:** Three of the 24 data collectors participating in the baseline were invited to participate in the pilot.

**Main outcome measures:** Perceptions of data collectors towards using PDAs to collect survey data; enabling factors and challenges in implementing the technology; and a documentation of the pilot process overall communities

**Results:** Findings from the pilot study revealed advantages and disadvantages for paper and PDA data collection. Data collectors responded positively to the use of the PDAs, but also noted areas for improvement, such as adding practice time and having a Spanish-speaker trainer. They noted that data collection with the PDA was faster and easier, especially for answering close-ended questions. Data were seen as more complete and reliable. Disadvantages of the PDA: Data from the paper questionnaires were all successfully collected, entered and integrated into the database for analysis. In comparison, data were collected with the PDA for six of the six sites, but they were successfully “hotsynched” or stored for only five of the six sites and incorporated into the database for only two of the six sites. In summary, we lacked data for one of the sites and were unable to interpret the data for three of six sites. The study has yielded a number of lessons learned – including ensuring existence of a backend database, testing all components and materials for field data collection prior to use in the field, developing an appropriate and adequate backup protocol, and assessing whether or not the technology “fits” the project – in weighing the decision to use PDAs for data collection.

**Conclusion:** Although paper proved a more reliable means of data collection, PDAs do have potential. Instead of dismissing the use of PDAs in general for data collection, we should consider the possibility that this technological tool may not have shared a good fit with the project. There are other uses of the tool, such as for monitoring, dissemination of information, etc., that might be more compatible. In planning the use of special technologies, it is important to consider the technology as an extension, rather than the primary focal point, of the project.

## Baseline survey in Tanzania [TAN-03] [Pre-intervention]

**Objectives:** A baseline study of the ACQUIRE project was conducted in 2004/2005 to measure the current situation of family planning and reproductive health services in Tanzania. Specifically the baseline sought to benchmark the current situation with respect to: availability of FP and postabortion care services; quality of care offered at family planning facilities; clients' perspectives of quality of care offered at family planning facilities.

**Design:** A pre- and post-test study design was used. The baseline, reported here, collected data using a facility audit, provider interview, client-provider interaction checklist, and client exit interview.

**Setting and dates:** 325 sites (61 hospitals, 91 health centers; 173 dispensaries) in ten regions of Tanzania, May 2005.

**Study participants/observations:** 310 facilities audited; 681 providers and 757 clients interviewed; 773 counseling interactions observed

**Main outcome measures:** Facility capacity and condition; quality of services; client experiences

**Results:** Less than one third of all facilities was prepared to provide *any one* long-acting or permanent family planning method (LAPM). Hospitals were better equipped than other facilities to provide LAPMs (more staff, equipment and infection prevention supplies). However, less than half of all hospitals had a doctor available for FP services. Among providers trained in ML/LA, 37% were not able to implement their skills, either due to lack of equipment, and/or because services are not available at the health facility. About half of all facilities (50%) did not have family planning signs, or posters advertising the availability of services. Supervision was found to be inadequate. PAC services were generally found to be inadequate with few trained providers.

Providers reported knowledge in method effectiveness for the IUCD (78%) and Norplant (75%), but knowledge of correct IUD insertion and sterilization was low. Some providers (21%) said they would not offer injectables to nulliparous women. In interactions only 39% of providers asked clients about reproductive intentions and 59% asked about method preference. Providers seemed to understand the importance of FP/STI integration and reported discussing STIs with FP clients. However, less than 10% of providers actually did so. In fewer than 25% of interactions did providers explain that condoms could be used for prevention of HIV/STI transmission.

Despite problems with service quality, most (97%) clients reported that they were satisfied with FP/RH services provided at facilities and would recommend services (94%) to family and friends.

**Conclusions:** The study concluded there is a need to: train and update knowledge of providers; strengthen supervision and management of the sites; improve media & public educational materials; improve availability to quality PAC services; tailor counseling to meet clients' needs; improve integration of HIV/STIs into FP services

## **Reproductive Health and Services in Azerbaijan: Baseline Survey in Five Districts [AZ-01] [Pre-intervention]**

**Objectives:** To identify supply and demand problems and barriers to services, provide data that could assist with project implementation, and allow determination of benchmarks and targets to measure success.

**Design:** Baseline survey to be repeated in year 5 of project. Tools included:

- A mapping/census exercise to develop a sampling framework
- An audit of a sample of public health facilities
- Structured interviews with health care providers
- An audit and interview in all apteks
- A survey of community members

**Setting:** 5 districts in Azerbaijan, May to July 2005

**Study participants:** Key informants, providers, community members (male & female), apteks

**Main outcome measures:** Community KAP, provider KAP, FP clients served, state of facilities

**Results:** Facilities are in poor repair and have an inadequate number of staff trained in FP and almost no FP commodities. Gynecologists are the only cadre allowed to prescribe FP and they are in short supply. Few women use FP and withdrawal and abortion appear to be the main methods of achieving low fertility. Some clients buy supplies directly from apteks, but even here, not many are served. Apteks have little training about FP and function within an ad hoc delivery system. Knowledge of FP in the community is low and modern FP use is only 9%.

**Conclusion:** Women currently face limited choices in their ability to control their fertility, often still resorting to abortion, despite the fact that the dangers of abortion are known in the community and among health professionals. Efforts are needed to provide women and men with healthy contraceptive alternatives, which they would most likely welcome. Ultimately, the government, health providers, and the community all want the same thing: Few people need to be convinced of the need for high-quality primary care services where effective contraceptive information and methods can be found. The response, however, needs to be multifaceted for both supply to be available and for demand to be generated and met. The study made many recommendations for improving services and increasing community demand that ranged from policy, to service delivery, training and contraceptive security, to demand creation through community KAP interventions.

## **The Performance Needs Assessment to Revitalize Family Planning in Hoima District, Uganda [UGA-02] [Pre-intervention]**

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

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

**Setting:** Nine health facilities (one hospital, one health center IV, and seven health center IIIs) capable of providing LAPM services.

**Study participants:** Health care providers, family planning users and non-users, men and youth. Stakeholders included: district health and planning officials, service providers, and local council chairpersons as community representatives, and representatives from Family Planning Association of Uganda (FPUA), Uganda Reproductive Health Advocacy Network (URHAN), and Islamic Health Association. The District Nursing Officer presided over and facilitated the meeting and the District Health Director officially closed the meeting. The POLICY Project II facilitated the presentation of FP data for Hoima.

**Interventions:** The ACQUIRE Project supports the Ministry of Health's (MOH) strategy for revitalization of family planning in Hoima District, Uganda. The PNA findings were used to propose interventions and develop an action to help direct the FP revitalization strategy in Hoima district.

**Main outcome measure:** Performance gaps to help revitalize family planning, particularly LAPMs.

**Results:** Results of the data collected demonstrated that facilities are not fully stocked with FP logistics and supplies. For instance, the majority of the facilities had stock outs in pills, Depo Provera and condoms on the day of the visit. PNA findings also showed a shortage of trained staff in LAPM services – 0/23 providers interviewed reported being trained in LAPM. Finally, group interviews with community members indicated that myths and misconceptions about LAPMs are present, there is little community support for family planning users, and men are not adequately sensitized to FP/RH and HIV/AIDS.

**Conclusion:** During the stakeholders' workshop, several intervention areas were identified: (a) training capacity development, (b) facilitative supervision and management of service, (c) in service training in logistics and supply management, (d) advocacy and social mobilization, and (e) message design targeting men on FP/RH and HIV/AIDS. An action plan was drafted from potential interventions identified by the stakeholders for each prioritized performance gap and its respective root causes. The action plans also identified the persons or group responsible for each activity and the time period for their completion.

## **The Performance Needs Assessment (PNA) to Revitalize Family Planning in Sembabule District, Uganda [UGA-03] [Pre-intervention]**

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

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

**Setting:** Five health facilities (two health center IV and three health center IIIs) capable of improving LAPM services.

**Study participants:** Approximately 22 stakeholders participated in the workshops. The stakeholders included local council officials, district health managers, church leaders, health personnel and NGOs/FBOs. The District Director of Health Services (DDHS) was facilitated the first and second stakeholder meetings. A representative from the Local Council and Secretary for Health in Mateete officially closed the meeting, exhibiting the district's full support of improving FP services in the district. The POLICY Project II presented family planning data for Sembabule. A representative from the Reproductive Health Services of the Ministry of Health also attended helping the Sembabule stakeholders to relate their standards to national health plans.

**Interventions:** The ACQUIRE Project supports the Ministry of Health's (MOH) strategy for revitalization of family planning in Sembabule District, Uganda. The PNA findings were used to propose interventions and develop an action to help direct the FP revitalization strategy in Sembabule district.

