THE ACQUIRE PROJECT
END OF PROJECT REPORT
to USAID

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ENGENDERHEALTH
Improving Women's Health Worldwide

ADRA
Adventist Development and Relief Agency International

care℠

INTRAHEALTH INTERNATIONAL INC
Affiliate, University of North Carolina at Chapel Hill

Meridian Group International, Inc.

SWAA Society for Women and AIDS in Africa

USAID FROM THE AMERICAN PEOPLE

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ACRONYMS

ACQUIRE	Access, Quality, and Use in Reproductive Health Project
ADRA	Adventist Development and Relief Agency International
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APHIA	AIDS, Population, & Health Integration Assistance Program
ARHB	Amhara Regional Health Bureau
ART	Antiretroviral Therapy
ARV	Antiretroviral
AWARE	Action for West Africa Region Reproductive Health Project
BCC	Behavior Change Communication
BCO	Bangladesh Country Office
CAFS	Centre for African Family Studies
CARE	Cooperative for American Relief Everywhere
CBC	Cameroon Baptist Convention
CBD	Community-based Distribution
COMPASS	Community Participation for Action in the Social Sectors
COPE	Client-Oriented, Provider-Efficient
cPAC	Comprehensive Postabortion Care
CPR	Contraceptive Prevalence Rate
CRTU	Contraceptive and Reproductive Health Technologies Research and Utilization Program
CS	Contraceptive Security
CTU	Contraceptive Technology Update
DGFP	Director General of Family Planning
DHMT	District Health Management Team
DHS	Demographic Health Survey
DRC	Democratic Republic of Congo
ECSACON	East, Central and Southern Africa College of Nursing
EH	EngenderHealth
FHI	Family Health International
FOC	Fundamentals of Care
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
FS	Facilitative Supervision
FWV	Family Welfare Visitor
FY	Fiscal Year
GBV	Gender-Based Violence
GLP	Global Leadership Priorities
GOB	Government of Bangladesh
HCP	Health Communications Partnership
HIV	Human Immunodeficiency Virus
HIV+	HIV-Positive

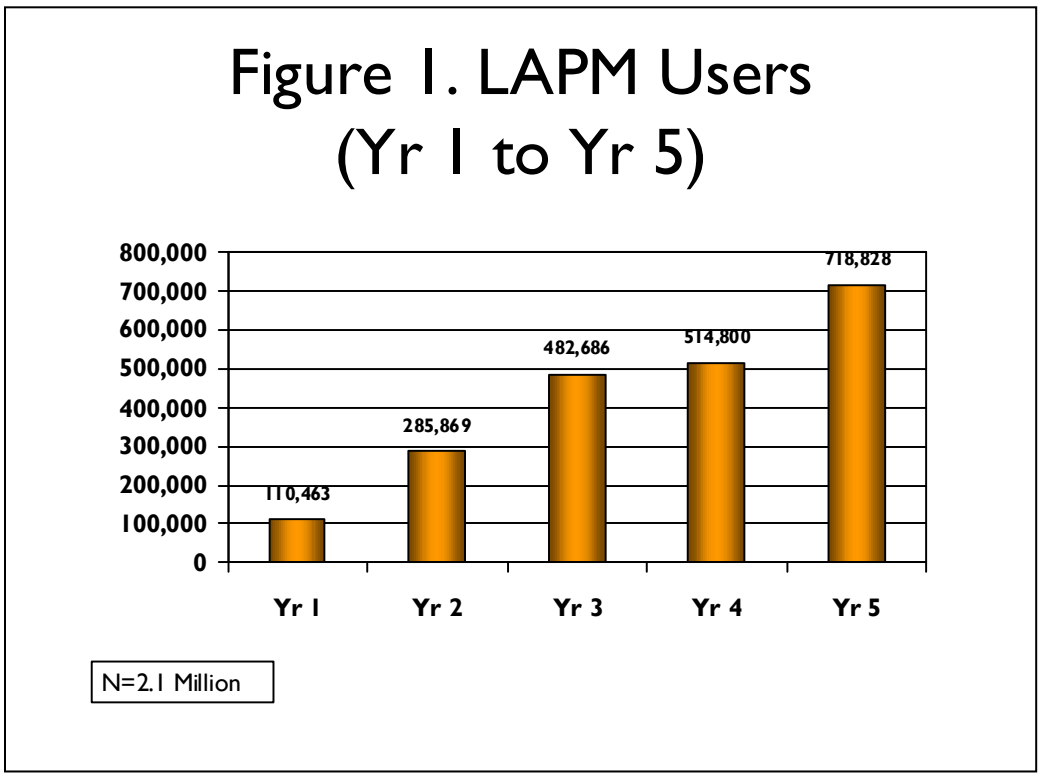
IEC	Information, Education and Communication
IP	Infection Prevention
IR	Intermediate Result
IUD	Intrauterine Device
JGI	Jane Goodall Institute
KAP	Knowledge, Attitudes and Practices
KtP	Knowledge to Practice
LAPM	Long-acting and Permanent Methods
M&E	Monitoring and Evaluation
MAP	Men as Partners
MAQ	Maximizing Access and Quality
MCWC	Maternal and Child Welfare Centers
MEC	Medical Eligibility Criteria
MOH	Ministry of Health
MSH	Management Sciences for Health
MVA	Manual Vacuum Aspiration
N/A	Not Available
NGO	Non-governmental Organization
NSV	No-Scalpel Vasectomy
OB/GYN	Obstetrician/Gynecologist
OPRH	Office of Population and Reproductive Health
PAC	Postabortion Care
PEPFAR	The President's Emergency Plan for AIDS Relief
PMP	Performance Management Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNA	Performance Needs Assessment
PRIME II	Primary Providers' Training and Education in Reproductive Health
QHP	Quality Health Partners Project
QI	Quality Improvement
RACHA	Reproductive and Child Health Alliance (Cambodia)
RCQHC	Regional Center for Quality of Health Care
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive Health
SCOT	Strengthening HIV Counselor Training
SDI	Service Delivery Improvement
SPARCHS	Strategic Pathway to Reproductive Health Commodity Security
SWAA	Society for Women and AIDS in Africa
SWAK	Society for Women and AIDS in Kenya
TA	Technical Assistance
TASO	The AIDS Support Organization
TOT	Training of Trainers
UHC	Upazila Health Complex (Bangladesh)
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development / Washington

