



## **35th Quarterly Report to USAID**

Through March 31, 2007

### **Frontiers in Reproductive Health Program Population Council and FHI Cooperative Agreement HRN-A-00-98-00012-00**

#### **Background**

The Frontiers in Reproductive Health Program (FRONTIERS) is a 10-year cooperative agreement with USAID to improve family planning and related reproductive health service delivery through operations research. FRONTIERS contributes to USAID's objective of reducing unintended pregnancy and promoting other reproductive health behaviors by: 1) increasing the use by women and men of voluntary practices that contribute to reduced fertility (SO1); 2) increasing the use of safe pregnancy, women's nutrition, family planning and other key reproductive health interventions (SO2); and 3) increasing the use of proven interventions to reduce HIV/STI transmission (SO4). The intermediate results expected from FRONTIERS address all three objectives:

- IR1: Global leadership demonstrated in FP/RH policy, advocacy, and services
- IR2: Knowledge generated, organized and communicated in response to program needs
- IR3: Support provided to the field to implement effective and sustainable FP/RH programs

By March 2007, the Program had completed eight and a half years of operation. During this time, FRONTIERS has developed a portfolio of 183 projects in 40 priority countries, of which 147 have been completed and are in the process of dissemination and utilization. Innovations proven effective are being institutionalized and sustained within programs, and are being scaled-up and replicated elsewhere, and efforts to improve capacity are building the human resources required to sustain this work into the future. Furthermore, the Program has enhanced research support to USAID and service delivery CAs in the United States. FRONTIERS has formal relationships with more than 140 collaborating institutions, and is working with other donors and bilateral assistance organizations, such as WHO, UNFPA, UNICEF, DFID and GTZ to either invest in or use the OR approach in their programs. As of December 2006, about \$92.7 million has been allocated and about \$84.3 million has been spent on the achievement of results. Funding has been negotiated from 35 internal USAID sources, including core and global

leadership priority (GLP) support from USAID/W as well as field and MAARD support from USAID Country Missions and Regional Bureaus.

The results for the period included in this report are organized according to the Year Nine workplan, i.e. by IR, priority theme and then by country. Given the diverse character of projects and close relationship of themes, there may be different perspectives on the most appropriate placement of results.

## **IR1: Global leadership demonstrated in FP/RH policy, advocacy, and services**

### **Asia and Near East**

- In November 2006 FRONTIERS participated in a regional conference in Pakistan on Best Practices for Reproductive Health and Family Planning Programmes and Reducing Maternal and Neonatal Mortality. The Conference was jointly hosted by the Ministry of Population Welfare, UNFPA and the Rahnuma Family Planning Association of Pakistan. FRONTIERS was asked to present the Egyptian experience with improving postabortion care and linking FP with postabortion care.

### **Global**

- The Global fund has made operations research a priority and is encouraging all grant applicants to include OR as part of their funding proposals. FRONTIERS is developing guidelines for Global Fund applicants that explain OR, and will hold a workshop for Global Fund staff responsible for administering OR grants later this year. A first draft of the Guidelines was completed in February 2007.

## **RH/HIV/RTI integration**

### **Global**

- FRONTIERS staff was requested by Johns Hopkins University Communications Project to participate in a videoconference and online discussion relating to client-provider interactions relating to HIV and SRH service integration. Findings from the South Africa HIV/FP integration study were presented through the videoconference, which linked participants from Atlanta (CDC), Baltimore, Addis Ababa, Johannesburg and Geneva (WHO).
- Findings from FRONTIERS HIV/FP integration projects, and experience with the adaptation of integration guidelines and the FP/RH needs of young people born with HIV were shared at two international conferences, in Ethiopia and India. These conferences were attended by government representatives, researchers, UN agencies, CAs and donor organizations.

## **Female Genital Mutilation/Cutting**

### **Global**

- Presentations on FRONTIERS efforts to eradicate FGM/C were made at the Zero Tolerance Day meeting in Washington for program managers of international agencies, NGOs and Foundations working on FGC. One presentation was entitled "*What Makes Communities*

*Abandon Female Genital Mutilation,*” and drew lessons from 10 years of research in Senegal and Burkina Faso; and the other, which reported on ongoing research in North Eastern Province, Kenya, was entitled *religious oriented approach to addressing FGM/C among the Somali community living in Kenya.*”

- FRONTIERS staff were invited to participate in planning a multi-country study on the social dynamics of the abandonment of harmful practices in Addis Ababa and in the Afar Region of Ethiopia. The meeting was organized by UNICEF’s Innocenti Research Centre, Child Protection Section, and UNICEF/Ethiopia in the context of the UNICEF Task Force on Harmful Practices. Participants included UNICEF staff from Djibouti, Egypt, Ethiopia, Kenya, Senegal, Sudan, New York, the International Refugee Committee, the Population Council and leading academics. The study is one component of a multi-year effort to increase UNICEF’s knowledge and understanding of social norms and practices that are harmful to children and of the social processes that lead to their abandonment. This effort is informing UNICEF’s policies and programs at country, regional and global level, and UNICEF’s leadership is fostering consensus on a common strategic framework for the abandonment of harmful practices among development partners; the effort has also begun to influence the research agendas of major academic institutions. The meeting provided a review of successful country experiences and led to a multi-country study design.
- The **INTACT Network** continued to operate from its base in the Council’s Cairo office. Activities over this period included:
  - ✓ Launch of the new website in November 2006 ([www.intact-network.net](http://www.intact-network.net)). The new website has more features, more links and allows greater interaction among members.
  - ✓ Production of the second issue of the Arabic newsletter *Bedaya* in November 2006. The newsletter targets Arabic-speaking researchers, activists and programmers in Egypt, Sudan, Yemen, Senegal, Kenya and others who do not have access to website or internet services. It provides up-to-date information on FGM/C research, best practices, publications, and announcements from many parts of the world.

Management and support of INTACT was taken over by the Council’s regional office as of January 1<sup>st</sup> 2007; FRONTIERS staff continue to provide limited TA.

## **IR2: Knowledge generated, organized and communicated in response to program needs**

### **Integration of Family Planning and other Reproductive Health Services**

#### **India**

FRONTIERS/FHI and the Child in Need Institute (CINI) completed a study to examine whether integration of VCT and RH services would yield an increase in clients served and improve the financial position of the program. The study demonstrated that the integration of VCT and RH services increased the utilization of both services, suggesting that integration can improve client health status. Integration slightly reduced costs and was slightly revenue positive, but the effects

were not great and integration alone will not make CINI financially sustainable. Key findings were:

- ✓ VCT services increased dramatically from 4 per day prior to integration to 22 per day subsequent to integration.
- ✓ On average, 14 of the 37 daily clients (38 percent) received both RH and VCT services after integration.
- ✓ Provision of RH services increased from 12 services per clinic day in the nine months prior to integration to 25 services per clinic day in the first nine months post-integration.
- ✓ When registration fees were compared to the variable cost of service provision, there was a small positive contribution margin earned (US\$0.07) indicating that the provision of integrated services added more to program revenues than to program costs.

## **Kenya**

- FRONTIERS is collaborating with the Division of Reproductive Health (DRH) and the National AIDS and STDs Control Programme (NASCO) to support provincial and district teams to pilot-test and compare approaches to integrating HIV counseling and testing into family planning services. Six presentations were made at the Kenya Obstetricians and Gynecologists Society Annual Scientific Conference by MOH colleagues from the two districts in February. Presenters described the integration process as well as data from baseline survey and trends in service statistics.

The endline survey was conducted in Nyeri and Thika districts during March; data are currently being entered prior to analysis. Key lessons emerging from the testing sites are:

- ✓ Balanced Counseling Strategy job aids have been very useful in facilitating provider-client interaction during FP consultations
  - ✓ Condom utilization has increased since clients now understand the importance of dual protection
  - ✓ Monitoring and supervision reports indicate that clients receiving integrated services appreciated these arrangements because they do not have to go to other clinics for counseling and testing (CT) services
  - ✓ Utilization of FP and CT services depend on the availability of FP commodities and rapid test kits for HIV
  - ✓ Some clients felt that the time taken for CT was too long
  - ✓ An acute shortage of nurses, due to several leaving for an 18-month in-service course to upgrade to Diploma level, affected CT integration in September 2006. The few who remained were deployed for night duty, forcing several VCT centers to close.
- FRONTIERS continues to provide TA to the Kenyan DRH and NASCO to pilot-test adaptation of the WHO Guidelines for Essential Practice for Integration of Reproductive Tract Infections into Primary Health Services (GEP/RTI) in 10 clinics in Eastern Province (Meru South district) and in Coast Province (Kilifi District). Financial support for pilot-testing the GEP/RTI was enhanced by using funds leveraged from the WHO-UNFPA Strategic Planning Partnership and from UNFPA/Kenya through its bilateral program of support to the Kenya MOH. Training materials and job aids have been developed and are currently under final review; training of trainers took place in March; and training of facility-

level health providers from the two districts will take place in April. Following four months of intervention, the endline survey will be undertaken in September.

### **Madagascar**

- French language materials for Systematic Screening, as well as TA, were provided to FHI for their introduction of Systematic Screening into the Madagascar MOH services.

### **South Africa**

- FRONTIERS, in collaboration with the National Department of Health (DOH) and the provincial and district Departments of Health in North West Province, have been testing the feasibility, acceptability, effectiveness and cost of two models of integrating HIV prevention messages and routine provider-initiated offer of HIV counseling and testing into family planning services. This project has two phases, the first compares the two models, and the second develops a revised model and evaluates its effectiveness in improving the uptake of VCT, dual protection and improving the quality of family planning. Phase I data have been further analyzed and a draft report is available.

Training of providers was found to require an up-front investment of \$5,000 - \$7,000 per clinic, and additional supplies cost \$1,600 per clinic per year with full integration. Compared to the cost of setting up additional free-standing VCT centers, fully integrating services within FP service delivery points could be more efficient if FP providers have time to provide VCT to clients. Partial integration could be more efficient if FP providers are too busy to offer VCT to clients and there are under-utilized testing centers nearby.

