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Together for Health Project

BASELINE & ENDLINE ASSESSMENTS REPORT:

Lviv, Kharkiv, Dnipropetrovsk, Odessa, Poltava, Volyn and Vinnytsa Oblasts

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РАЗОМ ДО ЗДОРОВ'Я ФІНАНСУЄТЬСЯ АГЕНСТВОМ США З МІЖНАРОДНОГО РОЗВИТКУ ТА ВПРОВАДЖУЄТЬСЯ ІНСТИТУТОМ ДОСЛІДЖЕНЬ ТА ТРЕНІНГІВ КОРПОРАЦІЇ ДЖОНА СНОУ У СПІВРОБІТНИЦТВІ З АКАДЕМІЄЮ СПРИЯННЯ ОСВІТІ ТА ШКОЛОЮ ГРОМАДСЬКОГО ЗДОРОВ'Я ГАРВАРДСЬКОГО УНІВЕРСИТЕТУ

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ACRONYMS AND ABBREVIATIONS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior change communications
CAMP	Contraceptive Availability Minimum Package
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
DMPA	Depot Medroxyprogesterone Acetate or Depo Provera
EC	Emergency contraception
FAP	*Feldsher-accousherski punkt*
FAT	Facility Assessment Tool
FP	Family planning
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IUD	Intrauterine device
JSI	JSI Research and Training Institute, Inc.
LAM	Lactation Amenorrhea Method
M&E	Monitoring and evaluation
MOH	Ministry of Health
N	Number (in a sample)
Ob-gyn	Obstetrician-gynecologist
OC	Oral contraceptives
PhAT	Pharmacy Assessment Tool
PNC	Prenatal care
POP	Progestin-only pills
RA	Research Assistants
RH	Reproductive health
SMD	Support for Market Development (pharmacy research company)
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
STIs	Sexually transmitted infection(s)
TfH	Together for Health project
UAH	Ukrainian *hryvnia* (local currency)
URHS	Ukraine Reproductive Health Survey
USAID	United States Agency for International Development
USG	US Government
WAPS	Willingness and Ability to Pay Survey

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INTRODUCTION

Together for Health (TfH) is a multi-component project that aims to reduce the abortion rate, unintended pregnancy and sexually transmitted infections (STIs), while increasing the use of modern methods of contraception. TfH is using a "systems approach" to achieve its goal – working with the general population, health providers, health care facilities and pharmacies that carry, or should carry, modern methods of contraception. The main strategies of the project are to:

1. Strengthen family planning (FP) and reproductive health (RH) services provided by a range of health workers;
2. Increase the population's knowledge, attitudes and use of appropriate FP/RH services;
3. Improve the availability, accessibility and affordability of contraceptives; and
4. Increase capacity and commitment of the public and private sectors to support policies and systems for improved FP/RH health services.

In the fall of 2006, TfH conducted a baseline assessment involving assessments of health facilities and pharmacies, self-administered client exit questionnaires, the collection of facility statistics and information on the availability of contraceptive products and their prices in the first two oblasts where TfH was working: Kharkiv in Eastern Ukraine and Lviv in the West. Starting spring of 2007, TfH staff conducted similar baseline assessment in the five new oblasts that joined the Project: Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn. This second round of baseline data collection included assessment of health facilities and nearby pharmacies, self-administered client exit questionnaires and provider knowledge, attitudes and practices questionnaire. Endline assessment in Lviv and Kharkiv oblasts was conducted at the end of 2007, while endline assessments in the Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn oblasts was conducted in the second half of 2009 (see the Table 1 for a more detailed timeline).

The purpose of the baseline assessments was to: assess the current status of family planning / reproductive health (FP/RH) knowledge, attitudes and practices among clients and providers; the quality of services, and; the availability of commodities to inform project development. By administering the same methodology in the same seven oblasts toward the end of project implementation, TfH was able to carry out a comparative analysis of the two datasets quantitatively, showing the extent to which the project was on track to met its stated objectives. This report presents the evaluation findings based on the 7 oblasts listed above (which started the project in two phases during Y1-Y3, and had about 2 years of investments each) which is believed to reflect the outcomes of TfH's work across all the 15 oblasts. The rest of the oblasts not included in this evaluation started with the project in the first half of Year 4. To include them would have necessitated conducting a baseline and endline survey measuring changes after only 9-12 months of TfH interventions, and would have been prohibitively costly in terms of time, finances, and required human resources to carry out these additional surveys. It was decided that the measurement of the first 7 participating oblasts would be enough and illustrative of the impact of overall project activities in the partners regions.

This report not only serves as a measure of the extent to which project activities were effectively translated into desired outcomes, but also serves to inform future programming in the area of family planning and reproductive health beyond the life of the Together for Health project, highlighting effective interventions, as well as areas of new or continued need.

The key outcomes the project was interested in impacting include:

- Clients' knowledge of critical FP/RH information, their attitudes toward contraceptive methods, their receipt of contraception or a prescription[1], and their satisfaction with the quality of services provided during their visit to a health facility;
- Health providers' counseling skills and provision of key information on FP/RH to clients, as assessed by clients as well as self-perceived by providers;
- Health facilities' supply of free contraceptives for needy clients, and their display of information, education, and communication (IEC) materials;
- Pharmacies' availability of contraceptive supplies, prices of various methods/brands, and display of IEC materials.

METHODOLOGY

A. DESIGN

TfH project evaluation survey in 7 of the 15 project oblasts consisted of 4 interview-administered components:

a. Client Exit Questionnaire (CEQ)
b. Provider Knowledge, Attitudes and Practices Questionnaire (PKAP)
c. Facility Assessment Form (FAF)
d. Pharmacy Assessment Form (PhAF)

The survey tools were developed based on examples from other JSI projects and resources such as MEASURE's *Profiles of Health Facility Assessment Methods; Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in Family Planning;* and *Better Practices in Evaluation: Measuring Provider Performance,* as well as the Ministry of Health of Ukraine's FP/RH protocols, guidelines, and reference manuals produced with technical assistance from the project. Table 1 illustrates the timeline of baseline and endline assessments for all assessed oblasts.

Table 1: Illustrative Timeline of Baseline and Endline Assessments

TYPE OF ASSESSMENT/ OBLAST	LVIV	KHARKIV	VOLYN'	DNIPROPET-ROVSK	ODESSA	POLTAVA	VINNYTSYA
Baseline	September 2006	September 2006	April 2007	July 2007	November 2007	May 2007	June 2007
Endline	November 2007	November 2007	June 2009	May 2009	September 2009	June 2009	July 2009

Data was collected on FP/RH clients, providers, facilities, and pharmacies. Clients included women coming to health facilities for an annual check-up, Ob-gyn consultation or follow-up visit, an abortion, delivery or antenatal care. Providers included Ob-gyns, midwives and in rare cases – felshers, i.e., those providing FP/RH service, particularly FP counseling. Health facilities that is, or should be, providing FP/RH services were randomly selected, as described below. Data were also collected from three pharmacies near each selected health facility. Eligible health facilities were those providing FP/RH services in each oblast including:

- oblast general hospitals
- oblast maternities

[1] Since the government prescription system is not fully functioning in Ukraine at this time, in the project survey a prescription refers to a formal or informal prescription, including a piece of paper with information about a product.

- oblast family planning centers
- oblast women's consultations
- city general hospitals
- city maternities
- city women's consultations
- polyclinics
- rayon general hospital with Ob-gyn department
- rayon women's consultation

Certain types of health facilities were excluded from surveys because they were expected to have very few FP/RH clients each day, so it would have been too costly to collect data in such places. Excluded facilities were feldsher-acushersky punkt (FAPs) and ambulatories.

B. SAMPLE SIZE

The sample size was calculated using PC Size software (Dallal, G.E. (1986), "PC-SIZE: A Program for Sample Size Determinations," The American Statistician, 40,52) with the key indicator of current contraceptive use, a power of .80 and a 95% level of confidence. For this, the 2004 rate of contraception use of 48.8% was used.

In order to detect a statistically significant change of five percentage points (from 48.8% to 53.8%) the ideal sample size would have to be at least 1,600 interviews per group (oblast, urban/rural location, and time period). Sample size is, however, always a trade-off between the feasibility of obtaining data from a sample of given size and the ideal sample size. In TfH case, it was not be feasible to collect such a large sample with a limited budget and the project's anticipated broad coverage. Therefore, the sample size was set at 330 per oblast.

To keep logistics under control, it was decided that, for each oblast assessment, 22 facilities (11 rural and 11 urban) would be randomly selected. In each, 15 client questionnaires would be collected to achieve the total of 330 and about 5 providers per facility will be asked to fill in the questionnaires.

C. SAMPLING PLAN

In each oblast, sampling began with the selection of facilities. To randomly select the facilities, a list of all facilities that (should) provide FP/RH services in each oblast was developed. Facilities in each oblast were then listed, organized by location (urban/rural) and client volume. Eleven facilities in rural areas and eleven in urban areas were then selected using the probability in proportion to size (PPS) method. Size, in this case, referred to client volume or the total number of female clients at the facilities (for abortions, antenatal care, and annual gynecological visits).

Next, on each day of data collection, all clients leaving the sampled facility/department were invited to participate in the survey. This continued until five women on that day agreed to, and were considered eligible (see below), to participate in the assessment. This was repeated for three days until 15 clients completed the questionnaire.[2]

[2] Ideally, a sampling interval would have been calculated by dividing the average number of clients expected for the three days of data collection by the desired "safe" sample size (the desired sample size, 15, plus an additional 20% to adjust for non-response). However, client volume figures tend to be unreliable and daily client flow is also variable. For this reason all eligible women were approached. We do not believe selection of the first clients as opposed to clients that arrive throughout the day has caused substantial bias.

Similarly to clients, first five health providers available on the first or second or third day of the assessment were asked to fill in the PKAP. As stated above, these were predominantly Ob-gyns, in some cases midwives and feldshers. Due to the fact that questionnaire was anonymous, segregation by provider type is not presented in the report below. It is important to note that during baseline assessment all target providers working in the sampled facility/department were asked to participate by completing a simple self-administered questionnaire on practices and attitudes and in endline *only project-trained* providers.

Finally, for each health facility, three pharmacies were identified using the random walk method. The pharmacy carrying FP/RH products on the facility premises was the first. Next was a pharmacy located approximately 500 meters away from the facility in any direction and the third was another 500 meters away, again, in any direction.

D. DATA COLLECTION

Data were collected by research assistants (RA), carefully selected medical students or mid-level providers, who participated in a one-day training conducted by TfH staff about the purpose of the study, interaction with clients, and data collection using the tools described below. The training was conducted in large measure to ensure that personal perceptions would not bias the results recorded.

Data were collected using the following tools:

- ***Facility Assessment Tool (FAT):*** This is a simple checklist to collect basic information on health facilities to assess resources available such as IEC materials, health providers, and free contraceptives. On average, each FAT took about 10 minutes to complete. The FAT permits to determine if TfH materials or other materials are available for the population and providers and if they are used. This form also assesses the availability of free contraceptives in various types of facilities.
- ***Client Exit Questionnaire (CEQ):*** This is a self-administered questionnaire designed to assess clients' knowledge, attitudes towards different methods of contraception, abortion and STIs and their practices. It also asks clients about their interactions and overall satisfaction with the health care provider who saw them that day. On average, each CEQ took about 12 minutes to complete.
- ***Pharmacy Assessment Tool (PhAT):*** This covers general information on pharmacies, including location, IEC materials on display, modern contraceptive methods available (by brand) and their prices. It also includes a checklist for observing pharmacy staff interactions with clients. On average, each PhAT took about 20 minutes to complete.
- ***Provider Knowledge, Attitudes and Practices Questionnaire (PKAP):*** This is a self-administered anonymous questionnaire designed to assess providers' knowledge, attitudes towards different methods of contraception, and their practices. It was distributed to randomly selected health providers, predominantly ob-gyns who were presented in the selected facilities on the days of assessment. On average, each PKAP took about 5 minutes to complete. Note that the PKAP tool was not administered at baseline in the two earliest oblasts, Kharkiv and Lviv, and thus provider data from the tool only includes baseline data from the other 5 oblasts included in the study, but endline data from all 7 oblasts. As noted above, at baseline *all* target providers working in the sampled facility/department were asked to participate, whereas at endline *only project-trained* providers were included in the assessment to measure changes in knowledge, attitudes and practices that could be, at least in part, attributable to TfH activities.

