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John Snow, Inc. implements the Europe and Eurasia Regional Family Planning Activity.

DISCLAIMER

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	v
OVERVIEW	6
CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING.....	8
<i>Regional Knowledge Sharing: Collaboration to Identify Best Practices in Family Planning in the Europe and Eurasia Region</i>	<i>8</i>
<i>Regional Best Practices for Family Planning: Conducting Situational Analyses of Priority Countries and Identifying Ten Best Practices.....</i>	<i>9</i>
<i>Forging Linkages with the Private Sector: Collaboration with PSP-One.....</i>	<i>11</i>
<i>Influencing the Policy Environment by Sharing Results of Regional Activity Work: Dissemination of Findings Through Multiple Channels.....</i>	<i>11</i>
REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES	14
<i>“No Product, No Program”:Strengthening Contraceptive Security in Albania.....</i>	<i>14</i>
<i>Developing a Supportive Supervision System</i>	<i>15</i>
<i>Improving the Ability, Acceptability, and Quality of Service for a Broad Range of Family Planning Methods.....</i>	<i>16</i>
<i>Developing Evidence-Based Family Planning Clinical Practice Guidelines and Service Delivery Protocols.....</i>	<i>21</i>
<i>Improving Family Planning Pre-Service Medical Education.....</i>	<i>21</i>
LESSONS LEARNED.....	24
RECOMMENDATIONS.....	28
BIBLIOGRAPHY.....	32

ACRONYMS

CAR	Central Asian Republics
CS	Contraceptive Security
DFID	Department for International Development (UK Government)
E&E	Europe and Eurasia
EU	European Union
FP	Family Planning
HWG	Healthy Women in Georgia Project
IFH	Institute for Family Health
IPH	Institute for Public Health
IUD	Intrauterine Device
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOLHSA	Ministry of Labor, Health, and Social Affairs
OB/GYN	Obstetrician/Gynecologist
PAC	Post-Abortion Care
PHC	Primary Health Care
PP	Post-Partum
RFHI	Romanian Family Health Initiative
RH	Reproductive Health
SS	Supportive Supervision
TA	Technical Assistance
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
WHO	World Health Organization

ACKNOWLEDGEMENTS

The Europe and Eurasia Regional Family Planning Activity (EERFPA, hereafter referred to as the “Regional Activity”) was particularly fortunate in the depth and quality of the partnerships that enabled our work to be fruitful. We gratefully acknowledge the staff of the United States Agency for International Development (USAID) Bureau for Europe and Eurasia (E&E). The USAID/E&E Bureau is our donor, but has also been a true partner. They provided funding, support, flexibility and wise technical and strategic advice.

The Regional Activity is also grateful to many partners in each country where we worked. The Regional Activity had excellent support from USAID Missions in Albania, Armenia, Azerbaijan, Georgia, Central Asia, Russia and Ukraine. We had sound partnership and collaboration with other USAID-funded projects, including the JSI-implemented project in Georgia (Healthy Women in Georgia Program) and the Institute for Family Health (IFH) in Russia. The Regional Activity had excellent collaboration with USAID’s ZdravPlus Project in Central Asia (implemented by Abt Associates and JSI). WHO/EURO and UNFPA were attentive and responsive collaborators.

We would like to thank our many implementing partners in each country. These include the Ministries of Health in partner countries as well as the prominent Associations of Obstetricians/Gynecologists (OB/GYNs) and Associations of Family Doctors throughout the region. Key medical universities that worked with the Regional Activity as partners included the State Medical University in Georgia, Kyrgyz State Medical Academy in Kyrgyz Republic, and Kemerovo State Medical University in Russia. Any oversight in acknowledgement of any partner in E&E is merely that- an oversight. Our deep thanks goes to all those medical faculty members, consultants, health professionals and Ministry officials who worked side-by-side with us to make high-quality family planning services more readily available now and for the future.

OVERVIEW

The Regional Activity was a three-year initiative implemented from October 1, 2006 until September 30, 2009 and funded by the USAID E&E Bureau. The Regional Activity was designed to leverage best practices in family planning with the goal of accelerating family planning program implementation across the region, ultimately increasing modern contraceptive use and decreasing abortion rates. The Regional Activity was an institutional support activity working for and through USAID country missions to enhance and complement country level family planning programs and USAID bilateral projects.

With support and assistance from the USAID E&E Bureau Health Team, the Regional Activity grew in size and scope and undertook a number of successful activities and new initiatives, truly becoming a “learning partnership” for the E&E region. Increasingly strong and functional relationships with a wide variety of partners were a key factor to the Regional Activity’s success. These partners included USAID projects, Ministries of Health, Reproductive Health Councils, medical universities, medical professional associations, local non-governmental organizations (NGOs) and other health donors and technical agencies (such as WHO and UNFPA).

The Regional Activity carried out a broad range of activities aimed at two main program objectives:

1. Create a policy environment more favorable to family planning
2. Replicate and expand already proven best family planning programmatic practices (from the region)¹

These objectives were determined in the context of the unusual reproductive health circumstances of the E&E region, including the extraordinary opportunities this context offered for improving reproductive health. With the exception of Albania and Central Asia, every USAID-supported country in the region has a fertility rate below replacement level. Generally, marriage and childbearing occur relatively early in life, and desired family size is achieved at a young age when compared to the same indicators in North America and Western Europe.

As of 2005-2006, use of modern contraceptive methods was quite low, and there was limited variation across the region in methods used. Across the E&E region, the most commonly used modern method was the IUD; there was uncommonly low preference for hormonal methods and, in some places, an outright fear of these methods. This sentiment was particularly strong in the Caucasus and in Central Asia. Opposition to sterilization was robust in most countries, and in some countries there was limited access to any long term

1. U.S. Agency for International Development. 2006. Contract No: GHS-I-00-03-00026-00 pp 12 – 17.

(such as implants, injectables, and IUDs in some countries) safe methods. In many cases only specialists, such as obstetrician-gynecologists (OB/GYN), had regulatory authorization to provide family planning (FP) or reproductive health (RH) services, and most of these specialists work in and around urban areas.