For phase II, 12 new clinics have been allocated to matched-pairs to avoid imbalances between intervention and control groups. Because data collected will include HIV status of FP clients and their access to HIV related services, a revised Phase II proposal was submitted for ethical review and approved at the University of Witwatersrand. Intervention materials have been revised in consultation with the National DOH and the Reproductive Health and HIV Research Unit to incorporate provider feedback from the Phase I study. This “hybrid” model builds on lessons from Phase I and also involves training lay counselors. Content of the training has been modified to include status-specific follow up of clients, early information on PMTCT, and extension of the spectrum of HIV care including adherence counseling. Based on the findings of Phase I, the National DOH requested FRONTIERS to assist with planning for replication in two other provinces.

- FRONTIERS has been collaborating with the Limpopo Province DOH, Mpumalanga DOH, and the Rural AIDS and Development Action Research (RADAR) program, University of Witwatersrand, to develop and pilot test a comprehensive model for delivering post-rape care, including HIV post-exposure prophylaxis (PEP). This project has developed an operational model that demonstrates the feasibility of improving comprehensive sexual assault services including PEP within a public sector hospital using existing staff and resources, and that with additional training, nurses can play an expanded role in this care. In the last quarter the following have been achieved:
  - ✓ The project’s multi-sectoral advisory committee continues to meet every two months, and membership has been expanded beyond representatives from health and social welfare to

include the police and the judiciary. The committee has been instrumental in consolidating the implementation of the health sector intervention and will serve to strengthen linkages with the judicial system.

- ✓ Although nurses and doctors have been trained in collecting forensic evidence, the committee observed that few cases are actually brought to court, and even fewer successfully prosecuted. Lack of confidence in legal proceedings discourages survivors from seeking medical care or reporting to police.
- ✓ RADAR has collaborated with the Tshwaranang Legal Advocacy Center (TLAC) to provide training and technical support to begin strengthening the legal dimension of this model. FRONTIERS will support TLAC to continue to sustain the medical component of the services and to strengthen the legal components and their monitoring.
- ✓ RADAR launched the local Vuwiselo VEP (Victim Empowerment Programme) Centre in collaboration with SAPS and Tintswalo Hospital to promote community awareness about sexual violence, PEP and availability of services at the hospital and police station.
- ✓ With RADAR's support, hospitals and clinics conducted awareness-raising campaigns about sexual violence and the importance of post-rape care and IEC pamphlets were distributed through PHC clinics, Out-Patient Departments, and antenatal and under-five clinics.
- ✓ Technical assistance was provided to the DOH and SAPS in the form of training workshops on clinical and legal management of sexual violence. 236 health managers, nurses, police, and HIV counselors were reached through these eight one-day workshops. Health managers' training covered the National DOH Guidelines for Management of Sexual Assault including PEP. Relevant policies, provider tools, and treatment algorithms were also included, as well as approaches to monitoring and evaluation. Target audiences included health managers and practitioners involved in post-rape care and PEP within provincial and national DOH.
- ✓ For other service groups (police, home based care groups, traditional leaders) training included health and legal implications of rape and domestic violence, referral pathways, and the need for intersectoral collaboration.
- ✓ Two program managers in Limpopo Province and Mpumalanga Province DOH were trained in policy development relating to HIV PEP and post-rape care, including training in institutional capacity building to increase access to VCT services and PEP.
- ✓ RADAR was invited to provide technical assistance to the Mpumalanga and Limpopo Province DOH regarding management of sexual assault including the forensic exam and PEP. RADAR organized a research meeting bringing together key international experts with experience conducting economic evaluations of sexual and gender based violence interventions.
- ✓ Preliminary data analysis from the project was presented and discussed in light of current experience in the field, and recommendations will help to inform the project's evaluation. RADAR shared emerging lessons from the program with stakeholders in the DOH, as well as participating in a Population Council multi-country meeting on Responses to Sexual and Gender Based Violence held in Zambia. Participating countries included South Africa, Zambia, Kenya, Zimbabwe, and Malawi.

## Strengthened Safe Pregnancy and Postpartum Services

### Bangladesh

- Kangaroo Mother Care (KMC) is a method whereby a hospital-born stabilized low weight newborn is held in constant skin-to-skin contact on the mother's breast, breastfed as promptly and exclusively as possible, and provided family and institutional support as needed. The primary objective of the ongoing randomized controlled cluster trial, in which KMC instruction has been integrated into the existing community-based National Nutrition Program (CKMC) through funding from USAID/Bangladesh, is to document the implementation process and evaluate its effect on the neonatal mortality rate by following 4,000 babies through their first birthday. The intervention phase, implemented in four rural sub-districts of the study, was completed in March 2006. The data collection from 26,000 households will be completed in May 2007. Infants are being followed up at quarterly intervals through the infants' first birthday to determine women's CKMC implementation and estimate the effect of CKMC on infant growth, reported morbidity and mortality, causes of infant deaths, and postpartum contraception and spacing. The quarterly follow up will end by May 2007. Key findings to date include:
  - ✓ CKMC has reduced newborn mortality by 65 percent in babies  $\leq 2000$ grams at birth, with no effect on overall mortality. Only 25 percent of babies were held in the skin-to-skin  $\geq 7$  hours/day method in the first two days of life in the trial areas compared with 69 percent in the pilot study.
  - ✓ The incidence of CKMC behaviors – skin-to-skin contact, breastfeeding and delayed bathing – was significantly greater in the intervention than control group. Over three quarters (77 percent) of women delivering in the CKMC group reported giving skin-to-skin contact and 85 percent of those with low birth weight babies did so. In contrast, less than one percent of women in the control group reported giving skin-to-skin contact.
  - ✓ Women in the CKMC group also initiated breastfeeding sooner after birth (5.1 – 11.2 hours) than those in the control group (8.4 – 15.2 hours). Mothers in the CKMC group reported first bathing their babies in water at six days compared to two days in the control group.
  - ✓ From January to March 2007, 799 infants have been followed up. As of March 2007, a total of 3,600 infants were phased out from the follow up data collection.
  - ✓ Family planning and other birth spacing data were collected from 826 women during January to March 2007.

### Dominican Republic

- FRONTIERS, in collaboration with the Centro de Estudios Sociales y Demográficos (CESDEM), has been conducting a study to assess the degree to which contraceptive, maternal and child health, and HIV/AIDS services have been integrated within MOH health facilities. The aims of this project are to identify existing obstacles for the integration of services, as well as successful examples of integration, and to help the MOH design an action plan to improve the quality of integrated services. The study detected several shortcomings in linking family planning services to postpartum and postabortion programs, including that family planning services in hospitals are not linked with other reproductive and sexual health services; contraceptive stock-outs; inadequate quality of the information provided to the users; lack of training and technical capability of health providers; lack of follow-up

mechanisms; and inadequate (and often rude) interactions between health providers and users. Key findings include:

- ✓ Larger hospitals (including national and regional hospitals) are usually overcrowded and existing health providers are not enough to adequately satisfy the demand. On the contrary, demand for services in smaller hospitals is sparse.
- ✓ The high level of demand in larger hospitals contributes to a lack of interest in the quality of service and to impersonal relationships between health providers and users. Health providers do not have the time and predisposition to pay attention to the specific needs of each client.
- ✓ Health centers and hospitals integrate family planning services and maternal and child health in different manners. The most common form is provision of family planning information during antenatal care visits, followed by offering family planning information and methods during hospital stays for delivery. The offer of family planning information and methods during postpartum checkups, well-baby and vaccination visits are less common.
- ✓ Interviews with women at six-months postpartum shows that providing family planning information during antenatal care does not have any effect on postpartum contraceptive use. On the contrary, providing family planning services during hospital stay for delivery and during postpartum checkups, well-baby and vaccination visits helps women who want to use a contraceptive method postpartum to actually start using one.
- ✓ Family planning acceptance and use is hindered by erroneous beliefs that are not dissipated during antenatal care or the postpartum period.
- ✓ Family planning services are disconnected from PMTCT and the Units of Integral Attention to Women Living with HIV/AIDS (UAI), so that family planning counseling is not provided for HIV+ women. When family planning is mentioned in this context, female sterilization is the only contraceptive option given, and providers insist on condom use for every sexual relation.
- ✓ Women often leave health facilities with inadequate information about their health conditions and necessary follow up care.
- ✓ Health providers do not follow any protocol or guidelines, or use any support materials to provide women with relevant information for their care during their visits. As a result, visits are disorganized and clients do not understand the information provided.
- ✓ Less educated women receive less information than more educated women on topics such as danger signs and family planning, which places them at greater risk of complications and unplanned pregnancies.

## **Egypt**

- In collaboration with the USAID-bilateral TAHSEEN / CATALYST project and the Ministry of Health and Population (MOHP), FRONTIERS conducted a study to test the feasibility, acceptability, and effectiveness of two models for integrating FP into PAC services. One model provided family planning counseling to postabortion patients before their discharge from the hospital, while the other provided this counseling as well as offering a family planning method on the Ob/Gyn ward. The findings suggest that both models were feasible and acceptable to providers, and that making contraceptive methods available on the Ob/Gyn ward was associated with improved quality of services. However, immediate acceptance of a family planning method on the ward was very low, for a variety of reasons, including the

need to discuss this option with their partner. These results indicate a need for changes in the training curriculum to enable providers to address misperceptions, and community sensitization and changes in facility administrative procedures to allow partners of postabortion patients to meet with them while they are in the hospital.