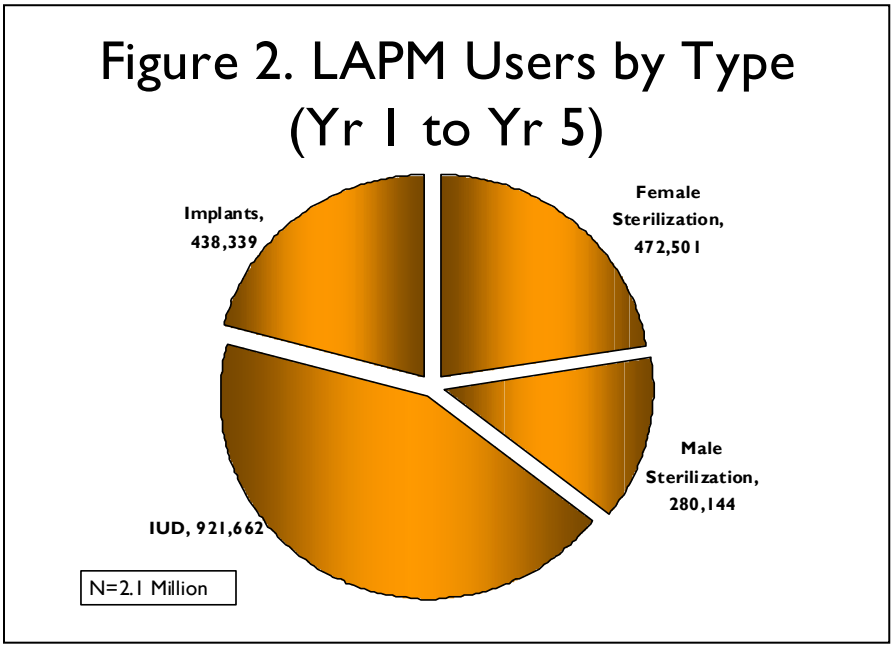
EXECUTIVE SUMMARY

The ACQUIRE Project – Access, Quality, Use and Reproductive Health – was USAID's flagship project for global leadership in FP/RH service delivery, funded from October 2003 to September 2008. EngenderHealth implemented and managed ACQUIRE in partnership with the Adventist Development and Relief Agency International (ADRA), CARE, IntraHealth International, Meridian Group International Inc., and the Society for Women and AIDS in Africa (SWAA). The Project's core mandate was to provide comprehensive programming support for FP/RH facility based services with an emphasis on long-acting and permanent family planning methods (LAPM): intrauterine devices (IUD), implants, female sterilization, and vasectomy.

Major accomplishments

ACQUIRE provided global technical input and support to 22 countries to increase access to, improve the quality of and scale up RH/FP services that yielded impressive gains in LAPM family planning use. Over the life of the project, ACQUIRE served over 2.1 million LAPM clients (Figure 1). A large proportion of these clients were reported by the Bangladesh program that works and reports nationally. The majority of the clients were IUD users followed by female sterilization, implants and male sterilization (Figure 2).





The Office of Population and Reproductive Health (PRH) of the Bureau for Global Health (GH), U.S. Agency for International Development (USAID) conducted a participatory review of ACQUIRE in 2007 and concluded that ACQUIRE was successful and highly valued in the RH/FP community. ACQUIRE was especially commended for providing high quality technical assistance to and advancing technical leadership through a collaborative and synergistic approach with field programs (Holfeld, J et al, September 2007). The major materials produced by ACQUIRE are available on a searchable knowledge resource, called a digital archive, for the RH/FP community. The archive contains more than 70 programmatic models, tools, approaches, and reports to help policy makers, program planners, managers, and service providers introduce, scale up, and sustain high-quality RH/FP service programs. (http://www.acquireproject.com/archive/html/2-invest-in-fp-lapm/index.html). Major accomplishments are provided below by ACQUIRE results.

IR 1. Increased Access to Quality RH/FP Services

- The successful development and implementation of the Supply-Demand-Advocacy (SDA) programming model and implementation of its components in ten field programs.
- The successful development and testing of models to improve access to services including the model to address the RH needs of young married adolescents, the community postabortion care model (COMMPAC), and the FP-HIV integration model.
- The successful replication of evidence based practices: the performance needs assessment (PNA) tool; the Client Oriented Provider Efficient (COPE) model; the Men as Partners (MAP) approach; and participatory learning and action (PLA) methodologies.
- The successful replication of community-based approaches for PAC and FP for HIV positives between countries.
- The development and support of a program to prevent and treat obstetric fistula in 18 sites and 10 countries that resulted in the training of 29 surgeons, highly skilled in fistula repair and over 2,000 fistula repairs completed.

IR 2. Improved Performance of Service Delivery Providers

- The development of the Fundamentals of Care resource (FoC) package that assists program planners, managers, supervisors, and providers in implementing and evaluating facility-based services according to these fundamentals (informed choice, medical safety, and ongoing quality improvement).

- Applied the FoC in ten countries—mostly through the use of the performance needs assessments (PNA), a key step in the performance improvement process, which ACQUIRE adapted as a best practice from the PRIME II Project.

- Trained over 70,000 persons in 18 countries, mainly in FP clinical skills and counseling.

- Developed a resource package for trainers, program managers, and supervisors of RH/FP programs that provides an overall approach to programming for training, as well as information, methods, and tools for designing, developing, planning, implementing, and evaluating training. Developed and implemented a curriculum for facilitative supervision that focuses on the role of supervisors in ensuring the fundamentals of care (FOC).

IR 3. Strengthened Environment for RH/FP Service Delivery

- The development and implementation of an LAPM advocacy package including Reality √ Family Planning Forecasting Tool: User's Guide that examines the relationship of contraceptive prevalence to contraceptive users, adopters, and commodities to help develop realistic goals for national, district, and facility-level programming; used tool to assist ministries of health to examine contraceptive use in Bangladesh, Ethiopia, and Uganda.

- Leadership and participation the revision of WHO Medical Eligibility Criteria and Selected Practice Recommendations; and using this SOTA information to facilitate the updating of national FP policies, standards and guidelines and provider practices in 11 countries.

- The synthesis of lessons and experience from nine countries in revitalizing the IUD (e.g. lack of attention to fundamentals of care in routine RH/FP service delivery; lack of up-to-date, evidence-based knowledge skills, guidelines, and practices, especially for counseling and LAPM; the need for strengthened provider support systems).

- The synthesis of five case studies for Repositioning FP as important documents that showed that even successful programs are fragile and that Missions, donors, and country programs need to stay the course and continue supporting FP programs.

ACQUIRE LEGACY: More services to more people in more places.

- *More services* = expanding method choice and modes of safe and effective service delivery
- *More people* = expanding access by addressing unmet need and the needs of special client groups or populations.
- *More places* = geographic scale and expanding beyond pilots.

Lessons learned

ACQUIRE started out as a basic RH/FP service delivery project focused on facility-based services. Our results framework was rooted firmly in field-based outcomes, with a large expectation that the vast majority of the work would be funded through field support and Missions. It pre-dated the current O/PRH results

framework with its focus on global leadership through the development of models, tools and approaches. It also pre-dated the President's AIDS Initiative, and the impact that PEPFAR funding had on country and Mission programs. And, it was one of the first global agreements with the Leader with Associate mechanism, which changed the dynamics of program and reporting relationships with Missions and Washington for selected countries and projects. Prompted by USAID, our response to all of this change was to define the project's "legacy" mid-project (more services to more people in more places) to help maintain our focus on what we were trying to accomplish: to move service delivery programming forward. The lessons listed below focus on this legacy.

1. Act with a sense of urgency because the need is only going to get greater.

This lesson was generated from the work ACQUIRE did with the USAID FP repositioning task force to examine USAID-supported FP efforts in 5 African countries to identify what worked and what investments make sense for programs in today's environment. The case studies concluded that most of the success was due to continuous investment in the program basics of ensuring commodity and supplies, engaging clients and communities and investing in service systems and gains could be made even in poorly-resourced settings. Furthermore, following a review of the CPR and TFR trends, we began to see that gains in performance achieved in the nineties had begun to stall or fall off. And while we surmised that some of this was due to the shifting priorities for donors and countries to address HIV and other infectious diseases, the challenges of health sector reform, and perhaps less attention or effort for FP, we found that one of the major factors was population momentum. This became what we call the "running even harder to stand still" phenomenon. This lesson encouraged us to link our work wherever possible within the context of repositioning FP.