Given these circumstances, it is no surprise that abortion became the principal means of regulating fertility; some of the world's highest abortion rates occur in the E&E region. It is not uncommon for women in this region to have 8-10 or more abortions in their lifetime. The health implications of frequent, and at times unsafe, abortions are severe. Conservative estimates reveal that between 15 – 20 percent of abortions result in complications. In some E&E countries, unsafe abortion is one of the leading causes of maternal mortality and morbidity. As a result, in 2005 the maternal mortality rates (MMR) were three to five times higher in E&E than in more developed countries.²

The Regional Activity was designed to contribute directly to USAID's E&E Bureau's Strategic Objective (SO) 3.2: Increased Health Promotion and Access to Quality Health Care. The Regional Activity contributed to SO results by creating policy environments favorable to family planning service delivery, by increasing availability of contraceptives, and by encouraging the replication and scaling up of proven best practices in family planning programs from the region. Targeted technical assistance and country-specific initiatives, including vari-

ous types of policy and quality assurance work, were completed in Albania, Georgia, the Russian Federation and the Central Asian Republics (CAR) of Kyrgyzstan, Tajikistan and Kazakhstan. Extensive and critically important regional knowledge sharing activities were undertaken across the entire E&E region. All activities undertaken by the Regional Activity shared an underlying operational principle: activities were based on a strong commitment to evidence-based programming, using both worldwide and regional best practices and evidence. This report proudly documents the major results of these efforts.

2. Senlet, P. and A. Kanter, February 2005. *An Assessment of USAID Reproductive Health and Family Planning Activities in the Eastern European and Eurasian Region*. Washington, DC: U.S. Agency for International Development/POPTECH.

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

Attempts to influence the policy environment in any country can produce unexpected results. Setting out to influence the policy environment in a diverse region such as Eastern Europe and Eurasia is both inspired and ambitious. The Regional Activity was tasked with this program objective and worked to identify the most high-impact, feasible, and cost-effective approaches to obtain results in this arena.

REGIONAL KNOWLEDGE SHARING:

Collaboration to Identify Best Practices in Family Planning in the Europe and Eurasia Region

In September 2007, the Regional Activity worked intensely with 40 participants from nine countries in the E&E region. These countries included: Albania, Armenia, Georgia, Romania, Russian Federation, Ukraine and Central Asian Republics of Kyrgyzstan, Tajikistan and Kazakhstan. Participants represented Ministries of Health, National Reproductive Health Councils, non-governmental organizations (NGOs), USAID Health Officers, and other family planning/reproductive health policy makers. The format was a four-day regional family planning workshop, entitled “Best Practices in Family Planning in the Europe and Eurasia Region.” The workshop, which took place in Bucharest, Romania,

“Knowledge and experience from the region are what will be the key in making changes in our countries.”

-Georgia country team member

served as both the end of project meeting for the very successful Romanian Family Health Initiative (RFHI) Project, as well as the kick-off meeting for the Regional Activity.

There were several unique aspects to this workshop. It provided participants with a real opportunity to openly and frankly discuss and share best practices in family planning, as well as to discuss some of the challenges each country faces. In addition, attendees participated in “hands-on” workshops on the National Logistics Management Information System (LMIS) and National Geographic Information System (GIS). Finally, there were policy roundtable discussions and visits to field sites specifically relevant to their stated interests and country needs.

Participants worked within their country teams to identify and prioritize best practices for implementation or active strengthening in their respective countries. The teams identified challenges and barriers which need to be addressed and determined next steps and resources needed in order to implement the prioritized best practices. Results of these country working group deliberations helped to establish a framework for future region-wide activities carried out by the Regional Activity. For example, several country teams identified the issue that medical education on family planning was very weak and did not follow evidence-based best practices; the Regional Activity’s response was to launch the

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

pre-service initiative.³ Country team results also aided the Regional Activity in identifying priority countries in which to carry out comprehensive desk reviews or situational analyses that would then guide the Regional Activity's provision of targeted, country-specific technical assistance.

REGIONAL BEST PRACTICES FOR FAMILY PLANNING: Conducting Situational Analyses of Priority Countries and Identifying Ten Best Practices

The Regional Activity staff had extensive discussions with USAID E&E regional Bureau Health Team on the identification of initial priority countries in the E&E region and focusing its activities within the priority countries. Based on discussions during these meetings and on indications of interest from the E&E Missions, five initial priority countries were selected in 2007: Kyrgyzstan, Tajikistan, Georgia, Azerbaijan, and Albania. Desk reviews or situational analyses of regional best practices in family planning were subsequently prepared for these five countries. Each document provides an overview of family planning, description of best practices in family planning in both policy and programmatic arenas, and

"Up-to date policies, regulations, guidelines and standards are 'like the Bible' for any activity. When you have standards in place, you have [the] framework for how you should proceed and what to look for..."

--Armenia country team member

documentation of contextual factors influencing family planning policy, access and utilization trends.

The Regional Activity developed the concept of "The Ten Best Practices in Family Planning" for the E&E region as an analytic and conceptual framework to guide both regional and country-specific actions. The ten best practices in FP are based on analyses of global and regional best practices, extensive field interviews in selected countries participating in Regional Activity, as well as the 2005 Senlet and

Kantner report, "An Assessment of USAID Reproductive Health and Family Planning Activities in the Eastern European and Eurasian Region." The criteria used to identify best practices included:

- Effectiveness in improving RH/FP services and outcomes
- Potential for sustainability and replication
- Innovation
- Ability to address local needs

In 2007, the Regional Activity finalized "Ten Best Family Planning Practices in the E&E region". The

following is a list of best practices:

³ Berdzuli, N, Rossi, E and Zlidar, V. Improving Family Planning Pre-Service Education: Experience from the Eastern Europe and Eurasia Region. 2009. Europe and Eurasia Regional Family Planning Activity for the U.S. Agency for International Development.

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

1. Liberalized provision of FP services: National health regulations require that family planning counseling and services are readily available through a range of health professionals, including not only obstetricians and gynecologists, but also family doctors, general practitioners, pediatricians and nurse/midwives.

2. Family planning counseling, services, and contraceptives are part of the Basic Health Benefit Package. At the primary health care level, contraceptives are provided to all women, regardless of ability to pay. The country's Essential Drug List includes a variety of different types of contraceptives.

3. Up-to-date and evidence-based policies, regulations, guidelines, standards and supportive supervision systems are in place to ensure the quality of family planning services at all levels of health care:

a) Service providers – A competency-based, national qualification system is in place and allows health professionals to provide quality family planning counseling and services

b) Up-to-date national regulations set minimum standards for health facilities, equipment, commodities, and infection prevention

c) National guidelines and protocols for family planning counseling and service delivery are evidence-based, widely available, and updated regularly

d) Effective quality assurance and supportive supervision systems are in place to ensure the quality of family planning services and to strengthen provider performance and support, especially at the primary health care level

e) National health protocols require that postpartum and post abortion women are offered family planning counseling, methods and services

f) Breastfeeding and the lactation amenorrhea method (LAM) are promoted as family planning methods

4. A broad range of family planning methods are available, accessible, affordable, and acceptable in both rural and urban areas.