**Main outcome measure:** Performance gaps to help revitalize family planning, particularly LAPMs.

**Results:** Results of the data collection demonstrated that facilities were understaffed and there was low utilization of family planning services. Most of the facilities visited did not order contraceptives in the three months before the survey, and all the providers interviewed did not know how to calculate the quantities of contraceptives that their facilities needed. Of the 23 providers interviewed, 87% reported that age and number of children was a factor to consider when offering condoms and LAPMs.

**Conclusion:** During the stakeholders' workshop, several key intervention areas were identified and they include: (a) to ensure the availability of quality and regular LAPM services and proper record keeping, (b) to improve providers counseling in FP including LAPM skills, and (c) to ensure contraceptive equipment, commodities, and supplies at health facilities. An action plan of the potential intervention areas was developed by stakeholders for each prioritized performance gap and its respective root causes. The action plans also identified the persons or group responsible for each activity and the time period for their completion.

## **‘Get a Permanent Smile’ – Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana [GHA-02] [Pre-intervention]**

**Objective:** Study objectives were to determine the effect of the campaign on the awareness, knowledge, and attitude of the target market with regard to vasectomy, to determine the effectiveness of the campaign in terms of providing information about vasectomy services (i.e. where the service is provided, length of vasectomy procedure, safe and simple), and to determine which aspects of the campaign were best recalled.

**Design:** EngenderHealth contracted a local firm, Social Surveys, to design, implement, and analyze the results of the survey. Social surveys suggested using a panel study to measure the study objectives. Men were interviewed at pretest (before the campaign aired) and again at posttest (after the campaign ended). A stratified random sample of households in Metropolitan Accra was selected for the study. The total sample was allocated to each suburb (strata) in proportion to its population size. Within each suburb a snake-walk was used together with a sampling interval to select the actual households.

**Setting:** The communications campaign was aired in Metropolitan Accra and Kumasi. The study was implemented in Metropolitan Accra.

**Study participants:** The respondents were men between the ages of 30-55 years, married with at least 3 children, and reported that they did not want anymore children or were undecided about their future reproductive intentions. A total of 221 males were interviewed at pretest and 216 were successfully interviewed again at posttest.

**Interventions:** This communications campaign was part of a larger effort to increase use of vasectomy services by introducing and strengthening supply-side and demand-side interventions. Supply-side interventions included training providers in no-scalpel vasectomy and whole-site trainings sensitizing clinic staff to men’s reproductive health and needs. The communications campaign is part of the demand-activities side and consisted of two television advertisements, two radio advertisements, stickers and posters available at clinics and throughout the community, and brochures and leaflets also available at clinics. Facilities that were prepared to provide vasectomy services were identified in each of the communication materials.

**Results:** Results showed that awareness of vasectomy doubled from 31% at pretest to 59% at posttest, a higher percentage of men at posttest knew that vasectomy was an operation/surgery (49%) and that it prevents pregnancy (76%), and the percentage of men who would consider having a vasectomy in the future almost doubled from 10% to 19%. In terms of exposure to the campaign materials, 56% of men at posttest reported to have seen or heard one or more of the campaign components. The television ads had the highest recall at 44%, followed by the radio ads at 26%, and stickers and posters at 17%.

**Conclusions:** Overall the communications campaign did increase respondents’ awareness of vasectomy and improved their knowledge and attitudes about its characteristics. However since the pretest and posttest were implemented only 3 months apart and to the same individuals it’s important to consider how this affects the results. (See report for conclusions on the supply-side/demand-side model.)

## REVITALIZATION OF IUD

### Performance Needs Assessment on Revitalization of the IUCD: Ethiopia [ETH-03] [Pre-intervention]

**Objective:** To assess performance and identify appropriate solutions to revitalization of the IUD in Ethiopia.

**Design:** Performance Needs Assessment (PNA), a participatory process to involve stakeholders at all levels in a situation assessment that uses root cause analysis to determine the gaps between the actual and desired situation in their programs. The PNA also examined the external environment, which includes demand-related issues, including clients' perceptions and the context in which they choose to use - or not use - contraception. This PNA in Amhara had 44 participants/stakeholders from all levels of government, NGOs and services.

**Setting:** Amhara, Ethiopia.

**Study participants:** The PNA reviewed data from 2 previous studies undertaken by Pathfinder and FHI (that included provider and client and community interviews, facility assessments and a policy environment review). In addition, the group observed 10 client/provider interactions in 4 sites and reviewed recent service statistics from 13 sites.

**Main outcome measures:** knowledge and rumors in the community; need for spacing and limiting; community delivery systems; Quality of care; counseling and services; provider KAP; organizational support factors.

**Results:** The stakeholders reviewed the situation from the point of view of different levels: the organizational/supervisory, facility/ provider, and client/community levels and had opportunities to validate the data from the point of view of their own experience. The community/client-level data indicated that women have little knowledge about the IUCD and perceive that they do not frequently receive such information during their first FP visit. The data included suggestions to improve services to make the IUCD more acceptable. The stakeholders at the meeting agreed that there are quality of care shortcomings that may hamper client/community acceptance of the IUCD, including insufficient information. Many root causes were found at the organizational/supervisory/systems level.

**Conclusion:** A joint action plan was developed by stakeholders from the Amhara Regional Health Bureau, family planning providers and supervisors from the 11 participating facilities, their external zonal level supervisors, the Pathfinder bilateral, Amhara Development Association, Family Guidance Association/Ethiopia, and other community-based organizations. Activities focused on eight strategic areas for interventions, five on the supply side (improve expectations and feedback; improve knowledge and skills; increase motivation and incentives; improve equipment supply; encourage organizational support) and three on the demand side: develop IEC materials; sensitize and mobilize the community about the IUCD; provide IUCD services through community outreach.

## **Performance Needs Assessment (PNA) for IUD Revitalization: Lagos State, Nigeria [NIG-04] [Pre-intervention]**

**Objectives:** To generate interest and commitment amongst stakeholders in revitalization of the IUD and to facilitate participatory identification of current performance gaps and appropriate interventions to increase use, access, and quality of FP services in Lagos State.

**Design:** Forty five stakeholders attended a three-day PNA workshop to discuss the proposed IUD revitalization initiative. After discussion of the PNA process, data from an earlier MEASURE baseline evaluation were presented. The data sources included a household survey, client exit interviews, provider observations, and facility audits. Additional data on community and provider attitudes, knowledge and practices regarding the IUD and FP were gathered via focus group discussions (FGD) prior to the stakeholder workshop. All data were then discussed with stakeholders, performance gaps identified and plans made.

**Setting:** Six facilities in Oshodi Isolo, Lagos Mainland, and Alimoso, Nigeria, March 2006.

**Study Participants:** Forty five PNA members participated in data collected just before the workshop from 31 FGDs with facility (35) and community providers (14), female FP users (60), female non-users (61), youth (54), and men (51).

**Main Outcome Measures:** Performance gaps identified by stakeholders after reviewing all data presented.

**Results:** Key issues identified were: inadequate resources for IUD services at the facility level (space, supplies, equipment); inadequate male involvement; inadequate knowledge/update training of providers in IUD; inadequate awareness/knowledge about FP/IUD in the community; prevalence of negative beliefs, tradition, taboos; inadequacy of CBD network; inadequate linkages of FP to other services (antenatal care, postnatal care, child welfare services, etc.); inadequate supervision.

**Conclusions:** The group decided that project staff should refine the action plan developed by the stakeholders to more clearly identify commitments, roles, responsibilities, and timelines for implementation.

## Evaluation of the F&HWC intervention in Bangladesh [BA-11]

**Objectives:** The Health and Family Welfare Center (H&FWC) is at the primary level of Bangladesh's public health system. ACQUIRE began a pilot intervention in selected H&FWCs in year one to increase capacity of the selected centers to provide FP/RH services. The capacity building included providing quality IUD services, improving the image of IUD services and organizing special days for the delivery of permanent male and female family planning methods and implants. This intervention was undertaken in 38 H&FWCs, and a total of 1,551 participants participated comprising of 535 FP workers and 1,016 community leaders. Before expansion of an existing pilot intervention, the study sought to document the lessons learned from the pilot and to develop recommendations and guidelines for scaling up.

**Design:** A participatory process, involving a managers and providers who gathered information using the below tools. In total, ACQUIRE conducted 6 facility audits, 12 FGDs and 16 semi-structured interviews - total 145 participants.

- Facility Audit Checklist
- FGDs with all available service providers of the center
- FGDs with the members of Union FP Committee.
- Semi-structured interviews with district and upazila management staff.

**Setting and dates:** Three high performing and 3 low performing Health and Family Welfare Centers (H&FWCs) out of 38 H&FWCs where intervention took place were selected purposively, Bangladesh 2005.