All tools were first developed in English. They were then translated, pre-tested, and revised, as necessary. Since the population of Ukraine speaks two languages, with Ukrainian more widely used in the West and Russian in the East, all tools were translated into both languages.

Upon arrival in a sampled facility, after meeting with the facility's chief doctor or the identified responsible person, RAs set up a table with CEQs and some refreshments for clients. As mentioned above, all women leaving the facility were approached by RAs and asked to participate in the assessment by completing the CEQ. Women were approached in different locations, depending on the facility/department, and consent to participate was requested. They were told that completion of the questionnaire was voluntary, anonymous, and confidential and that it would take approximately 10 minutes to complete the questionnaire.

Upon expressing interest, each woman's eligibility was assessed. She was considered eligible if she…

- was of reproductive age (15 - 49 years);
- was NOT actively planning/trying to get pregnant;
- had NOT had a hysterectomy (removal of the uterus); and
- was NOT being seen for infertility problems.

If the woman was eligible, she was asked to complete the questionnaire. Since the CEQs were self-administered, voluntary, and anonymous, completion of the questionnaire was considered to be consent. Each completed questionnaire was placed in a sealed envelope to assure confidentiality.

The FAT was completed on the 2nd day of data collection at the facility, as that allowed RAs a chance to become more familiar with the facility. The FAT was completed by observing the availability of FP/RH informational educational materials (e.g., posters and brochures) and asking the chief doctor or identified responsible person about free contraceptives available and facility staffing numbers.

For the PKAP tool, providers, mainly ob-gyns (typically the ones providing FP services) were approached by RAs on either the first, second or third day of the assessment in the facility. Goal of 5 providers per facility was set based on average number of providers available per day in the facility. In some locations there weren't enough ob-gyns to fill in the questionnaire it was recommended to ask other providers who offer FP services to clients to fill in the questionnaire; these mainly were midwives working either in women's consultation or ob-gyn departments of the rayon hospitals.

After collecting all CEQs and PKAP questionnaires and completing the FAT, pharmacies were visited. The RAs first visited the pharmacy located in the health facility or on the facility premises (excluding specialty pharmacies such as those specializing in cardiology/oncology drugs, for example). RAs then walked approximately 500 meters in any direction away from the health facility to the nearest pharmacy and completed the second PhAT. Finally, they walked another 500 meters, again in any direction, to complete the final PhAT.

Completed assessment tools were taken to the Family Planning and Reproductive Health Center in each oblast, where TfH staff carefully reviewed all completed tools. For each facility, the full set of completed tools consisted of one completed FAT, approximately 15 CEQs, 5 P-KAPs and three PhATs.

The total sample achieved at baseline and endline is presented in Table 2 below.

Table 2: Baseline and Endline Sample Achieved

Survey Instrument / Sample size	Baseline	Endline
Providers interviewed	480	545
Clients interviewed	2551	2536
Health facilities assessed	167	169
Pharmacies assessed	501	428

All numbers include data from 7 oblasts, except health providers' baseline, which includes data from 5 oblasts only. As noted above, the provider interview tool (PKAP) was not administered at baseline in the two first regions: Kharkiv and Lviv.

E. DATA ANALYSIS

Data were entered, cleaned and analyzed using the project's MS Access database. Data entry was performed by an outside research assistant who was given basic information regarding the purpose, methodology and data collection tools. Then data were disaggregated by oblast, location (urban/rural), and, on occasion, by facility type, initially in MS Access and then exported to SPSS for calculation of statistically significant differences using Fisher's exact test (also called the Fisher-Freeman-Halton test) in order to obtain exact p-values.

Tests of statistical significance measure the likelihood (or probability, p-value) that an observed difference was due to chance. If the finding is not likely to have occurred by chance, then it is termed statistically significant.[3] A p-value of .02, for example, means that there is a 2% chance that the difference is due to chance. The critical value is .05, meaning that if the p-value is less than .05 the difference is considered significant, whereas if it is equal to or great than .05 the interpretation is that the difference could have occurred due to chance, and thus is not necessarily attributable to the TfH activities. Wherever a change between baseline and endline was found to be statistically significant (i.e., $p<.05$, whish mean that the can could be attributable to TfH), it is noted in the data tables and figures throughout this report.

FINDINGS

Overall, the comparative data analysis showed positive changes occurring between baseline and endline that can, at least in part, be attributable to the activities of the TfH project, for example:

- Availability of IEC materials in health facilities and their distribution to clients significantly improved;
- Clients' and providers' attitudes toward various contraceptive methods improved;
- Important improvements in provider FP/RH practices were seen, whether measured from the clients' perspective or self-reported by health providers;
- Surveyed clients reported increased counseling practices by health professionals;
- Quality of FP/RH services improved as evidenced by the increased proportion of clients that considered the services received as "good", and by the proportion of clients that would recommend the facility to a friend;

[3] Note on interpreting the results of statistical tests of significance: If the sample size is too small, you may not be able to confidently say that an observed difference is due to anything other than chance, and tests for significance will show that the differences are not statistically significant (whereas in reality the observed differences may indeed be due to something other than chance). On the other hand, if you have a very large sample size, even a very small difference may show as statistically significant through significance testing (whereas the difference may simply be a function of the extremely large sample).

- Availability of free contraceptives at health facilities improved markedly between baseline and endline.

Detailed baseline and endline data and results are presented by each oblast in the Annex Tables section.

A. Background Characteristics

As mentioned above, data were collected on pharmacies, facilities, clients and health providers. Background characteristics of these are presented in the tables that follow. As shown in Table 3, facilities sampled were about 50% inpatient and 50% outpatient in both the baseline and endline samples. There was some variation among oblasts, depending on size of the oblast and experience in implementing a family medicine care model, but overall the samples were remarkably similar between baseline and endline. On average, seven ob-gyns, two feldshers, eight-nine midwives and one family doctor work in each facility (see Table 4).

Table 3: Types of Health Facilities Sampled (number and percent)

Types of health facilities	Baseline		Endline	
	167		169	
	#	%	#	%
Inpatient	84	50.3%	83	49.1%
Outpatient	83	49.7%	86	50.9%

Table 4: Average Number of Staff in Health Facilities Sampled, by type of provider

Types of providers	Baseline	Endline
Ob-gyns, average	7	7
Feldshers, average	2	2
Midwives, average	9	8
Family doctors, average	1	1

Tables 5 and 6, below, present findings on the type and staffing of pharmacies sampled. There was no significant change in staffing patterns between the baseline and endline samples, with over two-thirds of pharmacies being part of a privately owned chain. A small percentage of pharmacies were reported as owned neither privately or publicly. This is likely due to a misunderstanding or lack of information among pharmacy staff regarding the ownership. On average, pharmacies were staffed with two provisors[4], two pharmacists, and one to two sales persons.

Table 5: Average Number of Staff in Pharmacies Sampled, by type of staff (mean value)

Type of Pharmacy Staff	Baseline	Endline
Provisors	2	2
Pharmacists	2	2
Salespersons	2	1

[4] Provisors are pharmacists with a higher education.

Table 6: Characteristics of Pharmacies Sampled (number and percent)

Pharmacies' characteristics	Baseline		Endline	
	501		428	
	#	%	#	%
Pharmacy type				
Chain	347	69.3%	294	68.7%
Independent	149	29.7%	125	29.2%
Pharmacy ownership				
Private	351	70.1%	334	78.0%
Public	108	21.6%	83	19.4%
Other	30	6.0%	8	1.9%
Location in relation to FP/RH facility				
in facility	177	35.3%	143	33.4%
< 500 meters from facility	135	26.9%	124	29.0%
501 - 1000 meters from facility	109	21.8%	88	20.6%
> 1000 meters from facility	80	16.0%	68	15.9%

As Table 7 illustrates, there were no major differences baseline and endline in terms of clients' characteristics. The mean age of clients in health facilities was around twenty eight years old and more than three quarters of clients were married or in unregistered union in both samples. When analyzed by the reasons for visiting the facility, the three leading reasons at both baseline and endline were:

- regular consultation: 29% to 30% of facilities' clients
- annual check-up: 21% to 22% of facilities' clients
- antenatal care: around 17% to 18%.

Between the two study periods, there was a statistically significant increase in the number of clients coming to health facilities for deliveries, as well as a significant decrease in the number of clients coming for abortions. There were also a slight increases in the proportion of respondents presenting at the clinic specifically for a family planning visit, and a slight decrease in the proportion attending for prenatal care (PNC), though these changes were not statistically significant.

Table 7: Characteristics of Health Facility Clients Sampled (number and percent, except where indicated as mean value)

Facility Client Characteristics	Baseline		Endline		Significance
	2551		2536		
	#	%	#	%	
Age					
Mean age	28		28		
Age range					
16-19 years	236	9.3%	240	9.5%	
20-25 years	868	34.0%	820	32.3%	
26-30 years	597	23.4%	642	25.3%	
30+ years	849	33.3%	821	32.4%	
Marital Status					
Married, registered	1653	64.8%	1582	62.4%	
Unregistered marriage	361	14.2%	336	13.3%	
Divorced	138	5.4%	136	5.4%	
Widowed	27	1.1%	33	1.3%	
Single	310	12.2%	398	15.7%	

Facility Client Characteristics	Baseline 2551		Endline 2536		Significance
	#	%	#	%	
Main Purpose of Visit to Facility					
Consultation	745	29.2%	757	29.9%	
Annual check-up	559	21.9%	531	20.9%	
Scheduled follow-up visit	206	8.1%	187	7.4%	
Contraception / FP services	169	6.6%	184	7.3%	
Abortion	135	5.3%	85	3.4%	.0012
Delivery	272	10.7%	342	13.5%	.0062
Antenatal care	464	18.2%	441	17.4%	

According to the results we can generate a *'portrait of the client':* Female, about 28 years old, married, comes to the health facility for consultation or an annual check-up. During her visit she usually receives some printed health education materials, mainly on FP/RH issues. Usually she is satisfied with the services she receives and subsequently recommends the facility to her friends. She prefers condoms but also uses withdrawal, COCs, calendar methods and IUDs. Her knowledge of reducing her risk of getting STIs and HIV, as well as her attitudes toward contraceptive methods has improved over the past few years.

B. Beliefs, Knowledge & Practices among Clients

Both clients and health providers were asked about their attitudes toward each method of contraception, with an option to state that they did not know how to rate the method. They were asked to rate each method on a scale from 1 to 5, where 1 indicates a very negative attitude and 5 a very positive attitude, taking into consideration the safety, side effects, effectiveness, and price of the method. Table 8 displays data (# and %) on clients' attitudes toward each available contraceptive method.

Percent of positive (scores of 4 and 5), indifferent (score of 3), and negative (scores of 1 and 2) ratings were calculated from scores given by clients. At baseline, more than half of clients sampled did not know how to rate injectables, lactation amenorrhea method (LAM), vaginal ring (VR) and patch; and more than a third of clients didn't know how to rate emergency contraception (EC), male and female sterilization.