5. Special programs are in place that are designed to meet the needs of vulnerable populations and target groups, such as adolescents, internally displaced persons (IDPs), new urban migrants, prostitutes, and the very poor.

6. Family planning is part of pre- and in-service training programs for health care providers. This includes the pre-service training programs in medical universities and technical schools for nurses, as well as in-service training for continuing medical education for doctors and for re-licensing health professionals, including midwives and nurses.

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

7. *Contraceptive security is ensured through adequate planning within the government*, guided by a well-functioning Logistics Management Information System (LMIS) that enables targeting of subsidized contraceptives and efficient supply chain management of all contraceptive commodities throughout the country.

8. *Adoption of a “culture” that promotes family planning counseling*, in which providers and clients engage in frank and regular conversation about sensitive reproductive health issues, and family planning and appropriate services are offered.

9. *Family planning is actively promoted through social marketing and behavior change and social mobilization efforts*, including wide distribution of quality informational materials for clients and “job aids” for providers.

10. *A well-functioning national health management information system* collects, analyses, and uses FP data to monitor progress and evaluate and improve program effectiveness.

During the preparation processes for each of the desk reviews or situational analyses, country activities were compared to these ten best practices. This comparison helped identify essential elements of best practices as well as countries’ gaps and needs. Recommendations were developed to address specific needs. The desk reviews were instrumental in guiding future planning and programming for Regional Activity actions in both specific countries and the region as a whole.

FORGING LINKAGES WITH THE PRIVATE SECTOR: Collaboration with PSP-One

In 2008, in collaboration with USAID’s PSP-One Project, the Regional Activity developed a technical brief entitled “Ten Best Public and Private Sector Practices in Reproductive Health and Family Planning in the Europe and Eurasia Region” that synthesized best practices for the public and private sectors in achieving family planning goals for the E&E region. This brief was designed for policymakers, service providers, family planning organizations, and other stakeholders with an interest in developing better public/private collaboration in achieving family planning goals.⁴

INFLUENCING THE POLICY ENVIRONMENT BY SHARING RESULTS OF REGIONAL ACTIVITY WORK: Dissemination of Findings in Through Multiple Channels

The five country-specific desk reviews and the technical brief on ten best public/private sector practices were disseminated to E&E Missions, bilateral projects, regional experts, national policy-makers and other stakeholders in the Region.

4. Nino Berdzuli, JSI; Françoise Armand, Abt Associates Inc.; Barbara O’Hanlon, O’Hanlon Consulting; Lena Kolyada, Abt Associates Inc. 2008. *Ten Best Public and Private Practices in Reproductive Health and Family Planning in the Europe and Eurasia Region*. The Europe and Eurasia Regional Family Planning Activity for the United States Agency for International Development.

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

The Regional Activity developed a family planning advocacy tool titled “The Rationale for Family Planning in the Former Soviet Union: Evidence from Europe, Eurasia and the US.” This publication documented the numerous important benefits of improving access to family planning services for individuals, families, and governments; the document presented five compelling reasons to support increased access to family planning in the region, regardless of current fertility levels.⁵ The list of the five reasons described in the paper is presented below.

1. Family planning is a human right.

There is worldwide consensus that access to family planning services, counseling, and commodities is a basic human right, essential to the rights of the couple, the woman, and the child.

2. Modern contraceptive methods are safe, effective, and confer many health benefits.

Use of contraception leads to healthier mothers and infants through birth spacing and prevention of pregnancies among the very young, very old, and women with many children. Modern contraceptive methods have been extensively studied for many years. Their safety has been well established, and risks and benefits are well known. Most modern contracep-

tives confer benefits to the health of the user. Benefits include long-term protection from deadly reproductive cancers, and treatment for reproductive and non-reproductive conditions.

3. Contraception reduces reliance on abortion.

In low fertility countries—6 of the 12 countries in the Region and many European countries—there is strong evidence that increased use of modern contraception lowers abortion, rather than further lowering fertility.

4. The benefits of family planning outweigh the costs.

Public sector investments in modern contraceptives may be cost-effective because they lead to lower expenditures for abortion and/or abortion-related complications in the public and private sectors.

5. Many governments support family planning and affordable contraceptives.

Most governments support access to family planning and contraception, developing and developed alike. The rationale for such support include recognition of their many health benefits, their ability to reduce abortion, the cost-benefits to the health care sector, and their support of fundamental human rights.

Dissemination of the family planning advocacy tool was accomplished through the workshops and technical meetings conducted by the Regional Activity. This tool also is one of the

5. Bossert, T, Bowser, D, Kenney, A, Stan, L, Hudgins, A., and Zlidar, V. 2009. The Rationale for Family Planning in the Former Soviet Union: Evidence from Europe, Eurasia and the US. The Europe and Eurasia Regional Family Planning Activity for the United States Agency for International Development. 47 p.

CREATING A POLICY ENVIRONMENT FAVORABLE TO FAMILY PLANNING

main reference materials referred to in the family planning pre-service curriculum developed by the Regional Activity and disseminated throughout the region.



Clinical practice guidelines working group

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

Replication and scaling up of already proven family planning programmatic best practices from the E&E region was an exciting and challenging venture. Many of the Regional Activity partners were actively involved in the selection or review of the “Ten Best Family Planning Practices in the E&E Region” (discussed above). The E&E regional Family Planning Activity used all available resources to develop partnerships, to obtain needed support and funding, and to identify appropriate technical resources to support the implementation of the priority country-level work plans and scale-up of these best practices throughout the region.

“NO PRODUCT, NO PROGRAM”: Strengthening Contraceptive Security in Albania

USAID/Albania committed funds to the Regional Activity to strengthen and institutionalize Albania’s efforts to achieve and maintain contraceptive security and contraceptive independence. The Ministry of Health (MoH) demonstrated a commitment to providing family planning products by setting a goal of achieving contraceptive independence by 2010, when all public sector contraceptives will be financed by the Government of Albania. The challenge facing the MoH and health authorities in Albania was to ensure that contraceptive procurements are completed in a timely manner and are based on accurate forecasts to avoid a repeat of the stock-outs experienced in recent years. Furthermore, achieving contraceptive independence is linked to the availability of

financing for contraceptives, which needed to be confirmed.

The Regional Activity provided targeted technical assistance (TA) to the MoH to address these issues as well as to develop strategies for contraceptive security. These measures included looking beyond the public sector and engaging the private sector—social marketing and commercial providers—to establish long term financial sustainability of contraceptives in Albania.

