



**Program Research for Strengthening Services
PROGRESS**

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July 1, 2010–June 30, 2011
Year 3 Annual Report

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July 1, 2011–June 30, 2012
Year 4 Workplan



Table of Contents

ORGANIZATION OF ANNUAL REPORT AND WORKPLAN	5
INTRODUCTION.....	6
PROGRESS ACTIVITIES BY COUNTRY OR REGION	7
HIGHLIGHTS OF RESEARCH AND RESEARCH UTILIZATION ACCOMPLISHMENTS	11
YEAR 3 PROGRESS PUBLICATIONS	14
LEGACY AREA 1: MAXIMIZE HUMAN RESOURCES THROUGH TASK-SHIFTING AND ADDRESSING MEDICAL BARRIERS.....	16
CBD OF DMPA: A PILOT STUDY OF CHILD FUND ZAMBIA'S CBD PROGRAMS	17
SCALE-UP OF COMMUNITY-BASED ACCESS TO INJECTABLES IN ZAMBIA	18
EVALUATION OF COMMUNITY-BASED DISTRIBUTION OF DMPA BY HEALTH SURVEILLANCE ASSISTANTS (HSAs) IN MALAWI.....	19
ASSESSING COMMUNITY-BASED DISTRIBUTION OF DMPA BY NGO VOLUNTEERS.....	21
FEASIBILITY OF INTRAMUSCULAR (IM) INJECTION OF DMPA BY COMMUNITY HEALTH WORKERS AND MATRONES IN SENEGAL.....	22
ASSESSING THE CURRENT AND POTENTIAL CONTRIBUTIONS OF COMMUNITY HEALTH WORKERS TO FAMILY PLANNING	24
UNDERSTANDING FACTORS ASSOCIATED WITH RETENTION AND PERFORMANCE OF VOLUNTEER COMMUNITY HEALTH WORKERS.....	25
EXPANDING COMMUNITY-BASED FAMILY PLANNING: GLOBAL GUIDANCE AND TECHNICAL ASSISTANCE	26
SUPPORTING COMMUNITY-BASED ACCESS TO INJECTABLES IN SELECTED COUNTRIES	29
ENHANCED COMMUNITY-BASED FAMILY PLANNING IN KENYA	30
BUILDING CONSENSUS ON THE WAY FORWARD WITH COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING IN TANZANIA	32
EXPANDING COMMUNITY-BASED ACCESS TO INJECTABLE CONTRACEPTION IN NIGERIA	33
LEGACY AREA 2: EXPANDING SERVICE DELIVERY OPTIONS WITHIN AND BEYOND THE HEALTH SECTOR	35
EXAMINING THE FEASIBILITY AND ACCEPTABILITY OF POSTPARTUM IUCD SERVICES	36
IMPROVING ACCESS TO AND UPTAKE OF POSTPARTUM FAMILY PLANNING THROUGH ENHANCED FAMILY PLANNING IN IMMUNIZATION SERVICES.....	37
INCREASING FAMILY PLANNING UPTAKE AMONG POSTPARTUM WOMEN: TESTING SUPPLY AND DEMAND SOLUTIONS	40
ASSESSMENT OF THE QUALITY OF THE INTEGRATION OF FAMILY PLANNING SERVICES INTO IMMUNIZATION PROGRAMS IN INDIA	42
DELIVERING A COMMUNITY-BASED INTEGRATED IMMUNIZATION AND FAMILY PLANNING INTERVENTION TO POSTPARTUM RURAL WOMEN	43
MCH & FP INTEGRATION: IMMUNIZATION & OTHER POSTPARTUM OPPORTUNITIES	44
ASSESSING WOMEN'S ABILITY TO SELF-SCREEN FOR CONTRAINDICATIONS TO COMBINED ORAL CONTRACEPTIVE PILLS	46

INCREASING FAMILY PLANNING ACCESS AND UPTAKE THROUGH DMPA SALES AT LICENSED CHEMICAL SHOPS	47
FAMILY PLANNING INCORPORATED INTO MICROFINANCE PROGRAMS IN KENYA	48
MICROFINANCE PROGRAMS AS A MEANS FOR DELIVERING FAMILY PLANNING INFORMATION AND SERVICE IN INDIA.....	50
FEASIBILITY OF PROVIDING FAMILY PLANNING SERVICES THROUGH DAIRY COOPERATIVES	52
INTEGRATION OF FAMILY PLANNING MESSAGES AND REFERRALS INTO THE GREEN BELT MOVEMENT PROGRAM	54
CAPACITY BUILDING FOR POPULATION, HEALTH, AND ENVIRONMENT M&E AND ADVOCACY IN UGANDA.....	56
MOBILE PHONE INTERVENTIONS FOR REPRODUCTIVE HEALTH (M4RH).....	58
GLOBAL RESEARCH UTILIZATION FOR M4RH AND MOBILE TECHNOLOGIES.....	60
INTRODUCING AN EVIDENCE-BASED MOBILE PHONE JOB AID FOR COMMUNITY-BASED FAMILY PLANNING.....	61
SCALING-UP PHONE-BASED JOB AIDS TO FACILITY-BASED FAMILY PLANNING SERVICES	63
DEVELOPMENT AND EVALUATION OF A CAMPAIGN TO INCREASE CONTINUATION OF HORMONAL METHODS	64
SUPPORT TO MERIDIAN TO ENGAGE THE PRIVATE SECTOR IN FAMILY PLANNING AND WOMEN'S HEALTH.....	66
LEGACY AREA 3: EXPANDING THE FAMILY PLANNING METHOD MIX FOR HOME, COMMUNITY, AND LOWER-LEVEL PROVIDER USE	67
SOCIAL AND CULTURAL BARRIERS TO EXPANDED CONTRACEPTIVE USE IN RWANDA.....	68
SUPPLY-SIDE BARRIERS TO EXPANDED USE OF CONTRACEPTION IN RWANDA	70
ACCEPTABILITY OF SUBCUTANEOUS DMPA IN UNIJECT.....	71
PHARMACOKINETIC STUDY OF DMPA SC INJECTED IN THE UPPER ARM.....	73
ACCEPTABILITY AND FEASIBILITY OF HOME INJECTION OF DMPA.....	75
DEVELOPMENT OF LNG - BUTANOATE WITH CONRAD, 2010-2012.....	76
ASSESSING CONTINUATION OF DMPA AMONG USERS IN THE PRIVATE SECTOR	77
TECHNICAL ASSISTANCE TO ICMR ON INTRO OF CYCLOFEM & NET-EN	78
PROSPECTIVE STUDY OF THE CLINICAL PERFORMANCE OF FEMPLANT IN PAKISTAN.....	79
EFFECTIVENESS, SAFETY, AND ACCEPTABILITY OF SINO-IMPLANT (II): A PROSPECTIVE POST-MARKETING STUDY IN KENYA	80
MONITORING & EVALUATION OF THE ETHIOPIAN IMPLANON AND IUCD EXPANSION PROJECT	81
SITUATION ANALYSIS OF FAMILY PLANNING SERVICE PROVISION IN ETHIOPIA	83
LEADERSHIP AND ADVOCACY ON INTRODUCING IMPLANTS IN INDIA.....	84
IMPROVED COUNSELING ON IMPLANTS TO REDUCE UNINTENDED PREGNANCY	85
COLLABORATIVE RESEARCH ON IMPLANTS	87
HELPING WOMEN AVOID SHORT BIRTH INTERVALS: INTRODUCING LNG IUS SERVICES IN THE PUBLIC SECTOR	89
PROGRAM ASSESSMENT OF THE INTRODUCTION OF MULTILOAD-375 INTO THE INDIAN NATIONAL FAMILY PLANNING PROGRAM	90
EXPLORING EXPANSION OF THE IUCD INCENTIVE SCHEME TO INCREASE UPTAKE.....	92
STUDY ON CONTINUATION RATES OF IUDS IN INDIA	93
BUILDING CAPACITY FOR LAPM PROVISION IN KENYA.....	94
NO-SCALPEL VASECTOMY WITH THERMAL CAUTERY AND FASCIAL INTERPOSITION: ADDRESSING LATENT DEMAND IN RWANDA THROUGH UTILIZATION OF RESEARCH	96

NON-INVASIVE APPROACHES TO MALE STERILIZATION	98
CONTINUOUS VS. CYCLIC USE OF COC PILLS	100
MEETING ON STEROIDS AND ENDOMETRIAL BLEEDING	102
LEGACY AREA 4: INCREASING IN-COUNTRY CAPACITY FOR RESEARCH AND RESEARCH UTILIZATION	103
BUILD QUALITY AND SUSTAINABLE RESEARCH INSTITUTIONS	104
CAPACITY BUILDING FOR OPERATIONS RESEARCH IN TANZANIA	105
CAPACITY BUILDING FOR RESEARCH IN RWANDA.....	107
CAPACITY BUILDING FOR THE DIVISION OF REPRODUCTIVE HEALTH	108
TANZANIA NATIONAL FAMILY PLANNING COSTED IMPLEMENTATION PLAN	109
SUPPORT TO DEVELOP A COSTED IMPLEMENTATION PLAN FOR FAMILY PLANNING IN KENYA	112
UTILIZATION OF BEST PRACTICES	113
COLLABORATION WITH WHO ON TASK SHIFTING INCLUDING EXPERT CONSULTATION	116
DEVELOPMENT OF GUIDELINES FOR CONTRACEPTIVE USERS (CIRE)	118
COCHRANE REVIEW INITIATIVE, 2009-2014	120
COLLABORATION WITH REGIONAL INSTITUTES AND NETWORK: ECSA	122
AFRICA BUREAU SUPPORT TO PROGRESS AND ECSA.....	124
ASSESSING THE RELATIONSHIP BETWEEN SUBSTANCE USE AND FP USE AMONG ADOLESCENTS IN RWANDA	126
ADDRESSING THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUTH AND ADOLESCENTS IN KENYA.....	127
REPOSITIONING FAMILY PLANNING ACTIVITIES	128
RESEARCH UTILIZATION TECHNICAL ASSISTANCE TO TANZANIA	129
TECHNICAL ASSISTANCE FOR RESEARCH UTILIZATION IN RWANDA	130
RESEARCH UTILIZATION TECHNICAL ASSISTANCE IN INDIA.....	132
SUPPORTING REVITALIZATION OF FAMILY PLANNING PROGRAMS IN SENEGAL	134
TECHNICAL ASSISTANCE FOR RESEARCH UTILIZATION IN KENYA	136
CAPACITY BUILDING FOR RESEARCH UTILIZATION IN UGANDA.....	137
TECHNICAL SUPPORT TO THE NCAPD FOR FAMILY PLANNING ADVOCACY AND LEADERSHIP	138
ADVANCING EVIDENCE-BASED FAMILY PLANNING PROGRAMS AND POLICIES IN UGANDA	140
SCALING-UP COMMUNITY-BASED FAMILY PLANNING IN UGANDA	141
SUPPORT TO ADVOCACY FOR REPRODUCTIVE CHOICES	143
CAPACITY BUILDING ON BEHALF OF USAID/INDIA ON FAMILY PLANNING PROGRAMS	144
CHANGING ATTITUDES TOWARD FAMILY PLANNING SERVICES THROUGH INCREASED MALE INVOLVEMENT.....	145
A KENYA-BASED PILOT OF A MONITORING TOOL FOR SCALE-UP OF HIGH IMPACT PRACTICES	146
CROSS-CUTTING ACTIVITIES.....	148
FAMILY PLANNING TRAINING RESOURCE PACKAGE (AND THE INJECTABLES FOR COMMUNITY HEALTH WORKERS MODULE)	149
MONITORING AND EVALUATION OF THE PROGRESS PROJECT	151
POPULATION & REPRODUCTIVE HEALTH LEADERSHIP.....	153
PROGRESS MANAGEMENT.....	155
APPENDIX 1: COMPLETED INTERNATIONAL TRAVEL.....	157
APPENDIX 2: FINANCIAL INFORMATION.....	161

Organization of Annual Report and Workplan

Data for this Annual Report and Workplan was generated through the FHI 360 Electronic Information System (EIS). This report is organized as follows:

Introduction:

This section of the report will provide an overview of PROGRESS activities in Years 3 and 4. A list of activities by country and page number is included. It also includes selected research and research utilization accomplishments from PROGRESS Year 3, along with a list of publications completed.

Activity Annual Reports and Workplans by Legacy Areas:

The main body of this document is organized by legacy area headings. Within the legacy areas, an effort has been made to group activity reports in a logical order so those that address similar or sequential activities appear together. Each activity description includes information on activity status, country(ies) of implementation, period of performance, FHI 360 technical monitor, objectives, description, collaborating agencies and subawardees, cumulative accomplishments, accomplishments from the last six months (January - June 2011), and an updated workplan for the next 12 months (July 1, 2011 – June 30, 2012).

Travel:

This section of the report details all completed travel for July 1, 2010 – June 30, 2011.

Financial:

The budget and mortgage table in the back lists expenditures by activity, for the July 1, 2010 – June 30, 2011 period, as well as LOSP expenditures, and an updated workplan budget for the full reporting year July 1, 2011 – June 30, 2012.

Introduction

The U.S. Agency for International Development (USAID) awarded PROGRESS (Program Research for Strengthening Services) to FHI 360 on June 18, 2008. PROGRESS is a five-year Leader with Associates cooperative agreement. The goal of PROGRESS is to improve access to family planning among underserved populations through research and research utilization. To achieve this goal, PROGRESS developed a workplan consisting of four “legacy areas.” The legacy areas comprise the key organizing structure for identifying and implementing activities, monitoring performance, and assessing achievement of desired outcomes. The legacy areas:

1. Maximizing human resources by task-shifting and addressing medical barriers to family planning services
2. Expanding service delivery options within and beyond the health sector
3. Expanding the family planning method mix for home, community, and lower-level provider use
4. Increasing in-country capacity for research and research utilization

The first three are the principal components that need to be addressed to ensure access to services: the people who provide the services, the service delivery systems, and the contraceptive methods themselves. Building capacity for research and research utilization is the foundation on which these three essential components depend to identify, evaluate, and scale-up improvements. In addition there is a section on cross-cutting activities, monitoring and evaluation, and program management.

In this Annual Report and Workplan, eighty-six (86) activities that were fully or partially funded by PROGRESS are described. Of these, four (4) were completed and three (3) were cancelled in Year 3. There are fifteen (15) new activities for Year 4; these are marked as “In Approval”. Four (4) ongoing activities are new or significantly revised from the Year 3 Interim Workplan. These are:

1. Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones in Senegal (FCO 890134). Funds from the Repositioning FP Activity (FCO 890126) were reprogrammed to allow for this new study. See page 22
2. Increasing Family Planning Access and Uptake Through DMPA Sales at Licensed Chemical Shops in Ghana (FCO 890139). A planned activity, Research and Advocacy in Support of Expanding the Method Mix at Drug Shops, focused in Nigeria and Bangladesh, was replaced with this study in Ghana. See page 47.
3. Situation Analysis of Family Planning Service Provision in Ethiopia (FCO 890066, 892010). A new protocol was approved in April 2011, replacing the Rapid Evaluation of the Ethiopia Implanon Initiative. See page 83.
4. Changing Attitudes toward Family Planning Services through Increased Male Involvement in India (FCO 892024). An activity on Operation Issues around Postpartum IUCD in India was replaced with this activity following discussions with the India Mission. See page 145.

PROGRESS Activities by Country or Region

Country	FCO	Subproject Title	Page
Africa Region	892028	Africa Bureau Support to PROGRESS and ECSA	124
Africa Region	890126	Repositioning Family Planning Activities	128
Africa Region	890043	Collaboration with Regional Institutes and Network: ECSA	122
Dominican Republic	890046	Continuous vs. Cyclic Use of COC Pills	100
Ethiopia	892001	Monitoring and Evaluation of the Ethiopian Implanon and IUCD Expansion	81
Ethiopia	890066	Situation Analysis of Family Planning Service Provision in Ethiopia	83
Ghana	890139	Increasing Family Planning Access and Uptake Through DMPA Sales at Licensed Chemical Shops	47
India	892025	Assessing Continuation of DMPA Among Users in the Private Sector	77
India	892014	Assessment of the Quality of the Integration of Family Planning Services into Immunization Programs in India	42
India	TBD	Delivering a Community-Based Integrated Immunization and Family Planning Intervention to Postpartum Rural Women	43
India	TBD	Leadership and Advocacy on Introducing Implants in India	84
India	892023	Capacity Building on Behalf of USAID/India on Family Planning Programs	144
India	892024	Changing Attitudes toward Family Planning Services through Increased Male Involvement	145
India	890034	Microfinance Programs as a Means for Delivering Family Planning Information and Service in India	50
India	892002	Program Assessment of the Introduction of Multiload-375 into the Indian National Family Planning Program	90
India	TBD	Exploring Expansion of the IUCD Incentive Scheme to Increase Uptake	92
India	890042	Research Utilization Technical Assistance in India	132
India	892004	Study on Continuation Rates of IUDs in India	93
India	892030	Support to Advocacy for Reproductive Choices	143
India	892003	Technical Assistance to ICMR on Intro of Cyclofem & NET-EN	78
Kenya	890141	A Kenya-based Pilot of a Monitoring Tool for Scale-Up of High Impact Practices	146
Kenya	892038	Addressing the Sexual and Reproductive Health of Youth and Adolescents	127
Kenya	892028	Africa Bureau Support to PROGRESS and ECSA	124

Country	FCO	Subproject Title	Page
Kenya	892020	Building Capacity for LAPM Provision	94
Kenya	892039	Capacity Building for the Division of Reproductive Health	108
Kenya	890067	Development and Evaluation of a Campaign to Increase Continuation of Hormonal Methods	64
Kenya	890076	Effectiveness, Safety, and Acceptability of Sino-Implant (II): a Prospective Post-Marketing Study	80
Kenya	892015	Enhanced Community-Based Family Planning	30
Kenya	890032	Family Planning Incorporated into Microfinance Programs	48
Kenya	890059	Feasibility of Providing Family Planning Services through Dairy Cooperatives	52
Kenya	890036	Helping Women Avoid Short Birth Intervals: Introducing LNG IUS Services in the Public Sector	89
Kenya	890049	Improved Counseling on Implants to Reduce Unintended Pregnancy	85
Kenya	890060	Integration of Family Planning Messages and Referrals into the Green Belt Movement Program	54
Kenya	890019	Mobile Phone Interventions for Reproductive Health (m4RH)	58
Kenya	892021	Support to Develop a Costed Implementation Plan for Family Planning	112
Kenya	890131	Supporting Community-Based Access to Injectables in Selected Countries	29
Kenya	890136	Technical Assistance for Research Utilization in Kenya	136
Kenya	892013	Technical Support to the NCPD for Family Planning Advocacy and Leadership	138
Malawi	890038	Assessing Community-Based Distribution of DMPA by NGO Volunteers	21
Malawi	892005	Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants (HSAs)	19
Nigeria	890131	Supporting Community-Based Access to Injectables in Selected Countries	29
Nigeria	TBD	Expanding Community-Based Access to Injectable Contraception in Nigeria	33
Pakistan	890118	Prospective Study of the Clinical Performance of Femplant	79
Rwanda	892028	Africa Bureau Support to PROGRESS and ECSA	124
Rwanda	TBD	Assessing the Relationship Between Substance Use and FP Use Among Adolescents	126
Rwanda	890075	Assessing the Current and Potential Contributions of Community Health Workers to Family Planning	24
Rwanda	890004	Build Quality and Sustainable Research Institutions	104
Rwanda	890027	Capacity Building for Research in Rwanda	107

Country	FCO	Subproject Title	Page
Rwanda	890008	Examining the Feasibility and Acceptability of Postpartum IUCD Services	36
Rwanda	890028	Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services	37
Rwanda	890033	No-Scalpel Vasectomy with Thermal Cautery and Fascial Interposition: Addressing Latent Demand in Rwanda through Utilization of Research	96
Rwanda	890007	Social and Cultural Barriers to Expanded Contraceptive Use	68
Rwanda	892022	Supply-Side Barriers to Expanded Use of Contraception	70
Rwanda	890045	Technical Assistance for Research Utilization in Rwanda	130
Senegal	890124	Acceptability of Subcutaneous DMPA in Uniject	71
Senegal	890134	Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones	22
Senegal	890051	Supporting Revitalization of Family Planning Programs	134
Tanzania	890029	Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills	46
Tanzania	890004	Build Quality and Sustainable Research Institutions	104
Tanzania	892019	Building Consensus on the Way Forward with Community-Based Distribution of Family Planning	32
Tanzania	890130	Capacity Building for Operations Research in Tanzania	105
Tanzania	890083	Collaboration with Regional Institutes and Network: ECSA	122
Tanzania	890059	Feasibility of Providing Family Planning Services through Dairy Cooperatives	52
Tanzania	890072	Introducing an Evidence-Based Mobile Phone Job Aid for Community-Based Family Planning	61
Tanzania	890019	Mobile Phone Interventions for Reproductive Health (m4RH)	58
Tanzania	890040	Research Utilization Technical Assistance to Tanzania	129
Tanzania	892036	Scaling-up Phone-based Job Aids to Facility-based Family Planning Services	63
Tanzania	890023	Tanzania National Family Planning Costed Implementation Plan	109
Uganda	890123	Acceptability of Subcutaneous DMPA in Uniject	71
Uganda	892018	Advancing Evidence-Based Family Planning Programs and Policies in Uganda	140
Uganda	890037	Capacity Building for Population, Health, and Environment M&E and Advocacy in Uganda	56
Uganda	890135	Capacity Building for Research Utilization in Uganda	137

Country	FCO	Subproject Title	Page
Uganda	890052	Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers	25
Uganda	890131	Supporting Community-Based Access to Injectables in Selected Countries	29
Uganda	TBD	Scaling-Up Community-Based Family Planning in Uganda	141
USA	890069	Development of LNG – Butanoate with CONRAD, 2010-2012	76
USA	890070	Non-Invasive Approaches to Male Sterilization	98
USA	890078	Pharmacokinetic Study of DMPA SC Injected in the Upper Arm	73
USA	TBD	Meeting on Steroids and Endometrial Bleeding	102
Worldwide	890084	Acceptability and Feasibility of Home Injection of DMPA	75
Worldwide	890004	Build Quality and Sustainable Research Institutions	104
Worldwide	890047	Cochrane Review Initiative, 2009-2014	120
Worldwide	890010	Collaboration with WHO on Task Shifting including Expert Consultation	116
Worldwide	890116	Collaborative Research on Implants	87
Worldwide	890054	Development of Guidelines for Contraceptive Users (CIRE)	118
Worldwide	890080	Expanding Community-Based Family Planning: Global Guidance and Technical Assistance	26
Worldwide	890041	Family Planning Training Resource Package (and the Injectables for Community Health Workers Module)	149
Worldwide	890129	Global Research Utilization for M4RH and Mobile Technologies	60
Worldwide	890081	MCH & FP Integration: Immunization & Other Postpartum Opportunities	44
Worldwide	890006	Monitoring and Evaluation of the PROGRESS Project	151
Worldwide	890088	Pharmacokinetic Study of DMPA SC Injected in the Upper Arm	73
Worldwide	890115	Population & Reproductive Health Leadership	153
Worldwide	890145	Support to Meridian to Engage the Private Sector in Family Planning and Women's Health	66
Worldwide	890003	Utilization of Best Practices	113
Zambia	890017	CBD of DMPA: A Pilot Study of Child Fund Zambia's CBD Programs	17
Zambia	TBD	Scale-Up of Community-Based Access to Injectables in Zambia	18
Zambia	890030	Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions	40
Zambia	890131	Supporting Community-Based Access to Injectables in Selected Countries	29

Highlights of Research and Research Utilization Accomplishments

PROGRESS has seen a number of achievements in Year 3. Some of these have been widely disseminated and are well-known by PROGRESS's partners, but other notable achievements have been less widely discussed and disseminated. Below is a selection of PROGRESS's achievements from Year 3.

Training and equipment provided to establish the Becho Woreda M&E Center of Excellence
PROGRESS worked with the Ethiopian Federal Ministry of Health and the Oromia Regional Health Bureau to establish the Becho Woreda M&E Center of Excellence in June 2011. PROGRESS provided the necessary equipment for the Center of Excellence and will begin training Oromia Regional Health Bureau staff in July. Seven more Centers of Excellence are planned in additional regions in the next fiscal year. The Centers of Excellence will serve as teaching and learning facilities for Ministry of Health M&E staff to build the capacity of the Ministry to collect, analyze, and utilize health data for programmatic decision making. (FCO 892001)

Increasing access to quality vasectomy services including no-scalpel vasectomy
PROGRESS is working with the Rwandan MOH and other NGOs to implement a multi-layered approach to increasing access to quality vasectomy services that includes technical training in no-scalpel vasectomy (NSV) with fascial interposition and cautery for physicians and nurses, technical assistance for monitoring and evaluation, and assistance with overall project documentation and scale-up planning. Since initiation in 2010, 36 physicians and 52 nurses have been trained, 8 and 10 as trainers, respectively. This is the first known vasectomy training in Africa using the more effective interposition/cautery technique, and the first use there of an inexpensive cautery tool that operates on AA batteries. Monitoring has just begun. The post-training evaluation suggests that while providers found the technique easy to master, more clients were needed during training. Also, pervasive misinformation among potential clients and community health workers (CHWs) about vasectomy exists; CHWs provide referrals. The MOH is addressing these challenges with assistance from local partners, including PROGRESS. (FCO 890033)

Capacity building for science writing workshops in Rwanda and Tanzania
PROGRESS held writing workshops in Rwanda and Tanzania focused on writing scientific journal articles, facilitated by FHI 360 science writers. The workshops focused on the importance of publishing, how to choose a scientific journal, and the sections required in successful scientific journal articles including cover letters and abstracts. Workshop participants received individual assistance on editing and reviewing suggested changes in their own documents. The participants gave high ratings on workshop evaluations. About 20 people attended each workshop. (FCO 890004)

Expanding Access to Contraception: Community-Based Family Planning
PROGRESS continues to provide global and country-based leadership on advancing community-based access to injectables (CBA2I) as a standard of practice. Key activities included the following:

- *Launch of CBA2I Toolkit.* PROGRESS developed this toolkit with multiple partners and launched it with K4Health in July 2011. The toolkit is designed to strengthen the capacity of advocates, program managers, policymakers, donors and others to plan, implement, evaluate, promote and scale-up CBA2I programs. Many items can be adapted for country contexts, including changes to national policy and service delivery guidelines. The toolkit includes links to key organizations. (FCO 890080)
- *Scale-up of CBA2I in Zambia.* In May 2011, the Zambian Ministry of Health (MOH) released results from a pilot project coordinated by FHI 360 and implemented by ChildFund. The study found this practice was safe, acceptable, and feasible and that CBDs demonstrated their competence in safely providing injections. The FP Technical Working Group (FPTWG) has developed recommendations for the MOH to continue the service in the pilot districts, to expand the service to new districts, and to begin the process of incorporating the practice into the national health policy. Based on these actions, USAID/Zambia awarded \$400,000 in field support to PROGRESS. FHI 360 has utilized as a consultant Dr. Davy Chikamata, a senior FP resource in the country, to work with the FPTWG to develop a roadmap for the phased scale-up of CBA2I. (FCO 890017, 890131)
- *CBA2I institutionalization.* In April 2011, USAID and FHI 360 hosted the “Working Together, Achieving More: CBA2I Workshop,” where 36 people from 16 organizations discussed ways to promote CBA2I as a standard of practice. From the meeting came a moderated listserv, Global Advocates for CBA2I, to strengthen organizational collaboration and advance the institutionalization of CBA2I. (FCO 890080)

PROGRESS supports regional CBFP Assessment Report through ECSA

PROGRESS provided technical assistance to the East, Central and Southern Africa Health Community (ECSA) on regional assessments of policies, guidelines, strategies, financing, and operational issues related to community-based family planning (CBFP). PROGRESS participated in country assessments in five of the ECSA member states (Kenya, Lesotho, Malawi, Uganda, and Zimbabwe). FHI 360/Kenya led the Kenya assessment with field support. FHI 360 staff or consultants participated in the assessment teams in all countries and provided logistical support in Malawi and Uganda. PROGRESS provided assistance to ECSA for their regional dissemination and validation meeting in June and drafted for ECSA a series of publications, including a regional report in three formats (poster, brochure, and report). The poster and brochure were featured at a conference sponsored by USAID in Kenya, 24-29 July, “Effective Community Approaches to Family Planning Conference”. (FCO 890043, 892028)

Useful lessons emerge from community-based family planning program in Rwanda

In March and April 2010, 78 people were trained as trainers in community-based family planning (CBFP) in three Phase I districts of Rwanda. In July 2010, 3068 community health workers (CHWs) were trained. In the first three months of service provision 16,139 clients were served with a contraceptive method in the three districts. Half of clients (50%) received injectables, 30% received oral contraceptive pills, 19% received condoms, and 2% received Standard Days Method. In April 2011, PROGRESS and the MOH held a series of focus group discussions with CHWs and supervisors of the CBFP program in order to assess their experiences in the first months of the program. FHI 360 and the MOH then extracted the most salient messages. Both CHWs and supervisors agreed that the selection of CHWs is key. In particular, CHWs should be of reproductive age themselves, while both males and females are

accepted. An official launch of the program and the trained CHWs is important to garner community support and confidence in the service. CHWs repeatedly stated that they were proud of the work, and that for the most part they feel well accepted by their communities.

Technical assistance provided to Kenya for National Population Meeting

FHI 360 provided technical assistance to the Kenya National Coordinating Agency for Population and Development (NCAPD) to coordinate a national leaders' meeting on population and development. NCAPD, working with PROGRESS, developed a draft report of the conference and a Plan of Action that outlines the resolutions and action points for all development segments. NCAPD shared these documents with members of Parliament as part of the development of Kenya's draft Population Policy for 2011-2030. Parliament members endorsed the draft policy and conference report giving NCAPD the mandate to lobby for implementation of the agreed-upon actions by various government departments. The draft population policy will be presented in Parliament and if passed, will be recognized as the Population Policy for the period 2011-2030. (FCO 892013)

Family Planning Training Resource Package endorsed by WHO, UNFPA

In late 2010, USAID initiated a process through which WHO and UNFPA are reviewing and will endorse the Family Planning Training Resource Package (FPTRP). PROGRESS has been working with USAID to coordinate the review process with these partners, including identifying any substantive issues to clarify with reviewers and if necessary, developing compromise language. The review process is scheduled to be completed by the end of September, such that that 14 modules on methods will be uploaded to the new web site being developed by K4Health (www.fptraining.org), along with a section on systems learning approaches and a guide to using the resource package. PROGRESS has also helped guide plans to launch the FPTRP at the International Conference on Family Planning in Dakar in November 2011.

Using the Health Belief Model to understand factors of contraceptive use and unmet need

PROGRESS applied the Health Belief Model (HBM) to explore factors associated with contraceptive use among postpartum women attending immunization services in Rwanda to identify possible leverage points to improve contraceptive use within this group. The study collected data from 807 women from 14 health facilities and found that unmet contraceptive need among married or sexually active unmarried women was 44.5%, with 23.3% of participants having a need to space their births and 21.2% having a need to limit. Age and marital status were significantly associated with contraceptive use, but not religion, work status or education. Among HBM variables, women with lower perceived barriers to receiving FP services were somewhat more likely to be currently using a modern method than those with higher perceived barriers (OR=0.84, 95% CI: (0.76, 0.94)). Those with higher perceived susceptibility to an unplanned pregnancy were two and one half times more likely than those with lower perceived susceptibility to be using a contraceptive method (OR=2.5, 95% CI: (1.5, 4.3)). Among non-users, the most common reason noted for not using a contraceptive method was awaiting return of menses. Non-users were also significantly more likely than users to be unaware that a woman could get pregnant before her menses returned after having a baby (OR=1.9, 95% CI:(1.5, 2.5)). The study demonstrated that use of health behavior theory can facilitate the understanding of the factors that contribute to contraceptive use and unmet contraceptive need in this population. (FCO 890028)

Year 3 PROGRESS Publications

With at least partial support from PROGRESS, nineteen publications were completed in Year 3. The list below, and five publications for which PROGRESS staff supported the development of the publication, but for which FHI 360 is not listed as an author.

1. FHI 360. Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants in Malawi [Research Brief]. July 2010.
includes the seven journal articles supported fully or partially by PROGRESS, followed by seven FHI 360 briefs and reports
2. Katz, K; Ngalande, RC; Jackson, E; Kachale, F; Mhango, C; FHI 360. Evaluation of community-based distribution of DMPA by health surveillance assistants in Malawi. Research Triangle Park, NC: FHI 360, 2010.
3. Lopez LM; Grimes DA; Chen-Mok M; Westhoff C; Edelman A; Helmerhorst FM. Hormonal contraceptives for contraception in overweight or obese women. *Cochrane Database Syst Rev.* 2010 Jul; 7(7). (Co-funded with CRTU, PTA)
4. Kapp N, Curtis K, Nanda K. Progestogen-only contraceptive use among breastfeeding women: a systematic review. *Contraception.* 2010 Jul; 82(1):17-37. (Co-funded with CRTU)
5. “Promising Practice: National Family Planning Costed Implementation Program, Tanzania”. Pp. 99-100. Part of Appendix 3 in USAID Africa Bureau, Office of Sustainable Development. “Family Planning Program Review in Selected Countries in Sub-Saharan Africa: Final Report.” USAID. October 2010.
6. FHI 360, MCHIP. Integration of Family Planning and Immunization Services: Global Summary of Current Programmatic Experiences and Research Projects. 2010. Available at: http://www.FHI360.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm
7. FHI 360. Expanding Contraceptive Use in Rwanda [Research Brief]. December 2010.
8. FHI 360. Family Planning Information and Referrals at Child Immunization Clinics: Study in Ghana and Zambia Highlights Implementation Challenges Rwanda [Research Brief]. December 2010.
9. Raymond E, Halpern V, Lopez L. Pericoital oral contraception with levonorgestrel. *Obstet Gynecol.* 2011 Mar; 117(3):673-81. (Co-funded with PTA, FCO 890047, 890048)
10. Stanback J, Mbonye A, Akol A, Mwebesa W. Injected with controversy: sales and injections of Depo Provera in drug shops in Uganda. *Int Perspect Sex Reprod Health.* 2011 Mar; 37(1). (Co-funded with CRTU)

11. Malarcher S; Meririk O; Lebetkin E; Shah I; Spieler J; Stanback J. Provision of DMPA by community-health workers: What the evidence shows. *Contraception*. 2011 Jun. 83(6): 495-503. <http://www.sciencedirect...902c0&ie=/sdarticle.pdf>
12. Krueger K., Akol A., Wamala P. and Brunie A. Scaling up community provision of injectables through the public sector in Uganda. *Studies in Family Planning*. 2011 June; 42(2): 117-124 (co-funded by FHI 360's Scientific & Technical Working Group)
13. National Coordinating Agency for Population and Development (NCPD). *Managing Population to Achieve Kenya's Vision 2030: Plan of Action*. 2011.
14. Basu S, Green M, Srinivasan K. Program Assessment of the Introduction of the Multiload 375 IUCD in the Family Welfare Program of the Government of India. FHI 360. May 2011.
15. Lopez LM, Edelman A, Chen-Mok M, Trussell J, Helmerhorst FM. Progestin-only contraceptives: effects on weight (review). *Cochrane Database Syst Rev*. 2011 Apr (4): CD008815. (Co-funded with PTA)
16. Community-Based Access to Injectable Contraceptives Toolkit. <http://www.k4health.org/toolkits/cba2i>
17. Uganda Ministry of Health. Policy Guidelines and Service Delivery Standards for Community Based Provision of Injectable Contraception in Uganda; Addendum to Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health. December 2010.
18. East, Central and Southern Africa Health Community. Expanding Access to Family Planning Services at the Community Level; Report of Findings from a Regional Assessment [Poster and Handout]. June 2011.
19. Kenya Division of Reproductive Health, Ministry of Health and Sanitation, FHI 360, et al. Introducing Community Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province of Kenya (Final Report). October 2010. (Co-funded with CRTU and APHIA II Eastern)

In addition, issues 2 and 3 of our periodic e-newsletter, *Works in PROGRESS*, were disseminated. There are now seven country-level pages and five global technical leadership level pages on the PROGRESS website.

Three additional journal articles were accepted for publication in peer-reviewed journal articles, and others have been or will shortly be submitted. These will be reported in the Year 4 Semi-Annual Report.

Legacy Area 1: Maximize Human Resources through Task-Shifting and Addressing Medical Barriers

The focus on task-shifting (also known as “task-sharing”) within the PROGRESS project is evident in the breadth of activities in Legacy Area 1. The section on Legacy Area 1 starts with country-specific studies on provision of community-based access to injectables (CBA2I) that are near complete and complete, in Zambia and Malawi, respectively, and just beginning in Senegal. Field support funds from Zambia will support scale-up of the successful CBA2I pilot there. The next group of activities, in Rwanda and Uganda, focuses on the providers who are affected by task-shifting. Research utilization activities close-out this section, including two global activities, one regional, and field support-funded activities in Kenya, Tanzania, and Nigeria.

CBD of DMPA: A Pilot Study of Child Fund Zambia's CBD Programs

Status: Ongoing

Projected End Date: 3/31/2012

Country(s): Zambia

FCO	Approved	C&G Closure	Tech Monitor
890055	8/11/2009		DChin-Quee
890017	2/4/2009		DChin-Quee

Objective(s): 1) To assess the impact, feasibility, safety, acceptability and client satisfaction with community-based distribution (CBD) of DMPA in Zambia; and 2) to document and evaluate the potential costs of introducing community-based distribution of DMPA.

Description: In order to improve the method mix and preserve access to contraception for women in rural Mumbwa and Luangwa, FHI 360 will work with ChildFund Zambia (formerly Christian Children's Fund) to add injectable contraception to the pills and condoms that CBD agents already provide. A subset of 40 ChildFund Zambia's CBD agents will be selected to undergo training in safe injectable provision--and their clients will be followed for 12 months--to assess impact, feasibility, safety, acceptability, and client satisfaction with community-based DMPA services. In addition, the costs of introducing DMPA to the CBD program will be determined in order to inform discussions and decisions about scale-up of CBD provision of DMPA, not only by ChildFund Zambia but also by other key Zambian NGOs.

Subgrantee(s): ChildFund International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Following an MOH request for pilot research on CBD of DMPA, Stanback began discussions with Christian Children's Fund (now ChildFund) in July 2008 about their CBD program in Zambia. Stanback and Maggwa visited ChildFund field sites in Zambia in Nov.
- In April 2009, Chin-Quee and Dreisbach (RU partner) initiated planning for a stakeholder meeting in Lusaka to obtain buy-in and input on the study protocol from the MoH, other NGOs, professional medical associations and others. This meeting was held in July 2009 and shaped the development of the protocol.
- The protocol was approved by USAID/W in Sep. and the local IRB in Nov. 2009.
- FHI 360 and ChildFund Zambia developed a draft training curriculum (M2009-57) for this pilot. FHI 360/NC provided ChildFund with technical assistance on commodities management.
- Chin-Quee and Dreisbach traveled to Lusaka to conduct a training of trainers (TOT) in Nov. 2009 and orient the newly-hired Study Coordinator based at FHI 360/Zambia.
- In Dec 2009 and Jan 2010, 40 CBD agents from Mumbwa and Luangwa, respectively, underwent classroom training and a two-week clinical practicum on injectable provision.
- In Jan. and Feb., the 40 CBD agents were presented to their respective communities as trained providers who can safely administer DMPA.
- Data collection began in Feb 2010.
- In August 2010, Dreisbach presented on the study at the quadrennial conference of the Eastern, Central and Southern African College of Nursing (ECSACON) in Lusaka (also funded under FCO 890080).
- Data entry was performed by a local consultant and overseen by the study coordinator.
- In November 2010, Chin-Quee trained interviewers to conduct the last set of interviews with CBD agents and a subset of their DMPA clients in Luangwa and Mumbwa. Data collection began at the end of November and continued through December.

- The RU partner worked with ChildFund and ZPCT to collect costing data on a quarterly basis.

Past Six Months:

- Data collection was completed on February 28, 2011.
- Data entry was completed, with cleaning and analyses ongoing since May 2011.
- On May 31, 2011, Maggwa and colleagues in Zambia presented preliminary findings on feasibility, acceptability, and safety of CBD provision of injectable contraceptives to a group of key MOH officials (including the Director of Public Health) and stakeholders from UNFPA, ChildFund, and the FPTWG. As a result, trained CBD agents were given permission to continue provision of DMPA, and the MOH is planning phased scale-up of the program.

Year 4 Workplan:

- Data cleaning, analysis and interpretation will continue through July 2011.
- In September 2011, comprehensive results will be written up in a final report and presented at the Sixth National Health Conference in Lusaka.
- An article for publication will be written and submitted to a peer-reviewed journal.

Findings and Outcomes:

- The presentation of preliminary results on feasibility, acceptability, and safety resulted in a major recommendation from the TWG members that provision of DMPA in the pilot sites should continue uninterrupted. It was also recommended that phased scale-up be undertaken under the guidance of the TWG depending on availability of resources to support the scale-up. This would enable various improvements to be made as the intervention moves from the intensive pilot phase to a more programmatic setting. Technical assistance to advance the recommendations of the meeting will be provided under FCO 890131.

Scale-up of Community-Based Access to Injectables in Zambia

Status: In Approval

Projected End Date: 9/30/2012

Country(s): Zambia

FCO	Approved	C&G Closure	Tech Monitor
TBD			MMalkin

Objective(s): 1) To provide technical assistance to the Ministry of Health (MOH) and the Family Planning Technical Working Group (FPTWG) to develop the Road Map for National Scale-up of Provision of Injectable Contraception by Community-based Distribution Agents in Zambia; 2) To provide support to sustain the provision of DMPA by ChildFund’s CBD agents in the pilot districts, and expand the provision of DMPA by ChildFund’s CBD agents to additional community sites within the pilot districts; 3) To conduct monitoring and evaluation activities in pilot sites and new sites within the pilot districts; 4) To engage in advocacy around the recommended policy change to permit provision of DMPA by CBD agents; and 5) To document the scale-up process.

Description: ChildFund Zambia and FHI 360 implemented an MOH-approved, USAID-supported pilot study to determine the feasibility, safety, acceptability, cost, and impact of DMPA provision by community-based distributors (CBDs) (FCO 890017). Through this study, DMPA was introduced into the existing ChildFund community-based distribution (CBD) program in Mumbwa and Luangwa districts. In May 2011, the MOH convened a meeting to present the results and determine the way forward. Among the key recommendations made by the FPTWG and other stakeholders attending the meeting was to (1) Continue provision of DMPA by CBD agents in the pilot districts without interruption, (2) develop a road

map for introduction and scale-up of the use of CBD agents to provide DMPA nationally, and (3) MOH to develop policy to allow provision of injectables by CBD agents to be incorporated in the national health policy. This FCO and accompanying subagreement is designed to support the scale-up of provision of DMPA by ChildFund CBD agents and advance progress toward policy change.

Collaborating Agency(s): Ministry of Health (MOH); National Family Planning Technical Working Group (FPTWG)

Year 4 Workplan:

- FHI 360 will finalize the scope of work for these field support funds in discussions with the Zambia Mission and ChildFund.
- A subagreement with ChildFund will be developed to sustain the provision of DMPA by ChildFund's CBD agents in the pilot districts, and expand the provision of DMPA by ChildFund's CBD agents to additional community sites within the pilot districts.
- Monitoring and evaluation activities will be conducted, including reviewing pilot M&E tools and data reporting structure, producing M&E data collection and reporting tools, and conducting M&E meetings.
- PROGRESS will work with a consultant to provide continued technical assistance to the MOH and FPTWG on the development and implementation of the Road Map National Scale-up, leading to a final Road Map accepted by stakeholders.
- FHI 360 will engage in advocacy around the recommended policy change to permit provision of DMPA by CBD agents.
- The scale-up process will be documented.

Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants (HSAs) in Malawi

Status: Complete

End Date: 12/31/2010

Country(s): Malawi

FCO	Approved	C&G Closure	Tech Monitor
892005	9/22/2009	12/31/2010	KKatz

Objective(s): 1) To assess the functioning of the Health Surveillance Assistants (HSAs) DMPA program training, supervision, supply systems and coordination with other community- and facility-based family planning services; 2) to assess aspects of the service delivery environment, including accessibility and the quality of DMPA services provided by HSAs; and 3) to assess service utilization outputs such as increases in the number of modern contraceptive users, method mix and source in program areas, and HSA DMPA client re-injection and continuation rates.

Note: In Malawi, community-based distribution agents (CBDAs) provide condoms and oral contraceptives and HSAs in the pilot provide condoms and DMPA. There was concern that this separation of services may be inconvenient for providers and clients. Therefore, the objectives were revised to include an assessment of coordination between HSAs and CBDAs, and between HSAs and facility or clinic-based providers.

Description: The Malawi Ministry of Health endorsed a pilot program of provision of DMPA by HSAs in March of 2008. The program was created to address high unmet need for contraception in rural areas through increasing community-based access to injectable contraceptives. HSAs comprise nearly one-

third of all health staff. The community-based care they provide comprises approximately two-thirds of primary health care services in Malawi. The decision to train this lowest level cadre in the public health system to provide DMPA represented the culmination of several years of policy debate. USAID/Malawi selected FHI 360 to provide an independent evaluation of the program in order to help the Ministry of Health (MOH) decide whether and how to scale-up the HSA DMPA program.

This post-test cross-sectional evaluation study assessed aspects of program operation, the service delivery environment and service utilization in 4 of the 9 districts where the program was implemented. Information about service utilization and DMPA stock-outs was gathered from service statistics in all 9 pilot districts. Information to meet the objectives of the evaluation was gathered from structured interviews with 40 HSAs, 20 HSA supervisors, and 120 clients. Service records and statistics and key informant interviews with higher level management figures were utilized.

The evaluation team worked closely with stakeholders including the MOH and program implementers (Management Sciences for Health and Adventist Health Service) to ensure that the evaluation provided information that allowed the Ministry to determine whether and how to scale-up the pilot program of provision of injectable contraceptives by HSAs. Results of the evaluation were disseminated to district health officials throughout Malawi and to government and NGO leaders who seek to increase community-based access to DMPA.

Collaborating Agency(s): Adventist Health Services (AHS); Management Sciences for Health (MSH)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted in August 2009.
- The evaluation protocol was approved by USAID/W and submitted for ethical review to FHI 360's PHSC in December of 2009.
- Data collection forms were approved in January 2010.
- The protocol was submitted and approved by an ethical review committee in Malawi in February 2010.
- The training of the data collection team took place in February.
- Key informant interviews took place in February/March 2010.
- Data collection was completed in March 2010.
- Data entry and cleaning took place in April/May.
- Key informant summaries were received in June 2010.
- Data analysis and dissemination presentation preparation took place in June 2010.
- The results of the evaluation were disseminated in Malawi on July 8, 2010. About 110 people attended. Presentations and a research brief to be distributed at the dissemination meeting were completed the first week of July.
- The final report was completed in September 2010 and sent to Malawi for distribution.
- The FCO was closed on December 31, 2010.

Findings and Outcomes:

- Two publications were developed to summarize the results of this study: 1) M2010-43 Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants in Malawi (Research Brief); and 2) M2010-54 Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants in Malawi (Final Report).
- Program records from fourteen months of data for the 32 HSAs (from December 2008 through January 2010) show a total of 5,998 new clients seeking family planning. Of these, 2,074 were new DMPA (and new family planning) users, 2,881 were continuing users, and 1,043 were either switching to DMPA or restarting it.
- The client surveys show that 25% of clients said that their first DMPA injection from the HSA was also the first time they had ever used family planning. For those clients who had previously had a DMPA injection from another source, the main reason for switching to an HSA (over 70%) was for convenience.

- Over three-fourths of clients interviewed felt that people in the community approve of the program. The most positive thing that most people heard about the program was that women can get DMPA services more easily (about 70%).
- Over 90% of clients reported that they were very satisfied with the counseling and information they received from the HSA during their first visit. Close to 100% reported that they would recommend to a friend that she get a DMPA injection from the HSA who gave them their injection.
- Observations of the injection show that HSAs usually follow correct safety procedures. Out of the 16 steps observed, the HSAs on average performed 13 steps. On average, HSAs were observed to follow four out of six post-injection steps.
- Client knowledge of DMPA is mixed. Only 80% of clients from the register and 70% from exit interviews knew that DMPA provides protection from pregnancy for three months or about 12 weeks.
- Since HSAs started providing DMPA, the majority of CBDAs (77%) stated that they now spend less time on their CBDA responsibilities. The main reason why CBDAs felt their workload decreased was because women are switching to DMPA now that it is available in the community (67%). In contrast, half of the HSAs said that they spend more time working since they started providing DMPA.

Assessing Community-Based Distribution of DMPA by NGO Volunteers

Status: Canceled

End Date: 1/31/2011

Country(s): Malawi

FCO 890038	Approved 7/2/2009	C&G Closure 1/31/2011	Tech Monitor DChin-Queue
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Objective(s): 1) To assess community-based distribution (CBD) agents' ability to safely and effectively provide DMPA injections to clients; 2) To assess acceptability of and client satisfaction with community-based distribution agent (CBDA) delivery of DMPA; and 3) To determine if more experienced and educated CBDAs are more likely to safely and effectively provide DMPA to clients than their less experienced and educated counterparts.

Note: During talks with the Ministry of Health, Adventist Health Services, and the USAID/Mission in July 2010, it was decided to scale back on the objectives to just look primarily into the safety and effectiveness of CBD agent delivery of injectable contraceptives. Other objectives were the acceptability of CBD of DMPA to clients and whether CBD agents had to have a certain level of education or experience to successfully administer DMPA to their clients.

Description: Unmet need for contraception remains high in Malawi, particularly in rural areas where the majority of women live. According to the 2004 Malawi DHS, injectable contraception is the most preferred method of family planning. Malawi's newly revised Sexual and Reproductive Health and Rights (SRHR) Policy calls for broadening the range of family planning methods at the community level and states that "Injectable contraceptives shall be available through the community-based delivery system using appropriately trained providers". The identity of the type of community-based providers of DMPA is not specified in the policy.

The Malawi Ministry of Health implemented a pilot program of community-based provision of DMPA by health surveillance assistants (HSAs) in March of 2008. (See FCO 892005.) The study described here would have explored an additional avenue of distribution found to be safe and effective in other settings – provision of DMPA by CBDAs affiliated with nongovernmental organizations (NGOs). This study would have assessed the feasibility of increasing access to DMPA through trained volunteer CBDAs working with Adventist Health Services (AHS).