Table 8: Attitudes toward Contraceptive Methods among Health Facility Clients Sampled

Methods of contraception	Overall	
	Baseline	Endline
	2471	2512
Combined oral contraception		
Average score (mean #)	**3,7**	**3,9**
Positive - "good" or "very good" (%)	50,9%	62,3%
Indifferent - "average"	17,0%	15,4%
Negative - "bad" or "very bad"	10,1%	7,7%
Don't know method	22,1%	14,2%
IUDs		
Average score (mean #)	**3,7**	**3,7**
Positive - "good" or "very good" (%)	55,4%	59,9%
Indifferent - "average"	15,5%	15,9%
Negative - "bad" or "very bad"	12,3%	10,1%
Don't know method	16,8%	13,5%

Methods of contraception	Overall	
	Baseline	Endline
	2471	2512
Injectables (Depo-Provera)		
Average score (mean #)	**2,9**	**3,2**
Prevalence of scores: Positive - “good” or “very good”	11,1%	18,7%
Indifferent - “average”	11,3%	18,3%
Negative - “bad” or “very bad”	14,0%	10,9%
Don’t know method	63,5%	50,0%
Condoms (male)		
Average score (mean #)	**3,8**	**4,1**
Prevalence of scores: Positive - “good” or “very good”	59,0%	77,4%
Indifferent - “average”	22,4%	13,6%
Negative - “bad” or “very bad”	7,3%	3,8%
Don’t know method	7,2%	4,5%
Female sterilization		
Average score (mean #)	**2,6**	**2,7**
Prevalence of scores: Positive - “good” or “very good”	17,2%	20,6%
Indifferent - “average”	11,5%	14,9%
Negative - “bad” or “very bad”	37,0%	35,8%
Don’t know method	34,4%	28,0%
Male sterilization		
Average score (mean #)	**2,6**	**2,7**
Prevalence of scores: Positive - “good” or “very good”	16,6%	19,7%
Indifferent - “average”	10,1%	14,1%
Negative - “bad” or “very bad”	35,0%	34,4%
Don’t know method	38,3%	30,4%
Emergency contraception		
Average score (mean #)	**2,9**	**3,1**
Prevalence of scores: Positive - “good” or “very good”	17,0%	27,5%
Indifferent - “average”	13,1%	15,1%
Negative - “bad” or “very bad”	21,8%	21,5%
Don’t know method	48,0%	34,4%
Spermicides		
Average score (mean #)	**3,4**	**3,4**
Prevalence of scores: Positive - “good” or “very good”	33,7%	37,5%
Indifferent - “average”	27,0%	28,4%
Negative - “bad” or “very bad”	10,1%	10,4%
Don’t know method	29,1%	23,0%
Patch		
Average score (mean #)	**3,5**	**3,6**
Prevalence of scores: Positive - “good” or “very good”	16,1%	27,8%
Indifferent - “average”	8,2%	13,2%
Negative - “bad” or “very bad”	5,0%	6,5%
Don’t know method	70,7%	51,4%
Vaginal ring		
Average score (mean #)	**3,4**	**3,5**
Prevalence of scores: Positive - “good” or “very good”	15,8%	23,3%
Indifferent - “average”	9,7%	15,1%
Negative - “bad” or “very bad”	6,1%	7,1%

Methods of contraception	Overall	
	Baseline	Endline
	2471	2512
Don't know method	56,5%	52,8%
Lactation Amenorrhea Method (LAM)		
Average score (mean #)	**3,1**	**3,7**
Prevalence of scores: Positive - "good" or "very good"	17,9%	38,9%
Indifferent - "average"	15,3%	14,8%
Negative - "bad" or "very bad"	13,0%	8,6%
Don't know method	53,8%	36,1%
Natural FP methods		
Average score (mean #)	**3,1**	**3,2**
Prevalence of scores: Positive - "good" or "very good"	28,4%	33,7%
Indifferent - "average"	29,1%	33,0%
Negative - "bad" or "very bad"	21,5%	17,7%
Don't know method	21,0%	14,5%
Withdrawal		
Average score (mean #)	**2,5**	**2,5**
Prevalence of scores: Positive - "good" or "very good"	17,0%	16,7%
Indifferent - "average"	24,8%	24,2%
Negative - "bad" or "very bad"	47,8%	50,8%
Don't know method	10,4%	7,6%
Abortion		
Average score (mean #)	**1,3**	**1,3**
Prevalence of scores: Positive - "good" or "very good"	0,9%	0,4%
Indifferent - "average"	1,3%	1,9%
Negative - "bad" or "very bad"	89,7%	91,0%
Don't know method	8,1%	6,0%
TOTAL more effective methods (only positive 'good' or 'very good' answers)[5]	**27,7%**	**37,6%**

At endline, the clients attitude significantly improved (showing an increase of at least 10 percentage points) with regard to combined oral contraceptives (COCs), male condoms, EC, LAM, and patch – the percentage of clients with positive attitudes increased from 50,9% to 62,3% (COCs), from 59,0% to 77,4% (male condoms), from 17% to 27,5% (EC), from 17,9% to 38,9% (LAM), and from 16,1% to 27,8% (patch). The other methods saw much more moderate increase in percentage of clients with positive attitude.

Despite the overall improvements of clients attitudes for every single method, the endline data showed that over 50% of clients sampled still did not know how to rate injectables, vaginal ring and patch and about a third of them didn't know how to rate emergency contraception, LAM, male and female sterilization.

Overall, clients' attitudes towards more effective (modern) contraceptive methods were somewhat less positive compared to those of health providers at both baseline and endline. All in all, we see an increase of both clients and providers with positive attitudes (rating these methods as good or very good) towards the more effective contraceptive methods.

[5] More effective methods refers to: combined oral contraception, IUDs, injectables, condoms, sterilization, emergency contraception, patch, vaginal ring and LAM. Less effective methods include: spermicides, withdrawal, natural FP methods and abortion.

The proportion of clients with positive attitudes towards more effective methods increased by 10% points for clients (from 28% at baseline to 38% at endline) and by 11% points for health providers (from 60% at baseline to 71% at endline).Among those clients who did venture to rate the methods, those with the highest mean scores – i.e., the most positive ratings – were male condoms, IUDs, COCs, LAM, and patch (see Figure 2 below). Overall, clients gave the highest mean score to male condoms (3.8 at baseline and 4.1 at endline), followed by COCs, IUDs, LAM, patch and vaginal ring. The least mean scores were given to female and male sterilization – 2,6 at baseline and 2,7 endline.

Figure 1. Dynamics of changes in clients' and health providers' attitudes towards more effective contraceptive methods (among all clients and health providers)

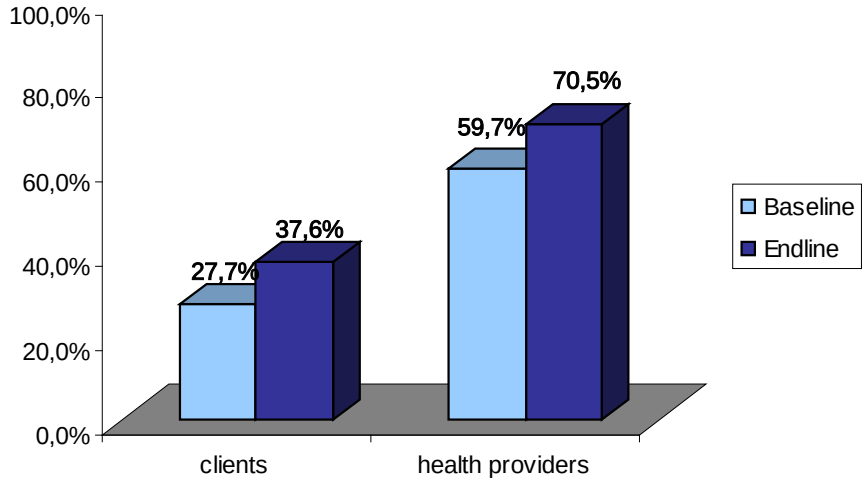
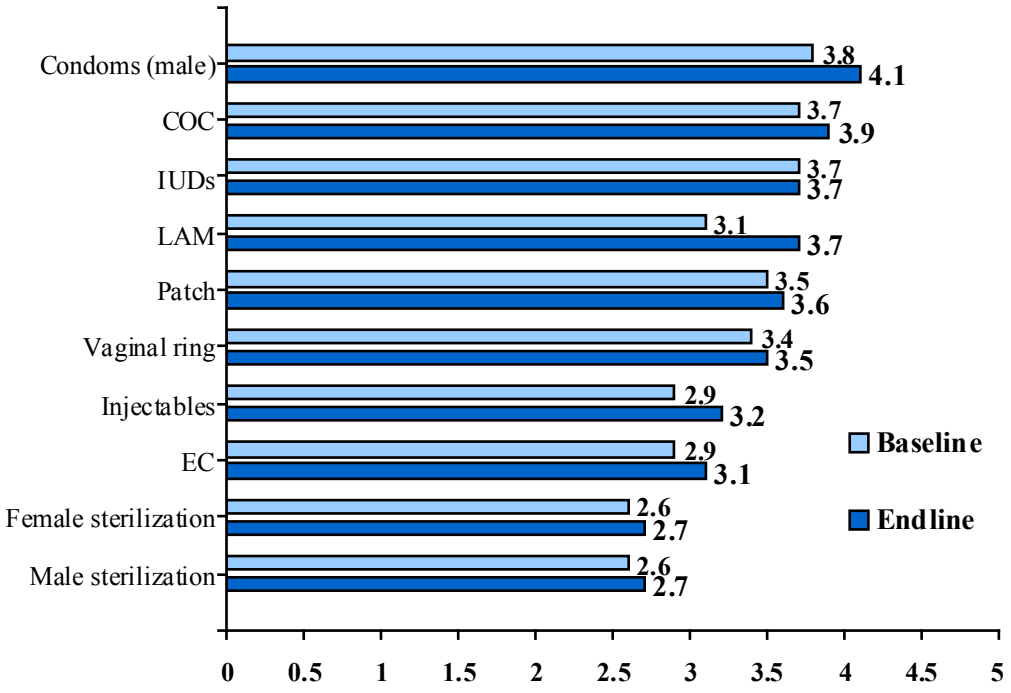


Figure 2: Clients Rating of More Effective Contraceptive Methods (among all clients) (Very Bad – 1, Bad – 2, Indifferent – 3, Good – 4, Very Good – 5)

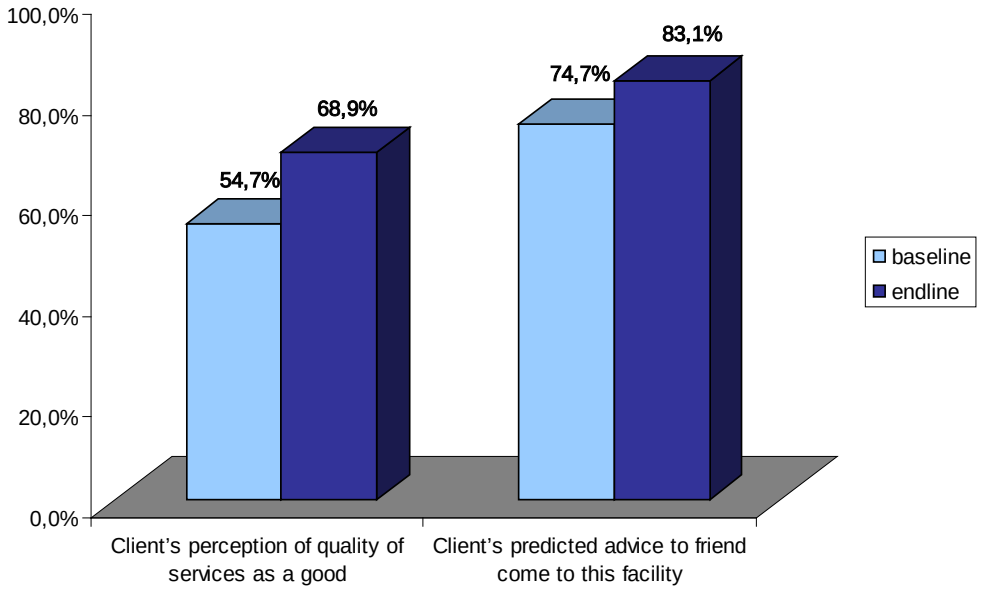


Another issue that was investigated was quality of services in health facilities (see Table 9 below). In general, most clients' perception of providers' treatment improved. Though there were increases across all four factors measured between baseline and endline (providers treated them respectfully; spoke to her clearly; listened attentively; and permitted to ask questions), they were already so high at baseline that the increases were not found to be statistically significant. However, when looking at client's perception of quality and whether they would recommend the facility to a friend—a very robust measure of perceived quality—there were very significant improvements in every single indicator measured!