2. Even service programs must have advocacy components.

As a service project, we were encouraged to leave policy and advocacy to the policy projects, and understandably so. However, in reality, as we supported service expansion, we discovered the need to make the case for FP and for investing in LAPMs to generate needed commitment from managers and political leaders at sub-national and lower levels. Our main contribution was to develop a user friendly tool – Reality √ -- that helps managers at any level (national, district, site) examine past trends and make realistic projections based on informed needs and local data. But most importantly, it helps them to understand the contribution their district or site has to the larger FP effort, and what it takes to move forward.

3. Communicate effectively, broadly and often to level the playing field for underutilized methods.

One of ACQUIRE's major contributions was to increase the range of contraceptive options by increasing access to underutilized clinical methods. Much of the work centered on increasing access to the IUD in Africa where use had decreased due to concerns HIV and STIs concerns. Over the life of the project, ACQUIRE implemented a range of innovative, evidence-based technical assistance activities to help increase accurate knowledge and expand IUD availability, quality, access and use in ten countries in Africa, Asia and Latin America: Bangladesh, Ethiopia, Ghana, Guinea, Honduras, Kenya, Mali, Nigeria, Senegal and Uganda. The activities consisted of supply-side, demand-side and/or advocacy interventions. The most successful of these was in the Kisii District in Kenya. The major lesson that we learned was that programs must attack the lack of accurate knowledge and understanding about these methods using multiple channels to reach potential clients, providers, community and religious leaders to convey and reinforce similar messages over time.

4. Engage communities to achieve change at many levels.

Communities are critical partners in supporting RH/FP services, especially when normative change is desired. Borrowing from CARE's experience in community mobilization, ACQUIRE linked clinics to communities and based the work on the idea of a continuum—that communities should be engaged at some level in service delivery programs. To assist the work, ACQUIRE developed a tool called the continuum for active community engagement (ACE) that helps those involved with serving clients to look at those clients as community members and to analyze how much community members are empowered through the process of engaging them in their reproductive health care. ACQUIRE documented two powerful examples of how community engagement linked to service interventions yields important results. One was the COMMPAC project in Kenya and the other was a demonstration project in Nepal designed to increase access to and use of reproductive health information and services by married adolescents.

5. Support providers to focus on client needs, particularly when integrating FP into other RH services.

If service programs are to seize all opportunities to identify and meet clients' needs for RH/FP, they must take a client-centered approach. These services share characteristics that make them sensitive – they are intensely personal, command a high degree of privacy, are associated with strongly held beliefs, and are the subject of social, religious and political strictures. ACQUIRE undertook a series of interventions in Ghana and Uganda designed to meet the family planning needs of persons living with HIV. With more and more people receiving ARVs and living longer, there is growing recognition that PLWHIV have fertility intentions that are not being met. The major lesson from this work was that some level of integration is possible in even minimal settings, but it requires a focus on capacity-building. And one of the most important interventions is to help health care workers to examine their own values and to comfortably address sensitive issues related to sexuality and stigma.

6. Keep a "Focus on the Fundamentals"

From the beginning of the project, ACQUIRE felt the need to keep the focus on the basic underpinnings of sound service delivery, namely informed choice, clinical safety, and a process for quality assurance and management. These elements, tagged the "Fundamentals of Care" were built on EngenderHealth's framework of clients rights and providers needs – a model that ensures client-centered care on the one hand and an enabling environment for providers on the other. These issues are considered "old hat" in our fast-paced world that places a premium on innovation and the development of new best practices. But, ACQUIRE found, they are foundational and require continuous and sustained attention. ACQUIRE developed the FoC Resource Package to make it easier to reference and integrate the Fundamentals into RH/FP service programs.

7. Program holistically by addressing supply, demand and advocacy components in the design of RH/FP service programs.

ACQUIRE's holistic Program Model for FP/RH service delivery, which became more fully articulated and elaborated over the project period, assisted us to conceptualize, organize, and guide our work to improve and expand RH/FP services. Confirmed by ACQUIRE's programming experience in a number of countries as an accurate and helpful representation of "how the world works," the Model subdivides an FP/RH service system into—and emphasizes the importance of—the areas of "supply," "demand," and "advocacy," holding that there is potential synergy among them which can be fostered in FP programs via a coordinated package of mutually reinforcing interventions. The Model positions the client-provider interaction at its center. This

interaction is crucial, especially for LAPMs, as they must be delivered at a clinical service site by a skilled and well-supported service provider to a knowledgeable and empowered client. The Model's four cross-cutting programmatic imperatives—to: 1) focus on the fundamentals of care; 2) use locally relevant data for sound and realistic decision-making; 3) promote gender equity; and, 4) ensure widespread stakeholder participation and ownership—are also particularly important in the provision of quality LAPM services at the individual level and/or for the effective design and implementation of LAPM programs.

Major research findings

As a global service delivery project, ACQUIRE conducted research to design and improve programs and to evaluate our work. ACQUIRE conducted its own research and collaborated with FHI, Frontiers, and MEASURE on several studies. Major findings from key studies are below.

Moving Programs Forward: The Repositioning Family Planning Case Studies. Case studies of the FP programs of Ghana, Malawi, Senegal, Tanzania, and Zambia were undertaken by the ACQUIRE for the Repositioning Family Planning Initiative of USAID's Office of Population and Reproductive Health. The five retrospective, broad-brush country case studies had two purposes: 1) to inform advocacy for greater support of, and programmatic attention to, FP; and 2) to identify those program factors and interventions that accounted for the success that these programs had theretofore realized. The case studies were based on key informant interviews, review of serial DHS surveys, and review and analysis of local program data and documents, and were intended to help point program leaders and donors to priority FP program areas for sustained emphasis and sustained investment. The main, overarching concept that emerged from the case studies is that of *fragility*—even the most successful programs were experiencing reduced or stalled progress. The case studies concluded that the following are the key programmatic factors and emphases that, by their presence or absence, accounted for relative success in the five countries: 1) increasing the accessibility of FP services; 2) broadening method choice; 3) creating demand and changing behavior; 4) developing effective partnerships; 5) scaling up with evidence; 6) keeping focus through championship and leadership (at the policy, advocacy, and service levels); and 7) going beyond the clinic walls. The studies also concluded that as important as *what* should be done is *how* it should be done, suggesting that the following principles should guide program efforts: ensure widespread stakeholder participation and ownership; focus on the fundamentals of service delivery (safety, quality, and informed choice); ensure no missed opportunities; use data, especially locally generated data, for advocacy, program strategy, and scale-up; and address and promote gender equity. Finally, programs should "stay the course": Continuity in support and programming is needed, and such an effort is worth making, as the payoffs to individuals, communities.

IUD Use and Discontinuation in Bangladesh. In Bangladesh, discontinuation rates for the IUD (35%) are lower than are those for other modern methods, but they are still higher than global rates. The majority of IUD users indicate that side effects and health concerns are their main reasons for discontinuing use. To better understand this dynamic, ACQUIRE conducted a retrospective study of 330 IUD acceptors in six rural districts. Findings revealed that women with increased menstrual flow discontinued the IUD quickly because menstruation was seen as taboo, stemming from community, societal, religious, and spousal factors. Recommendations pointed to the need for more community interventions, greater education on menstrual issues, and routine prophylaxis for bleeding.