USAID/Egypt has provided funding for disseminating results of this study and for enhancing their utilization by key partners. A draft report in Arabic has been shared with senior policy makers for review, and discussions are underway with Curative Care officials to issue a written protocol that requires OB/Gyn physicians and nurses to offer FP services to postabortion patients. Upon learning the results of this project, the Minister of Health and Population himself requested that 300 physicians and nurses be trained on providing FP services to postabortion patients. Responding to this request, the MOHP has agreed to expand the current postpartum FP (PPFP) initiative to include postabortion FP. Subject to USAID/Egypt making funding available, FRONTIERS will provide TA for modifying the current PPFP training module to include PAC FP and for training of master trainers. In addition, FRONTIERS is participating in a series of dissemination meetings with TAKAMOL (the follow-on USAID-bilateral project to TAHSEEN) to enhance provision of family planning services to postpartum and postabortion patients in public hospitals in Egypt. FRONTIERS also participated in reviewing TAKAMOL's training curriculum to ensure that issues related to family planning counseling of postabortion patients are properly addressed.

- FRONTIERS is collaborating with the MOHP and an Egyptian NGO, SPAAC, to compare the acceptability and effectiveness of two models for providing messages on birth spacing to women and communities; one model (A) communicates messages to pregnant and postpartum women during antenatal and postpartum care, and the other model (B) also includes awareness raising activities in the community that target husbands and community leaders. Monthly visits to the study clinics are being conducted by MOHP and FRONTIERS staff to monitor implementation of the intervention. In general the intervention has been adequately implemented in the study sites, although a few problems have been reported in terms of adhering to the assigned schedule of home visits, re-orienting the focus of the 40-day visit, and staff rotation.

Exit interviews were conducted with 550 third trimester pregnant women in clinics implementing model A, 481 women in clinics where model B is being implemented and 387 women in control clinics. Key findings were:

- ✓ In both groups of experimental clinics, more than 70% of women identified the optimal birth spacing interval as 3-5 years, compared with 49% in control clinics.
- ✓ The proportions of women reporting receiving counselling on birth spacing during antenatal care was 63% in model A clinics, 42% in model B clinics and 8% in control clinics. Similar proportions of women reported receiving information on postpartum contraception.

Home interviews at four months with these women are currently underway to assess correct use of LAM and / or other family planning methods. Those interviews will be followed by a second round of home interviews at the tenth month to assess contraceptive continuation and birth spacing intentions. Discussions are ongoing with senior MOHP officials to add birth

spacing messages and use of LAM to service guidelines for antenatal and postpartum care services. The MOHP is also considering making child care services part of the day 40 services package.

## **India**

- FRONTIERS is collaborating with the Department of Health and Family Welfare, ICDS, Department of Social Welfare and Meerut LLRM medical college, Uttar Pradesh to conduct a study that assesses the effectiveness of promoting a three-year interval between births among pregnant women with no or one child and by increasing postpartum contraception. The key intervention is an educational campaign for pregnant women during antenatal check-ups and house visits. In addition, their husbands, mothers-in-law and community opinion leaders are being educated through 267 community level workers drawn from four different cadres trained in counseling young couples on birth spacing and postpartum contraception. Several IEC materials and educational aides were developed on birth spacing, LAM, and other methods.

The baseline survey of women, their husbands and mothers-in-law was completed in the experimental and control areas, with approximately 600 young pregnant women being interviewed in the each of the experimental and control sites. Some salient findings include:

- ✓ The desire for having a first birth as soon as possible after marriage is strong and universal, and could be changed only by broader social changes. Hence investment in programs to promote delaying the first birth may not be effective.
- ✓ Most couples do want to delay the second child – only 14 -15 percent of young women and their husbands wanted the second pregnancy within two years of the first birth.
- ✓ Only one third of young women, husbands and mothers-in-law knew that the fertile period was mid-cycle and only 2-3 percent of women, husbands and mothers-in-law knew that highest risk of mortality is during first week postpartum.
- ✓ Knowledge of spacing methods was poor, especially among the young couples: only 9 percent of husbands, 29 percent young women and 55 percent of mothers-in-law could name at least one spacing method.
- ✓ Only 2 percent of young women knew that breastfeeding can delay pregnancy and 52 percent overall did not know. Moreover, only one percent of the young women could correctly mention the three conditions for breastfeeding to work as contraceptive.
- ✓ Counselling on postpartum care and postpartum contraception is currently rare – less than 10 percent of women or their husbands reported receiving any such counselling from community workers.

## **Kenya**

- With PEPFAR funding, FRONTIERS is testing the feasibility and acceptability of integrating tuberculosis case finding and treatment into Focused Antenatal Care and PMTCT programs in Western Province. Using a simple job aid to screen all ANC women for TB symptoms, and improving coordination within the facilities between the ANC, HIV and TB units, the aim is to strengthen identification of TB cases and manage them appropriately, with the goal of interrupting transmission of infection, reducing morbidity, mortality and disability. The guidelines developed by FRONTIERS, the MOH (Division of Reproductive Health and the

National Leprosy and TB Program) and other partners for screening TB during ANC have now been incorporated into the National Focused ANC Orientation Package.

An assessment was carried out in October 2006 to evaluate how providers were screening clients. The majority discussed TB symptoms with clients during their first ANC visit, but were much less likely to do so during following visits. While improvements have been made based on this assessment, the screening questions still appear to be disregarded when pregnant women are in the final trimester. Over the coming year, FRONTIERS will facilitate the expansion of screening for TB to the FP clinics as well as strengthening screening during PMTCT counselling. An endline evaluation will determine provider compliance in using the screening tool.

- FRONTIERS is collaborating with the ACCESS FP Project (JHPIEGO) in supporting the Division of Reproductive Health (DRH) to strengthen existing postnatal services, and especially postpartum FP, by increasing the number, timing and content of postnatal consultations that a woman and her newborn can expect to, and will be encouraged to, receive. Baseline data were collected in October 2006, followed by training of 20 health care providers by JHPIEGO in November. Due to a reshuffle of all staff in the provincial hospital in January, further training was required for new staff working in the MCH and maternity unit. In addition the district health management team requested that all health facilities (and not just those in the study) providing ANC and FP services should be orientated in the new postnatal package; the training for an additional 45 providers was carried out in March 2007. A control cohort of 271 newly delivered women was recruited in September 2006 and followed up after six months in March 2007. The intervention cohort will be recruited in June 2007 (following 3 months of intervention in the provincial hospital) and followed up in December 2007. Key baseline results include:
  - ✓ When asked if they wished to have more children, 41% of women said they intended to wait 3 years, and 50% did not want any more children. Only 9% intended to have a child within the next three years.
  - ✓ Although 54% of women said they had used contraceptives before, 62% of those who said they intended to wait 3 years before having another child had never used contraception.
  - ✓ Only 12% knew correctly when a woman could become pregnant after childbirth.
  - ✓ Only 19% of clients said that the provider discussed child spacing in the postnatal period and 10% that the provider discussed family planning methods.
  - ✓ Providers have inadequate knowledge on maternal and newborn complications during the postnatal period, specifically Postpartum Haemorrhage (PPH), sepsis in mother and newborn.
  - ✓ The need to counsel clients on their expected return to fertility was mentioned by 3% of providers.
  - ✓ Providers showed bias in not recommending long-term methods.
- FRONTIERS is supporting the DRH in scaling up community midwifery services in Western Province. The three main objectives of this project are: 1) to assist the MOH to strengthen, institutionalize and scale up its community midwife strategy and services in four districts in Western Province; 2) to assess the feasibility of implementing the full package of maternal,

newborn and family planning services; and 3) to document and disseminate the lessons learned in sustaining and scaling up successful community midwifery services. FRONTIERS is also hosting the National Task Force for Community Midwifery and is collaborating closely with UNFPA, UNICEF, and other development partners. A final draft of guidelines for the introduction of the community midwifery model is complete and training materials are currently being finalized. A total of 65 retired or out of work midwives have been identified and training will commence for the first group at the end of April. Once the clinical attachment is completed, midwives will be issued with delivery kits.

### **Lesotho**

- ✓ FRONTIERS is collaborating with the Ministry of Health and Social Welfare (MOHSW) to strengthen the existing postnatal program in Lesotho by changing the number, timing and content of postnatal consultations that a woman and her newborn can expect to, and will be encouraged to, receive. The baseline survey was conducted in September /October 2006 in five facilities. A meeting was held with stakeholders in November to discuss the preliminary results. The findings were similar to those reported for the equivalent Kenyan project, i.e. provider knowledge is high for PMTCT but that they rarely encourage clients to attend a postnatal clinic or to use long-term FP methods and they have limited knowledge of LAM; and gaps in provider skills and attitudes as well as lack of basic equipment contribute to limited uptake of postpartum services. Training tools and job aids were developed and following a stakeholders' review and pre-test in January 2007, 16 providers were oriented in February 2007. A monitoring visit will take place in April and the final evaluation is planned for June.

### **Nicaragua**

- FRONTIERS is partnering with Alva and the Nicaraguan MOH to undertake a situation analysis of the provision and use of contraception during postpartum, postabortion and PMTCT programs in health facilities. Structured and in-depth interviews with key informants, health providers and women who received postabortion care in 11 MOH hospitals yielded the following results:
  - ✓ All women who received postabortion care would like to start using a contraceptive method in the next three months, and three quarters would like to start before they leave the hospital.
  - ✓ Despite this need, only 50% of PAC clients received family planning counseling before hospital discharge, and 40% of the women who wanted to receive a method before leaving the hospital obtained one. None of the women who left the hospital without a family planning method received a referral to obtain a contraceptive later.
  - ✓ Family planning counseling focuses on the logistics of method use, such as when and where women should go for their next injection, or how they should check that their IUD is in place. Advantages, disadvantages and potential side effects of different methods are not discussed, which may negatively affect method satisfaction and discontinuation.
  - ✓ The quality of family planning counseling for PAC clients is inadequate, in part, because health providers have not been well trained.
  - ✓ Contraceptive stock-outs are a major obstacle for the integration of postabortion and family planning services. Only one of the eight hospitals where IUDs were offered had

the method available, and only two of the nine hospitals where injections were offered had the method available.

- ✓ When PAC clients are referred for family planning services, women who receive PAC during the night or weekend shifts do not receive the family planning services they need.