In April 2009, the Regional Activity assisted the MoH in elaborating the National Reproductive Health Strategy’s family planning component. The same month Regional Activity completed Albania country activities by supporting a national-level meeting on contraceptive security.

Advocacy and mobilization of both public and private sectors for a discussion of the importance of contraceptive security took place. The vulnerability of the family planning program in the absence of contraceptive security was addressed through the development of a financial sustainability plan for contraceptives and the development of a new market model for financial sustainability. In addition, the first national joint public and private sector (including social marketing) forecasting was completed. These important advancements in Albania highlight both the Regional Activity’s work in Albania and its work in advancing contraceptive security, practice seven of the ten best practices for family planning.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

DEVELOPING A SUPPORTIVE SUPERVISION SYSTEM

Effective quality assurance and supportive supervision systems are as important as service provider training and contraceptive logistics in ensuring the quality of family planning services and in strengthening provider performance and support, especially at the primary health care level. In response to the collective need for these systems as identified during country-level situational analyses or desk reviews, the Regional Activity implemented a supportive supervision system and training package in Georgia. The Regional Activity provided TA to USAID's Healthy Women Georgia (HWG) Project, a large-scale women's health program already introducing many elements of quality family planning programming, in order to implement this best practice.

The supportive supervision effort achieved notable—and, in many ways, unexpected—successes. Originally designed as a family planning services improvement effort, the program evolved into a comprehensive supportive supervision system for managing both quality and the substantial changes brought about by the ongoing privatization of most primary health care services in Georgia.

To design a model with potential application throughout the region, the Regional Activity developed a

supervision system and training package, based on state-of-the-art materials and best practices from around the world.

Training package includes:

- Evidence-based approaches to effective supervision
- Defining quality for health care and family planning services
- External supervisors and facility-based quality improvement teams
- Team building and team work
- Communication skills for external supervisors
- Using data for monitoring and supportive supervision
- Approaches for improving quality and performance
 - Practice site visits
 - Leadership skills
 - The Toolbox: Job aids, self assessments, and practical client-or clinic-focused tools

“Rereading the curriculum session on data for decision making, I suddenly realized, ‘This is something we can really use. Data can be our friend.’ Now, I decide to do something because the data tells me to. It has to be objective. It has to be countable.”

-Training participant

Following package development and training, the Regional Activity provided ongoing support and technical assistance to the HWG project in all steps of design, implementation, monitoring and fine-tuning of the supportive supervision system in Georgia.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

Results from implementation of the supportive supervision system in Georgia point to substantial improvements in the quality of family planning service delivery. For example, one of the first pilot sites, the private sector Aldagi BCI “My Family Clinic” in Batumi, doubled sales, increased the client flow by 26%, and decreased the waiting time by 40% during the four month implementation period.⁶ The number of continuing contraceptive clients increased significantly. When compared to sites in Imereti without supportive supervision, it is evident what a difference the supportive supervision initiative makes in continuing contraceptive use. Such dramatic changes in continuation suggest that quality of services is improving, which helps lead to greater client satisfaction with selected contraceptive methods.

Overall, the Regional Activity’s work in supportive supervision in Georgia was more successful than anticipated. The expansion of supportive supervision into part of the private sector was an exciting development that furthers the likelihood that supportive supervision ap-

“We are lucky for being involved in this initiative. Quality assurance, performance improvement and the public opinion always were our continuous concerns, and this is definitely the best approach. The project connects us with our peer Family Medicine Training Center. We have already implemented a few changes and it seems that it works; according to our client exit interviews patient satisfaction has been increased.”

– Merab Kvitsaridze,
head doctor,
Kutaisi Family
Medicine Regional
Training Center

proaches will be implemented on a sustainable level on a national scale.

The framework, tools and results of the supportive supervision system developed for Georgia can serve as a model for replication in other countries in the region in support of regional best practice number three.

IMPROVING THE AVAILABILITY, ACCEPTABILITY AND QUALITY OF SERVICE FOR A BROAD RANGE OF FAMILY PLANNING METHODS

Despite having a modest budget for activities in Central Asia, the Regional Activity, made strong contributions to improving the

availability, accessibility, and quality of service provision for a broad range of contraceptive methods in support of implementation of best practice number four. This was done by selecting the activities that would have the most impact. The Regional Activity responded to local needs and requests by modifying its work plan to address needs and gaps identified by in-country counterparts. The Regional Activity also leveraged the resources and activities of existing projects by partnering with USAID’s ZdravPlus Project, UNFPA, the National Cen-

6. Haffey J., Berdzuli N., Umikashvili L., Kajaia K. 2009. Managing Uncertainty: Piloting Supportive Supervision in Georgia. Europe and Eurasia Regional Family Planning Activity for the U.S. Agency for International Development.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

ter for Reproductive Health, and Project Hope. The main activities included:

Contraceptive Technology Updates in Kyrgyzstan and Tajikistan

The Regional Activity began efforts in CAR by updating health care providers' knowledge about the latest developments in contraceptive technology. A series of workshops entitled "Contraceptive Technology Update: Evidence-based Facts" took place in Dushanbe, Tajikistan and Bishkek, Kyrgyz Republic in June 2008. Financial support leveraged from the ZdravPlusII project and UNFPA allowed the Regional Activity staff to replicate these workshops in Almaty, Kazakhstan and Tashkent, Uzbekistan. About 110 providers benefited from these contraceptive technology updates.

Contraceptive technology update workshops provided medical faculty, trainers, and key providers with the latest evidence on modern contraceptive methods, including effectiveness, health benefits and risks, side effects, and safety, based on the WHO's Medical Eligibility Criteria (MEC). Key methods covered included Combined Oral Contraceptives (COCs), DMPAs, Intrauterine Devices (IUDs), and emergency contraception. The workshops were designed to provide hands-on training, to encourage medical faculty and trainers to look critically at their own teaching and training materials, and to begin updating these materials

"I can't tell you how valuable these resources and trainings have been. We have needed something like this for a long time, and I'm so grateful to have these resources."

-Tajikistan training participant

with the information presented in the CTU workshops.

The post-test results demonstrated that CTU meetings were successful in using evidence to change provider knowledge. Providers indicated their eagerness to start practicing using the new knowledge gained in the workshops. This will likely contribute to improving the quality of care and to increasing access to modern contraceptive methods.

Postpartum and Post-Abortion IUD Insertion Training in Kyrgyzstan and Tajikistan

Family planning services—specifically, long-term and permanent methods—are not widely available in rural areas. Because of this, women either resort to abortion or have more children than they intend to have. Furthermore, the linkages between complementary reproductive health services and family planning are not strong, resulting in lost opportunities to provide FP services to those women who want and need contraception. It is extremely important to make FP methods available to women when they are seeking related reproductive health services.