'Get a Permanent Smile' – Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana. Vasectomy is safer, simpler, and less expensive than female sterilization, and is just as effective a contraceptive method, yet in many countries it remains one of the least-known and least-used methods. In Ghana, vasectomy has been a relatively "invisible" contraceptive method. Prevalence is less than 0.1% and only about one couple in 1,000 relies on vasectomy to meet their RH/FP intentions. ACQUIRE collaborated with the Ghana Health Service on the implementation and evaluation of a pilot program in

Accra and Kumasi metropolitan areas to explore whether vasectomy is a viable contraceptive choice when site interventions that focus on issues of quality and access are coupled with effective and strategic interventions aimed at demand awareness. A panel study conducted in the project area showed that following the campaign, that the number of men (married with three or more children) who were aware of vasectomy nearly doubled. Fifty-six percent of the men who were interviewed recalled and were able to describe at least one element of the campaign, and more than half of the men who reported seeing the campaign television advertisements took action as a result, visiting a doctor or health center to discuss vasectomy, discussing vasectomy with their partner/wife, and/or discussing vasectomy with colleagues. More than half of these men also were able to name a specific site where vasectomy services are offered. The men's "intention to consider vasectomy" also doubled, with the proportion willing to do so increasing from one in every 10 men at baseline to one in five at follow-up.

Mobilizing Married Youth in Nepal to Improve Reproductive Health in Nepal. Nepal has a large population of married adolescents with unmet needs for reproductive health information and services. Almost one-third of women aged 15–19 years are married, and more than two-fifths of women are already mothers or pregnant with their first child by 19 years of age, but access to family planning and maternal health services is extremely low. Recognizing the acute needs of this population, ACQUIRE implemented a two-year pilot project within two districts of Nepal to increase married adolescents' access to, and use of, health services. Project impact was measured at baseline and endline using household surveys. The sample size for both surveys was 960 individuals. Data showed that the median age at marriage rose from 14 to 16 years (a statistically significant increase). The percentage of married adolescents visiting government health facilities for services rose from 36% to 42% and that the percentage of female adolescents who made four or more antenatal care visits during their last pregnancy increased significantly, from 29% to 50%. The proportion of young married women who delivered with the help of a skilled birth attendant also rose from 24% to 31%, and the proportion of deliveries taking place at home fell from 75% to 67%. Adolescents' awareness of two or more modern methods of contraception, as well as their knowledge of where to obtain contraceptives, was almost universal at endline. Use of contraception before first pregnancy, however, remained low (only 4.8% among female respondents and 11.3% among male respondents, and no delay in childbearing was recorded despite evidence at the endline that more than 97% of married adolescents perceived that postponing the first birth reduced health risks to the mother. All of these findings indicate that early proof of a woman's fertility remains a powerful social norm among many ethnic groups in the *terai*. Longer intervention timeframes with more intensive targeting of influential family and community members will be needed to affect cultural beliefs and behaviors that negatively impact youth reproductive health decision making and outcomes.

Evaluation of the TASO Mbale FP/ART Integration Pilot. In Uganda, there is an urgent need for quality, voluntary family planning services to help people living with HIV achieve their fertility intentions and to reduce HIV incidence. Working with The AIDS Support Organization (TASO), one of the leading local nongovernmental organizations in Uganda providing HIV services to people living with HIV, ACQUIRE pilot-tested a project integrating family planning (FP) and antiretroviral therapy (ART) services at a TASO center located in the Mbale District, using ACQUIRE's FP-ART integration framework. ACQUIRE conducted a retrospective evaluation using a case-study methodology to assess the pilot, including its effect on the program processes and on FP method mix and uptake. This report presents the findings from this case study and provides recommendations for replication and scale-up. The hallmark of an accomplished project is scale-up or replication. By this measure, ACQUIRE's partnership with TASO/M was successful: ACQUIRE's FP-ART model will be rolled out to all of TASO's 11 centers and 15 minicenters throughout Uganda over the next several years, as part of TASO's strategic plan. Advice for replication and scale up focused on the ACQUIRE model's five-step process, the key feature of which is stakeholder participation to identify a realistic level of integration to aim for and to guide decisions about where, how, and when to integrate. The study stressed that the foundation for successful integration is supply, demand, and advocacy. Supply activities are at the core of the model and focus on strengthening the supervision, logistics, referral,

and training systems to support the introduction of the new FP services. Also, results suggested that it is critical to include demand activities in communities adjacent to sites, particularly those that address stigma against PLHIV. On the advocacy side, ACQUIRE found that it was important to garner management support for training and for deploying lower-level trained field officers to provide FP services in the community and to refer clients to the integration site; to lobby for funds to train new staff to compensate for staff turnover; and to incorporate FP service delivery guidelines into the HIV management protocols. The study concluded that integration requires a holistic approach that addresses the interconnectedness of supply-demand-advocacy interventions, based on the facility's capacity to provide a level of integration that meets clients' needs without compromising existing services.

Assessing the feasibility, acceptability and cost of introducing Postabortion Care in health centres and dispensaries in rural Tanzania (co-authored with FRONTIERS). ACQUIRE partnered with FRONTIERS to support the Tanzanian Ministry of Health (MOH) to implement and evaluate a pilot to decentralize the management of Post Abortion Care (PAC) services to 11 Primary Health Care facilities (health centers and dispensaries), with the intention of bringing services closer to women who are unable to access them at district hospitals. Data was collected in selected pilot sites to document the decentralization process and assess the feasibility, cost and effectiveness of the intervention. The study found that the decentralization of PAC services broadened service providers' range of clinical skills, resulted in clients reporting satisfactory quality of care, and led to an increase in the number of women accessing family planning services after uterine evacuation. Data from MVA registers indicate that counseling on postabortion family planning was almost universal in all clinics except one. In 10 of the 11 facilities studied, the majority of MVA clients left the facility with a method (ranging from 54% to 97%). The pilot findings demonstrated that decentralizing PAC services to health centers and dispensaries is feasible and effective, and that the approach could be scaled up at a reasonable cost ($726 per health center or dispensary) to other lower level facilities in Tanzania.

Bangladesh end line evaluation. Building on lessons from previous cooperative agreements, ACQUIRE expanded beyond service statistics data collection to show project outcomes, including increased use of services through baseline and endline facility surveys in three focus countries where we expected to get substantial and continued field support over the life of the Project. ACQUIRE successfully conducted three baseline studies in Bangladesh, Tanzania, and Bolivia. By the end of the Project, USAID/Tanzania decided to go bilateral and did not fund the end line survey. USAID/Bolivia also failed to fund the end line survey after it decided to downsize its Program and close the ACQUIRE office. ACQUIRE was able to conduct an end line in Bangladesh where field support remained constant over the life of the project. The Bangladesh study was carried out in 121 facilities in four districts using quantitative and qualitative data collection and a review of project documents. The study found that the Project improved the availability of long acting and permanent methods of family planning, and supported steady improvements in the quality of LAPM services through a systems-strengthening approach. As a result of this project, of the 21 core indicators, 18 showed statistically significant improvements. For example, the percent of clients received or referred for FP – showed an increased proportion of clients referred for LAPMs from 13% to 47%. In another example, there were also statistically significant increases in the percentage of facilities prepared to provided LAPMs for all methods but tubectomy. The positive results are clear in other ways. The 2007 Demographic and Health Survey and the government's HMIS confirm that the decade-long decline in the use of LAPMs may have been reversed, particularly use of IUCDs and vasectomy. Through work with JSI/DELIVER and DGFP, the stock outs of IUCDs and implants at least for now appear to have been overcome.

Background

This report represents a summary of the past five years of results under the ACQUIRE Project's Leader with Associate Cooperative Agreement for the period 2003-2008 (No. GPO-A-00-03-00006-00) supported by USAID/Bureau for Global Health, Office of Population and Reproductive Health/Service Delivery Improvement (SDI) Division. This Cooperative Agreement contributes to the USAID/OPRH Strategic Objective 1: Advance and Support Voluntary Family Planning and Reproductive Health Programs Worldwide. Activities under this Cooperative Agreement encompass the full range of reproductive health services, including maternal health and HIV/AIDS, but with a strong dominant focus on family planning.