**Intervention:** From October 2003 to September 2004, an intervention was undertaken in 38 H&FWCs with 1,551 participants (535 FP workers and 1,016 community leaders). Objectives were:

- To improve IUD performance of the center by providing onsite practical coaching to the FWVs on IUD insertion and removal including infection prevention measures;
- To improve communication capacity of the FWAs and FPIs in all family planning methods
- To reactivate the Union Family Planning Management Committee
- To organize the H&FWC setting as per H&FWC Manual.

**Main outcome measures:** Increase in IUD acceptance; improved provider KAP; improved management of services

**Results:** Average IUD insertion rate was 3.55 and 4.65 per month, per facility during pre and post intervention periods. In the six months period following the intervention, average monthly IUD insertion increased by 31 percent, while the national increase of the same period was approximately 7 percent. Respondents found aspects of the intervention useful: decontamination procedures; onsite FWV coaching in IUD insertion and removal; counseling and infection prevention training; recognition of need for job descriptions, FWA Registers and other relevant records and documents; video show on NSV procedure; practical demonstration on conducting community events. Respondents noted that many interventions have been sustained – providers feel more confident and community more interested in IUDs.

**Conclusions:** Based on the input from evaluation participants, extensive discussions and interviews and further detailed analysis of the performance data the evaluators put together the following recommendations: revise training curriculae for FWVs; undertake studies to assess programmatic advances; train local FP managers on performance planning and monitoring; undertake a study to gain more insight into the issues of IUD discontinuation.

## INTEGRATING FAMILY PLANNING INTO HIV AND OTHER SERVICE PROGRAMS

### Integrating Family Planning Counseling and Services into HIV Care and Treatment Services in Ghana [GHA-06] [Pre-intervention]

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

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

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

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

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

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

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

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

## **Follow-up and final evaluation of service providers trained in PAC/FP [BEN-02]**

**Objective:** To evaluate the introduction of PAC/FP services in three pilot sites in Benin.

**Design:** Methods included interviews, observations and document reviews.

**Setting:** Three facilities, each at a different level of the health system in Benin: the Mother and Child Lagune Hospital (HOMEL), the Departmental University Hospital of Borgou (CHDU) and Communal Health Center of Parakou (CSC Parakou).

**Study participants:** The survey targeted service providers trained in PAC/FP under the project, supervisors and support personnel at pilot sites.

**Interventions:** Interventions included stakeholder development of action plans to improve PAC/FP service delivery environment, the adaptation of IPAS PAC/FP training materials, and the training of trainers/supervisors and providers in MVA, counseling and FP.

**Main outcome measures:** The survey team collected information on infrastructure, equipment and supplies, providers' performance, supervisors and support personnel perceptions, accessibility and quality of PAC/FP services and client's outcomes.

**Results:** Results of the survey showed PAC services were provided continuously at all three pilot sites. FP services and other reproductive health services were also available but only during working hours. Clients attending the pilot sites for PAC/FP services are immediately received and treated before any payment was requested.

All sites now have teams of providers trained in PAC and FP counseling. Interviews revealed that 79.4% of trained providers and 88.9% of supervisors felt at ease to treat or counsel PAC clients. Globally, their PAC/FP knowledge level has increased compared to the baseline survey, particularly for the initial examination, infection prevention, practice of MVA and FP counseling. During observation, trained providers achieved a global mean score of 81% for MVA practice and a mean score of 63% for the management of a complication case including tasks to be performed before, during and after the MVA procedures, pain management, administration of appropriate drugs, monitoring and FP counseling. During the overall procedure, trained providers achieved a global mean score of 64%, demonstrating appropriate verbal and nonverbal communication techniques and empathy, and establishing good client centered rapport. More than 90% of trained providers knew the objectives PAC/FP services and what was expected from them. About 60% of providers received feedback on their performance from supervisors and/or clients. They are supervised more frequently and 87% of providers are satisfied with the supervision received compared to 66% at baseline. As the result of the development and implementation of quality improvement action plans in particular, facilities have improved in term of comfort, hygiene and cleanliness, infection prevention and availability of equipment and supplies for PAC/FP services, including MVA kits. However, equipment and supplies for the management of obstetric emergencies in general is inadequate.

**Conclusions:** The PAC/FP intervention has resulted in an increase in the availability of PAC/FP services in targeted sites; the satisfaction of providers' performance needs for MVA, counseling and FP services; and the provision of regular supervision and support by site managers.

## **Integrating Family Planning Counseling and Services into HIV Care and Treatment Services in Uganda: TASO/Mbale [UGA-05] [Pre-intervention]**

**Objectives:** Through a participatory process, we conducted a Performance Needs Assessment (PNA) to identify performance gaps in the provision of FP as a component of HIV Care and Treatment services.

### **Design**

1. Initial stakeholders' meeting to introduce the concept of FP/HIV integration, and to introduce the PNA process and decide on desired performance.
2. Data collection at the TASO/Mbale center
3. Findings presented at second stakeholders' meeting.

**Setting:** The TASO/Mbale HIV Care and Treatment Center, Uganda

**Study Participants:** Stakeholders from MOH, PLHA network members and clinic clients, FPAU and Marie Stopes staff who conducted one facility audit, 7 client and 9 provider interviews.

**Main Outcome Measures:** Assessment of performance gaps in provision of integrated services from perspectives of stakeholders based on a small number of provider and client interviews

### **Results**

- The TASO/Mbale center's physical structure can accommodate FP.
- TASO/Mbale has a strong organizational infrastructure with supervisory, treatment protocols, logistics, performance appraisal, recordkeeping, information dissemination, and meaningful involvement of PLHA in place and functional. The center has an extremely high client load, seeing approximately >2,000 client per month and approximately 500+ home-based visits per month.
- FP messages, information, and services are targeted toward women, leaving men out of the picture and contributing to their lack of support of practicing family planning.
- While TASO/Mbale staff state that they offer FP counseling, it is mainly as HIV- related condom use. Only one provider has received FP training in the last two years.
- The majority of providers accept HIV-positive individual's right to have sex and to become pregnant but are concerned about transmission to partner and baby; however, they also voice contradictory statements suggesting that providing FP will encourage clients to have sex.

**Conclusions:** The study showed the need to: incorporate FP activities, explore MAP activities; review IEC materials and training curriculae; train staff; incorporate QI and supervisory activities.

## STRENGTHENING PROVIDER SUPPORT SYSTEMS

### Results of the Performance Improvement Needs Assessment (PINA-2) to Strengthen the Supervision System in 2 districts in Bangladesh [BA-12] [Pre-intervention]

**Objectives:** In the previous year, a PNA assessment of fundamentals of care in the FP system identified supervision as a weakness. A second PNA was convened to specifically address supervision in two districts, Dinajpur and Rajbari.

#### Design

1. An initial stakeholders meeting with 50 supervisors, managers, and directors to discuss the importance of supervision, current status and desired performance levels.
2. Interviews with 23 supervisors; nine FGDs with 53 providers.
3. A second stakeholders meeting to review data collected, analyze root causes of the identified performance gaps, and to develop a list of proposed interventions.

**Setting and dates:** Dinajpur and Rajbari districts, Bangladesh, 2006

**Study participants:** 50 stakeholders participating in discussions and review of data from 23 supervisor interviews and nine FGDs with 53 providers

**Main outcome measures:** Understanding of performance gaps and how to improve supervision

**Results:** The PINA-2 confirmed the weaknesses in the supervision system, but a high level of interest and commitment to address issues. Many supervisors find that other duties and limited resources and support hinder their work. Almost half of the supervisors felt they did not have the knowledge, skills and tools necessary to be effective and facilitative supervisors. Providers noted a number of gaps in the performance of their supervisors, such as a higher focus on administrative versus clinical aspects, little observation of performance, little feedback or assistance with identifying and solving problems. Supervisors themselves mentioned similar deficiencies and realized that they could be performing better if certain needs were met. Many of the supervisors' needs could be fulfilled if certain gaps in the supervisory system were properly addressed. Key issues were:

- Low prioritization of supervision affects planning, funding, and other resources
- Low level of motivation: no praise, recognition or consequences for performance or non-performance of supervisory duties, unclear job expectations.
- HR limitations: many vacant positions and too many facilities for current staff
- Inadequate skills and knowledge on how to do good supervision
- Lack of materials and job aids

**Conclusions:** ACQUIRE will provide technical assistance to support the DGFP to conduct the following interventions and activities: Update job descriptions for all supervisors; develop guidelines and checklists; conduct facilitative supervision training for medical and non-medical supervisors; assist DGFP to develop a strategy to ensure support for addressing system issues that impact supervision, (i.e. planning and budgeting, human resource management, training, monitoring and evaluation systems); advocate with the DGFP to help with recruitment to fill vacant supervisor and service provider positions and ensuring regular salary payments to supervisors and service providers.