The Regional Activity conducted a Training of Trainers for Tajik and Kyrgyz family planning service providers and medical faculty on immediate postpartum and post-abortion IUD insertion in Jalalabat, Kyrgyz Republic in August

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

2008. The purpose of this TOT was to address the fact that current practices in the Central Asian Republic do not follow WHO guidelines. The training was designed to help change common errors in immediate post-partum and post-abortion IUD insertion. The training included the following:

- Presenting the evidence on timing and safety of IUD insertion practices
- Dispelling commonly-held myths about post-partum and post-abortion risks, based on the Regional Activity's knowledge of IUD insertion practices in the region
- Coaching on counseling methods, specific to post-partum IUDs, that are crucial to obtaining informed consent. This included post-partum expulsion rates (which are significantly higher than expulsion rates for interval IUD insertion)
- Providing opportunities to develop competency in postpartum and post-abortion IUD counseling, including: client counseling; IUD insertion practicum using models; and IUDs insertion in clients after counseling and consent procedures.

Regional Activity also procured 100 IUD kits for Tajikistan, which included long, curved forceps for immediate postpartum insertions.

Midwives, OB/GYNs, and family medicine doctors, including those involved in pre-service, in-service, and postgraduate accreditation organizations attended the Training of Trainers. These participants were selected be-

cause they had the ability to disseminate the new guidance, information, and insertion skills to their own facilities/programs/departments. Moreover, they were all experienced interval IUD providers.

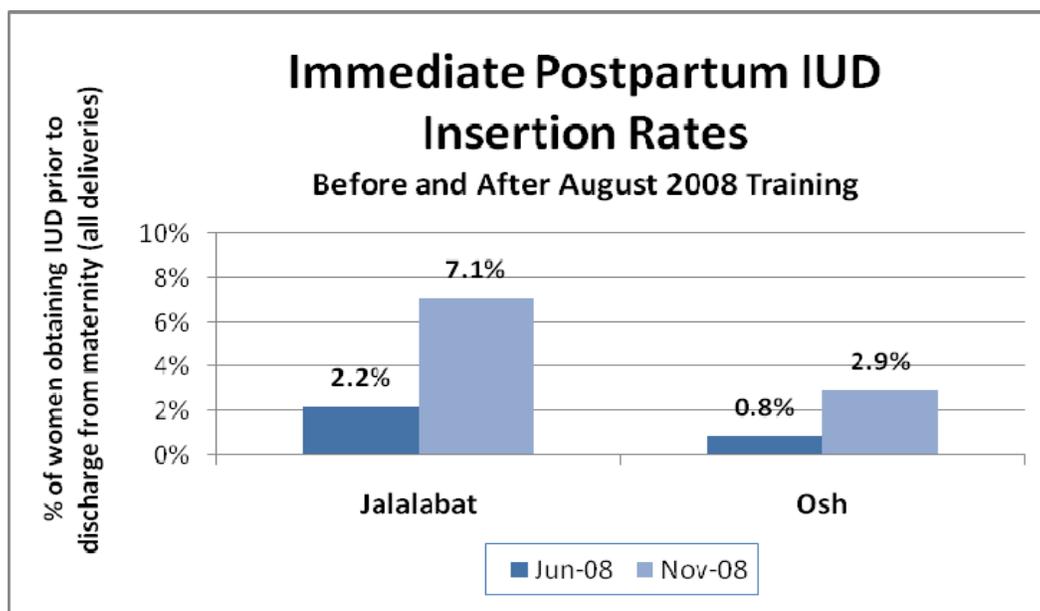
Following the training, the Regional Activity assessed the rates of immediate post-partum IUD insertions in two facilities of providers who had attended the training.

In Osh, immediate post-partum IUD insertions increased three-fold from June to November, 2008. In Jalalabat, such insertions increased 3.5 times over the same period. Such increases in these sites are a direct result of the Regional Activity's training. While IUD is the most accepted method of contraception in Kyrgyzstan and many OB/GYNs are skilled in interval



OB/GYN training participant shows the client the IUD she is about to insert. Under the watchful eye of the master trainer, participants learned the special technique for immediate postpartum IUD insertion.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES



IUD insertion, immediate post-partum and post-abortion IUD insertion rates are extremely low. These services are complementary, and make sense in a country where access to health services is difficult, especially for the rural population. Women are more likely to accept an IUD immediately after delivery or abortion because they know it will be difficult to obtain one later. There were many barriers to postpartum and post-abortion IUD insertions, identified by the Regional Activity, including inadequate training of health care providers, fear of complications, substandard and unsafe insertion practices, lack of counseling, etc. Regional Activity addressed these gaps through health care providers skill-based training, improved counseling in target maternities and provision of facilities with instruments (e.g. Kelly forceps) for immediate post-partum IUD insertions.

Interval IUD Insertion Training for Rural Midwives in Tajikistan

In Tajikistan, midwives can legally provide IUDs if they have undergone training and certification. However, the number of midwives that provide IUD services in rural areas is very low. This is due to the fact that National Center for Reproductive Health does not have funding for training. To help increase access to long-term contraception among those with the least access to these services, the Regional Activity targeted two interval IUD trainings specifically to midwives working at the primary care level in primary health care clinics, in rural areas. Twenty midwives from rural districts were trained and received certification in interval IUD insertion at trainings that took place in primary care settings in Khujandt City (Sughd Oblast) and Kurgan-Tube (Khatlon Oblast), Tajikistan in October 2008.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

Voluntary Surgical Contraception Training in Tajikistan

In September 2008, the Regional Activity supported a successful training in the voluntary surgical contraception (VSC) minilaparotomy technique in Dushanbe, Tajikistan. Attendees included OB/GYNs from city, district, and regional maternal houses from the Khatlon and Soghd oblasts. The training was designed to provide opportunities for participants to develop competency in:

- WHO Medical Eligibility Criteria
- Counseling and specific counseling issues for VSC
- Obtaining informed consent
- Surgical techniques
- Follow-up

Counseling and obtaining informed consent was strongly emphasized throughout the training. This included the need to discuss scenarios in which a woman or couple could imagine wanting to have another child in the future, even though she doesn't currently want more children.

While some steps forward were made, the need exists to further strengthen local capacity in providing safe and effective, long-term and permanent methods of contraception.