ACQUIRE was designed to meet the major challenges of a large and growing unmet need for family planning, barriers to RH/FP access and weak systems of infrastructure and quality of care. As the largest population of young people ever entered their reproductive years, ACQUIRE understood that family planning services had to be expanded by at least 40% to just to maintain current prevalence rates. And that an estimated 113.6 million women in the developing world have an unmet need for contraception[1] and nearly half (47 million) have expressed their desire to limit the number of children they have. A second challenge was the existence of systemic barriers to access, including limited knowledge and awareness of RH/FP options, poor perception of services and methods, lack of partner support and community support, and poor capacity for integrated services at the provider, site and system levels. And finally, those countries where ACQUIRE worked have weak health care infrastructure and quality of care deficiencies.

Figure 3. Map of ACQUIRE Countries

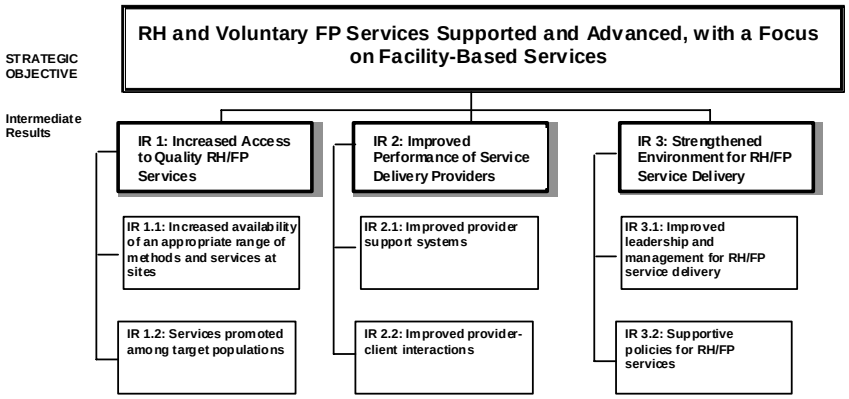
[1] Ross and Winfrey, 2002

Project Description

ACQUIRE worked primarily in three ways: developing state-of-the-art models, tools and approaches and implementing these in the field; developing, synthesizing and disseminating global knowledge; and providing technical assistance to country programs. For example, ACQUIRE assisted Missions and local partners to develop multi-year service delivery strategies, use data to inform programming decisions; strengthen supply side systems; integrate demand side communications interventions; influence programmatic and facility level policies; strengthen monitoring and analysis of data; and conduct research complementary to program needs. Bangladesh, Bolivia, and Tanzania stood out as focus countries where ACQUIRE provided large-scale technical assistance to: a) link the global and field agendas; b) provide global technical support for program design and for the development, adaptation or replication of program models and approaches; c) provide technical assistance to promote and scale up best practices for implementing the Fundamentals of Care to strengthen program support systems (choice, safety, QI); d) document successes and lessons learned; and e) provide TA to evaluate program success through the use of facility based surveys.

The project results framework is provided below. A major challenge that the project faced early on was the development of a new O/PRH results framework. When ACQUIRE was awarded in October 2003, the ACQUIRE results framework was designed to reflect ACQUIRE's contribution to service delivery at the field level, a more traditional view of service delivery project design and expectations. In 2004, as ACQUIRE was getting started in earnest, O/PRH articulated a new results framework that changed the results "lens" for global projects. To address this challenge, ACQUIRE developed new modes to organize and report information: 1) a mandate and legacy statement, 2) global models, 3) two sets of indicators for the global and field levels, and 4) key themes.

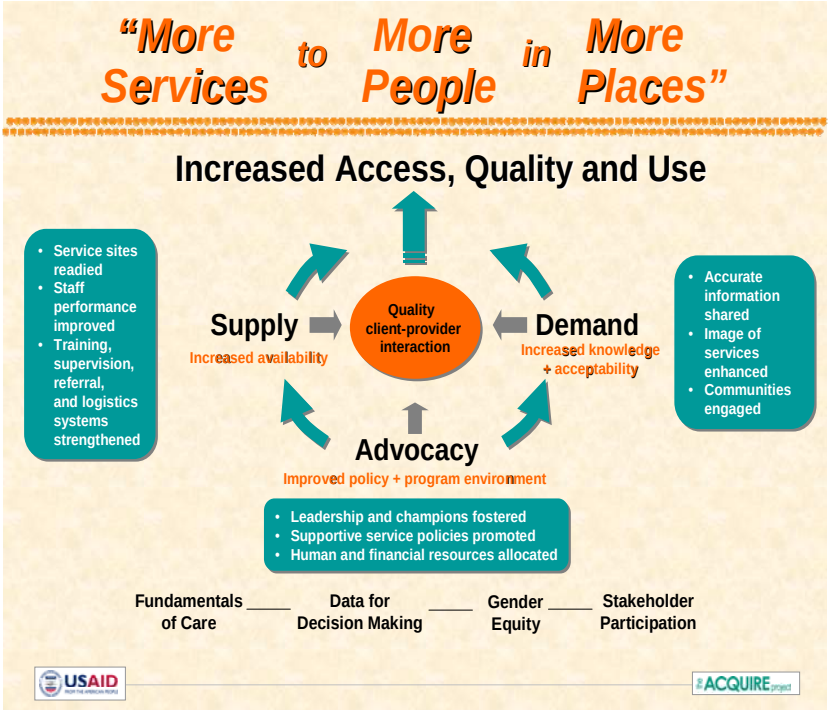
Figure 4: ACQUIRE Results Framework



The project's mandate was to advance and support FP/RH services, with a focus on facility-based and clinical care. As a global project, this mandate meant the development and application of best practices for programming and clinical FP/RH care in close collaboration with field programs. The implementation of the mandate culminated in a set of program models and lessons from their application on how to introduce, scale up, and sustain a method and service mix resulting in the legacy statement: "More choices of methods and services available and accessible to more people in more places." This legacy guided the global leadership priorities and evaluation agenda for the Project. Facility-based care was critical to the mandate to ensure the project served all users of national FP programs. Facility-based settings range from the highest-level tertiary hospital to a single room clinic in the public, private, or NGO sectors. Care provided in facilities accounts for a large proportion of contraceptive coverage, is necessary for providing LAPMs, and is important for linking FP and other RH services.