**Follow-up and final evaluation of service providers trained in Emergency Obstetric and Neonatal Care (EONC), Active Management of Third Stage of Labor (AMTSL) and use of family health service protocols [BEN-04]**

**Objective:** To evaluate the implementation and results of a blended training approach and other non-training interventions in the departments of Oueme/Plateau and Zou/Collines.

**Design:** Information was collected through direct observation of service provision; in-depth interviews with providers, managers and clients; a service provider's knowledge test; the review of service statistics and facility audits.

**Setting:** Four health zones in the departments of Oueme/Plateau and Zou/Collines.

**Study participants:** Service providers trained in EONC/AMTSL/Protocols in April/May 2005, tutors, key supervisors, health managers and clients

**Interventions:** From October 2004-January 2006 ACQUIRE supported the following interventions: the development of teaching materials related to EONC and AMTSL; training of trainers/supervisors in training techniques, management, supervision, performance improvement, and EONC/PPH; and the training of service providers using a 3-pronged training approach, consisting of: traditional classroom training, self-directed learning, and continuous on-site tutoring and support.

**Main outcome measures:** Changes in the performance of trained service providers and in their working environment; availability and quality of services, and clients' perceptions of service provision.

**Results:** Sixty-three percent of observed providers were able to diagnose hemorrhage, severe anemia and eclampsia according to standards. Providers reached a group mean score of 64.4% for the management of the above obstetrical complications, and of 83.3% for practice of AMTSL. In 72% of sites visited, all partographs reviewed were completed according to standard; and in 70% of sites, the Apgar quotation was adequately recorded. Also, AMTSL was practiced for 65.6% of vaginal deliveries and 53% of antenatal clients had a birth preparedness plan. Providers' working environment has improved, particularly in terms of feedback, motivation and support received. However, not all providers can describe all 10 EONC tasks expected from them, there is still a lack of adequate equipment and supplies for the provision of quality EONC services and support by tutors needs to be systemized. Most of the clients interviewed (63.3%) at sites with trained providers declared that they were received immediately by the health personnel upon their arrival and 53.3% said they had discussed with the midwife the appropriate measures to prepare for the birth. Finally, most of the clients (98%) declared they were satisfied with the health care they received.

**Conclusions:** The authors conclude that this project was successful in improving the availability and quality of maternal and neonatal health in the targeted health zones. Programmatic recommendations include the strengthening of supervision and support by tutors to trained providers, further improvement of performance factors at service delivery sites particularly in terms of equipment and supplies, greater response of district management teams and the continuous use of the pool of trainers now available at departmental and district levels.

## MAINSTREAMING GENDER AND MALE INVOLVEMENT

### Baseline Survey of Married Adolescent Program in Nepal [NEP-02] [Pre-intervention]

**Objective:** The main evaluation objective is to measure the extent to which interventions have affected RH knowledge, attitudes, and practices among married adolescent girls and their partners.

**Design:** A two-stage cluster sampling procedure was used. First, 30 Village Development Committees (VDCs), or “clusters”, were chosen from a total of 69 in the two program districts. Then, households were selected randomly within each of the selected clusters, and male and female respondents were selected from alternative households. The total sample size was 480 married adolescent girls and 480 male partners of married adolescent girls. A structured questionnaire on RH knowledge, attitudes, and practices was designed, pre-tested, and translated into Bhojpuri and Maithali languages before the fieldwork was conducted.

**Setting:** 69 VDCs in the two rural intervention districts, Parsa and Dhanusha.

**Study participants:** Married women age 19 or younger, as well as partners of married women age 19 or younger.

**Interventions:** The Nepal Reproductive Health for Married Adolescents Project focuses on meeting the RH needs of married adolescent couples, a frequently neglected group whose needs differ from their unmarried and adult peers. The project has the following objectives: increasing awareness among married adolescent couples about RH issues; increasing their use of FP, maternal health, and HIV/STI services; increasing the knowledge of providers about their RH needs; and increasing community and family support for RH decision-making among married adolescent couples.

**Main outcome measures:** Fertility and determinants of fertility, family planning, maternal health, awareness of STIs and HIV/AIDS, and gender differentials.

**Results:** Selected key findings include: *Age at marriage/first birth:* Median age at marriage was 14 for females and 18 for males. 42% of married women were more than 5 years younger than their spouses. The median time between marriage and *gauna* (when women are sent to live with their husband’s family) was one year, and the median time between *gauna* and first birth was two years. While the median age at first birth for women was 17 years, the majority of men and women interviewed indicated that the ideal age should be 20 or above. *Family planning:* Knowledge of FP was nearly universal. However, CPR was low, at 9% for women and 13% for men, with the most commonly used method being the condom for both men and women. Reasons for nonuse included desire for pregnancy and the fact that the husband and wife were not together. Among those who reported using a method, about one-third indicated that their husbands alone had made the decision. 43% of women stated that the husband alone should decide FP use. *Maternal health:* Data indicated low knowledge of danger signs of pregnancy, labor and delivery. Use of clinical services was also low, with the majority of women stating they would deliver at home and without assistance from medical personnel. Although most women who had had at least one birth reported having made at least one ANC visit during their last pregnancy, more than three-quarters had delivered at home. About one in five women had sought postpartum services. *Awareness of STIs and HIV/AIDS:* Knowledge of STIs and of HIV was considerably higher among men than among women. 62% of men had heard of STIs, compared to 23% of women. The gender gap was even more prominent in terms of knowledge of HIV/AIDS (82% vs. 19%). About one-third of women (and 7% of men) did not know what a condom was. Among those that had used condoms, 4% of females and 20% of males said they had used them to prevent STIs (96% said they had used them to prevent pregnancy).

**Conclusions:** The results of the baseline study have been used to inform the activities carried out as part of the Nepal Reproductive Health for Married Adolescents Project. The baseline survey will be followed up by an endline survey in 2007.

## Community Perceptions about RH Issues among Married Adolescents in Parsa and Dhanusha Districts Nepal, August-September 2005 [NEP-03] [Pre-intervention]

**Objective:** These focus group discussions were done in conjunction with the quantitative survey (NEP-02). The main objectives were to: 1) Explore perceptions and attitudes of mothers-in-law and husbands of married adolescents related to early marriage, FP, and maternal health issues; 2) Identify topics for designing trainings for peer educators and mothers-in-law; 3) supplement quantitative data in the married adolescent baseline survey

**Design:** Two semi-structured discussion guides were used during the FGDs: one for mothers-in-law and one for husbands. Altogether eight FGDs were conducted, with a total of 41 mothers-in-law and 40 husbands. Participants of varying socio-economic status were interviewed; roughly half of the participants fell into the category “disadvantaged” and half into “non-disadvantaged”.

**Setting:** The Parsa and Dhanusha districts of Nepal.

**Study participants:** Mothers-in-law and husbands of married adolescents who had resided in the program areas for at least two years or more.

**Interventions:** The Nepal Reproductive Health for Married Adolescents Project focuses on meeting the RH needs of married adolescent couples, a frequently neglected group whose needs differ from their unmarried and adult peers. The project has the following objectives: increasing awareness among married adolescent couples about RH issues; increasing their use of FP, maternal health, and HIV/STI services; increasing the knowledge of providers about their RH needs; and increasing community and family support for RH decision-making among married adolescent couples.

**Main outcome measures:** Age at marriage, use of FP methods; complications during pregnancy, labor and delivery; place of delivery; support during pregnancy and delivery; sources of RH information; extramarital sexual behavior; encouragement of daughters-in-law to stay inside the home.

**Results:** Selected key findings include: *Age at Marriage:* Lower dowries with early marriages, and prevention of illicit extramarital relationships, were given most frequently as the advantages of early marriage. The most frequent disadvantages given were related to the health risks of early pregnancy, as well as the truncation of girls’ education upon marriage. Participants said that despite the disadvantages of early marriage, they could not violate social norms of marriage in the short term. *FP:* Very negative attitudes toward contraception use among newly married couples were revealed during the FGDs. The most frequently mentioned issues were that people would question a woman’s fertility if she did not give birth after marriage (and in-laws might think of re-marriage for their son), as well as fears that contraceptives themselves cause infertility. However, among the younger generation there is a more favorable attitude toward FP methods. *Maternal health:* Participants had very limited understanding of the danger signs during pregnancy, labor and delivery. There was also a prevalent belief that obstetric complications arise due to evil spirits, and that therefore traditional healers are often sought rather than medical providers. People generally attempt deliveries at home first, and it is only when complications arise that the pregnant woman is taken to a health facility. Financial considerations and geographic proximity of health facilities are also limiting factors. *Encouragement of daughters-in-law to stay inside the home:* It is customary for daughters-in-law of wealthier families to remain confined within the household during the first few years of marriage (this is logistically less possible for poorer households). This makes these girls particularly difficult to reach with interventions.