## **Senegal**

- At the request of the USAID Postabortion Care Global Leadership Priority Working Group, an assessment was conducted of the decentralization of PAC services in Senegal. The key findings were:
  - ✓ The Senegal MOH and Management Sciences for Health (MSH) successfully incorporated PAC services at the primary health service level. Health centers have the infrastructure to deliver PAC services with MVA and health posts are able to provide emergency treatment with digital curettage. Current client loads at the health posts are low.
  - ✓ Gaps in quality were found in the areas of infection prevention, equipment maintenance, pain management, integration of family planning services with PAC, and IEC materials.
  - ✓ Potential beneficiaries of PAC services face geographic, transport, and economic barriers, including perceptions of poor client-oriented care at public sector health facilities.
  - ✓ PAC services can be further institutionalized by positioning PAC within the health sector reform process, by including MVA equipment in the essential drugs list, and by developing pre-service and on-the-job training capacity.
  - ✓ The resources provided by USAID/W facilitated PAC expansion through feeding into the existing bilateral project and demonstrating a feasible model of joint programming by USAID/W and the Mission.

## **Reaching Youth with Reproductive Health and HIV/AIDS Services**

### **Ethiopia**

- FRONTIERS is collaborating with the Ethiopian Orthodox Church and the Ethiopian Muslim Development Agency to raise awareness on the RH and HIV risks associated with early marriage as well as to support adolescent girls who are already married. The project is being undertaken in six rural districts in Amhara region, a region of extremely high rates of early marriage and of HIV. FRONTIERS and its partners convened workshops to develop curricula related to RH and HIV risks, in line with religious teaching on the topic. Twelve trainers of trainers (TOT) were trained so as to reach an estimated 800 religious leaders in the region through two days of training, with a view to enabling them to reach their congregations with appropriate messages. To date, 48 mentors of married girls have also been trained and they have convened groups of married adolescent girls, thereby reaching over 6,000 married girls during the first three months. The project is also promoting premarital VCT through community-based groups, including health extension workers; community based reproductive health agents, and religious leaders. A curriculum was developed to educate 40 health extension workers on HIV, VCT, and ARVs, with a special emphasis on gender issues, and to convey messages promoting premarital VCT.

## **Kenya**

- FRONTIERS is collaborating with PATH and the Kendu Adventist Hospital in Nyanza Province to address the RH and HIV risks experienced by married adolescent girls. Through the project, radio spots on risks associated with early marriage have been developed and aired on the local Luo-language radio station. In addition, drama troupes and religious leaders have been trained to convey similar messages, while trained mentors convene groups of married girls in the project sites. During this period, additional radio spots were developed and pretested, with themes related to knowing each other's HIV status before marriage, not rushing into marriage, and using condoms within marriage. Based on increased demand for couples counseling, twelve VCT counselors were trained on couples counseling using a curriculum developed by CDC. Prior to expansion into a new district (Homa Bay), baseline surveys are being undertaken in both Homa Bay and the control areas through interviewing married and unmarried adolescent girls, and husbands and parents of adolescent girls.

## **Senegal**

- FRONTIERS has evaluated an intervention implemented by CEDPA to improve parent-child communication regarding sexuality and reproductive health issues. During this period, a draft report describing the process followed was prepared. Preliminary findings from the endline survey in December 2006 show that:
  - ✓ There was a significant increase in communication on RH issues between parents and children, particularly for the younger adolescents aged 10-14 years.
  - ✓ There was a decrease in the proportion of youth who declared that it is not easy to discuss reproductive health with their parents.
  - ✓ After the intervention, youth reported taking more initiative and asking questions, and their parents' reactions improved.
  - ✓ Difficulties were attributed to the low level of literacy of parents, problems with mobilizing men and minimal discussion by young adolescents during intergenerational dialogue sessions.

## **Female Genital Mutilation/Cutting**

### **Burkina Faso**

- FRONTIERS has recently completed a study to assess reasons for the decline in FGM/C in Burkina Faso. A series of dissemination activities took place during this period:
  - ✓ A dissemination meeting took place in December with staff from central and local government ministries, and religious and traditional leaders. This provided an opportunity to discuss some legal issues conflicting with the achievements of the Ministry of Social Affairs, for example, the rapid release from custody of traditional practitioners prosecuted for performing FGC.
  - ✓ A meeting was held at the headquarters of the national committee against FGC (CNLPE) to make sure that CNLPE staff fully understood the policy and programmatic implications of the results. TA was provided to build their capacity to disseminate these results further at the local level.

## **Egypt**

- FRONTIERS provided limited TA to two evaluation studies that are being conducted by the Population Council regional office in Cairo. The first study, funded by UNDP, assesses the “FGM Free Village” model that has been implemented by the National Council for Childhood and Motherhood in 60 villages of six governorates. The second study examines the impact of “FGM Abandonment Program” that was implemented by UNICEF and CEDPA in four governorates in Upper Egypt. The two draft reports are currently under review.

## **Kenya**

- FRONTIERS has developed a strategy using a religious-oriented approach to educate the Somali community on FGM/C. The following achievements were made in the last quarter:
  - ✓ Debates were held for religious scholars in Wajir district, culminating in a sensitization workshop for 46 scholars with the participation of scholars from other non-FGM/C practicing Muslim communities.
  - ✓ In collaboration with UNICEF, FRONTIERS co-hosted a training workshop for 42 Education Officers from North Eastern Province on children’s rights with a special focus on FGM/C. This training will be rolled out to other school heads and teachers so that they can initiate discussions around this topic in school.
  - ✓ A network of agencies engaging in FGM/C programs within North Eastern Province has been formed and coordinated by FRONTIERS.
  - ✓ Discussions with other community groups, such as women and men leaders, youth, professionals and the circumcisers have been initiated.
  - ✓ Consensus building for religious scholars continues.
- FRONTIERS continues to provide limited technical assistance to GTZ’s project to support anti-FGC activities by the Kenya MOH. Over this period, FRONTIERS provided TA to the GTZ Project Coordinator in analyzing data and report writing for two studies in Transmara District (a follow-up survey of girls who had undergone the Alternative Rites of Passage, and an endline evaluation of the five-year GTZ/MOH anti-FGC strategy). FRONTIERS will continue to support GTZ and the MOH in packaging and disseminating the findings from the two studies. Additionally, FRONTIERS will provide assistance in evaluating the “Inter-generational Dialogues” initiatives that have been ongoing in Kajiado and Meru districts.

## **Senegal**

- During this period the draft report of the evaluation of the long-term impact of the TOSTAN program was finalized and validated with Macro International and UNICEF. Findings show that the program has achieved a number of positive outcomes within the villages; these center around changes in knowledge, and in perceptions and practices related to FGC and early marriage. The evaluation also indicates that there is improved knowledge of rights, of basic hygiene, health and the dangers of excision and early marriages; leadership, democracy and management. There is also a significantly positive change in attitudes and interpersonal relations. The structure of the groups/committees formed by TOSTAN is not well established, however, and the absence of specific tasks assigned to members and the lack of timeframes for interventions are challenges. There are still constraints restricting the realization of all the program’s outcomes, such as a lack of infrastructure in the villages and

difficulties in accessing some basic sanitary and social services. The lack of continuous monitoring and follow up may, in the long run, jeopardize the efforts invested so far.

## **Expanding Contraceptive Options**

### **Ghana**

- FRONTIERS is partnering with the MOH, CHPS program and EngenderHealth to compare two models for increasing access to and use of long-term FP methods, especially the IUD, at the community level. One model increases awareness and knowledge of the IUD within communities and refers interested users for services (model I), and the other also includes an awareness-raising component and provides IUD services within the community (model II) through trained Community Health Officers. These activities have been monitored for 12 months, and the findings compared with data from 12 months preceding the intervention. Data from the three study districts (AAK, Birim North and Nkwanta) indicate the following:
  - ✓ The mean monthly number of IUD users in the intervention II clinics was 0.5 clients preceding the intervention and 0.9 post-intervention. At the district level, IUD uptake rose from 1.7 to 2.5 clients.
  - ✓ Uptake of Norplant increased from 0.5 per clinic per month pre-intervention to 1.5 per month post-intervention, and 4.7 pre-intervention to 8.8 post-intervention at the district level.
  - ✓ Overall, mean uptake of both long-term methods was 2.4 clients per month per clinic post-intervention, compared with 1.0 pre-intervention.
  - ✓ On average, modern contraceptive use increased significantly from 12.1 users pre-intervention in model I clinics to 16.5 clients post-intervention, and in model II sites from 9.8 to 13.1.
  - ✓ Use of the pill in the comparison sites significantly increased from 1.2 users per month pre-intervention to 1.9 post-intervention.
  - ✓ A population level endline survey and qualitative data collection are currently underway.

### **India**

- FRONTIERS is collaborating with the Department of Health and Family Welfare, Government of Gujarat, and Vadodara Municipal Corporation to increase access and use of long-term FP methods in rural and urban areas of Vadodara district. A formative qualitative study to understand providers and potential clients' perceptions about the IUD revealed various myths and misconceptions regarding the IUD. A baseline survey of health care providers (69 paramedical staff and 7 doctors), however, revealed that technical knowledge was high. Subsequently, 76 paramedical staff and 10 doctors have been trained in counselling skills and in the technical aspects of IUD insertion and removal. The baseline survey of potential clients (895 women and 435 men) showed that:
  - ✓ Contraceptive prevalence rate was 63%, with prevalence of IUD use around 4%.
  - ✓ Only 4% of respondents knew that the IUD can protect against pregnancy for up to 10 years and 25% could correctly describe the site of IUD insertion.
  - ✓ Myths prevailing in the community regarding the IUD were high; e.g. causes weight gain, travels to different body parts, causes infertility and causes cancer.

Various communication materials, including leaflets for clients, leaflets for providers, a counselling aid for providers, a chart showing stepwise instructions to insert and remove the IUD, and two posters have been developed, tested and printed in Gujarati. These materials have been highly appreciated by the Secretary and Additional Director of Health and Family Welfare, Government of Gujarat, and they are going to print them for use in the whole of Gujarat state. The Regional Deputy Director has requested training of health care providers in the nearby district of Dahod.