7. John Snow, Inc. January 2009. Strengthening Local Capacity for Long-term and Permanent Methods in Central Asia: Report of Activities Arlington, VA: Europe and Eurasia Regional Family Planning Activity for the U.S. Agency for International Development.



Trainees keenly observe suturing technique for VSC. Tajik providers use older, less sophisticated surgical techniques than the ones used in the U.S.

The Regional Activity's Final Report of activities in CAR⁷ provides recommendations on how future family planning activities in Tajikistan can help to broaden the family planning method mix and can nurture improved availability and acceptability of high-quality long-term and permanent methods of family planning.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

DEVELOPING EVIDENCE-BASED FAMILY PLANNING CLINICAL PRACTICE GUIDELINES AND SERVICE DELIVERY PROTOCOLS

The guidelines used for IUD service provision in Tajikistan were outdated, requiring unnecessary tests and examinations prior to IUD insertion. To address this lag in knowledge, the Regional Activity formed a working group and held technical discussions with Tajik and Kyrgyz participants in Hojda-Obigarm in September 2008. These working group deliberations helped lead to the development of evidence-based IUD clinical practice guidelines (CPGs) to submit to the Tajikistan MoH for consideration. They were signed into law in 2009.

The old IUD recommendations and protocols increased the cost of providing IUDs to the medical system and the client, required unnecessary treatments and multiple return visits before she could obtain her IUD. At the same time, the MoH, USAID, UNFPA, and WHO all encouraged the use and adoption of WHO's Evidence-based MEC and the Selected Practice Recommendations for Contraceptive Use. Providers who want to implement best practices are discouraged by potential fines if they do not adhere to the existing CPGs.

Key personnel from medical schools and teaching institutes, the National Center for Reproductive Health, and MoH departments (Maternal, Child Health and Family Planning, Derma-Venerology, Sanitation and Epidemiology, and HIV/AIDS), participated in a working

group that drafted a set of CPGs and service delivery protocols for interval IUD insertion. The working group addressed the key medical barriers to IUD service provision and drafted a set of CPGs and protocols that are evidence-based and reflect all current WHO recommendations. A meeting was held at the MOH in March 2009 to review the guidelines, which were signed into law in May 2009. Two thousand copies of the guidelines--1,000 through UNFPA support—were printed and provided to the MOH for dissemination and use throughout Tajikistan.

IMPROVING FAMILY PLANNING PRE-SERVICE MEDICAL EDUCATION

The reviews of family planning indicators in the countries of the E&E Region have shown that there are still many challenges to improving RH/FP services. One of the most important challenges is overcoming inadequate skills level and technical competency of the service delivery personnel in the area of family planning. The JSI Family Planning Situation analyses or desk reviews in Georgia, Azerbaijan, Kyrgyzstan, Tajikistan and Albania, highlight common trends among the region's service providers; namely, lack of WHO FP standards and service guidelines, and inadequate pre- and in-service training with limited or non-existent continuing medical education in evidence-based practices in FP service provision.

One of the ten best family planning practices identified in desk reviews is: *Family planning is part of pre- and in-service training programs*

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES

for health care providers. This is best practice six, and refers to the pre-service training programs in medical universities and technical schools for nurses as well as to in-service training for continuing medical education for doctors, and in-service training for re-licensing health professionals, including midwives and nurses. The analyses conducted by the Regional Activity concluded that in many countries of the E&E Region, family planning training for undergraduate medical students has many limitations:

- Lack of evidence-based and up-to-date FP curriculum for undergraduate students
- Insufficient knowledge for using and critically evaluating the evidence and teaching evidence-based medicine among medical faculty and staff
- Outdated teaching methodologies, including methodologies highly centered on teaching and lecturing, with minimal use of adult learning principles
- Absence of faculty who have had any training in teaching methodologies
- Insufficient communication and coordination between departments and faculty where prerequisites and core competencies reinforce subject matter
- Lack of state-of-the-art teaching tools and resources (i.e., new teaching and reference materials, anatomical models for clinical practice skills teaching, computers and visual aids)

- Inertia among some staff members to embrace new ideas, teaching methodologies, and evidence-based medicine

The introduction of modern, evidence-based FP and counseling into medical and nursing schools teaching programs will help:

- Strengthen FP teaching, counseling, and communication skills, particularly in family medicine, pediatrics, and nursing/midwifery
- Produce a competent cadre of health providers, who are capable of delivering quality, client-centered FP services
- Reduce the burden of in-service training

In order to meet these objectives, the Regional Activity carried out a series of related pre-service activities. The Regional Activity invited all E&E region USAID Missions to participate in the pre-service initiative's Regional Academic Consultation meeting in Tbilisi, Georgia in October 2008. In addition, the Regional Activity also identified countries that appeared to be most supportive of incorporating FP educational reform based on Regional Activity's desk reviews. Delegations from Armenia, Azerbaijan, Georgia, and the Kyrgyz Republic attended this Regional Technical Consultation. Russian Federation had planned to attend, but subsequently did not attend due to political tensions with Georgia. This academic meeting was replicated in Russia in 2009, utilizing results from Tbilisi meeting and focusing on issues specific to Russia.

REPLICATING AND SCALING-UP PROVEN BEST FAMILY PLANNING PROGRAMMATIC PRACTICES



Presenters give a skills-building workshop on evidence-based medicine in Kyrgyzstan.

After the Academic Consultation, Regional Activity actions were designed to directly address the barriers noted above. The initiative was met with great enthusiasm, and as a result teams from several countries—Georgia, Kyrgyzstan and Russia—supported the improvement of family planning pre-service education in medical and nursing schools in their countries. Pre-service activities consisted of a series of skill- and capacity-building workshops for medical faculty that included “Family Clinical Training”, “Evidence-Based Medicine”, and curriculum des design “Curriculum Design”.⁸

Outputs developed at these workshops formed the basis of a new Russian-language family planning curriculum developed for the region. FP technical experts, clinicians, counseling experts, and teaching methodologists participated in FP curriculum development and review. This allowed for maximum technical accuracy in all disciplines reflected in the cur-

riculum. Faculty from the three implementing countries (Georgia, Kyrgyz Republic, and the Russian Federation) undertook a technical review of the curriculum: its content, design, activities, evaluation. Based on this review, the Regional Activity finalized the curriculum and provided electronic and hard copies to all of their collaborating partners and institutions. This curriculum will be used and results monitored during the 2009-2010 academic year by the teaching institutions and faculty, in some countries in collaboration with in-country bilateral programs (e.g. Georgia). Reviews and analyses of individual country experiences in implementing new family planning teaching practices and curriculum will be needed to document and highlight strengths and gaps to be addressed for further improvement of pre-service teaching and training.