**Conclusions:** The results of these focus groups have been used together with the baseline results to inform the activities carried out as part of the Nepal Reproductive Health for Married Adolescents Project.

## OTHER

### **Follow-up and final evaluation of community health workers trained in community emergency obstetric and neonatal Care (EONC) [BEN-03]**

**Objective:** To evaluate a community EONC intervention in Northern Benin.

**Design:** The methodology included an extensive review of project-related documents; in-depth interviews/focus groups with key resource personnel, clients and stakeholders; surveys measuring information retention among community health workers (CHEWs), village health committee (VHC) members, and women who had given birth within three months of the survey; and field observations.

**Setting:** Malanville/Karimama health district.

**Study participants:** CHEWs and VHCs trained in community EONC.

**Interventions:** From October 2004-September 2005, ACQUIRE collaborated with the USAID-funded bilateral project PROSAF to conduct community mobilization and training on signs of obstetric distress and the importance of seeking timely and appropriate care in all communities of Malanville-Karimama Health District.

**Main outcome measures:** The capacity of targeted communities in managing obstetrical and neonatal emergencies, including the ability of women and their families/communities to recognize and act upon a life-threatening complication, and strengthened community-capacity for emergency evacuation.

**Results:** Results revealed that 85% of CHEW and VHC members were able to mention at least 3 out of 7 danger signs in pregnant woman and 82% cited 1 to 2 greater danger signs. VHC members achieved a global mean score of 60.4% on a knowledge test on community EONC. Most (93.6%) were able to articulate the 3 delays in seeking/reaching emergency obstetric care and 77% knew the behaviors to promote in case of complications. Most women interviewed during the survey (86%) knew at least 3 out of 7 pregnancy danger signs and 78% were able to cite 1 to 2 signs of greater danger. Regarding danger signs in newborns, 76.5% of clients knew at least 3 out of 11 danger signs and 84% knew 1 to 3 signs of greater danger. Also, all 10 communities of Malanville/Karimama health district have developed partnerships with local transporters or individuals for emergency transportation of complicated cases. These partnerships allowed communities to refer 16 women with complications to the nearest health facility during the 3 months prior to the survey. In addition, solidarity funds have been established in all communities to support immediate expenses related to an emergency referral. Main challenges included the difficulty of collecting money for the solidarity funds and weaknesses in the supervision system which negatively affected the quantity and quality of support provided by the community facilitators to trained CHEW's and VHC's.

**Conclusions:** As a result of community mobilization and training interventions, communities are now able to recognize life-threatening obstetrical and neonatal complications and take required actions. The authors recommend that the District Management Team and the Ministry of Public Health strengthen the supervision system in the health zone in order to provide adequate support to community level activities; conduct further sensitization activities in the community to encourage solidarity fund contributions; explore alternative solutions including income-generating activities to compensate for low contribution levels; and conduct advocacy among partners for the strengthening of achievements of this project and its replication in other health zones.



## APPENDIX 3: Service Statistics

This section reports service statistics from field programs by category: countries receiving field support, O/PRH country partnerships, which includes the MAQ IUD country partnerships and global leadership priority countries (GLP); PEPFAR; and pass-through. ACQUIRE's indicators were approved in July 2006. Next fiscal year, field indicators will be reported by sub-intermediate results in full.

### Category 1: Countries receiving field support (Tables 1 and 2)

Nine country programs received field support. These include 5 in Africa (Benin, Guinea, REDSO, Rwanda, and Tanzania), two in Asia (Bangladesh and Nepal), and two in Latin America (Bolivia and Honduras). Within this category there are three “focus countries” (Bangladesh, Bolivia, and Tanzania), which are named to illustrate the concentration of global technical input and resources to learn how to program to increase access, quality and utilization of RH and FP services. Comment elements of these countries are listed in the adjacent box.

#### **Common elements of focus countries:**

- ❖ Major efforts are undertaken to link the global and field agendas
- ❖ Global technical support is provided for program design and for the development, adaptation or replication of program models and approaches
- ❖ Technical assistance is provided to promote and scale up best practices for implementing the Fundamentals of Care to strengthen program support systems (choice, safety, QI)
- ❖ Program work is documented and disseminated to share successes and lessons learned
- ❖ Baseline and endline studies are conducted to show project outcomes

### Category 2: Country partnerships (Table 3)

ACQUIRE receives core funding for two USAID/OPRH country partnerships (Uganda and Kenya) to support the Missions' efforts to revitalize family planning, while at the same time pursuing a global leadership agenda to increase the use of underutilized methods, with a focus on long-acting and permanent methods and the IUD in particular. As part of the Office of Population's efforts to refocus attention and assistance on family planning, especially underutilized methods, ACQUIRE also receives core MAQ funds to provide technical assistance to USAID Missions and their bilateral projects in Ethiopia, Mali, and Nigeria with a specific focus on the IUDs. Because ACQUIRE has a limited technical assistance role within the three MAQ countries, we do not track family planning use—the final outcome of interest. ACQUIRE does track its inputs and documents the process and outputs of its technical assistance that will be included in one synthesis paper of the IUD work that will describe the overall lessons learned, best practices and outputs of the technical assistance to and collaborations with the Bilaterals.

### Category 3: Other global leadership funds (Table 4)

ACQUIRE receives GLP funds to work on postabortion care in two countries (Cambodia and Kenya), integration in three countries (Ghana, Uganda and South Africa), repositioning family planning in three countries (Senegal, Tanzania, and Madagascar), and Population/Health/Environment funds to work in the Democratic Republic of Congo (DRC).

### Category 4: President's Emergency Plan for AIDS Relief (PEPFAR) (Table 5)

As part of the President's Emergency Plan for AIDS Relief (PEPFAR), ACQUIRE received PEPFAR funds during the past fiscal year to provide technical assistance in HIV/AIDS prevention, care and treatment in Kenya and South Africa and to REDSO. The PEPFAR five-year goals are to: 1) support treatment for 2 million people living with HIV/AIDS by 2008; 2) prevent 7 million new HIV infections by 2010; and 3) support care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable

children, by 2008. ACQUIRE directly contributes to the first goal. The second goal is measured by BUCEN, and ACQUIRE does not support activities related to the third goal.

**Table 1: Focus countries**

	Bangladesh				Bolivia				Tanzania			
	FY03/04	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals
<b>No. of sites</b>	<b>954</b>	<b>2,485</b>	<b>3,297</b>		<b>189</b>	<b>358</b>	<b>357</b>		<b>55</b>	<b>138</b>	<b>400</b>	
<b>No. of FP clients served</b>	<b>85,158</b>	<b>247,359</b>	<b>423,474</b>	<b>755,991</b>	<b>15,158</b>	<b>14,649</b>	<b>16,930</b>	<b>46,737</b>	<b>145,124</b>	<b>322,863</b>	<b>398,335</b>	<b>866,322</b>
Fem Ster	12,596	45,494	65,992	124,082	1,534	1,647	1,701	4,882	6,092	13,449	12,018	31,559
Male Ster	9,781	35,640	49,334	94,755	50	18	12	80	72	81	118	271
IUD	48,573	121,959	235,237	405,769	3,957	4,103	3,997	12,057	1,114	2,129	2,044	5,287
Implant	14,208	44,266	72,911	131,385					2,142	9,396	11,167	22,705
Injectables					9,617	8,881	11,220	29,718	135,704	297,808	372,988	806,500
<b>Couple Years Protection</b>	<b>443,504</b>	<b>1,393,128</b>	<b>2,231,778</b>	<b>4,068,409</b>	<b>32,094</b>	<b>33,231</b>	<b>33,925</b>	<b>99,249</b>	<b>94,634</b>	<b>223,030</b>	<b>236,574</b>	<b>554,237</b>
Fem Ster	125,960	454,940	659,920	1,240,820	15,340	16,470	17,010	48,820	48,736	107,592	96,144	252,472
Male Ster	97,810	356,400	493,340	947,550	500	180	120	800	576	648	944	2,168
IUD	170,006	426,857	823,330	1,420,192	13,850	14,361	13,990	42,200	3,899	7,452	7,154	18,505
Implant	49,728	154,931	255,189	459,848					7,497	32,886	39,085	79,468
Injectables					2,404	2,220	2,805	7,430	33,926	74,452	93,247	201,625
<b>No. of PAC clients</b>									3,169	17,977	9,054	30,200
<b>No. of training events</b>	<b>43</b>	<b>388</b>	<b>283</b>	<b>714</b>	<b>99</b>	<b>133</b>	<b>215</b>	<b>447</b>	<b>3</b>	<b>27</b>	<b>51</b>	<b>81</b>
<b>No. of participants</b>	<b>439</b>	<b>25,124</b>	<b>16,783</b>	<b>42,346</b>	<b>2,767</b>	<b>3,844</b>	<b>7,010</b>	<b>13,621</b>	<b>34</b>	<b>507</b>	<b>812</b>	<b>1,353</b>
FP Clinical	439	972	912	2,323	62	79	0	141	19	283	81	383
FP Counseling			23	23	122	0	596	718	11	22	28	61
FP/CTU update		9,939	4,421	14,360	638	511	710	1,859	4		36	40
Tiahrt/informed choice					547	235	1,192	1,974				
Fistula		9	81	90								
PAC							16	16		52	24	76
HIV						25	54	79				
Infection prevention			226	226	215	861	2,573	3,649			8	8
Male involvement/gender					102	78	109	289			16	16

