

The ACQUIRE Project

Progress Report for the quarter, October 1 – December 31, 2003

Result 1: Increased Access to Quality RH/FP Services

IR 1.1: Increased number of SDPs that offer an appropriate range of methods and services	
<p>1.1.1. Develop a draft program guidance package for LTPM</p>	<ul style="list-style-type: none"> • Seek guidance from field staff on what would be most useful • Review existing materials and evidence. These will include: guiding principles; supportive policies; service readiness and the fundamentals of clinical care; key technical approaches for quality programs at different stages; community mobilization; promotion and marketing; suggested M&E plans and indicators; further research needs; bibliography of resources • Distill into field and mission-friendly format • Identify countries/institutions where guidance can be tested and evaluated (test and evaluation in project year 2 and beyond)
<p>Status Report</p>	<ul style="list-style-type: none"> • Initial guidance sought through organization and participation in IUD and vasectomy meetings and planning for LTPM assessment in Guinea.
<p>1.1.2. Develop and demonstrate models to reposition underutilized family planning methods in service programs (in FY03/04 and FY04/05 we will focus on IUDs and vasectomy, but the model may be applied to any method that is considered underutilized within a particular program context or where there is skewed method mix)</p>	<ul style="list-style-type: none"> • Desk review and summary of diagnostic studies on underutilized methods and method mix to distill lessons learned – reasons, potential responses and identify salient or updated evidence • Identify data sources to be reviewed at the country level to determine underutilization or method mix improvement opportunity • Support forums to address policy and practice barriers to the access and use of vasectomy and IUDs (e.g. collaborative meetings with FHI held in October and December 2003) • Collaborate with FHI on development of advocacy kits and provider job aids for specific underutilized methods • Collaborate with FHI and The Population Council on defining research agenda • Identify one or two countries in which to explore the issue of underutilization or improved method mix (e.g. Guinea for IUDs, Tanzania for vasectomy and possibly a third country to review overall method mix) • For FY04/05 - use PIA and PLA to gain stakeholder involvement, identify community perspectives, define performance gaps, develop, implement and evaluate interventions. • Report and disseminate results • Prepare documentation of model using PIA and PLA to reposition underutilized methods or improve method mix.
<p>Status Report</p>	<ul style="list-style-type: none"> • December 3- 5, ACQUIRE co-organized (with FHI) an international meeting of 55 participants from 25 RH research, service delivery, training, advocacy and donor organizations on vasectomy at which both clinical research and programmatic issues were addressed. Clinical evidence presented concerned the results of the most recent clinical studies of vasectomy effectiveness (jointly carried out by FHI and EngenderHealth), differing vasectomy techniques, post-operative use of family planning. The second and third day of the meeting focused on the programmatic

	<p>implications of the research and key steps needed to improve vasectomy. Presentations explored why vasectomy is underutilized, experience from marketing of vasectomy and highlighted country level experience in Brazil, India and Mexico. The meeting concluded that underutilization was the result of men and women's lack of awareness about the method, frequent misconceptions about it and relative lack of access to it. Program and provider bias against the method also exists, with family planning still largely perceived as a woman's responsibility. Key characteristics of successful programs noted include the need to (1) address both demand and supply simultaneously; (2) pay attention to provider skills; (3) pay attention to client needs and interests; (4) identify strong leadership or champions; (5) effectively promote the method. A report of the meeting will be forthcoming.</p> <ul style="list-style-type: none"> • November 2003 – provided input to the development of the agenda for FHI's workshop on "Increasing access to IUDs" and participated in the workshop. Several collaborative opportunities were identified. ACQUIRE will take the lead or participate in the following activities (1) development/adaptation of an IUD advocacy kit for testing in key countries; (2) convening a small group to brainstorm how to reduce disincentives to provide IUDs (leveling the playing field); (3) harmonizing and updating training materials in collaboration with JHPIEGO; (4) raise awareness and increase receptivity to IUDs by designing and conducting assessments of "positive deviants." (5) programming guide or LTPM, including IUDs; (6) increase awareness of the IUD as a contraceptive option for HIV-positive women. • Following the November meeting, ACQUIRE and FHI staff met to discuss areas of collaboration for formative research on factors conducive to a supportive environment for both IUDs and vasectomy. A draft MOU between FHI and EngenderHealth on collaboration on research to practice activities is under review by both agencies • Planning for an assessment of LTPM in Guinea using the performance improvement approach has been undertaken. The assessment is scheduled for the end of February/early March.
1.1.3. Case study on provider and client attitudes towards vasectomy in Kigoma District, Tanzania: an area with relatively high acceptance of vasectomy	<ul style="list-style-type: none"> • Case study and instrument design • Conduct assessment and write up case study to identify factors contributing to this "positive deviant" situation. • Disseminate results in Tanzania and globally and identify factors that can be replicated elsewhere. • Collaborate with FHI in development of comparative study using this information as a basis for study design in project year 2 and beyond.
Status Report	<ul style="list-style-type: none"> • Planning for the case study and instrument design is underway. The case study is scheduled to take place in the fourth quarter of the fiscal year.
1.1.4. Continue to provide support to vasectomy social marketing campaign in Ghana	<ul style="list-style-type: none"> • This activity was begun in the previous fiscal year with shared bilateral and core funding. • Oversee launch of vasectomy promotion campaign and to ensure supply and demand coordination occurs as planned. • Assess sustainability of the promotional investment; how we can incorporate vasectomy lessons learned into follow on activity. • Determine capacity & potential for replication/scaling up the project. • Utilize information gleaned from the assessment described above in lessons learned and best practices in LTPM promotion compilation under Result 1 (see under IR 1.2.)
Status Report	<ul style="list-style-type: none"> • ACQUIRE core staff continued to provide technical support to Ghana country program staff for this initiative. • A new television ad was developed that has the potential for being used internationally (with cost share from the Meridian Group) and will be run simultaneously to the ad developed in Ghana. • Plans for launching the campaign in February, 2004 and evaluating its success were developed during this time period.