Table 9: Perceptions of Services at Health Facilities among Health Facility Clients Sampled, (number and percent)

Perception of Facility Services	Baseline 2551		Endline 2536		Significance
	#	%	#	%	
Client's perception of provider's treatment to her					
Treated her respectfully	2411	94.5%	2468	97.4%	
Spoke to her clearly	2263	88.7%	2355	92.9%	
Listened attentively	2309	90.5%	2392	94.4%	
Permitted her to ask questions	2338	91.7%	2404	94.8%	
Client's perception of quality of services					
Good services	1395	54.7%	1747	68.9%	.0001
Average services	959	37.6%	685	27.0%	.0001
Poor services	38	1.5%	8	0.3%	.0001
Not sure	212	8.3%	95	3.7%	.0001
Client's predicted advice to friend					
Come to this facility	1906	74.7%	2108	83.2%	.0120
Go somewhere else	78	3.1%	26	1.0%	.0001
No other choice than this clinic	264	10.3%	236	9.3%	
Not sure/Don't know	277	10.9%	151	6.0%	.0001

Figure 3. Clients' Perception of Quality Services after Visiting Health Facilities

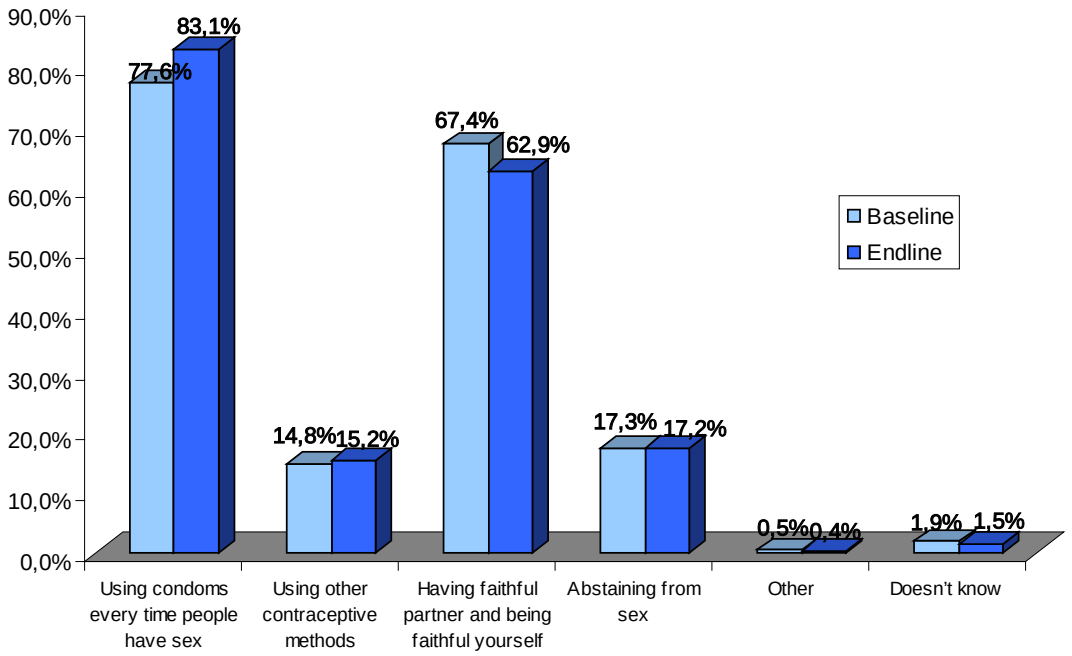


With regards to clients' knowledge of reducing risk of infection from STIs and HIV, the findings presented in the Table 10 and Figures 4 and 5 shows that in general clients' knowledge had a positive dynamic. Clients mostly believe that they can reduce risk of getting STIs and HIV by using condoms every time they have sex (77,6% at baseline v. 83,1% at endline) and having one faithful partner and being faithful yourself (67,4% at baseline v. 62,9 % at endline). It should be noted that belief in 'mutual faithfulness' as way of reducing the risk of STIs/HIV transmission decreased by 4,5% percentage points from baseline to endline. Belief in "abstinence" stayed constant.

Table 10. Knowledge about STIs and HIV among Health Facility Clients Sampled (among all clients, number and percent)

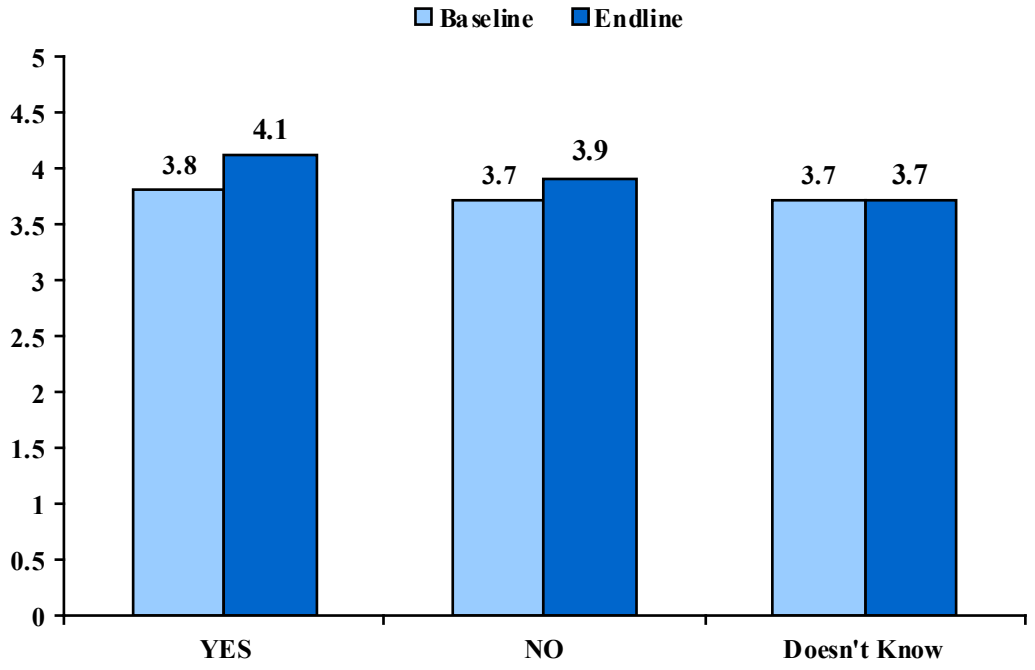
Facility Clients' Responses	Overall			
	Baseline		Endline	
	#	%	#	%
One can reduce risk of getting STIs and HIV by:	2521		2519	
Using condoms every time people have sex	1957	77,63%	2093	83,09%
Using other contraceptive methods	372	14,76%	384	15,24%
Having faithful partner and being faithful yourself	1700	67,43%	1584	62,88%
Abstaining from sex	435	17,26%	433	17,19%
Other	13	0,52%	10	0,40%
Doesn't know	49	1,94%	39	1,55%
Client correctly identified 3 main ways of reducing risk and not false ways	*242*	*9,60%*	*245*	*9,73%*
Believes person can be infected with a STI and do not have any symptoms or signs of the disease	2452		2488	
Can be infected with STI and not have signs or symptoms	1300	53,02%	1533	61,62%
No	515	21,00%	444	17,85%
Doesn't know	637	25,98%	511	20,54%

Figure 4. Dynamic of clients' knowledge on reducing risk of getting STI and HIV (among all clients, percent)



Finally, over 61% of clients in all surveyed oblasts reported knowing or believing that a person can be infected with an STI and not have any symptoms or signs of the disease/infection (see Figure 5 below).

Figure 5. Dynamic of Clients' who Responded that People Can be Infected with an STI and Not Have any Symptom or Sign of Infection (among all clients, percent)



C. Knowledge & Practices of Providers and Pharmacy Staff

Similarly with clients, health providers were asked about their attitudes toward each method of contraception. They were asked to rate each method on a scale from 1 to 5, where 1 indicates a very negative attitude and 5 a very positive attitude, taking into consideration the safety, side effects, effectiveness, and price of the method. Percent of positive (scores of 4 and 5), indifferent (score of 3), and negative (scores of 1 and 2) ratings were calculated from scores given by interviewed providers. Table 11 displays data (# and %) on providers' attitudes toward each available contraceptive method. At baseline, approximately half of providers sampled rated positive LAM, sterilization and spermicides; and only up to one third of them rated positively injectables, EC, and natural FP methods.

Table 11: Attitudes toward Contraceptive Methods among Health Providers Sampled (Among all health providers who rated the method).

Methods of contraception	Overall	
	Baseline	Endline
	480	545
Combined oral contraception		
Average score (mean #)	**4,4**	**4,5**
Prevalence of scores: Positive - "good" or "very good"	93,4	96,0
Indifferent - "average"	5,1	3,1
Negative - "bad" or "very bad"	1,0	0,7
Don't know method	0,4	0,0

Methods of contraception	Overall	
	Baseline	Endline
	480	545
Condoms (male)		
Average score (mean #)	**3,9**	**4,3**
Prevalence of scores: Positive - “good” or “very good”	71,7	87,6
Indifferent - “average”	20,7	9,2
Negative - “bad” or “very bad”	5,7	2,2
Don’t know method	1,9	0,6
IUDs		
Average score (mean #)	**3,9**	**4,1**
Prevalence of scores: Positive - “good” or “very good”	83,0	85,7
Indifferent - “average”	11,0	10,0
Negative - “bad” or “very bad”	5,2	4,0
Don’t know method	0,8	0,2
Patch		
Average score (mean #)	**4,0**	**4,1**
Prevalence of scores: Positive - “good” or “very good”	72,9	79,4
Indifferent - “average”	16,8	12,0
Negative - “bad” or “very bad”	3,4	1,7
Don’t know method	4,7	1,3
Lactation Amenorrhea Method (LAM)		
Average score (mean #)	**3,4**	**4,1**
Prevalence of scores: Positive - “good” or “very good”	49,3	78,7
Indifferent - “average”	28,1	12,6
Negative - “bad” or “very bad”	20,0	7,6
Don’t know method	2,6	0,7
Progestin only pills		
Average score (mean #)	**3,7**	**3,9**
Prevalence of scores: Positive - “good” or “very good”	65,8	77,6
Indifferent - “average”	24,0	17,0
Negative - “bad” or “very bad”	5,6	2,0
Don’t know method	4,7	1,9
Vaginal ring		
Average score (mean #)	**3,8**	**4,0**
Prevalence of scores: Positive - “good” or “very good”	64,5	70,8
Indifferent - “average”	22,3	14,3
Negative - “bad” or “very bad”	10,4	5,0
Don’t know method	4,8	1,0
Female sterilization		
Average score (mean #)	**3,3**	**3,6**
Prevalence of scores: Positive - “good” or “very good”	50,4	57,5
Indifferent - “average”	18,2	22,3
Negative - “bad” or “very bad”	27,7	18,3
Don’t know method	3,6	0,7
Spermicides		
Average score (mean #)	**3,4**	**3,5**
Prevalence of scores: Positive - “good” or “very good” (%)	49,6	54,2
Indifferent - “average”	34,8	36,2

Methods of contraception	Overall	
	Baseline	Endline
	480	545
Negative - “bad” or “very bad”	14,4	9,0
Don’t know method	1,2	0,3
Male sterilization		
Average score (mean #)	**3,3**	**3,5**
Prevalence of scores: Positive - “good” or “very good”	47,4	52,8
Indifferent - “average”	19,5	20,6
Negative - “bad” or “very bad”	28,5	20,9
Don’t know method	4,5	1,7
Injectables (Depo-Provera)		
Average score (mean #)	**3,0**	**3,5**
Prevalence of scores: Positive - “good” or “very good”	33,2	50,5
Indifferent - “average”	32,0	29,2
Negative - “bad” or “very bad”	31,1	14,8
Don’t know method	3,7	3,1
Emergency contraception		
Average score (mean #)	**2,6**	**3,0**
Prevalence of scores: Positive - “good” or “very good”	25,2	38,5
Indifferent - “average”	25,6	18,9
Negative - “bad” or “very bad”	47,5	42,2
Don’t know method	1,7	0,0
Natural FP methods		
Average score (mean #)	**3,1**	**3,2**
Prevalence of scores: Positive - “good” or “very good”	29,6	34,9
Indifferent - “average”	43,6	41,9
Negative - “bad” or “very bad”	24,7	22,3
Don’t know method	2,2	1,0
Withdrawal		
Average score (mean #)	**2,0**	**2,0**
Prevalence of scores: Positive - “good” or “very good”	5,9	3,0
Indifferent - “average”	16,1	16,9
Negative - “bad” or “very bad”	74,9	79,1
Don’t know method	3,2	1,0
TOTAL more effective methods (only positive 'good' or 'very good' answers)	**59,7**	**70,5**

Table 11 shows improvements in health providers’ attitudes toward all methods (except withdrawal). Especially large increases in positive attitudes are seen towards LAM (49.3% at baseline vs. 78.7% at endline), male condoms (71.7% at baseline vs. 87.6% at endline), injectables (33.2% at baseline vs. 50.5% at endline), EC (25.2% at baseline vs. 38.5% at endline) and progestin only pills (65.8% at baseline vs. 77.6% at endline). The most improvements can be observed in which regards attitudes towards LAM, injectables and EC.