	Bangladesh				Bolivia				Tanzania			
	FY03/04	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals
PI/QI			98	98	1,081	2,055	1,565	4,701		150	389	539
Research											174	174
Programming							75	75			56	56
Community orientations		14,204	11,022	25,226								
EMOC							89	89				
Standard Days Method							31	31				

**Table 2: Other countries receiving field support**

	Honduras				Guinea			Benin			Nepal	Senegal
	FY03/04	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY05/06	FY05/06
<b>No. of sites (ACQUIRE-supported)</b>	<b>21</b>	<b>26</b>	<b>26</b>		<b>6</b>	<b>6</b>		<b>43</b>	<b>79</b>		<b>69</b>	<b>24</b>
<b>No. of FP clients served</b>	<b>19,038</b>	<b>19,321</b>	<b>36,289</b>	<b>74,648</b>	<b>128</b>	<b>3,465</b>	<b>3,593</b>					
Fem Ster	5,764	3,267	8,770	17,801								
Male Ster	4	28	93	125								
IUD	3,894	3,074	3,557	10,525	128	373	501					
Injectables	9,376	12,952	23,869	46,197		3,092	3,092					
<b>Couple Years Protection</b>	<b>73,653</b>	<b>46,947</b>	<b>107,047</b>	<b>227,647</b>		<b>2,079</b>	<b>2,079</b>					
Fem Ster	57,640	32,670	87,700	178,010			0					
Male Ster	40	280	930	1,250			0					
IUD	13,629	10,759	12,450	36,838		1,306	1,306					
Injectables	2,344	3,238	5,967	11,549		773	773					
<b># of PAC clients</b>	<b>2,719</b>	<b>2,126</b>	<b>1,608</b>	<b>6,453</b>					<b>79</b>	<b>79</b>		
% of PAC clients accepting a FP method			15%						39%			
# of antenatal care clients												
# of vaginal births with AMTSL								2,257	7,103	9,360		
# of individuals reached through outreach											6,210	
<b>No. of training events</b>	<b>16</b>	<b>30</b>	<b>36</b>	<b>82</b>	<b>10</b>	<b>4</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>25</b>		<b>2</b>

	Honduras				Guinea			Benin			Nepal	Senegal
	FY03/04	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY05/06	FY05/06
<b>No. of participants</b>	<b>306</b>	<b>709</b>	<b>616</b>	<b>1,631</b>	<b>290</b>	<b>812</b>	<b>1,102</b>	<b>505</b>	<b>164</b>	<b>669</b>	<b>1,670</b>	<b>24</b>
FP Clinical	102	100	14	216	16	11	27					24
FP Counseling	75	18		93		11	11					
FP/CTU update	52	72		124		11	11					
PAC									43	43		
AMTSL								87	56	143		
Infection prevention	60			60	18	11	29					
Male involvement/gender	17	58	19	94				14		14		
PI/QI (includes COPE exercises)		172		172	247		247	16		16		
Research					9		9					
Programming		186	583	769							8	
Community orientations		103		103		768	768	388		388	138	
IMCI									32	32		
IMCI facilitation									22	22		
TOT RH											17	
Peer education basic training											1,242	
Youth Friendly Services											265	
Training of trainers (TOT) to train									11	11		

**Table 3: Country Partnerships**

	OPRH		MAQ		
	Kenya	Uganda	Ethiopia	Mali	Nigeria
	FY05/06	FY05/06	FY05/06	FY05/06	FY05/06
<b>No. of sites (ACQUIRE-supported)</b>	<b>13</b>	<b>11</b>	<b>12</b>	<b>4</b>	
% of sites reporting statistics	100%	100%	50%	100%	
<b>No. of FP clients served</b>	<b>18,972</b>	<b>3,913</b>	<b>120</b>		
Fem Ster	74	84			
Male Ster	142	2			
IUD	456	13	120	169	
Implant	344	366		311	
Injectables	17,956	3,448			
<b>Couple Years Protection</b>	<b>9,017</b>	<b>2,877</b>			
Fem Ster	592	672			
Male Ster	1,136	16			
IUD	1,596	46			
Implant	1,204	1,281			
Injectables	4,489	862			
<b>No. of training events</b>	<b>21</b>	<b>18</b>	<b>3</b>	<b>4</b>	<b>3</b>
<b>No. of participants</b>	<b>554</b>	<b>235</b>	<b>1,145</b>	<b>120</b>	<b>91</b>
FP Clinical	13	42	12		
FP Counseling	418	141	12		
FP/CTU update	51		12		91
Peer education basic training	72				
Infection prevention			36		
Male involvement/gender		14			
PI/QI (includes COPE exercises)		38	26	120	
Community orientations			1,047		

**Table 4: Other GLP Programs**

	PAC		Integration	Repositioning		PHE
	Cambodia		Ghana	Senegal	Madagascar	DRC
	FY04/05	FY05/06	FY04/05	FY05/06	FY05/06	FY05/06
<b>No. of sites (ACQUIRE-supported)</b>	24			24		61
<b>No. of FP clients served</b>						982
Fem Ster						172
Male Ster						1
IUD						103
Implant						
Injectables						706
<b>No. of training events</b>		1	3	2		7
<b>No. of participants</b>		7	23	24	459	176
FP Clinical			23	24		54
FP Counseling						108
FP/CTU update					17	14
PAC		7				
CBD FP training					171	
Community orientations					271	

**Table 5: PEPFAR programs**

	Kenya			Kenya			South Africa			
	Nurse Midwives			National Youth Service						
	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals
No. of sites (ACQUIRE-supported)	64	267		11	11				9	
Percent of sites reporting statistics	61%	81%								
No. of FP clients served	10,387	58,945	69,332							
Fem Ster	84		84							
IUD	219	934	1,153							
Implant	17	805	822							
Injectables	10,067	57,206	67,273							
No. of PAC clients	221	1,206	1,427							
No. of antenatal care clients	8,112	12,805	20,917							
No. of HIV+ ANC clients receiving nevirapine	640	690	1,330							
No. of ACQUIRE-supported PMTCT sites	103	174	277							
No. of PMTCT individuals VCT and received results		12,106	12,106							
No. of PMTCT individuals receiving complete course of ARV		1,265	1,265							
No. of male partners tested as part of PMTCT		349	349							
No. of ACQUIRE-supported VCT service outlets		14	14					5	5	10
No. of individuals who received VCT (men and women)		1,071	1,071					827	750	1,577
No. of individuals reached through outreach		36,895	36,895					48,539	48,103	96,642
No. of ACQUIRE-supported condom service outlets		140	140					300	84	384

	Kenya			Kenya			South Africa			
	Nurse Midwives			National Youth Service						
	FY04/05	FY05/06	Totals	FY04/05	FY05/06	Totals	FY03/04	FY04/05	FY05/06	Totals
No. of training events	16	58	74	39	61		24		Data unavailable	
No. of participants	273	1,034	1,307	1,364	2,718		2,246	621	920	3,787
FP/CTU update	81	192	273							
PAC	31	116	147							
PMTCT	142	106	248							
HIV		327	327	1,364						
Male involvement/gender		180	180		2,718		2,246	621	920	3,787
PI/QI (includes COPE exercises)	19	113	132							



## APPENDIX 4: Fistula Results

Obstetric and traumatic gynecologic fistula has been relatively neglected by the international health community, despite their devastating impact on the lives of girls and women. In response to a Congressional initiative – HR 2061- Foreign Relations Authorization Act for Fiscal Years 2006-2007 House Amendment 464 (which details the obstetric fistula funding) – and funding provided by USAID, since 2005, ACQUIRE has been working with national governments, faith-based organizations, NGOs and other local partners to strengthen and/or implement fistula repair and prevention programs in the following countries: Bangladesh, Ethiopia, Guinea, Nigeria, Rwanda, and Uganda (See Table 1 for individual country start dates). Additional regional efforts are being undertaken in East and West Africa through the USAID Regional Missions. Beginning in FY 2006/07, technical assistance will also be provided by new partners to address fistula in Ghana and Sierra Leone (via Mercy Ships). USAID will also be supporting fistula activities in the Democratic Republic of the Congo (DRC), with direct support of DOCS and Panzi Hospital. To support these national efforts to improve access to repair and prevention of fistula, ACQUIRE is also implementing global leadership activities to improve training and quality of services, conduct research, monitor and evaluate programs, document and disseminate lessons learned, and coordinate, collaborate and communicate with all institutions receiving USAID fistula funding.