<p>1.1.5. Design and take to scale a model for promoting integration that emphasizes a life-cycle (or "customer-for-life") approach, utilizing existing tools and approaches and builds on experience</p>	<ul style="list-style-type: none"> • Conduct literature review to identify lessons learned, best or promising practices, gaps (in particular to use of life cycle approach), tool identification and opportunities for adaptation • Prepare a concept paper for a life cycle approach that promotes improved integration and quality of services • Identify country programs/institutions currently working in integration or suitable for piloting integration models • Assess and adapt different tools for this activity that could be used on both supply and demand side • Assess any unique communications lessons learned from integrated service models <p>In project year 2:</p> <ul style="list-style-type: none"> • Pilot models in different settings
<p>Status Report</p>	<ul style="list-style-type: none"> • This activity will begin in quarter three.
<p>1.1.6. Revisit and revitalize post-partum family planning based on lessons learned and identify opportunities for improving inreach</p>	<ul style="list-style-type: none"> • Complete literature review begun in previous year and prepare updated SOTA review. • Review data on post-partum family planning unmet need to identify places where impact might be highest and consult with USAID Missions and Regional/country staff on potential for project. • Participate in Asia regional meeting on post-partum hemorrhage to gather and synthesize information on best practices and opportunities for integrating family planning. • Design a post-partum family planning intervention in up to four countries (e.g. subject to confirmation of data review - Tanzania, India, Bolivia) for implementation in project year 2.
<p>Status Report</p>	<ul style="list-style-type: none"> • Planned activities (beginning with the Asia regional meeting) will begin in quarter three.
<p>1.1.7. Make PAC programs more responsive to client needs</p>	<ul style="list-style-type: none"> • Review of USAID and Packard evaluations and consult with field programs, PAC advisers and other CAs to identify priority opportunities for improvement. • Develop a service model to improve access to family planning methods to include: <ul style="list-style-type: none"> ❖ Method availability (at point of service or by referral), ❖ Counseling to ensure client responsiveness (e.g. no family planning – desired pregnancy, FP methods to prevent pregnancy, emergency contraception and/or post-exposure prophylaxis – for women for whom abortion complication was the result of sexual assault or violence, services for women who might be HIV+ etc.), ❖ Reorganization of services (decentralization, improved referral and record keeping systems, include one week follow up visit, possible community linkages, removal of administrative barriers, etc.) ❖ Community mobilization and awareness strategies to engage communities in support for PAC services. • Explore and test opportunities for monitoring post-abortion family planning uptake and continuation (in collaboration with PAC working group). • Participate in PAC working group activities to implement USAID's PAC strategy. <ul style="list-style-type: none"> ❖ Serve on PAC working group to assist with community mobilization ❖ Presentations to CAs and PAC working group on community mobilization strategies for PAC (in collaboration with JHUCCP)
<p>Status Report</p>	<ul style="list-style-type: none"> • ACQUIRE core staff provided input to USAID's PAC strategy and contributed to the development of a toolkit. • ACQUIRE core staff participated in a workshop in Malaysia in October 2003 on the prevention and management of unsafe abortion organized by the Interagency Working Group.

	<ul style="list-style-type: none"> • ACQUIRE's community mobilization specialist was relocated to Nairobi only in January, 2004. • Review of information and documentation underway. PAC activities will be a priority for quarter three.
1.1.8. Test approaches to integrating FP into VCT	<ul style="list-style-type: none"> • Identify potential country/program collaborations and meet with key stakeholders (Nat'l HIV/AIDS Program, Nat'l RH program, key NGOs, etc) to discuss FP/VCT integration issues and country specific strategy • Design feasibility assessment/study in collaboration with local partners <p>In project year 2:</p> <ul style="list-style-type: none"> • Implement feasibility assessment. • Adapt and field test integration tools (program planning and training manual being used in Kenya) <ul style="list-style-type: none"> • Develop and field test qualitative research tool (FGD guide) to determine customer perception of VCT, felt/unmet need for FP and integration; • Identify and train peer educators/counselors (youth, men, women) to promote VCT/FP services at the community level. • Identify target audiences and develop promotional strategy/approach to promote FP services added • Evaluate impact of interventions
Status Report	<ul style="list-style-type: none"> • Concept paper prepared on integration of FP into VCT programs for use in generating interest in ACQUIRE among USAID missions in Africa. • Initial discussions with FHI (North Carolina) about replicating a FHI/AMKENI collaboration in Kenya on FP/VCT integration in another high HIV prevalence country.
IR1.2: Services promoted among target populations	
1.2.1. Pilot methodology to assess RH/FP needs of HIV+ women in a given service area in one country and identify services to support them	<ul style="list-style-type: none"> • Review literature and existing resources and prepare concept paper • Identify interested countries/ collaborating organizations and prepare MOU • Develop detailed program/ implementation plan <p>In project year 2:</p> <ul style="list-style-type: none"> • Conduct participatory assessments to identify current services received, barriers to services, rights issues, sexuality issues, missed opportunities, quality of services, etc.(focus group discussions and interviews with HIV positive women, providers, MOH, policy makers, etc) • Map service availability • Identify mechanisms to improve quality and range of services • Develop or adapt a package of tools to support RH services for HIV positive women (training materials, program planning tools, facility checklists, job aids, etc) • Identify communications/promotional strategy for new services identified
Status Report	<ul style="list-style-type: none"> • Concept paper entitled "Improving informed choice for HIV positive women in Soweto: Addressing the need for improved education and counseling about the interaction between ARV treatment and hormonal contraceptive methods" submitted to Nomi Fuchs on December 23, 2003 for consideration under the Global Leadership Priorities Program. Initial discussions held with the Perinatal HIV Research Unit at the University of Witwatersrand in Johannesburg about possible collaboration. • Review of literature and existing resources begun and ongoing • Second concept paper on better meeting the sexual and reproductive health needs of HIV positive women completed.