As figure 6 illustrates – health providers across all oblasts gave the highest mean score to COCs – (4.4 at baseline and 4.6 at endline), followed by condoms, patch, IUDs, vaginal ring, and progestin only pills. Despite the high mean score given to progestin only pills, health providers remain hesitant to prescribe this method to eligible clients, particularly post-partum. The lowest

scores were given to emergency contraception – 2,6 at baseline and 2,9 endline; followed by injectable Depo Provera – 3,0 at baseline and 3,5 in endline.

If we compare health providers and clients average scores in regards to various contraceptive methods, both health providers and clients gave the highest scores to COCs[6] (4.4 vs. 3.8 at baseline and 4.6 vs. 3.9 at endline) and male condoms (3.9 vs. 3.8 at baseline and 4.3 vs. 4.1 at endline), with the difference that health providers placed COCs above male condoms. We can see that average scores of health providers and clients are similar for male condoms, but for COCs are quite different. One of the lowest scores for both clients and providers was given to EC (2.6 vs. 2.9 at baseline and 2.9 vs. 3.1 at endline), and female and male sterilization (3.3 vs. 2.6 at baseline and 3.5/3.6 vs. 2.7 at endline).

Figure 6: Prevalence of Sampled Health Providers Rating Method of More Effective Contraception (among all health providers)

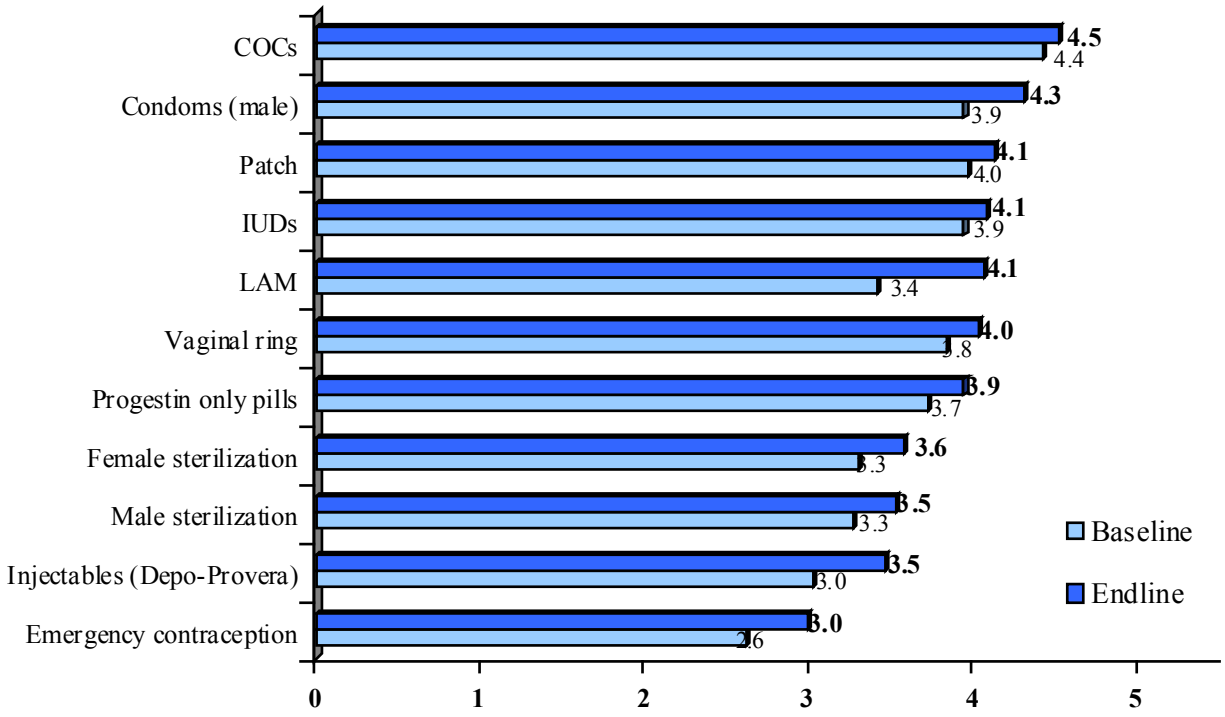


Table 12 below presents key FP/RH practices of health providers, as reported by interviewed clients. These includes various quality aspects of the FP/RH/PNC content of consultations, such as FP and STIs prevention and counseling topics discussed, receipt of contraceptive method or prescription, and person who selected the method.

According to clients coming for a consultation, an annual check-up, or a scheduled follow-up visit who said they were NOT planning to get pregnant, providers recommended using contraception in 75% of cases at endline (compared with 66% at baseline). At the same time, the proportion of clients reported receiving either a FP method or a prescription for a method after the providers consultation increased significantly from 51% at baseline to 64% at endline.

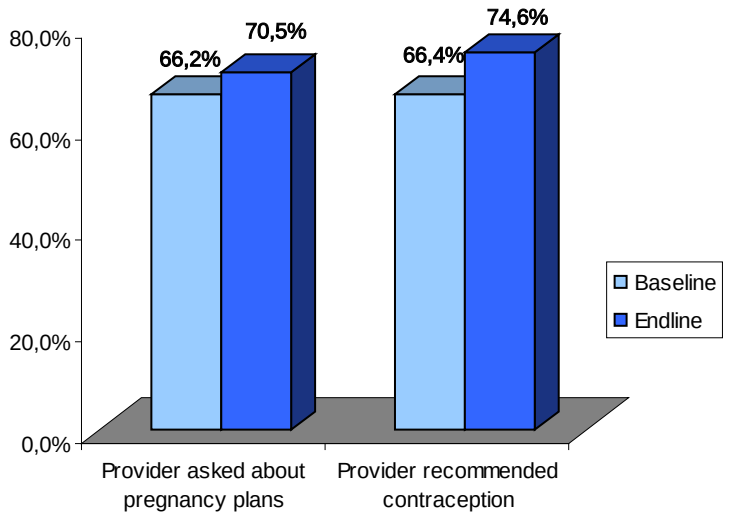
[6] Further comparison means health providers average scores versus clients average scores

Table 12: FP/RH Practices of Health Care Providers Sampled, as Reported by Clients
(number and percent)

Provider Practices	Baseline		Endline		Significance
	#	%	#	%	
Among clients coming for consultation, annual check-up, or a scheduled follow-up visit	1495		1490		
Provider asked about pregnancy plans	990	66.2%	1051	70.5%	
Provider recommended contraception	993	66.4%	1111	74.6%	.0433
Among pregnant clients only	474		431		
Received any FP counseling during PNC visits	275	58.0%	316	73.3%	.0301
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	1398		1435		
Various methods of contraception	988	70.7%	1106	77.1%	
Benefits and risks of the selected method	879	62.9%	1028	71.6%	.0283
Side effects of the selected method	830	59.4%	983	68.5%	.0189
How to use selected method	871	62.3%	1037	72.3%	.0128
When to return for follow-up	778	55.7%	952	66.3%	.0041
Provider discussed 3 out of 5 FP topics	882	63.1%	1048	73.0%	.0142
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	1328		1361		
Risks of abortion	924	69.6%	1032	75.8%	
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	1359		1380		
Symptoms of sexually transmitted infections	874	64.3%	1041	75.4%	.0080
Prevention of STIs	898	66.1%	1069	77.5%	.0018
Condoms to prevent pregnancy and STIs/HIV	995	73.2%	933	67,6%	
Provider discussed 2 out of 3 STI-related topics	839	61.7%	1084	78.6%	.0001
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	1471		1414		
Client received:					
Either contraceptive method or prescription	750	51,0%	902	63,8%	
Neither a contraceptive method nor a prescription	721	49,0%	512	36,2%	
Among all clients who received contraception or prescription, excluding pregnant clients, those trying to get pregnant, and those without a partner	1434		1397		
Person who selected method:					
Client alone	322	23.1%	281	20,1%	
Provider alone	39	2.8%	20	1,4%	
Partner alone	106	7.6%	182	13,0%	
Client & provider together	222	15.9%	55	3,9%	
Client & partner together	327	23.5%	340	24,3%	
All three together	98	7.0%	81	5,8%	
Couldn't remember	320	23.0%	438	31,4%	

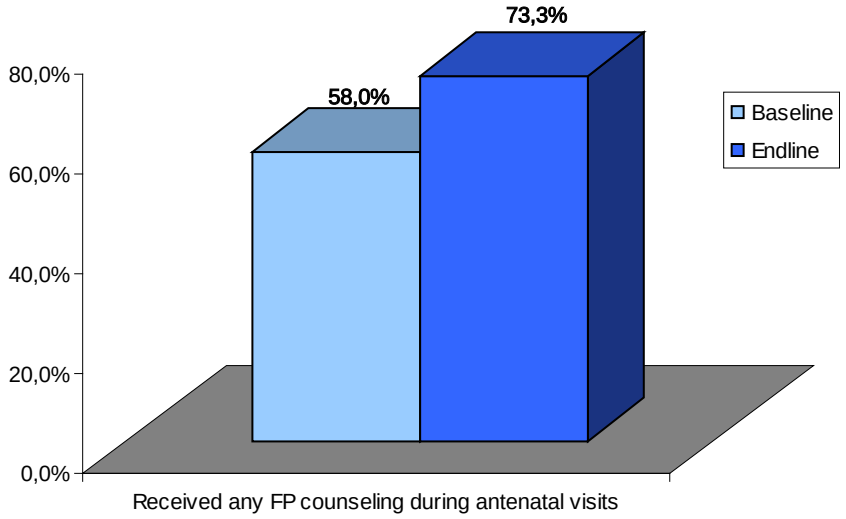
Figure 7 shows the improvements in providers practices regarding discussing clients pregnancy plans or contraceptive needs.