Collaborating Agency(s): Adventist Health Services (AHS)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted in August 2009.
- The Ministry of Health asked that this study take place after the evaluation of a pilot program to distribute DMPA through HSAs in Malawi (FCO 892005).
- Protocol development was planned to proceed after dissemination of results for the HSA evaluation.
- E. Jackson met with Adventist Health Services to discuss planning for the study in February 2010.
- In July 2010, D. Chin-Quee became the TM on this project and attended the annual Dissemination Meeting of Sexual and Reproductive Health Research in Lilongwe. During that trip, Chin-Quee also met with colleagues from Adventist Health Services, Lilly Banda at the USAID Mission, and officials at the MOH. These meetings resulted in the revision of the goals and objectives of the study, which are described above.
- Chin-Quee developed the protocol and submitted the document for in-house and IRB (PHSC) review and approval, which was received in September 2010.
- The study protocol and materials were submitted to both AHS and the Ministry of Health at the end of September 2010.
- As the in-country partner, AHS was obligated to submit the protocol to the Ministry for review, but that was not accomplished in time to meet the submission deadline for the local IRB in November 2010.
- Discussions since November between staff at the FHI 360/Malawi office, AHS, and the MOH indicate that support from the MOH for this study has waned. As such, PROGRESS management and the USAID Mission in Malawi have agreed to put this study on hold until a final decision can be made.

Past Six Months:

- Following final discussions with USAID and the Ministry of Health, a decision was made to cancel this study on January 24, 2011.

Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones in Senegal

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Senegal

FCO	Approved	C&G Closure	Tech Monitor
892037	7/1/2011		BSow
890137	6/10/2011		BSow
890134	4/27/2011		TOrr

Objective(s): The study aims to assess the feasibility and acceptability of provision of DMPA IM by two cadres of health workers based at community health huts in Senegal. Specifically, the objectives are: 1) to assess the competency of matrones and community health workers (CHWs) in health huts to offer DMPA IM; 2) to assess the matrone and CHW experience with training and supervision; 3) to document the reinjection rates at 3 months and the reasons why clients accept or decline reinjections from the matrones and CHWs; 4) to evaluate the increase in number of FP users and DMPA IM users in the community once matrones and CHWs are trained; 5) to assess the acceptability of CBD of DMPA IM among clinic-based providers/supervisors, district-level authorities, and community members (including direct--husbands/partners—and indirect—other community members—beneficiaries); 6) to assess logistical arrangements for the implementation of CBD of DMPA IM.

Description: Given the low CPR (12%) and high unmet need for family planning (32%) in Senegal, the government is interested in increasing access to FP via the existing network of CHWs and matrones at health huts. Between 2008 and 2010, they piloted initial distribution of pills via matrones. After positive results of the assessment of this pilot project, the government agreed to approve CBD of pills and injectables by matrones and CHWs. However, the distribution of injectables is contingent upon a feasibility study demonstrating their ability to safely provide injections. PROGRESS will work with a local research organization, Ceforep, and the Reproductive Health Division (DSR) to conduct this study. ChildFund and the DSR will implement the intervention. The study will take place in three districts in three regions of the country and will include both quantitative and qualitative data collection. All matrones and CHWs (approximately 90) will be interviewed after one month, with a follow-up survey conducted at 4 months with half of the matrones and CHWs and 8 months with the other half. Repeated cross-sectional surveys will be conducted with clients at 1, 4 and 8 months (approximately 300 in total). The study will also involve in-depth interviews with a sample of facility-based providers/supervisors and with district-level staff at 1 and 8 months (approximately 24 and 9 respectively at each collection point), and focus group discussions with community beneficiaries (approximately 120) at 8 months. Results will permit expansion of CBD of DMPA IM throughout the country. In addition, Senegal's experience will be shared with other West African countries that have been reticent to adopt CBD of DMPA IM.

Subgrantee(s): Ceforep

Activities, Accomplishments, Problems:

Past Six Months:

- An FCO was opened in April 2011, using funds from the Repositioning FP Champion at USAID/W.
- A series of discussions were held with the DSR, FHI 360 and ChildFund to prepare a protocol, including during a trip by J Stanback in May 2011. Protocol adaptations to meet stakeholder needs continued via discussions through June 2011. A preliminary draft of the protocol was prepared in May 2011.
- Informed consent forms were developed in June 2011.
- An FCO was opened for the subagreement with the local research organization, Ceforep, in June 2011.

Year 4 Workplan:

- The protocol will be finalized in early July 2011.
- The protocol will be submitted to the local IRB in July 2011.
- Data collection forms will be drafted in July 2011.
- Data collection forms will be reviewed in July 2011 and finalized in early August 2011.
- The study will be submitted to PHSC in August 2011.
- A subagreement will be established with Ceforep for data collection, analysis, and report writing.
- The intervention will be implemented in September 2011.
- Training of data collectors will take place shortly thereafter.
- Data collection activities will take place between October and June 2012. Data cleaning and analysis activities will begin in parallel to data collection activities.

Assessing the Current and Potential Contributions of Community Health Workers to Family Planning

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Rwanda

FCO 890075	Approved 12/22/2009	C&G Closure	Tech Monitor DChin-Queue
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Objective(s): To determine to what extent community health workers (CHWs) have integrated family planning into their work loads, and the potential for adding or increasing family planning services in their work.

Description: Many governments and development partners see CHWs as a solution to human resource challenges in the health care system. CHWs, who are usually employed by the Ministry of Health, often have a year of health training and a secondary school education, which sets them apart from volunteer CBD agents. In some countries, CHWs already provide re-supply methods and refer women for long- and short-term family planning, while other countries have not yet added FP to their work load. One concern with asking CHWs to provide or to increase their provision of FP is that they may be too busy providing other health services in clinics or in the community. Data on how busy these CHWs are, what skills they may have or need, and how they are employed and remunerated are scanty or lacking. A better understanding of how task shifting will affect health care services in clinics is also needed.

PROGRESS will conduct this assessment in Rwanda. We will ascertain the following: 1) number, type and length of CHW contacts made in a typical day; 2) services provided during these contacts; 3) length of time that CHWs spend working including time spent with clients and travel time; and 4) FP uptake in districts where CHWs have been trained to provide FP services (intervention) compared to districts where CHWs have not yet been trained in this area. We will consider a combination of data collection methods, including participant diaries, standardized interviews, and service statistics.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FCO 890075 was assigned to this subproject in December 2009.
- The concept paper was finalized and approved by USAID/W in January 2010.
- FHI 360/NC and FHI 360/NBO staff nearly finalized the study protocol.
- This activity was put on hold pending availability of funds.
- This activity was on hold; no work occurred between July and December 2010.

Past Six Months:

- This study was relocated to Rwanda in April 2011, as the study objectives were not in line with the current community health strategy in Kenya. A new technical monitor, D. Chin-Queue, was assigned.
- The TM traveled to Kigali in June 2011 and met with officials at the Ministry of Health where she presented the study concept. The concept was approved by Dr. Fidèle Ngabo. He requested that another objective be added to this study on the effect of workload, a measurement of the difference in FP uptake between CHWs trained to provide FP services and their counterparts who have not been trained in that area.

Year 4 Workplan:

- The protocol will be submitted to USAID for review and approval.
- The protocol will be submitted to PHSC and the Rwanda IRB.
- Data collection tools will be developed.
- Data collectors will be trained and data collection will begin.
- Monitoring and data management will take place during the data collection period.

Understanding Factors Associated with Retention and Performance of Volunteer Community Health Workers

Status: Ongoing

Projected End Date: 4/30/2012

Country(s): Uganda

FCO 890052	Approved 8/3/2009	C&G Closure	Tech Monitor ABrunie
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Objective(s): 1) To examine community health workers' (CHWs) individual, community, and work-related factors associated with family planning (FP) client loads (productivity) and retention; 2) To describe and quantify the relative importance of specified program components from CHWs' perspectives; and 3) To explore and document factors explaining CHW motivation, FP client loads, and continuation on the job in specified contexts.

Note: Objectives were revised in December 2009 from the original Workplan concept and again in April 2010 after key informants interviews were conducted to ensure broader relevance of the study. Objectives were finalized in consultation with USAID in July 2010.

Description: Little evidence is available on the factors contributing to varying levels of productivity and retention of CHWs within and across programs and on the relative importance of these factors. This study aims to produce information to support the development of effective strategies. Mixed methods will be used: a survey with 195 CHWs from three programs covering seven districts in Uganda, and 36 in-depth interviews with a separate sample of active CHWs in three districts. Approximately 10 in-depth interviews will be conducted with former CHWs who have dropped out in two districts. Data from rapid assessment surveys already conducted in two of the three programs will be exploited.

The survey will be used for quantitative assessment of the factors associated with FP client loads. The questionnaire will incorporate a discrete choice experiment (DCE) that will serve to investigate CHWs' preference structure for specified program components. A stakeholder meeting will serve to support the design of the DCE and mobilize partners.

Retention outcome data will be obtained from program records. Data from the rapid assessment surveys will supply information on CHWs and program components for analysis.

Parallel qualitative work with active CHWs will enhance understanding of the value attached by CHWs to programmatic elements, and provide richer contextual information on the factors behind CHWs' motivation and capacity for achieving optimal productivity. In-depth interviews with former CHWs will elucidate the reasons why they left the program.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper for the study was developed and submitted to USAID on December 14, 2009.
- A reconnaissance trip was made to Uganda in January 2010.
- The literature review was completed by March 2010.
- Key informant interviews with managers from a range of organizations working with CHWs were conducted to ensure broader relevance of the study in March and April 2010.
- The study protocol was approved in September 2010; informed consent forms and data collection instruments were developed and approved in October 2010.
- PHSC approval was received in October 2010.
- A stakeholder meeting was held during a trip to Kampala in October 2010. Input received during the meeting served to finalize the DCE instrument.
- Detailed information on each of the three programs and the number of CHWs per program was obtained and a sampling frame developed in November 2010.

Past Six Months:

- IRB approval was obtained in April 2011. However, additional required approvals from the Ugandan President's Office are still in the process of being obtained.
- Due to delays in obtaining IRB approvals, the sampling frame was updated in May 2011.
- Travel restrictions related to national elections through March 2011 also delayed implementation.
- A trip was made to Kampala in May 2011 to train data collectors, pre-test data collection instruments, and plan for data collection activities.

Year 4 Workplan:

- Data collection will begin as soon as the Uganda President's Office clearance is obtained. Data collection activities are tentatively scheduled for late June to early August 2011.
- Data entry and cleaning activities will begin as data come in and be completed by the end of September 2011.
- Data analysis will be conducted between October and December 2011.
- A trip will be made to Uganda to disseminate results and concretize recommendations in January 2012.
- A research brief and publications will be prepared and submitted by April 2012.

Expanding Community-Based Family Planning: Global Guidance and Technical Assistance

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO 890080	Approved 1/13/2010	C&G Closure	Tech Monitor KKrueger
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Objective(s): 1) To provide global technical leadership (GTL) on community-based family planning (CBFP); and 2) to facilitate institutionalization and scale-up of best practices for strengthening community-based family planning and expanding access to a broader range of contraceptive methods at the community level, including injectables (CBA2I) at the global, regional, and country levels.

Note: Objectives were revised in July 2010 to focus more broadly on CBFP.

Description: This activity supports work to expand access to FP at the community level, focusing on topics included in the USAID "high-impact practices" list: injectables, pharmacies/drug shops, and possibly LAPMs. The lessons learned through the CRTU in promoting CBA2I provide an important springboard for promoting greater access to injectables and other methods through CBFP systems. One goal for this activity is to have CBA2I mainstreamed into FP programs in a supportive and well-resourced policy and programmatic environment. We can expand lessons learned in mainstreaming CBA2I to other methods.

GTL activities will focus on increasing knowledge of CBFP evidence, focusing first on CBA2I and then possibly on pharmacies/drug shops, LAPMs, systems as appropriate. Activities include synthesizing evidence and programmatic experience; incorporating lessons learned into tools and programs; leadership in communities of practice; and building the capacity of organizations and individuals to advocate for, implement, and evaluate CBFP.

Work in the CBFP arena will leverage FHI 360's collaboration with the East, Central and Southern African Health Community (ECSA). FHI 360 and ECSA are working toward a common goal of increasing CBFP

by advocating for task shifting. This activity will contribute to supporting select ECSA member countries as they implement CBA2I workplans and as they seek to expand CBFP.

Country-level activities are comprised of technical assistance (TA) to in-country partners to help initiate and strengthen efforts to introduce and scale-up CBFP activities, focusing initially on CBA2I and then other CBFP approaches. Priority TA will go to countries in which PROGRESS has dedicated RU funds and select ECSA member countries. Depending on country needs and resources, support will be provided at one of three levels - from virtual TA to support for implementation.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA); Federal Ministry of Health (FMOH), Nigeria; Ministry of Health, Kenya; Ministry of Health, Uganda; PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See FCO 113108 for work conducted under the CRTU prior to 2010.
- The FCO was opened in Jan. 2010 and a FHI 360-USAID retreat was held to develop a vision and strategies, prioritizing CBA2I.
- A USAID/W policy memo was sent to HPN officers urging them to consider CBA2I.
- Presentations in 2010 were made at ESD's Best Practices Conference, Women Deliver, and the Global Health Council conferences. Plenary presentations on task-sharing and the Zambia CBA2I study were given at ECSACON in Lusaka. An ECSACON roundtable with nurses and midwives was co-facilitated (see 890017).
- Resources were shared with Rwanda, Liberia, Togo, Benin, Haiti, Kenya, Uganda, Tanzania, Malawi, Zimbabwe, Lesotho and Zambia.
- TA was provided to PATH, IPPF, Adventist Health Services/Malawi, Futures Group, CEDPA, USAID/Mali, Pathfinder/India, ESD/Mali and UNFPA/Tanzania for CBA2I activities.
- Exploratory calls were held with USAID/W and the Benin and Liberia Missions in March 2010.
- The CHW Reinjection Job Aid was revised and the DMPA checklist was updated to reflect current WHO guidance.
- TA was provided to JSI's Study on Supply Chain Management for CBDs/CHWs.
- A revised workplan was developed in July 2010 with USAID to focus on CBFP instead of CBA2I.
- TA was provided to FHI 360/Uganda in preparation for the Uganda Director General's study tour in July. In Sep. 2010, FHI 360/Uganda reported unanimous agreement within the MOH to revise policy to allow for community provision of injectables. Policy documents were drafted and reviewed.
- Technical input was made to the WHO revised Global FP Handbook. A CBFP/CBA2I insert was drafted to be disseminated by K4Health with the handbook.
- TA was provided to Futures Group to develop a CBA2I advocacy guide.
- TA was provided to FHI 360/Kenya for analysis of the CBA2I pilot program data, dissemination of findings (M2011-13), and advocacy for expansion in Oct. 2010.
- A FHI 360-USAID retreat was held in Dec. 2010 and the CBA2I/CBFP portfolio's top 8 priorities were finalized. A results framework for the PROGRESS CBA2I portfolio was drafted.

Past Six Months:

- In early 2011, FCO 890131 was created with additional USAID funds to manage CBA2I scale-up TA to countries.
- TA was provided to PATH on a CBD of DMPA assessment in 21 countries.
- The CBA2I Toolkit beta version was launched on the K4H site in February for review and the final version completed in June. A French language tab was created on the toolkit. Liberia was contacted to field test the toolkit.
- In March, FHI 360 convened a special CBA2I gathering at the annual conference of FHI 360 country directors to promote the practice and existing resources.
- The Uganda national policy addendum was signed by the Director General of Health Services. Support to announce and promote media coverage was also provided.
- A Kenya prototype of Invest-FP Calculator and companion presentation and FAQ document was developed and presented to FHI 360/Kenya in July 2010. It was refined with visiting fellow from Kenya DRH, Dr. Bashir. A version for Zambia was also created.

- Institutionalization of CBA2I was advanced via an April 2011 “Working Together, Achieving More; CBA2I Workshop” hosted by USAID bring together 36 individuals from 16 international organizations to promote CBA2I as a standard of practice. Some organizations endorsed the Technical Consultation brief and are now working to move the practice into their own programs. As a result, a Global Advocates for CBA2I moderated listserv was created to strengthen organizational collaboration.
- An Africa regional TOT was explored and included discussions with CAFS in Nairobi for the goal of building capacity and expansion of technical experts.
- The Uganda scale-up work was awarded funds by FHI 360’s Scientific and Technology Working Group (see FCO 993582) to co-fund completion of a manuscript for publication. Studies in Family Planning will publish “Scaling Up Community Provision of Injectables through the Public Sector in Uganda” in June 2011.

Year 4 Workplan:

- PROGRESS will draw on approaches used with CBA2I to expand GTL and country TA to other aspects of CBFP, such as exploring the need to assemble a resource package on CBFP/LAPM and CBFP/pharmacies and drug shops.
- PROGRESS will continue to update and support the promotion and dissemination of the CBA2I Toolkit with K4Health. Utilization of the CBA2I Toolkit will be promoted through the global organizations that signed the Technical Consultation brief and potentially through regional training organizations.
- Institutionalization with partners and international service delivery organizations will continue via multiple pathways including a planning meeting, one-on-one engagement with priority partners to promote and incorporate the service into their programs.
- PROGRESS will help facilitate a small advocacy and leadership group annually in collaboration with USAID and will serve as the administrator and moderator for the Global Advocates for CBA2I listserv.
- Staff will continue developing the Invest-FP Calculator for Rwanda, Uganda, and Nigeria. A user guide, country-specific FAQs, and a generic calculator and/or additional country versions will be completed.
- Staff will collect and synthesize costing data and resources for use by new and ongoing projects.
- New findings from ongoing FHI 360 activities in Kenya, Zambia, Malawi, Tanzania, and Uganda will be documented. Staff will adapt resources from these activities, as well as experiences from other organizations, as part of the resource packaging and dissemination process.
- A capacity building workshop (for example, a TOT) to expand and strengthen method choice within CBFP with targeted bi-laterals, CAs, or service delivery groups to develop new ‘expert implementers’ will be explored and a strategy executed to increase expertise in the Africa region.
- CBA2I will be promoted through international and regional strategic opportunities (e.g., GHC, Women Deliver, ECSA, IBP, etc.).
- Staff will provide coordinated TA to targeted PROGRESS countries to strengthen CBFP: Kenya, Uganda, Malawi, Tanzania, and Zambia. Efforts will be coordinated with other activities in these countries to ensure maximum synergies.
- Virtual assistance and electronic technical assistance through the CBA2I Toolkit on K4Health will continue to be provided to other countries as requested to help facilitate utilization of global evidence and tools.

Findings and Outcomes:

- “Working Together, Achieving More; CBA2I Workshop” hosted by USAID and FHI 360 brought together 36 individuals from 16 international organizations to promote CBA2I as a standard of practice. A Global Advocates of CBA2I listserv was created as a result.
- The Uganda scale-up work was awarded funds by FHI 360’s Scientific and Technology Working Group (see FCO 993582) to complete a manuscript for publication. Studies in Family Planning will publish “Scaling up Community Provision of Injectables through the Public Sector in Uganda in June 2011.
- From March 2011 Uganda MoH Press release: “We believe community-based delivery of injectable contraception is the best avenue to increase access to the most popular family planning method in

Uganda, particularly for women living in hard-to-reach areas.” said Dr. Nathan Kenya Mugisha, Director General of Health Services in the Ministry of Health. “In addition to significantly reducing the unmet demand for services, community-based delivery of injectables raises consciousness about family planning, and allows Ugandan women to make decisions about their fertility that are right for themselves and their families.”

Supporting Community-Based Access to Injectables in Selected Countries

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Kenya, Nigeria, Uganda, Zambia

FCO	Approved	C&G Closure	Tech Monitor
890131	1/20/2011		BFinger

Objective(s): To provide technical assistance to partners in selected countries to expand community-based access to injectables (CBA2I), targeting countries where pilot projects have taken a positive first step but more work is needed for replication, stakeholder development, changes in policy and service delivery standards, and other issues.

Description: Pilot research projects in various African countries have found that community health workers (CHWs) can safely and effectively provide the injectable contraceptive, DMPA. And many countries are moving forward with implementation of this innovation. Yet various challenges remain to expand on the country-specific evidence and efforts. This subproject will work closely with activities under FCO 890080, a longer-term and more globally-focused PROGRESS activity, which includes community-based access to injectables (CBA2I) as part of the broader community-based family planning (CBFP) topic. This subproject is designed to identify partners in selected countries, working with them in a catalyst role to identify barriers and move toward scale-up of CBA2I services. Note that funding for this subproject was for a single year ending in September 2011. However, an additional \$100,000 has been requested in the Year 4 budget to continue this work. A workplan for these funds is included below.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Please see FCO 890080 for similar work conducted under PROGRESS.

Past Six Months:

- Work focused in Kenya, Nigeria, Uganda, & Zambia.
- At meetings in May and June, the Zambia MOH disseminated preliminary results from its pilot study on the provision of DMPA, implemented by FHI 360 & ChildFund Zambia. Maggwa & Kumwenda of FHI 360 attended, along w/consultant D. Chikamata, MOH officials, USAID, UNFPA, ChildFund & FPTWG members. Malkin assisted from NC. (See also FCO 890017.)
- At the meeting, stakeholders recommended extending the service delivery period for the pilot sites, holding consultations with stakeholders not at the meeting, briefing policymakers on the pilot outcomes, and a phased scale-up of CBA2I under the guidance of the FPTWG. Chikamata will work with the FPTWG to develop a roadmap.
- FHI 360/Nigeria, with assistance from Finger & Orr, began implementing pre-scale-up activities building off the successful FHI 360/CRTU-supported pilot project to expand CBA2I. They developed potential partnerships with USAID, JSI/TSHIP, Advocacy Nigeria Group, Futures Group/HPP,

UNFPA, & Planned Parenthood Federation of Nigeria. Meetings were held in the US and Nigeria with many of these partners.

- FHI 360 developed a draft advocacy brief, incorporating the Nigeria pilot findings with global consultation findings, to be used to seek additional endorsements, adding logos to a new printing, just as was done with the global brief.
- Staff are scheduled to visit Bauchi & Cross River areas for a rapid assessment of potential expansion sites, as well as the pilot area (Gombe) to assess continued service there.
- Work is underway to finalize the training curriculum to use with the Federal MOH, potential implementing partners, and the Community Health Practitioners Registration Board of Nigeria.
- For Kenya, FHI 360 worked with a visiting fellow from the Kenya DRH, Dr. Bashir, to advance scale-up of CBA2I there.
- For Uganda, FHI 360 began to develop a national scale-up plan at the request of the MOH.

Year 4 Workplan:

- For the remainder of the original Year 3 funds, the activities summarized above for the four countries will continue.
- In Nigeria and Zambia, key stakeholder meetings are expected to determine the next steps for expansion of CBA2I in other parts of these countries. Chikamata will work with the FPTWG to develop a roadmap for scale-up, to include continuing the service in the pilot areas, expanding to new districts, and moving towards policy change.
- In Kenya, more movement for expansion is expected as Dr. Bashir returns to Kenya and advocates for change with other policymakers.
- In Uganda, the national scale-up planning process will continue.
- Working with the USAID/W community-based family planning champion, PROGRESS will determine how to allocate the Year 4 funds, continuing work in Kenya, Nigeria, Uganda, and Zambia.
- PROGRESS may expand its support for CBA2I to advance interest from West African countries.
- PROGRESS may also support a global activity(ies) needed to advance CBA2I in multiple countries.

Findings and Outcomes:

- In Nigeria, PROGRESS revitalized partnerships engaged in the earlier CRTU-funded CBA2I pilot and initiated new ones, including with the USAID FP bilateral, TSHIP. This work led to \$250,000 in field support funds (FCO TBD) to provide technical assistance for policy and guideline change and development of tools for scale-up.
- In Zambia, FHI 360 is working with the MOH and FPTWG to develop a roadmap for scale-up of CBA2I as a result of the PROGRESS-supported pilot (FCO 890017). This includes continuing the service in the pilot area, expanding to new districts, and moving towards policy change.

Enhanced Community-Based Family Planning in Kenya

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892015	6/22/2010		AOlawo

Objective(s): 1) To conduct a rapid assessment of the current community-based family planning situation in Kenya in collaboration with the East, Central and Southern African Health Community (ECSA) multi-country community-based family planning (CBFP) situation analysis; 2) to develop strategies for increasing access to and quality of FP information and services at the community level, including a basic/minimum community FP package; 3) to provide technical assistance to incorporate the

basic/minimum community FP package and strategies into the revised National Community Health Strategy; and 4) to strengthen community-based nursing approaches to enhance FP/RH referral linkages and supervision for community health workers.

Note: The fourth objective was added in July 2011 to reflect additional activities to be undertaken with anticipated FY 2012 field support funds.

Description: There is a growing momentum to strengthen community-based family planning following the International Family Planning Conference in Kampala and more recently the USAID-led regional meeting in Kigali. In Kenya, community FP is one of the three priority strategies identified by the Post-Kigali Task Force to accelerate the country's FP program. Unfortunately, family planning does not currently feature prominently within the Ministry of Health's existing Community Health Strategy. Plans, however, are underway in Kenya to revise the Community Health Strategy in the coming year. FHI 360 will provide technical support to the Division of Reproductive Health (DRH) and the Ministry of Health's Division of Community Health Services to leverage this revision process to strengthen the strategy's FP component and develop an evidence-based basic/minimum FP community package.

Collaborating Agency(s): Division of Community Health Services; Division of Reproductive Health; East, Central and Southern African Health Community (ECSA)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Support and buy-in for this subproject was obtained from the Ministry of Health's Division of Reproductive Health (DRH).
- A community-based FP task force, led by the DRH, was formed in June 2010 to build consensus and collaboration for subproject activities as well as for related community-based FP initiatives in Kenya.
- Working through the task force, a consultant was identified and hired to spearhead a situational analysis / rapid assessment of the current status of community-based FP in Kenya.
- A desk review of existing relevant policies, strategies, guidelines and training materials was conducted.
- FHI 360, in collaboration with the task force, adapted assessment tools from the ECSA-led community-based FP assessment in other countries to reflect the Kenyan context and priorities. In addition to adaptation of the ECSA tools, a discussion guide was developed for the Kenya assessment to gather information from community health workers.
- In December 2010, data collection for the assessment was completed at the provincial level and interviews with national-level stakeholders in Nairobi began.

Past Six Months:

- Data collection at the national level was completed.
- Findings from the assessment informed the development of a draft minimum package for community-based FP and the revision of the national training curriculum for community health workers. FP has now been included as a stand-alone module within this training curriculum.
- Assessment findings also contributed to the development of the "voices of the community" presentation, which will be delivered during the regional conference on community approaches. This conference, to be held in July 2011, will bring together 14 countries in Africa to share their experiences in providing FP services at the community level.
- The findings of the assessment will also inform and contribute to the ECSA CBFP assessment.
- The findings of the assessment have been disseminated to the DRH-led community FP task force as well as the family planning technical working group.
- A draft report of the assessment was developed.

Year 4 Workplan:

- The findings of the assessment and the minimum package for CBFP will be shared with stakeholders to obtain their input.

- Presentations incorporating findings from the assessment will be made at the USAID's Africa Regional "Effective Community Approaches to Family Planning Meeting" in late July 2011.
- With anticipated FY12 field support funding, FHI 360 will provide technical support to DRH to pilot an approach to develop and test approach(es) to community-based nursing that will enhance provision of FP/RH services at the community level, including referral linkages and supervision for community health workers.

Findings and Outcomes:

- The findings of the CBFP assessment in Kenya have been used to inform the review of national documents key to effective provision of health services at the community levels. This includes the national training curriculum for community health workers, which now has family planning as a stand-alone module. The assessment results and the revised CHW curriculum are well poised to inform the community health strategy, which is due to be revised soon.

Building Consensus on the Way Forward with Community-Based Distribution of Family Planning in Tanzania

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892019	8/11/2010		CLasway

Objective(s): To support the Ministry of Health and Social Welfare (MOHSW) to develop a strategy for strengthening and scaling-up community-based distribution (CBD) of family planning.

Description: The value of distributing contraceptive products in the community is understood and acknowledged as crucial in improving access to and use of family planning. Implementing and sustaining such an approach in a resource constrained setting comes with many challenges. This is the situation facing Tanzania where in the past CBD programs flourished and when funding levels fell, the program melted. With the NFPCIP calling for an aggressive 60% increase in contraceptive prevalence by 2015, the need to strengthen the supply side of the system at all levels to fulfill the current demand for family planning is of paramount importance. Hence, the question of reinvigorating a scaled-up CBD approach is back on the table.

The "how" of implementing this approach as part of the current system and in a sustainable manner is not yet clear and agreed upon among the MOHSW and development partners alike. There are critical issues to consider including the need to ensure that commodities are adequate enough to be distributed through both facility and community channels; need for remuneration whether monetary or non-monetary; training and supervision; feasibility of expanding the method mix offered by CBDs beyond oral contraceptives and condoms; and use of CBD agents as sales agents for socially marketed products.

Time seems right to seriously think of what needs to be done with the CBD program and gain consensus around it. The MOHSW has commissioned an assessment of current CBD programs with UNFPA support. It is yet unclear when the results will be available and if the results will be adequate enough to effectively inform planning for a revitalized CBD effort. At the USAID/PROGRESS and ECSA joint workshop on task shifting in February 2010, the MOHSW also developed a step-by-step workplan on what should happen next after the assessment. However, funding for these next steps is currently not available.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Field support funding to support this activity was received in September 2010.
- An outline to guide a review of existing literature on CBDs in Tanzania on key issues pertaining to program implementation and sustainability was developed.

Past Six Months:

- In March 2011, the activity was introduced and endorsed by the MOHSW.
- In April 2011, a template to collect information and data from partners working on CBD was developed.
- In June 2011, the activity was introduced to partners. All partners agreed to work together with FHI 360 and the MOHSW in strengthening CBFP program.

Year 4 Workplan:

- FHI 360 will review documentation on past experiences implementing CBD programs in Tanzania and global experiences with regard to potential evidence-based solutions to identified critical issues.
- A review of existing literature on CBDs in Tanzania, as well as other counties, on key issues pertaining to program implementation and sustainability, will be conducted.
- An inventory of issues from implementers of CBD efforts and the MOHSW will be developed to better understand priority areas of focus for gaining consensus.
- Gaps in evidence and information needed to develop an effective national CBD program will be assessed.
- FHI 360 will host a technical meeting to discuss, gain consensus, and develop recommendations on how best to strengthen and scale-up the CBD program in Tanzania.

Expanding Community-Based Access to Injectable Contraception in Nigeria

Status: In Approval

Projected End Date: 9/30/2012

Country(s): Nigeria

FCO	Approved	C&G Closure	Tech Monitor
TBD			TOrr

Objective(s): 1) To facilitate policy change that permits community health extension workers (CHEWs) to provide injectable contraception at the community-level; 2) to facilitate standardization of training guidance and tools for community-based access to injectables (CBA2I); 3) to advocate for institutionalization of the CBA2I practice into implementing partners existing community-based family planning programs and facilitate integration of CBA2I into FHI 360's community-based HIV/AIDS programs; and 4) to monitor and evaluate the CBA2I expansion process.

Description: This activity continues the work of expanding access to contraception in Nigeria that began under the CRTU. From 2008 to 2010, the Federal Ministry of Health (FMOH) in collaboration with the Association for Reproductive and Family Health (ARFH) and FHI 360 supported a pilot community-based distribution (CBD) project in northern Nigeria (Gombe state), which offered all short-term methods including injectables. In June 2010, a national consultation organized by the FMOH concluded that evidence from the pilot, together with global evidence assembled by the World Health Organization, support the introduction, continuation, and expansion of community-based provision of injectable contraceptives by CHEWs.

In 2011, using core funds from PROGRESS, FHI 360 engaged in multiple scale-up preparation activities. The FMOH was engaged to inform how FHI 360 could effectively support policy change favorable of this practice and revitalize the Community-Based Access Technical Working Group (CBA TWG) to discuss service delivery issues. An advocacy brief was drafted and shared with stakeholders including UNFPA, ARFH, USAID, Planned Parenthood Federation of Nigeria (PPFN), and Advocacy Nigeria. Meetings were convened with these stakeholders to discuss integration of this practice into their existing community-based family programs and creation of a supportive environment to sustain the practice. Based on these efforts, the USAID Mission in Nigeria awarded PROGRESS field support funds to continue advocating for CBA2I. Beginning in October 2011, FHI 360 will expand CBA2I by revitalizing the practice in the CRTU-supported pilot areas and integrating it into GHAIN programs, institutionalizing the practice with other implementing partners' programs, and facilitating the policy change.

Year 4 Workplan:

- PROGRESS and the FMOH will work to revitalize the CBA TWG for sustained support of expanded CBA2I services.
- PROGRESS will support the facilitation of a two-step policy change process by first assisting the FMOH to convene a CBA TWG meeting to officially support the practice with a written policy endorsement statement. Second, subsequent meetings will be convened to revise the Policy Guidelines and Standards of Practice, which will enact an official policy change.
- PROGRESS will organize and lead the process to standardize the CBA2I training curriculum and associated tools needed by the FMOH and implementing partners to institutionalize the practice.
- Gombe state will be supported to revitalize the CHEWs who participated in the pilot intervention and provide TA for expanding CBA2I using the state's existing CBA program and budget.
- Synergies will be built with GHAIN's HIV and TB programs in 14 local government areas across multiple states to implement CBA2I using qualified community-based staff.
- PROGRESS will support the USAID-bilateral TSHIP to include CBA2I in its workplan for implementation in Bauchi and Sokoto states.
- PROGRESS will advocate for the integration of CBA2I into other implementing partners' workplans.
- Technical assistance will be provided to monitor and evaluate expanded implementation of CBA2I.
- The contraceptive commodity logistics system at state and LGA level where CBA2I is implemented will be strengthened.

Legacy Area 2: Expanding Service Delivery Options within and beyond the Health Sector

Legacy Area 2 focuses on delivering family planning through collaborations with partners and projects in fields other than family planning. This section starts with collaborations within the health sector; these focus on integrating family planning within postpartum care and immunization programs. Following the descriptions of four research studies is one global research utilization activity on FP/immunization integration. Two studies look at contraception provision in drug shops, a new study in Ghana and a near complete study in Tanzania. Looking beyond the health sector, PROGRESS has activities on integrating family planning into microfinance (in India and Kenya), agricultural (in Kenya and Zambia), and environmental (in Kenya and Uganda) programs. This section continues with four activities that explore the use of new mobile technologies in family planning services and one activity focusing on a communications campaign to increase contraceptive continuation. This section ends with a new activity on engaging the private sector to improve women's health.

Examining the Feasibility and Acceptability of Postpartum IUCD Services

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890089	3/22/2010		THoke
890008	10/1/2008		THoke

Objective(s): 1) To design an evidence-based intervention, implemented within antenatal care (ANC) and maternity services, to support postpartum IUD insertion services within health centers; 2) to evaluate the feasibility of implementing the postpartum IUD service intervention in accordance with quality standards on a sustained basis; 3) to examine health center providers' perspectives regarding postpartum IUD services; and 4) to assess clients' perspectives toward postpartum IUD insertion, as indicated through theoretical acceptability, intended use, and actual uptake.

Description: The Government of Rwanda (GOR) has established ambitious goals for increasing modern contraceptive prevalence. One established approach for increasing contraceptive prevalence is to expand the range of methods. Important gains can be achieved by including long-term methods like the intrauterine device (IUD) in the method mix. The GOR is already supporting expansion of IUD services. In partnership with the USAID-funded Twubakane Project, the GOR has recently supported provider training in IUD insertion, with 26% of Twubakane-supported health centers offering this method in 2008. Still absent in Rwanda is IUD insertion offered to women immediately after giving birth. Such a strategy capitalizes on the combined benefits of addressing unmet need for contraception among postpartum women and expanding the method mix with cost-effective long-term methods. Clinical research conducted by FHI 360 and others has shown immediate post-placental insertion of the IUD to be safe and effective. Still, there is a dearth of documented programmatic experience in resource-poor settings. To resolve programmatic questions, FHI 360 will collaborate with Rwanda's MOH and other partners to conduct research on the feasibility and acceptability of postpartum IUD insertions. The study will consist of phased introduction of immediate postpartum IUD insertion services, with close documentation of service delivery processes and measurement of intervention success. It will consist of 4 components: 1) initial introduction at Muhima Hospital to identify service delivery components requiring special attention as the intervention is adapted to Rwanda; 2) a formative assessment of health centers that are potential sites of postpartum IUD services; 3) design of a scalable intervention for PPIUD insertion; and 4) testing the scalable intervention in 10 promising facilities.

Subgrantee(s): JHPIEGO

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Hoke traveled to Rwanda in March 2009 to gather information for protocol preparation and to discuss opportunities for collaboration.
- The protocol was approved by PHSC in September and by Rwanda National Ethics Committee in December 2009.
- Hoke traveled to Rwanda in November to join co-investigators from FHI 360/Rwanda, MOH, and Jhpiego in study preparation activities. A site assessment was conducted at Muhima Hospital, the facility where the first phase of PPIUD services will be introduced.
- FHI 360 and Jhpiego supported the MOH in convening a technical update meeting to share current information on postpartum FP with district health managers and other stakeholders.

- In April and May 2010, 38 ANC providers from three Kigali health centers were updated in FP and trained to refer interested clients to Muhima Hospital for immediate PPIUCD insertion. Fifteen Muhima Hospital maternity providers participated in training for PPIUCD insertion.
- Jhpiego led development of a client brochure on FP methods, including the PPIUCD insertion.
- The facility assessment was conducted in 8 district hospitals and 24 health centers to evaluate readiness for PPIUD service introduction.
- A workshop was held in September 2010, at which stakeholders learned about the initial experience with PPIUCD services at Muhima Maternity, reviewed facility assessment findings, and advised on the intervention to be implemented in the expansion phase.
- The FHI 360-Jhpiego team provided supportive supervision and monitoring of the services delivered at Muhima Maternity and the feeder ANC clinics.
- Training was conducted in December 2010 in Kigali on PPIUCD service delivery for expansion sites. Participants included 12 providers representing 2 district hospitals and 4 health centers. Afterward, a practicum was held simultaneously in each of the 2 district hospitals to allow recently trained clinicians to gain experience with insertion with technical support from the clinical trainers.

Past Six Months:

- Hoke met with study collaborators from FHI 360/Rwanda and Jhpiego in Kigali in March 2011. Together they took inventory of study progress to date, planned completion of intervention implementation and documentation, and discussed schedule for post-intervention data collection.
- Trainings were repeated May 2011 on PPIUCD service delivery for the remaining 6 sites. Participants included 13 providers representing 2 district hospitals and 4 health centers. This was followed by a practicum, whereby trainers provided support for supervised provision of services in a typical clinical setting.
- The FHI 360-Jhpiego team conducted 1 round of supportive supervision visits in all facilities offering PPIUCD services.
- The FHI 360/Rwanda Research Utilization specialist compiled information for the Intervention Tracking Tool, along with costing data.

Year 4 Workplan:

- Instruments for post-intervention data collection will be prepared and reviewed.
- The first round of post-intervention data collection will begin in September 2011; the second round will begin in January 2012.
- Post-intervention data entry and analysis will be completed.
- A results interpretation workshop will be held in Kigali in May 2012.
- A research brief will be prepared and a manuscript will be drafted.

Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892011	11/20/2009		JWesson
890028	6/10/2009		LDulli

Objective(s): 1) To determine the effectiveness of an intervention to increase contraceptive provision to postpartum women attending immunization services who desire to either space or limit their pregnancies, thus reducing unmet contraceptive need in this population; and 2) to determine which cognitive factors mediate the effect of the intervention on contraceptive use among the study population.

Description: The Government of Rwanda has set a goal to increase postpartum family planning use by promoting family planning in the context of infant immunization services and linking postpartum women to FP services. To assist the Government of Rwanda in achieving this goal, this study proposes to test an intervention that will enhance postpartum FP service delivery by immunization service providers by providing specific messages to be delivered, guidance on how and when to deliver them, and a screening tool to facilitate referral. The intervention is designed to change FP-related behavior among postpartum women by increasing their awareness of the importance of FP use and identifying their personal risk for unplanned pregnancy.

The study will be an experimental, two-group (intervention/control) pretest/posttest design in which a baseline survey of women attending immunization services and health care providers will be conducted, after which health care facilities will be randomly allocated to either intervention or control groups. Randomization will be stratified on clinic type (public sector versus government-assisted). After the baseline data collection and randomization, service providers from the intervention group will undergo a brief, 3-day training to cover topics pertinent to postpartum family planning and the use of a screening tool to assess pregnancy risk among postpartum women. Providers in the control facilities will receive no training and services will continue to be delivered as they currently are. A post-intervention assessment of both clients and providers will be conducted 9 to 12 months after the intervention begins. Preliminary work for this subproject was completed under the CRTU, FCO 114141.

Subgrantee(s): Jhpiego/Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The budget for field support funds was confirmed in June 2009 (FCO 892011).
- The study protocol was drafted and sent to USAID for a preliminary review in July 2009.
- L. Dulli traveled to Rwanda in August 2009 to advance plans for study implementation.
- All study documents, including the protocol, data collection instruments, and informed consent forms were finalized and approved in October 2009.
- Dulli traveled to Rwanda in November 2009 to meet with Jhpiego/Rwanda to discuss plans for the intervention component and to participate in a workshop designed to raise key stakeholder's awareness of the topic of postpartum family planning.
- PHSC approval was received in November 2009. The protocol was submitted to the Rwanda National Ethics Committee in December 2009 and received a request for modifications prior to approval.
- The study protocol was revised and resubmitted to both the Rwanda National Ethics Committee and to PHSC in January 2010.
- Following data collector training, data collection for the baseline commenced in March 2010.
- Data collection, data cleaning & data entry were complete by June 2010.
- Seventeen immunization and FP providers were trained in June 2010 on an update on postpartum FP and return to fertility. These providers came from the 7 intervention health centers and the 7 control sites. Preparations for the intervention were complete by June 2010, with intervention activities commencing immediately afterwards.
- The first supportive supervision was conducted in the 7 intervention facilities in July 2010.
- Analyses of baseline data were completed in August.
- A second supportive supervision and mid-course evaluation was carried out in November and early December 2010.
- Dulli traveled to Rwanda to assist with the training of data collectors for the mid-course data collection.
- Results from the mid-course evaluation were reviewed and a refresher training planned to reinforce the intervention within intervention facilities in December 2010.

Past Six Months:

- Midcourse data were analyzed and summarized in January 2011.
- Due to a change in provider training that had occurred earlier in the year and anecdotal evidence that many trained providers had been transferred from their sites, plans were made to conduct a refresher

training. The one-day refresher training was conducted in each of the 7 facilities in conjunction with the 3rd supportive supervision in April 2011.

- An abstract on the baseline data was submitted to the International Family Planning Conference in May 2011.

Year 4 Workplan:

- The final wave of data collection will be conducted in September 2011. This is to allow adequate time after the refresher training for clients to be exposed to the intervention.
- All final data will be cleaned and entered by November 2011.
- Details of the dissemination plan will be developed by November 2011.
- Data will be cleaned and analyzed and a draft report prepared by December 2011.
- One to two additional manuscripts for publication will be proposed by December 2011, for development January-June 2012.

Findings and Outcomes:

- Results from baseline data indicate:
- The mean number of months postpartum for study participants was 9.4 months.
- Unmet contraceptive need among married or sexually active unmarried women was 44.5% with 23.3% of participants having a need to space their births and 21.2% having a need to limit their births.
- Age and marital status were significantly associated with contraceptive use, but not religion, work status or education.
- Among Health Belief Model (HBM) variables, women with lower perceived barriers to receiving FP services were somewhat more likely to be currently using a modern method than those with higher perceived barriers (OR=0.84, 95% CI: (0.76, 0.94)). Those with higher perceived susceptibility to an unplanned pregnancy were two and one half times more likely than those with lower perceived susceptibility to be using a contraceptive method (OR=2.5, 95% CI: (1.5, 4.3)).
- Users and non-users did not differ significantly on perceived severity of an unplanned pregnancy or on perceived benefits of FP services; there was nearly universal agreement among all study participants that an unplanned pregnancy would be a serious problem for them and their families (95.3%), and that FP methods are an effective way to prevent unintended pregnancies (98.5%).
- Examining the issue of perceived susceptibility in greater detail, non-users were more likely than users to hold misperceptions regarding contraceptive use during the postpartum period. Non-users were almost three times more likely to believe that breastfeeding women did not need to use a contraceptive method (OR=2.9, 95% CI: (1.6, 5.4)) and four times more likely to believe that postpartum women needed to await the return of menses before initiating a method (OR=4.0, 95% CI:(2.6, 6.0)).
- Among non-users, the most common reason noted for not using a contraceptive method was awaiting return of menses (44.3%). Non-users were also significantly more likely than users to be unaware that a woman could get pregnant before her menses returned after having a baby (OR=1.9, 95% CI:(1.5, 2.5)).

Increasing Family Planning Uptake among Postpartum Women: Testing Supply and Demand Solutions

Status: Complete

End Date: 6/30/2011

Country(s): Ghana, Zambia

FCO	Approved	C&G Closure	Tech Monitor
890030	6/10/2009		GVance
114128	6/12/2007	4/28/2010	GVance

Objective(s): 1) To test whether supplying free pregnancy tests in low resource family planning clinics increases contraceptive uptake; and 2) To test whether a demand-generation intervention among new mothers attending immunization clinics increases the likelihood of their using contraception at 9-12 months postpartum.

Description: Two strategies aimed at increasing the uptake of family planning among postpartum women were tested in a 3-armed study. Health facilities in Ghana and Zambia were randomized to one of the three arms. Arms 1 and 2 constituted the intervention arms and arm 3 was the control arm of the study.

The first intervention tested was the provision of free pregnancy tests in family planning clinics. It was theorized that the provision of the tests would result in an increase in the proportion of new clients who received a method immediately, compared to clients randomly allocated to control clinics. A record review of logbook data at FP clinics was completed. The proportion of new and restarting clients who received an FP method was compared both before and after the introduction of free pregnancy tests in control and intervention clinics.

With the second intervention strategy, researchers assessed whether family planning messages for new mothers attending immunization clinics increases the likelihood that immunization clients 9-12 months postpartum would be using contraception. Survey data was collected before and after the introduction of these FP messages in control and intervention facilities. The primary outcome assessed was use of non-condom contraception 9-12 months postpartum.

Field work in Zambia and analysis of the data will be completed under PROGRESS FCO 890030.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Site assessment trips were made to Kenya and Ghana in Nov. 2007. Ghana was selected as an appropriate site for the study.
- Site visits to Ghana and Zambia were made in Mar 08 to prepare for the study.
- The protocol, study instruments, and informed consent statements were approved by PHSC in July and by the Ghana Health Service Ethics Review Committee in Nov. 2008. The research was approved in Zambia by ERES converge in March of 2009.
- Ghana:
 - The research assistants were trained as data collectors in Jan. 2009.
 - Baseline data collection began in Feb. and was completed in May.
 - In June, the interventions were introduced in the study sites.
 - The post-test data collection was completed in FP clinics in Oct. and immunization clinics in April 2009. In-depth interviews with FP and immunization providers who had used the job aids, were completed in Nov. 2009.
- Zambia:
 - Research assistants were trained as data collectors during April 2009.
 - Baseline data collection began in April, but paused for approximately 1 month due to a nurses' strike.
 - Funding for the completion of the study in Zambia was secured under the PROGRESS FCO 890030.

- In August, the study coordinator introduced the interventions in the study sites.
- The post-test data collection was completed in FP clinics in Nov., as were the in-depth interviews with FP and immunization providers.
- In March 2010, Vance traveled to Zambia to launch post-test data collection in immunization clinics.
- In Zambia, stakeholders at local and national levels were identified and provided a mid-study update.
- FCO 114128 was closed on April 28, 2010. All remaining work continued under PROGRESS.
- Analysis and Dissemination of Results:
- Data cleaning and analysis took place in July and August.
- In-country meetings were held in September 2010 in Kabwe, Zambia and Cape Coast, Ghana. Feedback from stakeholders at the meetings aided in the interpretation of findings.
- The research results regarding FP/Immunization integration were presented in at the USAID Mini-University in October 2010.

Past Six Months:

- The FP/Immunization integration results were highlighted in a presentation made at a USAID sponsored meeting on the Integration of FP/HIV/MNCH Programs in March 2011.
- The FP/Immunization integration results were also presented as part of a panel at the 2011 Global Health Council Meeting.
- Work on two manuscripts and a third research brief will continue subject to the availability of resources (FCO to be determined).

Findings and Outcomes:

- A country-specific technical brief entitled, "Integration of Family Planning into Immunization Services in Zambia: Promoting Connections between Reproductive and Child Health Promotion Efforts" was completed and disseminated to stakeholders (M2009-56).
- A brief titled, "Family Planning Information and Referrals at Child Immunization Clinics: Study in Ghana and Zambia Highlights Implementation Challenges" (M2010-84) was disseminated at the FP/Immunization working group meeting on December 14, 2010.
- Major findings from the Pregnancy Test Sub-study are summarized below:
- In Zambia, providing free pregnancy test strips to FP clinics lead to a statistically significant reduction in the proportion of clients who were denied their desired FP method (OR = 3.1, and p= 0.02 using a one-sided test).
- In Ghana, providing free pregnancy testing appeared to favor the control group, but the finding was not statistically significant (OR = 0.42 and p-value = 0.22 using a one-sided test). The proportion of clients denied a method was very low to begin with and often due to stock-outs.
- Major findings from the FP/Immunization Sub-study are summarized below:
- In Zambia, the likelihood of a woman using a non-condom, modern method from pre to posttest increased more for clients in the demand group than in the control group (OR = 1.2 and p-value = 0.56).
- In Ghana, the likelihood of a woman using a non-condom, modern method from pre to posttest increased more for clients in the demand group than in the control group (OR = 1.05 and p-value = 0.86).
- Based on qualitative interviews with providers, it was determined that the intervention was not implemented as designed. Providers often gave information in group health talks instead of on an individual basis.
- Major conclusions were:
- Providing free pregnancy testing is effective in reducing the proportion of clients denied their desired FP method in places where this is a problem.
- It could not be demonstrated that providing referrals and FP messages to women at child immunization clinics improved FP usage in the 9-12 month postpartum period, although in both countries the results were going in the positive direction. Part of the failure to demonstrate impact may be due to the fact that intervention plan was not implemented as designed. Implementation failure highlights the challenge of integrating two programs together.

Assessment of the Quality of the Integration of Family Planning Services into Immunization Programs in India

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892032	1/13/2011		BGeorge
892031	1/3/2011		BGeorge
892014	6/4/2010		MGreen
892008	10/19/2009		APrabhughate

Objective(s): 1) To describe how family planning and immunization services are currently integrated at different service delivery levels; 2) to assess how women attending immunization services evaluate their pregnancy risk and whether they do so accurately; 3) to determine what family planning messages would be appropriate for encouraging postpartum women at immunization services to adopt contraceptive methods, and how these messages can be most effectively delivered; and 4) to develop a strategy for strengthening the integration of family planning and immunization services, including the steps needed to obtain buy-in for implementation of the integration strategy from immunization managers and providers.

Note: In November 2010, following the feedback from the local IEC committee the title and objectives of the study were changed to better reflect the existing situation on integration and ensure relevance of the research question and findings.

Description: As the Government of India's Integrated Child Development Scheme (ICDS) expands, improved linkages of women with young children to the immunization programs are anticipated. These programs have the potential to serve as entry points for family planning services for women who may be interested in spacing or limiting their number of children, but have not accessed effective family planning methods.

This formative research on integrating family planning into immunization programs will help in designing interventions such as demand generation for MCH/immunization, strengthening and monitoring infant and child health, as well as providing information on and demand generation for family planning methods and referrals.