	<p>This will be used for discussions with USAID missions.</p> <ul style="list-style-type: none"> ACQUIRE's medical director conducted literature review on HIV and hormonal methods and wrote draft technical update to be disseminated to ACQUIRE staff and partners. The technical update will also inform the assessment and interventions under IR1.2.1 and IR 1.1.8.
1.2.2. Develop template for Market and Behavior Analysis Report to assist field programs in program design and market segmentation.	<ul style="list-style-type: none"> Collect and document similar processes used that might be adapted to support market segmentation and program design (from other social marketing orgs. and from commercial sector) Adapt to ACQUIRE focus: LTPM's, and indicate other ACQUIRE clinical foci for which the same process can be used (e.g. men's RH services, integration, PAC, maternal care services, etc.) Develop draft framework and review with ACQUIRE staff in HQ & small field team. Pilot framework in Honduras during feasibility study to be conducted in Feb/March. [Pending feasibility, other ACQUIRE staff (where other assessment for service expansion is taking place) or other CA/NGO to pilot in another country].
Status Report	<ul style="list-style-type: none"> Information gathering process begun and ongoing.
1.2.3. Identify and synthesize best practices/lessons learned in social marketing – in particular for long-term and permanent methods, clinical care and services	<ul style="list-style-type: none"> Collect in-house lessons learned (Ghana, Philippines) Desk review of externally available lessons learned and best practices from social marketing, health communication and FP research organizations (CMS, Futures, JHU, PSI, FHI et. al. as well as the commercial sector for IUDs) Compile results and draft document. Examine and document (with community mobilization specialist) tested or potential linkages between community based promotion and traditional social marketing, with the goal of developing/testing and/or promoting strategies that will enhance cost-effectiveness of services marketing to promote greater sustainability. Develop strategy for dissemination and use of findings. Results to be used in future program design.
Status Report	<ul style="list-style-type: none"> Information gathering process begun and ongoing.
1.2.4. Identify and synthesize best practices/lessons learned in community mobilization – in particular for clinical care and services	<ul style="list-style-type: none"> Gather lessons learned from key organizations with expertise (CARE, Save the Children, Action Aid, CAFS, JHUCCP, etc.). Also review research compendium for PAC that will include information on community mobilization strategies. Compile results and draft document to be presented at IBP in Uganda, June 2004 Develop strategy for dissemination and use of findings. Results to be used in future program design.
Status Report	<ul style="list-style-type: none"> Information gathering process begun and ongoing.

<p>1.2.5. Needs assessments in one or two countries of community linkages and social marketing opportunities for vasectomy in ACQUIRE-supported countries – or potential countries to develop a coordinated, sustainable promotional plan that involves the community</p>	<ul style="list-style-type: none"> • Conduct an analysis of local marketing resources (surrounding two clinical sites) to determine the cost and feasibility of a vasectomy mass media promotion campaign; • Conduct a needs assessment through FGDs with community members re: linkages and social marketing opportunities in Honduras (and/or Bolivia) to develop a coordinated, sustainable promotional plan that involves the community; • Identify community outreach mechanisms (e.g. peer education) to complement social marketing efforts. • Develop promotional plan for implementation in project year 2
<p>Status Report</p>	<ul style="list-style-type: none"> • Planning discussions held with country program managers for Honduras and Bolivia immediately after the vasectomy meeting in December. Planning continues for field activities later in the year.

Result 2: Improved Performance of Service Delivery Providers

IR 2.1: Improved provider support systems	
Improvement approaches	
<p>2.1.1. Develop clear definitions and synthesize guidance on the range of PI and QI approaches/tools and relevant levels/settings for successful application and scale up.</p>	<ul style="list-style-type: none"> • Compile, share and review existing guidance and lessons learned on PI/QI from previous application • Develop framework for when and how to use PI, QI or blended approaches and at what levels of service program they are best applied. (Our initial thought is that the performance improvement approach may be used to identify system-wide performance issues, while QI approaches may be used more routinely at the site level to improve quality.) • Develop and revise updated framework for PI/QI and share with reviewers (field and ACQUIRE partners and other CAs) • Finalize and disseminate framework to be used in program implementation in subsequent project years.
<p>Status Report</p>	<ul style="list-style-type: none"> • Began process of compiling existing guidance and lessons learned on PI/QI from previous experience
<p>2.1.2. Update the Facilitative Supervision manual on Medical Quality Improvement Approach to support providers in ensuring medical quality and safety, use of data for decision-making and monitoring, etc.</p>	<ul style="list-style-type: none"> • Review and update draft FS Manual on Medical Quality Improvement to ensure it addresses key elements for family planning, MCH and HIV/AIDS and STI services. • Incorporate section that addresses improving medical quality at the district level (i.e. to support networks of facilities and clinical care) <p>In project year 2:</p> <ul style="list-style-type: none"> • Field test and evaluate at district level in ACQUIRE two field-support countries • Make necessary revisions • Finalize draft • Scale up use initial countries and introduce in other countries