The second way in which ACQUIRE addressed the challenge of a changed environment, was to develop models for FP/RH Service Delivery throughout the life of the project using lessons learned from accumulated field experiences. This work culminated in the development of the Supply, Demand and Advocacy (SDA) model that emphasizes the importance of, and potential synergy among, supply, demand, and advocacy interventions, and places the service encounter between the client and provider at its center.[2] This ideal encounter is between a knowledgeable and empowered client and a skilled, motivated provider, taking place in (or supported by) an appropriately staffed, managed and functioning facility. The ideal outcome is that well-informed clients have their needs well met through a health system and community supported by the larger socio-cultural, economic and political environment. ACQUIRE's model calls for holistic programming to maximize the synergy through a coordinated package of mutually reinforcing interventions. On the supply side, this entails attention to ensuring the security of essential equipment and supplies, and site readiness to provide services; while addressing the on-going needs of providers through training, supervision and performance improvement. On the demand side, ACQUIRE wove together marketing, communications,

Figure 5: ACQUIRE MODEL



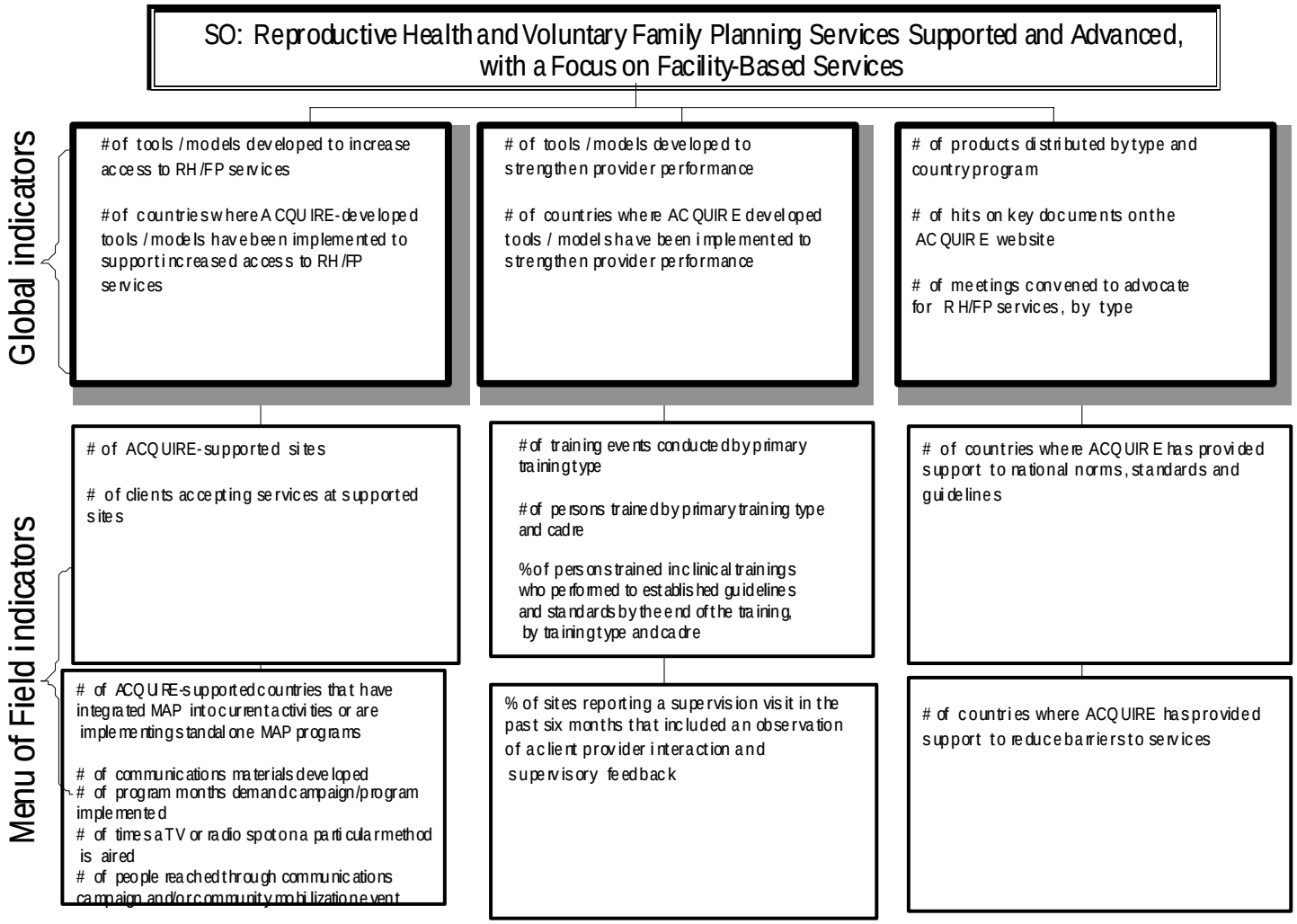
[2] This concept builds on IPPF's Clients' Rights and Providers' Needs Framework.

community participation and male involvement through a gender lens. The model calls for evidence-based advocacy at all levels to convince, motivate and engage stakeholders, including clients, communities, providers and decision-makers; identify and nurture actual or potential champions and leaders; and otherwise foster or reinforce a supportive policy, program and socio-cultural environment.

The third strategy ACQUIRE used to address the changed USAID environment was to develop two sets of indicators—one for the global and another for the field levels (Figure 6 below). The global indicators were developed to demonstrate the "added value" of work at the global leadership level and are presented in the next section by result. The field-based indicators were a menu from which countries could choose to allow for reporting flexibility and to describe the results of the global leadership activities in the field and were used in results reporting. Finally, ACQUIRE identified key themes as sub-headings to further organize the global level information:

- Long-acting and permanent methods (LAPM): programming support to increase access to LAPM service delivery; LAPM includes implants, IUD and male and female sterilization; it may also include injectables depending on country program
- Intrauterine device (IUD): revitalization of the IUD services and use;
- Integration: integrating FP into other health services;
- Provider support systems: strengthening systems that enable providers to deliver high quality care;
- Gender: mainstreaming gender and male involvement activities;
- Fistula: programming for the care and prevention of fistula.

FIGURE 6. ACQUIRE PERFORMANCE INDICATORS



KEY ACCOMPLISHMENTS

This section highlights key results and lessons learned organized by ACQUIRE's results framework.

IR 1.0: Increased Access to Quality RH/FP Services

Background and strategy

IR 1 focused on improving access to quality RH/FP service delivery by increasing the availability of an appropriate range of services and promoting services among specific target populations. Approaches included: providing technical assistance in program design, the development of models to enhance access, emphasizing an integrated supply and demand model, revitalizing the use of underutilized methods, in particular the IUD and no-scalpel vasectomy, integration of family planning into other services, and mainstreaming gender and male involvement in ACQUIRE-supported programs. Over the life of the project, ACQUIRE developed 17 tools / models / approaches to support increased access to RH/FP services. The Indicator Data tables in Appendix I detail where and how the field used these models. Selected use and results of key models are provided below.

Global indicators

						Life of Project	
	FY 03/04	FY 04/05	FY 05/06	FY 06/07	FY 07/08	Planned	Actual
IR 1							
# of tools / models developed to increase access to FP/RH services	3	7	11	13	17	13	17
# of countries where ACQUIRE-developed tools / models have been implemented to increase access to FP/RH services	1	10	12	15	16	14	16

Results

Supply-Demand-Advocacy (SDA) programming model. The ACQUIRE Project partnered with Ministries of Health and local organizations to develop initiatives to improve people's access to and use of RH/FP services, especially long-acting and permanent methods of contraception (LAPMs). Initiatives typically started by examining factors that shape behavior—through formative research and through insights gathered across the social, political, and economic spectrum. To close gaps in information about and acceptability of RH/FP services, ACQUIRE designed and supported comprehensive, integrated approaches for revitalizing LAPMs and postabortion care, using community engagement coupled with communications and marketing efforts. The model—or large components of it—was used in ten field programs. The work focused on improving the image and quality of IUD services (Ethiopia, Ghana, Guinea, Kenya, and Uganda) and on vasectomy services (Bangladesh, Ghana, and Honduras). Tanzania worked to promote all four of the LAPMs (hormonal implants, the IUD, female sterilization, and vasectomy) under an umbrella campaign

supporting FP generally. In Kenya and Tanzania, interventions focused on improving access to postabortion care; in Nepal and Bangladesh, interventions were aimed at increasing access to integrated FP-HIV care and antenatal care for young married couples. The model has already been adapted internationally beyond ACQUIRE. For example, the USAID/Tanzania Mission awarded a five-year, $33 million bilateral to EngenderHealth to apply the SDA model to the nationwide scale up FP, postabortion care (PAC), and prevention of mother-to child HIV transmission (PMTCT) services in collaboration with the Ministry of Health and Social Welfare (MOHSW). EngenderHealth used the model in designing a $40.8 million, five-year national FP/RH in Ethiopia covering 250 clinic facilities that is supported by an anonymous foundation. In addition, EngenderHealth used the model to develop a successful proposal for a three-year, $750,000 grant from the Kirby Foundation to develop a diagnostic tool to assess the effectiveness of family planning programs and identify assets, weaknesses and gaps to better plan and optimize program performance.