Figure 7. Proportion of providers that discussed with clients about pregnancy plans and recommended contraception



Clients coming for prenatal care visits also stated that they were significantly more likely to receive counseling on FP at endline (73%) than at baseline (58%). (see Figure 8)

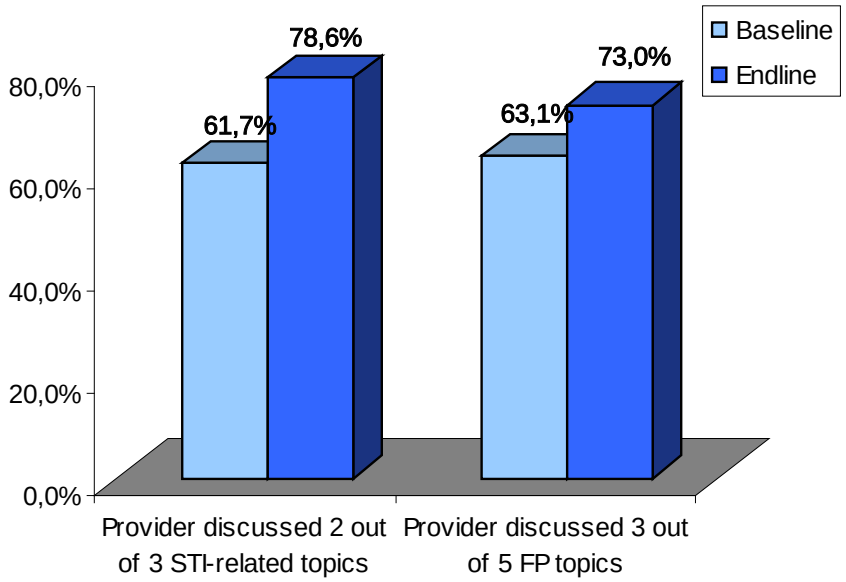
Figure 8. Proportion of clients receiving any FP counseling during antenatal visit



Among all clients eligible for contraception (i.e., those not pregnant, not trying to get pregnant, and with a current partner), clients reported being more likely to be counseled on FP and STIs at endline than at baseline. Family planning counseling was defined as cases when provider mentioned at least three out of the following FP topics: various methods of contraception, benefits and risks of the selected method, side effects of the selected method, how to use selected method, and when to return for follow-up. Furthermore, clients at endline were statistically more likely to report being counseled on symptoms and prevention of sexually transmitted infections than at baseline.

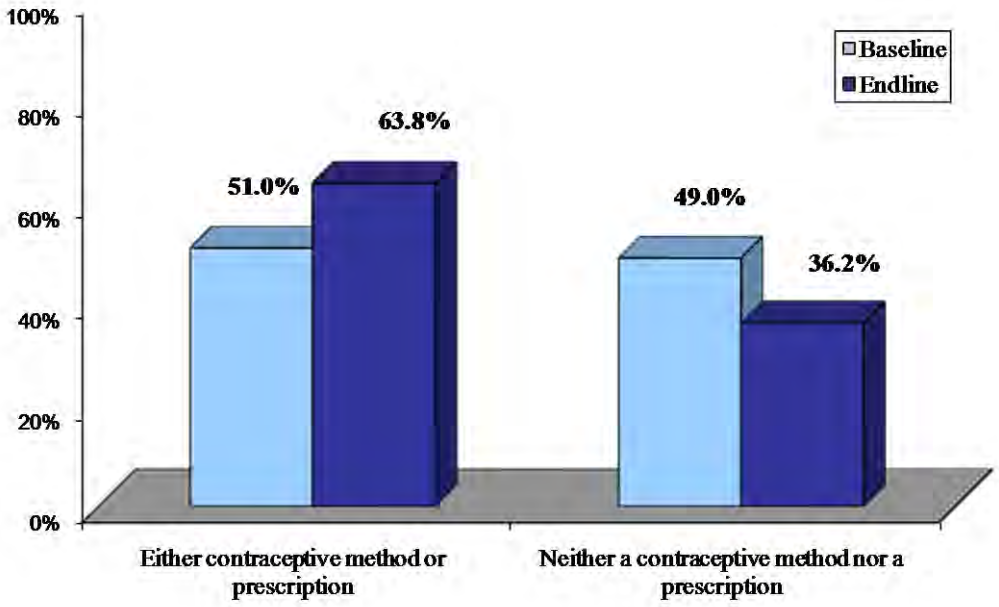
Figure 9 shows that the proportion of clients with whom at least three FP counseling topics (out of five) were discussed increased to 73%, up from 63.1% at baseline. The proportion of clients that reported receiving counseling on two out of three STI-related topics[7] increased even more significantly, from 61.7% at baseline to 78.6% at endline.

Figure 9. Proportion of clients counselled on various FP and STIs-related topics



At baseline, 51% of clients received a contraceptive method or prescription during their visit to health facility, which increased to 64% at endline (see figure 10).

Figure 10. FP/RH Practices of Health Care Providers Sampled, as Reported by Clients



[7] Three STI-related counseling topics includes: symptoms of STIs, prevention of STIs, and the "dual protection" role of condoms to prevent both pregnancy and STIs/HIV.

When health providers were asked the same questions regarding their practices during FP/RH counseling they reported that they provide counseling on key topics about FP methods more frequently when compared to clients' reporting, though generally the trends were in parallel with clients (i.e., there were improvements seen across the board between baseline and endline FP practices). However, the change was not found to be statically significant.

Table 13 shows that providers were more likely than clients to state that they counseled on FP, on the risks of abortion, and on STIs related issues. Combined with clients reports on the same topics, this suggests that TfH project interventions were effective in contributing to improved provider knowledge and practices over time.

Table 13: Provider Self-reported Counseling Regarding Various Modern Methods of Contraceptives, by method (number and percent)

Provider Practices	Baseline		Endline	
	#	%	#	%
	480		301	
Family Planning Topics Discussed				
Various methods of contraception				
Always	390	81.3	242	80.4
Often	80	16.7	55	18.3
Never	3	0.6	4	1.3
Benefits and risks of the selected method				
Always	366	76.3	240	79.7
Often	99	20.6	52	17.3
Never	4	0.8	7	2.3
Side effects of the selected method				
Always	362	75.4	234	77.7
Often	94	19.6	57	18.9
Never	7	1.5	7	2.3
How to use selected method				
Always	419	87.3	270	89.7
Often	40	8.3	26	8.6
Never	1	0.2	2	0.7
When to return for follow-up				
Always	393	81.9	259	86.0
Often	62	12.9	35	11.6
Never	4	0.8	3	1.0
Answered "always" to at least 3 out of 5 mentioned above items	411	85,6	254	84,4
Risks of abortion				
Always	397	82.7	263	87.4
Often	57	11.9	32	10.6
Never	6	1.3	4	1.3
STI/HIV Prevention Topics Discussed				
Symptoms of sexually transmitted infections				
Always	339	70.6	233	77.4
Often	109	22.7	61	20.3
Never	8	1.7	4	1.3
Prevention of STIs				
Always	369	76.9	248	82.4

Provider Practices	Baseline		Endline	
	#	%	#	%
	480		301	
Often	74	15.4	47	15.6
Never	9	1.9	2	0.7
Using condoms to prevent pregnancy and STIs/HIV				
Always	371	77.3	263	87.4
Often	79	16.5	29	9.6
Never	5	1.0	3	1.0
Provider discussed 2 out of 3 STI-related topics (answered "always" to at least two out of the three mentioned above items)	363	75.6	252	83.7

Providers were also asked about methods they mostly recommend to their FP clients (Table 14). Results were similar to the answers obtained from women: COCs, male condoms and IUDs. However, providers were also increasingly likely to state that they counseled on LAM, progestin-only pills, Depo-Provera, and patch. These were not necessarily reflected in prescribing patterns however. It is likely that modern methods such as progestin-only pill, patch and vaginal ring are still relatively rarely offered to clients, though the fact that providers are increasingly knowledgeable and reporting that they are counseling clients on their availability is a critical first step to improving accessibility of a wide range of contraceptives to those in need of them throughout Ukraine.

Table 14: Provider Self-reported Counseling Regarding Various Modern Methods of Contraceptives, by method (number and percent)

Frequency of Health Providers' Counseling Regarding Use of the Following Methods of Contraception	Baseline		Endline		Significance
	480		301		
	#	%	#	%	
Combined oral contraceptives					
Often	297	61.9	203	67.4	
Sometimes	161	33.5	84	27.9	
Never	14	2.9	11	3.7	
Progestin-only pills (Exluton)					
Often	59	12.3	65	21.6	.0042
Sometimes	261	54.4	168	55.8	
Never	123	25.6	62	20.6	
Intrauterine devices (IUDs)					
Often	166	34.6	112	37.2	
Sometimes	275	57.3	155	51.5	
Never	31	6.5	23	7.6	
Injectable (Depo-Provera)					
Often	13	2.7	23	7.6	.0029
Sometimes	154	32.1	136	45.2	
Never	266	55.4	132	43.9	
Condoms (male)					
Often	267	55.6	219	72.8	.0222
Sometimes	153	31.9	64	21.3	
Never	36	7.5	13	4.3	
Sterilization (female)					
Often	10	2.1	18	6.0	.0094

Frequency of Health Providers' Counseling Regarding Use of the Following Methods of Contraception	Baseline		Endline		Significance
	480		301		
	#	%	#	%	
Sometimes	183	38.1	117	38.9	
Never	257	53.5	152	50.5	
Sterilization (male)					
Often	9	1.9	11	3.7	
Sometimes	76	15.8	58	19.3	
Never	362	75.4	219	72.8	
Emergency contraception (Postinor)					
Often	32	6.7	17	5.6	
Sometimes	253	52.7	171	56.8	
Never	174	36.3	102	33.9	
Spermicides					
Often	138	28.8	65	21.6	
Sometimes	260	54.2	183	60.8	
Never	61	12.7	43	14.3	
Patch					
Often	72	15.0	68	22.6	.0310
Sometimes	182	37.9	135	44.9	
Never	193	40.2	89	29.6	
Vaginal ring					
Often	79	16.5	64	21.3	
Sometimes	168	35.0	125	41.5	
Never	198	41.3	101	33.6	
LAM					
Often	138	28.8	162	53.8	.0001
Sometimes	218	45.4	103	34.2	
Never	101	21.0	32	10.6	
Natural FP Methods					
Often	80	16.7	65	21.6	
Sometimes	234	48.8	149	49.5	
Never	146	30.4	80	26.6	

During the baseline/endline assessments providers were also asked a few questions regarding some key information about selected modern methods of contraception which are covered in the TfH 5-day clinical training. The answers to these questions are briefly presented in Table 15.

Health providers were asked which modern contraceptive methods they recommend to women who are less than 6 months postpartum; on average 19.6% at endline, and less than 10% at baseline, correctly named all FP methods that can be recommended to such women. In general, it was determined that health providers improved their knowledge regarding contraceptive effectiveness and side effects between baseline and endline. At endline, about 62% of health providers (45% at basleine) correctly named three conditions for LAM to be effective (less then 6 moth postpartum, exclusive breastfeeding, menses has not returned yet), and 36% of them gave correct contraceptive recommendations for postabortion women (vs. only 8% at baseline). The providers also have improved knowledge about contraindications for IUD, progestin-only pills, and injectables use.

However, providers knowledge of contraceptive brands with affordable pharmacy prices changed negatively: for COCs decreased from 31,1% at baseline to 11,3% at endline and for

POPs from 23,8% at baseline to 13,3% at endline. This might be explained by the significant changes (usually increasing) of contraceptive pricing during the year of 2009.

Table 15: Providers' Knowledge and Practices about Various Methods of Modern Contraception, by oblast (number and percent)

% of Correct Answers Given by Providers When asked following questions	Baseline		Endline		Significance
	480		301		
	#	%	#	%	
Types of contraceptives recommended for women less than 6 months postpartum	43	9.0%	59	19.6%	.0002
Three main points for LAM to be effective	217	45.2%	187	62.1%	.0107
Contraindication for IUD use	373	77.7%	259	86.0%	
Contraindication for progestin-only pill use	173	36.0%	168	55.8%	.0010
DMPA side effects preventing prescription	91	19.0%	102	33.9%	.0004
Contraceptive methods recommended for postabortion women	37	7.7%	107	35.5%	.0001
Identified at least 4 out of 7 COCs' costing ~ <30UAH per cycle	151	31.5%	34	11.3%	.0001
Identified cost of progestin-only pill Exluton	114	23.8%	40	13.3%	.0033

D. INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS

At baseline, the majority of non-TfH posters were produced by either Ukrainian Family Planning Association in association with UNFPA, and some provided by pharmaceutical companies. Almost all brochures available in facilities at baseline were produced by pharmaceutical companies and were presenting combined oral contraceptives or in some cases spermicides or condoms. The majority of available materials at baseline (coming from pharmaceutical companies) were produced by Richter-Gedeon, Organon, Innotech, and Janssen-Cilag.