<p>Status Report</p>	<ul style="list-style-type: none"> • Draft curriculum prepared for distribution among reviewers, including new introduction for trainers • Reviewers orientation meeting to be held during third week of February. • Coordinated with ACQUIRE evaluation staff to develop evaluation plans.
<p>2.1.3. Identify SOTA practices related to performance factors (e.g. training, supervision and management, client-provider interaction, organization of work) for use by ACQUIRE staff and partners in programming for facilitating improved provider performance in integrated settings.</p>	<ul style="list-style-type: none"> • Review existing best practice databases to gather and/or organize data by service area and performance factors and specifically identify any that apply for integrated services. Particular attention will be paid to identifying and gathering SOTA information from the field. (We will use sources such as the ADVANCE Africa compendium and the training best practices meetings recently held in the U.S. and Africa.) • Revise and update the Training Desk Reference (TDR) to highlight SOTA practices and appropriate references to facilitate the improvement of the array of performance factors. (The TDR is a practical guide for ACQUIRE staff and in-country partners involved in service delivery for decision-making, planning, preparation and evaluation of training events and complementary activities using different approaches such as facilitative supervision, whole-site training and on-the-job training. The document will most likely be prepared as a CD-Rom and/or incorporated into information communication technology applications – see IR 3) <p>In project year 2</p> <ul style="list-style-type: none"> • Disseminate the TDR and conduct workshops to orient program staff to its application in programs.
<p>Status Report</p>	<ul style="list-style-type: none"> • Review copy of Training Desk Reference shared with task team members • Orientation meeting with task team members to divide roles and responsibilities and assign specific tasks planned
<p>2.1.4. Promote the use and scale up of SOTA clinical and program guidelines and training materials to support providers in maintaining clinical skills for a range of RH/FP services.</p>	<ul style="list-style-type: none"> • Desk review of existing job-aids and training tools for FP, HIV/STIs and maternal health services to identify key reference materials and gaps. Disseminate list of key materials to field programs to facilitate program integration. • Develop a concept paper and proposal for a modular manual on the use of SOTA approaches to support the fundamentals of integrated clinical care at the district level for discussion with USAID and other CAs, including JHPIEGO and others. (The availability of an integrated modular manual that focuses on the fundamentals of care that crosses health services will be an important opportunity for promoting integration as well as applying new learning methodologies). • Review, complete and disseminate report on pain management for minilap. (The report will serve as guidance for medical and program staff on advances in pain management (for clinical services, including TL and PAC) and in project year 2, we will develop a breakthrough collaborative - see below - to improve pain management for ML and other clinical services). • Support the revitalization and use of underutilized methods – specifically IUDs and vasectomy: <ul style="list-style-type: none"> ❖ Translate the NSV and ML illustrated guides into Spanish and French for use in field programs ❖ Complete and field-test the updated NSV curriculum that incorporates recent evidence on fascial interposition (proposed field-test in Bangladesh). ❖ Review existing training materials and job aids for the IUD, including timing and procedures for interval, postpartum, post-abortion and emergency contraception insertion to determine next steps in incorporating new eligibility criteria (in collaboration with other CAs – ACQUIRE agreed to lead this process during the FHI/EngenderHealth sponsored IUD meeting).

	<p>In project year 2:</p> <ul style="list-style-type: none"> • Proceed with preparation of a modular manual on the fundamentals of integrated clinical care at the district level • Assess standardization needs for minilap services (last review was conducted in 1994) and determine if guidelines and/or training materials need to be revised. • Roll out the NSV curriculum in support of revitalization programs. • Continue collaboration on updating IUD materials.
Status Report	<ul style="list-style-type: none"> • Dissemination of the Minilap and NSV Illustrated Guides on-going • Dissemination of the Revised COPE Handbook, and RH Toolbook ongoing
2.1.5. Apply the Breakthrough Collaboratives methodology to address intransigent performance/quality problems (for example access to family planning methods at point of service for treatment of abortion complications, low IUD use, pain management for ML.)	<ul style="list-style-type: none"> • Review literature and lessons learned related to breakthrough collaboratives and discuss with agencies which have used this methodology internationally (URC, and JSI and EngenderHealth under the SFPS project in West Africa) • Develop or adapt breakthrough collaborative design and instructions and in consultation with field programs identify breakthrough collaborative subject for project year 2 (potentially the issue of pain management in for ML – see also under CPI below.) • Identify field programs interested in participating in breakthrough collaborative use and evaluation. <p>In project year 2:</p> <ul style="list-style-type: none"> • Pilot and field-test BC process for initial subject area. Based on evaluation of its utility, prepare guide to breakthrough collaboratives and replicate and apply to other areas.
Status Report	<ul style="list-style-type: none"> • Activity will begin in quarter three
IR 2.2: Improved client-provider interactions	
2.2.1. Develop provider capacity in CPI and counseling for integrated RH services	<ul style="list-style-type: none"> • Implement and evaluate the use of the integrated RH counseling curriculum in the following countries: Bangladesh, Ghana, Kenya, Guinea (based on initial expression of interest). One or two countries are likely to be completed in FY03/04. • Revise the FP counseling module to incorporate new evidence and feedback from earlier field tests. <p>In project year 2:</p> <ul style="list-style-type: none"> • Continue roll out of counseling curriculum to existing and new countries • Publish and disseminate the FP counseling module
Status Report	<ul style="list-style-type: none"> • ACQUIRE funded countries that have programmed counseling training have been contacted to identify how the integrated RH counseling curriculum can be used to address their counseling needs.
2.2.2. Promote proven approaches to assist programs to identify and address barriers to informed choice for clients in FP and in RH areas beyond FP (PAC, Maternity Care, HIV/STI).	<ul style="list-style-type: none"> • Review experiences and lessons learned from the country utilization of the informed choice tool kit for family planning. (This would include feedback from the initial activity, plus follow-up with these initial countries at one year to determine changes that have resulted from the use of the toolkit and prepare summary report of experience.) • Adapt and utilize the tool kit for HIV services, including VCT, and PMTCT