Men As Partners® (MAP) approach. Gender norms—societal expectations of how men and women will behave—strongly influence people's access to reproductive health (RH) services and their health-seeking behaviors. The constructive engagement of men in RH was a core ACQUIRE approach. ACQUIRE adapted strategies originally developed by EngenderHealth's MAP program, which look holistically at men's engagement from the perspective of men as clients, as partners of clients, and/or as change agents. MAP was integrated into ACQUIRE's efforts to improve the acceptability, awareness, and use of vasectomy services (Bangladesh and Ghana) and was an important element of community interventions designed to improve access to postabortion care (Kenya), the IUD (Guinea and Kenya), and RH services for married youth (Bangladesh and Nepal).

The MAP approach was also the strategic underpinning of a range of activities designed to address male gender norms in HIV prevention, care, and support activities through the Male Norms Initiative, funded through PEPFAR. ACQUIRE's program engaged men in three countries (Namibia, Tanzania, and Ethiopia) in HIV and AIDS prevention, care and treatment. For example, ACQUIRE assisted these countries to develop national strategies to address male norms and behaviors that can lead to HIV risk and provided technical assistance to in-country partners to facilitate the integration and application of evidence-based male engagement approaches. ACQUIRE developed several resources for this Initiative: a needs assessment package to identify gaps and opportunities in male engagement programming, a curriculum for engaging men in HIV and AIDS in a group education process, a curriculum for involving communities in male engagement, and a curriculum for facilitating greater use and support of HIV and AIDS services by men for themselves and their partners. More than 30 organizations (including several CAs) in Ethiopia, Mozambique Namibia, and Tanzania have incorporated strategies from these tools into their programs. PACT in Namibia, for example, used the group and community engagement manuals for their HIV and AIDS programs with high-ranking members of the military and the police to help them understand how gender norms can impact HIVand AID prevention and treatment. In Ethiopia, JHU/CCP used several strategies and activities in the curricula to strengthen male engagement messages in their information, education, and communication materials and in their work with university students.

FP-HIV integration model. ACQUIRE developed a holistic FP-antiretroviral therapy (ART) integration approach to assist health programmers to better design integrated services. In particular, ACQUIRE developed a package of tools (program framework, training curriculum, provider job aids, and client brochure), and piloted and evaluated the process of integration in two countries. The approach was first piloted in Ghana and then replicated in eastern Uganda within The AIDS Support Organization (TASO), one of the leading local nongovernmental organizations providing HIV counseling, prevention, care, treatment, and support services to people living with HIV (PLHIV). Directly following sustained FP introduction in Uganda, the number of ART clients accessing FP showed a sizable increase, from almost zero to 30 clients per month, holding constant for the pilot period. TASO adopted the integration approach and began to roll it out to all of its centers throughout Uganda as part of its five-year strategic plan.

Community postabortion care model. ACQUIRE implemented an existing community model designed to raise awareness about and to mobilize the community for the prevention and treatment of incomplete abortion. The USAID-supported Catalyst project (led by Pathfinder) first introduced the model in Bolivia in four Divisions. ACQUIRE replicated and documented the process in the Nakuru District in Kenya through the Community Mobilization for Postabortion Care (COMMPAC) project. As a result, communities developed health emergency transport plans and PAC payment schemes and successfully advocated with the local government for funds to build roads, construct bridges, and build new dispensaries to improve women's access to public-sector services. Providers were trained, and private donors and community contributions provided necessary equipment. Contraceptive use increased dramatically during the project period in 22 health facilities adjacent to the COMMPAC communities, from 8,500 to 13,800 new users and from 2,000 to 4,300 continuing users. USAID/Kenya, pleased with the success, is promoting COMMPAC as a model for other provinces.

Model to address the RH needs of young married adolescents. ACQUIRE implemented a two-year pilot in two districts in Nepal to increase married adolescents' access to and use of RH services. The pilot established a peer education network to disseminate information to married couples, supported local health facilities to provide youth friendly-services, and fostered an enabling environment within the community. A project evaluation showed great success: The median age at marriage rose from 14 to 16 years (a statistically significant increase), while median age at *gauna* (when a married girl moves into her husband's home following menarche, for consummation of the marriage) rose from 15 to 16. The percentage of married adolescents visiting government health facilities for services also increased, from 36% in 2005 to 42% in 2007. ACQUIRE then replicated the model in Bangladesh in partnership with the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) of the Ministry of Health (MOH).

IR 2.0: Improved Performance of Service Delivery Providers

Background and strategy

The knowledge, skills, motivation, and performance of service delivery providers was a key element of ACQUIRE's SDA program model described above, which places at its center the encounter between a knowledgeable, motivated client and a competent, motivated and well-supported service provider. Much of ACQUIRE's technical assistance under this result was thus focused on strengthening partner in-service training, supervision and logistics systems, as well as on meeting more immediate RH/FP training needs. Key accomplishments are detailed below: the development of the fundamentals of care, the successful replication of the PNA model based on the FoC, the development and use of a Programming for Training Resource Package, the conduction of FP/RH counseling and skills trainings, and providing technical assistance to improve training, supervision and/or logistics processes and systems.

Global indicators

						Life of Project	
	FY 03/04	**FY 04/05**	**FY 05/06**	**FY 06/07**	**FY 07/08**	**Planned**	**Actual**
IR 2							
# of tools / models developed to strengthen provider performance	4	6	8	11	11	8	11
# of countries where ACQUIRE-developed tools / models have been implemented to strengthen provider performance	1	6	11	12	13	10	13

Results

Fundamentals of Care (FoC) Resource Package. One of the primary aims of ACQUIRE's technical assistance was to strengthen the quality of RH/FP services and systems. At the service delivery level, this entailed a steady focus on the fundamentals of care—informed choice, medical safety, and ongoing quality improvement—that require constant and sustained attention to ensure their institutionalization and the ongoing provision of high-quality services. ACQUIRE developed a resource package to assist program planners, managers, supervisors, and providers in implementing and evaluating facility-based services according to these fundamentals of care. ACQUIRE applied the FoC in ten countries—mostly through the use of the performance needs assessments (PNA), a key step in the performance improvement process, which ACQUIRE adapted as a best practice from the PRIME II Project.

Application of FoC through the use of the PNA. ACQUIRE implemented 16 PNAs in 11 country programs (Bangladesh, Benin, Bolivia, Ethiopia, Ghana, Guinea, Mali, Nigeria, Kenya, Rwanda, and Uganda), promoting it as a best practice to help guide program design and development. In particular, ACQUIRE developed assessment tools for the PNA that centered on analyzing the fundamentals of care at the facility level. ACQUIRE conducted a review of the PNA experience in these countries and identified common programming issues: lack of attention to fundamentals of care in routine RH/FP service delivery; lack of up-to-date, evidence-based knowledge skills, guidelines, and practices, especially for counseling and LAPM; the need for strengthened provider support systems; the need to update and standardize a clinical training approach; the need to expand the method mix with a focus on underutilized LAPMs; the need to strengthen contraceptive security; and the need to eliminate barriers which limit access to services.