### RESULTS PARAGRAPHS

*Increased access to fistula repair services in five countries and two regional programs.* During the past fiscal year, ACQUIRE supported fistula repair and prevention services in 10 project sites in 5 countries (see Table 1). ACQUIRE continued to provide ongoing support to services in Uganda and Bangladesh, and expanded support (as of January 2006) to Ethiopia, Guinea and Rwanda, as well as to regional efforts in East and West Africa. As a result of ACQUIRE support, 578 women received life-altering fistula repair services at current project sites (see Table 1), and trained at least 216 healthcare providers to address the holistic needs of fistula clients, including 59 physicians in clinical repair, 116 nurses in pre- and post-operative care, and 41 providers in counseling. We also conducted fistula awareness-raising training and events for at least 3,877 community health workers, CBO and NGO staff (training data not shown). In each project country, ACQUIRE continues to be an active member of the national fistula working group, in partnership with members of the local MOH, UNFPA, and other key in-country players. At the global level, research priorities have been identified to enable ACQUIRE to gather data in the coming year on key issues such as pre-operative waiting time, post-operative catheterization, and routine examination under anesthesia to classify the fistula. In addition, ACQUIRE conducted a needs assessment in Nigeria, in preparation for implementation of fistula activities in FY 2006/07, and negotiated subagreements with Mercy Ships International to implement fistula programs in Ghana and Sierra Leone during FY 2006/07.

**Table I: Fistula Results by Country**

Country	Sites	Start Date	2005		2006		Totals
			Jul-Sep	Oct-Dec	Jan -Mar	Apr-Jun	
Bangladesh	LAMB Hospital	Jan 2005	4	n/a	6	16	26
	Memorial Christian Hospital (MCH)	Jan 2005	7	n/a	10	2	19
	Kumudini Hospital	Jan 2005	0	n/a	1	7	8
		Total	11	0	17	25	53
Ethiopia	Bahir Dar Hospital <sup>4</sup>	Jan 2006			0	32	32
Guinea	Ignace Deen Teaching Hospital	Jan 2006			32	54	86
	Kissidougou Hospital	Jan 2006			30	18	48
		Total			62	72	134
Rwanda	Central Hospital University Kigali (CHUK)	Jan 2006			38	2	40
	Ruhengeri Hospital	Jan 2006			20	10	30
		Total			58	12	70
Uganda	Kagando Hospital / Bwera District Hospital	Jan 2005	66	40	81	84	271
	Kitovu Mission Hospital / Masaka Regional Referral Hospital	Jan 2006			7	11	18
			66	40	88	95	289
<b>Totals</b>			<b>77</b>	<b>40</b>	<b>225</b>	<b>236</b>	<b>578</b>

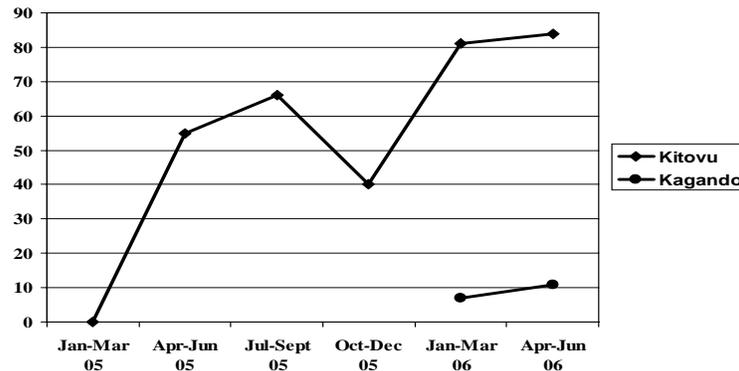
<sup>4</sup> Note: Ethiopia program includes additional support to three Health Centers that refer to Bahir Dar Hospital: Adet, Dangla and Woreta Health Centers.

***Improving access to fistula repair and prevention through public/private partnerships in Uganda.***

Since January 2005, ACQUIRE has been supporting fistula treatment and prevention services in Uganda, initially at and around three facilities in Uganda: Mulago National Referral Hospital, and the public/private partnership of Masaka District Referral Hospital and Kitovu Mission Hospital in Masaka. Over the past fiscal year, ACQUIRE added another public/private partnership – Bwera District Hospital and Kagando Mission Hospital in Kasese. These institutions were selected based on MOH priorities and the existence of key champions. The public/private partnership model twins experienced fistula repair faith-based facilities with regional or district public sector hospitals in the same geographic area. The public hospitals received support to strengthen labor monitoring, availability of C-sections, family planning and pre-natal care to prevent obstetric fistula. The public sector sites refer fistula clients to the private sector fistula repair sites, which also offer training in fistula repair as appropriate. Through this model, in FY 2005/06, ACQUIRE helped at least 344 clients access fistula repair surgery, with women coming from as far as the Democratic Republic of Congo (DRC) and Tanzania. To build capacity for repair, 5 doctors were trained in fistula repair; 7 nurses/midwives on pre-operative care, assisting the surgeon during repair and post-operative care; 16 nurse/midwives on empathetic fistula client counseling; 16 midwives were updated on use of partographs; and medical officers from 4 districts were updated on emergency obstetric care (EmOC).

The program also worked with community-based partners – Kitovu Community Based Health Care Program, Family Life Program of the Province of the Church of Uganda, the Ministry of Health District Health Education teams in respective districts (9 districts), the Theatre Ambassadors, and the Straight Talk Foundation – to raise awareness about availability of fistula services and on prevention. The channels used to reach the community by these partners included radio messages in 9 languages transmitted through 27 FM radio stations; development of a series of print messages for youth for 4 consecutive months in Straight Talk magazine; conducting dramas reaching over 30,000 community members with fistula messages; and conducting educational meetings with community leaders, men, women, health workers and health administrators (Health center IV & III) in 9 districts. Figure 1 shows the result of the ACQUIRE program, with steady increases in fistula repair following the onset of activities.

**Figure 1: Upward Trends in Fistula Repairs**



***Helping to repair and reintegrate fistula clients in Guinea.*** In January 2006, ACQUIRE launched a fistula repair, prevention and reintegration program at two hospitals in Guinea – Ignace Deen Teaching Hospital in Conakry and Kissidougou Prefectoral Hospital. Through this program, ACQUIRE supported training for 37 surgeons and 80 nurse/midwives in fistula repair and management, and treated 134 fistula clients. In the process, ACQUIRE recognized that the psychosocial support and renewed strength that this project offers fistula clients, as a side-effect of bringing them together at the hospitals and caring for them, is something that we need to further build on. Rehabilitation, or social reintegration, is the important next step. ACQUIRE has initiated meetings with local government and community-based organizations (CBOs) in Kissidougou to support the development of a permanent house for fistula clients in waiting, in recovery, and

those few for whom a surgical repair is not possible. ACQUIRE has also been building partnerships with CBOs, Plan International, and the Ministry of Social Affairs, to supplement life in this fistula community with social mobilization activities, helping the fistula clients to reclaim their place in society. In the coming FY, these CBOs will receive training in advocacy and self-governance, as well as literacy and income-generating skills, so that they in turn can train fistula clients.

***Establishing effective referral mechanisms for fistula clients in Ethiopia.*** Utilizing its already established community- and facility-based network, ACQUIRE initiated an innovative obstetric fistula repair, prevention and referral program in three *woredas* in Ethiopia's Amhara Regional State. Three health centers serve as "pre-repair centers" for women awaiting surgery at Bahir Dar Fistula Hospital (a satellite center of the Addis Ababa Fistula Hospital). ACQUIRE trained 20 nurses and 346 community health workers in various aspects of fistula management, and procured necessary fistula and safe motherhood supplies and equipment for the fistula hospital and the three pre-repair centers. During this FY, one of the pre-repair centers – Woreta Health Center – was established and is now fully functional; the other two are in process and will be fully functional in FY 06/07. At the Woreta pre-repair center (which employs a repaired fistula client on its staff) a trained fistula mentor screens all arriving women, provides counseling on the causes of fistula, admits the fistula clients to the health center for nutritional rehabilitation and treatment for anemia, and links clients with on-site voluntary HIV/AIDS counseling and testing services. Fistula clients remain for one to two weeks at the health center, until they are ready to receive surgical repair at the hospital. From January to June 2006, 60 fistula clients were admitted to the pre-repair centers and referred to Bahir Dar Hospital, and 32 women received fistula repair surgery (the rest are awaiting surgery or, in a very few cases, deemed inoperable). In the next FY, ACQUIRE will work with in-country partners to evaluate this innovative referral mechanism for possible replication.