## **Gender Perspectives in Reproductive Health Services**

### **Asia and Near East Region**

- To disseminate findings from FRONTIERS studies throughout the region and to facilitate evidence-based advocacy, FRONTIERS has established a Gender Working Group (GWG). During the reporting period, the GWG, with the help of its partners (the Indian MOH&FW, USAID, UNFPA, WHO, the European Commission, IPPF, and various national and international agencies such as ICRW, Futures Group, Packard Foundation, FHI, ICMR, BBC World Service Trust, Jamia Milia Islamia University, Georgetown University and the Population Council), has been working to bring male involvement, gender equity and GBV to the attention of governments for policy development, allocation of resources and evidence-based advocacy. The GWG website ([www.gwg.in](http://www.gwg.in)), with its linkages to similar resources continues to disseminate information on male involvement and gender-based violence. During the reporting period the GWG continued to strengthen its mailing list. One hundred and fifteen members have signed up to the GWG website. Some preparatory work has been done on planning a situation analysis of services for rape survivors, and a meeting has been planned on promoting male participation in family planning with focus on vasectomy.

### **Bolivia**

- FRONTIERS is supporting fifteen health NGOs in the PROCOSI network to test a methodology to certify health centers and institutions as “quality and gender sensitive.” The certification is achieved once an external evaluation shows a health clinic meets at least 80% of 65 quality of care and gender indicators, or when the administrative office of an NGO meets at least 80% of 17 standards or indicators. Participants first conduct a self-evaluation (called an internal evaluation), then make and implement work plans to improve conditions and, when they think they can achieve the certification, request an external evaluation, upon which they receive the accreditation if they have complied with the requirements. The activities completed during this reporting period were:
  - ✓ A two-day evaluation workshop was organized for the most committed project coordinators of the NGOs and PROCOSI staff. An accreditation guide was produced to give the evaluators all the information needed for gathering and processing data. Other coordinators were trained in the use of the manual during supervision visits.
  - ✓ Fourteen of the fifteen participating NGOs requested evaluations from PROCOSI’s central staff, claiming they had accomplished compliance with all indicators. The evaluation committee was formed by staff from other health centers participating in the project and by PROCOSI headquarters’ technical staff. Out of the fourteen NGOs

evaluated, thirteen passed the test and one received additional TA through a second evaluation visit before obtaining the 80% compliance score.

- ✓ A second round of external evaluations was carried out to assess further progress.
- ✓ Final results show that:
  - Of the fourteen NGOs evaluated, six comply with all indicators, six had scores above 90%, and two comply with scores above 80%.
  - The average cost for participating organizations to carry out all activities was \$3,356, ranging between \$495 and \$12,715, though there does not seem to be an association between the amount spent and the degree of compliance achieved. Moreover, 65% of costs are opportunity costs (time spent by personnel on activities related to quality improvement and evaluation), which are not direct financial expenses for the organizations.

### **South Africa**

- FRONTIERS is partnering with Hope Worldwide and EngenderHealth to evaluate the Men as Partners (MAP) model as it has been used in Soweto. A draft report is being finalized; the findings show that:
  - ✓ Most men were exposed to the MAP workshops, but very few reported exposure to other components of the MAP model, such as attending public demonstrations and participating in community action teams.
  - ✓ The MAP workshops reached mainly the younger men and the unemployed.
  - ✓ Despite numerous research and intervention challenges that have reduced the ability of the evaluation to detect changes, a number of changes were observed amongst the men who were exposed to the MAP workshops:
    - Improved norms and attitudes supportive of gender egalitarian relations, reduction in the reported number of non regular partners, less partner control, partner support during pregnancy, as well as communication in intimate relationships.
    - There was an increase in men's HIV testing.
    - Some negative changes were also observed: of those that were sexually active, condom use and consistency with both regular and non regular partners decreased, as did participation in HIV care and support activities, and men's support for exclusive breastfeeding reduced during post intervention.
- Building on this and related experience, the National Department of Health (NDOH), through its Women's Health and Genetics Unit, has requested TA for systematically developing a strategy to address male involvement in reproductive health, including HIV/AIDS. FRONTIERS will provide assistance in creating a multi-sectoral task team to identify priority action areas toward the development of a national 'male involvement' strategy, and will also coordinate involvement of different sectors and sharing programmatic lessons. Discussions have been held with NDOH and documents reviewed to identify key areas where FRONTIERS could make a contribution and to avoid duplication of efforts by other stakeholders. A plan of activities is under development. FRONTIERS has also been requested to become a member of an Advisory Panel to support a CDC-funded project aimed at involving men in increasing the uptake of PMTCT.

## **IR 3: Support provided to the field to implement effective and sustainable FP/RH programs**

### **Scaling up and Replicating Proven Interventions**

#### **Bangladesh**

- Introduction of emergency contraceptive pills in the national program has been a joint effort of the Director-General of Family Planning (DGFP), FRONTIERS and UNFPA. All FP service providers in the country have been trained to provide ECP services. The FRONTIERS Program provided TA to the DGFP to monitor service delivery, assess quality of care and provide feedback to the DGFP to improve service delivery; this TA was completed in February 2007. Some of key observations are:
  - ✓ As of December 2006, 387,580 ECP packets were distributed all over the country, an average of 14,244 packets/month.
  - ✓ ECP use is increasing every month – the last six months statistics show that, on average, 18,904 packets/month were distributed, and that in the last month it was 19,902 packets.
  - ✓ Statistics on ECP use have now been fully integrated in the national MIS. 100 percent of the upazilas are now reporting ECP performance to the central MIS department.
  - ✓ ECP services are primarily provided by Government workers, with four percent by NGO providers.
  - ✓ Two review workshops at the divisional level were conducted during February 2007, attended by 190 providers and district level program managers. The workshops focused on four key issues: a) improving performance of ECP services; b) creating demand for ECP; c) the supply system for ECP; and d) monitoring and reporting of ECP performance. Participants identified several limitations and made the following key recommendations:
    - Change the existing system of providing ECP “on demand” to prophylactic distribution, at least for condom, pill and injectable users.
    - Reduce the price of pills from present Taka 8 to Taka 5, or provide for free.
    - The mass media campaign through radio appears to have had limited reach; it was recommended that the educational campaign should go to TV.
    - More IEC materials are needed.

Assessment of providers’ knowledge among those attending the review workshops indicated that even after two years of training, knowledge about ECP was good and so refresher training (which had been recommended) was not supported. On the basis of the other recommendations, the DGFP has implemented prophylactic distribution of ECP, but a single dose-regime is still under consideration at the Directorate level. The government has decided not to reduce the price of the ECP.

- The findings of the OR study on rickshaw pullers suggested that condom use could be increased if men have comprehensive information about the dual benefits of condoms and acquire the skills to use them correctly. In addition, easy access to condoms increases their use. Based on the findings, the NSDP is expanding activities in 35 urban clinics with technical support from the Population Council, and approximately 80,000 rickshaw pullers will be educated in the next six months. By scaling up the interventions in 35 clinics, the

NSDP will identify important managerial and programmatic issues that need to be addressed for nationwide replication. Senior NGO officials and NSDP staff were oriented on the scaling up activities, two master trainers were identified and trained, and 35 community educators selected and trained for six days on the reproductive health course. The following activities have been completed during January- March 2007:

- ✓ One round of monitoring visits was completed in each site and feedback provided to the NSDP. Review meetings were organized on program implementation and its documentation at the NGO Headquarters level. All 35 clinics have introduced community condom distributors (CCDs) and the educational materials on condoms and vasectomy attached to the back of rickshaws were distributed throughout the project areas.
  - ✓ In January 2007, 11,670 rickshaw pullers attended at least one RH session, and 42% attended all three sessions.
  - ✓ Due to a shortage of condoms nationally, the CCDs are not receiving condoms regularly.
  - ✓ FRONTIERS organized and facilitated refresher training for community educators and their supervisors.
- The Institute of Mother and Child Health (ICMH) and the Directorate General of Family Planning (DGFP), with technical assistance from FRONTIERS, is scaling-up the model of integration of male reproductive health services at the H&FWC level and creating conditions for scaling up at the national level. Preliminary analysis of service statistics shows: On average, intervention clinics were seeing 866 clients/month/FWC visited over the seven month period.
    - ✓ A total of 30,835 male clients visited the 40 FWCs over the seven-month period, which represents about 13 percent of all clients.
    - ✓ About 58 percent of all clients (men and women) came for general health care, and the remainder for a variety of RH services; conversely, about 90 percent of the males came for general health care and 10% for RH services.
    - ✓ On average, 10 clients/month/FWC visited for RTIs/STIs during the intervention period, of which two were males; pre-intervention, no men visited FWCs for RTI/STIs.
    - ✓ Condom distribution increased during the intervention period, with an average per FWC of 772 condoms per month.
    - ✓ About 9 percent of clients had an unmet need for other RH services, which was identified through systematic screening; these services were provided during the same visit. Among male clients, 51 percent had an unmet need for general health care services, 19 percent for FP, 16 percent for urethral discharge/burning urination, 4 percent for genital ulcer and 6 percent for other RH problems.
    - ✓ Some providers were reluctant to complete the systematic screening form, believing it to be extra work.

## **India**

- The Systematic Screening Instrument (SSI) was tested in eight Municipal Corporation clinics of Vadodara, Gujarat, and demonstrated a 22 percent (statistically significant) increase in the number of services provided to women during one visit. On the basis of this evidence, the DOH&FW in Gujarat has decided to integrate the SSI into the MCH clinics of rural and urban health facilities. The current project is the first stage of scaling up in two cities (Vadodara 10 clinics and Surat 28 clinics) and in two rural districts (12 clinics each in

Vadodara and Dahod districts). An outpatient register containing the SSI questions has been developed and is being used by providers of Vadodara Municipal Corporation, while the outpatient slips will be used in the Surat Municipal Corporation clinics and the rural PHCs.