	<p>In project year 2:</p> <ul style="list-style-type: none"> • Identify opportunities for use of IC toolkit for IC for both FP and HIV • Produce a summary document that describes the issues raised, and solutions found to address various barriers to IC in different FP and HIV services • Disseminate document through BP initiatives, country programs, other CAs and multilateral organizations
Status Report	<ul style="list-style-type: none"> • Activity has not yet begun.
2.2.3. Support providers in the provision of quality PMTCT services that incorporate family planning services and methods.	<ul style="list-style-type: none"> • Field test and evaluate existing draft of COPE for PMTCT in one country to be selected and promote its testing and use within HIV service programs. (This activity would continue into project year 2 for evaluation purposes.) • Identify opportunities to blend the use of COPE with PIA to promote improved performance of PMTCT services (for implementation in project year 2). • Conduct a literature search & review existing materials on barriers to PMTCT activities including results from the initial use of COPE for PMTCT • Assess role of men as a barrier for PMTCT and develop a plan to pilot approaches related to increasing men's involvement <p>In project year 2:</p> <ul style="list-style-type: none"> • Implement, pilot, and evaluate
Status Report	<ul style="list-style-type: none"> • First draft of self-assessment guides completed. • ACQUIRE staff meeting held to determine format, content, and activities. First draft will be amended as a result of this meeting. • Kenya-country office and AMKENI Project consulted re. interest and ability to implement and evaluate – response was positive.

Result 3: Strengthened Environment for RH/FP Service Delivery

IR 3.1: Improved leadership and management for RH/FP service delivery	
3.1.1. Develop and implement a KM plan and process to routinely capture, disseminate and apply knowledge, data, lessons learned, BPs and emerging issues.	<ul style="list-style-type: none"> • Participate in USAID and other KM related events (e.g. USAID Knowledge Fair) • Develop standard ACQUIRE reporting protocols for programmatic and technical events (e.g. forums, meetings, conferences, workshops, needs assessments) • Define and disseminate key concepts for use in ACQUIRE programs (e.g. best practices, KM, information communication technology) • Develop SOPs, guidance and provide technical support to knowledge management throughout the ACQUIRE project

	<ul style="list-style-type: none"> • Explore collaboration opportunities with the INFO project to strengthen knowledge management in support of improved provider and program performance • Design and conduct a demonstration project applying information communication technology to enhance programs • Collaborate with M&L to learn from its experience in developing/promoting exchange of knowledge through "communities of practice"
Status Report	<ul style="list-style-type: none"> • ACQUIRE staff attended the Knowledge Management Fair themed "Access, Leverage and Learn" at USAID in October 2003. • A dialogue with INFO has been initiated re: collaboration to strengthen knowledge management in support of improved provider and program performance. Representatives from both projects are meeting on Feb. 12. • ACQUIRE staff participated in KM SOTA paper working group meetings (ongoing) • ACQUIRE core staff participated in the International Federation of Gynecology and Obstetrics Congress (FIGO) held in Santiago Chile. Three poster presentations were given on the implications of projected need for long-term and permanent contraception in Africa, in Asia, and in Latin America.
3.1.2. Promote and scale up best practices in ACQUIRE supported programs and in the broader RH community	<ul style="list-style-type: none"> • Identify 2-3 countries where we can systematically demonstrate ACQUIRE's BP dissemination model (described in the proposal) • Participate in the IBP initiative Coordinating Committee and Tasks Groups and in the strategic planning meeting (DC-March 2004) • Provide on-going support to the India State teams in implementing BP Action Plans • Participate in planning and conducting IBP East Africa Conference (Uganda, June 2004) • Coordinate strategic participation in external interagency initiatives, committees, events and communities of practice • Serve on interagency committees (MAQ, M&S, CPI, CDQ, Mini-U, HIPNET, Pac Consortium, PICG, etc.) • Participate in the review and submission of promising best practices and contribute to the ADVANCE Africa compendium • Initiate dialogue with UNFPA toward harmonizing guidelines and approaches
Status Report	<ul style="list-style-type: none"> • ACQUIRE staff participation on IBP Coordinating Committee and Task Groups is ongoing, with a focus on preparation for the IBP Conference in Uganda the week of June 21, 2004. • There is on-going ACQUIRE staff participation on interagency committees. For example, ACQUIRE staff co-chaired meetings of the M&S and CPI committees in October 2003 and participated in Community Driven Quality meetings. Provided reading material to Aparna Jain and oriented her to her task working on finalizing the curriculum. In addition, ACQUIRE staff attended the HIPNET interagency committee meeting last fall.
3.1.3. Set a global leadership and research agenda to improve integrated RH/FP and service delivery	<ul style="list-style-type: none"> • Form an advisory group, define criteria and select priority issues to address in consultation with field staff, other CAs and partners. • For selected issues, address the questions: what do we know via scan of resources and compiling and synthesizing data? What do we need to know – to establish a research agenda and timeline? • Identify country programs and other partners to collaborate in design and conduct of research (e.g. FHI and Population Council)
Status Report	<ul style="list-style-type: none"> • Initial discussions held with FHI on collaboration on research relating to IUDs and vasectomy. MOU under review.