Subgrantee(s): CARE; Sigma Research and Consulting

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Meetings were held with potential stakeholders to inform protocol development and to identify a partner for collaboration. CARE/India was selected as the study partner for its network and infrastructure in Jharkhand.
- The protocol was approved by USAID/India and USAID/Washington in June 2010 and revised further in October 2010.
- A pre-assessment site visit to Lohardaga District, Jharkhand, was undertaken in October 2010 to meet with stakeholders and to review existing immunization service delivery systems.
- PHSC approval for amended protocol was received in November 2010 and local ethics committee approval received in December 2010.

Past Six Months:

- A fixed price subcontract was awarded to Sigma Research and Consulting Pvt. Ltd as the research agency to conduct data collection in January 2011.
- A cost-reimbursable subagreement was signed with CARE as the study partner in February 2011.
- Data collection forms were sent to USAID/W for approval in February 2011.

- Data collection forms were pre-tested and finalized for use in the field in March 2011.
- Training of CARE field staff and Sigma’s data collection team was completed in April 2011.
- Data collection for the study was completed in May 2011.
- Sigma completed data entry and data cleaning in June 2011.

Year 4 Workplan:

- Data analysis will be completed in July 2011.
- The preliminary findings of the study will be shared with USAID/India and with key stakeholders in Jharkhand in July 2011.
- A post-study stakeholders’ meeting will be organized in August 2011, at which the findings of the study will be shared and discussed.
- A strategy paper will be finalized and submitted to the Government of Jharkhand in August 2011.
- The study will be closed in September 2011.

Delivering a Community-Based Integrated Immunization and Family Planning Intervention to Postpartum Rural Women

Status: In Approval

Projected End Date: 12/31/2012

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
TBD			BGeorge

Objective(s): 1) To increase demand for family planning at immunization services among rural men and women and indirectly among couples; and 2) to link potential FP clients to accessible service delivery points.

Description: FHI 360 is currently conducting an activity entitled “Assessment of the Quality of Integration of Family Planning Services into Immunization Programs in India” (FCO 892008) in Lohardaga district of Jharkhand. Observations from the pre-assessment and the pre-testing phase suggest that after completion of data collection, training needs for delivering integrated service provision for immunization and FP are likely to be identified as important. In addition, observations may also reveal that the front line workers consisting of Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi workers actively involved in community outreach should have direct one-on-one or one-on-group interaction with women in the community.

The proposed study plans to build on the findings of the assessment. Front line workers will be trained to use an adapted toolkit, suitable for their level of skill and literacy, in the community and distribute educational material (e.g. pamphlets or flip charts that are suitable for low-literacy populations) that women can use to seek FP and to communicate with their husbands in privacy. The proposed approach thus aims to increase demand for FP during immunization visits among rural men and women. It also aims to link potential FP clients to accessible service delivery points. This study will be conducted in Jharkhand using a pre-post study design.

Year 4 Workplan:

- The concept will be finalized with the USAID/India Mission.
- A protocol and data collection forms will be developed and submitted for USAID, PHSC, and local IRB approvals.
- Once approved, implementation of this study will begin.

MCH & FP Integration: Immunization & Other Postpartum Opportunities

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890081	2/3/2010		KRademacher

Objective(s): 1) To identify and promote effective models of integrating family planning referrals and services into maternal and child health (MCH) programs with a focus on child immunization and postpartum (PP) services; 2) to establish strategic relationships with key partners outside of the FP field, including immunization stakeholders and cooperating agencies focused on antenatal and postpartum service delivery; and 3) to provide concrete guidance to USAID missions, MOHs, service delivery programs, and others on how to integrate FP and MCH services.

Description: Integrating FP into MCH services represents a promising approach to meeting the contraceptive needs of postpartum women, a population with high unmet need for contraception. In particular, providing FP information, referrals and/or services to mothers during child immunization visits can be a way to efficiently reach women who may be highly receptive but have limited access to FP programs. FHI 360 will provide global technical leadership in promoting evidence-based approaches to integration of MCH and FP services, as well as technical assistance at a country-level to Ministries of Health and service-delivery organizations. Strong collaborations will be developed with other USAID-funded projects including MCHIP, ACCESS-FP, and MSH/STRIDES.

Collaborating Agency(s): Jhpiego; John Snow, Inc.; Management Sciences for Health (MSH); Save the Children; UNICEF; World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- With the support of FCO 890003 and at the request of USAID, PROGRESS collaborated with MCHIP to convene a meeting in December 2009 that brought together USAID-funded organizations who are interested in issues related to both FP and immunization.
- FHI 360 staff met with members of the Healthy Timing and Spacing of Pregnancy (HTSP) Core group to review a new ESD provider job aid called the "Fertility Intention Algorithm," and with the LAM working group to present FHI 360 research underway.
- A brief entitled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP. The brief was disseminated at relevant meetings and posted on the PROGRESS and MCHIP web sites.
- DHS data from four countries were analyzed to explore the factors associated with initiation of FP in the postpartum period. Results indicated that during the 6-11 month postpartum period, the presence of menses seemed to trigger use of FP, rather than the current LAM criteria.
- Information about country-level experiences with FP/immunization integration was synthesized into a new interactive online global map and accompanying table. Links to the map and table were posted on the PROGRESS web site and distributed to contributors and key partners.
- A presentation was made at the 2010 Global Health Mini-University entitled, "A Shot in the Arm: Integration of Family Planning and Immunization Services." Findings from the recent PROGRESS studies in Ghana and Zambia were presented.
- The first official meeting of a new Working Group on family planning and immunization integration was held in December 2010, and staff members from over 15 CAs were in attendance. K. Rademacher and J. Stanback co-facilitated and presented at the meeting. After the formal meeting, FHI 360 and MCHIP staff discussed a draft 12 month workplan both for the larger working group and

for MCHIP and FHI 360 as core coordinators. Support for FHI 360 staff to attend the meeting was provided by FCO 890003. In partnership with MCHIP, FHI 360 developed an annotated bibliography on FP and immunization integration that was disseminated at the meeting.

Past Six Months:

- A presentation was made by K. Rademacher and G. Vance at a USG-sponsored MNCH-FP-Nutrition Integration Consultation on March 30, 2011.
- Resources and in-depth technical input were provided to support development of a new K4Health Toolkit on Healthy Timing and Spacing of Pregnancies (HTSP), which went live in April 2011.
- A panel organized by FHI 360 entitled, "Determining When Integrated Programs are Feasible" was held at a meeting sponsored in April 2011 by GHC, "Delivering impact in women and children's health: the challenges and opportunities of service integration." K. Rademacher moderated the panel.
- FP and immunization integration was highlighted on USAID's revised High Impact Practices (HIP) list as a 'recommended' strategy to reach postpartum women. Advocacy in this area was led by the new Working Group on FP and immunization that is co-sponsored by FHI 360 and MCHIP.
- Technical guidance was provided to USAID regarding the online map model that FHI 360 used to illustrate country-level experiences with FP/immunization. USAID expressed interest in creating similar online maps for all the HIPs. Resources created by FHI 360 will be shared with CAS.
- A panel on FP/immunization was organized for the Global Health Council in June 2011. G. Vance was one of the presenters. RU staff helped coordinate logistics and technical content between partners.
- Because funds in this FCO were exhausted for PROGRESS YR 3, some activities during January-June 2011 were supported by 890003.

Year 4 Workplan:

- PROGRESS will continue to co-sponsor the FP/immunization Working Group with MCHIP, convening two working group meetings during the year.
- Using evidence-based RU strategies, champions from the immunization community will be identified and engaged to advance integration at the country and global levels.
- Technical assistance will be provided for an 8-day online forum on FP/immunization. The forum will be used to promote FHI 360's research findings and resources.
- FHI 360 will potentially develop, publish, and disseminate case studies on 2-4 programs highlighted on the FP/immunization online map.
- Depending on the results of the FP/immunization study ongoing in Rwanda, and working with the research leads, an analysis comparing the results of the Rwanda intervention to the intervention done in Ghana and Zambia will be completed and written up.
- FHI 360 will consider the possibility of planning and/or convening a technical consultation on FP/immunization integration in partnership with the Working Group and other key partners.
- A "how-to" guidance document, based on the results of the PROGRESS studies, case studies from other partners, and the proposed technical consultation, will be considered for development.
- PROGRESS will develop an RU and scale-up strategy for FP/immunization in at least one country (most likely Rwanda once results from PROGRESS study are known).

Findings and Outcomes:

- A technical brief entitled, "Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health" was completed and co-branded with MCHIP (M2010-34). The brief explains the rationale for integration and provides a summary of existing evidence.
- An online map was launched which highlights country-level programmatic experiences with FP and immunization integration.
- A strong collaboration with MCHIP has been established, and a new Working Group with over 15 participating CAs was formed.
- Due in part to an effort led by Working Group members, FP and immunization integration was included as a 'recommended' practice on USAID's High Impact Practice (HIP) list. USAID wants to use the online FP/immunization map as a model for other HIPs.

Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890095	5/21/2010		DChin-Quee
890029	6/10/2009		DChin-Quee

Objective(s): To determine if women can self-screen for contraindications to hormonal contraceptive methods and to document the prevalence of these contraindications.

Description: Tanzania has a high unmet need for family planning. Most of the demand is for spacing, which can be filled by effective short-term methods such as pills and injectables, but these are difficult to obtain in rural areas. Private sector establishments such as drug shops are numerous and accessible in rural areas, and often serve as the first stop for health care services for many rural residents. In order to advocate for increasing access to these hormonal methods in non-clinical settings, women of reproductive age will be intercepted at drug shops to determine if they can accurately self-screen for medical contraindications to hormonal methods as defined by Categories 3 and 4 of WHO's medical eligibility criteria. Women's assessments will be compared to those of an on-site nurse who will measure blood pressure and record health histories to determine the proportion of women with contraindications to hormonal methods.

Subgrantee(s): National Institute for Medical Research - Muhimbili Medical Research Centre (NIMR-MMRC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The FCO was assigned and concept paper approved in June 2009.
- Initial study protocol and research utilization plans were drafted and reviewed in July and August 2009.
- The subgrantee, NIMR-MMRC, was identified in September 2009.
- Several drafts of the protocol and data collection instruments were submitted for internal FHI 360 and initial USAID/W reviews from October to December 2009.
- The protocol was approved in-house in February and by USAID/W and the PHSC in March 2010.
- D. Chin-Quee travelled to Tanzania in April 2010 to meet with NIMR-MMRC, plan study logistics, and initiate subagreement development.
- The study protocol was submitted to the local IRB for review in May 2010.
- The subagreement was completed and submitted for approval in-house and to USAID/W in June 2010.
- Chin-Quee travelled to Tanzania in July 2010 to oversee interview training and pilot testing. Fifty-two nurses and clinical officers were trained by NIMR and FHI 360 staff in Dar es Salaam to intercept women of reproductive age in drug shops and assess their ability to self-screen for contraindications to oral contraceptive use.
- Data collection started the last week of July 2010 in the study districts of Morogoro and Ruvuma and was completed in mid-September 2010. Over 1,600 female drug shop clients of reproductive age were interviewed in August and September.
- C. Otterness travelled to Tanzania between September and October 2010 to provide technical assistance in database creation, data management and analyses to NIMR.
- Data entry, management, cleaning and verification were conducted at both NIMR and FHI 360/NC through the end of December 2010.

Past Six Months:

- Data analysis commenced in January 2011 and preliminary results were produced and circulated among research team members. No further work has been done, as attention was diverted to another PROGRESS project that required immediate and full attention.
- The dissemination workshop in Dar es Salaam was rescheduled from June 2011 to September 2011.

Year 4 Workplan:

- Further verification of the data will be completed and data analysis will re-commence.
- Data analyses and interpretation will be completed in July 2011, with concurrent analyses being conducted by NIMR-MMRC.
- With FHI 360/Tanzania assistance, Chin-Quee will prepare for dissemination of the study results in Dar es Salaam at a workshop scheduled for September 2011.
- Chin-Quee and colleagues will prepare a manuscript for publication.

Findings and Outcomes:

- Preliminary findings were positive. As such, FHI 360 Research Utilization staff will prepare the way for advocacy on removing barriers from provision of hormonal methods in ADDOs and will promote self-screening.

Increasing Family Planning Access and Uptake Through DMPA Sales at Licensed Chemical Shops

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Ghana

FCO 890139	Approved 6/29/2011	C&G Closure	Tech Monitor ELebetkin
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Objective(s): 1) To determine the feasibility of Licensed Chemical Shops within the Mobilize Against Malaria (MAM) network selling DMPA; and 2) to determine if the sale of DMPA at Licensed Chemical Shops will increase access to and uptake of DMPA.

Description: In many countries, private-sector chemical shops are the first place people seek health care from. In Ghana, Licensed Chemical Shops are regulated through the Ghana Pharmacy Council and are legally allowed to sell over the counter drugs, including oral contraceptive pills. Recently through the Mobilized Against Malaria (MAM) project in the Ashanti Region, Licensed Chemical Sellers (LCS) were trained to correctly dose and administer artemisinin-based combination therapy (ACT) and to recognize and refer complicated malaria cases to the nearest health facility. They have also been trained to collect data and to report regularly on their dispensing activities and other information to the district health management team (DHMT). This program has been very successful with an increase in the recommendation and use of ACTs as well as an increase in the recognition and referral of complicated malaria cases to health facilities for treatment.

Building on the encouraging results of the MAM project, FHI 360 proposes to work with the existing LCS MAM network to train a sample of the LCS to sell socially-marketed DMPA and to refer to clinics for the injection. Training LCS to sell DMPA would involve providing an updated training that integrates FP counseling, screening, and referring into the existing MAM training as well as updating the record keeping system to track sales and referrals of DMPA. Baseline data will be gathered through existing data sources such as clinic registers and Exp Social Marketing data. At a mutually agreed upon time period after training LCS to sell DMPA, follow up data will be collected from existing data sources as well as from LCS

registers. Interviews, focus groups, and/or key informant interviews with LCS, clients, providers and stakeholders may be conducted at follow up intervals as well. Observation of LCS selling DMPA and/or mystery clients may be utilized as well.

Activities, Accomplishments, Problems:

Past Six Months:

- This activity was originally called “Research and Advocacy in Support of Expanding the FP Method Mix at Drug Shops” and activities were planned in Nigeria and Bangladesh. Due to various issues the Nigeria and Bangladesh work was not initiated in this reporting period. The money was reprogrammed to Ghana.

Year 4 Workplan:

- The protocol will be developed for review in August 2011.
- Protocol approvals from USAID, FHI 360, PHSC, and the Ghana IRB will be obtained.
- Study instruments will be developed in September.
- Data collectors will be trained. Baseline data and midline data will be collected in October and December, respectively.
- Data base development and data entry will occur after data collection.
- Data analysis will occur.
- An initial report will be prepared.
- A dissemination meeting will occur in Ghana in May 2012.
- The final report and publication(s) will be prepared in May/June 2012.

Family Planning Incorporated into Microfinance Programs in Kenya

Status: Ongoing

Projected End Date: 1/30/2013

Country(s): Kenya

FCO 890032	Approved 6/11/2009	C&G Closure	Tech Monitor GEtheredge
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Objective(s): The primary objective of this study is to assess if incorporating family planning messages into a microfinance organization's activities increases modern contraceptive use among its female clients. Secondary objectives include: 1) Develop appropriate messages about family planning (FP) and the links between family planning and microfinance that can be delivered by microfinance officers (MFOs); 2) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among female microfinance clients in intervention and comparison groups pre- and post-intervention; 3) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among male clients in the intervention and comparison groups pre-and post-intervention; 4) Measure knowledge and attitudes about family planning, fertility preferences, and contraceptive use among microfinance officers whose microfinance groups receive family planning information compared to those MFOs whose microfinance groups do not receive family planning information pre- and post-intervention; 5) Measure the costs of the intervention and estimate scale-up costs; and 6) Determine whether this study reaches women, both in the intervention and comparison groups, in the lowest wealth quintiles in Kenya.

Description: In Kenya, over one-third of pregnancies are mistimed or unwanted. Meanwhile, the microfinance industry is burgeoning among women in Kenya. The economic and social bonds promoted

during these meetings provide an opportune venue to promote another social and economic issue, family planning.

In partnership with K-Rep Bank, the largest microfinance organization in Kenya, FHI 360 will provide training to K-Rep's microfinance officers to deliver family planning messages and referrals to local MOH clinics providing family planning services. The study design will be a cluster randomized pre-post test intervention in Coast, Rift Valley, Nyanza and Western provinces. The microfinance officers in these 4 provinces will be randomized into intervention and control groups, such that half will deliver the intervention (20 minute sessions every other week, integrated into the existing meetings) and half will not (these controls will not be trained in the intervention). We will collect a baseline measure from the microfinance clients on FP use, knowledge and attitudes, and access to FP services. Similar information will be collected from the microfinance officers. Data collection will be conducted via cell phone. The intervention will last 9 months. At 3 months process measures will be assessed. At the end of the 9 months, the indicators will be collected again in order to measure change post-intervention. All those who responded at the beginning of the intervention will be contacted; loss to follow-up is projected to be minimal due to the close relationship between microfinance officers and their clients. Should the intervention prove successful and clients with family planning messages show an uptake in modern contraception, K-Rep may incorporate the delivery of the messages into their corporate plan.

Collaborating Agency(s): K-Rep Bank

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Initial contacts were made with K-Rep to explore collaboration.
- The Technical Monitor, G. Etheredge, traveled to Kenya in December to discuss the concept paper and protocol with FHI 360/Kenya and K-Rep Bank.
- A concept paper was developed and submitted to USAID/W for review and comment in December 2009.
- The memorandum of understanding between FHI 360 and K-Rep Bank was developed, agreed upon and signed in June 2010.
- The protocol was developed and prepared for final submission to USAID/W.
- Data collection forms and informed consent forms were developed.
- The timeline was developed.
- A presentation was given at K-Rep by C. Mackenzie and Maggwa.
- The protocol was approved by USAID in July 2010.
- From October 2010 through January 2011, FHI 360 developed family planning training curriculum for the MFOs, incorporating material from a Freedom From Hunger curriculum; translation of the training into Kiswahili began.
- C. Mackenzie held meetings with the MFOs and K-Rep provincial supervisors in September 2010.
- The intervention tracking tools were developed in December 2010.
- Sample sizes were recalculated. Data collection forms were translated, pre-tested, and adjusted in December 2010.
- Data collectors were selected in December 2010.

Past Six Months:

- Data collectors were trained in January and February 2011.
- Participants from Rift Valley and Coast were recruited and informed consent was obtained in February 2011.
- Baseline data collection for these two provinces occurred in February 2011.
- Because of challenges in recruitment (outside of the control of PROGRESS), it was decided to expand the intervention area to two additional provinces; Western and Nyanza provinces were added as intervention sites in March 2011.
- MFOs and provincial supervisors in Western and Nyanza were sensitized in March 2011 and MFOs were randomized in May 2011.
- Clients from Western and Nyanza provinces were recruited and informed consent was obtained in April 2011.

- Baseline data for clients from Western and Nyanza provinces were collected in April and May 2011.
- Baseline data were entered in May and June 2011.
- The FP training curriculum, MFO training guide, and client booklets were finalized in April 2011.
- MFO training materials were pretested in May 2011.
- A study monitor/project assistant was hired in June 2011.
- Fourteen MFOs and 2 regional managers were trained in June 2011 and the intervention began in June 2011.
- G. Etheredge and C. Mackenzie attended four microfinance meetings and offered supportive supervision to MFOs as they introduced the FP sessions to clients.
- 2000 copies of the FP client cards were printed and distributed.

Year 4 Workplan:

- The intervention will last for 9 months (mid-June 2011 through mid-March 2012).
- MFOs will be monitored and process data will be continually collected.
- Endline data collection will occur in April and May 2012.
- Data will be entered in June 2012.

Microfinance Programs as a Means for Delivering Family Planning Information and Service in India

Status: Ongoing

Projected End Date: 8/31/2012

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
890133	3/14/2011		RHoman
890127	11/18/2010		RHoman
890128	11/16/2010		RHoman
890034	6/17/2009		RHoman

Objective(s): 1) To test the feasibility of training microfinance advisors to deliver FP information and services as a regular part of their interaction with clients; 2) to measure current unmet need and contraceptive use among microfinance clients; 3) to measure contraceptive uptake among clients whose microfinance advisors receive training in delivering FP information and services; and 4) to estimate the costs of the intervention and the potential for scale-up.

Description: In India, there is relatively low use of spacing methods so reaching low parity women to promote the healthy timing and spacing of pregnancies outside of the health sector, via microfinance programs, can serve as an important complement to the existing MCH programs. In partnership with an existing microfinance organization, FHI 360 will provide technical assistance in the content and delivery of training to village health guides (VHG) on family planning awareness and referrals to local sources, including community-based family planning programs. Due to restrictions on who can provide FP methods, we do not expect the existing microfinance advisors to directly distribute FP methods. We will collect a baseline measure of unmet need, FP use and access to FP services among microfinance clients prior to the delivery of FP messages by the microfinance advisors. The VHG will offer FP messages and referrals to clients on a regular basis. This will continue for at least 8 months after which time, the assessment of unmet need and FP use will be repeated. While this non-experimental design is less robust than a quasi-experimental non-equivalent control group design, our outcome measure of interest is behavioral, the threats to validity from testing, maturation and instrumentation are minimized. The relatively short time horizon minimizes history threats to validity. In addition, a costing

component of the study will also provide data on the cost to replicate such a model for other similar microfinance organizations.

Subgrantee(s): GFK Mode; IRH/Georgetown; NEED

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In November 2009, the FHI 360/India office began negotiations with potential collaborating partners. These included the Micro Credit Summit Campaign (MCSC), CARE-India, and AED. These potential partnerships eventually failed due to inability to coordinate on-going workplans and timelines.
- A concept paper was developed and submitted to USAID for approval in November 2009.
- Homan traveled to India in February 2010 to develop a partnership with a local development organization. During this visit it was decided to work with Network of Entrepreneurship & Economic Development (NEED) which already has a cadre of village health guides (VHGs) who can be mobilized to deliver FP messages and facilitate referrals to services.
- A protocol was developed in March 2009.
- The intervention was developed in collaboration with NEED and with an eye towards scale-up and sustainability.
- The protocol was sent to USAID in June and Future IRB in December 2010.
- A local implementing partner for the training of VHGs and adaptation of the FP training curricula was identified (IRH-India). The curricula that will be adapted were developed by Freedom From Hunger and have been used in other non-health settings.
- Homan, Basu and Canoutas developed IRH and NEED scopes of work in July 2010
- Baseline data collection forms were developed and finalized in August 2010.
- Srinivasan and Basu worked on development of NEED and IRH budgets in September.
- IRB documents were prepared and submitted to the Futures IRB in India in October 2010. PHSC approval was received.
- Discussions were held about the FP curricula to be developed for use in very low literacy setting among NEED's VHGs.
- Basu traveled to FHI 360/NC to develop the analysis plan and costing template with Homan in October 2010.
- Basu and Sebastian conducted preliminary site visits in Mehmudabad Block for observation of VHG meetings and discussion on the intervention in November 2010.
- Srinivasan developed the contractual documents for IRH and NEED in December 2010.
- Stakeholder meetings were conducted with the government of Uttar Pradesh and Micro Credit Summit Campaign India in November and December 2010.

Past Six Months:

- The Futures IRB approved the protocol in January 2011.
- A research agency for baseline and endline data collection, Gfk Mode, was selected in Feb. 2011.
- Subagreements with NEED, Gfk Mode, and IRH were signed in March, April, and May, respectively.
- IRH began adapting messages for the intervention in May 2011.
- Baseline survey data collection was conducted in June 2011.
- The FP module and job aide were adapted in June 2011.

Year 4 Workplan:

- Baseline data analysis will be conducted in July 2011, with a report prepared in August.
- Microfinance agents will be trained in the provision of FP information in August 2011.
- FP information messages and coordinated visits from community-based providers of FP services will be rolled out in August, continuing through March 2012.
- Endline data collection forms will be finalized in September 2011.
- Endline data collection will be undertaken in April 2012, with analysis taking place in May.
- A data interpretation workshop is planned for July 2012.

Feasibility of Providing Family Planning Services through Dairy Cooperatives

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): Kenya, Tanzania

FCO 890059	Approved 9/29/2009	C&G Closure	Tech Monitor JBratt
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Objective(s): 1) To develop evidence that will be used to support decisions to introduce a package of FP/RH information and services through dairy cooperatives; 2) to work with the Land o' Lakes International Development Division (LoL/IDD) and local stakeholders to increase demand for family planning among co-op members; and 3) to help LoL/IDD and other cooperatives and insurance schemes to scale-up or add family planning to their services.

Description: Discussions with the US-based Land O' Lakes (LoL) Corporation have identified a potential linkage with dairy cooperatives supported by LoL/IDD, a non-profit development subsidiary. This subproject will work with LoL/IDD in Kenya and a second country 1) to identify, in locations nearby to selected dairy cooperatives, potential providers of a package of primary health services including FP, and 2) to assess interest of cooperative members, their dependents, and other community members in utilizing a package and their willingness to pay for it either through deductions from milk sales or out-of-pocket. For point 1, we will conduct an environmental scan of current service availability including private and public sector providers in the vicinity of co-op installations. In each location we hope to identify at least three clinicians who already provide a range of FP methods (or would be trained to do so). For point 2, we will conduct a survey of attendees of co-op sponsored "field days" to determine potential demand for a package of primary care services including FP. Respondents will be asked about unmet need for FP, interest in receiving other services, preferred location and willingness to pay for services. Information on predicted utilization, provider reimbursement and market prices of milk will be used to calculate price of the service package as well as the amount of milk withholding needed from cooperative members. The Kenya project will serve as a basis for discussions with LoL/IDD staff in Zambia and Tanzania regarding the possibility of similar studies being fielded in those countries.

Collaborating Agency(s): Land O'Lakes Development Division

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The revised concept proposal was approved by USAID/Washington in December 2009.
- J. Bratt traveled to Kenya in December to meet with LoL/IDD and FHI 360/Nairobi staff to discuss the proposed study and to begin writing an implementation plan.
- The FHI 360 – LoL team decided to begin implementation in Kenya, and then adapt the study and initiate in Malawi and/or Zambia later in 2010.
- FHI 360/NC and FHI 360/Nairobi staff drafted the study protocol and data collection forms, and defined contents of the service delivery package in conjunction with LoL/IDD.
- Bratt visited Malawi and Zambia in April 2010 to discuss carrying out the study in LoL-supported cooperatives in those countries.
- USAID/Washington approved the study protocol on June 4, 2010, and approval was obtained from the KEMRI IRB and provincial and district authorities in July 2010.
- Potential cooperatives and field days where the intervention could be carried out were identified. Providers who would be contracted to offer the service package to field day attendees were identified.
- Training materials for the data collectors were developed.
- Data collectors were recruited and trained in Kenya during July 2010.

- Data collection was completed in Kenya in November 2010, with a total of 319 interviews conducted across seven field days.
- Bratt traveled to Zambia in November 2010 to develop a potential second site for data collection and to visit study sites in Choma district. Malawi was eliminated as a study site because of IRB fees.
- Data from Kenya were entered and a dataset was sent to FHI 360/NC for review in December 2010.

Past Six Months:

- Masaba made a presentation to the Kenya Obstetrical and Gynecological Society entitled “Providing Family Planning Services Sustainably through Dairy Cooperatives in Kenya”. This presentation focused on the rationale, objectives, and methods of the study.
- Data from the Kenya site were cleaned and analyzed, and work was begun on a research brief.
- Initial discussions were held with LoL/Kenya on strategies for working with cooperatives to utilize the study results.
- The proposed Zambia site could not be developed because the Land o’Lakes dairy program in Choma district was not renewed beyond September 2011.
- Masaba submitted an abstract to International Conference on Family Planning in November.
- Bratt contacted the Land o’Lakes program in Tanzania to determine their interest in a possible collaboration with the dairy program in Arusha; these discussions are ongoing.

Year 4 Workplan:

- Bratt will work with LoL/Kenya to finalize plans for research utilization in the cooperatives that participated in the activity.
- The research brief will be completed and a manuscript for publication will be prepared.
- Bratt will continue to develop the study site in Arusha, and if PROGRESS and LoL agree to collaborate, a new FCO will be opened for this study site.

Findings and Outcomes:

- Use of health services at the seven field days in Kenya was high; more than 80% of the 2,344 attendees received consultations. Most frequently-provided services included non-reproductive health exams (66%), FP counseling (18%), and HIV counseling and testing (13%). No men received FP services and a greater proportion of men received HIV services (20%) compared to women (11%). Overall, 58% of all consultations were provided to people who were affiliated with a cooperative. Among the 319 women we interviewed, 40% were affiliated with a dairy cooperative. The most popular services among interviewed women were general health exams (96%), FP information (60%), FP methods (16%), and HIV testing and counseling (14%).
- Reported use of modern contraceptives was very high (81%) among married, non-pregnant women. Unmet contraceptive need among married women was 9% in Central province and 21% in Rift Valley. Of the 32 women with an unmet need, none initiated a method during a field day; the majority (22) did not want a method, but 6 women did not discuss FP with the provider, and 4 wanted a method that was not available at the event. One-quarter of current FP users obtained additional supplies of contraceptives at the event.
- Eighty-three percent of those interviewed reported that they preferred receiving services at the field day rather than their customary health facility. The average cost of providing health services at a field day was US\$1,445 (US\$5.87 per health camp visit or US\$4.04 per cooperative member). The women who were surveyed reported average out-of-pocket costs of \$1.85 for their last antenatal care visit and \$3.76 for their last FP visit at a clinic.
- Knowledge contributions: This study contributes to the scant data regarding the provision of FP and other health services in the non-health sector. The field days in Kenya did not succeed in providing contraception to women with an unmet need, although unmet need is very low in this population. The field days succeeded in providing other health services, including contraceptive re-supply. The provision of health services at field days were highly acceptable to users of other health services and effectively targeted the poor. This model provides a convenient way for rural populations to access health services. The sustainability of this approach will depend on whether cooperatives and other dairy sector stakeholders decide to use their own resources to support health provision at future field days.

Integration of Family Planning Messages and Referrals into the Green Belt Movement Program

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890085	2/23/2010		THoke
890060	9/30/2009		GVance

Objective(s): 1) To document the benefits of incorporating promotion of healthy timing and spacing of pregnancies (HTSP) into the work of Green Rangers; 2) to examine Green Rangers' capacity to incorporate HTSP promotion into their routine activities; 3) to identify factors favoring and discouraging successful incorporation of HTSP promotion into the work of Green Rangers; and 4) to measure the cost of the pilot intervention and to estimate the costs of implementing the intervention on a broad scale throughout the Green Belt Movement (GBM) network.

Note: The objectives were modified in May 2011 in consultation with GBM and USAID advisors specializing in Population, Health and Environment (PHE), with the aim of responding to primary needs for evidence to influence programming.

Description: Family planning and environmental programs are increasingly being integrated under the umbrella of Population Health and Environment (PHE) programs. The mutual benefits potentially achieved through linked programs are acknowledged. Yet there are few well documented program experiences providing evidence of the feasibility and value of this form of integration. Through collaboration between the Green Belt Movement (GBM) in Kenya and FHI 360, the proposed study will contribute to the growing body of evidence.

FP education and referrals will be incorporated into GBM's environmental activities. Green Rangers (GRs), Following training, GBM's frontline workers will educate community members about FP and its relationship to health, the environment, and values. GRs will make referrals to FP services as they encounter GBM members or community members in need of FP.

To evaluate the intervention, referrals to FP will be documented. The Green Rangers' ability to implement the intervention will be assessed through regular performance monitoring. Interviews will be completed with GRs to understand their experience implementing the intervention and to assess their knowledge of PHE concepts. Focus group discussions with community members will explore perceived benefits of the intervention. Key informant interviews will examine community-level impact of the intervention as well as some of the factors that may favor or disfavor the success. The cost of the intervention will be obtained from GBM and FHI 360 administrative records.

Subgrantee(s): Green Belt Movement

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was assigned in September 2009.
- A concept paper was submitted in September 2009.
- A memorandum of understanding with the Green Belt Movement was signed in December 2009.
- Sutherland and Wigley traveled to Kenya in February 2010 to meet with in-country colleagues (FHI 360 and GBM) to plan for the study.
- In February 2010, Mackenzie traveled from Nairobi to the Philippines to participate in a PHE workshop and study tour in a South-to-South exchange partially sponsored by the BALANCED project.

- A subagreement was finalized with GBM in May 2010.
- The TM was changed to Hoke in June 2010
- An intervention implementation plan was developed, submitted to USAID for approval and approved in May 2010.
- In June 2010, FHI 360 consulted with GBM on developing a costing tool to capture the costs of the intervention as per protocol objectives. Discussions were held with GBM management to ensure the activity reflects their priorities.
- Also in June, J. Castro (BALANCED Project PHE Technical Lead) worked with FHI 360 and GBM to develop messages for use in information and education materials.
- The research protocol was revised to focus primarily on feasibility and acceptability of incorporating a PHE intervention within GBM activities.
- A paper describing the activity was presented at the National Population Leaders Conference held in Nairobi on November 15-17, 2010.
- Hoke traveled to Kenya in December 2010 to join FHI 360/Nairobi and GBM team members in advancing study preparations. A rapid appraisal to inform the design of the intervention was conducted. Subsequent intervention design discussions emphasized sustainability and scalability.

Past Six Months:

- Vance traveled to Kenya in February 2011 to participate in a workshop to refine the details of the intervention plan and to develop the main PHE messages for the project. The workshop was attended by Ricky Hernandez from the BALANCED project. Senior GBM staff, FHI 360 study staff, and GRs participated in this workshop.
- The GR training curriculum was revised with input from curriculum design specialist, Lisa Moreau.
- The new protocol was finalized and re-approved by FHI 360 and USAID in May 2011.
- The protocol and other essential study documents were submitted to KEMRI and PHSC for ethical approval.
- Educational materials were prepared, including PHE posters, an illustrated flipbook, and FP brochures. Materials were pre-tested with community members.
- Research documents were drafted, including referrals slips that GRs will give to those they make referrals to, the data collection instruments, and performance monitoring tools.

Year 4 Workplan:

- Kenya IRB and PHSC approval will be obtained.
- The Green Rangers will be trained on the intervention activities and messages.
- Green Rangers will implement the intervention.
- Green Ranger performance will be monitored.
- The intervention tracking tool will be developed and used to document the intervention activities. It will also be linked to a tool to collect cost information for each activity.
- Research Assistants will be trained to collect the data that will be used to evaluate the intervention.
- After 6 months of intervention implementation, the intervention will be evaluated through focus group discussions, key informant interviews, and survey with GRs, as well as through the review of activity reports and performance monitoring tools. The number of referrals that were made and completed will also be evaluated.
- Data will be entered electronically and analyzed by relevant quantitative and qualitative methods.
- Results will be interpreted in a workshop with GBM.
- Work will begin on a research brief, and manuscript. The intervention materials will be packaged in a user-friendly format with the aim of helping other organizations build on the work in this research project.

Capacity Building for Population, Health, and Environment M&E and Advocacy in Uganda

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
890122	8/26/2010		TPetrunej
890037	6/30/2009		TPetrunej

Objective(s): 1) To increase Conservation Through Public Health's (CTPH) capacity to monitor and evaluate their population, health and environment program in Uganda (including utilizing mobile phone technology for M&E data collection), and 2) to increase CTPH's capacity to advocate for the population, health and environment model at all levels.

Note: As originally proposed, the objective of this activity was to evaluate the impact of an integrated PHE intervention on the accessibility of family planning services in Kisoro District, Uganda. However, due to the limited scope of CTPH programs, PROGRESS re-focused this activity on providing capacity building and technical assistance to CTPH to monitor, report, and promote the impact of an integrated PHE program. Therefore, as of April 2010, the activity is characterized as research utilization and capacity building rather than a research study. CTPH was closely involved in discussions to determine the new objectives and agreed to this change in direction.

Description: Population, Health, and Environment (PHE) interventions, for the purposes of this subproject, are those which integrate family planning and environmental activities under a single programmatic umbrella. Our partner in this work, Conservation Through Public Health (CTPH) works on issues related to gorilla conservation, animal to human disease transmission, health and sanitation, and family planning in Uganda. FHI 360 will utilize an institutional capacity-building approach to strengthen CTPH's ability to advocate nationally and regionally for a PHE framework with similar environmental entities. FHI 360 will also work with CTPH to improve their ability to generate data about the PHE efforts, with a focus on our shared pursuit of community-based provision of injectables. The anticipated improvement to monitoring and evaluation will allow CTPH to report more accurately to donors and partners and is envisioned as a necessary step in fostering future operations research opportunities for the ongoing partnership between FHI 360 and CTPH.

Subgrantee(s): Conservation Through Public health

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was assigned in July 2009.
- A concept paper was submitted for approval in September 2009.
- Ongoing discussions were held to refine and evolve the subproject scope and objectives.
- In April 2010, the scope, objectives, and technical monitor were revised to reflect the evolution of the subproject from a research study to a research utilization and capacity building effort.
- In May 2010, PROGRESS management and FHI 360/Uganda staff met with CTPH leadership in Uganda to jointly discuss the activities to be implemented in Year 3.
- Communications between FHI 360/HQ staff, FHI 360/Uganda staff, and CTPH staff followed in June 2010 and a draft workplan and budget were developed.
- The technical monitor was changed in June to T. Petrunej.
- In June 2010, FHI 360 and CTPH staff participated in a workshop hosted by the Wildlife Conservation Society and the BALANCED Project.

- In September 2010, the Executive Director of CTPH, Dr. Kalema-Zikusoka, co-authored a consensus statement with FHI 360 staff published in Science (activity FCO 996017) on the importance of FP to all MDGs, raising her profile as a global PHE champion.
- In September 2010, a CTPH staff member was supported to attend a Designing for Behavior Change workshop aimed at PHE outcomes hosted by the BALANCED Project in Tanzania.
- In Oct. 2010, a 12-month subagreement was finalized between FHI 360 and CTPH.
- In Nov. 2010, FHI 360 and CTPH co-hosted a one-day workshop in Kampala on PHE for key FP and environmental stakeholders in Uganda, with 64 participants.
- From Nov.-Dec. 2010, FHI 360/NC and Uganda staff assisted CTPH staff with the development of an organizational advocacy plan outlining their advocacy goals, objectives and key annual activities; the plan was finalized and shared with potential donors to solicit support for individual activities.
- In Nov. 2010, L. Gaffikin was contracted as a short-term consultant to help CTPH analyze and revise the organization's current M&E system and reporting requirements.
- In Dec. 2010, Gaffikin and CTPH staff submitted an updated M&E system, including a logic model, goals, objectives, and a preliminary list of related indicators for FHI 360 review.

Past Six Months:

- From January to May 2011, FHI 360 staff worked with CTPH to revise and finalize their goals and objectives, logic model, and identify new program indicators for family planning. This took longer than anticipated for multiple reasons, but particularly because of the capacity building approach being used. Rather than producing the deliverable for CTPH, FHI 360 is working to improve CTPH capacity (initially weak) to perform this function in the future.
- Between February and May 2011, FHI 360 staff walked CTPH staff through the process of identifying the requirements and specifications needed for their new M&E database.
- In May 2011, A. Brunie met with CTPH staff in Kampala to discuss the entire M&E portfolio of activities. It was agreed that FHI 360 will develop the database in June/July 2011, CTPH will develop the data collection forms with FHI 360 review, FHI 360 will train CTPH on the new database, and later the CTPH volunteers on the new data collection system. Preliminary discussions were held with CTPH staff about the advantages and disadvantages to introducing mobile phones to the M&E system. Discussions are ongoing.
- FHI 360 staff supported CTPH through the process of broadening their organizational advocacy strategy into a draft plan for the wider Uganda PHE Working Group, and provided guidance and office space for meetings, including those with external consultants (paid for by PRB).
- In June 2011, FHI 360 helped CTPH plan for and facilitate a meeting for the Uganda PHE Working Group (supported financially by PRB), to begin the development of a consensus group advocacy strategy.

Year 4 Workplan:

- CTPH, with oversight by FHI 360, will develop new data collection tools in paper form.
- FHI 360 will design a database for the new FP indicators and train CTPH staff on the database. CTPH volunteers will then be trained to use the new data collection system.
- Pending available time and resources, FHI 360 will tentatively explore advising CTPH on using mobile phone technology for M&E collection.
- CTPH and FHI 360 will continue to refine the CTPH PHE advocacy strategy and support CTPH's leadership of the Uganda PHE Working Group.

Mobile Phone Interventions for Reproductive Health (m4RH)

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Kenya, Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890057	8/25/2009		KL'engle
890019	2/4/2009		KL'engle

Objective(s): 1) To study the feasibility of using text messaging as a simple, low-cost method to reach contraceptive users with messages that can improve correct use and continuation of their chosen methods; and 2) to collaborate with local family planning programs and mobile phone service providers to scale-up the technology.

Description: Phase 1 of the Mobile for Reproductive Health (m4RH) program included collection of preliminary information to inform Phase 2 pilot studies on the feasibility and effectiveness of using text messaging to improve FP. The formative research was conducted with new, current, and potential contraceptive users who represent the main target audience for FP interventions. Formative research included women and men because men's support leads to greater contraceptive use and current texting programs demonstrate that men represent a substantial audience for texting. The formative research phase assessed mobile and SMS use, willingness to receive contraceptive messages via mobile phones, and issues related to the research process. In addition, contraceptive messages abbreviated to fit within character limits were tested for literacy and comprehension.

In Phase 2, m4RH is being launched as part of the pilot study. The first six months have focused on provision of the service as it is intended to be used to obtain valid estimates of feasibility and reach. The initial launch period provides content only, followed by the phase-in of basic questions about the user's age, gender, and where they learned about the service. Feasibility is being assessed by monitoring how many people use the service, the type of RH content accessed, and the age and gender of those reached by the service. The final three months of the pilot include more extensive data collection and electronic consent to the system to obtain initial indications of how the m4RH program can be evaluated in the future. This assessment will include brief electronic data collection on contraceptive knowledge, attitudes, and behaviors at two separate time points for each user. A subset of users will be asked to complete an in-depth interview to obtain additional feedback about the service.

Subgrantee(s): Text To Change (TTC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A working group on using mobile technologies for health was formed in Sep. 2008.
- Secondary data on mobile phone penetration in resource-poor settings was gathered Sep.–Nov. 2008.
- Formative research on feasibility and usability of m4RH was conducted in Kenya (KY) and Tanzania (TZ) in June 2009.
- The team traveled to TZ and KY to meet with partners; summary reports of the formative research were written and shared with collaborating partners in Oct. 2009.
- A community of practice was established in TZ. The first meeting took place in June 2009, and a second in Nov. 2009.
- The team investigated technical partners including Voxiva, Safaricom, and Text to Change (TTC). TTC was selected.
- The m4RH contraceptive message content and navigation scheme were finalized and pilot tested in Nov. 2009.
- Usability testing of the live m4RH system was conducted in Nov. 2009 in KY and Uganda.

- Follow-up meetings with clinic partners were held in KY and TZ in Nov. 2009 to discuss promoting m4RH in clinic settings.
- The protocol was approved by USAID, PHSC, and local IRBs in late 2009/early 2010.
- Promotional materials were developed and reviewed by partners in Dec. 2009.
- Trainings were conducted with Family Health Options of Kenya (FHOK) and Marie Stopes Kenya (MSK) clinics in April 2010 and with TZ partners in Aug. 2010.
- m4RH was deployed in Nairobi in May 2010 and Tanzania in Sep. 2010.
- The m4RH website was launched in May 2010.
- The team traveled to KY and TZ in Sep/Oct 2010.
- Partner discussions have proven promising for sustainability, as partners, MOH, and FHI 360 country offices see value in m4RH and want to adopt and adapt.
- The m4RH clinic locator service was made searchable by province in KY and TZ.
- m4RH messages and navigation were slightly revised in KY and TZ based on expert review, partner feedback, and analysis of early m4RH system data.
- Presentations: Sex:Tech in Feb. 2010; SHOPS on-line conference in May 2010, USAID Mini-University on Oct 8, 2010, NIH mHealth Summit on Nov 9, 2010, mHealth Working Group meeting on Dec 13, 2010.

Past Six Months:

- Demographic data collection was initiated in Kenya and Tanzania in January and April 2011, respectively. Demographic questions were sent by text message to small groups of users using varied data collection formats to find optimal methods for data collection via text. Several phone interviews with m4RH users were also conducted.
- In March, stakeholder meetings were held in Nairobi and Dar es Salaam to discuss issues around promotion, adoption, and scale-up of m4RH; meetings were attended by key FHI 360 staff, implementing agency partners, MOH officials, and donor organizations, including but not limited to USAID.
- The Kenya short code was changed in March; such that m4RH is now available free of charge to all mobile phone users in Kenya regardless of mobile phone provider (previously m4RH was only available on the Zain network).
- Partner engagement and monitoring of m4RH system data continued and additional family planning clinics were added to the m4RH clinic database in both Kenya and Tanzania.
- The team initiated formal updates for in-country partners. Updates include announcements related to areas of partner interest such as summaries of working group or partner meetings, as well as the most recent m4RH system data. Updates were sent in March-May 2011.
- The team has continued periodic discussions with Georgetown's IRH and USAID to pursue collaboration between m4RH and their SDM texting program, Cycletel, which is currently only available in India.

Year 4 Workplan:

- User research activities will continue in Kenya and Tanzania, including questions administered by text messages sent to users' mobile phones and follow-up telephone interviews.
- Staff will continue to monitor data for m4RH programs in Kenya and Tanzania.
- Potential opportunities for continuation of the m4RH program, as well as expansion into new countries and new content areas such as HIV will be explored with partners and potential funders (see also FCO 890129).
- Dissemination and future partnering inquiry visits will be conducted in late summer/early fall 2011.
- The m4RH pilot studies in Kenya and Tanzania will be completed.
- Staff will work on data analysis and manuscript generation.

Findings and Outcomes:

- MoH officials and partners are supportive of the m4RH strategy in Tanzania and Kenya.
- Preliminary findings from formative research indicate that women are interested and excited by the Mobile4RH concept. (<http://www.FHI>)

360.org/NR/ronlyres/e426xemcs6kxllp2t37p3k2h7sgpol5rjzft4gzqdwztaxjp7afnh6pck6hedydsyzzini
mbfe3o/FormativeResultsM4RH1.pdf) M2009-58.

- Findings from usability testing indicate that the proposed concept is technically feasible and navigable for potential users.
- Preliminary findings from m4RH user access data indicate the most frequently accessed content is natural family planning in both Kenya and Tanzania.

Global Research Utilization for M4RH and Mobile Technologies

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Worldwide

FCO 890129	Approved 12/1/2010	C&G Closure	Tech Monitor TZan
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Objective(s): 1) To expand the mobile for reproductive health (m4RH) text messaging service within Kenya and Tanzania and 2) to provide technical assistance at the global level related to m4RH development and implementation.

Description: The growing use of mobile phones and text messaging in developing countries prompted FHI 360 to develop and begin testing innovative ways to use this technology to improve family planning services. In 2009, PROGRESS began developing the Mobile for Reproductive Health (m4RH) activity, which has developed a set of text messages on family planning methods that users can access via their mobile phones. As the system has been implemented, partners in Kenya and Tanzania, as well as at a global level, perceive the m4RH platform as a feasible and affordable add-on to behavior change communication (BCC) activities or programs, particularly for youth audiences. Funds from the USAID Youth Champion were allocated to PROGRESS in September 2010, which will permit the expansion of the service to additional partners in Kenya and Tanzania as well as the provision of global technical assistance, including lessons learned about the development and deployment of m4RH, to other interested audiences.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In September 2010, \$80,000 was provided to PROGRESS for use on Youth activities. It was agreed with USAID that these funds would support m4RH and mHealth global research utilization, as the m4RH activity and mHealth programs have enormous potential to reach youth populations.
- An FCO was opened in December 2010.
- FHI 360 staff presented on partnering with TTC at the Dec. 2010 meeting of the US-based interagency mHealth working group.

Past Six Months:

- In Kenya, a strategic planning meeting was held in March 2011 with approximately 25 participants from USAID, GTZ, PSI, Jhpiego and the APHIA Plus projects. The Kenya Division of Reproductive Health (DRH) will chair a technical working group to continue discussions about mHealth opportunities.
- FHI 360 began sending regular email updates to partners; updates for Kenya went out in February and April.
- As part of her thesis, a Kenyan graduate student at the University of Copenhagen conducted interviews with partners around implementation issues while in the Nairobi office in February. She also interviewed m4RH users later in the spring.

- PSI/Kenya integrated m4RH into their contraceptive campaign targeting youth called “C-Word.” They have expressed interest in maintaining the service after the pilot period.
- In Tanzania, a strategic planning meeting was also held in March with approximately 15 participants from USAID, MST, Pathfinder, EngenderHealth and other local organizations. Current m4RH partners presented their experiences and new organizations expressed interest in promoting m4RH. GIZ and Ishi began promoting m4RH.
- Partner updates for Tanzania went out in March and April.
- An ad for m4RH was placed in a popular newspaper’s special edition for international women’s day in March 2011.
- At a GTL level, FHI 360 participated in meetings of the US-based interagency mHealth working group and also contributed to the K4H mHealth Toolkit by reviewing the mBCC section.
- Staff attended a Mobile Health & Social Marketing Workshop at George Washington University in May 2011 to represent m4RH.
- Discussions began around launching m4RH in Uganda if funds become available.
- M4RH was included in FHI 360/Kenya’s APHIA Plus proposal and workplan.

Year 4 Workplan:

- In response to partner requests, the clinic database will be searchable via multiple administrative levels (i.e. region, district) by September 2011.
- Continued data collection will directly feed into ongoing conversations with partners about how to expand m4RH and make it sustainable in both Tanzania and Kenya. Follow-up stakeholder meetings will be held in both countries for this purpose.
- As part of implementation documentation, a fellow and PhD student from UC San Francisco working with m4RH team will travel to Tanzania in July 2011 and interview partners, clinic staff, and CHWs in order to “map” how m4RH is being used and its effect on programs and use of FP services.
- A four-page brief illustrating key steps and lessons learned in developing and deploying m4RH will be developed.
- Staff will continue to contribute to the K4Health mHealth Toolkit and the mHealth interagency working group.
- A meeting with WHO may be explored in order to raise awareness within their organization of m4RH and its use of basic WHO FP messages.

Introducing an Evidence-Based Mobile Phone Job Aid for Community-Based Family Planning

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890087	3/4/2010		CLasway
890072	12/10/2009		CLasway

Objective(s): To foster the application of evidence-based practices using mobile phone-based applications during family planning service provision by community-based health workers.

Description: While the unmet need for family planning in Tanzania continues to be high (22%), the growth in use of modern methods has dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004/05). The use of community-based distributors (CBDs) helped increase utilization of family planning (FP) services in Tanzania historically. CBDs, by virtue of their consistent community contact, are in an excellent position to promote FP and to collect information that is

needed at the national level. However, CBDs often receive little training and have high turnover. As such, their adherence to evidence-based practices is limited.

Mobile phone technologies have tremendous potential for improving the quality of FP service provision in resource-poor settings such as Tanzania. They can act as a platform to disseminate and promote the use of evidence-based practices that facilitate task shifting. In addition, information about each client can be recorded at the point of care and then sent to a central database, providing for more accurate and timely collection of data.