- ✓ Eleven Medical Officers and 46 Auxiliary Nurse Midwives (ANMs) in 11 Vadodara Municipal Corporation clinics were trained in February 2007.
  - ✓ Twelve Medical Officers, five Block Health Officers and 23 ANMs and Lady Health Visitors (LHVs) in 12 Primary Health Centers of Dahod district have been trained in March 2007.
  - ✓ In Surat, where the SSI is being implemented in 28 clinics, 70 doctors and 150 paramedics have been trained.
- Findings from the OR project to develop and pilot-test a Quality Assurance (QA) manual and checklist in Gujarat State have encouraged the State Commissioner of Health to scale up the intervention throughout the state in a phased manner. In the first phase, with TA from FRONTIERS, the QA approach was introduced into half of all the PHCs/CHCs in all 25 districts of Gujarat through the following activities:
    - ✓ Following an orientation workshop in May 2006, District and Block Health officials from the 25 districts have been trained in batches in the use of the QA checklist and how to analyze and use the data collected. To date, more than 366 doctors and officials have been trained, and 471 PHC Medical Officers, and 169 Block Health Visitors and Block IEC Officers have also been trained for QA visits.
    - ✓ To facilitate entry and analysis of data collected through the QA process, FRONTIERS has responded to a request from the Gujarat MOH&FW to develop a user-friendly software; 23 district health officials and 10 M&E Assistants have been trained in its use.
    - ✓ A national workshop was held in September to disseminate the QA manual; the Director of the USAID/India Mission officiated at the workshop.
  - The national MOH&FW is actively pursuing improvements in the quality of RH provided through its network of public health institutions, RCH camps and outreach services. Building on the Gujarat QA project, the national MOH&FW has asked UNFPA to support development of an adapted version of the QA manual (including an element on childcare services) that could be introduced in a larger number of states. The modified version of the manual was submitted to the MOH&FW in September 2006, and the MOH&FW will introduce it in six states, with technical backstopping from FRONTIERS, PATH and EngenderHealth, and funding from USAID/India and UNFPA.

## **Kenya**

- The Kenya Adolescent Reproductive Health Program (KARHP) builds the institutional capacity of three collaborating ministries (Health, Education, and Gender, Sport, Culture and Social Services) to address and improve young people's RH and HIV knowledge and behaviour. The current phase has introduced the program in two new provinces, with PATH taking the lead in Nyanza and the Council in Eastern. In both Provinces, the program has collaborated closely with the USAID bilateral program. During the period January to March 2007, KARHP activities at all levels (national, provincial, district and divisional/community) have been focused on lobbying and advocacy to gain buy-in, acceptance and support for the expansion and institutionalization in the two provinces:

- ✓ A national inter-ministry meeting was held in which the ministries endorsed the nationalization of KARHP materials and curriculum.
- ✓ A third round of provincial inter-ministry meetings has been held in Nyanza and Eastern Provinces to review implementation experience, monitoring of program activities and sustainability.
- ✓ The first round of district inter-ministry meetings have been held to discuss implementation and collaboration between the three ministries at the district level, integration of KARHP into district work plans, and planning for sensitization of other stakeholders, particularly the provincial administration and religious groups.
- ✓ Two community sensitization meetings involving women's groups, youth groups, religious groups and provincial administration have been held in both districts of Eastern province.
- ✓ A sensitization meeting has been held with key religious groups sponsoring schools in Embu district, Eastern province, that led to their endorsement of religious groups planning for expansion of the program in schools they sponsor.
- ✓ Two divisional inter-ministry meetings have been held in Kisumu and Kisii districts, Nyanza, to discuss collaboration challenges at the community level. Two similar meetings have been planned for this May in Embu and Meru Central districts, Eastern province.
- ✓ By end of March 2007, the program had reached 38,038 people with information on ARH in the four districts of the two provinces.
- ✓ PATH and the Council will continue to support institutionalization of the program in the two provinces in the next quarter.

### **Senegal**

- FRONTIERS and the MOH of Senegal are scaling up the Systematic Screening Instrument. Having jointly reviewed the tools, the following key changes have been made:
  - ✓ Two additional services were added to the screening form.
  - ✓ A poster of the form was developed and posted in health facilities.
  - ✓ A memory aide poster has been developed and posted in health facilities.
  - ✓ A manual for the training of trainers and for the training of providers was developed and tested.
  - ✓ A referral booklet was developed and tested for use in health facilities where several services are provided.

Training started in March with three regional medical doctors, eight district medical doctors, seven primary health care supervisors and 10 RH coordinators. These personnel have now started to replicate the training within their districts. FRONTIERS/FHI has developed tools to collect baseline cost information in each facility.

## **Supporting Policy and Program Development**

### **India**

- FRONTIERS has been invited to the planning committee for the Sixth USAID Partner's meeting to disseminate data from the third National Family Health Survey to be held in New Delhi on May 2, 2007. Four FRONTIERS team members are participating in the planning and facilitation of the meeting. This is the first time that the FRONTIERS Program has been involved in the planning of a USAID partners meeting.

### **Mauritania**

- UNICEF/ Mauritania, in collaboration with the Ministry of Culture, Youth and Sports and the Ministry of Education, has been implementing an HIV prevention program for young people since 2006. FRONTIERS was invited to share its experience and tools with participants from various ministry sectors (Culture, Youth and Sports, Fundamental and Secondary Education), representatives of youth associations (S.O.S Peer Educators, Scouts and Guides of Mauritania, French Association of Peace Volunteers) and CAs. UNICEF and UNFPA, in partnership with the Ministry of Culture, Youth and Sports, the Ministry of Fundamental and Secondary Education, and the National Executive AIDS Committee (SENL), will use the curriculum "Grandir en Harmonie," which was adapted to the Mauritanian context during the workshop and will be translated into Arabic by UNICEF and UNFPA.

### **Senegal**

- The official launching of the national strategy on adolescent health by the Minister of Health and Medical Prevention (MOH) was organized by the Reproductive Health Division of the Ministry of Health, in collaboration with WHO and FRONTIERS, to raise awareness about ARH and to promote support and funding for this issue among program managers and donors. Participants attending the ceremony included officials from a variety of health sectors as well as the ministries of Youth, Education, Women, Family and Social Development, and Local Communities. Additionally, representatives from the National AIDS Committee, development partners, bilateral and multilateral CAs, professional associations, the press, and youth associations participated, and wide coverage of the ceremony was achieved through radio and TV stations and newspapers.
- A training of trainers was organized for a Christian faith based organization (YMCA) which operates in five regions of Senegal. As a key member of the National AIDS Committee, YMCA/Senegal will implement youth education activities within 200 youth groups in Senegal, and has requested TA from FRONTIERS to train their trainers in ARH issues and HIV prevention. In collaboration with the Reproductive Health Division, the STI/AIDS Division (MOH), and the National AIDS Committee, a three-day training of trainers was organized for 18 trainers to use the curriculum "Grandir en Harmonie" for their interactive sessions with adolescents in eleven areas of Senegal.
- The Ministry of Youth and Employment invited FRONTIERS to participate in its 2007 planning meeting. Technical assistance was provided to plan activities based on the National

Strategy on Adolescent Health. The Ministry's main development partner, UNICEF, is interested in supporting further dissemination activities and TA for other regions

### **South Africa**

- FRONTIERS is supporting the Maternal, Child and Women's Health Directorate of the KwaZulu Natal (KZN) Department of Health (DOH) to strengthen its antenatal and postnatal care policy and guidelines, in collaboration with the University of Witwatersrand Reproductive Health Research Unit and three provincial DOH programs (HIV/AIDS, STI, and PMTCT). Several drafts of both the policy and guidelines have been developed through a participatory process involving implementers as well as program managers. Regular meetings continue to be organized with core team members from the collaborating partners to review draft documents before distribution to a larger group of reviewers. As part of the process to inform the development of the policy and guidelines, the core team and key stakeholders identified the need to conduct focus group discussions (FGDs) with pregnant women and those who had just delivered in 4 districts in KwaZulu Natal. The purpose of these discussions was to identify the maternal health needs of these women. Key findings of the FGDs showed that:
  - ✓ Participants knew that ANC attendance helps with problem and disease detection for the child and mother, but there were mixed opinions about when to start, ranging from 2 to 4 months for the first visit.
  - ✓ Almost all respondents were concerned about the lack of information from nurses about ANC procedures such as taking urine, BP, taking blood, and physical examination. They also indicated that the nurses do not explain the outcome of such tests.
  - ✓ Nurses' attitudes were reported to be problematic. With respect to reducing the number of ANC visits and the number of providers that a client sees at each visit, respondents were concerned that this could reduce the chances of them coming into contact with a provider who had a good attitude.
  - ✓ Respondents indicated that the waiting period was quite long, having to wait approximately 3-5 hours for a consultation that lasted five minutes.
  - ✓ Most respondents reported that they would prefer to have a section in the clinic dedicated to pregnant women instead of being mixed in with the general patients.
  - ✓ While health education was provided in almost all clinics, there seemed to be lack of knowledge on the recognition of danger signs of pregnancy amongst respondents. Detailed education was provided only when they had agreed to have an HIV test. Health education should not only focus on HIV/AIDS, but on maternity care as well.
  - ✓ Postpartum care needed to be strengthened; for instance, mothers were not provided anything to eat after delivering and nurses seemed to be more focused on the infant.
- FRONTIERS is a member of the South Africa White Ribbon Alliance for Safe Motherhood, a coalition of South African organizations and individuals that are committed to implementing the vision of the International White Ribbon Alliance to decrease maternal mortality through shared resources and experiences. FRONTIERS has contributed to a submission to the South African Human Rights Commission Hearing into the rights of access to health care services to highlight maternal health issues and the problems experienced by pregnant women in accessing good quality care.