IR 3.2: Supportive Policies for RH/RP Services	
<p>3.2.1 Provide leadership in updating international service delivery guidelines and facilitate their dissemination, application and use</p>	<ul style="list-style-type: none"> • Participate in initiatives to review and update key guideline documents: Essentials of Contraception, Handbook for FP Providers, WHO's Medical Eligibility Criteria for Contraceptive Use • Develop an agenda to address policy components of RH service program fundamentals and explore collaboration with the POLICY project • Develop and demonstrate a rights-based service and programming approach for RH services
<p>Status Report</p>	<ul style="list-style-type: none"> • ACQUIRE staff participated in a number of collaborative activities aimed at updating international service delivery guidelines and related job aids. We were active participants at the experts' consensus meeting held in October 2003 to revise WHO's Medical Eligibility Criteria for Contraceptive Use. We also began working closely with WHO and the INFO project to conduct an initial review of Essentials of Contraception, A Handbook for FP Providers. A number of ACQUIRE staff, both in HQ and our field programs reviewed some or all chapters of this handbook; the collaboration is ongoing and will lead to handbook revision, and then dissemination, application and use in EngenderHealth's ACQUIRE and other programs.
<p>3.2.2 Provide TA and develop field-based resources to promoted informed choice and Tiahrt compliance</p>	<ul style="list-style-type: none"> • Provide TA to country programs (currently requested: Jordan – 10/03, Philippines – 01/ 04)
<p>Status Report</p>	<ul style="list-style-type: none"> • ACQUIRE staff provided technical assistance in Jordan on Informed Choice in October 2003. Workshop held for country program, mission staff, CA community and implementing partners on the importance of informed choice, with particular emphasis paid to the issues related to LTPM.
<p>3.2.3 Design and lead a process for developing technical updates and programmatic guidance on emerging program priorities</p>	<ul style="list-style-type: none"> • Establish a process and plan to periodically identify and prioritize emerging issues in RH/FP, and subsequently prepare technical updates and program guidance.
<p>Status Report</p>	<ul style="list-style-type: none"> • Activity will begin in quarter 3.

Project Management and Start-up

<p>Establish routine coordination and communications with USAID GH/OPRH/SDI</p>	<ul style="list-style-type: none"> • Conduct initial technical review of ACQUIRE with USAID/SDI • Conduct read-through of Cooperative Agreement Provisions with Office of Procurement • Conduct launch presentation of ACQUIRE to USAID/Global Health Bureau. • Orient new USAID Senior Technical Advisor to ACQUIRE program, staff and partners • Establish routines and schedules for monthly pipeline reporting and quarterly progress reporting • Schedule and conduct management reviews (six-month check-in and annual performance management review) • Submit start-up workplan for PY1 (October 1, 2003 to June 30, 2004) • Submit preliminary request for FY 2004/2005 core-funded workplans, and coordinate with USAID CTO and STA to develop final workplan by June 30, 2004. • Work with Regional Directors, partners and field staff on developing country workplans for countries supported through ACQUIRE 	<ul style="list-style-type: none"> • Completed • Completed • Completed • Completed • Ongoing • To be scheduled • Completed • Preliminary request submitted • Ongoing
<p>Status Report</p>	<p>The first three months were devoted to start-up activities, culminating in the submission to USAID in late December of the start of workplan for the first nine months of the project, October 1, 2003 to June 30, 2004. Through a series of meetings with USAID staff (October 21-23), basic contractual and program parameters were established for ACQUIRE, including an initial post-award meeting with USAID's Office of Procurement. We established regular communication with our CTO through weekly (or more often) teleconferences to touch base regarding outstanding action items, and the CTO participated in the first partnership management committee meeting in November. A project launch meeting to acquaint USAID staff with ACQUIRE and its mandate and technical capacities was scheduled for mid-December, but due to scheduling conflicts was successfully rescheduled for January 6, 2004.</p>	
<p>Establish and orient project team</p>	<ul style="list-style-type: none"> • Conduct initial planning meetings for ACQUIRE project staff to orient them to the project and to establish the initial workplan • Relocate staff, as needed to have project team co-located at project headquarters in NYC. • Establish links to partner's Human Resource staff to ensure smooth transition of seconded staff to ACQUIRE project team • Develop project SOP's (standard operation procedures) for travel, communication and reporting. • Revisit position descriptions and roles and responsibilities (once initial workplan is finalized) to establish performance expectations for use in performance management going forward. 	<ul style="list-style-type: none"> • Completed • Completed • Ongoing • In progress • In progress