Pathfinder International and D-Tree International are developing a phone-based application to support CBDs in effectively providing FP education, counseling and screening for FP services. FHI 360 has joined this team to facilitate and advance the application of evidence-based practices. Select job aids (Balanced Counseling Strategy, pregnancy and method-specific screening checklists) will be used to develop an algorithm for an initial prototype to be used by CBDs. As the use of this platform to enhance service provision in a CBD setting will be the first in its kind in Tanzania, monitoring will be a key aspect of the subproject. Stakeholder engagement, including work with the Ministry of Health (MOH), will also be a priority in order to acquire endorsement and facilitate utilization in other similar programs.

Subgrantee(s): D-Tree International

Collaborating Agency(s): Pathfinder International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A concept paper for this subproject was sent to USAID in October 2009.
- Following USAID review and approval, an FCO was assigned.
- The writing of an implementation plan, outlining the roles of the various partners and the specific monitoring activities, was completed.
- In March 2010, this activity was put on hold pending funding availability.
- Funding became available in December 2010 and the activity was reopened.

Past Six Months:

- A revised budget and workplan was approved by USAID.
- In February 2011, a fixed-price contract was signed with D-Tree.
- In May 2011, the activity was introduced and endorsed by the RCHS.
- In June 2011, the algorithm for screening and counseling was reviewed by D-Tree, FHI 360, and Pathfinder.

Year 4 Workplan:

- The mobile tool will be introduced and pilot testing will occur.
- Monitoring activities, including program and costing documentation, will begin.
- Stakeholder engagement activities will be conducted.
- Pilot testing will continue.
- Data on CBDs' experience with the tool, as well as clients' experience being counseled with the new mobile job aid will be collected.
- Stakeholder engagement and program and costing data collection will continue.
- Data analysis and report writing will be completed.
- Results will be disseminated.

Scaling-up Phone-based Job Aids to Facility-based Family Planning Services

Status: *In Approval*

Projected End Date: 3/31/2013

Country(s): Tanzania

FCO 892036	Approved 7/1/2011	C&G Closure	Tech Monitor ENdakidemi
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Objective(s): To scale-up mobile phone-based applications for FP counseling and screening to facility-based service providers.

Description: The utilization of mobile phone technologies has tremendous potential for improving the quality of FP service provision in resource-poor settings such as Tanzania. They can act as a platform to disseminate and promote the use of evidence-based practices that facilitate task-shifting. In addition, information about each client can be recorded at the point of care and then sent to a central database, providing for more accurate and timely collection of data. Phone-based systems are expected to eliminate the need for paper-based job aids and/or records, while enabling more complex decision trees for identifying the most appropriate methods of contraception to meet each client's needs.

FHI 360 is currently working with D-Tree International and Pathfinder International on a mobile phone-based application to support community-based distributors (CBDs) of to effectively provide family planning education, counseling, and screening for family planning services. This pilot is built upon an existing phone-based application called CommCare, which is currently used to improve the effectiveness of HIV/AIDS home-based care provider programs operated by Pathfinder.

This field support funded activity responds to the Ministry of Health and Social Welfare (MOHSW) interest in adopting this application for facility-based service providers. FHI 360 will work with D-Tree International to adapt and scale-up the innovation to facility-based services in Morogoro, Iringa, Dodoma, and Singida regions.

Subgrantee(s): D-Tree International

Year 4 Workplan:

- PROGRESS and D-Tree will develop a subagreement and implementation plan.
- Endorsements will be sought from National Family Planning Technical Working Group on the scope of job aids to be programmed on the phones.
- The current e-FP algorithm will be adapted to facility-based FP services, to include additional methods provided in the facility and data collection variables.
- The new e-FP algorithm will be pilot tested and introduced to selected facilities.
- Monitoring activities, including program and costing documentation, will be conducted.
- Stakeholder engagement activities will be conducted.
- Data on health providers experience with the tool, as well as clients' experience being counseled with the new mobile job aid, will be collected.
- Program implementation and costing will be documented.
- Guidelines for national scale-up will be drafted based on lessons learned.
- PROGRESS will support the scale-up process and explore and implement mechanisms to facilitate sustainability.

Development and Evaluation of a Campaign to Increase Continuation of Hormonal Methods

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890067	11/19/2009		HBurke
116105	7/14/2006	4/30/2010	HBurke

Objective(s): To develop and evaluate the effect of a communication campaign designed to increase contraceptive continuation among FP users, particularly injectable users.

Description: Despite increases in contraceptive prevalence over the past decades, discontinuation rates are high among women in the developing world. This is especially true in Kenya where 33% of married women are currently using a modern method, but over 19% of contraception users discontinue within 12 months, despite still being in need of contraception. The true impact of contraception (improved maternal and infant health, quality of life and economic well-being) will not be realized until all women who want to prevent pregnancies are using their method of choice continuously and effectively. Interventions focused on increasing continuation rates are sparse. It is logical to look at interventions that have increased contraception adoption. Communication campaigns have been successful in increasing contraceptive adoption around the world, including Kenya.

This study developed, implemented and tested the effects of a communication campaign on increasing contraceptive continuation rates among injectable users in Nyando District. Qualitative research within a theory-driven framework was used to develop the messages communicated in the campaign to contraceptive users and their salient references (male partners, mother-in-laws, providers, and religious leaders). Two rounds of focus groups were conducted to determine why women discontinue and the most effective ways to deliver the campaign. Next, extensive product testing refined the final campaign components. To test the campaign's effects on increasing continuation rates, the treatment site received the campaign whereas the control site did not receive the campaign. At each site, 500 new injectable users from the study clinics were enrolled into the study and given baseline interviews. The campaign was implemented in the treatment site beginning April 1, 2009. A new cohort of participants was interviewed over 9 months to measure continuation rates. This research activity transitioned to PROGRESS (FCO 890067) in Dec. 2009.

Collaborating Agency(s): Division of Reproductive Health; PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Approval to implement under the CRTU was received July 2006.
- FHI 360 developed a partnership with PATH/Kenya where FHI 360 is responsible for conducting the formative research and evaluation, and PATH for creating and implementing the campaign components.
- FHI 360 entered into a subagreement with the Tropical Institute of Community Health (TICH) in June 2007. The subagreement was terminated Feb. 2009.
- The protocol was approved by PHSC in Jan. 2007 and by the Kenyatta Hospital Ethics Review Committee in May 2007.
- FHI 360 analyzed the 1st round of focus group discussions (FGD R1) and provided results to PATH in Dec. 2007.
- FHI 360 and PATH developed the preliminary messages based on FGD R1.
- The study was delayed due to post-election violence in Kenya.

- In April 2008, TICH recruited 1000 participants for the pretest activity. Data collection ended in May 2009.
- FHI 360 analyzed the 2nd round (R2) FGD data and wrote an internal report for PATH.
- FHI 360 and PATH developed the preliminary products for the campaign based on FGD R2.
- FHI 360 analyzed data from the media product testing activity and wrote 2 internal reports specifically for PATH and Radio Ramogi. The communication campaign was finalized based on the results.
- At the end of March 2009, the clinic-based campaign components were distributed to Nyando District clinics and PATH/APHIA trained 195 community health workers in Nyando District.
- In May 2009, PATH aired 4 30-minute live radio programs on Radio Nam Lolwe in Nyando District. The 3 PATH funded radio spots were aired 60 times total on Nam Lolwe in July.
- In April 2009, FHI 360 recruited 1000 participants for the post-test. Data collection ended in April 2010.
- The 6 FHI 360 funded radio spots were aired daily April-December 2009 on Radio Ramogi in Nyando District. FHI 360 purchased data from the Steadman Group to monitor the spots.
- A manuscript was unsuccessfully submitted to Studies in Family Planning in Aug. 2010. And a manuscript based on FGD R1 was submitted to three journals between Dec. 2009 and July 2010.
- The study transitioned to PROGRESS in Jan. 2010.
- Post-test data was entered and analysis began.

Past Six Months:

- A manuscript based on FGD R1 was accepted at the African Journal of Reproductive Health in May.
- A manuscript based on the pre-test data was submitted to the Journal of Biosocial Science in March.
- FHI 360 conducted analysis of the post-test data.

Year 4 Workplan:

- Burke will write a manuscript and disseminate the study findings in conjunction with FHI 360/Kenya.
- The FCO and subproject will be closed by Sept. 2011.

Findings and Outcomes:

- The 1st round of FGDs found that discontinuation of contraceptive use is common and women do not always have control over the use of contraception. Five salient reference groups were identified to influence contraceptive decision making (husbands, mother-in-laws, FP providers, community leaders, and long term contraceptive injectable users). Common reasons for discontinuation include side effects, husbands' and mother-in-laws' refusal, myths, stockouts, and lack of cash. The current users of injectables and salient reference groups had a low level of knowledge regarding side effects of contraceptives, especially injectables.
- In the 2nd round of FGDs the results indicated that most preliminary messages were understandable and persuasive to their target groups. The only exceptions were messages for service providers and current injectable users that were perceived to be only somewhat persuasive.
- Participants provided invaluable feedback that has been utilized to propose amendments to the messages. Participants identified local radio stations as the most effective mode of disseminating the messages. Non-interactive modes of communication like posters and leaflets were mentioned as well. A 3rd preferred mode of communication involved community interactive strategies such as talks, trainings, and skits. These results informed the development of the preliminary media products.
- Two internal reports were written by FHI 360 to present the results from the product testing activity. The preliminary media products (brochures and posters for injectable users, husbands, and providers; 3 radio spots for husbands, mother-in-law, and injectable users; and 6 radio features) were well received by target groups, and found to be acceptable and persuasive. A summary of specific recommendations were provided.
- The following factors predicted discontinuation in the pretest: side effects or health concerns, nervousness about using contraception, no previous use of modern FP, unmarried at study enrollment, preferring more privacy during FP appointment, and paying more for FP services. Associations between predictors and discontinuation differed between the districts, as did rates of discontinuation. Findings suggest a tailored approach for interventions to increase continuation and that FP services address side effects and health concerns.

Support to Meridian to Engage the Private Sector in Family Planning and Women's Health

Status: *In Approval*

Projected End Date: 8/31/2012

Country(s): Worldwide

FCO 890145	Approved 8/3/2011	C&G Closure	Tech Monitor KGanter
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Objective(s): To provide funding to the Meridian Group International to 1) Build the capacity of twenty-five family planning and health organizations, environmental groups, and interested parties to advocate for women's health and FP standards and codes with international corporate social responsibility (CSR) institutions and multi-national corporations; 2) Engage one or two leading organizations that represent one of the four types of multilateral and international institutions that have systemic influence on the workplace CSR standards and codes of corporations to adopt women's health and FP/RH policies; and 3) Leverage private sector financial support for long-term standards development and advocacy for women's health from 1-3 corporations, corporate foundations and private foundations focused on women's health.

Description: With funding provided by PROGRESS, Meridian Group International will engage and work with the private sector, international corporate social responsibility institutions, and multi-national corporations to support and promote improved women's health and family planning (FP) standards and policies. The work involves the establishment of a coalition, but Meridian's approach will be mainly to work through existing groups and systems rather than creating new mechanisms. Much of the work involves organizing meetings, presenting at events, developing contacts and supporters – in short, undertaking the basic legwork of networking, education, and advocacy.

Subgrantee(s): Meridian Group International

Year 4 Workplan:

- Meridian is currently finalizing the scope of work and workplan. It will be sent to PROGRESS in August.
- The subagreement will be submitted for review and approval before final execution.

Legacy Area 3: Expanding the Family Planning Method Mix for Home, Community, and Lower-Level Provider Use

PROGRESS's third legacy area focuses on expanding the family planning method mix. As part of that objective, PROGRESS is asking why more women are not currently using contraceptives through a pair of studies in Rwanda. Remaining studies focus on expanding use of newer and lesser-used methods. This section is organized by method, starting with six studies on injectable contraceptives, two of which focus on subcutaneous DMPA and two of which aim to have injectables added to the method mix in India. A pair of studies on Sino-Implant (II), in Kenya and Pakistan, follows. Then there are five additional activities on implants, two of which focus on expanding access to Implanon (and now IUDs as well) in Ethiopia. This section continues with four activities on IUDs, in Kenya and India. There are two activities on male sterilization and one broader LAPM activity in Kenya. This section ends with an activity on continuous use of oral contraceptives and a proposed meeting on endometrial bleeding.

Social and Cultural Barriers to Expanded Contraceptive Use in Rwanda

Status: Ongoing

Projected End Date: 8/31/2011

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890056	8/24/2009	10/31/2010	JWesson
890007	1/1/2009		ABrunie

Objective(s): 1) To clarify the most prevalent reasons for non-use of family planning (FP) among Rwandan women and assess the relative importance of these reasons; 2) to examine barriers to modern contraceptive use, with particular focus on religious and cultural barriers and misinformation and obstacles linked to physical and economic access to and perceived quality of family planning and reproductive health services; and 3) to explore psychosocial factors influencing modern contraceptive use.

Note: The title and objectives of this subproject were modified as the study progressed from a concept paper to the development of the protocol in May 2009.

Description: Rwanda's president has declared FP a priority for poverty reduction and the development of the country, and the government's Economic Development and Poverty Reduction Strategy calls for an increase in modern contraceptive prevalence from 10% in 2005 to 70% in 2012. Few studies have been conducted in Rwanda to examine the factors that constrain use of FP services. This study aimed to address this gap and respond to the governments' informational needs with a view to inform future programs and policies aimed at increasing contraceptive prevalence.

A combination of quantitative and qualitative methods was used: a community-based survey of 637 women and in-depth interviews with a separate sample of 54 women and 27 partners in 21 enumeration areas within five districts of Rwanda. One district was randomly selected in each province and Kigali city. Households were listed within each enumeration area and randomly selected. Eligible women within the selected households were in union, between 21 and 49, not pregnant, and had at least one living child. If there was more than one eligible woman in a household, one woman was randomly selected. A subset of households was randomly drawn; women in these households were invited to participate in an in-depth interview and others in the survey. The partner of every other woman interviewed in an in-depth interview was also invited to join the study for a separate in-depth interview. Eligible men were 21 years or older and permission from the woman had to be obtained first. Survey data were collected using PDAs. In-depth interviews were digitally recorded. The survey response rate was over 95%. Data were collected between November 2009 and February 2010 in the local language by trained field workers. Findings are applicable to the five districts but may not adequately represent the entire country.

Subgrantee(s): School of Public Health, Kigali

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- PROGRESS staff completed an annotated bibliography and a literature review to inform the development of the protocol in April.
- A reconnaissance trip was made to Rwanda in May to inform the development of the protocol and explore local partnerships for data collection.

- The protocol was approved in August, informed consent forms in September, and data collection instruments in October. Data collection instruments and informed consent forms were translated to Kinyarwanda in October 2009.
- PHSC and local IRB approvals were obtained in October 2009.
- A trip was made to Rwanda in October/November to recruit field workers, train them in quantitative and qualitative research methods, pre-test data collection instruments, and initiate data collection.
- A subagreement was finalized and approved internally and by USAID in November and subsequently signed by the subgrantee.
- A trip was made to Rwanda in January to conduct an intermediary workshop on qualitative data analysis, and monitor the progress of fieldwork.
- Data collection was completed in 6 of the 21 enumeration areas targeted in the study in February 2010.
- PDA data were transferred electronically to FHI 360/NC and converted into a dataset in March/April 2010.
- In-depth interviews were translated and transcribed. Transcripts were sent to FHI 360/NC in March/April 2010.
- Preliminary analyses of the quantitative and qualitative survey data were conducted in April/May 2010.
- Qualitative and quantitative data analyses were completed and quantitative and qualitative findings were compared and synthesized in September and October 2010.
- A trip was made to Rwanda in October to present results in a workshop and to discuss the implications of findings with in-country partners.
- A research brief summarizing the findings was drafted in October 2010 and distributed at the dissemination meeting. Feedback from the dissemination meeting was subsequently incorporated into the research brief.
- A more focused discussion on actionable findings from the study was held with members of the FPTWG in November 2010, which led to certain new activities being incorporated into the Joint FP Action Plan.

Past Six Months:

- The research brief entitled "Expanding Contraceptive Use in Rwanda" (M2010-78) was finalized in January 2011.
- In collaboration with IntraHealth, key study findings were disseminated to journalists in March 2011 and Ugandan Parliamentarians in May 2011 (funded under FCO 890045 and by IntraHealth).
- A draft of a manuscript for submission to a peer-reviewed journal was completed in April 2011.
- The manuscript underwent internal review in April/May 2011.

Year 4 Workplan:

- Changes will be made to the manuscript based on feedback received and the manuscript will be submitted to a peer-reviewed journal by July 31, 2011.
- Project wrap-up activities will be completed by the end of August 2011.

Findings and Outcomes:

- Key findings include:
- Modern contraceptive use among the survey participants was very high. Overall, 50% were currently using a modern method and 66% had ever used one.
- The main reasons for current non-use reported by women intending to use a method in the future were fertility-related, specifically breastfeeding (15%) and waiting for return of menses (58%). This suggests that postpartum women in particular need more accurate information about when they are at risk for another pregnancy.
- Factors associated statistically with increasing the likelihood of contraceptive use were: having some education, having more children, being sexually active in the past month, having a partner who supports FP, and attending a FP talk by a community health worker.

- Factors associated statistically with increasing the likelihood of not using a method were: being older, being less than six months postpartum, wanting a child within 12 months, hearing a FP message in the media, distrusting contraception, and acknowledging a set of barriers to contraceptive use.
- The study found no evidence that lack of knowledge of contraceptive methods and access to services were barriers to FP use.
- Client reports indicated that providers mostly relied on the presence of menses to rule out pregnancy before providing a method.
- The IUD was the least known method. Utilization of long acting and permanent methods other than implant was low.
- Men appeared to be mostly supportive of contraceptive use; however, they may benefit from increased information. Community health workers emerged as an important communication channel in reaching men.
- While use of contraception was high in this population, study findings led to several suggested programmatic actions. Women would benefit from messages that effectively communicate risk of pregnancy, particularly in the postpartum period. Providers may also benefit from additional instruction on postpartum women's FP needs and eligibility for contraception. Provider use of alternative screening methods such as the pregnancy checklist should be introduced or reinforced. Presentation of information about IUDs and sterilization could be improved. Information supporting FP needs to reach men, who play a key role in a woman's decision to use contraception; these efforts should utilize community health workers.

Supply-Side Barriers to Expanded Use of Contraception in Rwanda

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Rwanda

FCO 892022	Approved 8/23/2010	C&G Closure	Tech Monitor JWesson
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Objective(s): The proposed objectives are: 1) To explore provider knowledge, attitudes and confidence in providing family planning (FP) methods; 2) To objectively measure quality of care in family planning counseling; 3) To identify supply-side obstacles (e.g. medical barriers, lack of training, reasons why a provider may not offer or deny a family planning method to potential user) and actions to address them.

Description: The Social and Cultural Barriers to FP Use in Rwanda study (FCO 890007) was a mixed methods cross-sectional community-based study exploring barriers to modern contraceptive use among Rwandan women, with a particular focus on psychosocial factors, religious and cultural barriers, misinformation, and obstacles linked to physical and economic access to and perceived quality of FP services. While respondents in that study were asked their perceptions about the available FP services, the study did not examine barriers to providing FP services from a service delivery perspective. However, there was some evidence that medical barriers may influence women's decisions. For example, 41% of respondents thought that they had to be menstruating to initiate a method, and 54% said that a woman must take medical tests before getting an FP method. These findings indicate that more research into provider attitudes and behaviors is warranted to get a full picture of potential barriers to FP use in Rwanda. At the request of the Ministry of Health, FHI 360/PROGRESS will conduct a companion study to examine these supply-side questions.

The study will be done in health facilities that serve the 21 enumeration areas that were used for the original study on social and cultural barriers. Approximately 80 facilities were mentioned by respondents as places they would go to get FP. Due to resource constraints, 20 of these facilities will be randomly selected for inclusion in this study. FP providers and managers will participate in semi-structured in-depth interviews assessing training needs and their knowledge and attitudes about FP, perceived medical reasons that contraindicate FP methods and the specific methods available. In addition, providers will be asked about the confidence they feel in providing each of the methods. Quality of counseling and presence of medical barriers will be measured via mystery client visits.

Collaborating Agency(s): Ministry of Health, Rwanda; Rwanda School of Public Health, Kigali

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funding for this activity was received as of September 2010 from the USAID/Rwanda mission.
- A concept paper and draft workplan were submitted to the Mission in November 2010.
- This follow-on study was added to the official MOH 2011 Family Planning Workplan in November 2010.

Year 4 Workplan:

- The Rwanda Mission has indicated that additional field support funds will be available for this study.
- The study protocol and data collection instruments will be developed and submitted to USAID, PHSC, and National Ethics Committee for approval.
- The team will begin conducting the fieldwork.

Acceptability of Subcutaneous DMPA in Uniject

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Senegal, Uganda, Kenya

FCO	Approved	C&G Closure	Tech Monitor
890124	10/5/2010		MMueller
890123	9/29/2010		MMueller
892017	7/12/2010		SDiop
890022	2/18/2009	9/30/2010	HBurke

Objective(s): 1) To measure the acceptability of Depo-subQ in Uniject among clinic-based family planning providers and clients; 2) to measure the acceptability of community-based distribution of Depo-subQ in Uniject among community health workers (CHWs); and 3) to assess provider training materials.

Note: A cross-departmental working group was established to identify potential approaches for forecasting demand for selected new technologies and potential viability of programs that provide them. After several meetings, and with the guidance of USAID, the focus and title of the subproject was changed to assessing the acceptability of Depo-SubQ in Uniject.

Description: Depo-subQ in Uniject will be available for distribution in developing countries in the future. The addition of this new method is anticipated to increase the use of family planning. This outcome hinges on the method being acceptable to in-country decision makers, family planning providers, and users. Using the following methods, this study will assess acceptability of Depo-subQ in Uniject and offer recommendations for the introduction of this method. Step 1: Select family planning facilities and CBD programs (if available) in each country. Step 2: Train providers within each study facility and CHWs to

administer the method. Step 3: Recruit 100 current intramuscular (IM) DMPA users from study facilities who will receive one dose of Depo-subQ in Uniject instead of their usual IM injection and complete pre- and post-injection questionnaires to measure acceptability and future intention to use the new method. Interview participants again at 1-week and 3-months post-injection. Step 4: Invite eligible women who chose not to receive the subcutaneous formulation to complete a short questionnaire to identify the reasons why they do not want to receive the new method. Step 5: Conduct in-depth interviews with study providers to measure acceptability, future intention to administer the subcutaneous formulation and recommendations for introduction of the new method. Step 6: Analyze data from the small user trials, write a joint publication of the overall results at all sites, write summary report for each country, and distribute the report in each country and to study partners.

Subgrantee(s): PAAL, Wellshare International (Uganda), CEFORP (Senegal)

Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- This activity was merged with work originally planned under PROGRESS, Model programmatic and procurement decisions and their consequences. In June 2009, the concept proposal was submitted to USAID.
- FHI 360 has regular teleconference meetings with PATH to ensure the acceptability study is in line with the pre-introductory work PATH is conducting.
- Burke presented the protocol at the PATH “Depo-subQ in Uniject Work Plan” meeting and the draft protocol was sent to USAID in Dec. 2009.
- Burke submitted the Malawi protocol to PHSC in Jan. 2010 and received approval in May 2010. Translation of study documents was then completed.
- Burke submitted a request for donated product to Pfizer in May 2010.
- The Senegal mission will contribute funds for the study in their country (FCO 892017). (See also FCO 890051.)
- An update of the study was presented at the Uniject® Device Integrated Introduction Planning Meeting in May 2010. Study partners were concerned about having data from only 1-2 countries and felt it was important to collect data from community health worker (CHW) clients who receive Depo-subQ in Uniject. Burke then developed the protocol amendment to incorporate CHW client data collection.
- PATH requested additional funding from the Gates Foundation in June 2010 to allow FHI 360 to conduct the study in a third country and add CHW client data collection. Kenya was later selected. Contract negotiations between PATH and FHI 360 began in Dec. 2010.
- In July 2010, Burke attended a meeting with USAID and PATH to discuss research plans.
- In Sept. 2010, PROGRESS and USAID determined not to continue with Malawi as a study site. FCO 890022 was subsequently closed.
- Burke prepared a presentation to summarize the study for the Senegal DMPA technical working group (TWG).
- The protocol was adapted for Uganda, which was selected as a replacement site for Malawi. The protocol was approved by USAID in Oct. 2010 and submitted to the local IRB.
- Burke developed a site-specific protocol for Senegal for clinic-based activities.
- FHI 360 provided feedback to PATH’s training materials.

Past Six Months:

- In May 2011, local IRB approval for the amended Uganda protocol was received. It was determined that FHI 360/Uganda will lead the study in-country rather than another implementation agency. The data collection forms were translated and back-translated.
- The Senegal clinic-based protocol was approved by PHSC in May 2011. At the recommendation of the local TWG, the protocol will not go to the local IRB until after the CBD of DMPA IM protocol (another PROGRESS study) goes in. This may delay implementation but it may also prove beneficial in determining whether or not a feasibility component will be required for the community-based protocol yet to be developed.

- CEFOREP was identified as the local implementing agency in Senegal.
- In June 2011, Pfizer received MHRA approval of the product.
- In Feb. 2011, the study was granted donated product from Pfizer. Final contract negotiations are underway.
- Burke traveled to Seattle in Feb. 2011 to participate in a Global Technical Advisory Group meeting, provide an update on the study, and meet with partners.
- Final negotiations with PATH for the inclusion of the Kenya site are ongoing. PATH will conduct the CHW client data collection, for which FHI 360 has provided the data collection instrument. The FHI 360/Kenya office will be the local implementing agency.
- FHI 360 has contracted with Pharm Access Africa Limited (PAAL) for local regulatory applications and product management in Uganda and Senegal.
- FHI 360 began drafting the study manual and training, including the clinical supply plan, safety management plan, standard operating procedures/work instructions, and presentations.
- Client data collection will be done with PDAs. Programming in English is nearly complete.

Year 4 Workplan:

- Contracts with Pfizer and PATH will be executed.
- The study manual and training material development will be completed then translated into French.
- Provider study training will be developed (after PATH's training is conducted on use of the Uniject device, providers will be trained on relevant study activities such as obtaining informed consent and reporting serious adverse events).
- PDA programming will be completed in English and local languages.
- HQ will continue working with in-country staff and partners to plan for study initiation.
- Burke will complete modifications for a Kenya-specific protocol.
- Burke will develop the protocol for community-based activities in Senegal.
- PHSC, PATH's IRB, and local IRB approval for the Senegal and Kenya protocols will be obtained.
- We will contract with PAAL for the Kenya site.
- Approval from local regulatory agencies will be obtained to bring the unregistered product into the study countries under a research protocol.
- FHI 360 will identify and develop subcontracts with in-country implementing agencies.
- PROGRESS will initiate study after regulatory approval for study product and IRB approvals are received.
- FHI 360 will negotiate budgets/contracts with in-country implementing agencies.
- PROGRESS will initiate study after MHRA approval for study product is received (done) and results from the PK study proved favorable (expected early August 2011).
- We will continue bi-weekly teleconference meetings with PATH to ensure the acceptability study is in line with the pre-introductory work PATH is conducting.

Pharmacokinetic Study of DMPA SC Injected in the Upper Arm

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): USA, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890088	3/16/2010		VHalpern
890078	1/12/2010		VHalpern

Objective(s): To determine the pharmacokinetic profile of medroxyprogesterone acetate during 120 days following injection in the upper arm of the subcutaneous formulation of DMPA.

Description: PROGRESS is keenly interested in evaluating the acceptability of subcutaneous DMPA 104mg in the Uniject device (DMPA SC in Uniject), and the feasibility of introducing the product into community-based programs. The effectiveness of the product has been well demonstrated when injection is done in the abdomen or upper thigh, but effectiveness has not been tested for injections in the upper arm, the likely preferred site for users in community-based distribution programs. Although there is no reason to suspect that the contraceptive effectiveness of DMPA SC will depend on the site of injection, a pharmacokinetics (PK) study seems prudent to demonstrate that the blood levels of medroxyprogesterone acetate (MPA) adequate for effective contraception are achieved when injection is done in the upper arm.

Note: This study was originally intending to use the Uniject device, but due to lack of product, Sayana, the Pfizer pre-filled glass syringe, will be used.

Subgrantee(s): Eastern Virginia Medical School

Collaborating Agency(s): PATH

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A concept proposal was drafted and submitted to USAID/W for approval.
- EVMS was selected as the clinical site and a subagreement was developed.
- PPD Development was selected as the laboratory for MPA testing.
- The study budget was finalized.
- PHSC and local IRB (Chesapeake IRB) approval was received in April 2010.
- Study initiation training was conducted in April 2010.
- Study product was donated and shipped by Pfizer in May 2010.
- The study was initiated in May 2010.
- The first monitoring visit occurred in September 2010.
- The protocol was amended for the first time in September 2010 to allow women with higher BMI to be enrolled in the study. This amendment was approved by PHSC and the local IRB in October 2010.
- The first batch of samples were sent to PPD & analyzed in November 2010. An informal review of the data was done in December 2010, which included the unexpected result of three clients with blood MPA levels less than the established threshold of .2ng/ml.

Past Six Months:

- The protocol was amended a second time in January 2011 to allow additional women to be enrolled into the study until 24 women (the planned sample size) contributed data to the final analysis. This amendment was approved by PHSC and the local IRB in January 2011.
- The second batch of samples were sent to PPD & analyzed in January 2011. An informal review of the second batch data confirmed the previously detected low blood MPA levels of three clients but did not detect any new clients with low levels of MPA. This warranted the decision to proceed with the trial as planned.
- Enrollment was completed in February 2011.
- The last follow-up visit took place in June 2011.

Year 4 Workplan:

- The next monitoring/close out visit will occur in July 2011.
- A monitoring visit to the PPD lab will also occur in July.
- The final batch of samples will be sent to and analyzed at the PPD lab in early July 2011.
- Data cleaning and analysis will take place in August 2011.
- The subagreement will be closed in August.
- A statistical report and manuscript will be written in September 2011.
- The study FCO will be closed by December 2011.

Acceptability and Feasibility of Home Injection of DMPA

Status: Canceled

End Date: 9/30/2010

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890084	2/19/2010	8/4/2010	PFeldblum

Objective(s): 1) To measure the willingness of current users of DMPA to try self-injection with the Uniject device; 2) To measure the acceptability of self-injection of Depo-subQ in Uniject among current DMPA users; 3) To measure the continuation of self-injection during 6 months of follow-up of acceptors; and 4) To provide recommendations for the feasibility and promotion of self-injection in family planning programs.

Description: Subcutaneous DMPA in the Uniject device (Depo-subQ in Uniject) will be available for research in developing countries in 2010, and for local registration and procurement shortly thereafter. The addition of this new lower-dose and lower-tech presentation of DMPA should increase community access and use of injectable contraception. USAID's roll-out of Depo-subQ in Uniject raises important questions related to the product's use by clinic-based providers, by community-based health workers, and by pharmacists. Other FHI 360 research will assess the acceptability of the method among family planning providers (clinic- and community-based) and users. This study would have assessed the feasibility of self-injection of Depo-subQ in Uniject, and provide guidance on ways to promote self-injection.

Stakeholder interviews would have been held to assess the acceptability of home injection of DMPA to the medical community and interviews would have been held with women to learn how a program of self-administered Depo-subQ might best meet women's contraceptive needs. In a small user trial, current DMPA users in rural areas would have been tracked to assess feasibility. Research questions would have included: 1) What percentage of women express interest in self-injection and enroll? 2) What percent of those interested actually agree to be trained? 3) What percent of those trained actually self-inject? 4) What percent of self-injectors do so again 3 months later? 6 months later?

The small user trials would have yielded recommendations for training, logistics planning, and counseling points that would be beneficial for health facilities to consider prior to introducing Depo-subQ in Uniject to their clients.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A concept paper was drafted and sent to USAID for review in February 2010. Work began on a protocol.
- However, the study was placed on hold pending funding and product.
- It was determined that sufficient time and resources are not likely to become available within the context of the current PROGRESS project. As such, this activity was cancelled and the FCO closed in August 2010.

Development of LNG - Butanoate with CONRAD, 2010-2012

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
890071	12/4/2009		LWilson
890069	12/4/2009		LWilson

Objective(s): To provide funding to CONRAD to manufacture materials for a pharmacokinetic study of LNG-butanoate.

Description: This activity is being funded via an interagency agreement with NIH and USAID. FHI 360 has no study-related tasks assigned under this activity. Reporting of this activity to USAID will be done by CONRAD.

Subgrantee(s): CONRAD

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An FCO was established in December 2009.
- The subagreement was drafted and sent to USAID/W for approval.
- USAID/W approval for the subagreement was received on December 30, 2009 and the subagreement was subsequently sent to CONRAD for signature.
- FHI 360 transferred the first tranche of funds (Year 2) to CONRAD on February 15, 2010.
- Additional funding for Year 3 was requested, and received in October 2010.
- An amendment to the subagreement for the new funding was sent to USAID for review and approved as of November 23, 2010. It was sent to CONRAD for signature in December 2010.

Past Six Months:

- No activities occurred during this reporting period. Any requests for funds were handled between CONRAD and USAID directly.
- The activity is being implemented by CONRAD and additional reporting to USAID will be done by CONRAD.

Year 4 Workplan:

- An amendment to add Year 4 funds to the current subagreement will be negotiated with USAID and CONRAD.
- Year 4 funds will be transferred to CONRAD once received by FHI 360.

Assessing Continuation of DMPA Among Users in the Private Sector

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): India

FCO 892025	Approved 10/1/2010	C&G Closure	Tech Monitor RAdhikary
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Objective(s): 1) To summarize information about current DMPA activities in India, including identifying DMPA providers trained by various private sector schemes and NGOs and summarizing DMPA-related service statistics; 2) to describe DMPA acceptability and use experiences among Indian women, including reasons for discontinuation of DMPA; 3) to examine how providers' knowledge, attitudes and motivations influence DMPA uptake and continued use; and 4) to assess how different service delivery environments may influence acceptability and continued use of DMPA (including follow-up of clients).

Description: In India, the Ministry of Health and Family Welfare (MOHFW) would like additional India-specific evidence on continuing use of DMPA. FHI 360/PROGRESS in India has received funds from the USAID/India Mission to support the gathering of this evidence through an assessment. The assessment will collect information on the current DMPA activities in India, including the experience of existing injectable users and their reasons for continuation or discontinuation. It will also examine knowledge and attitude of providers and assess different service delivery environments. The aim of the assessment will be to inform policy makers in India, specifically the MOHFW, on whether or not to introduce injectable contraception more broadly (in the public sector) in India. The study will be conducted in areas where DMPA is provided through organized networks, including Mumbai and Kolkata.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funding approval for this study was received in September 2010 from the USAID/India mission.
- A detailed concept note and assessment design were prepared and submitted to the USAID/India mission for review and approval.

Past Six Months:

- The protocol was developed, reviewed, and submitted to PHSC and a local IRB for approval. The local IRB, while suggesting a few changes, has given approval.
- A consultative meeting was held with Population Council to explore the opportunities for collaboration as they are also conducting a similar study.

Year 4 Workplan:

- The protocol and the study instruments will be modified as per the suggestions of IRB and finalized by June 30, 2011.
- Contracts/sub agreements will be entered into with the research partners and the research agency selected by July 31, 2011.
- The implementation by the research agency will be monitored throughout the period of fieldwork.
- The deliverables (digital transcripts and the hard copies of completed study instruments) will be received from the research agency by November 30, 2011.
- The data will be analyzed at the FHI 360 NC office. In this process, the data will be coded first and a code book developed by December 31, 2011.
- Appropriate plans will be developed by December 30, 2011 for the dissemination of the study findings to the Government of India and to activists in the field of reproductive health and the media.

Technical Assistance to ICMR on Intro of Cyclofem & NET-EN

Status: *Canceled*

End Date: 11/30/2010

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892003	9/22/2009	11/30/2010	AWidge

Objective(s): To provide technical assistance to the Indian Council of Medical Research (ICMR) through the Family Planning Association of India (FPAI) to undertake preparatory activities that are required to ensure smooth initiation of the pre-program introduction of Cyclofem and Noristerat (NET-EN) injectable contraceptives through 31 district hospitals and 9 non-governmental organizations (NGO) clinics in India.

Description: FHI 360, in partnership with the Family Planning Association of India, was planning to support the Indian Council of Medical Research to undertake preparatory activities required to ensure smooth initiation of the pre-program introduction of Cyclofem and NET-EN injectable contraceptives. The purpose of the planned assessment was two-fold: 1) to assess the feasibility of sites for the introduction of Cyclofem; and 2) to assess preparedness of sites. FHI 360 and FPAI were planning to develop a comprehensive site assessment checklist and based on the data gathered, a site assessment matrix would have been developed. This would have included information on infrastructure, human resources, commodities, MIS and overall management of health facility, capacity of providers, availability of method mix; client load for FP and other supportive logistics. FPAI would have used the assessment findings to strengthen the sites including capacity building of providers, site development/upgrading, and monitoring for site readiness.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FPAI, in consultation with ICMR and FHI 360/India, identified study sites across India.
- A checklist for site assessment was drafted by FHI 360/India and FPAI and submitted to ICMR.
- The process of identification of experts/consultants for site assessments was initiated.
- FHI 360/India staff developed SOWs for consultants for site assessments by FPAI.
- Thirteen draft SOWs, training manuals, and job aids were developed.
- A core group, including ICMR, Packard, FPAI and FHI 360, met in February to review the work so far and to plan next steps.
- Drafts of the thirteen SOWs, training manuals, and job aids were reviewed by FHI 360/NC and submitted to ICMR through FPAI. (The review by FHI 360/NC was carried out using this FCO.)
- As ICMR is not currently moving forward on the introduction of Cyclofem in India and is unlikely to in the near future, this activity and FCO will be closed. Funds are being re-programmed in consultation with the USAID/India Mission.

Past Six Months:

- This FCO was closed and the subproject marked cancelled.

Prospective Study of the Clinical Performance of Femplant in Pakistan

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Pakistan

FCO	Approved	C&G Closure	Tech Monitor
890121	8/23/2010		PFeldblum
890118	8/12/2010		VHalpern

Objective(s): 1) To conduct post-marketing monitoring of contraceptive effectiveness, safety and acceptability of Femplant, the trade name for Sino-Implant (II) in Pakistan; and 2) to evaluate the quality of services, training, and counseling.

Description: PROGRESS and the Bill & Melinda Gates Foundation (BMGF) have similar goals of improving access to family planning, particularly for underserved groups. One specific priority of PROGRESS (i.e., expanding the method mix) is central to the BMGF Sino-implant (II) grant being implemented by FHI 360 and its global partners (Marie Stopes International (MSI), PSI, IntraHealth, EngenderHealth, DKT, Pharm Access Africa, etc.). So far under this grant, Sino-Implant (II) has been registered in 13 countries (China, Indonesia, Kenya, Sierra Leone, Madagascar, Malawi, Pakistan, Zambia, Fiji, Burkina Faso, Mali, Mongolia, and Uganda), provisionally registered in Ethiopia and efforts are underway in over 10 additional countries. As part of the grant, a post-marketing surveillance framework has been finalized including: 1) pharmacovigilance plan; 2) monitoring of service delivery statistics (e.g. units inserted/removed, pregnancy and adverse events, etc.); 3) client cards with hotline/text number distributed; 4) annual survey of distributors; and 5) multi-country post-marketing studies. The BMGF Sino-Implant (II) grant has sufficient funding to conduct post-marketing studies in three countries. This effort will expand to at least two additional countries under PROGRESS. The post-registration program for Sino-Implant (II) follows the WHO guidelines for post-registration surveillance of steroidal contraceptive drugs (WHO 1987). One of the important components of a post-registration strategy is a prospective post-marketing study to evaluate effectiveness, safety and acceptability of the contraceptive method in a real-world setting after it has been approved for public use. In addition to safety and effectiveness data, data on access to removal, safety of the surgical procedures and adequacy of pre-insertion counseling will be collected.

Note: The title was changed to reflect protocol for Pakistan and split to new subproject from the Kenya protocol, FCO 890076, in Nov. 2010.

Subgrantee(s): Marie Stopes Society (MSS), Pakistan

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Through July 2010 under FCO 890076, FHI 360, in close collaboration with MSI, selected Pakistan as one of the two countries where the study will be implemented, and received preliminary verbal approval from USAID to proceed.
- The protocol, informed consent documents, and case report forms were drafted and submitted to Marie Stopes Society (MSS)/Pakistan for country-specific comments.
- MSS/Pakistan submitted an estimated budget to FHI 360.
- MSS/Pakistan and FHI 360/Pakistan initiated negotiations with local stakeholders regarding the study, training, and potential sites.
- The protocol was finalized and approved by USAID in October 2010.
- The protocol and informed consents were approved by PHSC in December 2010.
- A subagreement with MSS/Pakistan was finalized.

Past Six Months:

- The protocol, informed consent forms, and case report forms were submitted to the local IRB in Pakistan for approval in May 2011.
- Participating clinics were selected.

Year 4 Workplan:

- A monitoring plan, data management plan, and analysis plan will be finalized.
- Enrollment will begin at all clinics once local IRB approval is received (expected July 2011).
- Enrollment will be completed by December 2011.

Effectiveness, Safety, and Acceptability of Sino-Implant (II): a Prospective Post-Marketing Study in Kenya

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Kenya

FCO 890076	Approved 12/28/2009	C&G Closure	Tech Monitor PFeldblum
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Objective(s): 1) To conduct post-marketing monitoring of the contraceptive effectiveness, safety and acceptability of Zarin, the trade name of Sino-Implant (II) in Kenya; and 2) to evaluate the quality of services, training, and counseling.

Description: PROGRESS and the Bill & Melinda Gates Foundation (BMGF) have similar goals of improving access to family planning, particularly for underserved groups. One specific priority of PROGRESS (i.e., expanding the method mix) is central to the BMGF Sino-implant (II) grant being implemented by FHI 360 and its global partners (Marie Stopes International (MSI), PSI, IntraHealth, EngenderHealth, DKT, Pharm Access Africa, etc.). So far under this grant, Sino-Implant (II) has been registered in 13 countries (China, Indonesia, Kenya, Sierra Leone, Madagascar, Malawi, Pakistan, Zambia, Fiji, Burkina Faso, Mali, Mongolia, and Uganda), provisionally registered in Ethiopia and efforts are underway in over 10 additional countries. As part of the grant, a post-marketing surveillance framework has been finalized including: 1) pharmacovigilance plan; 2) monitoring of service delivery statistics (e.g. units inserted/removed, pregnancy and adverse events, etc.); 3) client cards with hotline/text number distributed; 4) annual survey of distributors; and 5) multi-country post-marketing studies. The BMGF Sino-Implant (II) grant has sufficient funding to conduct post-marketing studies in three countries. This effort will expand to at least two additional countries under PROGRESS. The post-registration program for Sino-Implant (II) follows the WHO guidelines for post-registration surveillance of steroidal contraceptive drugs (WHO 1987). One of the important components of a post-registration strategy is a prospective post-marketing study to evaluate effectiveness, safety and acceptability of the contraceptive method in a real-world setting after it has been approved for public use. In addition to safety and effectiveness data, data on access to removal, safety of the surgical procedures and adequacy of pre-insertion counseling will be collected.

Note: The Kenya protocol under FCO 890076 split into a separate subproject from the Pakistan protocol (FCO 890121) as of Nov. 2010.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Preliminary work for this activity was completed under FCO 890061.
- A concept paper was submitted to USAID for review in December 2009.
- This activity was approved as part of the Year 1 and 2 Workplan Addendum.
- See FCO 890121 for work related to the Pakistan protocol, supported by FCO 890076 through July 2010.
- The FHI 360/NC and Nairobi teams discussed the organizational set-up of the study.
- The study protocol, data collection tools, and informed consent forms were drafted.

Past Six Months:

- FHI 360 staff finalized the study budget.
- A co-investigator at the MOH and a study coordinator at the FHI 360/Nairobi office were identified.
- The study protocol, data collection tools, and informed consent documents were finalized.
- The study protocol was approved by PHSC in March 2011 and by the local IRB in May 2011.
- Three clinics outside Nairobi were identified in March 2011. The study coordinator chose these sites based on the volume of implant insertions and the proximity to Nairobi.
- A site evaluation visit was conducted at one of the clinics in June 2011.
- The study manual, monitoring plan, case report forms, and data management plan were drafted.
- Study initiation training preparation was completed and training was conducted in June 2011.

Year 4 Workplan:

- An analysis plan will be drafted.
- The study clinics will begin enrollment in early July 2011.
- Enrollment is expected to be completed by December 2011.

Monitoring & Evaluation of the Ethiopian Implanon and IUCD Expansion Project

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): Ethiopia

FCO 892001	Approved 9/14/2009	C&G Closure	Tech Monitor FOkello/ELebetkin
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Objective(s): 1) To assist the Federal Ministry of Health (FMOH) to develop a Performance Monitoring Plan (PMP) and monitoring and evaluation (M&E) tools to monitor family planning (FP) initiatives, including integrating IUCD monitoring into previously-developed tools; 2) to assist the FMOH with establishing Centers of Excellence (CoE) for M&E; 3) to build the capacity of the FMOH at the national, regional, and woreda levels to monitor and evaluate FP initiatives; 4) to assist the FMOH to collate and compile data and results from the Implementing Partners (IPs) and the Regional Health Bureaus (RHBs); 5) to identify, design, and undertake special studies to inform FP initiatives scale-up in collaboration with the FMOH; and 6) to collect and report on primary data for indicators in the PMP that are not yet operational in the data system.

Note: Objectives were updated in November 2010 to reflect the workplan approved by the USAID/Ethiopia Mission.

Description: USAID Ethiopia is funding FHI 360 through the PROGRESS project to support the FMOH's General Directorate for Health Promotion and Disease Prevention with technical assistance for M&E of the Implanon and IUCD scale-up project. This activity was initially funded to provide M&E technical assistance to the FMOH Implanon Scale-up Initiative, but was expanded to include the newly-implemented FMOH IUCD Revitalization Initiative as well. While the main target is to build capacity of the FMOH to monitor the Implanon and IUCD initiatives, the activities target the entire FP services portfolio. The FMOH has stated that this technical assistance be provided with the aim to build the capacity of the Ministry of Health staff at the federal, regional, and woreda levels to monitor and evaluation the results of this intervention. In addition, they have requested that the M&E technical assistance be provided using a participatory approach involving other partners on the Implanon project, including the USAID/Integrated Family Health Program (IFHP). The objectives of the Implanon and IUCD Scale-up Initiative are to increase access to long-term family planning services, especially to the IUCD and Implanon through Health Extension Workers (HEWs) and to increase demand for long-term family planning methods.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Please see previous reports for additional activities prior to July 2010.
- A PMP (September 2009) and nine M&E tools (July 2010) for the Implanon Initiative were developed.
- In February 2010, FHI 360 conducted a capacity assessment in four regions to determine the needs of the FMOH to monitor and evaluate FP initiatives.
- FHI 360 developed M&E Training of Trainers (TOT) curriculum and trained 22 FMOH staff as trainers, March 2010.
- At the request of the Mission, FHI 360 developed a strategy in June 2010 to monitor compliance to USAID FP Policy and Legislative Guidelines and has integrated compliance monitoring into monitoring activities
- In December 2010, FHI 360 facilitated an Ethiopian delegation of FMOH, partner, and Mission staff to Kenya to learn from the Kenyan experience in revitalizing IUCD programs (see also FCO 890126). Work began on rolling out the IUCD initiative.
- A draft FP database was developed and will be the basis for data management training that will be given to the FMOH, woreda, region staff during the establishment of the CoEs.
- Plans were made to begin the establishment of the first CoE.
- FHI 360 participated in and monitored four HEW trainings conducted by IFHP and the MOH.

Past Six Months:

- A draft PMP was developed for the IUCD initiative in March 2011.
- An assessment was conducted of Becho woreda (Oromia Region) in Feb. 2011 as an initial step towards its establishment as a CoE.
- A Memorandum of Understanding (MOU) was developed and signed in April 2011 for the development of a CoE in the Becho woreda.
- FHI 360 participated in the technical review of the FMOH RH/MCH national policy guidelines, HMIS indicators, and the FP training guidelines. The technical review of training materials was conducted at FHI 360 headquarters while the review of the Policy Guidelines was conducted in-country with the RH/MCH Technical Working Group.
- FHI 360 staff monitored 29 HEW Implanon insertion training sessions and three HEW supervisor training of trainers sessions. Fourteen Implanon insertion trainings were evaluated and the results shared with the training partner (IFHP), USAID, and the FMOH.
- FHI 360 profiled 1891 HEWs trained in Implanon insertion and 613 Implanon insertion trainers and evaluated 316 trainees during practical attachments.
- FHI 360 worked with woreda-level health officials to conduct a data extraction and analysis activity from client registers in half of the woredas (35) where HEWs have received Implanon insertion training. FHI 360 has presented the results to USAID and IFHP, but has not yet been able to present to the FMOH. A report on the findings will be prepared by September 2011, once the FMOH has an opportunity to review.

- M&E supportive supervision was conducted in the SNNP region in May 2011.
- Field support funds for continued work were requested and are being discussed with the Mission.

Year 4 Workplan:

- The PMP and M&E tools will continue to be revised to incorporate a full FP method mix.
- CoEs for M&E will be established in each target region (8).
- Capacity of the FMOH at the national, regional and woreda levels to monitor and evaluate FP initiatives will be built through training, database development and supportive supervision.
- Data and results from IPs and woredas will be collated, compiled and reported to USAID and FMOH.
- Additional special studies will be identified in collaboration with the FMOH and USAID, designed, and undertaken.
- Implanon and IUCD insertion training evaluations will be conducted on an on-going basis.
- FMOH will be supported to extract FP service delivery data from target woredas.

Situation Analysis of Family Planning Service Provision in Ethiopia

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): Ethiopia

FCO	Approved	C&G Closure	Tech Monitor
892010	11/19/2009		FOkello
890066	11/19/2009		ELebetkin

Objective(s): 1) To describe the constellation of FP services that are available from the hospital to the community level including the health system structure and other important factors; 2) To describe the human resources available for service provision including numbers of trained staff, trainings and skills, workload, record keeping, provider perspective, supervision, and knowledge, attitudes, and practices (KAP); 3) To describe the supplies and commodities available at service delivery points including the logistics system and transportation service; 4) To describe the physical infrastructure available to deliver services including the physical structures, electrical and water availability, and other important factors; and 5) To describe client perspectives of services including knowledge, attitudes, and practices (KAP), information, education, and communication (IEC), and description of services.

Note: The Ethiopian Federal Ministry of Health recommended changing the study objectives to better meet local needs. A new study protocol with new objectives was approved by the FMOH in April 2011.