***Improving fistula counseling skills in Bangladesh and Uganda.*** Using findings from an ACQUIRE-sponsored fistula counseling experts meeting held in 2005, as part of ACQUIRE's comprehensive approach to addressing obstetric fistula in Bangladesh and Uganda, we are training doctors and nurses not only in the surgical management of fistula, but also in providing critical informational and emotional counseling to fistula clients, during the pre-, intra- and post-operative periods.

To date, ACQUIRE has trained 25 nurses in Bangladesh to address the critical and varied needs of women living with and recovering from obstetric fistula. At LAMB Hospital in Dinajpur – one of three private fistula hospitals supported by the ACQUIRE Project – the head nurse in charge of the hospital's newly constructed fistula ward shared her thoughts on the counseling training. Expressing gratitude for the learning opportunity, she described the improvements in the care she gives to clients: "I learned how to talk to patients, and to their mothers too, which is especially important for the young women who come and may not understand the treatment." Since the ACQUIRE-sponsored training, she now shares success stories of previously repaired clients with all new fistula clients, which, she reports, "helps to make them hopeful." The head nurse reported that she now feels she can do her job better, which in turn makes her feel better about her work. "Now, when I walk around the ward, patients are happy to see me and they know I'm there to help them. I talk to every woman and try to make her feel better."

In Uganda, ACQUIRE trained 16 fistula counselors during FY 05/06 (additional trainings are scheduled for FY 06/07). This is an innovating program in Uganda, as one nurse from Kitovu Mission Hospital noted, "counseling skills are not common in Uganda; very few are trained." Through the counseling training program, ACQUIRE is developing a cadre of national providers who can provide critical informational, psychosocial and other health-related support to fistula clients. Following the training, providers shared enthusiasm for the new knowledge they have to better counsel and treat clients. "This will help my work at my home facility," one trainee noted, now "I can counsel patients before surgery and improve post-operative care." To help prevent fistulae, "family planning has to go with antenatal care, and we need to involve husbands in counseling" another trainee shared. In addition to developing counseling skills, this effort is also helping to develop advocates for fistula care and prevention. As the nurse from Kitovu explained, "now I

will...be an ambassador in the community, and will invite others to do the same and help raise awareness.” (FS)

***Healing Wounds and Restoring Hope of Women in Rwanda.*** This FY, ACQUIRE supported the first-ever obstetric fistula training for Rwandan surgeons, at Ruhengeri Hospital in northern Rwanda, a mountainous, volcanic region potentially treacherous for a rural woman in labor. The training was a collaborative effort between the ACQUIRE Project, The German Cooperation (GTZ), Medecins sans Frontiers (MSF) and the United Nations Population Fund (UNFPA). During the training, 11 Rwandan surgeons from Ruhengeri Hospital, CHU Kigali, CHU Butare, Kibuye Hospital, and Gitarama Hospital learned about the fundamentals of fistula repair surgery, and observed and assisted the work of three master surgeons. In addition to building interest among trainees in this critical field, the training resulted in restoring the hope for 36 women through fistula repair.

***Convening the first-ever international meeting on traumatic gynecologic fistula.*** While obstetric fistula is garnering more attention on the international reproductive health agenda, until recently, little focus has been given to traumatic gynecologic fistula—caused as a result of sexual violence, often in conflict settings. In September 2005, ACQUIRE collaborated with the Addis Ababa Fistula Hospital, the Ethiopian Society of Ob/Gyns, and Synergie des Femmes pour les Victimes des Violences Sexuelles to convene an experts’ meeting in Addis Ababa, Ethiopia, to discuss challenges, progress, and lessons learned from programs that are addressing traumatic gynecologic fistula and violence against women throughout Africa. Prior to the meeting, ACQUIRE conducted and disseminated a literature review, which found evidence of traumatic fistula in a number of countries, but little data on magnitude.

Participants from 12 African countries represented the health, social services, and legal sectors. Lessons shared and findings from the workshop included the need to: conduct situational analyses to gather more information on magnitude; develop networks of interested institutions and individuals; train and equip facilities to manage the comprehensive needs of traumatic fistula clients; integrate sexual violence issues into existing obstetric fistula programming; and conduct advocacy campaigns on traumatic fistula and sexual violence among community members and decision-makers. Meeting participants developed a set of programmatic recommendations and country-specific strategies for managing traumatic fistula. The meeting report was published in French and English, and disseminated widely among meeting participants and other key stakeholders. ACQUIRE is currently negotiating with USAID/East Africa for follow-up activities to be supported in FY 06/07.

### ***Fistula client success stories:***

#### **Mary N., Uganda**

Thirty-five year old Mary returned to Kitovu Mission Hospital in Uganda for a follow-up visit from the town of Rakai, near Tanzania, with a chicken as a gift of her gratitude to the hospital staff. In April 2006, her fistula was successfully repaired during a fistula training and repair session sponsored by ACQUIRE. Mary had been living with the condition for ten years, until she heard over the radio that repair services were available; before that, she’d been told that “no one could heal the disease.” Unlike some other women living with fistula, Mary’s husband accepted the condition and remained with her. However, others in her community isolated her; she didn’t feel comfortable with them, so stayed at home and stopped attending social functions. “I felt like I was leaking all the time,” she recalled, “I tried not to drink anything.” Following her successful repair, Mary is ecstatic. For the first time in years, she can stand to look at herself in the mirror. “I can go out, smile, see friends, do work, and participate in any function. Now I can do work so well – I sew and knits mats, and do a little bit of digging.” She also shares suggestions for other women so they don’t suffer the same fate that she did: “Don’t get pregnant at an early age. Don’t deliver in the village at home – go early to health center when



you're about to deliver.” During her follow-up visit, Mary thanked the facility staff profusely for the treatment and care they provided, and for giving her a new life. As a final request, she made a final plea to donors to “continue helping women with fistula.”

*[Photo credit: Alice Zheng]*

### **Mouima K., Guinea**

Fifty-years old, Mouima was in the Maternity Ward at Kissidougou Hospital in Guinea for a follow-up visit after the surgical repair of her fistula, three months prior. As a young woman, Mouima gave birth to one living son before undergoing a prolonged obstructed labor that resulted in a stillbirth and the obstetric fistula that caused her to be incontinent for 28 years. When, a few days after her disastrous delivery, her husband discovered that she was constantly leaking urine, he rejected her. Returning to her parent’s village, wrapped in layers of cloth as a diaper, Mouima was so ashamed of her condition, she almost never left her hut, even to go to the fields. Considered unclean, she was not allowed to prepare food or, as a Muslim, to pray. Her mother, and later her son, brought her food and other needs.



But Mouima, tired of the constant leakage of urine, choose to eat and drink as little as possible. Because she suffered from constant dehydration and malnutrition, she often fell sick. Mouima was lucky to survive, with the support of her son, who is now grown.

When Mouima learned of the fistula repair program in Kissidougou Hospital, it was her son who paid for her transportation to the hospital. Upon her return from Kissidougou, with laughter and joy, Mouima vividly described how her son sang and danced, weaving circles around her, calling for everyone to come and see – his mother was healed! In fact, Mouima says she was received back into her village “like a queen.” She proudly reports that she can be found once again dancing at village gatherings, relaxing in her neighbors’ homes, and even traveling to visit family members in other villages. And she says, most importantly, she can pray again. Since her return home, four other women suffering from fistula in Mouima’s village have come to Kissidougou for treatment. Mouima explains that most people in the village thought that there is no chance of a cure from a fistula; her success story proves otherwise.

*[photo credit: Lucy Wilson]*

### **Fistula Client, Bangladesh**

At the opening ceremony of the fistula ward at LAMB Hospital – one of three private-sector hospitals where ACQUIRE is supporting fistula treatment and prevention services in Bangladesh – a client awaits with anticipation the opportunity to have her fistula repaired. Living with the condition for 20 years, she believed she was destined to live with it forever. Her husband had left her and remarried long ago, and she has no children – the pregnancy that caused her fistula also left her baby stillborn. For many years, she has been living with her sister, the only one who would take her in.



Fistula client (right) with her sister (left), awaiting repair.

Through an ACQUIRE-trained community outreach worker, she found out that fistula repair services were available at LAMB Hospital. When she learned this, she and her sister immediately made the three-hour bus ride to LAMB where, while waiting for surgery, she has the opportunity to meet other women who have been living with the same condition – for the first time, she realizes she is not alone. And, as a trained counselor at LAMB shares success stories of other women whose fistulas have been cured, she is hopeful for the first time in 20 years.

*[photo credit: Lauren Pessa]*