8. Berdzuli, N, Rossi, E and Zlidar, V. 2009. Improving Family Planning Pre-Service Education: Experience from the Eastern Europe and Eurasia Region. Europe and Eurasia Regional Family Planning Activity for the U.S. Agency for International Development.

LESSONS LEARNED

The Regional Activity faced significant challenges and learned valuable lessons over the life of implementing the project. The basic premise of the Regional Activity proved to be true: namely, that countries with a common political heritage, medical practices, and language could learn from each other's successes and accelerate scale-up of best practices. At the same time, both regional and country-specific approaches had their own benefits, advantages and limitations, and clearly there is no "one size fits all" approach for the E&E Region.

1. Language and cultural differences must be taken into account in the Eastern Europe and Eurasia Region.

Russian was typically the language used in implementing region-wide activities. This works well for senior level in-service and pre-service training activities, but less well for primary health care level activities in some countries. Some countries required specific programs due to language and cultural specificities, such as in Albania. Language and cultural sensitivities must be taken into account as the Regional Activity did in its country-specific initiatives. Opportunities for grouping countries for region-wide activities have inherent advantages but will not meet all needs.

2. Regional Best Practices can be implemented while recognizing dramatic differences between countries.

Despite the common political heritage shared by E&E countries, after the collapse of the So-

viet Union each country followed different reform paths, had distinct needs, economic circumstances, access to Western medicine and priorities related to family planning and reproductive health. As a result, formulating region-wide messages and activities was often a great challenge. Dramatic differences remain in the socio-economic circumstances in the region, from countries with high fertility rates to countries below replacement levels, or countries with great wealth and those with widespread poverty. Despite these differences, however, there is still a great deal of common ground among the countries participating in the Regional Activity.

Equally dramatic differences remain in pace of adoption, implementation and scale-up of best practices. There are countries doing VSC, IUD insertions by nurse-midwives, and others where there are still restrictive practices for prescribing hormonal contraceptives. In large countries such as Russia and Ukraine, medical practice can vary fairly dramatically different from Oblast to Oblast. The common thread of Soviet style medical education, with its reliance on law-based medical systems, protocols and outdated, non-evidence based practices, still pervades most countries. There are countries in the region which do not include family planning service provision in the basic health benefits package, contraceptives are not on the essential drug list of state health programs and there is no provision in the health budget for procurement of contraceptives. Approaches which take these systems into account have the best chance of success, and experts who have

worked in one country do tend to have an advantage in working in other countries.

3. Regional Activity must be prepared to respond to country specific needs and priorities.

An important lesson learned is that the Regional Activity needs to be responsive to country needs and priorities. This gains trust, focuses on the major on-the-ground service gaps, and complements regional activities.

4. Evidence-based medicine and practice is a primary component for every program intervention and best promoted by using both international and local experts.

In all E&E countries, there is a strong movement, particularly among young practitioners and many senior level practitioners, to adopt evidence-based medicine, follow international norms and practices and literally soak up what is new, more effective and works well in international practice. The need to reform cumbersome and inefficient health systems, combined with a desire to reduce abortion rates and respond to an increasingly educated client population, leads the way to reform. Effective private marketing (through pharmaceutical companies) and social marketing (through donor-funded efforts) of contraceptive also is changing knowledge and attitudes throughout the region.

The formula which the Regional Activity found most successful in promoting evidence-based practices involved combining use of local con-

sultants and experts (and success stories) with Western experts (particularly US universities) and international experts from WHO and other international bodies. Peer pressure and solid research, plus experience gained in country-level pilots, all combined to accelerate adoption and enthusiasm. There is strong motivation, particularly among high level medical professionals in the region, to be on the cutting edge and part of the international community doing best practice medicine.

5. Investment in the development of fact-based conceptual frameworks is a long-term asset to the region; more can be done in this area.

The Regional Activity focused on 1) information gathering, identification and dissemination of best FP practices, 2) targeted technical assistance in specific areas of family planning; and 3) reform of pre-service medical education.

Information gathering exercises were useful in providing a framework for future activities and a standard by which to measure country-specific successes and progress. In the future no doubt the assessment tools and list of best practices could be refined, as situations change, but the basic approach is conceptually solid and useful.

6. Results from country-specific activities can have regional impact through dissemination and regional knowledge sharing.

Targeted efforts were useful in the countries requesting them, but also resulted in models, training materials and other tools which in the

LESSONS LEARNED

future can be used throughout the region. Examples include post-partum and post-abortion IUD insertion, or VSC, which is virtually unavailable in many countries. In practice, through the Regional Activity, WHO and the internet, there is already considerable sharing of resources on contraceptive technology. There is information sharing through professional conferences and technical meetings, as well. Major efforts must still be undertaken for dissemination of resources and best practices throughout the region. In addition to strengthening these information sharing activities, study tours and exchanges will have an important impact on best practices dissemination.

7. New initiatives emerging from client-refined needs can lead to rapid and dramatic impact.

There are two areas where the Regional Activity broke dramatic new ground: supportive supervision and pre-service education. In both these areas, despite short time frames, dramatic gains were seen. Past FP/RH efforts in the region have focused heavily on in-service training as a basis for change. Supportive supervision is an important new technology for this region (though well known in Western medicine), which was enthusiastically adopted in Georgia.

Likewise, in introducing pre-service training, the Regional Activity not only helped to promote longer term sustainability of quality family planning, but also introduced new models of medical training and international norms for FP/RH.

8. Regional programs add value even if geopolitical tensions prevent all countries from participating thereby partially reducing effectiveness.

Ongoing political tensions in the Region created some barriers to travel as well as to the mutual sharing of ideas. During regional activities, some country delegations were initially defensive, competitive and/or over-represented their country's successes. On the other hand, as groups became more familiar with one another, and worked together on professional medical tasks, curricula or revisions of protocols, behaviors changed and true sharing and cooperation prevailed. This demonstrated that despite tensions and difficulties, regional approaches do have added value even if all country delegations wishing to attend cannot participate. More on added value of regional programs is also discussed in the following chapter.

The regional approach produced good results across several countries with modest investments. The Regional Activity had a number of significant accomplishments, despite a too short time frame (three years) and modest funding levels. For example, countries involved in improving family planning pre-service teaching and training undertaken by the Regional Activity would have benefited from a longer implementation time that would have allowed for additional follow-up and quality assurance.