Description: In response to the low utilization of preventative health services in Ethiopia, the Federal Ministry of Health (FMOH) launched the Health Extension Program (HEP) in 2003. The HEP places a strong emphasis on rural health care services. The new program included the development of the rural health extension worker (HEW) as a new cadre of health worker. In 2009, implementing partners began training HEWs to insert Implanon at Health Posts (HP) which expanded the FP options available at the Kebele-level to include Implanon, condoms, pills, and injectables. Beginning in 2010, the FMOH began planning a further expansion of the HEP through a revitalization of the intra-uterine contraceptive device (IUCD). Trainings and expansion of IUCD services is currently underway in 94 selected woredas. A key strategy the Government of Ethiopia is using to meet the Millennium Development Goals is through the HEP, specifically, the provision of a full range of FP methods by HEWs at the HP level and the revitalization of the IUCD provision by clinical providers at health centers and hospitals. The FMOH also aims to train HEWs to mobilize the communities and to remove IUCD.

The purpose of this study is to respond to the needs of the FMOH to provide information on the readiness of the system to expand FP service delivery, particularly long acting and permanent methods (LAPMs), through the HEP.

Collaborating Agency(s): Ministry of Health, Ethiopia

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper was submitted to and approved by USAID/W in September 2009.
- The protocol was finalized and approved by PHSC in February 2010; however, the FMOH did not approve the protocol.

Past Six Months:

- At the FMOH request, a new protocol was drafted. The protocol was approved by PHSC in March 2011 and by the Ethiopian Public Health Association (EPHA) in April 2011. The title, objectives, and description of this activity were updated to reflect the new protocol.
- The TM, E. Lebetkin, traveled to Ethiopia in March 2011 (co-funded with FCO 892001) to hire a study coordinator and work with the study team and FMOH on finalizing the protocol and data collection tools.
- B. Boyer traveled to Ethiopia in May to train the data collectors. They were sent to the field in late May and data collection is scheduled to be completed by June 30, 2011.

Year 4 Workplan:

- Data entry and cleaning will occur in the FMOH in July and August 2011.
- The data analysis will be completed by October 2011.
- A dissemination meeting, organized and led by the FMOH, will occur in November and a final report will be prepared by December 2011.
- The FCO will be closed by December 31, 2011.

Leadership and Advocacy on Introducing Implants in India

Status: In Approval

Projected End Date: 10/31/2012

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
TBD			BGeorge

Objective(s): 1) To undertake advocacy activities related to introduction of implants in India; and 2) to assess the feasibility of introducing the implant in India.

Description: PROGRESS will undertake advocacy activities related to introduction of implants in India. FHI 360 will use field support funds to assess the feasibility of introducing the implant in India. In partnership with other stakeholders, such as Marie Stopes International and other NGOs working in the area of implants, FHI 360 will engage stakeholders from the Ministry of Health and Family Welfare (MOHFW), the Central Drugs Standard Control Organization (CDSCO), and the ICMR to promoting the implants in India.

Year 4 Workplan:

- The concept will be finalized with the USAID/India Mission.

- A detailed workplan will be developed
- Once approved by the Mission, implementation will begin.

Improved Counseling on Implants to Reduce Unintended Pregnancy

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
890074	12/15/2009		DHubacher
890049	7/16/2009		DHubacher
112129	11/29/2006	2/28/2010	DHubacher

Objective(s): 1) To measure the percent distribution of the contraceptive method chosen by the participants (implants, DMPA, and oral contraceptives); 2) to compare the percentage of women in each group who get pregnant over the 18 month period: implant group versus the DMPA/oral contraceptive group; 3) to measure the continuation rates of the different contraceptives methods; and 4) to assess the acceptability of implants through in-depth interviews.

Description: Because of possible ambivalence toward future pregnancy, many young women have vague or initial short-term contraceptive needs (4-12 months) when they seek services. They do not naturally request long-acting implants for pregnancy protection and instead, self-select toward short-term methods; this often sets them on a path toward unintended pregnancy. Short-term methods are difficult to use consistently and correctly; when side effects arise and/or when actions are needed to continue using these methods, ambivalence toward pregnancy can prevail and lead to early method discontinuation. Unintended pregnancies in this population can limit educational opportunities, affect desires to gain employment outside the home, and prevent realization of other goals.

This subproject involved an observational study of directed counseling to test the appropriateness of offering implants to young women who would normally receive DMPA for short- or indefinite-term contraceptive needs. In a single clinic, providers recruited 400 women with the following characteristics: aged 18-24, seeking DMPA, having vague or short-term contraceptive needs (4-12 months), willing to participate in a prospective study. Women were followed prospectively for 18 months regardless of whether they switched methods; continuation rates and pregnancies were the primary and secondary outcomes, respectively. In-depth interviews were conducted with a small number of implant users who completed 12 months of use without discontinuation. These interviews examined young women's acceptability of implants versus shorter-term methods and how method use may have affected other aspects of their lives.

Subgrantee(s): University of Nairobi Institute of Tropical and Infectious Diseases (UNITID)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- As part of the Workplan process, the concept proposal was prepared and submitted to USAID for consideration as a "fast track proposal" in December 2006.
- USAID gave final approval in September 2007.
- The protocol was submitted and approved by FHI 360's PHSC on November 9, 2007 and the Kenya IRB in February 2008.

- Political conflict in Kenya related to the elections led to additional delays and discussions about changing countries.
- Protocol amendments were approved in April and May 2008.
- The subagreement with University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) was signed in June 2008.
- Donated Jadelle implants were received from USAID and shipped to Nairobi.
- The study manual that the nurse will use was prepared and tested.
- FHI 360 staff turnover and time required to competitively hire a study nurse caused some delays; UNITID hired a study nurse for the project in October 2008.
- The first participant was enrolled in November 2008. Recruitment was slower than expected, given previously documented/ verified site information and analysis.
- Data entry systems were created and tested.
- Recruitment was completed in June 2009. Of the 400 women recruited, 300 women chose DMPA/OCs and 100 chose the implant.
- Follow-up interviews at one- and six-months were completed for most eligible participants, depending on date of enrollment.
- Preliminary findings were presented at the International Conference on Family Planning held in Kampala, Uganda in November 2009.
- Follow-up phone calls to participants continued.
- New datasets were created for follow-up forms.
- Data queries were sent to the Kenya field office for clarification.
- A site visit occurred in February 2010.
- In March (subagreement) and June 2010, the study transitioned from CRTU to PROGRESS (updated).
- All participants completed at least one full year of follow-up in June 2010.
- Preliminary findings were presented at the Association of Reproductive Health Professionals Annual Meeting in Atlanta in September 2010.
- In December 2010, all participants completed the follow-up period.
- Final status forms were completed for 75% of study participants.

Past Six Months:

- The Kenya study team continued with the final follow-up interviews and data entry, completed final status forms for all study participants, and completed the in depth interviews for the qualitative study.
- The technical monitor travelled to Kenya in January 2011 to review the most recent databases and initiate final data queries. Preliminary findings from this study were shared at the Kenya Obstetrical and Gynecological Society Annual meeting held in January.
- In February, the paper describing recruitment and enrollment results was accepted for publication in Contraception; page proofs were corrected and submitted in March.
- Final data querying and cleaning was completed in May 2011.
- Revisions to final paper will be completed.
- Data archiving will be completed.
- The subproject will end and the FCO will be closed.

Findings and Outcomes:

- Preliminary results were presented at the International Conference on Family Planning in November 2009. These included the fact that in the first six months of the study, nearly 25 percent of the women who planned to use oral contraceptives or injectables instead chose implants after proper counseling on all the different methods. The women who chose implants also had higher continuation rates and fewer unintended pregnancies than those who chose shorter-acting methods.

Collaborative Research on Implants

Status: Ongoing

Projected End Date: 2/28/2013

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890116	7/21/2010		DHubacher
996054	5/26/2010	10/31/2010	DHubacher
112125	7/20/2006	4/28/2010	DHubacher

Objective(s): 1) Initially, to provide financial support for a WHO clinical trial to allow continued follow-up of Implanon users through five years; 2) to provide partial support for data management; and 3) through both USAID and WHO funding, to support the monitoring of all the clinical trial sites.

Description: The 2-rod, 5-year Jadelle and the 1-rod, 3-year Implanon implants are approved by numerous drug regulatory authorities. Several options could allow implants to become a lower-cost, sustainable method: e.g. if Implanon was shown to last longer than the existing three-year labeling; if there was a greater price competition between the manufacturers of Implanon and Jadelle; or if new, lower-cost alternatives became available.

There are no published studies comparing Jadelle and Implanon. All Implanon data come from studies sponsored by the company that developed and marketed it. Donors and programs are shifting from Norplant to Jadelle/Implanon. WHO's study comparing contraceptive effectiveness and acceptability of Implanon and Jadelle enrolled 2,008 women randomized to either implant and 974 age-matched women to copper-IUDs. The last site to complete enrollment was Thailand in Jan. 2008. The implant group will provide comparative data on incidence of common non-reproductive complaints in users of longer-term reversible contraceptive methods. The trial is being conducted in WHO collaborating centers in 7 countries.

Support has been severely affected by funding limitations at WHO. In addition, as WHO requested an extended follow-up of two years, FHI 360 has provided financial and monitoring support to the trial to allow continued follow-up of participants. CREP, the data monitoring center, was in charge of data management from the summer of 2006 through August 2010. WHO has since assumed data management responsibilities, while FHI 360 continues to provide partial support. FHI 360 staff monitored the clinical trial sites with CRTU funding through April 2010. WHO (FCO 996054) funded FHI 360 to continue monitoring from May-Sep. 2010; the WHO contract was later extended through Oct. 2010 in order to complete tasks started in May 2010. PROGRESS is providing funding from Oct. 2010 –Jun. 2011 in order to support essential monitoring and management duties for the trial.

Collaborating Agency(s): World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- USAID approved FHI 360 support to WHO in Oct. 2006
- TA was provided in Oct. 2006 to transfer the database from WHO to the CREP data center in
- WHO and FHI 360 signed a subagreement in Nov. 2006.
- Monitoring Plan was finalized and all 7 sites visited for initial site status evaluations by May 2007.
- An updated study manual was finalized and an Investigators' Meeting was held in Argentina in Nov. 2007.
- Dr. Kelly Culwell replaced Dr. Nuriye Ortayli as project manager in Dec. 2007.
- FHI 360 conducted GCP training for Thailand site.
- All sites completed recruitment by the end of Jan. 2008.
- FHI 360 finalized monitoring plan 2.0 in Mar 2008-focusing on monitoring overall study compliance, key endpoint data, informed consents, and regulatory documents.

- FHI 360 issued second project newsletter to PIs in Jan. 2009.
- Dr. Emily Jackson took over as WHO Project Manager from Dr. Kelly Culwell in Sep. 2009.
- GCP and RE training performed at the Turkey site in Dec. 2009.
- All participants at sites in Brazil and Turkey completed the study by Dec. 2009.
- FHI 360 finalized monitoring plan v.3.0 in Jan. 2010-focusing on monitoring on participant eligibility, study endpoints, participant status and informed consent forms, and resolution to informed consent issues
- In Apr. 2010, USAID/CRTU funding ended. Essential work continued with interim support from WHO. Funding was secured from USAID/PROGRESS for PROGRESS Year 3.
- In Aug. 2010, WHO sent official notification indicating that the WHO contract with CREP for the data management center in Argentina, would not be renewed and that responsibilities would be transferred back to WHO as of Sep. 2010.
- Dr. Moazzam Ali took over from Dr. Emily Jackson as WHO Project Manager in Sep. 2010.
- FHI 360 staff conducted monitoring visits at the Thailand and Zimbabwe sites and was accompanied by Dr. Ali-WHO at the Brazil, Chile, and Hungary sites, and follow-up items were addressed.
- The activity transitioned to PROGRESS funds (FCO 890116) in November 2010.
- The WHO ethical review committee approved continuation of the subproject in Dec. 2010.

Past Six Months:

- FHI 360 staff worked with WHO and the international study sites to resolve data problems discovered in previous monitoring trips and during data cleaning processes.
- Data review and clean-up were conducted at WHO since the CREP transfer.
- Per the WHO data monitoring report of Oct. and Nov. 2010, 2,982 participants were enrolled in the study of which: 901 completed the study; 1,502 were discontinued early, 357 are potential lost to follow-up and 222 are in active follow-up.
- FHI 360 organized two key teleconferences with team members to craft an action plan for data management issues and site close-out activities.
- On February 4, 2011, FHI 360 staff (G. Davis and T. Fitzgerald) made a courtesy visit to WHO to meet with the WHO Project Managers, as they were already in Geneva on other FHI 360 business.
- Data cleaning began in February 2011 at WHO and issuing of queries first publications and queries in preparation for Brazil, Hungary, and Turkey close-outs.
- In March 2011, an interim monitoring visit was conducted in Bangkok.
- In May 2011, an interim monitoring visit was conducted in Santo Domingo, Dominican Republic.

Year 4 Workplan:

- FHI 360 staff will provide assistance to WHO on data management site queries.
- FHI 360 will provide site project management of files and regular site correspondence.
- A study newsletter will be issued.
- Interim monitoring visits will be conducted in Santiago, Chile; Santo Domingo, Dominican Republic; and Harare, Zimbabwe.
- Close-out visits will be conducted in Campinas, Brazil; Ankara, Turkey; and Szeged, Hungary.

Findings and Outcomes:

- FHI 360 has improved the conduct, reporting, and data quality of this important trial. This collaboration between FHI 360, WHO and USAID has shown how leveraged funds can optimize scarce financial resources.
- All participants in Brazil (n=390) and Turkey (n=295) have completed the study; sites are pending a close-out visit. Below are the remaining sites, estimated number of participants who were still in active follow-up per last correspondence with site, and the estimated date for the closeout visit.
- Chile (39): Mar 2012
- DR (103): Sep 2012
- Hungary (3): Mar 2011
- Thailand (140): Jan 2013
- Zimbabwe (57): Jul 2012

Helping Women Avoid Short Birth Intervals: Introducing LNG IUS Services in the Public Sector

Status: Ongoing

Projected End Date: 12/31/2012

Country(s): Kenya

FCO 890036	Approved 6/17/2009	C&G Closure	Tech Monitor DHubacher
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Objective(s): To evaluate the demand for the levonorgestrel (LNG) IUD where the product is being approved and introduced.

Note: The title and objectives have evolved from those included in the Year 1/2 Workplan based on conversations with USAID.

Description: The LNG IUS is being introduced by service delivery organizations on an experimental basis in several developing countries, including Kenya. The LNG IUS offers women another option for easy-to-use, long-acting contraception. As different service delivery organizations begin to offer the product on a limited basis, it is important to document the experience to help gauge how important the product might become in the future. In this subproject, FHI 360 will collaborate with service delivery organizations that are offering the LNG IUS and help evaluate the process. FHI 360 will help summarize organizations' provision of the product and evaluate service statistics. In addition, FHI 360 may propose activities such as interviews with clinicians and clients who use the LNG IUS.

Collaborating Agency(s): Marie Stopes Kenya

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Three different concept proposals were submitted to USAID in the first part of Year 2.
- Discussions with USAID were held on numerous occasions to finalize an approach to conducting research with the LNG IUS. As a result, the title and objectives of this subproject changed.
- The activity, Evaluation of Users of Long-Acting Reversible Contraception in Kenya, FCO 890044, was merged with this subproject in the fall of 2009.
- The International Contraception Access Foundation was contacted in November 2009 and appeared willing to donate commodities for the study.
- A concept paper was approved by USAID/W in Dec. 2009.
- The concept paper was revised and resubmitted to USAID in March 2010.
- FHI 360 and USAID agreed on a design for this study in May 2010.
- A protocol was submitted for internal and USAID review. It was approved on June 23, 2010.
- PHSC approved the initial study protocol on August 27, 2010.
- In August 2010, the International Contraceptive Access Foundation did not approve the commodity donation and the appeal process began.
- In September 2010, USAID put the study on hold until a donation could be secured.
- A new donation request was submitted to Bayer HealthCare in October 2010.
- PHSC requested minor changes and approved a revised protocol on December 13, 2010.

Past Six Months:

- In March 2011, the ICA Foundation agreed to donate 500 IUS for the project.
- The protocol was approved by the Kenya Medical Research Institute on May 11, 2011
- Study forms were finalized in June 2011.
- The study site was prepared.

Year 4 Workplan:

- The study manual will be completed and on-site research materials prepared.
- Recruitment will begin and be completed in this period.
- Data entry systems will be developed for ongoing processing.
- FHI 360 will engage Marie Stopes Kenya to evaluate their experience with the LNG IUS.

Program Assessment of the Introduction of Multiload-375 into the Indian National Family Planning Program

*Status: Ongoing**Projected End Date: 9/30/2011***Country(s):** India

FCO	Approved	C&G Closure	Tech Monitor
892035	5/20/2011		SBasu
892009	11/10/2009		SBasu
892007	9/28/2009		SBasu
892002	9/11/2009		SBasu

Objective(s): The goal of this subproject is to assess the feasibility of introducing the Multiload-375 IUD into India's National Family Planning Program. The assessment has the following objectives: 1) to identify operational issues associated with the introduction of the Multiload-375 in the Government Family Planning Program as an additional IUD option for women (as the CuT-380A IUD is already available); 2) to identify barriers to access, uptake and use of the Multiload-375 and suggest measures to ensure uptake; 3) to identify appropriate community- and facility-based services that will be required for the uptake of the Multiload-375; and 4) to understand service provider perspectives on following up with Multiload 375 users and management of side effects and complications.

Note: The last objective was added in the September 2010, when additional field support funds were identified for the phase II assessment.

Description: The Ministry of Health and Family Welfare (MOHFW) recently made a decision to revive and reposition the IUD in the country, particularly in states with low contraceptive prevalence rates. With an aim to increase IUD use and to offer IUD choices to clients, the Government of India (GOI) has decided to include another type of IUD, the Multiload-375, in the National FP Program. The Multiload-375, an inexpensive and highly effective copper IUD, is already approved in India and popular among private providers. USAID identified FHI 360/India to evaluate the pilot introduction of the Multiload-375 in a few districts. The results of the assessment will be utilized by the GOI to facilitate the introduction of the Multiload-375 in the National FP Program.

The program assessment consists of four steps: pre-intervention, intervention, and post-intervention and phase II assessment. The intervention will last a period of five months. The pre-intervention assessment will include a desk review, qualitative in-depth interviews with key informants, and health facility assessments. The intervention will include the following activities: training and developing inter-personal communication materials and job aids; developing a monitoring plan and data management systems; orientation and capacity building of providers; provision of FP counseling to women; demand generation; and anonymous data collation from client records. In the post-intervention phase, meetings with partners, key informant interviews, and health facility service statistics collation will be completed. The phase II assessment, added in September 2010, will consist of an experience sharing meeting with the intervention agency, key informant interviews, and health facility service statistics collation.

Subgrantee(s): Hindustan Latex Family Planning Promotion Trust (HLFPPT); Sigma Research and Consulting Pvt. Ltd.; TNS Research India

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The concept paper and protocol were developed and approved by USAID in Oct. 2009.
- Study sites and research and implementation agencies were identified.
- The data collection forms (DCFs), data management plan, and analysis plan were developed.
- The subproject received expedited PHSC approval in Nov. 2009 and IRB approval in Dec. 2009.
- The DCFs were pre-tested, finalized, and translated with assistance by TNS/India, the research agency.
- TNS/India conducted 66 pre-intervention key informant interviews and 12 health facility assessments across the 6 study sites in Feb. 2010.
- Hindustan Latex Family Planning Promotion Trust (HLFPPT) was contracted in March 2010 for implementation.
- TNS/India shared findings with FHI 360/India, GOI, and HLFPPT in April 2010. These were also shared by FHI 360 with USAID/India.
- Adaptation, translation and printing of communication materials and job aides for intervention were completed by HLFPPT in June 2010.
- 2000 Multiload-375 IUDs were donated to HLFPPT by Hindustan Lifecare Limited in May 2010.
- HLFPPT trained 134 family planning providers and 42 counselors in June 2010.
- Intervention activities began in June 2010 and HLFPPT documented the activities in the FHI 360 Intervention Tracking Tool.
- A pre-intervention report was finalized in Sep. 2010.
- It was decided in Sep. 2010 to extend the intervention timeline through Feb 15, 2011.
- An amended protocol received PHSC approval in November, and IEC Futures and MOHFW approval in Dec. 2010.
- Sigma Research and Consulting Agency was contracted in July 2010 to conduct post-assessment data collection.
- Post-intervention DCFs were developed in July, approved by USAID in Aug., and pilot tested in Sep. 2010.
- Across the 6 sites, 7 data collectors were trained, and data collection took place from Sep-Oct. 2010. 66 service providers were interviewed.
- Data was received from Sigma in Nov. 2010 and analysis was undertaken in Nov. and Dec. by FHI 360/India.
- Research findings from Phase I were presented to USAID/India and the MOHFW in Dec. 2010. The MOHFW was very receptive to the findings and recommendations made by the FHI 360.

Past Six Months:

- Intervention activities under Phase II were completed in February 2011 in the six states.
- A monitoring visit to observe intervention activities and understand follow-up issues at field sites was undertaken at Hazaribagh and Varanasi in February 2011.
- A teleconference with Ruth Simmons of ExpandNet and the FHI 360 NC and India teams was held in February to prepare for scale-up meetings with the MOHFW.
- The first draft of the assessment report was submitted to the MOHFW in March 2011. It was finalized and printed in June (M2011-09).
- Two abstracts on this study were submitted for the International Conference on Family Planning, to be held in Dakar in November.
- Service statistics of clients for phase II were entered by the six consultants hired in April 2011.
- The data collection forms for Phase II were finalized based on the comments received from USAID/Mission in May 2011.
- The contractual process for hiring a research agency for Phase II data collection was completed in June.

- The designing and printing of 2000 copies of an adapted IUCD card (English and Hindi) for the MOHFW was undertaken in June 2011.
- The Futures IRB has given 6 months extension for this study.

Year 4 Workplan:

- With input from FHI 360, Sigma will conduct Phase II follow-on interviews in July 2011. The cleaned raw data will be provided to FHI 360/India.
- FHI 360 will review service statistics and clinic records.
- FHI 360 will analyze the data and prepare the final report in September 2011.

Findings and Outcomes:

- The results indicate that the Multiload-375 IUD can be introduced into the health system with minimal training. Drawbacks in the overall health system and pilot intervention, however, were identified and should be considered during planning for nationwide scale-up.
- Operational barriers were documented, including myths and misconceptions among both clients and providers and the need to strengthen the existing counseling and follow-up of IUD clients.
- Infrastructure needs within the public sector facilities, such as the lack of separate space for insertions and supply chain issues, are potential problems for a successful scale-up.
- The Multiload-375 IUD would benefit from a structured mass media campaign to promote demand.

Exploring Expansion of the IUCD Incentive Scheme to Increase Uptake

Status: In Approval

Projected End Date: 1/31/2013

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
TBD			SBasu

Objective(s): To obtain perspectives from women, motivators, and providers on changes that they would suggest to encourage interest in and use of the IUCD.

Description: Despite various efforts to increase the use of IUCDs in India, prevalence remains low. Not only is use low, but use is concentrated among the higher wealth groups and provision occurs mainly in the private sector. One reason for the low use of IUCDs may be that current incentives encourage the provision and use of sterilization. Moreover, high prices in the private sector deter women from seeking services there. While providers in the private sector may be reimbursed for doing sterilizations, the payments for IUCD insertions are considerably lower than those for sterilization thereby discouraging IUCD provision. In the public sector, the payment to the acceptor is much higher for sterilization than for IUCD acceptance. Finally, family planning counseling provided by community health workers may favor sterilization as these workers receive a higher payment for motivating sterilization than for IUCDs. While it seems apparent that the payment structure affects interest in using and providing IUCD services, little is actually known about how potential acceptors and providers think about these payments and how they respond to them. This descriptive study, to be implemented in a high focus state, will obtain perspectives from women, motivators, and providers on changes that they would suggest to encourage interest in and use of the IUCD. Potential follow-on activities could use the findings to carry out intervention research to test various payment strategies to encourage IUCD use.

Year 4 Workplan:

- The concept will be finalized with the USAID/India Mission.
- A protocol and data collection forms will be developed and submitted to USAID, PHSC, and the local IRB for review and approval.
- Implementation of the study will begin once all approvals are received.

Study on Continuation Rates of IUDs in India

Status: Complete

End Date: 9/30/2010

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892004	9/22/2009	11/30/2010	AWidge

Objective(s): 1) To conduct a comprehensive literature review (including the grey literature) on IUD discontinuation in India; 2) to use the literature review to identify gaps from the synthesis of existing data and knowledge; and 3) to conduct a study that addresses one or more gaps identified as they relate to enhancing IUD uptake and retention.

Description: Despite its many advantages over other forms of long-acting contraceptive methods and widespread global popularity, the IUD is used by only 1.8% of married women in India (NFHS-3; 2005-2006). In response to the gross under-utilization of this long-acting contraceptive method, offered free of charge, the Government of India (GOI) developed a strategy to reposition the IUD in the Family Welfare program in 2006.

Many studies, operational, programmatic, ad hoc, formal and informal have been conducted to identify reasons for IUD discontinuation and to measure the rate of IUD discontinuation. Before embarking on another study that may uncover barriers to IUD uptake and continuation, and inform strategies for increasing IUD retention among women in India, it was decided that a comprehensive literature search should be performed. Based on the compilation of literature and a synthesis of what is already known, a systematic scientific study was to be designed to effectively gather new information on gaps identified in the literature. New data generated from such a study was expected to improve current strategies for the uptake and retention of IUD among women in India.

It was anticipated that one such gap may be the systematic measurement of IUD discontinuation rates through a prospective study. If warranted based on findings of the literature review, a clinic-based prospective cohort study of women who opt to initiate IUD use was planned in selected populations to measure rates and reasons related to IUD discontinuation.

Ultimately, the literature review indicated that no additional study was needed at this time.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- During meetings between FHI 360/India and USAID/India, implementation of a prospective cohort study for measuring rates and reasons of IUD discontinuation was identified as a priority.
- A timeline was prepared for developing a concept, conducting a brief literature review, and developing a protocol and study instruments for a prospective cohort study.
- A literature search was initiated, a PROGRESS concept proposal was drafted, and the draft was circulated within FHI 360 for review.
- A follow-up meeting took place between FHI 360/India and USAID/India in Nov. 2009 to clarify objectives and priorities; implementation of the previously discussed prospective cohort study was deemed premature by USAID/India in light of existing bodies of grey literature on IUD retention and reasons for discontinuation. Instead, a thorough and comprehensive literature review was

recommended as a first step. Any subsequent study would be based on the needs identified in the literature review.

- A comprehensive literature review was initiated and completed in March 2010. FHI 360/India conducted stakeholder interviews, completed in Feb. 2010.
- Based on the findings, it was decided that there was no need for an IUD continuation study in India.
- With permission from USAID/India Mission the following activities were charged to this FCOs:
- Atlas/Ti software was purchased.
- The USAID/India Mission proposed an assessment on task shifting in paper work related to Janani Suraksha Yojna (JSY) and medico legal cases within the Indian context at various levels of the health systems. A consultant was hired and completed this work in June 2010.
- S. Basu attended the Population Association of America 2010 meeting in Texas as a part of staff capacity building.
- This activity was closed in September 2010 after consultation with the USAID/India Mission.

Findings and Outcomes:

- The following key findings were identified from the literature review on IUD use and discontinuation in India:
 - 1) Large multisite studies on the continuation rates of IUDs in the Indian setting have been conducted by ICMR in the past and have resulted in clear reasons for discontinuation and recommendations for continuation.
 - 2) The major associations for discontinuation have been identified as rural residence, illiteracy, and socio-cultural practices among both providers and family planning users.
 - 3) The existing evidence on the association between quality of care and IUD acceptance and continuation is inconclusive. There are not sufficiently clear guidelines on where and what quality improvements are needed.
 - 4) Additional studies in India need to be longitudinal, prospective study with multi-centric randomized control design. If further research is to be undertaken, it is expected that it will be resource- and time-intensive.
- Findings on the assessment of task-shifting under the Janani Suraksha Yojna program and documentation of the medico-legal cases include the following:
 - 1) The methodology involved a desk review and a field study in the district of Uttar Pradesh (UP). The JSY scheme primarily works through the accredited social health activists (ASHA).
 - 2) The various types of providers interviewed stated that tasks such as completing beneficiary forms, submission of forms to the Chief Medical Officer's office for signature, and processing payment to the beneficiary are run smoothly and there is no immediate need for task-shifting.
 - 3) It was determined that there is limited scope for shifting tasks away from registered doctors in medico-legal cases due to the importance of detailed and duly verified medical and expert evidence necessary for the judicial system in India.

Building Capacity for LAPM Provision in Kenya

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): Kenya

FCO	Approved	C&G Closure	Tech Monitor
892020	8/18/2010		RMasaba

Objective(s): This subproject will provide technical support to the Kenya Ministry of Health, Division of Reproductive Health (DRH) to 1) develop workplans for LAPM roll-out trainings at provincial and district levels in up to two provinces; 2) support implementation of provider trainings and follow on supportive supervision in up to two provinces; 3) develop a monitoring and evaluation (M&E) plan for DRH to track

performance of its LAPM initiative; and 4) advance innovative strategies to increase access to long acting and reversible methods, such as implants and IUDs.

Note: The fourth objective was added in July 2011 to reflect additional activities to be undertaken with anticipated FY 2012 field support funds.

Description: Revitalizing long-acting and permanent methods (LAPMs) remains a priority for the Kenya Division of Reproductive Health in order to foster a more sustainable method mix and ensure women and couples have access to the contraceptive method of their choice. To this end, FHI 360, through the PROGRESS project, will continue to build on investments made through the CRTU project to provide technical support to DRH to operationalize its National LAPM Strategy. With support through the RESPOND project, DRH updated national LAPM training materials in 2010. Following on the RESPOND-supported activities, FHI 360 will provide technical assistance to the DRH in rolling out trainings on LAPMs in two provinces. FHI 360 will also support DRH and its partners through the FP Working Group to develop workplans to guide LAPM trainings countrywide, including provincial and district levels. Through this collaborative workplanning process, opportunities to leverage resources and coordinate LAPM trainings with APHIA Plus and other DRH partners will be fostered and pursued.

With anticipated FY 2012 field support funds, FHI 360 will build on training activities and continue to provide technical support to DRH to operationalize its National LAPM Strategy and advance evidence-based, innovative strategies to enhance provision of long acting and reversible contraceptive methods (LARCs) such as implants and IUDs.

In the two provinces to be included in this current phase of PROGRESS support, FHI 360 will also provide TA to the DRH to develop and implement a monitoring and evaluation (M&E) plan, including supportive supervision to follow on provider trainings. Priority provinces will be identified in close collaboration with the DRH and activities will be coordinated with APHIA Plus in the selected regions. Additional provinces may be added depending on funding availability.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A stakeholder meeting was held in October 2010 and a sub-committee was identified to spearhead the development of the LAPM training plan and M&E plan.
- During October, the sub-committee developed the terms of reference for engaging a consultant (to be funded by PROGRESS) to spearhead the development of a LAPM training plan.
- A consultant was collaboratively identified and contracted during November 2010.

Past Six Months:

- With guidance from FHI 360 and the DRH, the consultant conducted in-depth interviews with stakeholders during February and March 2011.
- A summary of the in-depth interviews and first draft of the training plan were presented to the subcommittee in March 2011.
- Subcommittee feedback on the plan was gathered and incorporated during April and a revised draft training plan was shared in May 2011.
- During late May and June, the draft training plan was reviewed and feedback incorporated from additional key stakeholders.
- FHI 360 also worked with the consultant and DRH to incorporate a framework for monitoring and evaluation (M&E) of trainings within the plan.

Year 4 Workplan:

- PROGRESS will continue to work with the DRH and subcommittee to finalize the LAPM training plan.
- In collaboration with DRH, two regions will be identified where FHI 360 will support the roll-out of LAPM trainings.
- PROGRESS will provide technical assistance (TA) to the DRH to implement the M&E plan for the LAPM trainings.

- Support DRH to conduct follow on supervision for the LAPM trainings.
- With anticipated FY 2012 field support funds, FHI 360 will continue to provide technical support to the DRH to operationalize its National LAPM Strategy and advance evidence-based, innovative strategies to enhance provision of long acting and reversible contraceptive methods (LARCs), such as implants and IUDs. Activities are under discussion with the Mission.

No-Scalpel Vasectomy with Thermal Cautery and Fascial Interposition: Addressing Latent Demand in Rwanda through Utilization of Research

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Rwanda

FCO 890033	Approved 6/11/2009	C&G Closure	Tech Monitor DShattuck
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Objective(s): 1) To expand Rwanda's FP method mix; 2) to increase Rwanda's access to quality vasectomy services by training a cadre of physicians in no-scalpel vasectomy (NSV) with cautery and fascial interposition; and 3) to build local capacity in monitoring and evaluation (M&E) of the scale-up initiative to provide quality improvement.

Note: The title and objectives were changed in July 2010 to match the approved concept.

Description: The Rwandan Ministry of Health (MOH) has requested technical assistance from FHI 360 as they scale-up the availability of vasectomy services across the country. One area in which they would like assistance is training physicians in NSV with cautery. A training held in February 2010 with FHI 360 support established a core group of physicians who, with additional support, could implement subsequent provider trainings. FHI 360 will work with the MOH to develop and implement a quality assurance plan which will ensure that Rwandan clients receive the highest quality of care. FHI 360 and MOH will work collaboratively to identify feasible indicators in order to measure quality of care, in terms of patient counseling, informed consent, surgical and infection prevention procedures.

This activity will help prepare or adapt guidelines and/or job aids to help supervisors monitor adherence to recommended practices with respect to counseling, surgical skills, management of facilities, supplies, inventory systems, and infection control procedures. Emphasis will be placed on utilizing and supporting the current supervision structure. In addition, FHI 360 will work with the MOH to seek opportunities for supervisors to share feedback from the supervisory visits with the providers who were being supervised as well as with facility heads and local health officials in order to encourage collective efforts toward quality improvement. FHI 360 and the MOH will work together to develop and implement a rigorous monitoring plan which will provide important information about both the implementation process as well as project outcomes.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Discussions took place between PROGRESS and RESPOND in an attempt to identify an appropriate research study.
- D. Shattuck participated in a master training of three Rwandan physicians in thermal cautery vasectomy technique in Feb 2010. These physicians are now skilled to train others in this medical procedure. The training was paid for by the CRTU FCO 113109.

- Using the Rwanda training experience as a starting point, an initial workplan was drafted, submitted to USAID, and approved with comments in May 2010. It was revised and resubmitted on June 11, and approved on June 28, 2010. The title and objectives were changed to reflect the approved workplan.
- FHI 360 worked with the MOH and the Rwandan National Family Planning Technical Working Group (FPTWG) to develop a stepwise approach to scaling-up vasectomy in Rwanda via a workshop in September 2010. It was officially approved in October 2010.
- Using government and other donor funds, the MOH began roll-out of provider training in NSV with thermal cautery and fascial interposition, starting in the Northern Province. Twelve physicians and 18 nurses were trained in Nov. 2010 with support from WHO.

Past Six Months:

- PROGRESS contributed to a presentation made by MOH vasectomy point person, Dr. Kagabo, at the International Conference on No Scalpel Vasectomy held in India in January 2011.
- Shattuck traveled to Rwanda in March 2011 to provide technical assistance with the monitoring and evaluation of scale-up activities in Rwanda. The monitoring plan was finalized, submitted to the FPTWG and approved in April 2011.
- As part of project monitoring, FHI 360 participated in and documented a community sensitization meeting in advance of a provider training and a laboratory technician training for spermogram (funded by IntraHealth). Shattuck also interviewed four doctors and four nurses trained in November 2010 in the Northern Province as a means to test the post-training evaluation guide.
- PROGRESS continued with assistance to MOH to document scale-up, which has included a follow-up TOT for five doctors and six nurses in February 2011 and a provider training for 16 doctors and 24 nurse counselors in five districts in the Western Province in March-April 2011. Because too few clients presented at the training in March-April in the Western province for providers to reach proficiency, FHI 360 funded a follow-up practicum in June 2010 for the four providers who needed additional practice.
- A manuscript describing the initial training of trainers in NSV with cautery and fascial interposition in February 2010 was developed and submitted to WHO Bulletin, but was returned unpublished. It will be submitted to other publications in coming weeks.

Year 4 Workplan:

- Plans for using \$100,000 in field support funds from the Rwanda Mission to conduct research utilization activities to make Rwanda a learning site for vasectomy programming will be finalized.
- A data collection protocol for the scale-up monitoring plan will be created and submitted for PHSC and Government of Rwanda (GOR) IRB approval.
- Data collection tools will be developed, tested and refined. Data collection activities will begin and implementation documentation will continue.
- PROGRESS will assist the Government of Rwanda to develop and implement systems to ensure quality of care.
- PROGRESS may provide TA and financial support to develop a client brochure focused on male methods of FP.

Non-Invasive Approaches to Male Sterilization

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
890068	12/4/2009		DSokal
890070	12/3/2009		DSokal
172012	12/1/2008	4/28/2010	DSokal

Objective(s): To administer a grant to Professor Nate Fried at the University of North Carolina (UNC) Charlotte to study non-invasive methods of male sterilization. The objectives are: 1) to show that the vas deferens can be thermally occluded safely and effectively in a canine model; 2) to confirm the mechanism of vas deferens occlusion; and 3) to conduct long-term azoospermia ejaculation studies in canines to determine whether or not there is permanent male sterilization without recanalization.

Description: The objective of this proposed research is to study non-invasive methods for thermal occlusion of the vas deferens with the long-term goal of developing a completely noninvasive approach to male sterilization. In the absence of progress on the development of a male birth control pill, the next most effective method of male contraception is male sterilization. Male sterilization (vasectomy) has a higher success rate, lower complication rate, is less expensive, and is easier to perform than female sterilization (tubal ligation). Fear of complications related to vasectomy (e.g. incision, bleeding, and potential for infection) was most frequently cited as the primary reason for couples choosing tubal ligation over vasectomy. Since male sterilization is currently an elective procedure, any improvement in the method of the procedure which eliminates these male concerns has the potential to greatly increase the popularity of the procedure. A completely noninvasive method of male sterilization would eliminate incision, bleeding, and potential infection associated with conventional vasectomy. Experiments in our laboratory have demonstrated that it is possible to use therapeutic focused ultrasound or an infrared laser to noninvasively target the vas deferens for thermal coagulation, scarring, and occlusion. This method has the potential to be developed into a completely noninvasive method of male sterilization. This subproject will conduct fundamental studies in dogs that should significantly advance our understanding of the mechanism by which thermal energy occludes the vas deferens, and should lead to the optimization of the treatment parameters for successful vas occlusion, and provide long-term pre-clinical results demonstrating safety and efficacy of this method of male sterilization. Funding is provided by an NIH IAA, under the CRTU (2008-09) and PROGRESS (2010-12), for FHI 360 to administer a grant for Prof. Fried, and for David Sokal to monitor the research progress.

Subgrantee(s): UNC Charlotte

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Administrative arrangements began shortly after funding (via the CRTU) was agreed upon in October 2008.
- Administrative arrangements were finalized, and a subcontract was signed in March 2009.
- In May 2009, FHI 360 informed Dr. Fried of potential collaborators in the private sector who are also looking at high intensity focused ultrasound (HIFU) for the vasectomy indication.
- Dr. Fried has hired staff and begun implementing project activities, including a trip to the Hopkins labs in June 2009 to coordinate the work there.
- Several animal studies have been conducted.
- Dr. Fried gave a talk at FHI 360 describing his research.
- Based on inconsistent results with ultrasound, Dr. Fried has been experimenting with the use of an infrared laser, and has been getting much better and very promising results.
- D. Sokal visited Dr. Fried's lab in Charlotte February 24-25, 2010.

- Funding under the CRTU ended for Dr. Fried's subagreement on March 31, 2010. An amendment to the subagreement was prepared so that funding could be continued under PROGRESS beginning in April.
- The study comparing different infrared wavelengths found that the 1075 nanometer wavelength is preferable, providing deeper penetration of the laser radiation in tissue without excess surface heating.
- The last of three parts of the computer simulation modeling study of heat transfer and tissue effects were finished in Oct. 2010.
- In November 2010, work began on a study of high frequency ultrasound imaging of canine vas in order to visualize the vas before and after thermal coagulation.

Past Six Months:

- A 4-week animal study was developed to determine whether high-frequency ultrasound can be used for reliable noninvasive confirmation of successful targeting and thermal occlusion of the canine vas deferens. The study was conducted at the Johns Hopkins University animal research facility in Baltimore. In March, 2011, Sokal went to observe study procedures being conducted at the Hopkins animal facility.
- This study was completed in April and a manuscript, "High-frequency ultrasound imaging during noninvasive laser coagulation of the canine vas deferens" was submitted to the journal, *Fertility and Sterility*.
- The last stage of computer simulations of thermal damage to the human vas was completed and findings were presented at the Engineering in Urology Society 2011 Annual Meeting. The authors received an "Outstanding Paper" Award.
- The activity produced a manuscript "Noninvasive coagulation of the human vas deferens: optical and thermal simulations" (*Lasers in Surgery and Medicine* 2011 Jul;43(5):443-9); and two other publications (conference proceedings) "Comparison of 808, 980, and 1075 nm lasers for noninvasive thermal coagulation of the canine vas deferens, ex vivo", and "Optical and thermal simulations of noninvasive laser coagulation of the human vas deferens".

Year 4 Workplan:

- The experimental setup will continue to be revised so that it is more compact, robust, and user-friendly. All three components (laser fiber, cryogen valve, and vas clamp) will be integrated into a single handheld device that can be easily clamped by the urologist around the vas, for a "one-step" noninvasive laser vasectomy procedure that can easily be adopted in the clinic. The optical components in the setup will also be completely enclosed, providing an eyesafe configuration. This work should be completed by August 2011.
- A full-time technician will be recruited to assist in performing the azoospermia and recanalization studies at Johns Hopkins. A 30 day study will be carefully planned and performed according to WHO guidelines, examining azoospermia and recanalization in dogs in two groups. Group 1 will have a 3 mm segment of vas cut out, and Group 2 will have a similar length of vas thermally coagulated with the noninvasive laser approach. Sperm counts will be performed periodically at Days 0, 2, 4, 6, 8, 15, 22, and 29 to directly compare azoospermia and recanalization rates in the two groups. These studies will be completed by October 2011.
- If the noninvasive laser coagulation group proves to be statistically superior to the cut vas group, we will then plan a longer term azoospermia/recanalization study focusing only on the laser approach, to be completed by April 2012.
- The final months of the activity (May to June 2012) will be used to compile the data from both the short-term and long-term azoospermia/recanalization studies for publication as manuscripts in clinical journals.
- Sokal will conduct another site visit, either at UNC-Charlotte or at Johns Hopkins.

Findings and Outcomes:

- Research conducted during the first two years of work has resulted in significant progress in the study of the potential feasibility of the use of infrared laser energy for vasectomy, and several presentations and publications.

- Peer-Reviewed Manuscripts
- Cilip CM, Jarow JP, Fried NM. Noninvasive laser vasectomy: preliminary ex vivo tissue studies. *Lasers in Surgery and Medicine* 41:203-207, 2009.
- Cilip CM, Ross AE, Jarow JP, Fried NM. Application of an optical clearing agent during noninvasive laser coagulation of the canine vas deferens. *Journal of Biomedical Optics*. (Accepted pending minor revisions).
- Peer-Reviewed Conference Proceedings
- Cilip CM, Jarow JP, Fried NM. Noninvasive laser coagulation of the canine vas deferens, ex vivo. *Proc. SPIE: Urology*: 10:1-6, 2009.
- Cilip CM, Ross AE, Jarow JP, Fried NM. Noninvasive coagulation of the canine vas deferens, in vivo. *Proc. SPIE: Urology* 7548: 75481D:1-5, 2010.
- Cilip CM, Ross AE, Jarow JP, Fried NM. Use of an optical clearing agent during noninvasive laser coagulation of the canine vas deferens, ex vivo and in vivo. *Proc. SPIE: Urology* 7548: 75481C:1-6, 2010.

Continuous vs. Cyclic Use of COC Pills

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Dominican Republic

FCO	Approved	C&G Closure	Tech Monitor
890077	12/28/2009		KNanda
890046	7/15/2009		KNanda
112118	9/6/2005	2/28/2010	KNanda

Objective(s): To evaluate continuation rates, adherence, and acceptability of combined oral contraceptives (COCs) used by the 21/7 cyclic regimen compared with continuous use.

Description: Over 1 million unintended pregnancies annually are related to OC use, misuse or discontinuation. COC discontinuation rates are very high in developing countries, ranging from 16% in Zimbabwe to 52% and 73% in the Dominican Republic and Turkmenistan, respectively. The monthly regimen of 21 active pills followed by 7 inactive pills was created to mimic spontaneous menstrual cycles. However, the 7-day hormone-free interval is associated with withdrawal symptoms including bleeding, pain, breast tenderness, bloating/swelling and headaches. Alternate regimens of oral contraceptive pills, in which the duration of the active pill phase is longer than 21 days and/or the placebo phase is shorter than 7 days, may provide advantages over currently available standard regimens by reducing symptoms associated with the hormone-free interval, decreasing bleeding (and potentially anemia), enhancing acceptability, and thus improving continuation rates. There are no published data on the use or acceptability of extended use COC regimens in women in developing countries.

This prospective, randomized, controlled clinical trial was conducted in a family planning clinic in the Dominican Republic. Three hundred and sixty-three healthy 16-30 year-old, non-pregnant, and non-lactating women with regular menstrual cycles were randomized to monophasic COCs (ethinyl estradiol 30 mcg and levonorgestrel 150 mcg) using the conventional 21/7 regimen or continuous use. Participants in the continuous COC group used active pills without interruption unless bleeding or prolonged spotting signals need for a hormone-free interval. The study evaluated pill continuation through 12 months, assessed adherence, acceptability (both quantitatively and qualitatively), bleeding, and side effects. Additional outcomes were pill instruction comprehension, 12-month pregnancy probabilities, and hemoglobin levels.

Subgrantee(s): PROFAMILIA Dominican Republic

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI 360 obtained preliminary approval to work on this study in the 2006 Workplan.
- Please refer to Annual Report (2007-2008) for accomplishments that took place prior to Jan. 2008.
- The Guatemala site staff resigned in Dec. 2007 due to staff disputes over salary and hence the site was closed early in Feb. 2008.
- FHI 360 staff conducted a site evaluation visit at PROFAMILIA in the Dominican Republic in Mar. 2008.
- PHSC approved the revised study protocol and consent forms on May 9, 2008. The Spanish versions of the protocol and informed consents were approved by the IRB of PROFAMILIA in the DR in May 2008.
- FHI 360 staff conducted a site evaluation visit to PROFAMILIA in Nicaragua in May 2008 and in June they conducted study initiation training at PROFAMILIA in the DR.
- A sub-agreement was finalized for the DR site in July 2008.
- A site initiation visit took place at the Nicaragua site in Sep. 2008.
- The PROFAMILIA, DR site began screening/enrolling participants on Oct. 23, 2008.
- The sub-agreement was drafted and the budget was finalized for the PROFAMILIA, Nicaragua site. Study initiation was delayed because the pills had not been released from customs as of Dec. 2008.
- The first periodic site monitoring visit took place at the DR site in Jan. 2009.
- Due to ongoing administrative/logistical issues at the Nicaragua site, we decided to cease study preparations at the site and to withdraw Nicaragua as a site. Unresolved issues include failed attempts by the site staff to obtain necessary approvals from the MOH; inadequate communication with FHI 360; inadequate ability to provide regulatory documents; and failure to pass the FHI 360 financial audit. FCO 112144 was closed in Mar. 2009.
- In March (subagreement) and May 2010, the study transitioned to PROGRESS (updated).
- An interim monitoring visit was conducted in Apr. 2010.
- Follow-up was completed and the final participant visit occurred in Sep. 2010.
- The DR site agreed to enroll all study participants. A total of 362 women were enrolled through Oct. 2010 reaching the enrollment target.
- A closeout monitoring visit was conducted in Oct. 2010.

Past Six Months:

- All study data has been entered into the database. Text fields have been coded.
- Data were cleaned. Table shells were drafted. Data analysis began.
- A final study progress report was submitted to PHSC.

Year 4 Workplan:

- Data analysis will be completed and a manuscript will be drafted in July 2011.
- The FCO and subproject will be closed.

Findings and Outcomes:

- Under the CRTU, this study protocol was developed, study sites identified and the final site, PROFAMILIA in the Dominican Republic, completed enrollment of 363 participants.

Meeting on Steroids and Endometrial Bleeding

Status: *In Approval* Projected End Date: 9/30/2012

Country(s): USA

FCO	Approved	C&G Closure	Tech Monitor
TBD			LDorflinger

Objective(s): To support the National Institutes of Health (NIH) to hold a meeting on steroids and endometrial bleeding.

Description: NIH has expressed an interest in holding a meeting on steroids and endometrial bleeding and have asked for FHI 360's assistance. Funds will be provided to FHI 360 under the PROGRESS award via an interagency agreement. Between 1988 and 1999, a series of four international meetings were held to discuss the substantial research being supported by WHO and NICHD on the mechanisms of endometrial bleeding. This field was of great interest, particularly as related to steroid contraception and options for reducing irregular bleeding that leads to high discontinuation of progestin-only approaches. New interest has been expressed among investigators to hold a follow-on meeting to present research conducted over the last decade and discuss future research needs.

Collaborating Agency(s): NIH

Year 4 Workplan:

- PROGRESS staff will coordinate with NIH about a scope of work for supporting a meeting on steroids and endometrial bleeding.
- Additional information will be provided as conversations with NIH progress.

Legacy Area 4: Increasing In-Country Capacity for Research and Research Utilization

Legacy Area 4 includes most of PROGRESS's capacity building and cross-cutting research utilization activities. The activity descriptions below start with capacity building for research, moving from global to country-specific activities. The section continues with PROGRESS' involvement with Tanzania and Kenya's National Family Planning Costed Implementation Plans. The next section, which focuses on capacity building for research utilization, starts with global activities, both core and NIH-funded, and then moves on to regional activities, which includes work with ECSA and with funds from the Africa Bureau and Repositioning Family Planning. There are two new field support activities on adolescent reproductive health that evolved from Africa Bureau support. There are six country-specific research utilization subprojects that have core support, including new activities for Uganda and Kenya. Six field support funded research utilization subprojects are also included here. This section closes out with a new core-funded activity on monitoring scale-up.

Build Quality and Sustainable Research Institutions

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Rwanda, Tanzania, Worldwide

FCO 890004	Approved 6/18/2008	C&G Closure	Tech Monitor RHoman
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Objective(s): 1) To implement a long-term program in PROGRESS countries to increase the range and depth of capabilities among program researchers to meet milestones along a development continuum; 2) to use a “learn-by-doing” strategy to build sustainable capacity through mentors and the application of training to real-world problems; and 3) to “segment the market” for capacity building by tailoring the content of training to meet the specific needs of target groups.

Description: PROGRESS will identify local research institutions in countries within which PROGRESS works that will be the target for on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs. By building upon existing resources, and focusing on institutions rather than individuals, the longer-term sustainability of the research capacity should be maintained. Until local research institutions can take on the design, implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.

In addition to building the capacity of the local research organizations, PROGRESS will also work within the existing stakeholder structures to promote understanding of the value of evidence-based practices and create a norm of data-driven decision making. This activity is designed to sow the seeds to create an expectation for using programmatic research to inform policy decisions and changes in programs. This local support is believed to be critical in order to sustain investment in programmatic research. The goal is to strengthen resources and capacity already present in the country rather than build anew.