<p>Status Report</p>	<p>The ACQUIRE Project was fortunate to have the key personnel in place as of October 1st, and most technical staff identified and available for the staff orientation workshop, November 18-19. In addition, where ACQUIRE is receiving field support, country teams are available and in place and there is continuity at the field level for these activities (most of which were follow-ons to EngenderHealth's previous USAID CA). Only one staff position remains to be filled, the Senior Training Advisor, an IntraHealth position. The original candidate is no longer available, and recruitment proceeded through the first quarter. A major issue is relocating to New York for candidates with the required qualifications (a specialist in training and learning approaches and design).</p> <p>Staff seconded from partner institutions (Wanda Jaskiewicz, Ilze Melngailis, Marguerite Joseph) have been oriented and are established in the project office in NY (and Kenya/CARE, in Marguerite's case), and the Deputy Director (Santiago Plata) has relocated from Bangkok following three months of working remotely from EngenderHealth's Asia regional office. Supervisory relationships have been established for all project staff according to the Organization Chart, and teams established for each of the project's IRs, the management team and the M&E team. As we move forward to implement the start-up workplan, the management team will be meeting with each of its staff to revisit job descriptions and make adjustments as necessary. The first round of performance management reviews will be conducted no later than June 30, 2004, in sync with EngenderHealth's annual schedule for performance reviews. EngenderHealth's HR staff have conducted outreach meetings with HR representatives from the partner agencies in order to smooth the transition for seconded staff, particularly those that needed to relocate.</p> <p>Basic project operations procedures have been established for travel, time reporting, expense coding, and in progress are protocols for document sharing and retention, communications, and the establishment of the intranet as a key reference for project staff and partners.</p>	
<p>Establish functioning partnership and coordination/communication processes</p>	<ul style="list-style-type: none"> • Conduct initial meeting of partner representatives to orient partners to ACQUIRE results and begin to establish processes for integrating organizations into the project's work. • Finalize Memorandum of Understanding that will guide principles, practices and processes for the ACQUIRE partnership. • Establish routine meetings with the Management Committee • Clarify sub-contracting and financial processes, and conduct orientation of partner finance and contract liaisons to ACQUIRE requirements • Meet at the regional level with regional partner representatives to orient them to ACQUIRE, to identify opportunities for integrating partner capacity into field programs, and to clarify coordination and communication procedures. • Establish process for routine check-ins and problem-solving with each partner agency 	<ul style="list-style-type: none"> • Completed • In progress • To be scheduled • In progress • Asia and East and Southern Africa completed • In progress

Status Report	<p>We conducted a launch meeting of the ACQUIRE Partnership Management Committee, November 20-21, in which the group was oriented to the ACQUIRE mandate and design, we reviewed the draft management agreement, and identified priorities and criteria for responding to opportunities for building a solid and robust field portfolio. In addition, initial letter agreements were awarded to each of the partners to start the flow of project funds, while the workplan is being developed and pending approval by USAID.</p> <p>Meeting with region-based partner representatives were held in Bangkok (Dec. 8 and 18) and Nairobi (Jan. 22-23) for brief orientations to the project and to establish communications in the region for working together under ACQUIRE. Major issues to be addressed at the field level include: how to establish substantive but effective communications in-country and among regional staff, how to respond to opportunities, how to promote ACQUIRE's full capacities to USAID missions so that SOW's for field support have potential for partner involvement, and how to promote a better understanding among a diverse partner group of how USAID works, the Leader with Associate Award mechanism, etc.</p> <p>One new issue emerged for ACQUIRE sooner than expected as a result of the proposed addition of PEPFAR funds for countries in which a partner agency, IntraHealth, has been identified to take the lead technical role. This will necessitate the establishment of more specific and concrete protocols than currently exist in the MOU's to account for the flow of funding, communications, planning and design work, and M&E as the activities transition from being part of PRIME II to the ACQUIRE project. (Much of this is in progress of being worked out in FY 03/04 for Rwanda and Kenya. Ethiopia will come on line in FY 04/05.)</p>	
Monitoring and Evaluation	<ul style="list-style-type: none"> • Establish project M&E systems, including finalize reporting formats and schedules and orient/roll out to global and field staff • Pilot indicators and data-collection for ACQUIRE's Performance Monitoring Plan (PMP) for final approval by USAID in June 2004 (see workplan section on PMP) • Produce quarterly and annual reports • Provide technical assistance to field programs to build country staff and local partner capacity in M&E, in using data for decision-making and conducting special studies. • Establish baseline study for documenting the impact of ACQUIRE interventions in a country program, including a pilot for a study on the use of PDA's for data collection and analysis. (Bangladesh and Tanzania are two possible countries for this activity given USAID Mission interest in multiyear program planning and funding.) • Meet with Satellife to explore and further develop partnership opportunities in M&E (and under IR 3 for use of technology in knowledge management) 	<ul style="list-style-type: none"> • In progress • To be scheduled
Status Report	<ul style="list-style-type: none"> • <i>PMP and M&E systems:</i> <ul style="list-style-type: none"> ❖ We developed new excel-based reports and protocols based on the list of draft indicators. These reports are designed to provide us with data on sites, services, and training, which are the core routine monitoring data, and questions that will help us to determine the most appropriate HIV-AIDS and maternity care indicators that are not yet fully defined in the draft list of indicators. First quarter data will appear in ACQUIRE's second quarterly report, as agreed to account for time lag. ❖ New PEPFAR requirements will be harmonized with our systems during Q2. ❖ We will be implementing new standards of practice for evaluation and research studies during Q2 that includes a New York-based review of all study design, data human subjects. 	