Table 16 shows that in comparison with baseline, the percentage of IEC materials on FP/RH topic available in health facilities NOT produced by TfH noticeably decreased from 70% at baseline to 46% at endline (posters) and from 68% at baseline to 46% at endline (brochures). This can be either explained by the increased availability of bTfH produced IEC materials, either by a decrease of IEC materials supplied by companies during the economic downturn.

Table 16: IEC Materials Available in Health Facilities Sampled (number and percent)

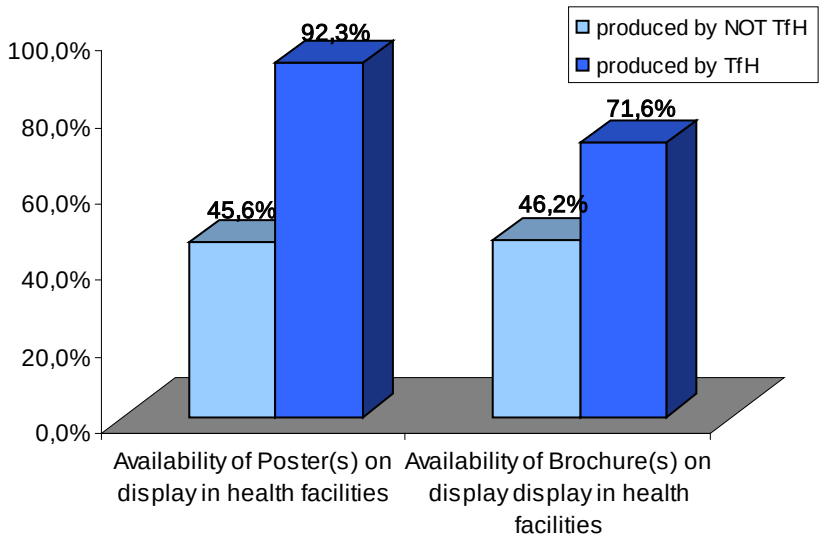
Type of IEC Materials on FP/RH in Health Facilities	Baseline		Endline	
	167		169	
Type of IEC Materials on FP/RH in Health Facilities produced by TfH	#	%	#	%
Logo(s) on display	0	0,0%	147	86,98%
Not observed	0	0,0%	22	13,02%
Poster(s) on display	0	0,0%	156	92,31%
Not observed	0	0,0%	13	7,69%
Brochure(s) on display	0	0,0%	121	71,60%
Not observed	0	0,0%	48	28,40%
Type of IEC Materials on FP/RH NOT produced by TfH				
Poster on display	116	69.5%	77	45.6%
Not observed	51	30.5%	92	54.4%

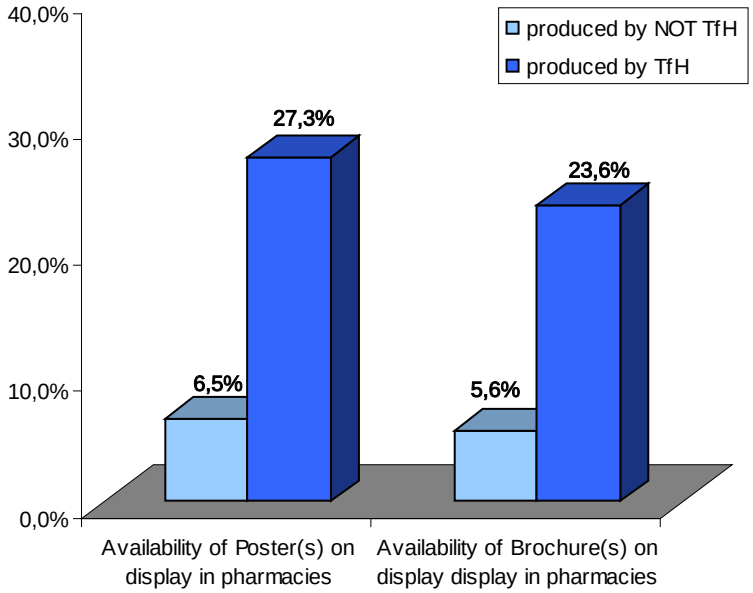
Brochure available	114	68.3%	78	46,2%
Not observed	53	31.7%	91	53,8%

In some cases IEC materials produced by TfH were the only ones found in a facility. We assume that if the economic situation does not improve, the availability of non-TfH IEC materials on FP/RH topics will continue to decrease, and TfH materials will be even more critical in ensuring clients have access to information so that they can make informed choices on FP/RH.

The baseline data gathered helped inform the TfH project of the need to provide more comprehensive information about all FP methods at both health facilities and within pharmacies. Figure 11 and Table 17 the outcome of TfH's efforts in making available informational materials to health facility clients.

Figure 11. Proportion of IEC materials on FP/RH topics produced by and NOT produced by TfH, available in health facilities and pharmacies at endline





A similar situation with availability of IEC materials in pharmacies we can see in the Table 17: Percentage of availability of IEC materials on FP/RH NOT produced by TfH decreased from 26% at baseline to 7% at endline (posters) and from 31% to 6% at endline (brochures). About

27% of IEC materials produced by TfH are available in pharmacies vs. 6% of materials NOT produced by TfH

Table 17: IEC Materials Available in Pharmacies Sampled (number and percent)

Type of IEC Materials on FP/RH in Pharmacies	Baseline		Endline	
	501		428	
Type of IEC Materials on FP/RH produced by TfH	#	%	#	%
Logo(s) on display	0	0,0%	132	30,8%
Not observed	0	0,0%	296	69,2%
Poster(s) on display	0	0,0%	117	27,3%
Not observed	0	0,0%	291	68,0%
Brochure(s) on display	0	0,0%	101	23,6%
Not observed	0	0,0%	327	76,4%
Type of IEC Materials on FP/RH NOT produced by TfH				
Poster on display	132	26.3%	28	6,5%
Not observed	369	73.7%	400	93,5%
Brochure available	153	30.5%	24	5,8%
Not observed	350	69.9%	404	94.4%

The purpose of having IEC materials available, such as posters and brochures, is to ensure that clients receive and read them. Table 18 and Figure 12 below document the percentage of clients who had received printed materials during their most recent health care visit. There was a 9% increase in those receiving any printed material; an important 20% increase in those receiving information on FP or contraception; and a 4% increase in receiving information on STIs. All of these increases were very statistically significant and can be attributable to the activities of the TfH project. Since the beginning of the project in October, 2005 (until June, 2010), TfH distributed almost a million different types of FP/RH materials[8]. In addition to IEC materials (available and distributed in facilities and pharmacies), 76% of clients at baseline and 80% at endline were exposed to BCC messages about modern contraceptive methods on television, radio, or in magazines/journals. The change between baseline and endline was not statistically significant.

Table 18: Exposure to IEC/BCC by Health Facility Clients Sampled (number and percent)

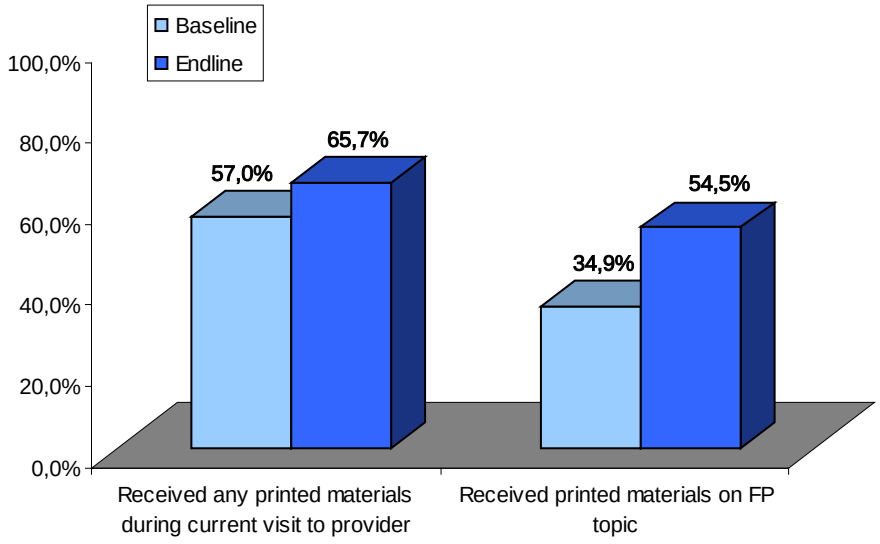
Exposure to IEC/BCC	Baseline		Endline		Significance
	2551		2536		
	#	%	#	%	
Received any printed materials during current visit to provider	***1454***	***57.0%***	***1667***	***65.7%***	***.0017***
Topic(s) covered in printed material received:					
FP/contraception	890	34.9%	1381	54.5%	.0001
STIs	568	22.3%	661	26.1%	.0132
HIV/AIDS	484	19.0%	559	22.0%	.0296
Abortion	348	13.6%	321	12.7%	
Pregnancy and/or prenatal care	347	13.6%	282	11.1%	.0180
Advertisement from a pharmaceutical company	223	8.7%	217	8.6%	
Other topic	36	1.4%	33	1.3%	
Within the past 6 months has seen anything on the television or heard on the radio or read in the magazine or newspaper about modern	1944	76.2%	2021	79.7%	

[8] FP methods brochure, FP methods posters, Post-partum video/DVDs.

contraceptive methods					

Distribution of IEC materials to clients significantly improved. Almost two thirds of clients (65.7%) received at least a printed material (on FP/RH, STIs, HIV/AIDS, prenatal care, or a branded/non-branded advertisement from pharmaceutical company) during their visit to health providers, compared with 57% at baseline. The proportion of clients reporting that received specific FP IEC materials had the highest increase, from 34.9% at baseline to 54.5% at endline.

Figure 12. Proportion of clients receiving any printed IEC material and specific FP/contraception IEC materials during current visit to health providers



E. AVAILABILITY OF CONTRACEPTIVE SUPPLIES

Table 19 below reports the number and percent of facilities sampled with free contraceptives available at baseline and endline. Availability of free contraceptives in health facilities more than doubled, from 27.5% at baseline to 59.8% at endline. We believe that increased contraceptive availability is a direct result of the governmental counterparts efforts to allocate and fund contraceptive procurement within the State Program Reproductive Health of the Nation (SPRHN), developed and implemented with technical assistance from TfH project.

Table 19: Availability of Free Contraceptives in Health Facilities Sampled, by method (number and percent)

Type of Contraceptive method available	Baseline		Endline		Significance
	167		169		
	#	%	#	%	
Any type of contraceptive available for free	***46***	***27.5%***	***101***	***59.8%***	***.0001***
Types available					
Combined oral contraceptives	14	8.4%	47	27.8%	.0001
Condoms (male)	22	13.2%	94	55.6%	.0001
Emergency contraception (Postinor)	1	0.6%	6	3.6%	
Injectable (Depo-Provera)	1	0.6%	25	14.8%	.0001
Intrauterine devices (IUDs)	38	22.8%	80	47.3%	.0009
Progestin-only pills (Exluton)	1	0.6%	4	2.4%	

Spermicides	3	1.8%	4	2.4%	

There were large and statistically significant increases in the availability of free COCs, male condoms, injectables (Depo-Provera) and IUDs. There were also increases, though not statistically significant, in the availability of emergency contraception (Postinor), progestin-only pills (Exluton), and spermicides.

Figures 13 and 14 below show the proportion of health facilities with free contraceptives available (baseline vs. endline), in total and by each method.