This subproject will support initial development of capacity building activities within countries until a separate FCO is opened for capacity building work in the countries. It will also provide ongoing headquarters (NC) support to the capacity building activities in countries with their own FCO/activity.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- PROGRESS met with staff from the Centre for Africa Family Studies in Nairobi in Oct. 2008 and the Institute for Economic and Social Science Research (IESSR) in Nov. to discuss research capacity building and possible collaborations.
- Welsh and Homan traveled to India in Dec. 2008 and held discussions with staff at the Indian Medical Research Center on priorities for research on contraception and FP in India.
- Homan developed a descriptive piece on PROGRESS's approach to building research capacity.
- Homan traveled to Rwanda in Jan. 2009 to begin negotiations with the Rwanda School of Public Health to collaborate on developing the School's capacity to undertake programmatic research in support of FP programs in Rwanda.
- A formal needs assessment for capacity-building activities was completed for Rwanda in April (see FCO 890026 for activities in Rwanda).
- Homan worked with the National Institute of Medical Research (NIMR) in Tanzania to identify capacity building needs in May 2009.
- A local consultant was hired in India to identify promising potential local research partners.
- FCOs were set up for in-country capacity building activities for India (FCO 890064) and for Tanzania (FCO 890073).
- Homan traveled to India in Feb. 2010 to finalize selection of a local research partner and commence development of a scope of work and subagreement. During that visit, it was determined that this was

not a fertile environment for this activity and therefore the funds should be re-programmed elsewhere. FCO 890064 (India) was closed in June 2010.

- NIMR-Muhimbili Medical Research Centre was selected as the appropriate entity to work with on capacity development activities in Tanzania. NIMR-MMRC completed a SWOT analysis.
- A data management and analysis plan workshop was conducted with NIMR-MMRC and the MOH-Reproductive and Child Health Services (RCHS) section on Sept. 28th and 29th. Twenty-nine staff members from NIMR-MMRC and RCHS participated in this workshop.

Past Six Months:

- The subagreement, scope of work, budget, and supporting documents were prepared for the work with NIMR-MMRC in Tanzania. Activities under this subagreement were initiated on February 15, 2011 (see FCO 890073).
- A review of all capacity building efforts under PROGRESS was conducted with USAID/W in April 2011 to reach consensus on plans going forward. A brief, informal strategy paper was developed for USAID. Homan worked with Maggwa and L. Wilson to document capacity building efforts and develop new monitoring indicators and targets for capacity building.
- Support was provided to the research capacity building activities in Rwanda and Tanzania under FCOs 890026 and 890073, respectively.
- Scientific writing workshops led by FHI 360/NC were hosted by our local research partners in Rwanda and Tanzania in June 2011.

Year 4 Workplan:

- The capacity development workplans with the local research institutions will be implemented (under separate FCOs 890026 (Rwanda), and 890073 (Tanzania). This FCO will continue to provide support from FHI 360/NC as requested.

Capacity Building for Operations Research in Tanzania

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890130	12/14/2010		CLasway
890073	12/10/2009		CLasway

Objective(s): To strengthen the capacity of the Tanzania National Institute for Medical Research (NIMR) to: 1) develop and implement programmatic research on national priority issues related to family planning; 2) translate and promote use of FP research results into evidence-based policy and practice; 3) secure financial resources to implement FP research; 4) provide technical assistance to the Reproductive and Child Health Section (RCHS) and partners on evidence-based information needs to improve planning, policy and practice; and 5) catalyze interest and generate a critical mass of researchers within the Muhimbili School of Public Health and Social Sciences (SPHSS) focusing on FP research and utilization.

Description: This subproject supports on-going capacity building to support the implementation of programmatic research both under PROGRESS and in response to local needs in Tanzania. By building upon existing resources, and focusing on institutions rather than individuals, the longer-term sustainability of the research capacity should be maintained. Until local research institutions can take on the design, implementation, and dissemination of programmatic research activities independently, the countries will be dependent upon external technical assistance to undertake programmatic research.

PROGRESS has identified the National Institute for Medical Research – Muhimbili Medical Research Center (NIMR-MMRC) as the beneficiary of capacity building efforts in Tanzania. The selection of NIMR-MMRC has been based on the fact that it is the parastatal organization under the Ministry of Health and Social Welfare mandated to carry out and promote medical research designed to alleviate disease/conditions among the people of Tanzania; relative to other NIMR centers, MMRC has a Maternal and Child Health unit with interest in conducting more FP research; and partnerships on other FP studies have demonstrated a positive and productive working relationship, as well as identified potential areas for capacity building.

This FCO and subproject will support capacity building activities implemented in Tanzania. It is closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Tanzania and other countries.

Subgrantee(s): National Institute for Medical Research – Muhimbili Medical Research Center (NIMR-MMRC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Early support for this activity was funded under FCO 890004.
- FHI 360/Tanzania identified NIMR as a possible recipient of capacity building intervention efforts. Two units of NIMR were identified as possible recipients: the NIMR Health Policy & Systems Research Department (NIMR-HPS) and NIMR Muhimbili Medical Research Center (NIMR-MMRC). R. Homan worked with the NIMR-HPS in to identify capacity building needs during a visit in May 2009.
- C. Lasway followed up on this initial contact to further assess the applicability of partnering. This was done by 1) guiding NIMR through a SWOT analysis and 2) collaborating on two separate assessments to directly and practically observe capabilities and gaps.
- Support for this activity continued under FCO 890004 until December 2009 when FCO 890073 was opened.
- In March 2010, FHI 360/Tanzania selected NIMR-MMRC as the recipient of this effort.
- A more detailed SWOT analysis was conducted with NIMR-MMRC.
- A workshop on research utilization concepts and approaches was conducted in April 2010 for key FHI 360 and MOH staff, with invitations extended to relevant colleagues from NIMR-MMRC (cost-shared with FCO 890040).
- FHI 360/Tanzania research staff participated in two research trainings – Scientific Report Writing and Participatory Research Techniques.
- In July 2010, as part of building capacity in grant writing, FHI 360 worked with NIMR to develop a proposal in response to the WHO Call for Letters of Intent Grants Programme for Implementation Research on MDG 4, 5, and 6. Unfortunately the proposal did not receive funding.
- In September 2010, FHI 360 C. Otterness hosted a capacity building seminar on data analysis and data management (co-funded with FCO 890004). Twenty-nine participants attended from NIMR-MMRC and the Reproductive and Child Health Section.

Past Six Months:

- In January 2011, a subagreement was signed between NIMR-MMRC and FHI 360.
- In February 2011, the activity was introduced to and endorsed by the Ministry of Health and Social Welfare (MOHSW).
- As of March 2011, NIMR-MMRC was approved as a member of the National FP Technical Working Group (FPTWG).
- In April 2011, the terms of reference for developing the RCHS website were developed and reviewed by the FPTWG. The concept was passed as an important effort to undertake with full support.
- Between March and May 2011, FHI 360 supported NIMR-MMRC for inclusion on two FP proposals – one for Pathfinder as a co-investigator on a study on community-based distribution of injectables and the other with FHI 360 on a PMTCT QI research study.
- In April 2011, NIMR-MMRC identified three mentees for family planning capacity building.
- In May 2011, a mentor/mentee Terms of Reference was developed.

- In April 2011, the Muhimbili University of Health and Allied Sciences (MUHAS) agreed to participate in family planning capacity building workshops and invite staff with FP expertise to conduct seminars with Master's degree students.
- In June 2011, a seminar on Scientific Writing was conducted. Twenty-five persons participated from NIMR-MMRC, the MOHSW, MUHAS, and FHI 360/TZ.

Year 4 Workplan:

- Additional continuing research education seminars will be conducted.
- The identified mentees will be introduced and each mentee will be linked with his/her mentor.
- FHI 360 will collaborate with RCHS to host FP seminars at the Muhumbili SPHSS.
- Working with NIMR-MMRC, the RCHS, and the FPTWG, a national FP research agenda will be developed.
- FHI 360 will support NIMR-MMRC to promote the FP research agenda.
- FHI 360 will work with NIMR-MMRC to review resources on data for decision-making.
- FHI 360 and NIMR-MMRC will work to build the capacity of RCHS to use their existing data in decision-making.
- The RCHS website will be developed and the FPTWG will be asked to feed resources to the FP page.

Capacity Building for Research in Rwanda

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
890026	6/2/2009		JWesson
890027	6/1/2009		JWesson

Objective(s): To strengthen the institutional capacity of the National University of Rwanda School of Public Health to conduct programmatic research.

Description: A key objective of PROGRESS is to contribute to improved FP service delivery by investing resources in the strengthening of programmatic research capacity within local research institutions. The National University of Rwanda School of Public Health (NURSPH) is an institution of higher education for public health, which aims to provide leadership to address Rwanda's health challenges and to contribute towards the overall growth and sustainable development of the Great Lakes countries. The capacity development activities include: continuing research education seminars, skills development workshops, capacity building linked to specific FHI 360 studies in Rwanda, research grant management skills, and curriculum development. All activities are led by a team of FHI 360 and NURSPH personnel. This FCO and subproject are closely linked with FCO 890004 Technical Leadership for Capacity Building, which funds headquarters support for capacity building activities in Rwanda and other countries.

Subgrantee(s): School of Public Health, Kigali, Rwanda

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- NURSPH and FHI 360 staff members attended a two-day workplanning meeting in Kigali in April 2009, where a draft scope of work for the first two years of the capacity development activities was created.

- A Statement of Shared Vision, establishing a partnership between FHI 360 and NURSPH was signed in April 2009.
- A subagreement for NURSPH to manage planned activities was developed in May 2009 and signed by NURSPH in Oct 2009.
- In Jan. 2010, FHI 360 researchers A. Brunie and B. Tolley conducted a three-day qualitative analysis workshop for five faculty members from NURSPH. The reaction was enthusiastic and the faculty members requested a follow-on training after several months of having applied what they learned in the first training.
- In Feb. 2010, NURSPH received computer equipment, software, and textbooks, as described in the subagreement, to assist in implementing the planned research capacity development workshops.
- In September 2010, NURSPH, CDC/Rwanda, and FHI 360 facilitated a 2-day workshop on study design and sampling techniques with 12 participants from NURSPH, Kigali Health Institute, and the Ministry of Health (TRACPlus).
- In October 2010, NURSPH Deputy Director for Research wrote and disseminated a draft guide in preparation for the Roles and Responsibilities of Principal Investigators workshop. The guide is intended to help faculty members understand the technical, administrative, and financial issues which should be considered as principal investigator.

Past Six Months:

- NURSPH facilitated a workshop on the Roles and Responsibilities of Principal Investigators in March 2011. Approximately 40 participants from a variety of institutions participated, including: MOH, SPH, TRACPlus (Center for Infectious Disease Control), CDC, PIH, CHAI, PSI, and other local organizations. The workshop was opened by the Permanent Secretary of the MOH, indicating the importance placed on this topic.
- The Roles and Responsibilities guide is being reviewed by workshop participants and will be officially adopted as an MOH document by the Technical Working Group on Operations Research.
- FHI 360 and NURSPH co-organized a workshop on scientific writing to be held in June 2011.

Year 4 Workplan:

- The subagreement between FHI 360 and NURSPH will be extended through June 30, 2012.
- FHI 360 and NURSPH staff will conduct five continuing research education seminars: Developing Data Collection Instruments & Statistical & Data Management Software, Use of New Technologies to Collect Data, Operations Research & Intervention Research Methods, Grant-writing and Administrative Skills, and Results Dissemination & Advocacy.
- PROGRESS will assist NURSPH faculty in packaging selected operations research courses from the MPH and MSc programs into electronic format to enable distance learning programs and assess the feasibility and acceptability of these courses following pilot introduction.
- NURSPH Research Assistants will be included in study teams, where appropriate.

Capacity Building for the Division of Reproductive Health

Status: In Approval

Projected End Date: 6/17/2013

Country(s): Kenya

FCO 892039	Approved 8/4/2011	C&G Closure	Tech Monitor CMackenzie
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Objective(s): The overall goal of this subproject is to provide responsive cross-cutting technical support and build capacity at the Kenya Division of Reproductive Health (DRH) to enhance the performance of the national family planning program and achieve the Division's Annual Operating Plan (AOP) priorities.

Specific objectives are to support: 1) DRH technical committees and processes, including the Reproductive Health Interagency Coordinating Committee (RH ICC) and AOP development; 2) DRH staff participation at key national and regional scientific conferences and other professional development or training opportunities; and 3) response to new and emerging national RH priorities/activities, such as the Global Health Initiative (GHI) and Rapid Response Initiatives (RRIs).

Description: Over the past several years, FHI 360's strong collaborative relationship with the Division of Reproductive Health (DRH) has strengthened systems and contributed to Kenya's national FP/RH agenda. FHI 360 currently continues to serve as a key technical resource and critical source of support for DRH at the national level, including providing ongoing technical support to increase access to long-acting and permanent methods (FCO 892020), enhance community-based family planning (FCO 892015) and develop a FP costed implementation plan (FCO 892021). In addition to providing assistance to DRH to advance these specific priority initiatives, FHI 360 also continues to provide critical technical assistance and capacity development to advance cross-cutting DRH priorities at the national level. Through this field support funded subproject, FHI 360 will provide institutional-level technical support to the DRH for Family Planning Technical Working Group (FPTWG) activities, Reproductive Health Interagency Coordinating Committee meetings, and other priority technical working group initiatives. Also, FHI 360 will provide technical assistance and coordination for Kenya's country delegation attending the International Conference on Family Planning (ICFP) in Dakar, including providing support for at least three DRH officials to participate. Lastly, FHI 360 will remain responsive to DRH and USAID/Kenya requests to provide technical assistance for new and emerging national FP/RH priorities.

Collaborating Agency(s): Division of Reproductive Health

Year 4 Workplan:

- PROGRESS will support priority DRH meetings and technical working groups as outlined in the Division's Annual Operating Plan (AOP), including the Family Planning Technical Working Group and Reproductive Health Interagency Coordinating Committee.
- Technical leadership and coordination will be provided for Kenya's country delegation to the International Conference on Family Planning (ICFP) in Dakar, Senegal, including pre-conference planning and preparations as well as post-conference follow up.
- PROGRESS will provide technical and financial support for at least three DRH officials to actively participate in the ICFP.
- FHI 360 will work to build the capacity of DRH staff to prepare and deliver effective presentations on Kenya's RH situation and data at key national and/or regional RH conferences/workshops.
- FHI 360 will remain responsive to DRH and USAID/Kenya requests to provide technical support for new and emerging national RH priorities, such as the Global Health Initiative (GHI), Rapid Response Initiatives (RRIs), World Contraception Day events and others.

Tanzania National Family Planning Costed Implementation Plan

Status: Ongoing

Projected End Date: 3/31/2013

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
892006	9/24/2009		CLasway
890023	2/24/2009	6/30/2010	CLasway

Objective(s): To support the Tanzanian Ministry of Health and Social Welfare (MOHSW) to develop and implement a National Family Planning Program Costed Implementation Plan (NFPCIP).

Description: Family planning momentum in Tanzania has slowed considerably since 1999. Whilst modern method prevalence increased from 6.6% in 1992 to 13.3% in 1999, the annual increase in prevalence dropped to 0.2 percentage points per year, with prevalence reaching only 26.4% in 2004–2005. The annual percentage increase in modern method use dropped by half, from 1.5 percentage points per year (from 1992 to 1999) to 0.6 points (from 1999 to 2004–2005). A number of factors appear to account for Tanzania’s loss of momentum, including: waning of the program’s visibility and resources, decentralizing responsibility for delivery of basic health services (including family planning) to the district council level; integrating the family planning program into a broader Reproductive and Child Health Section (RCHS) and the subsequent integration of the RCHS into a broader health-sector program, and shifting donor funding from targeted geographic programs or commodities to “the basket”. The National Road Map Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (One Plan) 2006 to 2010 has an operational target of increasing modern CPR from 20% to 60% by 2015. However, the Road Map does not clearly describe how this operational target can be reached and how much it will cost. Thus, the MOHSW requested support from USAID and PROGRESS to help develop a National Family Planning Costed Implementation Plan (NFPCIP). The NFPCIP, launched in March 2010, provides a vision on clearly defined and costed activities and targets to be implemented at different levels by different organizations over a specified period of time and under the leadership of the MOHSW in order to make quality FP services more accessible and equitable. Phase II activities, since July 2011, focus on implementing and monitoring the NFPCIP.

Collaborating Agency(s): EngenderHealth; John Snow, Inc.; Ministry of Health and Social Welfare; Pathfinder International; The Futures Group; UNFPA; World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- J. Lewis, consultant, traveled to Tanzania in March to work with the local consultant. The following deliverables were developed: operational workplan, NFPCIP outline, terms of reference for strategic action area working groups (SAAWGs), and data collection guide. Partners and the MOHSW were consulted.
- Planning and drafting the NFPCIP started in Feb. 2009.
- By March 2009, 6 SAAWGs leaders were identified and oriented to lead the development of the strategic actions.
- In June 2009, R. Homan traveled to Tanzania to assist with costing of the strategic actions. Data collection forms were provided to MOHSW and SAAWGs.
- FHI 360 participated in the Futures Group meetings to develop the NFPCIP framework. A decision was made to have a regionalization focus.
- In July and Aug. 2009, the NFPCIP team held consultations with key stakeholders to gather input to draft one of the strategic actions and objectives.
- In March 2010, the final draft was approved and signed by the Chief Medical Officer and the Permanent Secretary of the MOHSW. The NFPCIP was launched by the Honorable Minister of Health and Social Welfare.
- In March 2010, Lasway presented on the NFPCIP at a USAID meeting entitled “Meeting the Family Planning Demand to Achieve MDGs: Vision 2015” held in Kigali.
- In April 2010, a request for funding was submitted to the USAID mission to support Phase II. This was approved in June 2010.
- In May and June 2010, FHI 360 developed a template for reporting on mobilized resources and progress of the NFPCIP implementation.
- By Aug 2010, NFPCIP indicators, Resource, Activity and Results Tracking Tool and sample dashboard report were developed, reviewed, and approved by the MOHSW and partners.
- In Aug, Sep, and Nov 2010, meetings were held with partners to orient them to use data collection tools, the geographical coverage tool, and indicators.
- In Oct 2010, FHI 360 staff attended an advocacy meeting organized by the Presidency Office Planning Commission to discuss the government budgeting processing to ensure that family planning is featuring into the Government Medium Term Expenditure Framework (MTEF) as an indicator.

Past Six Months:

- In January 2011, the NFPCIP was handed over to the MOHSW for broad dissemination in Tanzania.
- In Feb 2011 and April 2011, FHI 360, in collaboration with the MOHSW and partners, hosted meetings for all FP implementers to report on funds spent and funds mobilized.
- In Feb 2011, FHI 360 presented to the MOHSW and partners the analysis of Year 1, Quarters 1 & 2 of NFPCIP activities.
- In May 2011, FHI 360 participated as a member of the taskforce for the planned upcoming sustainable financing meeting.
- In February and April 2011, GIS mapping was conducted for FP implementers' presence in regions and districts.
- In June 2011, FHI 360 received additional funding from the USAID Mission to host semi-annual FP Partner Meetings.
- On June 29th, 2011, FHI 360 hosted the first semi-annual FP Partners Meeting with over 40 people in attendance. At this meeting, it was decided to conduct an appraisal of the current NFPCIP targets in light of the new DHS 2010 projections.

Year 4 Workplan:

- A review/revision of NFPCIP monitoring indicators will be conducted in light of the new draft Framework for Monitoring and Evaluating Efforts to Reposition Family Planning developed by MEASURE Evaluation.
- An annual data audit for NFPCIP indicators will be performed and an annual progress report and dashboard report will be developed for the MOHSW and partners.
- PROGRESS will work with Futures Group to revise the NFPCIP according to DHS 2010 projections as well as NFPCIP Year 1 progress monitoring data.
- The abstract entitled "The Price of Repositioning a National Family Planning Program" will be presented at the Dakar International Conference on Family Planning in Nov/Dec. 2011.
- PROGRESS will secure a contracting agency to work on the NFPCIP database, and work on initial frames of the database.
- A Semi-Annual Partners Meeting will be held in early December 2011.
- Data collection for NFPCIP Year 2 will continue and quarterly review meetings will be held.
- A technical brief on the NFPCIP Year 1 – From Strategy to Action – will be developed.

Findings and Outcomes:

- The Tanzania National Family Planning Costed Implementation Program (M2010-41) was launched on March 30, 2010.
- Coordination of advocacy efforts implemented by partners was shifted to USAID and Futures Group.
- Generated reports from progress review for the past three quarters of year one reveal that amount mobilized have exceeded the target by over 175%.
- Contraceptive funding has quadrupled and all other strategic actions appear to be on target.

Support to Develop a Costed Implementation Plan for Family Planning in Kenya

Status: Ongoing

Projected End Date: 9/30/2012

Country(s): Kenya

FCO 892021	Approved 8/18/2010	C&G Closure	Tech Monitor RMasaba
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Objective(s): 1) To collaborate with the Kenya Division of Reproductive Health (DRH) to compile priority strategies and interventions for improving FP uptake; 2) to develop a costed implementation plan (CIP) to synthesize costs, inputs, and activities required for the priority interventions to reach DRH's targets for the coming five years; and 3) to provide technical support for monitoring and use of the CIP.

Note: The third objective was added in July 2011 to reflect anticipated FY 2012 field support funds.

Description: The Kenya Division of Reproductive Health is committed to raising the contraceptive prevalence rate from the current 46% to 56% by 2015, but a clear plan must be developed in order to realize this goal. Towards this end, FHI 360 will support DRH to develop a national costed implementation plan (CIP) for family planning. The CIP will clearly define and cost the activities to be implemented at different levels by various institutions and organizations over the coming five years under the leadership of the DRH in order to achieve its targets for the National Family Planning Program.

The development of the CIP will be a collaborative process through the National Family Planning Working Group bringing together development and implementing partners supporting family planning services in Kenya under the leadership of the DRH. FHI 360 is providing the DRH with technical, financial, and management support to facilitate the process of developing the CIP through a multi-phased approach, including reviewing and synthesizing current reproductive health strategies and family planning priorities, building consensus, and finalizing, launching and using the costed plan.

Collaborating Agency(s): Division of Reproductive Health

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- FHI 360 supported the DRH to form a task force for the development of a costed implementation plan.
- In October 2010, various stakeholders nominated representatives to the task force.
- In November, a meeting of the task force members was held to introduce them to the background and the rationale for the development of the costed implementation plan for FP. Nineteen members attended the first task force meeting.
- In December, FHI 360 worked on the terms of reference (TOR) for a consultant to review and synthesize information from the current National RH Strategy and from ongoing discussions of the post-Kampala and post-Kigali teams.
- FHI 360 shared the TOR with stakeholders to help identify a consultant.

Past Six Months:

- A consultant was identified and engaged in February 2011.
- The consultant was officially introduced to and began working with the task force members in March.
- In April, the consultant presented a summary synthesis of information gathered about national priority strategies and interventions for improving FP uptake.
- Another task force meeting was held in May at which the consultant received input towards drafting the implementation plan.

- The consultant shared a summary of the CIP work and progress to date at the National Family Planning Technical Working Group (FPTWG) meeting in June 2011.

Year 4 Workplan:

- The consultant will continue to review and synthesize information from the current National Reproductive Health Strategy and from ongoing discussions of the post-Kampala and post-Kigali teams. Information gathered will be used to develop a list of prioritized activities that are likely to be major contributors to achieving the target of 56% CPR by 2015. Identification of inputs required for these priority activities and costing of those inputs will be the crucial steps towards the development of the plan.
- A workshop will be convened in August 2011 to review the draft plan and gather targeted input from stakeholders to refine and finalize the draft plan.
- In September 2011, the consultant will work with R. Homan to cost the implementation plan.
- With anticipated FY12 field support funds, PROGRESS will support the DRH to launch the finalized costed implementation plan and provide ongoing technical assistance to strategically disseminate, monitor, and use the CIP for resource mobilization and accelerating progress towards Kenya's FP goals.

Utilization of Best Practices

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO 890003	Approved 6/18/2008	C&G Closure	Tech Monitor BFinger
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Objective(s): 1) To capitalize on under-used results in policies and programs; 2) to influence international norms; and 3) to increase government and donor commitments to utilizing best practices.

Description: Improved access to quality family planning services depends on the systematic application of evidence and lessons learned from program research and program experience. While many challenges remain to be addressed by new and ongoing PROGRESS research, program improvements are likely to come from applying the evidence and best practices that already exist.

Under this FCO/subproject, PROGRESS will support the introduction, adaptation, and scale-up of research results and best practices for FP and RH. PROGRESS will move quickly to apply its expertise to address the key challenges to utilizing both existing evidence and new research findings.

The initial focus has been to promote the adoption and scale-up of existing underutilized research results. As the project has progressed, this subproject has also begun to support the adoption and scale-up of PROGRESS research results.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Please see previous annual reports for additional activities prior to July 2010.
- Finger and J. Smith developed a strategic matrix of evidence-based practices, which USAID approved in the Dec. 2009 Management Meeting.
- At the Dec. 2009 Management Meeting, FHI 360 and USAID agreed on five focus RU areas: CBD, FP/immunization and postpartum, non-health integration with FP, LAPMs, and mobile health, leading to new FCOs for GTL on RU for CBFP, 890080, MCH/immunization, 890081, and m4RH, 890129.
- PROGRESS collaborated with MCHIP and USAID to organize an initial coordination meeting on integration of FP and immunization services and continued to support this work (see FCO 890081).

- Finger and Malkin worked with ECSA (see 890043), including leading a task shifting workshop at the February 2010 Ministers Conference.
- Finger worked with the m4RH research team to help guide the public aspects of that project (see FCO 890019 and 890129).
- Finger and Lebetkin developed the quarterly PROGRESS e-newsletter, summarizing findings from PROGRESS with new web pages at: www.FHI360.org/progress.
- Finger attended the initial USAID High Impact Interventions Technical Advisory Committee meeting; Maggwa and Stanback attended the second one.
- Finger supported the RU team working with selected strategic practices in India, Rwanda, Senegal, and Tanzania (see FCOs 890042, 890045, 890051, and 890040, respectively), as well as on the national population and development conference (FCO 892013) and costed implementation plan in Kenya (FCO 892021).
- Finger supported work on the FP Training Resource Package (see FCO 890041)
- Canoutas and Finger did preliminary planning on coordinating RU activities among the non-health projects.
- For the Management Review in Sep. 2010, Finger helped to develop a new "2013 End of Project Blueprint" to guide RU activities towards 2013.
- Working with researchers, Finger coordinated editing and production of research briefs on the non-use study in Rwanda and the immunization/FP study in Ghana and Zambia.

Past Six Months:

- Finger continued to support the RU team working with selected strategic practices in India, Rwanda, Senegal, and Tanzania (see FCOs 890042, 890045, 890051, and 890040).
- Finger continued to support work on the FP Training Resource Package (see FCO 890041).
- Rademacher and Finger continued to support work on the FP/immunization integration work, collaborating with MCHIP on various follow-up activities to the coordination meeting in Washington, including working with USAID on the High Impact Practices meeting in February (see FCO 890081).
- PROGRESS continued to support work on the ECSA community-based family planning assessments as needed. Finger traveled to Malawi to participate in the ECSA assessment there (see also FCO 890041).
- Finger also traveled to Kenya to support work on field support activities (FCOs 892013, 892015, and 892021).
- Canoutas and Finger continued to develop coordinated RU activities among the non-health projects, including potential global leadership activities.
- PROGRESS released Works in PROGRESS No. 3, with accompanying new web pages at www.FHI360.org/progress.
- Funds supported the development of the INVEST FP Calculator (see also FCO 890080).

Year 4 Workplan:

- PROGRESS will work with the USAID RU coordinators to utilize the USAID High Impact Practices list in working with bilaterals, country FP Technical Working Groups, and other partners in six countries (India, Kenya, Rwanda, Senegal, Tanzania, and Uganda; see also country-specific FCOs).
- PROGRESS will collaborate with USAID/W to promote the high-impact practices at the global level including participating in the identification of evidence-based tools to support the use of these practices.
- PROGRESS will promote best practices that emerge from two priority RU technical areas: FP/immunization (see also FCO 890081) and non-health integration. This work could include website postings, technical briefs, commentary submission to journals, sharing of new findings from literature reviews and research projects globally, and other approaches.
- PROGRESS will support the utilization of the Family Planning Training Resource Package (FPTRP), developed by FHI 360 with WHO, USAID, and other partners, promoting it as the core electronic tool for FP training resource materials. The completed FPTRP will be housed on the K4Health website (see also FCO 890041).

- PROGRESS will continue its e-newsletter as a way to promote emerging best practices from PROGRESS activities, and posting this information on the PROGRESS section of the FHI 360 website.
- PROGRESS will support the publication of research and research utilization briefs as a means of reporting key findings from these activities. This FCO will support the editorial, production, and dissemination process (designed as online publications, electronic dissemination, to be printed as needed for specific meetings). The researchers and research utilization staff will charge their own FCO for the drafting of the brief, and for drafting of journal articles. Longer reports will only be written when required by country officials.
- PROGRESS will support the promotion of lessons learned from country-level projects, such as the Tanzania National Family Planning Costed Implementation Plan (NFPCIP). For the NFPCIP, we will work with in-country partners to frame lessons from the process and the document, so that these lessons can be used through the ECSA Health Community and global networks. PROGRESS will pursue other such opportunities to provide global technical leadership that may arise during the year.
- PROGRESS will continue to coordinate RU planning on the End of Project Blueprint and related activities.
- A memorandum of understanding with the Millennium Villages Project (MVP) in East Africa (and potentially West Africa) will be developed for provision of TA around CBA2I, the Standard Days Method and CycleBeads, and FP integration into non-health areas of programming. PROGRESS plans to work with regional MVP staff and Georgetown Institute for Reproductive Health to conduct hand-off of key practices in the villages.

Findings and Outcomes:

- In October 2008, John Stanback presented at the American Public Health Association conference on contraceptive injections in rural drug shops in Uganda as part of a session called “Thinking Outside the Clinic: Expanding Service Delivery Options.” He moderated a session called “Increasing Access to Reproductive Health Services through Community Initiatives.” Also, he was a co-author on Jason Smith’s presentation called “Building momentum for innovation: community-based distribution of injectables,” given in a session about scaling-up family planning programs.
- In March 2009, Drs. Maggwa and Mbonye attended the ECSA Ministers conference and presented on task shifting for FP services, which helped lead to a resolution passed by ECSA to promote task shifting through its 10 member countries.
- In February 2010, ECSA followed up the 2009 resolution on task shifting with a two-day workshop led with FHI 360. FHI 360 staff presented on global evidence and country experience and helped coordinate the development of country workplans.
- “Strategic, Evidence-Based Practices for Improving Access to Family Planning,” December 2010, was completed as a guide for PROGRESS, but promoted to USAID as a model that can be used in identifying tools for promoting strategic, evidence-based practices.
- Works in PROGRESS e-newsletter issues (Nos. 1-3) summarize key PROGRESS activities with links to the PROGRESS section of the FHI 360 website.

Collaboration with WHO on Task Shifting including Expert Consultation

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO 890010	Approved 10/1/2008	C&G Closure	Tech Monitor BFinger
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Objective(s): To collaborate with WHO on a variety of research utilization activities.

Description: Based on collaborative experience between the FRONTIERS project and WHO, USAID requested that PROGRESS explore ways through which such collaboration could be continued and expanded. Six collaboration activities have been identified and prioritized for implementation. 1) FHI 360 and WHO implemented a technical consultation on task-shifting, convening a group of experts undertaking research and or promoting the use of CBD agents to provide DMPA injections. 2) PROGRESS will support advocacy activities and continue to work with USAID and WHO on targeting country guidelines, south-to-south exchanges, and other activities. 3) PROGRESS will work with the WHO/UNFPA Strategic Partnership Program on activities as requested. 4) PROGRESS will collaborate in disseminating existing research results. 5) FHI 360 is a member of the Implementing Best Practices (IBP) Network. PROGRESS will join in this collaboration, supporting staff participation in the board meetings and identifying possible overlapping activities regarding research utilization. 6) PROGRESS will participate on the panel on Social Sciences and Operations Research on Sexual and Reproductive Health (now called, WHO/RHR Research Project Review Panel). Additional activities may be added as discussed with WHO, FHI 360, and USAID.

Collaborating Agency(s): World Health Organization (WHO)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See previous annual reports for activities prior to July 2010.
- FHI 360 coordinated the publication of a technical brief from the WHO Technical Consultation on CHWs/Injectables, which went to more than 50,000 people electronically, was posted on the WHO, USAID, and FHI 360 websites, and was summarized into a PowerPoint used at meetings including FIGO.
- USAID worked with FHI 360 to gain seven new endorsements for the technical brief: Int'l Confederation of Midwives, International Council of Nurses, Int'l Federation of Gynecology and Obstetrics, IPPF, Marie Stopes Int'l, UNFPA, and the World Bank. A new brief featuring the endorsements was released at the 2010 Women Deliver and Global Health Council meetings and widely distributed.
- Finger participated in the Implementing Best Practices (IBP) Consortium bi-annual meetings, focusing on the Kampala Int'l Conference on Family Planning (see FCO 890003). He led the development of "Family Planning and Development: Actions for Change," published by USAID, WHO, UNFPA and IBP. The report (M2010-40) frames five key action steps from the Kampala Conference and was launched in June 2010 at Women Deliver and the IBP 10th anniversary meeting.
- Finger worked with WHO/IBP to obtain new funding for FHI 360 to produce (FCO 996084) and to translate and produce a French version (FCO 996085) of the Kampala Action Report.
- Stanback and Lebetkin coordinated the publication of two articles based on the WHO Consultation, both published in Contraception. The first summarized the consultation. The second, led by consultant S. Malarcher, summarized the research review.
- Through the WHO/RHR Research Project Review Panel, Stanback attended a WHO consultation on accelerating progress on the Millennium Development Goal 5b.

- PROGRESS RU staff worked with WHO to participate in the IBP evaluation.
- At the December 2010, IBP bi-annual meeting, Finger helped lead a discussion of the FP Training Resource Package (FCO 890041). Working with USAID, this launch helped lead to a WHO process for co-branding the product.

Past Six Months:

- Finger worked with IBP in its 5-year strategic assessment process. This included organizing two FHI 360 focus groups (in NC and Nairobi), and participating in an IBP steering committee meeting and the two-day bi-annual meeting in Washington, DC in June 2011.
- Finger participated in planning for the next International Conference on FP, focusing on collaboration with IBP. This included working with the International Steering Committee and discussing how the five action steps from the Kampala Action Report can be incorporated into the Dakar planning process. He also was engaged in conversations on how programmatic issues will be included and planning processes involving country teams at the conference.
- FHI 360 collaborated with WHO as appropriate in work with ECSA on the community-based family planning assessments (see FCO 890043). WHO is involved via a Tides award to ECSA.
- The FP Training Resource Package project is now being co-branded with WHO, which has required FHI 360, through its editorial and production process, to work closely with WHO on technical review comments (see FCO 890041).
- At the June 2011 IBP meeting, Finger helped lead discussions about the Google map that FHI 360 (Kate Rademacher) developed on the FP/immunization work (see FCO 890081), which USAID sees as a promising model for promoting and tracking use of the High Impact Practices.

Year 4 Workplan:

- PROGRESS will work with WHO/IBP to promote the use of the Kampala Action Report as part of the planning for the 2011 International Conference on Family Planning to be held in Dakar.
- PROGRESS will support FHI 360 participation in the bi-annual IBP meetings, including participation on the steering committee which will begin implementing the new strategic plan.
- PROGRESS will work with WHO/IBP to coordinate regional funding mechanisms, including the Tides grant to the East, Central, Southern African Health Community (ECSA) (see also FCO 890043).
- PROGRESS will explore with WHO the possibility of additional technical consultations on topics such as FP/immunization integration, drug shops, and mHealth.

Findings and Outcomes:

- WHO, USAID, FHI 360. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. September 2009. (M2009-17) This report from the technical consultation was disseminated to more than 50,000 and presented via PowerPoint at multiple international meetings. It was reprinted in June 2010 (M2010-42) with the following endorsements: International Confederation of Midwives, International Council of Nurses, International Federation of Gynecology and Obstetrics (FIGO), International Planned Parenthood Federation, Marie Stopes International, UNFPA, and the World Bank.
- Stanback J, Spieler J, Shah I, Finger W, Technical Consultation Participants. Community-based health workers can safely and effectively administer injectable contraceptives: conclusions from a technical consultation. *Contraception*, March 2010; 81(3):181-4. (FHI 360 Pub 2010-12)
- USAID, WHO, UNFPA. Family Planning and Development: Actions for Change. June 2010. (M2010-40) This is a report from the Implementing Best Practices Initiative/WHO, promoting follow-up actions from the Kampala International Family Planning Meeting. Finger was the lead author, working with IBP and Ward Cates.
- Malarcher S; Meirik O; Lebetkin E; Shah I; Spieler J; Stanback J. Provision of DMPA by community-health workers: what the evidence shows. *Contraception*. 2011 Jun. 83(6): 495-503. (FHI 360 Pub 2011-34; co-funded with FCO 890115)
- Janowitz B; Stanback J; Boyer B. Task shifting in family planning. *Stud Fam Plann*. Submitted. (Co-funded with FCO 890115)

Development of Guidelines for Contraceptive Users (CIRE)

Status: Ongoing

Projected End Date: 8/16/2014

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890120	8/16/2010		LWilson
805701	9/29/2009		LDorflinger
890054	8/11/2009	12/31/2010	LDorflinger
890053	8/11/2009		KNanda

Objective(s): To maintain a system to ensure that the WHO's Medical Eligibility Criteria and the Selected Practice Recommendations for Contraceptive Use remain current and based on the best available science. The system provides for ongoing monitoring and critical appraisal of available evidence and assures that this information is available for updating guidance.

Description: The World Health Organization (WHO) provides evidence-based family planning guidance for use worldwide. WHO currently has two such guidelines, Medical Eligibility Criteria (MEC) for Contraceptive Use and Selected Practice Recommendations (SPR) for Contraceptive Use, which are used globally and often incorporated into national FP standards and guidelines. These documents are the first evidence-based, global consensus guidelines that address 'who' can safely and effectively use contraceptive methods (MEC) and 'how' to safely and effectively use contraceptive methods (SPR). To ensure that these guidelines remain up-to-date, WHO, in collaboration with CDC and the INFO Project at JHU, developed the Continuous Identification of Research Evidence (CIRE) system to identify, synthesize, and evaluate new scientific evidence as it becomes available. The second component of the system, conducted by CDC and WHO, and assisted by FHI 360, consists of: 1) determining which new research reports are relevant; 2) critically appraising new, relevant reports; 3) preparing or updating systematic reviews; 4) obtaining peer review of systematic reviews and revising as appropriate; and 5) providing final systematic reviews to WHO Secretariat. FHI 360 staff are involved in writing systematic reviews, serve as peer-reviewers on an ongoing basis for reviews generated from the CIRE system, and provide technical leadership by participating in WHO Expert Working Group meetings and providing other assistance to WHO secretariat. This leadership role also involves identifying research gaps identified by the systematic reviews and expert meetings, and working with WHO to fill these research needs. As of December 2009, this subproject is supported by PROGRESS population core funds (FCO 890053) as well as by an Interagency Agreement from NIH under PTA (FCO 805701) and PROGRESS (FCO 890054). Under the PTA, work will focus on the intersections of HIV and contraception.

Subgrantee(s): World Health Organization

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Discussions began with WHO and FHI 360's contracts and grants to plan for new subagreements under PROGRESS and PTA.
- In January 2010, WHO convened a technical consultation on postpartum venous thromboembolic (VTE) disease and the use of combined hormonal contraceptives. To more closely fit the available data, participants revised the recommendations, stratifying guidance both by time since delivery, and presence or absence of additional risk factors for VTE.
- The revised postpartum VTE recommendations were approved by the Director General of WHO in May 2010. A statement providing the evidence and rationale for revising these recommendations was also approved for publication by the Director General on the WHO website.
- In April 2010, USAID/PROGRESS approved the transition of the final portion of the CRTU subagreement with WHO for an initial payment of IAA funds received under the PROGRESS agreement.

- New subagreement templates were submitted to WHO for review in March 2010.
- A new paper was published: Kapp N, Curtis K, Nanda K. Progestogen-only contraceptive use among breastfeeding women: a systematic review. *Contraception*. 2010 Jul;82(1):17-37 (initial funding under CRTU).
- FHI 360 updated the systematic review on drug interactions between hormonal contraceptives and antiretrovirals (ARVs).
- An external evaluation of the CIRE system was completed in October 2010. The results of the evaluation were submitted to WHO in November 2010 and shared with CDC counterparts. Recommendations from this evaluation advise WHO to re-examine the membership of the Guidelines Steering Group to be consistent with WHO requirements (i.e., regional representation, methodologist), conduct a transparent scoping exercise of topics, and apply the GRADE system for recommendation formulation.
- Payment of \$50,000 was made to WHO for its work on CIRE (FCO 890054). Work continued on the new subagreements (FCO 890120 and FCO 805701).

Past Six Months:

- Work continued on the new subagreements with WHO. The PROGRESS subagreement was submitted to USAID for approval on June 30, 2011 and the PTA subagreement on July 7, 2011.
- Seven systematic reviews were updated by CIRE. The 4th edition of the English Medical Eligibility Criteria for Contraceptive Use (MEC) was printed and distributed. Translations to Spanish and French began.
- On an as needed basis, technical support was provided by WHO on guideline introduction and training for member states. In particular, extensive support was given to Iraq during the time period.

Year 4 Workplan:

- FHI 360 staff will act as peer-reviewers for systematic reviews, conducted in collaboration with WHO.
- FHI 360 will submit the updated review of hormonal contraceptives with antiretrovirals for publication.
- WHO will continue efforts to assure that family planning guidelines are supported by the most up-to-date published evidence, through the identification of evidence using the CIRE system.
- The 4th edition of the Medical Eligibility Criteria for Contraceptive Use (MEC) will be published in French and Spanish.
- WHO will continue to address recommendations obtained from an external evaluation of the CIRE system.
- WHO staff will participate in the International Conference on Family Planning in Dakar planned for November - December 2011, and in the Association of Latin American Researchers in Reproductive Health (ALIRH) Conference in October 2011 in Panama.

Findings and Outcomes:

- Based upon the evidence presented at the VTE consultation, experts determined that current WHO guidance regarding the use of CHCs in non-lactating postpartum women inadequately reflected the gradually declining risk of VTE during the postpartum, and the potential impact of multiple risk factors on VTE formation during this period. Prior to 21 days postpartum, the health risks of using CHCs generally outweigh the benefits; for some women with additional risk factors for VTE other than being postpartum, CHCs should not be used. Between 21 and 42 days postpartum, the contraceptive benefits of use of CHCs generally outweigh the risks, although for some women with additional risk factors for VTE, the method should not be used unless other more appropriate methods are not available or acceptable. Finally, in non-lactating women beyond 42 days postpartum, CHCs may be used without restriction.

Cochrane Review Initiative, 2009-2014

Status: Ongoing

Projected End Date: 8/16/2014

Country(s): Worldwide

FCO	Approved	C&G Closure	Tech Monitor
805700	9/24/2009		LLopez
890048	7/15/2009		DGrimes/LLopez
890047	7/15/2009		DGrimes/LLopez

Objective(s): To perform systematic reviews and meta-analyses of trials on family planning methods.

Description: The Cochrane Collaboration is an international, independent, not-for-profit organization of over 28,000 contributors from more than 100 countries, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. Contributors work together to produce systematic reviews of healthcare interventions, known as Cochrane Reviews, which are published online in The Cochrane Library. Cochrane Reviews are intended to help providers, practitioners and patients make informed decisions about health care, and are the most comprehensive, reliable and relevant source of evidence on which to base these decisions. The Cochrane Collaboration has more than 50 review groups; our work at FHI 360 has mainly been with the Fertility Regulation Group, based in the Netherlands. We also work with the Pregnancy and Childbirth Group (based in the UK) and the Menstrual Disorders and Subfertility Group (based in New Zealand). Our work aims to provide evidence to help reduce the risk of unintended pregnancy. We have addressed the effectiveness and side effects of various contraceptives, as well as educational interventions to improve use of contraceptive methods. This subproject represents Cochrane research and review activities starting in December 2009. This subproject will be co-funded by PTA and PROGRESS. Under the PTA, work is funded by the NIH account for Research on Contraception & the Prevention of HIV/AIDS. Under PROGRESS, work is funded by USAID Core-Pop funds and the NIH account for Clinical Evaluation of New Contraceptive Technologies. Previous activities were reported under CRTU FCOs 112112 and 172000 Cochrane Fertility Regulation Review Group, 2005-2009.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- See reports for FCO 172002 and 112112 for accomplishments prior to December 2009. Cochrane work moved to this subproject in December 2009.
- A new review was published: Lopez et al. Hormonal contraceptives for contraception in overweight or obese women. Cochrane Database Syst Rev 2010 (7). FHI 360 Pub2010-89.
- A secondary paper was published: Lopez et al. Postpartum education for contraception: a systematic review. Obstet Gynecol Surv 2010; 65(5): 325-31. FHI 360 Pub2010-82.
- Oral presentation was given at Cochrane Colloquium 2010: Lopez, et al. When it rains: synthesizing umbrella reviews of educational interventions.
- The following reviews were substantively updated in 2010 with new trials:
 - 1) Advance provision of emergency contraception for pregnancy prevention;
 - 2) Continuous or extended cycle versus cyclic use of combined oral contraceptives for contraception;
 - 3) Immediate postabortal insertion of intrauterine devices;
 - 4) Immediate post-partum insertion of intrauterine devices;
 - 5) Skin patch and vaginal ring versus combined oral contraceptives for contraception;
 - 6) 20 µg versus >20 µg estrogen combined oral contraceptives for contraception.
- The following reviews were updated in 2010; no new trials found:
 - 1) Immediate start of hormonal contraceptives for contraception;
 - 2) Combination injectable contraceptives for contraception;
 - 3) Spermicide used alone for contraception;
 - 4) Combined hormonal versus nonhormonal versus progestin-only contraception in lactation

- 5) Nonlatex versus latex male condoms for contraception.
- Staff handsearched the journal Contraception for trials to be included in the Cochrane Central Register of Controlled Trials.
- Editorial board activities (D. Grimes) included peer review of projects within the Fertility Regulation group and responding to requests from editorial office.
- C. Manion developed search strategies for new reviews and updates, and executed searches for specific databases.

Past Six Months:

- A new review was published: Progestin-only contraceptives: effects on weight. Cochrane Database Syst Rev 2011 (4).
- A new review was submitted: Van Vliet et al. Quadriphasic versus monophasic oral contraceptives for contraception.
- A secondary paper was published: Raymond et al. Pericoital oral contraception with levonorgestrel. Obstet Gynecol 2011; 117(3): 673-81. FHI 360 Pub 2011-30.
- Protocols were submitted for new reviews:
 - 1) Intrauterine devices for contraception in nulliparous women;
 - 2) Pain management for hysteroscopic sterilization.
- Protocol was drafted for new review: Hormonal and intrauterine contraceptives for contraception in adolescents
- A new title was registered: 21+7 day versus other cyclical, monophasic regimens of combined oral contraceptives for contraception
- The following reviews were substantively updated with new trials as per Cochrane policy:
 - 1) Theory-based interventions for contraception (major revision; conclusions changed);
 - 2) Strategies to improve adherence and acceptability of hormonal methods of contraception;
 - 3) Combination contraceptives: effects on weight;
 - 4) Oral contraceptives containing drospirenone for premenstrual syndrome;
 - 5) Steroidal contraceptives: effect on bone fractures in women.
- The following reviews were updated; no new trials found:
 - 1) Sponge versus diaphragm for contraception;
 - 2) Biphasic versus monophasic oral contraceptives for contraception;
 - 3) Biphasic versus triphasic oral contraceptives for contraception;
 - 4) Progestin-only pills for contraception.
- The journal Contraception was handsearched (Jan-Jun 2011) for trials to be included in the Cochrane Central Register of Controlled Trials.
- D. Grimes continued to peer-review projects within the Fertility Regulation group and respond to requests from editorial office.
- C. Manion continued to work on search strategies for new reviews and updates and execute searches for specific databases.

Year 4 Workplan:

- At least two new topics will be developed in-house, with the Cochrane editorial group, or through collaboration with external colleagues.
- The following reviews will be completed:
 - 1) Intrauterine devices for contraception in nulliparous women
 - 2) Pain management for hysteroscopic sterilization
 - 3) Hormonal and intrauterine contraceptives for contraception in adolescents
 - 4) 21+7 day versus other cyclical, monophasic regimens of combined oral contraceptives for contraception
- Reviews will be updated as per Cochrane policy; those scheduled include:
 - 1) Combined oral contraceptive pills for treatment of acne
 - 2) Triphasic versus monophasic oral contraceptives for contraception
 - 3) Repeated use of postcoital hormonal contraception for prevention of pregnancy
 - 4) Diaphragm versus diaphragm with spermicides for contraception
 - 5) Nonsteroidal anti-inflammatory drugs for heavy bleeding associated with intrauterine device use

- 6) Oral contraceptives for functional ovarian cysts
- 7) Scalpel versus no-scalpel incision for vasectomy
- 8) Vasectomy occlusion techniques for male sterilization
- 9) Steroid hormones for contraception in men
- 10) Education for contraceptive use by women after childbirth
- Staff will continue to handsearch the journal Contraception (Jul 2011 - Jun 2012) for trials to be included in the Cochrane Central Register of Controlled Trials.
- D. Grimes will continue to peer-review projects within the Fertility Regulation group and respond to requests from editorial office.
- C. Manion will continue to work on search strategies for new reviews and updates and execute searches for specific databases.

Findings and Outcomes:

- Progestin-only contraceptives: effects on weight: We evaluated the association between progestin-only contraceptive (POC) use and changes in body weight. Fifteen studies examined progestin-only pills (N=1), Norplant (N=4), and depot medroxyprogesterone acetate (DMPA) (N=10). Four studies showed differences in weight or body composition change for POCs compared to no hormonal method. Adolescents using DMPA had a greater increase in body fat (%) versus a group using no hormonal method (mean difference (MD) 11.00; 95% CI 2.64 to 19.36). The DMPA group also had a greater decrease in lean body mass (%) (MD -4.00; 95% CI -6.93 to -1.07). In another study, weight gain (kg) was greater for the DMPA group than an IUD group (MD by year: 2.28, 2.71, 3.17). The differences were notable within the normal weight and overweight subgroups. One study showed the Norplant group had greater weight gain (kg) than a non-hormonal IUD group (MD 0.47 (95% CI 0.29 to 0.65) and a group using no hormonal method (MD 0.74; 95% CI 0.52 to 0.96). Another study also showed a Norplant group also had greater weight gain (kg) than an IUD group (MD 1.10; 95% CI 0.36 to 1.84). We found little evidence of weight gain when using POCs. Mean gain was less than 2 kg for most studies up to 12 months, and usually similar for the comparison group using another contraceptive. Appropriate counseling about typical weight gain may help reduce discontinuation of contraceptives due to perceptions of weight gain.