## **Global**

- FRONTIERS continues to coordinate the MAQ Financial Sustainability Working Group, comprising CAs working in the area of financial sustainability in RH. FRONTIERS coordinated two meetings during this period, both featuring speakers from the World Bank.
- FRONTIERS actively participates in the IBP annual meetings and in the PAC Consortium, and continues to serve as the co-chair of the Communications Task Force that produces the bi-annual newsletter and the website. FRONTIERS contributed an article and a programmatic update for the fall issue of the newsletter, which focused on postabortion family planning.

## **Capacity Building**

### **Egypt**

- In collaboration with WHO, a scientific writing course was organized by the Faculty of Medicine, Assiut University. Funding was provided jointly by FRONTIERS and the Department of Community Medicine. The course was provided over two steps: training of trainers, attended by seven senior faculty members, followed by training of 17 less senior faculty members. The Department of Community Medicine has decided to incorporate this course into its research methodology course that is offered to graduate students twice a year.

### **India**

- The capacity building project with the International Institute of Population Sciences (IIPS), Mumbai, was completed during this period. The overall objective was to create a self-sustaining OR training and research center for South Asia, and the project built IIPS capacity through training of trainers and hands-on OR experience. Over a two-year period, several major activities were performed by IIPS staff, including: participating in OR workshops in Dhaka and Nepal; conducting two four-day OR workshops for program managers; a ten-day OR workshop for researchers; and a four-day scientific writing course for researchers and program managers. The project built the capacity of IIPS to conduct OR training courses and a 20-hour OR course has been fully institutionalized within the institute and is offered to the students in its Master in Population Sciences, MPhil, and Diploma in Population Sciences programs beginning with the 2006-07 Academic Year. Seventeen of 31 students in the first eligible cohort enrolled in the OR course.
- Several OR lectures and materials used by IIPS have been adapted for health administration students of the National Institute of Health and Family Welfare (NIHFW) Delhi, and both OR and scientific writing courses developed by FRONTIERS and first offered at IIPS are now offered by the Center for Operations Research and Training (CORT), Baroda without additional support from FRONTIERS or IIPS. Also, using experience gained as participants in IIPS courses, the Indian National Institute of Health and Family Welfare added 15 hours of instruction in OR to their Community Health Administration and Hospital Administration programs. Also in March, CORT of India scheduled the OR Manager's Course, which they will teach to both local and international participants whose fees and expenses will be covered from non-USAID sources.

- In February 2007, the Indian National AIDS Research Institute (ICMAR) submitted a letter of intent to NIH proposing an OR project to reduce provider stigma against PLWHA. The OR study is proposed as part of national ART rollout and the proposal was extensively modified by ICMAR staff during an OR workshop at CORT.

### **Kenya**

- AMREF/Kenya developed and funded two OR studies as part of its Busia Child Survival project after AMREF staff attended the two-week OR course sponsored by the Flexible Fund and FRONTIERS in May 2006.

### **Ukraine**

- Former students and Russophone resource persons who attended the FRONTIERS/WHO OR courses in Romania and Kazakhstan have used their experience and FRONTIERS training materials to organize an OR course at the Academy of Postgraduate Study in Kiev, Ukraine in February and March 2007.

### **Global**

- The Scientific Writing Course was given to CAs and USAID monitoring and evaluation staff as part of the MAQ Monitoring and Evaluation Subcommittee. Demand for the course was high, and so it was offered twice in February 2007. The course received an overall evaluation of 8.6 out of a possible 10 points, the highest received so far among the three courses offered in the M&E series of training workshops. Ten USAID participants came from the Office of HIV/AIDS, the Guyana Mission, the Office of Population and Reproductive Health, and the Bureau for Global Health (ORISE and PDMS). Participants also came from the Centers for Disease Control and the Woodrow Wilson Center, as well as CAs such as JSI, Macro, JHPIEGO, MSH, AED, and FHI and the ESD project. Subsequent requests for the course have come from ICRW, and the Global Health Fellows Program.
- Frontiers/FHI staff conducted the first iteration of a “costs of scaling-up” workshop in Washington DC on February 22, 2007. Participants included representatives of CORE NGOs and USAID/W. The objectives of the workshop were to (1) acquaint participants with a methodology to determine the costs of a pilot project as well as the costs of scaling up, (2) transmit the message that costs of scaling up pilot interventions are not simple multipliers of pilot project costs, (3) illustrate ways in which scale-up costs would be different than the costs measured in the pilot and (4) give participants hands-on experience in thinking about costs and getting information on costs.

## **Economic Evaluation and Financial Sustainability**

### **Bangladesh**

- FRONTIERS is supporting two clinics of the PSTC (Rampura and Bashabo) to improve their financial sustainability, through conducting Willingness to Pay (WTP) surveys in each clinic. A total of 600 clients were interviewed from both the clinics (300 each). Based on the WTP survey findings, the fees of most services were increased by 50 percent. In the first month

after the fee increase, the number of clients decreased by about 5 percent in both clinics, but in the second month the number of clients returned to the original levels. During this period, a number of motivational activities were undertaken by field workers and IEC undertaken about the new prices and quality of services offered. In the third month, the number of clients in both clinics increased by about 5 percent. Further data analysis is in progress and the draft report will be submitted soon.

### **Bolivia**

- Following the FRONTIERS workshop on break-even analysis (BEA) held in Bolivia in May 2006, Prosalud decided to conduct a BEA of its social marketing program in La Paz and Santa Cruz. Data analysis for the social marketing BEA began in January 2007.

### **Ghana**

- Cost data collected from hospitals of the Christian Health Association of Ghana in late 2006 were entered into Excel spreadsheets for analysis, and checked for consistency. Information collected on insurance tariffs charged by hospitals was not sufficiently detailed, requiring additional data collection in February and March 2007. Results from the first hospital (out of a sample of 12) suggest that the insurance tariffs do cover the variable costs of services, but not fixed costs. Analysis of data from remaining hospitals will show if this is a generalized problem or if it is specific to certain types of hospitals.

### **Guinea**

- In the fourth Quarter of 2006, FRONTIERS/FHI staff assisted Plan/Guinea to complete an OR proposal for a community based health insurance intervention or “mutuelle” in Nzerekore, Guinea. The health insurance plan will cover all health center services including family planning. FRONTIERS/FHI staff worked with Plan to identify the specific components necessary for implementing and conducting OR associated with a community based health insurance plan. The project has an indefinite starting date due to civil unrest, and FRONTIERS/FHI does not plan to provide further TA.

## **Communication of Lessons Learned**

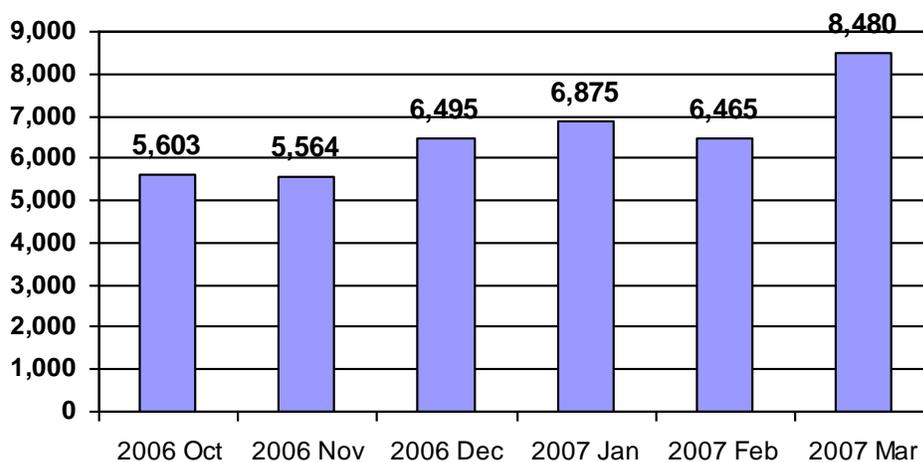
- FRONTIERS communications now focus on the utilization of findings for global leadership and developing field capacity to implement strengthened RH programs. Target audiences include USAID, CAs, donors, and multilateral organizations working in reproductive health in developing countries. Communication efforts thus focus not only on synthesizing evidence gathered according to the legacy topics identified, but also on documenting the processes of operationalizing and scaling up proven practices. FRONTIERS continues to collaborate with other communications networks, such as the Health Information and Publications Network (HIPNet), and by sharing listservs and mailing lists with other CAs, including INFO, PSP-One, and FHI.
- To ensure wide distribution of results, FRONTIERS sends monthly e-mail announcements to a listserv (1400+ participants), which contain links to documents posted on the website. FRONTIERS also posts documents on other listservs and websites, including Africa and

Asia Online, the Communication Initiative, DFID Health Systems Resource Centre, Popline, World Bank HNP newsletter, Global Health Network, and the Development Gateway Population and Reproductive Health Portal.

- FRONTIERS publications, including the CD-ROM of all FRONTIERS documents, have been distributed at various conferences and meetings including the APHA and FIGO conferences, the MAQ Mini University, and various CA meetings. FRONTIERS has contributed publications to a variety of new websites and groups including:
  - ✓ Postpartum Family Planning Community of Practice- IBP website
  - ✓ Interagency Youth Working Group website
  - ✓ Family Planning and HIV/AIDS Integration Community-IBP website
  - ✓ Healthy Timing and Spacing of Pregnancy (HTSP) Champions group, led by ESD.
- FRONTIERS has developed a USAID Marking Plan, along with a PowerPoint presentation and handout for staff. The presentation and handout were approved by the new USAID branding specialist. FRONTIERS has since shared the materials with other CAs through HIPNet.
- A master list of communications products to be produced in the last 14 months of FRONTIERS was developed, including OR Summaries, Program Briefs, manuals, and conferences produced both in Washington as well as in country offices.
- The ‘Manual on Systematic Screening’ has been distributed to all USAID missions. It provides a description of the technique and gives details, including the screening tool, which program managers can use in training staff and implementing systematic screening in their facilities.
- FRONTIERS has jointly marketed, with INFO and FHI, the flyer entitled “Proven Approaches to Counseling and Screening for Family Planning Providers”, which features the Balanced Counseling Strategy Toolkit, along with the WHO and INFO’s Decision Making Tool, and FHI’s Checklists. The two-page flyer was sent with the latest issue of Population Reports, and will reach an estimated 80,000 people.
- A panel discussion on ‘Small Grants Programs’ as a mechanism to widen constituencies and build capacity was organized by FRONTIERS, during which experiences with the FRONTIERS Small Grants Program were presented, and two panelists from Constella-Futures and the Interagency Gender Working Group were invited to present experiences and perspectives with their small grants programs. The event was well attended by staff from different units within USAID/Washington, and CAs from both service delivery and research. The consensus reached in the panel discussion was:
  - ✓ Small Grants Programs are useful mechanisms to identify new institutions and individuals to support them in their work.
  - ✓ They have the potential to build capacity, but sustained technical assistance and support is required.
  - ✓ Small Grants Programs are resource intensive requiring considerable management and administrative support.