- **Technical assistance to field:** We began to develop draft PowerPoint presentations for our field offices with core contextual data from population based surveys and guidelines on the use of data for management decision-making.
- **Collaboration with Satelife:** We are exploring opportunities to collaborate with Satelife to implement the use of handheld personal data assistants (PDAs) to collect routine data collection and use that data for management decision-making. Satelife is scheduled to come to ACQUIRE offices during Q2 to discuss collaboration opportunities.
- **Meetings attended:**
 - ❖ Meeting sponsored by OPRH to request the participation of cooperating agencies in data collection and country report development on current birthspacing efforts in service delivery for a programmatic review.
 - ❖ We provided input in the development of a standard questionnaire that will be administered to our field staff in India, Bolivia, Nigeria, Jordan, and Kenya, plus other key informants in Q2.
 - ❖ During Q2, we will synthesize responses from the questionnaires and develop country reports on current birthspacing activities. The India and Bolivia field staff will also develop in-country agendas and provide logistical assistance for field visits by a POPTech consultant team.
- **Evaluation and special studies (being planned):**
 - ❖ **Bangladesh:**
 - *Baseline evaluation study* will be implemented using a quasi-experimental pre-test/post-test design. Study planning will begin in the field in Q2. Study will focus on quality of care indicators in facilities. We will use study tools developed by the MEASURE Evaluation project based on a streamlined version of the quick investigation of quality (QIQ). Study design and tools will be replicated in at least two other countries in year two of the project and repeated during year five. Results will be used to enable us to make some inferences about the extent to which ACQUIRE interventions have contributed to changes in key indicators. We will disseminate and discuss findings with health providers and managers from study populations with a focus on use of data for decision-making (funding source: ACQUIRE core)
 - *Training facility assessment* is being planned to take inventory of training equipment and other logistics, and to assess client flow and existing infrastructure for clinical services. Results will be used to more efficiently allocate resources to specific facilities and activities (funding source: Bangladesh field support).
 - *Trainee follow-up study* is being planned to determine if providers are performing to standard. Results will be used to ensure that providers are applying new skills (funding source: Bangladesh field support).
 - ❖ **Ghana:**
 - *Vasectomy campaign ad pre-test focus groups* is being planned to evaluate and compare the impact of 2 television commercials prior to campaign launch. Results will be used to make necessary adjustments to commercials to local conditions (funding source: Ghana field support).
 - *Vasectomy campaign evaluation* is being planned to assess the campaign's effectiveness in increasing the target audience's knowledge and attitudes toward vasectomy pre and post campaign. Results will be used to document the campaign's effectiveness, and to supplement clinic intake and hotline call data (funding source: ACQUIRE core).
 - ❖ **Guinea:**
 - *Performance needs assessment* is being planned to identify performance gaps or problems and determine the most appropriate interventions to improve provider performance and improve client and community access to and utilization of long-term and permanent methods of contraception. Results of the PNA will form the foundation for a strategy to revitalize LTPM services in Guinea to be funded by field support beginning in FY04/05 (funding source: ACQUIRE core).

Field-based program coordination	<ul style="list-style-type: none"> • With the oversight of the Deputy Director, the Regional Directors will oversee implementation, monitoring and evaluation of ACQUIRE activities by field-based project staff and partners in the six countries where field support has been provided, and assess and design new field activities in countries where USAID missions have expressed interest. • Routinely coordinate with partner regional representatives and country offices in regions/countries where partners are represented • Serve as links to global program staff in coordinating technical leadership activities 	<ul style="list-style-type: none"> • In progress
Status Report	<p>During first three months, the priority was to establish initial workplans and expectations for each of the countries receiving field support through ACQUIRE: Bangladesh, India, Bolivia, Honduras, Tanzania and South Africa. USAID also obligated funding to complete the close-out of the Cambodia program through a MAARD to ACQUIRE which follows the workplan approved by USAID during the previous cooperative agreement extension period. This close out is in progress, with completion scheduled for February 28, 2004.</p> <p>In addition, ACQUIRE received core (from the Flex Fund Initiative) to pass through to 3 organizations in Ethiopia: ADRA (a partner under ACQUIRE), Save the Children and Plan International. Subagreements were developed in line with the workplans negotiated among the 3 agencies and USAID/Ethiopia and USAID/W, and are currently pending approval by USAID/W.</p>	
Establishing ACQUIRE's project identity	<ul style="list-style-type: none"> • Develop and implement an integrated communications and promotion strategy and implementation plan for ACQUIRE • Develop SOPs for materials development and dissemination and priorities and guidelines for print and electronic communication products, including dissemination plan • Roll-out SOPs, guidelines and criteria • Develop, maintain and support an external website and an intranet for ACQUIRE • Develop a project logo and related materials • Develop talking points, presentation tools and other materials to orient USAID missions, local partners, and others to ACQUIRE • Provide publishing support to the ACQUIRE project 	<ul style="list-style-type: none"> • In progress
Status Report	<p>A basic presentation was developed for use at the USAID ACQUIRE launch meeting and partner meetings. A simple logo has been developed (text only, to blend easily with partner agency and USAID logo). A staff working group has been established to prepare simple materials (adaptable presentations, FAQ's, guidance on Leader with Award mechanisms, etc.) for use by field staff in discussing ACQUIRE with USAID Missions. Initial work has been done to organize an ACQUIRE-specific intranet that can be accessed by all project staff and partners (to be launched in Spring 2004). The intranet is a priority for start-up with the extranet following.</p>	
Collaboration with other USAID CAs	<ul style="list-style-type: none"> • Explore and where indicated pursue targeted opportunities to establish plans or MOU's for strategic collaborations with other USAID-supported projects: • Family Health International's Research to Practice Initiative (IUD and vasectomy underutilization) • Population Council (FRONTIERS and HORIZONS) (agenda TBD) • JHU-CCP's INFO Project and Advance Africa as opportunities for dissemination of best practices and project experience under ACQUIRE 	<ul style="list-style-type: none"> • In progress

	<ul style="list-style-type: none"> • Catalyst and USAID on the birth-spacing initiative (ACQUIRE to coordinate country data collection process for Nigeria, Kenya and Jordan) • MSH's Management and Leadership project (agenda TBD) 	
Status Report	<p>Collaboration with FHI on underutilized methods (vasectomy, IUD) described under IR 1 above. Other collaborations will be explored more fully in the latter six months of FY 03/04.</p>	