The pre-service work would also have been enhanced by additional time - by the time the pre-service focus was identified, it was already

year two of the Regional Activity. Short time frame did not allow the project to complete monitoring of implementation of revised teaching materials and teaching methods and identification of shortcomings in the implementation process, and evaluation. In addition, longer assistance could have supported more certain institutionalization of new family planning teaching practices.

RECOMMENDATIONS

The family planning and reproductive health situation in former Soviet countries is unique and continues to change rapidly. Where once abortion was the primary means of making choices about one's fertility, modern contraceptive methods increasingly provide couples with the ability to time, space, and limit their children as they wish. Despite the rather unique reproductive situation in the Region, the benefits that investments in family planning bring to a nation are obvious here as they are in the rest of the world. Each country in the Region has committed to family planning to varying degrees as a strategy to improve the health and well-being of their people. Still, challenges remain to making a broad range of contraceptive methods widely available, accessible, and affordable in the Region. USAID has long been a primary donor and technical force in ensuring expansion of evidence-based FP in the Region. The Regional Activity has shown the benefits resulting from investing in family planning, including reducing overall costs to the health care sector and individual clients, and greatly improving the health and well-being of a population and through sharing expertise and experiences across the region.

USAID should continue to fund FP/RH in the region to ensure that programs move forward at this critical stage and to harvest its previous investments. Regional projects can help do that efficiently. The Eastern Europe and Eurasia Region is ripe for targeted investment to continue implementation and scale-up of selected FP Best Practices.

1. Key technical and financial partners for FP/RH work with credibility in the region (USAID, WHO) should target high impact activities that support sustainable programs.

These include pre-service education reform, quality of care and supportive supervision and other system strengthening improvement activities that produce long-lasting results.

2. Continuous and targeted efforts to focus on and achieve contraceptive security and institutionalize family planning as a basic health service in the region should be supported.

There are countries in the region which do not include family planning service provision in the basic health benefits package, contraceptives are not on the essential drug list of state health programs and there is no provision in the health budget for procurement of contraceptives. Cost/benefit studies and other advocacy tools (e.g. Issues Briefs by RH Reality Check, tools from USAID's Policy Projects, Region specific tools and studies, etc) can be effectively utilized for promoting the benefits of family planning services and provision of contraceptives. These tools and studies need to be targeted to policy-makers and academia that have greatest potential on influencing the family planning policies and improving awareness. Expanding contraceptives social marketing and public-private partnerships will be effective for improving contraceptive security efforts in the region.

3. Promotion of evidence-based medicine and public health require more funding in the region.

Additional emphasis on evidence-based medicine and public health for both the health professional communities and public policy groups at national levels could bring faster change by overcoming systemic obstacles.

4. Governments and donors should prioritize increasing access to an acceptable range of family planning methods.

Access to a range of methods is not yet assured; method mix remains a concern in some countries and additional efforts need to be made to expand choice of quality options at various price points. Access to a variety of methods is hampered in some countries by structural barriers including:

- Policies that seriously limit the cadre of providers that can offer some methods, including IUDs, implants and other long-term methods
- Cost barriers especially in the private sector in countries where only a small percentage of women of reproductive age can afford long-term methods as well as contraceptive commodities
- Government policies that provide abortion services at not cost but family planning within a fee-based system

Experience from the Regional Activity and other work in the region funded by a variety of

sources suggests that more regional policy reviews on reproductive health aimed at high-level delegations may help to begin the process of structural change in combination with in-country support where possible and diplomatically practical. This could be especially important for countries where fertility level is very low and misinformation about the impact of both abortion and family planning on fertility limits opportunities for policy improvements and public discourse.

5. Concrete initiatives need to be established to remove barriers between abortion services and family planning services.

There are few systematic and effective links between abortion services and family planning. Medical, administrative and other barriers that restrict abortion clients access to family planning and contraceptives should be eliminated. Emphasis needs to be shifted to post-abortion family planning programs.

RECOMMENDATIONS

6. USAID should continue to fund family planning and reproductive health work in the E&E Region to capitalize on current momentum and previous investments.

USAID has played a specific and critical role as technical leader and since no other donor or partner is poised to take the place, USAID withdrawal will have negative consequences. An efficient way to continue support for family planning programs in the region is a regional approach, concentrating limited resources in achieving sustainable impact in one or more key areas of those suggested above.

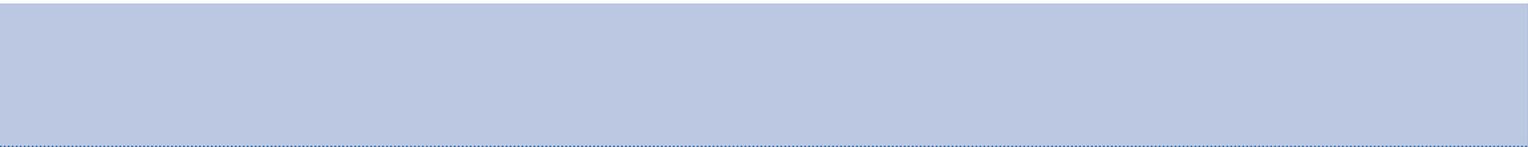
A regional approach is powerful because it concentrates technical expertise, and efficiently works across countries. Moreover, the regional efforts result in both tangible and intangible benefits for those involved in that the common background meant an inherent understanding of the issues faced across countries. The lessons learned and best practices implemented in one country can be applied to the other countries. While each country has special circumstances, often times the regional activities have been a catalyst for change and the specificities for each country have been addressed through country or sub-national planning and particular technical support to address their differences.

Exchange and approach demonstrated by the Regional Activity was truly valuable and met with overwhelming interest, support and appreciation by all involved.

A regional approach is also cost effective. It can produce good results across several countries with modest investments. Regional Activity leveraged bilateral and other donor funds. The value added from a regional project, in this case, is the expert technical assistance it provided including access to a group of high level regional consultants. As demonstrated by the Regional Activity, the mix of a central project's expertise with a bilateral project's access and funding is working well and proving to be efficient in countries (such as CAR, Georgia and others) which embraced it.

The regional approach contributes to important and significant growth in regional technical expertise. The Regional Activity demonstrated these through the Academic Consultation (5 countries), pre-service activities (3 countries), FP/RH leadership training (10 faculty members from 3 countries) and investment in supporting expansion of access to a broader range of methods (3 countries). Each of these activities complemented existing USAID bilateral programs and filled part of a significant need for technical support, and most if not all of these initiatives would not have taken place without USAID regional support.

USAID's role in the E&E region exemplifies how a technically strong donor can impact on policies and programs, and strategically focused actions building on prior investments and existing opportunities will result in continued measurable increases in use of modern family planning methods and decreases in use of abortion.



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