Collaboration with Regional Institutes and Network: ECSA

Status: Ongoing

Projected End Date: 3/31/2013

Country(s): Tanzania, Worldwide

FCO	Approved	C&G Closure	Tech Monitor
890083	2/17/2010		MMalkin
890043	7/9/2009		MMalkin

Objective(s): 1) To use a regional-based approach, through a collaboration with ECSA, to expand knowledge and action on community-based family planning and task-shifting for family planning in select ECSA member countries; and 2) to build the capacity of ECSA to provide guidance and technical assistance to its member states to utilize evidence-based practices and high impact interventions.

Description: FHI 360's PROGRESS project and the East, Central and Southern African Health Community (ECSA) are collaborating on a set of activities that will advance a common goal of increasing access to family planning (FP) among underserved populations. FHI 360 and ECSA will focus their collaboration on providing technical assistance and capacity building to ECSA to advance its member states' uptake of a regional approach to community-based family planning (CBFP). The proposed activities map to priorities within PROGRESS legacy areas and ECSA's Family and Reproductive Health

(FRH) Programme. For ECSA, the activities are intended to facilitate progress in implementing its “Repositioning Family Planning Strategy” as well as resolutions passed at previous Health Ministers conferences.

Subgrantee(s): East, Central and Southern Africa Health Community (ECSA-HC)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- For activities prior to December 2009, please see the Year 2 Annual Report.
- In Feb. 2010, FHI 360 staff attended the 50th ECSA Conference of Health Ministers in Kampala, to conduct a workshop, attended by 7 member states. At the workshop, country delegations developed workplans to advance the Health Ministers task shifting resolution; including indicators for monitoring progress.
- A communication was emailed to focal persons identified at the task shifting workshop to support implementation of the country workplans and disseminate key resources, such as the WHO Technical Consultation brief.
- In May 2010, the subagreement with ECSA was finalized.
- From May–July 2010, Malkin provided on-site TA to the ECSA Family and Reproductive Health Programme (FRHP) Manager (Dr. Odiyo) to design and implement an assessment on community-based family planning (CBFP).
- In June 2010, Malkin attended USAID East Africa’s Regional Health and HIV/AIDS Partners’ Meeting in Zanzibar to present the 2010-11 FRHP workplan, including the CBFP assessment. The final workplan was submitted to USAID/East Africa.
- Malkin met with USAID/East Africa partners, including the Regional Center for Quality Health Care (RCQHC), with whom ECSA will collaborate on a regional training package for CHWs.
- Malkin developed an abstract and presentation on task shifting, given at the ECSACON conference, and provided TA to Odiyo to plan and conduct the FRHP Expert Committee Meeting.
- Malkin traveled to Arusha in July and Sept. 2010 to provide TA to ECSA to prepare for and conduct the CBFP (and MCH) assessment. Much of the groundwork was completed, but country-level details did not progress as needed.
- Due to challenges during the preparation phase, the assessment was postponed. A new timeline was developed and the assessment strategy was revised to address the challenges.
- Malkin, Finger, and Maggwa worked with Odiyo to implement the revised assessment strategy.
- In Nov. 2010, the Uganda assessment was conducted. Akol, Wamala, and Maggwa provided in-country TA.
- In Dec. 2010, FHI 360/NC hosted Odiyo to advance the assessment. Roles were refined, and interview guides revised based on the Uganda experience.

Past Six Months:

- Between Feb. and March 2011, the remaining assessments were conducted in Malawi, Lesotho, and Zimbabwe. Finger participated in the Malawi assessment, while Kuyoh participated in the Lesotho and Zimbabwe assessments. Rwanda was eliminated as an assessment country due to lack of responsiveness from the MOH.
- Finger, Malkin, and Kuyoh wrote individual country reports for the assessments in Uganda, Zimbabwe, Malawi, and Lesotho, and submitted to ECSA to then pass to the MOHs.
- Technical assistance was provided to ECSA to adapt the Kenya CBFP assessment report, led by FHI 360/Kenya with funding from USAID/Kenya, into other format of the other ECSA-led assessment reports.
- FHI 360 assisted ECSA with drafting short summaries from the assessments on questions related to maternal and child health.
- PROGRESS provided technical assistance to ECSA to plan a regional workshop to gain consensus on the assessment conclusions, validate country information, and develop recommendations for a way forward. Finger and Kuyoh participated in and facilitated this workshop, held in Malawi in June 2011.

- PROGRESS began drafting the regional synthesis report based on the five formal assessments and information from the remaining five non-assessment countries shared at the regional workshop. A poster and four-page companion hand-out (M2011-12a,b) summarizing the conclusions and recommendations were prepared.

Year 4 Workplan:

- PROGRESS will provide technical assistance to complete the regional synthesis report.
- The poster and companion brochure on the CBFP assessments and subsequent recommendations will be presented at the Effective Community Approaches to FP Meeting in Nairobi in July 2011.
- PROGRESS will provide technical assistance to ECSA to present the regional synthesis at regional and international fora including the 2011 Health Ministers' Conference.
- FHI 360 will provide technical assistance to the Regional Center for Quality Health Care (RCQHC) to develop a regional CHW service delivery package that provides guidance on training, remuneration, and types of services they should offer.
- FHI 360 will assist key regional partners to monitor their needs and use key materials and resources on CBFP.
- PROGRESS will help support a Senior Programme Officer at ECSA for work in the reproductive health unit under FCO 890083.

Findings and Outcomes:

- The five country CBFP assessments were completed. The Lesotho, Malawi, Uganda, and Zimbabwe assessments were led by ECSA with technical assistance from PROGRESS, including logistics, participating on the assessment team, conducting the desk review, and drafting the reports. The Kenya report was completed via a separate process through FHI 360/Kenya and field support (see FCO 892015).
- A poster and companion four-page handout synthesizing the five country assessments and the ECSA regional validation meeting held in Malawi in June 2011 were prepared and shared at the Effective Community Approaches to Family Planning Conference held in Kenya in July. These will be expanded during July into a synthesis report.

Africa Bureau Support to PROGRESS and ECSA

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Africa Regional, Rwanda, Kenya

FCO	Approved	C&G Closure	Tech Monitor
892034	4/25/2011		JWesson
892028	10/1/2010		BFinger

Objective(s): 1) To undertake technical assistance to selected countries in Africa, focusing initially on adolescent reproductive health, in collaboration with the priorities of the USAID/Africa Bureau; and 2) to allow PROGRESS to expand the extent of its technical assistance to ECSA (see FCO 890043);

Note: The objectives, description, and title were revised in the Fall of 2010 following discussions with USAID/Africa Bureau.

Description: In PROGRESS's Year 3, the USAID/Africa Bureau allocated funds to PROGRESS to support technical assistance to countries in the Africa region to take actions as a follow up to the meeting organized by the Africa Bureau entitled 'Meeting the Family Planning Demand to Achieve MDGs: Vision 2015' in Kigali in late March 2010. Following this meeting, PROGRESS provided technical assistance to

the Rwanda Mission to develop a national youth strategy and policy on the basis of a youth assessment conducted earlier. PROGRESS is currently working with USAID/Kenya to provide technical assistance to develop a youth program in Kenya.

PROGRESS and ECSA are working to produce, with input from member states, a regional how-to package on CBFP for member countries to utilize in expanding access to family planning. The first step was to conduct CBFP assessments in five countries to collect and synthesize information to help identify gaps and opportunities for standardizing and improving CBFP in the region. The assessments took place in Lesotho, Malawi, Uganda, Zimbabwe, and Kenya (with field support funds). Ministries of Health, ECSA, and FHI 360 will conduct the assessments with support from Core funds (FCO 890043) and co-funding from this FCO/subproject.

This subproject will also support other technical assistance in the Africa region. PROGRESS and Africa Bureau staff will work together to identify areas for technical assistance that match the priorities of both. Note that funding for this subproject was for a single year ending in September 2011. However, additional funding is expected for Year 4 and a workplan for those funds is described below.

Collaborating Agency(s): East, Central and Southern African Health Community (ECSA); Ministry of Health, Kenya; Ministry of Health, Rwanda; National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- At the request of the Rwanda Ministry of Health (MOH) and the Africa Bureau, PROGRESS provided technical assistance to develop a national policy and strategic plan for adolescent reproductive health, with the aim of guiding actions to support the health needs of this target group.
- As part of this technical assistance, a consultant (M. Marx) traveled to Kigali in November/December 2010 to work with USAID and the Family Planning Technical Working Group (FPTWG) to design an assessment of the current adolescent reproductive health program in Rwanda. His scope of work included design of the assessment methodology and development of a sample results framework, instruments, and tools for the assessment.

Past Six Months:

- The adolescent reproductive health assessment in Rwanda was completed, including a second trip by the consultant, Marx, to participate in a workshop with the assessment team, complete a review of assessment instruments, and finalize the methodology and tools.
- Marx helped implement the assessment, analyze the data, draft a policy and strategy document, and present the findings to the FPTWG. USAID/Rwanda provided \$20,000 in field support funds to support this work (FCO 892034).
- A two-day workshop, funded by GiZ (formerly GTZ), was facilitated by Marx for FPTWG members and key stakeholders to discuss and refine the policy and strategy documents, which will inform the national policy on RH for youth. Terms of reference for a local consultant and a budget to develop a costed plan for implementing RH for youth were also discussed.
- This subproject also supported participation of a consultant (M. Kuyoh) on the Zimbabwe and Lesotho ECSA CBFP country assessment teams (see FCO 890043). The consultant coordinated the note-taking compilation and draft reports for these two countries.
- Staff from FHI 360/Malawi supported the planning and logistics for an ECSA CBFP assessment in Malawi (co-funded with FCO 890043).
- Finger and Kuyoh attended the ECSA regional meeting in June 2011 to synthesize the assessment reports and develop a regional report (see FCO 890043).
- As a third component of this subproject, FHI 360/Kenya, working with USAID/Kenya, developed a scope of work for a youth strategic planning process, hired a consultant to work with FHI 360/Kenya staff, and began working on this scope of work.
- The Kenya scope of work includes: preparing a descriptive desk review of current programs, holding a stakeholder forum to discuss the review, and writing a report from the stakeholder meeting. This work is envisioned as laying the groundwork for a stage two process of implementing the strategy, working with Kenya field support funds. (See FCO 892038)

Year 4 Workplan:

- Marx will finalize the Rwanda ARH assessment report, as well as with the strategy and policy documents, with the FPTWG and MOH.
- With ECSA, Finger and Malkin will prepare the final regional assessment report, including any preparations for how these findings might be presented to the Health Ministers Conference and to the Regional Center for Quality Health Care (see also 890043).
- The Kenya Youth SOW described above will be completed under this FCO. Stage two will be implemented with field support funds from USAID/Kenya (see FCO 892038).
- In Year 4, PROGRESS will help organize two meetings and implement the recommendations emerging out of those meetings.
- Dr. Maggwa will participate in the first meeting, Effective Community Approaches for Family Planning, being organized by USAID/EA as a follow up to Kigali meeting and scheduled for the last week of July. FHI 360 will work with the East Africa team in presenting on various topics.
- The second meeting, held in conjunction with the International Conference on FP in Dakar will be a review of the progress made on the USAID FP program. Specific tasks for PROGRESS will relate to (a) a detailed analysis of successes in reaching the community and generating community ownership in the form of case studies; and (b) provision of further technical assistance to one or two countries to develop youth policies and program.

Findings and Outcomes:

- Coming out of the Rwanda work, a report on the Adolescent Reproductive Health Assessment has been drafted and submitted to the FPTWG. A National Adolescent Reproductive Health Strategy and a draft Policy have also been developed and submitted.

Assessing the Relationship Between Substance Use and FP Use Among Adolescents in Rwanda

Status: *In Approval*

Projected End Date: *9/30/2012*

Country(s): Rwanda

FCO 892041	Approved	C&G Closure	Tech Monitor JWesson
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Objective(s): 1) To support the MOH Adolescent Reproductive Health Technical Working Group (ARH TWG) to develop monitoring and evaluation tools for the new National Strategy on ARH; 2) to assess the prevalence of substance use (alcohol and drugs) among adolescents in a selected sample; 3) to determine the relationship between substance use and family planning use among adolescents in a selected sample.

Description: In PROGRESS's Year 3, the USAID/Africa Bureau allocated funds to PROGRESS to support technical assistance to countries to take actions as follow up to the 'Meeting the Family Planning Demand to Achieve MDGs: Vision 2015' meeting held in Kigali in late March 2010. In Rwanda, PROGRESS provided technical assistance to develop a national Adolescent Reproductive Health (ARH) strategy and policy on the basis of a youth assessment conducted earlier (FCO 892028). As follow-on, monitoring and evaluation (M&E) and costing tools for the strategy have been requested. In addition, following the development of the strategy, the ARH TWG identified a gap in evidence about substance use among adolescents and how this impacts their risk behaviors, including unprotected sex and violence. The ARH TWG has requested that PROGRESS conduct a descriptive study to examine these issues and develop recommendations for how to confront risky behaviors. The study will use respondent driven sampling (RDS) to identify adolescents (aged 15-24) who are substance users and

recruit them for participation in the study. While the study will not be nationally representative due to resource constraints, use of RDS will produce a statistically robust measure of prevalence of substance use in the target population.

Collaborating Agency(s): Ministry of Health, Rwanda

Activities, Accomplishments, Problems:

Past Six Months:

- In April 2011, PROGRESS engaged the services of a local consultant to assist the ARH TWG in developing a monitoring and evaluation framework for the ARH strategy, as well as costing out the activities contained in the strategy. The ARH TWG is reviewing the documents before officially adopting them. This work was supported by FCO 892034.

Year 4 Workplan:

- The M&E and costing documents will be finalized and approved by the ARH TWG.
- Working with the ARH TWG, a protocol will be developed for the study among adolescents, and approvals will be obtained from FHI 360 and the Rwanda National Ethics Committee.
- Fieldwork will be conducted and analysis will commence.

Addressing the Sexual and Reproductive Health of Youth and Adolescents in Kenya

Status: In Approval

Projected End Date: 9/30/2012

Country(s): Kenya

FCO 892038	Approved 8/1/2011	C&G Closure	Tech Monitor JLiku
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Objective(s): To provide technical assistance to DRH and partners to identify proven and promising practices/models for addressing the sexual and reproductive health (SRH), particularly family planning, needs among youth and adolescents in Kenya.

Description: This subproject will build on a recent review of adolescent and youth programs focusing on how the health sector can take a stronger role in sexual and reproductive health (SRH) information and services, and work with other sectors in a complementary fashion. Conducted with USAID/Africa Bureau support through FCO 892028, the recent review was undertaken on behalf of the Kenya Division of Reproductive Health (DRH) and includes a review of current adolescent and youth projects/activities supported by various stakeholders in Kenya. With field support funding, this subproject is a follow up initiative to improve the sexual and reproductive health of adolescents and youth. It seeks to identify proven and promising practices/models or appropriate entry points for SRH services among youth and adolescents that could be initiated or scaled up. These will form part of an operational strategy to guide services.

Collaborating Agency(s): Division of Reproductive Health; Ministry of Health, Kenya

Year 4 Workplan:

- PROGRESS will provide ongoing technical support to the DRH and its partners to identify proven and promising practices/models or appropriate entry points for SRH services for youth and adolescents in Kenya.

- Technical assistance will be provided to DRH to share and support replication and/or scale-up of identified models with stakeholders, including development partners, implementing agencies, training institutions and faith based organizations, to inform their adolescent and youth SRH programs.
- The DRH will be supported to develop an operational strategy to guide SRH services and complement the planned review and revision of Kenya's Adolescent Reproductive Health and Development (ARHD) Policy, to be undertaken by the National Coordinating Agency for Population and Development (NCAPD) and other partners.

Repositioning Family Planning Activities

Status: Complete

End Date: 6/30/2011

Country(s): Africa Regional

FCO	Approved	C&G Closure	Tech Monitor
890126	11/7/2010		BFinger

Objective(s): To support the concept of “repositioning family planning” through advocacy, sharing lessons learned among countries, and other activities as determined in conjunction with USAID.

Description: Repositioning family planning is a priority for USAID. For this subproject, PROGRESS worked with the Repositioning FP champion at USAID/W and country missions, primarily in Africa, to identify priority areas for action following up on country action plans developed at the Kigali meeting hosted by USAID in the Spring of 2010. The first issue identified was to support the Ethiopia effort to expand access to IUDs and revitalize their use.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In December 2010, a delegation of 14 people from Ethiopia participated in a five-day shared learning tour to Kenya to learn from Kenya's successful approaches to expanding IUD availability and uptake. The tour was designed to inform the Ethiopian Federal Ministry of Health (FMOH) on strategies for successfully scaling-up IUD initiative in Ethiopia. The delegation included representatives from the FMOH, FHI 360, USAID, DKT, Marie Stopes International/Ethiopia, Ipas, Integrated Family Health Program, and the WHO; all are involved in the implementation of a FMOH-driven initiative to expand access to long acting methods, including IUD, in Ethiopia.
- FHI 360/PROGRESS planned and partially funded this shared learning tour and is working with the FMOH to design and implement the monitoring and evaluation of this initiative.
- The Ethiopia delegation is currently integrating best practices and lessons learned from the Kenyan experience into the implementation of the initiative in Ethiopia. See also FCO 892001.

Past Six Months:

- Funding was drawn from this FCO to support a pilot activity in Senegal to begin implementing and test the provision of intramuscular DMPA by community health workers (see FCO 890134).

Findings and Outcomes:

- A final report on the IUD Study Tour to Kenya is available (M2011-01).

Research Utilization Technical Assistance to Tanzania

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Tanzania

FCO	Approved	C&G Closure	Tech Monitor
890109	6/4/2010		ENdakidemi
890040	7/9/2009		TPetrunej

Objective(s): To facilitate the introduction and roll out of evidence-based best practices for family planning in Tanzania.

Description: Tanzania has been identified as one of a few key countries for targeted research utilization support and capacity building within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Tanzania Ministry of Health, the national family planning technical working groups (FPTWG), which is chaired by the Ministry of Health and includes representation from reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- An RU workplan was developed for PROGRESS activities in Tanzania in Aug. 2009.
- In 2009, FHI 360/Tanzania staff contributed to the National FP Curriculum review & update, particularly for short-term FP methods.
- Input was provided to WHO/Geneva, WHO/Tanzania, & MOH on how to strengthen & update the WHO Decision Making Toolkit & how to adapt for use in the Tanzania setting.
- In March 2010, key evidence-based practices were identified & prioritized for promotion.
- In April 2010, a joint workshop for FP policymakers (MOHSW) & reproductive health researchers (from NIMR & MUHIMBILI) was conducted by FHI 360/HQ staff for orientation to key RU principles & to provide a platform for joint strategic discussions (cost-shared w/FCO 890073). Twelve participants from these affiliations & two FHI 360/Tanzania staff attended the one-day workshop, "Strategically Demanding, Generating, & Applying Data: How Researchers & Policymakers Can Improve Health Outcomes".
- In June 2010, FHI 360 organized a two-day FP advocacy package feedback meeting in the Shinyanga region, which 19 FP champions from Bariadi district participated in.
- In 2010, the FP Advocacy Package for champions was revised, finalized, & translated from English to Kiswahili.
- From July-Dec 2010, FHI 360 was an active member of the National FP Curriculum Task Force, & attended several meetings with key implementing partners & the MOH regarding the new curriculum finalization & printing.
- From July-Oct 2010, FHI 360 staff worked with a printer to finalize the new FP Training Curriculum design & layout.
- FHI 360 has led the development of the revised FP Procedure Manual, in collaboration with the MOH & FP partners. FHI 360 staff worked with the MOH to finalize the revised FP Procedure Manual.

Past Six Months:

- FHI 360 staff have continued to be active members of the National FPTWG, the primary platform for family planning work in Tanzania.
- In Feb 2011, FHI 360 worked with PSI to strengthen the implementation plan to initiate PPIUD in a few select hospitals in Tanzania.

- In March 2011, FHI 360 worked with Pathfinder International to develop a concept for a study on community-based distribution of DMPA.
- In March 2011, FHI 360 was recruited to join newly established Mobile Outreach Services (MOS) and postpartum IUD Taskforces.
- In May 2011, a consultant hired by FHI 360 finalized the design and layout of the document titled “Advocacy Package for Repositioning Family Planning Champions in Tanzania”. In June 2011, FHI 360 printed 500 copies of the advocacy package.
- As of June 2011, FHI 360 printed 1750 copies of the revised National FP Procedure Manual and 1000 copies of the revised Training Curriculum.
- In June 2011, FHI 360 collaborated with MOH to conduct an orientation workshop on the updated Training Curriculum, Module 1 and the Procedure Manual to 30 zonal FP trainers.

Year 4 Workplan:

- FHI 360/Tanzania staff will participate in the FPTWG and other key taskforces, such as the MOS taskforce.
- FHI 360 will continue promoting the use of the National Advocacy Package for FP Champions. FHI 360 will leverage opportunities presented during trainings offered by EngenderHealth and Advance Family Planning (AFP) to disseminate and orient family planning champions on the advocacy package.
- FHI 360 will continue to assist the MOH with the dissemination of National FP Training Curriculum and Procedure Manual.
- FHI 360 will continue to support the MOH in orienting FP zonal trainers on the new Family Planning Training Curriculum, Module 1 and the Procedure Manual.
- FHI 360 will support the MOH with updating the National FP Policy Guidelines.

Technical Assistance for Research Utilization in Rwanda

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Rwanda

FCO	Approved	C&G Closure	Tech Monitor
892012	1/13/2010		JWesson
890045	7/9/2009		TZan

Objective(s): 1) To provide technical assistance to the Rwanda Ministry of Health (MOH) and partners to facilitate the uptake of evidence-based policies and programs; 2) to facilitate PROGRESS contributions to global technical leadership with input and experience from the field; and 3) to work with in-country stakeholders to identify remaining research needs and feed those back into PROGRESS workplans.

Description: Rwanda has been identified as one of a few key countries for targeted research utilization (RU) support and capacity building within the PROGRESS project. Under this subproject, PROGRESS staff will work with the Rwanda Ministry of Health, the national family planning technical working group (FPTWG), which is led by the Ministry of Health, with the participation of reproductive health development and implementing partners, and the USAID mission, to facilitate utilization of best practices in family planning.

Collaborating Agency(s): Intrahealth; Ministry of Health, Rwanda; National Family Planning Technical Working Group (FPTWG)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- A French-to-English translation of the National In-Service FP Training Curriculum was completed.
- A Technical Update on postpartum family planning was conducted for members of Rwanda's Medical (Doctors and Nurses) Associations, selected MOH staff including members of the FPTWG and all 30 district FP supervisors, and representatives of partner organizations.
- In Jan. 2010, PROGRESS coordinated a study tour for 5 people to observe the successful ACCESS-FP PPIUCD program in Kenya. Participants included the MCH point person at the MOH, a representative from Muhima Hospital, and representatives from the Rwanda Medical Association and Nursing Council, FHI 360, and Jhpiego. This was a research utilization activity for the PPIUCD study (funding by FCO 890008).
- PROGRESS supported training by an expert consultant from Canada for 3 physicians in no-scalpel vasectomy with cautery and facial interposition. Training evaluation, including consultation with clients, was done by D Shattuck. This led to a request from MOH for continued TA to expand access to NSV with cautery (transitioned to FCO 890033).
- FHI 360 provided technical assistance (via a consultant) to develop training materials used to train over 3000 CHWs in the three Phase I districts of the CBD of FP roll-out. FHI 360 has also assisted the MOH to develop a low-cost monitoring and evaluation (M&E) plan for Phase I that will inform national scale-up of CBD of FP and is providing technical assistance to analyze the resulting data.
- FHI 360 provided feedback on a provider job-aid intended to assist non-FP providers to provide basic information about FP to clients during other services.
- FHI 360/Rwanda worked with the FPTWG to identify and prioritize next steps after the dissemination of the results of the "Barriers to Expanded Contraceptive Use in Rwanda" study (FCO 890007). A decision was made to collaborate with IntraHealth to disseminate results to targeted audiences, including journalists and parliamentarians.
- Field staff maintained a key presence at FPTWG meetings, assisted with organizing local conferences on MCH and community health, and supported the FPTWG to develop the national annual family planning workplan.

Past Six Months:

- FHI 360 collaborated with IntraHealth to lead two workshops focused on further disseminating results of the non-use study (FCO 890007). In March, approximately 35 representatives from print and broadcast media attended a one-day workshop in Kigali. In May, Parliamentarians, including members of the Rwandan Parliamentarians Network for Population and Development (RPRPD) similarly gathered and discussed the study results.
- FHI 360 assisted the MOH to coordinate the development of the national FP strategic plan, as requested by the MOH.
- FHI 360 and the MOH completed a process evaluation of the CBD program in the first three pilot districts. An abstract detailing the results was submitted to the Dakar FP Meeting.
- FHI 360/Rwanda continued to participate in FPTWG meetings.

Year 4 Workplan:

- FHI 360 will provide capacity building to the MOH to support certain elements of the national FP strategy, including a focus on postpartum FP (demand and supply side).
- RU activities related to PFP and building upon results from the PPIUCD and FP/Immunization studies will be identified and implemented.
- PROGRESS will continue supporting roll-out of CBD of FP, including designing an evaluation of the program in the first three districts. The Rwanda Mission has indicated that additional field support funds will be provided to support this work.
- FHI 360 will continue disseminating results of the non-use study to different audiences.
- Supported also by FCO 890033, FHI 360 will contribute to the scale-up of vasectomy services, including possibly developing FP IEC materials targeted at men.

Findings and Outcomes:

- In March and April 2010, 78 people were trained as trainers in community-based family planning (CBFP). Three Phase I districts were chosen in which to initiate CBFP. In July 2010, 3068 community health workers (CHWs) were trained. Sixty-four percent of the CHWs trained were certified to provide injectable contraceptives. Service provision began in November and December 2010. In the first three months of service provision 16,139 clients were served with a contraceptive method in the three districts. Half of clients (50%) received injectables, 30% received oral contraceptive pills, 19% received condoms, and 2% received Standard Days Method.
- In April 2011, FHI 360 and the MOH held a series of focus group discussions with CHWs and supervisors of the CBD program in order to assess their experiences in the first months of the program. FHI 360 and the MOH then extracted the most salient messages that emerged and the lessons learned.
- Both CHWs and supervisors agreed that the selection of who will be trained is key. In particular, CHWs should be of reproductive age themselves. FGD participants noted no differences between acceptance of male and female CHWs. An official introduction (launch) of the program and the trained CHWs is important to garner community support and confidence in the service.
- The practical sessions of the training were acknowledged to be the most important (especially for injectables) and the most complicated to organize. Respondents wanted the training to be longer and to include more time in supervised practice. CHWs noted that it was important that they are trained to give counseling on all methods, not just those they provide.
- CHWs and supervisors stressed the importance of supervision visits occurring in the CHW's home/village. Not only does this strengthen the CHW's skills, but it also reinforces the credibility of the CHW in the eyes of his/her community.
- CHWs repeatedly stated that they were proud of the work that they are doing, and that for the most part they feel well accepted by their communities. There was occasional opposition by religious leaders, but CHWs believe that getting political leaders' buy-in will help to reduce the impact of this.
- One of the major barriers mentioned by CHWs and supervisors was the difficulty of keeping all the required materials in stock. Because CHWs often live far from the health center that resupplies them, those lacking materials or products often refer the client to another CHW in the same area.

Research Utilization Technical Assistance in India

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): India

FCO 890042	Approved 7/9/2009	C&G Closure	Tech Monitor ECanoutas
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Objective(s): To promote global strategic, evidence-based practices geared towards improving the family planning program in India, with a focus on spacing methods.

Description: In India, according to the National Family Health Survey of 2005-06, many couples who want to limit or space births are not using any method of contraception (estimated at 13% of couples or 30 million couples with unmet family planning needs). Unmet need for family planning is concentrated in the northern states of India, and it is estimated that 22% of this unmet need is concentrated in the most populous state, Uttar Pradesh (UP). This subproject will involve technical support to the Government of India Ministry of Health and Family Welfare (MOHFW) and other FP partners in India to engage in a process of reviewing, selecting and adapting select global strategic, evidence-based practices geared towards improving the family planning program, with a focus on spacing methods. Examples of evidence-based practices that may be most applicable to India include WHO's Decision Making Tool for Clients and

Providers; Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers and Community Leaders; Introducing Systematic Screening to Reduce Unmet Health Needs: A Manager's Manual; and Screening Checklists for Family Planning Methods. Evidence-based family planning strategies for promotion will also be selected from the USAID "High Impact Practices" list.

Collaborating Agency(s): Abt Associates; Family Planning Association of India; International Center for Research on Women (ICRW); Johns Hopkins/CCP

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- In Dec. 2009, FHI 360 held stakeholder meetings to prioritize evidence-based practices that can best address India's FP challenges. One major priority is to improve the quality of care, with emphasis on improving informed choice, reducing provider bias towards sterilizations, strengthening post-abortion care, and increasing male involvement in FP.
- In Feb. 2010, the TM, E. Canoutas, provided an orientation to new FHI 360/India staff covering the purpose, function and importance of RU; the RU Toolkit; the PROGRESS Strategic, Evidence-based Practices matrix; the Quick Reference Guide to FP Research; PROGRESS RU indicators; the latest evidence on research utilization; and costing training.
- In July 2010, FHI 360/India disseminated two CRTU-related research briefs: "Perspectives on using the private sector for FP in Uttar Pradesh" and "Acceptability and access to no-scalpel vasectomy in Uttar Pradesh, India: A qualitative investigation" to 60 FP government/NGO organizations in India. Key points in the briefs were presented to multiple stakeholders in UP and Jharkhand in Dec. 2010.
- In July 2010, FHI 360/India supported the USAID Mission's advocacy with the Government of India to introduce DMPA in the national family welfare program. At USAID's request, FHI 360 drafted an advocacy brochure based on the latest global and local research findings on DMPA for policy makers, program planners and activists opposed to DMPA introduction.
- In Sep. 2010, an advocacy kit entitled Injectable Contraceptives: Information for Program Managers/Policy Makers was disseminated to 50 key non-government stakeholders in accordance with USAID requests.
- In Oct. 2010, FHI 360 and JHUCCP began a partnership to produce and disseminate the updated Hindi translation of the Global Handbook for Family Planning.
- In Nov. 2010, FHI 360 received field support funding to support the Advocacy for Reproductive Choices (ARC) network, which will be a major forum for FHI 360 RU work.

Past Six Months:

- In March 2011, following the adaptation, translation (into Hindi) and printing of the Balanced Counseling Toolkit, FHI 360 held a three-day training of service providers in Lucknow on using this tool. Two trainers from Population Council in Africa facilitated the training of 23 trainers from Abt Associates, FOGSI, ARC and UHI. At the training, trainers also prepared plans for replicating the training for providers using a cascade approach.
- FHI 360 providing printed copies of the translated Balanced Counseling Toolkit to Abt Associates to use to train Sathiya Network staff. Approximately 5000 providers will be reached through the training.
- In April 2011, FHI 360 completed the adaptation, translation and printing of four FHI 360 provider checklists on COCs, IUCD, DMPA, and how to rule out pregnancy.
- In May 2011, the adaptation and Hindi translation of the DMPA re-injection job aid for clinicians was completed and copies were printed.
- In June 2011, a dissemination plan for the COCs, IUCD, DMPA and pregnancy checklists, along with the DMPA re-injection job aid, was finalized. Approximately 500 checklists were distributed to HLFPT and other FHI 360 partners in Delhi and Mumbai along with government providers in UP and Jharkhand.
- In May 2011, a plan to print and disseminate Family Planning Global Handbook in Hindi (1000 copies) was finalized in collaboration with JHUCCP. Plans are in place to support the dissemination of the handbook to providers in June and July 2011.
- Using the results of a CRTU study, FHI 360 is in the process of developing a poster on creating awareness of no-scalpel vasectomy, in partnership with EngenderHealth.

Year 4 Workplan:

- FHI 360 will select several “high-impact practices” appropriate for promotion in India; promote existing tools, curricula, job aids, etc. that support those practices; and provide TA to partners to strengthen those practices.
- With support from FCO 892030, FHI 360 will establish an e-forum with ARC to promote and discuss evidence-based tools, materials and practices.
- FHI 360 will continue to promote relevant evidence-based materials, tools and practices through the ARC network e-forums (including PROGRESS research results when available). Special emphasis will be placed on promoting the FP Training Resource Package.
- FHI 360 will build the capacity of government stakeholders to demand and use FP-related evidence, and advocate for additional research if needed, to improve policies and programs. This may be done through workshops or one-on-one TA.
- FHI 360 will continue technical updates to existing curricula and job aids for health workers.
- FHI 360 will continue its partnership with the USAID Mission to support the inclusion of injectables into the national FP program through evidence-based advocacy materials.
- FHI 360 will continue to partner with JHUCCP to print and disseminate the FP Global Handbook to partners and providers.
- Discussions will continue with UP state officials to review new training curricula for new FP contract counselors and male basic health workers, and with Jharkhand state officials to strengthen family planning job aids for Angawadi workers.
- Additional tools in the PROGRESS Strategic, Evidence-based Practices matrix may be adapted and promoted.
- State-level champions will be identified and supported in UP to promote select FP materials and issues.
- Meetings will be held with the Ministry of Health and Family Welfare and other relevant Government of India health departments to determine need and scope of reviewing national FP guidelines, curricula and policies.
- Evidence-based tools and briefs, e.g. the brief on Private Sector Providers and Family Planning in UP, Provider Checklists for FP methods, and the Balanced Counseling Toolkit, will be further distributed.

Supporting Revitalization of Family Planning Programs in Senegal

Status: Ongoing

Projected End Date: 6/30/2012

Country(s): Senegal

FCO	Approved	C&G Closure	Tech Monitor
892029	10/6/2010		BSow
892016	7/9/2010		SDiop
890086	3/4/2010	12/1/2010	TZan
890051	8/3/2009		TZan

Objective(s): 1) To build capacity of the MOH/DSR for evidence-based decision-making; 2) to update FP policies and procedures; and 3) to expand access to family planning through community-based provision of services.

Description: PROGRESS was invited by the USAID Mission to work in Senegal. The Mission is particularly interested in building capacity within the MOH Department of Reproductive Health (DSR) to

be able to incorporate evidence-based practices into policies and services and to be able to effectively coordinate and plan FP/RH activities among implementing partners. As part of this work, PROGRESS will assist the DSR with updating policies and procedures to be in line with most current WHO guidance and to reflect accepted best practices. In addition, PROGRESS will assist the MOH and partners to expand access to community-based family planning, specifically by adapting and scaling-up community-based distribution of oral contraceptives. Other RU priorities will be decided on in conjunction with the DSR.

Subgrantee(s): MOH Division of Reproductive Health (DSR)

Collaborating Agency(s): CEFORP; ChildFund International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- For information prior to July 2010, see PROGRESS Annual Reports.
- The community-based distribution of pills pilot project (OIP) results were disseminated regionally, and shared with the MOH scale-up committee in Aug. 2010. Approval for scale-up was provided at that time. An official memo was circulated in Oct.
- Meetings were held with DSR, FHI 360 and ChildFund (CF) to discuss modalities for scaling-up OIP. CF trained additional matrones and CHWs from July-Dec. 2010.
- S. Diop attended regional meetings in Senegal to present global evidence supporting CBD of DMPA.
- PROGRESS provided support to a workshop in Aug. 2010 intended to revise the national RH policy, norms and procedures document (PNP). Diop was active in the subgroup reviewing the FP norms. PROGRESS had previously worked with the DSR to revise a policy memo per 2008 WHO MEC which was superseded by the updated PNP. As a result of previous advocacy, the MOH agreed to include job aids as part of the PNP, including all method screening checklists, DMPA reinjection checklist, pregnancy checklist and WHO MEC Quick Reference Chart. The MOH approved CBD of pills and DMPA, contingent upon a feasibility study.
- PROGRESS participated in several meetings of the technical committee for introduction of DMPA SC in Uniject. A presentation led to a draft protocol for a clinic-level acceptability study (FCO 892017 & 890124).
- Through the capacity-building subagreement with the DSR, PROGRESS provided support in conjunction with the Gates Foundation's Ministerial Leadership Initiative to assist with organizational development and team-building for increased programming efficiency, including implementation of regular staff meetings within the DSR. The subagreement transitioned to field support in Nov. 2010 (FCO 892029).
- A Year 3 workplan was approved by USAID/S and USAID/W in Aug. 2010 and included increased FS funds to provide continued capacity building for the MOH, additional RU work (FCO 892016), and assistance towards the DMPA SC feasibility study (FCO 892017).
- Operations research training for URHI and DSR staff and representatives from local research orgs was co-funded in Dec. 2010.

Past Six Months:

- Discussions were held with the DSR and ChildFund about how to expand and scale-up CBD of pills (OIP). While ChildFund has been training additional CHWs in their coverage areas, DSR decided to conduct field visits to three districts where they intend to pilot a slightly adapted, district-led approach to OIP, with technical assistance from FHI 360. These visits, which involved discussions with key district- and facility-level health personnel, were held in March and will inform the roll-out plan. However, as plans have gotten underway for introducing DMPA (both IM and SC in Uniject), planning for scale-up of OIP has been deprioritized by the DSR in favor of focusing on injectables.
- Many discussions were held with PROGRESS, DSR and ChildFund regarding introduction of DMPA IM and a feasibility study. PROGRESS supported the DSR to begin preparing a protocol with technical assistance from FHI 360/NC (FCO 890134).
- Diop continued to provide overall technical support to the DSR on a number of issues, including a national audit of the FP M&E system and preparations for a high-level conference in Ouagadougou.
- The revised PNP is waiting for final approval from the Minister of Health prior to dissemination.

- PROGRESS continued discussions with key stakeholders around the DMPA SC in Uniject study (via 890124); study is on hold pending results from the PK study and European approval (similar to FDA).
- J. Stanback traveled to Senegal in April 2011 to work with Diop, B. Sow, and partners at DSR, ChildFund, CEFOREP, etc. to plan for the upcoming feasibility study of provision of Depo IM by community health workers (see also FCO 890134).

Year 4 Workplan:

- PROGRESS will provide support to the DSR and ChildFund, and oversight to Ceforep, to implement the pilot introduction and feasibility study of DMPA IM by community health workers (see also FCO 890134).
- PROGRESS will continue discussions with the DSR to scale-up a district-based approach to OIP, providing support and technical assistance as needed.
- FHI 360 will liaise with DSR to implement the clinic-level acceptability study of Uniject SC (FCO 892017).
- PROGRESS will support the DSR to disseminate the revised PNP.
- PROGRESS will continue to provide capacity building to the DSR to identify additional priorities for best practices to implement.
- FHI 360 will liaise with URHI as appropriate in different technical areas; this may include the introduction of CBD of injectables in an urban area as part of the feasibility study.
- With the DSR and ChildFund, FHI 360 will present the experiences of expanding the method mix at the community level via OIP and introduction of DMPA IM at the November 2011 International Conference on FP in Dakar.

Findings and Outcomes:

- The OIP assessment found that matrones are capable of initiating pill use among women and can adequately manage resupply and side effects. Based on these results, the government approved CBD of pills and injections by matrones, a change reflected in the revised national RH policy, norms and procedures document (PNP).

Technical Assistance for Research Utilization in Kenya

Status: In Approval

Projected End Date: 6/17/2013

Country(s): Kenya

FCO 890136	Approved 6/10/2011	C&G Closure	Tech Monitor EMartin
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Objective(s): 1) To provide technical assistance to the Division of Reproductive Health (DRH) and its partners to strengthen evidence-based family planning programs and policies in Kenya; and 2) to enhance PROGRESS contributions to global technical leadership with Kenya country input and experience.

Description: Kenya is a key country for PROGRESS research utilization (RU) technical support and capacity building. Leveraging investments made and capacity built through the CRTU focus country program, PROGRESS staff will provide ongoing technical assistance to the DRH and its partners to support uptake of high impact practices in family planning and translation of research evidence into programs and policies.

Collaborating Agency(s): Division of Reproductive Health

Year 4 Workplan:

- FHI 360/Kenya will continue to provide technical support to the national family planning technical working group (FPTWG) and the DRH's annual operating plan (AOP) priorities.
- Presentations will be made at annual meetings of the Kenya Obstetrics and Gynecology Society (KOGS), National Nurses Association of Kenya (NNAK), and other professional associations in Kenya to accelerate uptake of FP best practices and to share emerging evidence on task sharing and reducing medical barriers.
- A part-time RU officer will be hired to ensure country-level successes and challenges inform the global PROGRESS agenda and technical leadership initiatives.
- FHI 360/Kenya will create and capitalize on opportunities to accelerate replication and scale-up of FP best practices through the APHIA plus bilateral program.

Capacity Building for Research Utilization in Uganda

Status: In Approval

Projected End Date: 6/30/2012

Country(s): Uganda

FCO 890135	Approved 7/10/2011	C&G Closure	Tech Monitor BFinger
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Objective(s): 1) To enhance local capacity and foster an enabling environment for research utilization (RU) in family planning; 2) to respond to USAID/Uganda and the Uganda Ministry of Health (MOH) requests for RU technical assistance that aligns with PROGRESS objectives and USAID High Impact Practices (HIPs) for improving uptake and utilization of FP services; and 3) to facilitate application of research findings generated through PROGRESS research.

Description: Research use is central to evidence-based policy and practice. Research on knowledge use suggests that RU is more likely to happen with credible sources of research findings, with whom potential users have established relationships and/or for whom they have high levels of respect. This activity will increase communication between technical experts, and decision makers; and support ongoing and new local expertise and champions to help facilitate and institutionalize a supportive environment for RU at the national level in Uganda. The supportive environment created will facilitate PROGRESS's work to apply research findings generated through its research and existing best practices. In addition, as we implement various PROGRESS activities, issues will emerge that require a quick turn-around for technical assistance. This subproject will provide the mechanism through which FHI 360 will be able to rapidly respond to emerging technical assistance needs from the MOH and USAID/Uganda

Collaborating Agency(s): Ministry of Health, Uganda; National Family Planning Technical Working Group (FPTWG)

Year 4 Workplan:

- PROGRESS will conduct stakeholder consultations to identify needs for RU and related capacity building. These consultations will lay the framework for a more specific scope of work for this activity to be developed.
- PROGRESS will participate in national fora that have a bearing on family planning in Uganda. These may include the World Population Day events, Family Planning Technical Working Group meetings, and the Safe Motherhood day events.

Technical Support to the NCAPD for Family Planning Advocacy and Leadership

Status: Ongoing

Projected End Date: 10/31/2011

Country(s): Kenya

FCO 892013	Approved 5/19/2010	C&G Closure	Tech Monitor AOLawo
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Objective(s): 1) To provide technical assistance to the Kenya National Coordinating Agency for Population and Development (NCAPD) for the planning of a National Leaders' Conference on Population and Development, including the development of conference objectives, agenda, position papers and other key content/materials; 2) to actively participate in and contribute to the work of all conference planning subcommittees (Scientific/Technical, Resource Mobilization/Financing, Logistics, and Communication/Publicity); and 3) to support printing of selected conference materials, including position papers and the draft population policy.

Description: Kenya's NCAPD convened a National Leaders' Conference on Population and Development in November 2010 to continue to build momentum towards achieving the Millennium Development Goals (MDGs) and Kenya's Vision 2030. The conference provided an important forum for key stakeholders to tackle critical population issues, including repositioning family planning, in order to continue to advance the country's health and development agenda. At the request of NCAPD and USAID/Kenya, FHI 360 provided technical assistance to NCAPD to prepare for, implement, and seize momentum from this major national event.

Collaborating Agency(s): Division of Reproductive Health; National Coordinating Agency for Population and Development (NCAPD)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funds were allocated by the USAID/Kenya Mission and permission was granted to start implementation in May 2010.
- The draft conference concept paper was reviewed and refined to mainstream population issues, including repositioning family planning.
- FHI 360 supported NCAPD to convene the first conference Steering Committee meeting on August 12, 2010 to bring together key Government of Kenya (GoK) staff, donors, and development partners to advance conference planning and continue to generate support for the event.
- FHI 360 actively participated in convening, advancing and following-up on meetings and activities of the overall conference Steering Committee as well as all four conference planning subcommittees.
- As a core member of the conference Steering Committee, FHI 360 contributed to 1) development, finalization, and printing of the conference program/agenda, conference announcement, call for abstracts, and presentations; 2) development of criteria for review and selection of abstracts; and 3) review and selection of abstracts as well as technical assistance for development of GoK conference presentations and position papers.
- FHI 360 provided technical support to the DRH to develop the abstract and GoK position paper for the 'repositioning FP' conference sub-theme.
- FHI 360 provided support to recruit, orient, and supervise a team of conference rapporteurs, including the chief rapporteur, as well as engage an event organizer to coordinate on-site conference logistics.
- Criteria and guidelines for capturing conference proceedings were developed in collaboration with NCAPD and the chief rapporteur.

- FHI 360/Kenya staff participated in the conference which took place November 15-17, 2010, including making presentations at the sessions on Health; Repositioning Family Planning; Environment and Climate Change; and Gender, Youth and Vulnerable Groups.
- The conference proceedings were summarized and reviewed during final plenary sessions, FHI 360 supported the chief rapporteur and NCAPD to articulate and disseminate final conference resolutions just before the closure of the conference on November 17.

Past Six Months:

- FHI 360 finalized the conference report and supported NCAPD in printing 500 copies (M2011-10). These will be distributed to key organizations that were represented at the conference, as well as all government ministries and departments, members of parliament (MPs), non-governmental organizations (NGOs), the private sector, and provincial and county/district level leadership.
- Key action items from the conference were identified in collaboration with NCAPD and a plan of action was developed. 500 copies of the plan of action were printed.
- FHI 360 participated in the planning meetings for the upcoming regional conference for community approaches at the request of NCAPD. As a member of the broader Kenya team, FHI 360 supported the core Kenya team to develop the assigned presentations.
- FHI 360, at the request of NCAPD, participated in the planning meetings of the World Population Day celebrations.

Year 4 Workplan:

- PROGRESS will participate in meeting with MPs in Mombasa to disseminate the conference report and plan of action and build consensus on the draft 2011 - 2030 Population Policy for National Development.
- PROGRESS will also participate in the planning committee for the regional conference on Community Family Planning Approaches, including preparation of assigned presentations, preparing identified sites to be visited by conference participants, and leading field visits during the conference.
- Other areas of collaboration with NCAPD will be explored.

Findings and Outcomes:

- Kenya's National Leaders' Conference on Population and Development took place November 15-17, 2010 and was attended by approximately 700 leaders from across the country and internationally. Conference participants deliberated on multiple development sectors/areas (in line with Kenya's Vision 2030 and the MGDs) and how a high population growth rate affects each of these sectors. Participants also agreed on conference resolutions that would ensure that population issues are addressed in furthering Kenya's development agenda. Some of the resolutions included repositioning family planning, building capacity at the community-level to provide basic health services including FP, mobilizing resources for family planning commodities, focusing on the substantial youth population, and generating commitment from national leaders to positively discuss family planning. Key national leaders, including the Vice President, the Deputy Prime Minister, the Minister for Local Government, and the Minister for Planning and National Development, pledged their support to ensuring the resolutions are met. FHI 360 staff made five presentations during the conference.

Advancing Evidence-Based Family Planning Programs and Policies in Uganda

Status: Ongoing

Projected End Date: 10/31/2011

Country(s): Uganda

FCO 892018	Approved 7/2/2010	C&G Closure	Tech Monitor AAkol
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Objective(s): 1) To expand the provision of Depo Medroxy Progesterone Acetate (DMPA) by trained community health workers (CHWs) into sub counties (3 districts with 2 sub-locations in each district) that were not covered in the original 8 pilot districts; 2) to strengthen the capacity of communities and local governments in 16 districts to manage the provision of injectable DMPA by trained community health workers (FHI 360 is only working in 3 districts due to limited funding); and 3) to support the strengthening of the policy environment to improve access of FP in the communities.

Description: The contraceptive prevalence rate in Uganda is only 18% and more than 40% of currently married women have an unmet need for family planning. Through the CRTU project, FHI 360 made important contributions to advance evidence-based family planning programs and policies in Uganda, particularly expanding access to community-based access to services. That work continues today through the PROGRESS project in order to continue to strengthen the country's family planning programs and expand access for underserved groups. FHI 360 will be working in three districts total: Busia, Kanungu, and Nakaseke, with two sub-locations per district.

Collaborating Agency(s): ACT-FP Project; Advance Family Planning Project; Johns Hopkins/CCP; Ministry of Health, Uganda; SURE Project; Wellshare International

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- On September 16 2010, the Uganda PROGRESS team made a presentation to the Senior Management Committee of the Ministry of Health that resulted in a unanimous decision to amend the RH policy to include provisions for community-based access to injectables (CBA2I).
- Following the MOH policy decision, in October 2010, the FHI 360 Uganda Country Director led a team of technical experts to review and update the FP chapter of the Uganda RH Policy Guidelines. Amendments were made to the policy to include CBA2I.
- In October 2010, the Uganda PROGRESS team finalized the modification of data collection/M&E tools, thus establishing a reporting system between health facilities and communities.
- District stakeholder meetings were held in October 2010 in Busia, Kanungu, and Nakaseke in preparation for CBA2I scale-up to two additional sub counties in each district.
- In addition, in October 2010, the Uganda PROGRESS team held partnership meetings with SURE and ACT-FP projects, as part of creating linkages between FHI 360/PROGRESS and the USAID Ensuring Ugandans' Right to Essential Medicines (SURE) and ACT-FP projects for commodity security and LAPM referrals, respectively.
- In November 2010, the Uganda PROGRESS team completed training for 40 village health team members (VHTs) in Busia and Kanungu. The VHTs, 20 from each district, underwent two week training in family planning provision including injectable DMPA. Training for 20 VHTs in Nakaseke District was completed in December 2010.
- Also in December 2010, the Uganda PROGRESS team supported Kanungu district to hold refresher training sessions with the VHTs in sub counties that begun implementation of CBA2I prior to PROGRESS.

Past Six Months:

- Between January and March 2011, this activity provided family planning at the community level to 1,940 clients, equivalent to 670 CYPs.
- On March 11, 2011, the FHI 360/Uganda team supported the Ministry of Health to launch and disseminate the policy addendum that sanctions community-based administration of injectable DMPA.
- Continuing medical education (CME) workshops for 60 FP service providers supporting VHTs was completed in March 2011.
- Between January and June 2011, FHI 360/Uganda continued to provide support to district health systems to manage the community-based FP project. This support included quarterly supervision of VHTs, support to VHT monthly supervision and technical update meetings.
- In addition, 100 VHTs in Nakaseke and Kanungu were provided with service-delivery kits including t-shirts, carrier bags, umbrellas and FP commodities storage boxes.

Year 4 Workplan:

- FHI 360/PROGRESS will participate in an international meeting on community-based FP in Nairobi and in a related field visit to Ethiopia. The Ministry of Health will be supported to send a representative and a community member to the same meeting and field visit.
- FHI 360 will conduct quarterly supervision of VHTs.
- Support will be provided to districts to conduct monthly technical supervision of VHTs, monthly core team meetings and quarterly field support supervision visits.
- An evaluation of the activity will be initiated.
- FHI 360/Uganda will continue to actively participate in the Uganda Family Planning Technical Working Group.