- ✓ The quality of the potential outputs from this mechanism is directly commensurate with the resources that are invested.
- Major communication products over this reporting period included:
  - ✓ A conference report on the Africa Regional Youth Forum focusing on Reaching Youth with Reproductive Health and HIV Services, which was held in Tanzania in June 2006 and co-organized by FRONTIERS, WHO, and FHI's YouthNet Program. This conference report was completed and distributed at the FHI YouthNet end-of-project meeting.
  - ✓ Five new OR Summaries: two on FGM/C in Kenya, one on financial sustainability in Bolivia, one on youth RH in Bangladesh, and one on nurse retention and quality of care in South Africa.
  - ✓ A Technical Brief on USAID Africa Bureau-funded FGM/C projects in Senegal and Burkina Faso. The document was submitted to the Africa Health for 2010 Project as part of a new set of technical briefs for USAID staff.
- A CD-ROM containing all FRONTIERS FGM/C-related research was developed, produced and disseminated by the Nairobi office.
- Web use has remained steady, with modest increases in site visits from October 2006 through March 2007.

**Monthly page visits - October 2006 through March 2007**



The most viewed HTML pages were:

- ✓ FRONTIERS homepage: 5,289 visits total or 881 per month on average
- ✓ FRONTIERS geographic areas: 1,303 or 217 per month
- ✓ “Et si en on parlait” (Senegal youth): 1,098 or 183 per month
- ✓ OR Summary #50 (Dominican Republic and Mexico: Promote condom use by emphasizing personal benefits): 967 or 161 per month
- ✓ What’s New page: 908 or 151 per month.

The most viewed PDF pages<sup>1</sup> were:

- ✓ Gente Joven: 1,030 or 171 requests per month
- ✓ Willingness to Pay Manual (Spanish): 1,291 or 215 requests per month
- ✓ RTI Fact Sheets (French): 1,277 or 212 requests per month
- ✓ Tanzania Youth Forum: 452 (First quarter 2007)—about 150 requests per month
- ✓ ECP Manual: 436 (First quarter 2007)—averaging 145 requests per month
- ✓ Bangladesh youth baseline study: 3178 or 529 requests per month.

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<sup>1</sup> Download numbers are not reported here because they reflect numerous “requests” that are part of the downloading process, and are thus deceptively high.

## **FRONTIERS Publications, October 2006 – March 2007**

### **Final Reports**

Birungi, Harriet, Philomena Nyarko, Margaret Armar-Klemesu, Daniel Arhinful, Sylvia Deganus, Henrietta Odoi-Agyarko, and Gladys Brew. "Acceptability and feasibility of introducing the WHO focused antenatal care package in Ghana," *FRONTIERS Final Report*. Washington, DC: Population Council.

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Das, Rumeli, Kaushik Biswas, Pradeep Panda, M.E. Khan, and Rick Homan. "Strengthening financial sustainability through integration of voluntary counseling and testing services with other reproductive health services (India)," *FRONTIERS Final Report*. Washington, DC: Population Council.

De Rodriguez, Blanca, Ricardo Vernon, and Jorge Solórzano. "Expanding Access to Vasectomy Services in the Ministry of Health of Guatemala," *FRONTIERS Final Report*. Washington, DC: Population Council.

Diop, Nafissatou. "Technical assistance to organizations in Guinea seeking to reduce female genital cutting," *FRONTIERS Final Report*. Senegal: Population Council.

Ouma, W. Onyango, Harriet Birungi, and Annie Mwangi. 2007. "The potential for sustainability of Malaria in pregnancy initiatives in East and Southern Africa: The Bungoma District Malaria Initiative," *FRONTIERS Final Report*. Washington, DC: Population Council.

Rahman, Laila, Md. Rafiqul Islam, Ubaidur Rob, Ismat Bhuiya and M.E. Khan. 2006. "Scaling up a reproductive health curriculum in youth training courses," *FRONTIERS Final Report*. Dhaka: Population Council.

Shrestha, Mahendra Pd., Rajesh Swar, Pradeep Panda, M.E. Khan, and Rick Homan. "Effect of introducing an 'afternoon pay clinic' on service utilization and cost recovery (Nepal)," *FRONTIERS Final Report*. Washington, DC: Population Council.

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2007. "Bolivia: Marketing and economic analyses help NGOs develop strategies for sustainability," *FRONTIERS OR Summary* no. 61. Washington, DC: Population Council.

2007. "Integrate reproductive health with vocational training curriculum," *FRONTIERS Asia and Near East Region OR Summary* no. 62. Washington, DC: Population Council.

2007. "IUD Insertion and Removal Procedure," *FRONTIERS Job Aid*. New Delhi: Population Council (English and Gujarati).

2007. "Kenya: Begin community dialogue on FGM/C by discussing cultural justification," *FRONTIERS OR Summary* no. 59. Washington, DC: Population Council.

2007. "Kenya: Mobilize health care providers to advocate against FGM/C," *FRONTIERS OR Summary* no. 60. Washington, DC: Population Council.

2007. "South Africa: Improve facility management to increase nurse retention," *FRONTIERS OR Summary* no. 63. Washington, DC: Population Council.

2007. "What is IUD? – Information for Clients," *FRONTIERS Leaflet*. New Delhi: Population Council (English and Gujarati).

2007. "What is IUD? – Information for Providers," *FRONTIERS Leaflet*. New Delhi: Population Council (English and Gujarati). Bhuiya Ismat, Ubaidur Rob, Asiful Haidar Chowdhury, M.E. Khan, Laila Rahman, Susan Adamchak.

Erulkar, Annabel and Francis Ayuka. 2007. "Addressing early marriage in areas of high HIV prevalence: A program to delay marriage and support married girls in rural Nyanza, Kenya," *Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief* no. 19. New York: Population Council.

### **Journal articles/book chapters/books/proceedings**

2007. "Do Bacchein Ke Beech Ka Antar Badakar, Ma Aur Bacchey Ki Jaan Bachao" *FRONTIERS Booklet* on Healthy Spacing and Postpartum Contraception. New Delhi: Population Council. (Hindi)

2006. "Improving sexual and reproductive health of female adolescents in Bangladesh by providing information and services," *Population Review*, 45(2).

Rahman, Laila, Ubaidur Rob, Ismat Bhuiya, M.E. Khan and Md. Rafiqul Islam. 2006. "Achieving the Cairo conference (ICPD) goal for youth in Bangladesh," in George P. Cernada (ed.), *International Quarterly of Community Health Education*, 24(4):265-285.

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Sheikh, Maryam. 2007. "A religious oriented approach to addressing FGM/C among the Somali Community of Wajir Kenya," *FRONTIERS Report*. Nairobi: Population Council

Guyo, Jaldesa and Ian Askew. 2006. "Reproductive health update trainings for health workers in North Eastern Province, Garissa," *FRONTIERS Report*. Nairobi: Population Council

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Askew, Ian, Saiqa Mullick, Wilson Liambila, and Natalie Broutet. 2006. "From Global Intentions to Local Realities: Adapting international guidelines on integration to national programmes in Kenya," presentation at the workshop on Linking Reproductive Health and Family Planning with HIV/AIDS Programs, Africa, Addis Ababa, Ethiopia, 9-10 October.

Askew, Ian. 2007. "Synergizing sexual and reproductive health and HIV services related to prevention," presentation at the International Conference on Actions to Strengthen Linkages between Sexual and Reproductive Health and HIV/AIDS, Mumbai, India, 4-8 February.

Birungi, Harriet. 2007. "I'm just like any other boy or girl: Sexuality of young people perinatally infected with HIV in Uganda," paper presented at the International Conference on Action to strengthen linkages between sexual and reproductive health and HIV/AIDS, Mumbai, India, 4-8 February.

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Khan, M. E., Aditi Aeron, Richard Anker, Ubaidur Rob. 2006. "Socio-economic and sexual securities of young women working in garments industry: A case study of Bangladesh," presentation at the Seminar on Gender and Access in South Asia, organized by IUSSP and BARD, Dhaka, November 14-18.

Khan, M.E. and Aditi Aeron. 2006. "Sexual worries and sexual and risk taking behavior of men in the urban slums of Bangladesh", presentation made at The International Conference on Emerging Population Issues in the Asia Pacific Region: Challenges for the 21<sup>st</sup> Century, Mumbai, December 10-13.

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looking for answers in four prongs,” presentation at the 31<sup>st</sup> Annual Conference on for Kenya Obstetrical and Gynaecological Society (KOGS) in Nyeri, Kenya, 21-23 February.

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Quality of Delivery Care in the Dominican Republic], presentation made at the XII Congress of the National Institute of Health (INSP), Cuernavaca, Mexico, 7-10 March.

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Sheikh, Maryam. 2007. "A religious oriented approach to addressing FGM/C among the Somali community living in Kenya," presentation at the RAINBO workshop on Women Empowerment and Community Consensus at Hilton Hotel, Nairobi, 13 March.

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