Figure 13. Proportion of health facilities with any type of free contraceptive method available

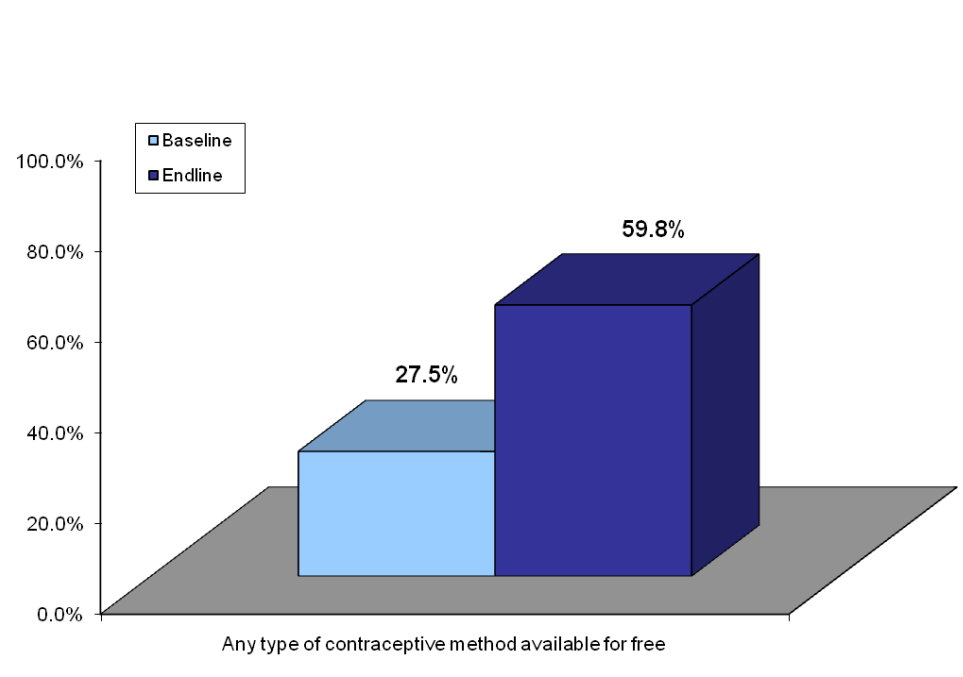


Figure 14. Proportion of health facilities with free contraceptive available, by type of method

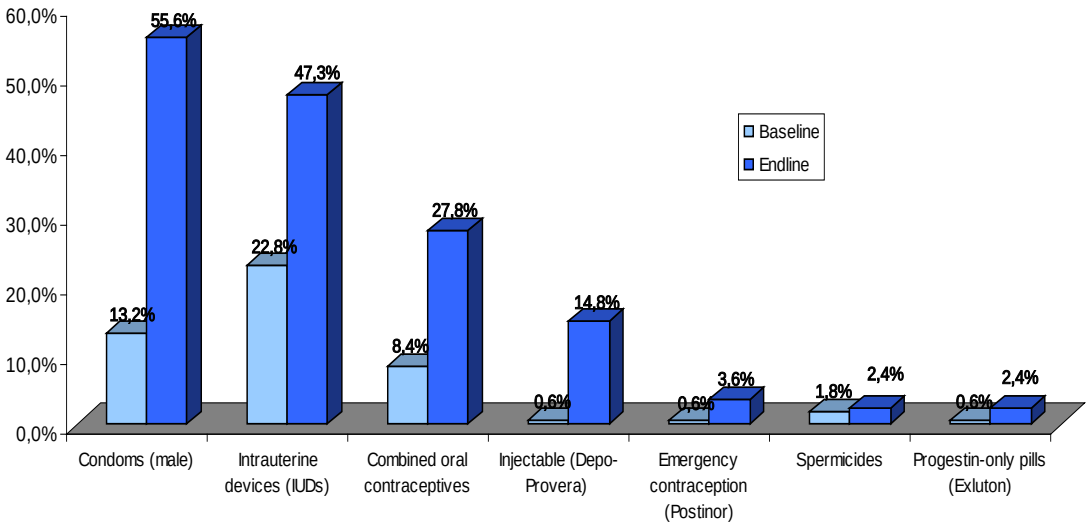


Table 20 shows the availability of contraceptives in sampled pharmacies. In the pharmacies visited COCs, male condoms, and emergency contraception (EC) were the most widely available

modern FP methods across all oblasts. COCs were available in over 90% of pharmacies in the surveyed oblasts in both time periods.
What is significant is that the proportion of pharmacies offering affordable COCs decreased from 60,3% at baseline to only 22.4% at endline (COCs≤10 UAH); and from 76,6% at baseline to only 36.9% at endline (COCs>10 UAH and ≤20 UAH).

These differences were calculated for either one cycle of COCs (at a price of ≤10 UAH, or ata a price between 10 UAH and ≤20 UAH) or packets of three cycles in stock on the day of assessment. Note that this reflects the availability of any brand name and price is calculated per one cycle (or one month of use). The decrease in affordable options is concerning, though correlates with the concurrent decline in the overall Ukrainian economy during this time period, and the consecutive increase of contraceptive prices due to accelerated devaluation of local currency.

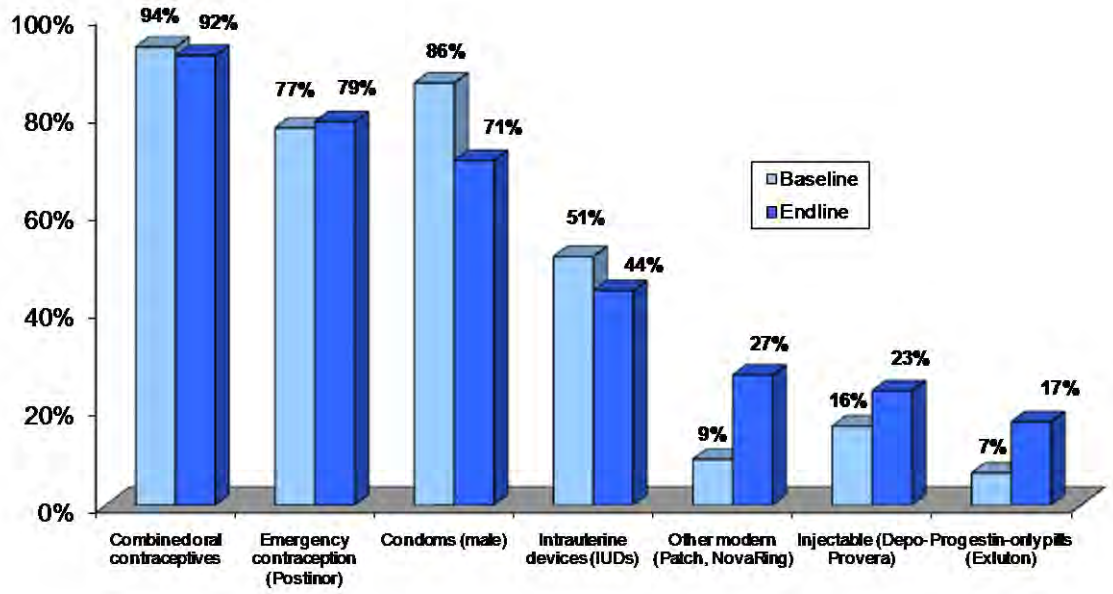
Table 20: Availability of Contraceptives in Sampled Pharmacies by method (number and percent)

Characteristics of available contraceptives in Pharmacies	Baseline		Endline		Significance
	501		428		
	#	%	#	%	
Combined oral contraceptives					
Availability of at least one brand	470	93.8%	394	92.1%	
Average price (mean)	36.4		59.8		
Availability by price(s) available					
≤ 10 UAH	302	60.3%	96	22.4%	.0001
> 10 UAH and ≤ 20 UAH	384	76.6%	158	36.9%	.0001
> 20 UAH and ≤ 30 UAH	331	66.1%	282	65.9%	
> 30 UAH	447	89.2%	383	89.5%	
Condoms (male)					
Availability of at least one brand	433	86.4%	302	70.6%	.0329
Average lowest price (mean)	1.9		3.3		
Average price (mean)	3.0		3.9		
Availability by price(s) available					
≤ 6 UAH per 3 pack	420	83.8%	256	59.8%	.0015
> 6 UAH per 3 pack	68	13.6%	41	9.6%	
Emergency contraception (Postinor)					
Availability of at least one brand	387	76.2%	336	78.5%	
Average price (mean)	26.5		44.8		
Injectable (Depo-Provera)					
Availability of at least one brand	81	16.2%	100	23.4%	.0227
Average price (mean)	43.2		68.3		
Intrauterine devices (IUDs)					
Availability of at least one brand	255	50.9%	188	43.9%	
Average price (mean)	233.7		329.4		
Availability by price(s) available					
≤ 25UAH per unit	105	21.0%	52	12.1%	.0031
> 25 UAH per unit	213	42.5%	166	38.8%	
Progestin-only pills (Exluton)					
Availability of at least one brand	33	6.6%	73	17.1%	.0001
Average price (mean)	46.2		61.6		
Other modern (Patch, NovaRing)					

Availability of at least one brand	47	9.4%	114	26.6%	.0001

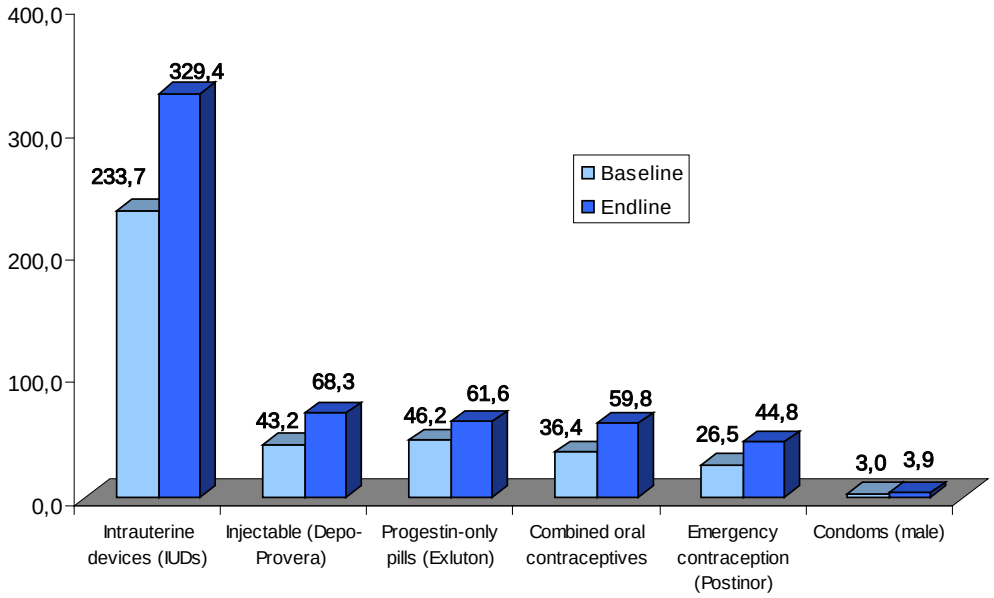
In Figure 15 we can see the availability of at least one contraceptive in pharmacies on the day of the survey. The methods are presented in descending order: from the highest to lowest percentage.

Figure 15. Availability of at least one contraceptive in surveyed pharmacies



The availability of male condoms declined from 86.4% to 70.6% with a similar decrease in availability of affordable condoms (≤6 UAH per 3 pack), from 83.8% to 59.8%. Both are statistically significant declines. Like COCs, there was a slight decline in availability of IUDs between the time periods, though not statistically significant. But also like COCs and condoms, IUDs saw a very significant decrease in affordability (≤25 UAH per unit). Despite the financial implications on pharmaceutical profit margins resulting from the overall Ukrainian economy, the TFH project saw remarkable successes in terms of the proportion of pharmacies carrying injectables (Depo-Provera), progestin-only pills (Excluton), Patch and NovaRing options. This is a significant outcome of TfH's efforts working with pharmacies!

Figure 16. Average price of available contraceptives in pharmacies (in UAH)



ANNEX TABLES

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