Findings and Outcomes:

- On September 16, 2010, a Senior Management Committee meeting of the MOH unanimously approved a policy revision to the Uganda National Reproductive Health Policy and Service Delivery Guidelines to insert provisions that promote CBA2I.

Scaling-Up Community-Based Family Planning In Uganda

Status: In Approval

Projected End Date: 12/31/2012

Country(s): Uganda

FCO	Approved	C&G Closure	Tech Monitor
TBD			AAkol

Objective(s): 1) To increase provision of quality family planning at the community level by trained community health workers and village health team members; 2) to strengthen the supportive systems and structures at the district level to advance community-based family planning; 3) to increase demand for family planning services at the community level; and 4) to explore new approaches for enhanced delivery of community-based family planning.

Description: A growing body of evidence shows that community-based access to injectables (CBA2I) is safe and contributes to health goals. In 2005, FHI 360, Save the Children, and the Ugandan Ministry of Health (MOH) collaborated on an operations research study in Nakasongola District that demonstrated that community health workers (CHWs) can safely and feasibly provide DMPA when properly trained. Uganda continued to provide leadership by conducting successful advocacy efforts that have led to limited scale-up, documentation of lessons learned, and eventual policy approval at national level. The

policy approval has led to request from the MOH for scale-up of CBA2I to facilitate improved access and accelerate efforts to achieve national development goals.

The FP program in Uganda operates mainly at health facility level. However, the government is implementing a primary health care strategy in which village health teams (VHTs) are trained to provide preventive and basic curative services in the community. Thus, there is a need to link improvements at health facility level with the community.

With field support funds from USAID/Uganda, PROGRESS will train VHTs to provide FP in 12 rural Ugandan districts. The methods provided will include oral contraceptive pills, condoms, and DMPA; with referral for long-acting and permanent methods. In seven of the 12 districts, VHTs are already providing community-based family planning, including DMPA. These VHTs will receive refresher training. Service delivery by VHTs will be complemented by actions aimed at strengthening the health system to support service delivery, and by demand generation activities. At the same time, PROGRESS will implement an operations research study to identify new mechanisms for delivery and support of community-based family planning.

Collaborating Agency(s): Management Sciences for Health (MSH)

Year 4 Workplan:

- The workplan for these funds will be finalized in discussions with PROGRESS Management and the USAID/Uganda Mission. Activities will be linked with those supported by Core funds on CBA2I (FCO 890131) and on high impact practices for family planning and capacity building (FCO 890135). Pending these discussions, the following activities may be implemented.
- Trainings and refresher trainings will be conducted for VHTs on community-based FP.
- VHTs will be equipped with VHT kits, job aids and reporting tools.
- Health unit managers and midwives will be trained.
- Supervision from the districts will be supported such that review meetings and monthly support supervision meetings will be held at the health facilities.
- A peer support and coaching mechanism will be developed.
- District stakeholder meetings will be conducted.
- Monitoring and evaluation of activities will be planned and implemented.
- Multi-media radio shows and mobile phone applications may be produced.
- Community conversations aimed at generating demand for FP will be conducted, including youth and men-only group meetings.
- IEC and other promotional materials will be produced.
- Champions and FP coaches will be identified and supported.
- Advocacy for remuneration of CHWs will be planned and implemented.
- An OR study, potentially on community-based FP via drug shops, will be implemented. Analysis of existing data on provision of FP via drug shops may be conducted and submitted for publication.
- A national dissemination and best practices meeting will be convened.

Support to Advocacy for Reproductive Choices

Status: Ongoing

Projected End Date: 2/28/2012

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892033	3/1/2011		RAdhikary
892030	10/15/2010		RAdhikary

Objective(s): 1) To support a network of family planning organizations in India to share ideas, innovations and the latest research on family planning issues; and 2) to undertake advocacy activities to mobilize commitment to and strengthen family planning services in India.

Description: This activity will set up a common platform to share ideas, innovations and latest research on family planning issues by strengthening an already existing network of stakeholders of family planning in India. A suitable organization will be identified as the secretariat of this network and supported by FHI 360. This network, Advocacy for Reproductive Choices (ARC), will be enabled to act as a powerful advocacy network on expanding reproductive choices and healthy timing and spacing of pregnancy.

Subgrantee(s): Family Planning Association of India (FPAI)

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funding approval for this activity was received in September 2010 from USAID/India.
- A draft scope of work was developed in collaboration with the Packard Foundation and Family Planning Association of India (FPAI).
- The Family Planning Association of India was identified as the secretariat for the network.

Past Six Months:

- A three-day training on family planning counseling was held to build the capacity of key NGOs in Uttar Pradesh who are members and stakeholders of ARC.
- Joint meetings with Packard Foundation (who is also providing financial support to ARC), FPAI, FHI 360, and USAID were held to ensure donor coordination, avoid duplication of activities, and maximize impact.
- The scope of work and subagreement was finalized and submitted for approval. USAID approval was received.
- The subagreement with FPAI was signed and implementation commenced.

Year 4 Workplan:

- The subcontract monitor will work with FPAI to ensure that the activities mentioned in the Gantt chart are being carried out according to the timeline.
- The monthly financial reports will be received from FPAI against which payments will be made to them.
- Field visits will be made to the Uttar Pradesh and Jharkhand chapters.
- A final closeout report will be obtained from FPAI at the close of the activity in May 2012.

Capacity Building on Behalf of USAID/India on Family Planning Programs

Status: Ongoing

Projected End Date: 12/31/2011

Country(s): India

FCO	Approved	C&G Closure	Tech Monitor
892023	10/1/2010		SKhobragade

Objective(s): 1) To build the capacity of the FHI 360/India staff working on PROGRESS to enable identification of new concepts and ideas for research projects based on discussions with stakeholders and site visits; and 2) to identify opportunities for research and research utilization by holding cross learning visits to promote key findings of completed research projects.

Description: FHI 360/India will increase the visibility of PROGRESS activities, as supported by the USAID/India Mission and the Ministry of Health and Family Welfare (MOHFW), while building the capacity of FHI 360/India staff by presenting findings, sharing recommendations and promoting learning on research findings among stakeholders, national and regional working groups, policy makers and program managers. FHI 360/India will promote research and provide assistance in translating research findings into practice through provision of programmatic inputs. In addition, activities will assist in identifying areas for future research and research utilization through site visits and cross-learning visits to other programs. Participation in national and international conferences and advocacy at national and international platforms on family planning and reproductive health will be supported by this activity.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Three PROGRESS/India staff participated in the Asian Population Association Conference 2010 held at VigyanBhavan, November 17-20, 2010.

Past Six Months:

- Abstracts on the research findings from the Multiload-375 IUCD study and the FP/immunization study were prepared by the PROGRESS/India team for submission to the American Public Health Association Conference 2011 and International Family Planning Conference 2011.
- A. Prabhughate participated in a three-day workshop conducted by the International Planned Parenthood Federation-South Asia Regional Office on "Engaging men in sexual reproductive health issues" in Nepal in March 2011. Participation in this event provided FHI 360/India with an opportunity to understand the nature of work undertaken by other partners in the region and to network and engage with key stakeholders in the area of male involvement in family planning services.

Year 4 Workplan:

- In the event that the above-mentioned abstracts get selected, the authors will participate in the conferences to present the findings from their studies.
- One team member will participate in a conference on Microfinance in Ahmedabad, India in July 2011.
- PROGRESS staff will participate in the FP/HIV integration regional meeting to be organized by FHI 360 in Delhi in December 2011. The FP/immunization study findings on integration of health services will be shared.
- PROGRESS staff will attend various capacity building workshops planned by FHI 360 between July-September 2011 on topics such as paper writing and operations research.
- If short term courses offered by reputed capacity building institutes like the Public Health Foundation of India, in areas relevant to the PROGRESS studies are announced, PROGRESS staff may be given opportunities to attend.

Changing Attitudes toward Family Planning Services through Increased Male Involvement

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): India

FCO 892024	Approved 10/1/2010	C&G Closure	Tech Monitor APrabhughate
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Objective(s): To assess operational issues related to a postpartum IUCD insertion program in Indian hospitals to understand concerns related to training, counseling, patient satisfaction, continuation, expulsion and acceptability among staff and patients.

Description: In India, women are being encouraged to seek maternal and child health care and institutional deliveries. Anecdotal evidence suggests that as a result of these programs, more women are getting prenatal care and are delivering in hospital. This creates opportunities to increase the provision of immediate postpartum family planning including postpartum IUCD while the women are at the health facility. A postpartum IUCD insertion program has been initiated in select hospitals in India under a USAID-funded program. FHI 360/PROGRESS will conduct an assessment of the operational issues related to the program to understand concerns related to insertion, counseling, patient satisfaction, continuation, expulsion and acceptability among staff and patients. Recommendations will be provided based on the assessment.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Funding for this activity was received in September 2010 from USAID/India.
- A concept note was developed in November-December 2010.

Past Six Months:

- A concept note was approved by USAID mission in January 2011.
- Meetings were held in January – March 2011 with ICRW team to review the concept and discuss how the concept could be operationalized and the study implemented in the field.
- Community-based organizations in Jharkhand were contacted to initiate the process of mapping potential organizations for implementing the study in January-February 2011
- Consultations with Pop Council were conducted March – June 2011 to understand the nature of a similar project which planned by Pop Council for implementation in Maharashtra
- Consultations between FHI 360 India and FHI 360 NC were conducted between March – June 2011 to review the future course of the project in view of Pop Council's initiative and it was finalized in June that FHI 360 and Pop Council should collaborate on manual development and FHI 360 should conduct its study as planned with the target population of peer educators who are to be trained under the project
- Protocol development by FHI 360 India team was initiated.

Year 4 Workplan:

- The project plans to conduct a task force consultation on Male Involvement
- A protocol will be completed and protocol approval will be sought from FHI 360 NC, USAID mission and USAID/W.
- Protocol approval will be sought from PHSC and local ethics committee.
- The collaboration between FHI 360 and Pop Council will be formalized with a contract as implementing agency and research agency.
- Data collection will be initiated.

A Kenya-based Pilot of a Monitoring Tool for Scale-Up of High Impact Practices

Status: *In Approval*

Projected End Date: 2/28/2012

Country(s): Kenya

FCO 890141	Approved 7/14/2011	C&G Closure	Tech Monitor LWilson
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Objective(s): 1) To develop, with MEASURE Evaluation and USAID, a tool to monitor scale-up of best practices; and 2) To conduct a pilot of that tool in Kenya.

Description: There is a growing focus on scaling-up best practices in family planning programs, both in Kenya and globally. Our experiences, however, have shown that there are challenges to sustainable scale-up. These challenges often relate to incomplete institutionalization of the practice within the health system (training, HMIS, logistics, etc.), limited or inconsistent implementation on a facility-by-facility or geographic basis, and a lack of consistency with the model intervention (i.e. key components of the best practice are missing). In response, PROGRESS, USAID, and MEASURE Evaluation-PRH Project are developing a tool for countries to use to systematically monitor and evaluate scale-up in order to inform program implementation and to strengthen the scale-up process. A pilot of the monitoring tool, led by FHI 360 and the Kenya Division of Reproductive Health (DRH), is being conducted in Kenya in 2011. The tool will involve collection of a small number of indicators, relating to both the geographic coverage of the practice as well as the institutionalization of the practice within the health system. Data collection and analysis will be rapid and low-cost, and repeated over time (e.g. annually) to measure change. Results will show the degree to which the selected best practice is currently being implemented in Kenya, as well as where there are challenges and what additional work is needed to ensure sustainability and full realization of scale-up. Results will inform next steps and areas for improvement. Globally, the pilot will support the development and further implementation of a rapid, low cost tool for systematically monitoring the scale-up of family planning best practices.

Collaborating Agency(s): Division of Reproductive Health; Measure Evaluation

Activities, Accomplishments, Problems:

Past Six Months:

- Support from FCO 890006 was provided to initiate this activity in late Year 3.
- Discussions were held with USAID, MEASURE Evaluation, and other members of a Working Group on monitoring scale-up, to begin planning for developing and piloting the tool. Discussions included Dr. Bashir, from the Kenya Division of Reproductive Health (DRH), while he was completing a fellowship at FHI 360/NC.
- An abstract on the pilot implementation of the monitoring tool for a panel session at the 2011 International Conference on Family Planning in Dakar was drafted and submitted.
- L. Wilson attended and participated in a meeting on monitoring and evaluation (M&E) of scale-up hosted by USAID and Georgetown Institute of Reproductive Health (IRH) in Washington, DC in June 2011. Wilson presented on and led a discussion on plans for the development of the tool and pilot.
- A stakeholders meeting, hosted by the DRH, was held in June to orient stakeholders to the activity and to get suggestions for selecting a best practice to monitor and priority information needs. Wilson and S. Malarcher (USAID/Washington) traveled to Kenya for the meeting and to discuss the activity in more detail with E. Martin and M. Solomon (FHI 360/Kenya).

Year 4 Workplan:

- FHI 360 will continue working with MEASURE Evaluation and USAID on developing a global tool for monitoring scale-up of best practices.
- A best practice to be monitoring in the Kenya pilot and priority information needs will be decided on based upon input from the Kenya stakeholders. Family planning integration into comprehensive care centers has been chosen as the practice.
- A draft of the data collection plan for the Kenya pilot of the monitoring tool will be developed and shared for input with global stakeholder in August and Kenya stakeholders in September.
- Data collection will take begin in September and October. Analysis of the data will begin immediately thereafter.
- If accepted, results will be presented at the International Conference on FP in Dakar in November 2011.
- Results will be written up and shared with stakeholders in November and December.

Cross-Cutting Activities

This section includes the Family Planning Training Resource Package, PROGRESS research leadership, monitoring, evaluation, and reporting, and management.

Family Planning Training Resource Package (and the Injectables for Community Health Workers Module)

Status: Ongoing

Projected End Date: 9/30/2011

Country(s): Worldwide

FCO 890041	Approved 7/9/2009	C&G Closure	Tech Monitor LHarber
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Objective(s): 1) To support the development of a training module on Progestin-Only Injectable Contraceptives for Community Health Workers; and 2) to support the completion of the Family Planning Training Resource Package.

Note: The second objective was added and the title changed when additional funding was secured in August 2010.

Description: This subproject was originally envisioned as support to print a training module on Progestin-Only Injectable Contraceptives for Community Health Workers (CHWs), one of about 20 modules in a Family Planning Training Resource Package (FPTRP). FHI 360 has led a consortium of agencies, including USAID, WHO, and other partners, in developing this comprehensive training package that synthesizes best practices and job aids in one uniform resource. USAID supported this overall effort initially through the CRTU (see FCO 113128). As this PROGRESS subproject evolved over the course of Year 2, the team decided that rather than printing, the funds would be better used to support revisions and finalization of the Injectables for CHWs module, based on field-testing under PROGRESS and CRTU activities in Zambia and Nigeria. In Year 3, additional funds were secured under PROGRESS and the objectives and title were expanded to include support for completion of the entire FPTRP. PROGRESS will be able to utilize the Injectables for CHWs module, as well as the entire FP Training Resource Package, as part of its research and research utilization work. Dissemination of the complete set of FPTRP materials is not covered under PROGRESS. Once development is completed, the entire contents of the resource package will be organized and indexed with technical assistance from the Knowledge for Health Web IT team and financial support from FHI 360's partnership with K4Health.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Previous work was done on this project under CRTU FCO 113128, CRTU FCO 113152 (field testing DMPA module in Nigeria), and FCO 890017 (DMPA module expanded into a full training curriculum for use in Zambia).
- FHI 360 coordinated with PATH on use of the FPTRP DMPA for CHWs materials as the base to which additional components needed for training CHWs to provide injections of Depo-subQ in Uniject will be added.
- Funding to support the completion of the entire Family Planning Training Resource Package was approved for PROGRESS in August 2010.
- A Beta site was developed and launched at the Dec. 1, 2010 meeting of the Implementing Best Practices Consortium (IBP), at the suggestion of USAID. This allowed USAID to promote the FPTRP as a resource for all CAs to use when it comes online.
- Plans were developed with K4Health to develop the permanent site with a "stand alone" URL (www.fptraining.org).
- A production schedule was developed to ensure that priority modules would be completed and uploaded onto the site by June 30, 2011, which was later modified to Sept. 30, 2011, at USAID's request and with additional funds of \$150,000.

- WHO was engaged, working with USAID, to consider co-branding the package. They went through one of the publication review approval steps that would potentially allow this branding, and they developed a team of six who began to coordinate review comments.
- The modules on IUDs for clinicians and FP benefits for clinicians were sent for external review.

Past Six Months:

- Comments from the Beta site test have been transmitted to K4Health, which is now doing user feasibility testing before constructing the final site.
- A review process was developed that incorporates UNFPA, WHO, USAID, and CDC reviewers, with endorsements for the package planned by UNFPA, WHO, and USAID.
- The specific modules to be completed, which include resolving all review comments, have been identified, and the process is proceeding to meet the goal of completion by Sept. 30, 2011.
- FHI 360 has worked with USAID in leading two technical advisory committee meetings in Washington including USAID, WHO, and UNFPA, to discuss the transition to dissemination and upkeep of the completed product, technical issues that have arisen in review, a plan to launch the package at the International Conference on FP (ICFP) in Dakar in November 2011, and a transition to WHO as the “secretariat” for managing this package of materials, beginning Oct. 1, 2011.
- L. Harber has worked closely with USAID to prepare for a meeting in India with USAID, WHO, and the Population Council regarding the CHW Counseling Tool that serves as a key part of the CHW modules. USAID has decided that these various agencies need to address issues regarding this tool before this module can be finalized.
- Finger drafted and submitted an abstract for the FPTRP to be part of a pre-formed panel at the ICFP in Dakar.
- Finger worked with WHO and USAID to determine a launch strategy for Dakar, including a proposed workshop session that will function as the main launch event.

Year 4 Workplan:

- This activity is scheduled to be completed by September 30, 2011.
- The final modules will be delivered to K4Health. These are: implants, IUDs, condoms (clinicians and CHWs), injectables (clinicians and CHWs), FP benefits, MEC (clinicians), record keeping (CHWs), and counseling (CHWs).
- Other materials to be delivered to K4Health include the sections on systems approach to learning and on using the resource package.
- The SDM for clinicians module (prepared by IRH, review coordinated by FHI 360) will also be delivered to K4Health.
- Harber will participate in the meeting on the CHW Counseling Tool in India in July 2011.
- Finger will continue to work with USAID and WHO on the launch plans.
- The entire team will work with WHO on the transition of managing the project.

Findings and Outcomes:

- Based on USAID’s initiative, the WHO and UNFPA have agreed to review and endorse the FPTRP. PROGRESS has been working with USAID to coordinate the review process with these partners, including identifying any substantive issues to clarify with reviewers and if necessary, developing compromise language on issues where differences existed. FHI 360 has developed a review process that is scheduled to be completed by the end of September so that fourteen modules will be uploaded to the new web site being developed by K4Health (www.fptraining.org), along with a section on systems learning approaches and a guide to using the resource package. PROGRESS has also helped guide plans to launch the module at the International Conference on Family Planning in Dakar in November.

Monitoring and Evaluation of the PROGRESS Project

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO 890006	Approved 11/19/2008	C&G Closure	Tech Monitor LWilson
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Objective(s): 1) To monitor performance in PROGRESS-related subproject efforts; 2) to share results promptly to guide subsequent efforts and decision-making; 3) to assess progress toward the achievement of intermediate results and the legacy areas; and 4) to evaluate the extent to which PROGRESS goals and objectives have been met and have had demonstrable impact.

Description: The PROGRESS monitoring and evaluation (M&E) staff focuses on implementing the Performance Monitoring Plan (PMP) in close collaboration with PROGRESS management (FCO 890001). This involves careful tracking of outputs, outcomes, and the overall impact of the PROGRESS program. The tools outlined in the PMP, including the Research Utilization Indicator Database, EIS, and the Gap Analysis, are regularly maintained. M&E staff coordinate with other PROGRESS staff, including country office staff, to ensure that these tools are used and updated. M&E staff also assists with USAID reporting requirements, including Key Results Reporting, Management Reviews and Annual and Quarterly Reports and Workplans. Evaluation of the overall project, as needed, will be managed in coordination with PROGRESS management.

FHI 360 regularly assesses PROGRESS and its subprojects' performance through routine monitoring. Each subproject has an assigned technical monitor charged with meeting subproject objectives and completing the subproject on time and within budget.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The Performance Monitoring Plan (PMP) was drafted in late 2008 and finalized in June 2009.
- Support was provided on the development of Policies and Procedures and Legacy Teams.
- The Gap Analysis was drafted and reviewed with the PROGRESS team in June 2009. It was updated in Dec. 2009 and June 2010.
- The PMP, indicators, and Gap Analysis were introduced to staff in Aug. 2009.
- Annual Key Results have been submitted to USAID each fall. Support has been provided to PROGRESS Management on the Baseline Financial Reports and other financial activities, including budget review meetings with unit directors.
- In the fall of 2009 and 2010, meetings were held with the Legacy Teams to review the Gap Analysis and to prepare for concept development. M&E staff supported PROGRESS Management by coordinating the annual concept development process.
- M&E staff supported transition of CRTU activities to PROGRESS.
- Upgrades to EIS and the Research Utilization Indicator Database were finished in May 2009 and April 2010, respectively. Indicator collection into the RU Database continued.
- A policy review of task-shifting and expanding service delivery option indicators was implemented for 13 countries by K. Ganter. A survey for gathering additional information on practice in the field was developed and implemented. The data from the surveys has been compiled and results written up.
- Microsoft Project activity monitoring has been maintained.
- Submission to USAID's HRIT database for Years 1 and 2 was completed in Feb. and Dec. 2010, respectively.
- In coordination with Management, Annual Report and Workplans, as well as Semi-Annual and Quarterly Reports have been developed and submitted, including review of all EIS reports.

- The Gap Analysis and PMP were updated and reviewed as part of the Management Review meetings in September 2010. Other preparations included work on the new “End-of-Project (EOP) Blueprint”.
- Planning began for a mid-term assessment of PROGRESS, which ultimately resulted in a series of field monitoring visits.
- M&E staff participated in USAID Bureau of Global Health M&E Working Group meetings.

Past Six Months:

- A portfolio review and update to the Key Results were prepared in Jan. 2011 to support USAID.
- M&E staff prepared and submitted the Year 3 Semi-Annual Report and Interim Workplan and supported PROGRESS Management in preparing the Year 4 Budget Request.
- Wilson supported Homan on the development of a report on capacity building efforts to date. Capacity building efforts were organized by Research, Research Utilization, and Monitoring and Evaluation.
- New capacity building indicators and results for the Gap Analysis were developed based on extensive work with Homan, Maggwa, and other PROGRESS staff. A revised PMP was discussed with USAID in April 2011 and submitted in May.
- The Gap Analysis was updated in April and May 2011 based on changes to the PMP.
- Field monitoring visits were conducted with USAID to India, Rwanda, Tanzania, and Kenya (co-funded with Management) in Feb. and Mar. 2011.
- The EOP Blueprint continues to be developed and updated to reflect current activities and workplans.
- Indicator collection and maintenance of the Research Utilization Indicator Database continued, as well as project monitoring using MS Project. Additional work is being pursued to better capture current capacity building efforts by the new indicators.
- This FCO is also supporting preliminary work on a Year 4 activity to develop and pilot a tool to monitor scale-up of FP best practices in Kenya. Discussions with USAID, MEASURE Evaluation PRH, and other stakeholders have been ongoing. In June, Wilson attended and presented at a meeting on M&E of scale-up in DC and traveled to Kenya for a stakeholders meeting on the pilot of the tool and to begin work on the data collection plan.
- While in Kenya, Wilson also met with local PROGRESS staff to review overall project updates and individual activity budgets, accomplishments, and capacity building efforts.
- Support was provided for two PROGRESS staff to attend the USAID BGH M&E Working Group Meeting in DC in June 2011.

Year 4 Workplan:

- M&E staff will review EIS subproject reports and assist PROGRESS Management in the development of quarterly, semiannual, and annual reports and workplans.
- The Year 3 Key Results Report and Baseline Financial Report will be developed and submitted to USAID.
- Indicator collection and maintenance of the Research Utilization Indicator Database will continue. Special emphasis will be placed on reporting on PROGRESS capacity building efforts. End-of-subproject interviews will be conducted with technical monitors of completed activities.
- Support will be provided on the Year 5 budget request and workplan and on planning for successful project completion and close-out. M&E staff will contribute to PROGRESS Management Reviews.
- Activity monitoring using Microsoft Project will continue to be maintained.
- Updates on all relevant PROGRESS-supported activities will be entered into USAID’s HRIT database.
- The Gap Analysis will be maintained. An update of the revised EOP Blueprint will be shared with USAID.
- An additional field visit to review project activities, accomplishments, and capacity building efforts may be planned.
- See FCO 890141 for more information on the pilot of a tool for monitoring scale-up of best practices.

Population & Reproductive Health Leadership

Status: Ongoing

Projected End Date: 6/17/2013

Country(s): Worldwide

FCO 890115	Approved 6/24/2010	C&G Closure	Tech Monitor JStanback
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Objective(s): 1) To support early development of research and research utilization ideas relevant to PROGRESS's goal; and 2) to support time of key staff to provide scientific and technical support to USAID, including response to ad-hoc requests from USAID. In particular, it will support PROGRESS contributions to the Global Health Initiative, participation at key meetings (e.g. WHO, USAID), and identification of opportunities for collaboration with partners.

Description: This activity will allow PROGRESS to rapidly respond to needs and high priority requests from USAID to engage in key technical challenges facing our field, including emerging or cross-cutting research topics. As the Global Health Initiative is rolled out, PROGRESS has been and will continue to be asked to contribute to USAID's efforts on this important new initiative and thinking on the strategic areas, particularly integration, health systems strengthening, and women-centered approaches. It will also allow PROGRESS staff to work proactively on developing the next generation of research and research utilization on improving access to family planning, keeping USAID and PROGRESS on the leading edge, and at the same time speeding the development of protocols and lessening the amount of time to get activities into the field.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- Stanback attended the August 2010 meeting of the WHO Specialist Panel for Social Science and Operations Research on Sexual and Reproductive Health (now called the "RHR Research Project Review Panel") in Switzerland.
- Support was provided for the development and review of new concepts for PROGRESS Year 4.
- Stanback attended and presented at the first Global Symposium on Health Systems Research in Montreux, Switzerland in November 2010.

Past Six Months:

- In the past six months, this FCO has provided at least partial support for the following publications and presentations:
- Stanback J, Otterness C, Bekiita M, Nakayiza O, Mbonye AK. "Injected with Controversy: Sales and Injections of Depo Provera in Drug Shops in Uganda." *International Perspectives on Sexual and Reproductive Health*, 2011, 37(1).
- Malarcher S, Meirik O, Lebetkin E, Shah I, Spieler J, Stanback J. "Provision of DMPA By Community Health Workers: What The Evidence Shows" *Contraception*, 2011; 83.
- Stanback J. "Contraceptive Injections in Drug Shops in Rural Uganda." Presentation at "Planning More, Achieving More: Planning Workshop for Community-based Access to Injectables," Washington DC, April 2011.
- Greene E, Stanback J. "Old Barriers Need Not Apply: Opening Doors for New Contraceptives in the Developing World." *Contraception*, in press.
- Janowitz B, Stanback J, Boyer B. "Task Shifting in Family Planning." Submitted.
- E.G. Sutherland, C. Otterness, and B. Janowitz. "What happens to contraceptive use after injectables are introduced? A DHS analysis in 13 countries." Submitted.
- Eichleay M, Janowitz B, and Chen M. "A simplified wealth index for program evaluation." In development.

- Eichleay M, Janowitz B, Otterness C, and Chin-Quee D. "Measuring place of residence and wealth status in health surveys." In development.
- Green M, Janowitz B, and Chen M. "The potential of the private sector to increase contraceptive use in Uttar Pradesh" In development.
- Stanback attended the March 2011 meeting of the WHO RHR Research Project Review Panel.
- Stanback and Maggwa attended USAID-sponsored meetings in Washington in February 2011 on the list of High Impact Practices and on CA population-related research.
- Stanback and Lebetkin used this FCO to develop a draft protocol for a drug shop study in Ibadan, Nigeria.
- Stanback traveled to Ghana to assess the potential for a new study of DMPA sales in Licensed Chemical Sellers shops (see also new FCO 890139).

Year 4 Workplan:

- Stanback, Maggwa and others will likely attend the Gates-funded Second International Conference on Family Planning, to be held in West Africa in November 2011.
- Stanback may attend upcoming meetings of the WHO/RHR Research Project Review Panel.
- PROGRESS staff will provide scientific and technical support to USAID as requested.
- Stanback and others may use the FCO for paper-writing, as appropriate.
- As appropriate, PROGRESS will pursue collaborations with partners and new research and research utilization ideas.

Findings and Outcomes:

- This FCO has provided at least partial support for the following publications and presentations:
- Stanback J, Otterness C, Bekiita M, Nakayiza O, Mbonye AK. "Injected with Controversy: Sales and Injections of Depo Provera in Drug Shops in Uganda." *International Perspectives on Sexual and Reproductive Health*, 2011, 37(1):24-29. (FHI 360 Pub 2011-32).
- Malarcher S, Meirik O, Lebetkin E, Shah I, Spieler J, Stanback J. "Provision of DMPA By Community Health Workers: What The Evidence Shows." *Contraception*, 2011; 83:495-503. (FHI 360 Pub 2011-34).
- Presentation at first Global Symposium on Health Systems Research in Montreux, Switzerland in November 2010: "Expanding Access to Family Planning Services Through Community-Based Provision of Injectable Contraceptives." <http://www.hsr-symposium.org/images/stories/abstracts.pdf>
- Presentation at "Planning More, Achieving More: Planning Workshop for Community-based Access to Injectables," "Contraceptive Injections in Drug Shops in Rural Uganda." Washington DC, April 2011.

PROGRESS Management

Objective(s): To guide the overall management and implementation of the PROGRESS Cooperative Agreement, including implementation and management support to country programs.

Description: This FCO captures management and development costs associated with the overall management oversight of PROGRESS. From PROGRESS Year 2 on, this FCO will be for management purposes only, and expenses will be distributed as a percentage across all projects.

Activities, Accomplishments, Problems:

Cumulative Accomplishments:

- The PROGRESS initiation meeting and retreat were held in June and August 2008, respectively.
- The PROGRESS brand and brochure were developed.
- The Year 1 Workplan was approved in December 2008.
- PROGRESS staff conducted field visits to Rwanda, Zambia, India, Nepal, Senegal, Tanzania, Kenya, and Uganda to assess interest in PROGRESS work.
- PROGRESS staff participated in meetings at USAID and with partners to introduce the project and discuss potential areas for collaboration.
- The second year budget request was submitted January 2009.
- A combined Year 1 & 2 Workplan and budget was approved for implementation in June 2009.
- A Policy and Procedures Manual was completed, including processes for approval of research proposals/protocols by USAID.
- The Madagascar program was closed for political reasons, and the country office closed September 30, 2009.
- The PROGRESS annual key results and baseline financial reports were submitted to USAID in October of 2009 and 2010.
- PROGRESS annual management review meetings were held in Arlington in December 2009 and September 2010.
- The Year 3 budget request was submitted to USAID on January 22, 2010
- The Year 3 Workplan/Year 2 Annual Report was submitted to USAID in Aug. 2010 and the workplan was approved on Oct. 4, 2010.
- Maggwa traveled to Malawi to attend the Ministry of Health's annual Sexual and Reproductive Health Dissemination, which included the dissemination seminar for the PROGRESS study, "Evaluation of Community-Based Distribution of DMPA by Health Surveillance Assistants (HSAs)" and to discuss the development of a potential follow-on study, "Assessing Community-Based Distribution of DMPA by NGO Volunteers".
- Maggwa travelled to Tanzania (August), and Kenya and Uganda (August and November 2010) to review PROGRESS activities with FHI 360 country and project staff, and to meet with the Missions and Ministries of Health to discuss current and planned activities (cost-shared with project FCOs).
- Quarterly and semi-annual reports were submitted to USAID per schedule.

Past Six Months:

- The USAID team visited in early February (Matthews/Phelps) to provide input for the Year 4 budget request.
- The Year 4 budget request was submitted to USAID on February 24, 2011.
- The semi-annual and quarterly reports were submitted in February and April 2011.
- USAID and PROGRESS staff conducted field monitoring visits in lieu of a mid-term evaluation to India (Wilson/Malarcher), Tanzania and Kenya (Stanback/Matthews), and Rwanda (De Buysscher/Matthews).
- Additional management visits were conducted by key project staff cost-shared with RU/M&E and Research FCOs as appropriate: Senegal/Stanback; India/Wilson; Ethiopia/DeBuysscher; Kenya/Uganda/Ethiopia/Zambia/Maggwa.

- The new AOTR for PROGRESS was announced in March and modification to the agreement was signed on April 11, 2011.
- FHI 360 hosted and new AOTR, Mihira Karra, in April to discuss the PROGRESS portfolio.
- PROGRESS management participated in periodic conference calls with the USAID team.

Year 4 Workplan:

- PROGRESS will prepare and submit the Year 3 annual report and Year 4 workplan to USAID in August 2011.
- Quarterly narrative and financial reports will be submitted to USAID, as well as the annual key results and baseline financial reports.
- PROGRESS will prepare for an annual management review meeting.
- The budget request for Year 5 will be prepared and submitted in January 2012.
- Management site visits to selected countries/projects will be conducted.
- PROGRESS management will attend USAID and partner meetings as requested.
- PROGRESS management will participate in periodic project update meetings and conference calls with the USAID team.

Appendix 1: Completed International Travel

PROGRESS Travel - July 2010 - June 2011

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
RDU Tanzania	Malawi	D. Chin-Quee E. Jackson	July 5-15, 2010	890038	To participate in the study results dissemination workshop and to develop follow up protocol. (This trip was approved in the previous travel plan, however, the dissemination workshop has been postponed until July.
RDU	Tanzania	D. Chin-Quee	July 15 -24, 2010	890029	To oversee training of interviewers and pilot testing of data collection instruments for the study, "Assessing women's ability to self-screen for contraindications to hormonal methods".
RDU	Kenya +Uganda +Tanzania +Malawi	M. Ndugga	July 5, 2010-Aug 16, 2010	890001, 890004, 890008, 890019, 890028, 890029, 890032, 890059, 890060	To follow up on PROGRESS research activities, work with USAID missions PROGRESS related issues, management and future core and FS activities.
RDU	Zambia	C. Dreisbach	Aug 19-29, 2010	890017, 890080	To provide global technical leadership on task sharing & community-based access to injectables (CBA2I) among regional nurse/midwife group ECSACON at their quadrennial conference. To engage nurses & midwives in discussion about task sharing initiatives such as CBA2I. To follow up on RU efforts on CBA2I pilot project in Zambia including data collection for the study's costing component & maintaining relationships with key stakeholder groups such as local IRB, national FPTWG, and USAID Mission.
RDU	Switzerland	J. Stanback	Aug 21 - 26, 2010	890115	To review research protocols submitted from developing countries in response to recent calls for proposals and concept papers in Social Science and Operations Research in Sexual and Reproductive Health. *WHO is paying for my accommodations and expenses, but has asked FHI to pay for my plane ticket.
RDU	Zambia + Ghana	K. Rademacher G. Vance	Aug 29, 2010-Sept 9, 2010 Aug 31, 2010-Sept 9, 2010	890030, cost share with 12397 for Rademacher	To disseminate research findings from study with key stakeholders and support scale up of intervention To disseminate findings from research project "Increase FP Uptake in Postpartum Women" (Ghana bilateral to cost share local dissemination)
DCA	Ethiopia	F. Okello, spouse & 3 children	Aug 2010	892001	Relocation of Francis Okello, spouse and 3 children to Ethiopia. Francis Okello has been appointed the Implanon Scale up Initiative Chief of Party for PROGRESS in Ethiopia
RDU	Rwanda	T. Zan	Sep 18 - 29, 2010	890008, 890033	To prepare for and co-facilitate a meeting with stakeholders to assess lessons learned and data from implementation of phase 1 of the PPIUCD study and to adapt the intervention as necessary for phase 2. 2) to work with MOH to develop a detailed implementation plan for expanded NSV with cauterly services
RDU	Tanzania	M. Malkin	Sept 15, 2010 - Oct 3, 2010	890043	To provide technical assistance to ECSA to conduct an assessment of community based family planning, including participating in country visits
RDU	Tanzania	C. Otterness	Sept 18, 2010 - Oct 11, 2010	890004	As part of PROGRESS Legacy IV mandate, Conrad will work with the implementing agency for the study, "Assessing women's ability to self-screen for contraindications to hormonal methods" to build organizational capacity on data management and analysis.
USA/NC	Kenya + Tanzania	T. Zan + K. L'Engle	Oct 1 - 7, 2010	890019	To assist with expanded promotion in Kenya and initial launch in Tanzania, focused on partner engagement and sustainability planning. (Note: this was approved in July-Sept travel plan)
USA/NC	Rwanda	A. Brunie	Oct 16 - 23, 2010	890007	To disseminate findings from the study on the reasons for non-use of Family Planning.
USA/NC	Zambia	J. Bratt	Oct 30, 2010 - Nov 11, 2010	890059	To develop the scope of work for a second Land O'Lakes research site in either Malawi or Zambia (still TBD), to complement the ongoing LoL project in Kenya.
Kenya	Tanzania + Uganda + Malawi	M. Solomon	Oct 4-15, 2010	890043	To provide TA to ECSA. Dr. Solomon will be part of the ECSA team conducting the field assessments in Kenya, Uganda and Malawi. His participation in these assessments is considered essential to ensure quality and harmonization of the data collection across these three countries. In addition, he will travel to Arusha, Tanzania for one day as part of the preparations for the assessments
USA/NC	Dominican Republic	K. Nanda	Oct 10 -13, 2010	890046	To travel to the Dominican Republic (FCO 890046- Continuous vs. Cyclic COC use) a.o. October 10-13 to (1) discuss data analysis and dissemination with site PI; and (2) assist with study closeout monitoring visit.
USA/DC	Dominican Republic	A. Lendvay	Oct 11-14, 2010	890046	To conduct study close out visit for Cont. vs. Cyclic Use of COC Pills in the DR.

PROGRESS Travel - July 2010 - June 2011

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Uganda	A. Brunie	Oct 23-30, 2010	890052, 890037	To train research assistants and initiate data collection for the study on retention and performance of volunteer community health workers (890052) and to train CTPH staff on data base management and use of mobile phone technology for monitoring and evaluation of their population, health, and environment program (890037).
India	USA	S. Basu	Oct 29, 2010 - Nov 2, 2010	890004	Capacity Building of PROGRESS staff. To present a poster titled "Factors and Processes shaping contraceptive choice a study in West Bengal: A Multilevel analysis" in Population Association of America meeting 2010 held in Dallas.
USA/NC	Uganda + Tanzania	T. Petruney	Oct 21, 2010 - Nov 5, 2010	890037, 890040, 806103	To help facilitate a Uganda Population, Health, and Environment Working Group meeting and provide capacity building for advocacy to FHI's PHE partner, Conservation through Public Health - FCO 890037. In Tanzania, Petruney will provide support for implementation of the RU workplan under PROGRESS while the 2 key RU staff in the CO are on parental leave. (cost share with PTA)
USA/NC	Zambia	D. Chin-Quee	Oct 28, 2010 - Nov 15, 2010	890038, 890017	In Malawi, to oversee the training of data collectors for the CBD of Depo evaluation of Adventist Health Services' community-based distribution agents in Malawi. In Zambia, to oversee training of data collectors with the ZPCT-based study coordinator for the CBD of Depo project.
USA/NC	India	E. Canoutas	Nov 27, 2010 - Dec 11, 2010	890042, 16670, 890034 (cost share)	To support and monitor the implementation of the RU workplan - FCO 890042; to support and monitor the implementation of the intervention activities, and set up systems for cost data collection - FCO 890034; to help develop of FP service delivery materials and other job aids - FCO 16670. (cost share with Gates Urban Initiative)
USA/NC	Switzerland	J. Stanback	Nov 14-19, 2010	890115	To attend and present at WHO's Health Systems Research Conference.
Kenya	Rwanda	L. Dulli	Nov 9-18, 2010	890114	To perform a Mid-course data collection study for FCO 890028: Improving Access to and Uptake of Postpartum Family Planning Service through Enhanced Family Planning in Immunization Services.
USA/NC	Kenya +Uganda +Tanzania	M. Ndugga	Nov 2-19, 2010	890001 and respective research projects	To follow up on PROGRESS research activities, work with USAID missions on PROGRESS related issues, management and future core and FS activities.
USA/NC	Kenya	T. Hoke	Nov 27, 2010 - Dec 9, 2010	890060, 806101 (cost share)	In Kenya, to train data collectors in research methods and ethics. Since this is research will involve a household survey, special attention will be paid to ensuring sampling procedures are followed. Also, given that the research is being implemented in two separate provinces, this is logistically challenging. Baseline data collection needs to be completed quickly, as well as thoroughly, therefore two people are needed. (Hatzel will charge 2/3 FCO 890060:PROGRESS -Kenya, 1/3 FCO 806101: PTA)
USA/NC	India	M. Green	Nov 14, 2010 - Dec 18, 2010	892014 (FS)	To collaborate with FHI/India staff to support their PROGRESS Field Support activities and portfolio.
Ethiopia	Kenya	Gemechu Kuffa Zenawit Tadele Melese Mengistu Damtew Tadesse Ketema Garedew Dereje Mamo	Nov 28, 2010 - Dec 4, 2010	890126 and 892001	To send an Ethiopian Delegation to Kenya for an IUCD study tour.
DCA	Rwanda	M. Marx	Dec 12-26, 2010	892028	To perform a quick analysis of the current of services of reproductive, health for adolescents/youth in Rwanda and produce a report document; To describe the structure of national support for reproductive health of adolescents in country; To develop a draft of the policy and strategic plan; To do a presentation at the technical working group of the draft policy; To produce a final document to the National Policy and Strategic plan.
Washington, DC	Rwanda	M. Marx	Jan 2, 2011 - Mar 28, 2011	892028	To conduct a rapid assessment in concert with MOH and USAID and draft results reports.
USA/NC	Kenya	D. Hubacher	Jan 16-28, 2011	890049/805101 (cost share 50/50 with PTA)	To develop procedures for closing out participants' files, data querying, and final data entry for two contraceptive implant studies.(cost share 50/50) NOTE: This travel was previously approved for the Oct-Dec 2010 QTR but had to postpone travel.
USA/NC	Kenya	G. Vance	Feb 5 -12, 2011	890060	To participate in a joint workshop between the Green Belt Movement in Kenya and FHI. The two organizations are collaborating on the pilot project and research study "Integration of Family Planning Messages and Referrals into the Green Belt Movement Program in Kenya." The crux of this workshop was to create Population Health and Environment (PHE) messages that will be delivered to Kenyan communities during the project.

PROGRESS Travel - July 2010 - June 2011

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
Kenya	Zimbabwe + Lesotho	M. Kuyoh	Zimbabwe Feb 5-12, 2011 Lesotho Mar 5-12, 2011	890043	1. Participate in the assessment as a core team member; the team includes ECSA, MOH, and FHI. 2. Ensure that the note taking process/recording of interviews takes place adequately and the notes and interview tapes area assembled into files for ECSA and FHI/NC. 3. Write a preliminary report on these two assessments following a general template provided by FHI, based on the Uganda report.
USA/NC	Malawi + Kenya	B. Finger	Feb 8-25, 2011	890003	To participate in the Malawi community-based family planning (CBFP) assessment, part of a project with the East, Central, Southern Africa Health Community (ECSA), and to work with FHI/Kenya on several projects, including the CBFP assessment being done there, next steps on expanding community based access to injectables (CBA2I), and others.
USA/NC	India	L. Wilson	Feb 25, 2011 - Mar 5, 2011	890001, 890006	To participate in a field monitoring visit of the PROGRESS/India portfolio with Shawn Malarcher, USAID/Washington, and to work with PROGRESS/India staff to support the PROGRESS portfolio in India, with a focus on monitoring and evaluation and management.
USA/NC	Rwanda	D. Shattuck	Feb 28, 2011 – Mar 12, 2011	890033	To conduct post vasectomy training interviews with physicians, oversee the implementation of client data collection formed and work with FHI and MOH staff to plan for the continued scale-up of vasectomy services.
USA/NC	Kenya + Uganda + Switzerland	J. Stanback	Feb 28, 2011 - Mar 17, 2011	890001, 890006, 890010, 890115, 993625	To follow up on PROGRESS research activities, management and reporting and to assist with field monitoring visits with the Technical Advisor from PROGRESS USAID/W. To serve as a WHO Temporary Advisor at the Research Project Review panel meeting.
USA/NC	Uganda +Rwanda	T. Hoke	Mar 19-23, 2011	806607, 890008 (cost share with PTA)	Uganda: To complete protocol preparation and advance preparations for PMTCT-FP male involvement study. Rwanda: To monitor intervention for study on postpartum IUCD services.
USA/NC	Ethiopia + Rwanda + Tanzania	R. DeBuyscher	Mar 8-25, 2011	890001, 890006	To work with the FHI country office with overall PROGRESS Mgmt and Administration and to assist with field monitoring visits with Technical Advisor from PROGRESS USAID.
USA/NC	Kenya +Tanzania +Uganda	B. Finger	Mar 15-30, 2011	890003, 890080, 890043, 892006	To work with RU activities in Kenya and Tanzania, focusing on CBA2I advocacy, Costed Implementation Plan, and ECSA community assessment reporting.
USA/NC	Ethiopia	E. Lebetkin	Mar 18, 2011 - Apr 3, 2011	892001(FS), 890066, 892010 (FS)	To provide technical support to the M&E of the expansion of Implanon service provision project (892001). To initiate work on a special study to determine the quality of service provision of Implanon by HEWs (890066 & 892010). NOTE: This travel was previously approved for the Oct-Dec 2010 QTR.
Tanzania	Washington DC + North Carolina	S. Mujaya	Mar 25, 2011- Apr 2, 2011	806612, 890040, 890108, 892006	PTA: To participate as a country representative in the upcoming USAID/CDC/PEPFAR meeting "Consultation on Integration of Health Programs" in Washington, D.C. March 28 and 29. She was nominated by USAID/T. PROGRESS would like to maximize the benefit of Ms. Mujaya's travel to the states and invite her to FHI NC to meet with the PROGRESS and PTA teams and researchers working in Tanzania. PROGRESS would be responsible for the NC part of her travel: March 30 - April 2, 2011.
Uganda	North Carolina	A. Akol	Mar 22, 2011 - Apr 2, 2011	892019, TBD	To participate in (1) the FHI Global Technical Leadership meeting; and (2), to work with the PROGRESS team and researchers on Uganda activities, including discussion of future FS supported activities. Travel will be cost-shared 50/50 between PROGRESS Field Support funds (FCO 892019) and other non-USAID funding.
USA/NC	Ethiopia	B. Boyer	May 15, 2011 - Jun 3, 2011	892001, 890066, 892011	To prepare for and conduct data collector training for the study "Situation Analysis of FP in Ethiopia", to train data entry clerks, and to field the initial implementation of the study.
USA/NC	Rwanda	D. Sokal	Mar 31, 2011 - Apr 5, 2011	890033 (cost- share with FCO 996057)	To meet with local FHI staff and with Dr. Kagabo concerning FHI'S vasectomy work; to meet with Dr. Bitega concerning the PrePex circumcision device. (cost share with FCO 996057 field visits to Kenya and Zambia)
USA/NC	Uganda	A. Brunie	May 9 - 19, 2011	890052	To collaborate with colleagues from the FHI Uganda office in conducting training and pre-test activities for the study "Understanding factors associated with the retention and performance of volunteer community health workers."
USA/NC	Kenya	D. Hubacher	May 2 - 12, 2011	890036	To develop study procedures at proposed site and prepare for study initiation in June for the LNG IUS Services in the Public Sector study.

PROGRESS Travel - July 2010 - June 2011

From	To	Traveler	Dates	Funding FCOs	Primary Purpose (by FCO)
USA/NC	Senegal +Ghana	J. Stanback	May 1 - 13, 2011	890051, 892016	To work with the MOH on planning scale up of CBD of OCs, and to make preparations for the both the feasibility study of Depo IM and acceptability study of Depo subQ in Uninject.
USA/NC	Dominican Republic	Joy Coker	May 8 -12, 2011	890116	To conduct a interim monitoring visit for the WHO Implant Study
USA/LA	Kenya	G. Etheredge	Jun 1, 2011 - Jul 1, 2011	890032	To oversee training of the Research Assistants for baseline data collection and begin implementation of intervention for "Family Planning Incorporated into Microfinance Programs in Kenya". Previously approved in the January- March travel plans.
Kigali, Rwanda	USA/NC	J. Wesson	May 16, 2011 - Jun 13, 2011	617015, 102556, 890110, 890026, 890111, 890113, 890112	R&R Cost -shared 30/70 (30% other CO FCOs)
USA/NC	India	J. Stanback	June 1 - 3, 2011	16670	To participate with FHI and Gates staff in a planned program review of FHI's Gates funded Urban Health Initiative. ***Due to a medical problem on the 1st leg of the trip to India, Stanback sought medical services in London and was advised to return to the states.***
USA/NC	Kenya	L. Wilson	Jun 8 -16, 2011	890006	To plan for the M&E of HIP activity, including participating in a stakeholders meeting, with FHI/Kenya staff and Shawn Malarcher; to work with FHI/Kenya staff on monitoring and reporting of PROGRESS activities and to review mgmt systems as they relate to PROGRESS; to attend and present at the IBP technical consultation on M&E of scale up meeting
USA/NC	Kenya +Rwanda	D. Chin-Quee	Jun 17, 2011 - Jul 2, 2011	890075, 996098	To meet with implementing partner, Synovate in Kenya to finalize subagreement and oversee training of data collection for the study, patterns of emergency contraception use in Kenya and Nigeria.FCO-996098 To discuss study design, logistics and site selection for the study of Assessing the current and potential contributions of CHW's to FP in Rwanda with Stakeholder.FCO-890075 Cost share with PTA
USA/NC	Nigeria +Malawi +Kenya (overnight)	B. Finger	Jun 19, 2011 - Jul 3, 2011	892028, 890003	To provide TA to FHI/Nigeria in implementing pre-scale up activities following up the successful pilot project on CBA2I.. FCO 890003. To provide TA to ECSA to prepare for and convene regional workshop on CBFP. 892028
USA/NC	Nigeria	T. Orr	Jun 19, 2011 - Jul 9, 2011	890131	To provide TA to FHI/Nigeria in implementing pre-scale up activities following up the successful pilot project on CBA2I. FCO 890131.
USA/NC	Rwanda +Tanzania	S. Fischer K. Aradhya	Jun 17, 2011 - Jul 2, 2011	890004	To provide training in scientific writing to Tanzania and Rwanda field staff and implementing partners;
USA/NC	Ethiopia +Zambia +Kenya +Uganda	M. Ndugga	May 23, 2011 - Jun 19, 2011	890115, 890001	To work with the Country Offices on PROGRESS Management, Field Support funding for FY12, attend stakeholders meetings, and work with the missions.

Appendix 2: Financial Information