Providers trained in response to field need. Data from country programs consistently demonstrate that FP counseling needs attention, discontinuation rates are severe in some settings, the focus of most counseling curricula is on the new client only, and medical eligibility criteria are often outdated or not implemented according to standard. In response to the scale of the training needs, over the life of the project, ACQUIRE developed a FP counseling curriculum and trained 70,000 persons in 18 countries, mainly in FP clinical skills and counseling. In addition, ACQUIRE developed a resource package for trainers, program managers, and supervisors of RH/FP programs that provides an overall approach to programming for training, as well as information, methods, and tools for designing, developing, planning, implementing, and evaluating training. And ACQUIRE conducted three standardization workshops to raise the profile of the IUD and to improve trainers' and providers' knowledge, skills and practice. These

workshops were attended by approximately 100 key clinicians, trainers and program leaders from 19 countries of East and West Africa. Those countries' national IUD curricula, policies and guidelines were reviewed and planned to be revised, and action plans were generated.

Technical assistance in supervision techniques provided. In many countries, supervision systems are weak, and supervisors lack the skills and resources to provide adequate support to providers and facilities. In response to this gap, ACQUIRE developed a curriculum for facilitative supervision, based on EngenderHealth's Facilitative Supervision Handbook. The curriculum focuses on the role of supervisors in ensuring the fundamentals of care (FOC) for facility-based services, including informed and voluntary decision making, safety of clinical procedures and techniques, and on-going quality assurance and management. Utilizing participatory learning techniques, the curriculum enables supervisors to acquire knowledge and skills in the facilitative approach to supervision so that they can monitor the quality of services using the FOC—providing feedback, motivating staff, using data for decision-making, and communicating constructively. ACQUIRE used the curriculum in Bolivia, Bangladesh and Uganda. In Bangladesh, ACQUIRE trained more than 40 district level supervisors in two districts. As a result, the MOH revised their national Supervision Guidelines with technical assistance from ACQUIRE. In Uganda, ACQUIRE used the curriculum to train 17 supervisors in one district and helped to build the knowledge, skills, and attitudes among senior MOH/RHD and District Officials that enabled them to promote a facilitative approach to supervision to improve providers' performance and the quality of the health care services. In Boliva, ACQUIRE used the curriculum in-service training in a total of 562 sites (hospitals, health centers and health posts), including 48 rural municipal health centers and their outlying health posts, 79 NGO health centers/posts primarily in urban areas, 7 referral hospitals, and an estimated 3,300 health care providers. As a result of the training and continued technical assistance, PROSALUD, the leading RH/FP NGO in Bolivia, published and disseminated the curriculum within its 33 facilities under the title, "Technical Norms for Quality" for all its services, including internal medicine, surgery, obstetrics and gynecology, pediatrics, and nursing).

IR 3.0: Strengthened Environment for RH/FP Service Delivery

Background and strategy

ACQUIRE's work under this result falls under two interlinked categories--policy and advocacy, and knowledge-to-practice. ACQUIRE's policy work focused on making the case for FP and for investing in LAPMs to generate needed commitment from managers and political leaders at the national and programmatic levels. At the national level, ACQUIRE worked to convince high level policymakers and decision makers to devote more resources and effort to long-acting and permanent methods (LAPM) of contraception. At the program level, ACQUIRE worked with stakeholders to convince them to expand FP method mix, with a focus on underutilized methods; strengthen contraceptive security; and eliminate policy barriers which limit access to services. Examples of key ACQUIRE interventions are the development and use of FP/RH advocacy tools and materials, updating service guidelines and advocating for supportive policies using the latest medical evidence. ACQUIRE's knowledge-to-practice work stressed the ongoing need for dissemination of up-to-date and accurate information, tools, and evidence-based best practices to program leaders and managers, FP/RH providers and supervisors (especially providers and supervisors of clinical services). Key interventions in this category were participating in global efforts to disseminate the latest knowledge of IUDs; providing medical/clinical leadership, especially in regard to LAPMs, within the RH/FP community; participating in global initiatives to foster use of best practices; conducting and participating in information dissemination and knowledge-sharing events; producing and disseminating of a wide variety of publications. As noted above, the major materials produced by ACQUIRE are available on a searchable digital archive (http://www.acquireproject.com/archive/html/2-invest-in-fp-lapm/index.html).

Global indicators

						Life of Project	
	FY 03/04	**FY 04/05**	**FY 05/06**	**FY 06/07**	**FY 07/08**	**Planned**	**Actual**
IR 3							
# of meetings convened to advocate for FP/RH services, by type	0	1	1	13	16	11	31
# of products developed by type (cumulative)	5	26	57	80	126	98	126
# of hits on key documents on the ACQUIRE website	N/A	N/A	N/A	1,604	1,642	1,650	3,256

Results

Reality √ Family Planning Forecasting Tool: User's Guide. When local government officials want to improve and expand FP/RH services, too often they are not sure where to begin. In response, ACQUIRE developed a planning and management tool called Reality √ (pronounced "Check"), which enables officials to project contraceptive use in their districts, helps them to set realistic improvement goals, and makes it easier to identify the resources needed to achieve them. ACQUIRE used the tool to assist ministries of health to examine contraceptive use in Bangladesh, Ethiopia, and Uganda. In Bangladesh, the MOH and USAID used Reality √ to determine that to meet current FP demand, more staff, not just doctors, should be able to provide services in rural areas. The government is now in the process of changing its national policy to allow paramedics (subassistant community medical officers) to provide vasectomies and community health nurses (female welfare visitors) to provide implants at lower-level facilities. In Uganda, a district official reported that as a result of Reality √, he was able to cite specifically what supplies he needed (and why) and for the first time succeeded in getting an increased allotment of FP funds from the national government in Kampala. Inspired, the same official proceeded to train others in his district to use Reality √. In Ethiopia, the MOH developed and presented to donors an implementation plan with revised, realistic contraceptive prevalence goals and a clear implementation plan that included commodity and human resource needs. Following this, DKT International requested ACQUIRE to present their work at a series of meetings that resulted in the inclusion of commodity forecasting in regional work plans.

ACQUIRE defines and advances the global agenda on vasectomy. Although vasectomy is highly effective, safe, simple to perform and economical, in most countries it is the least known, understood and used family planning method. To address this problem, ACQUIRE collaborated with CRTU/FHI to organize and conduct an expert consultation on priorities and next steps to move vasectomy forward. Thirty-six participants from AID/W, CAs and projects attended. The group discussed critical programmatic questions, such as what conditions does it take for vasectomy to be a viable option?, when is the cost and effort justified?, and why has vasectomy taken off in some settings and not in others?). The group concluded that a simple ligation and excision technique commonly used in developing countries to perform male sterilization should, when possible, be modified to increase its effectiveness.

ACQUIRE promotes access to IUDs by engaging African nurses and midwives. ACQUIRE presented a full day session on the roles of nurses and midwives in increasing access to IUD at the 2006 Eastern, Central and Southern Africa Nurses Congress (ECSACON) in Uganda. The session oriented 32

nurses from 12 African countries including clinicians, nurse or midwife trainers, and managers of nursing service or training programs who are members of national nursing associations and faculty. The goals of the orientation were to increase the number of nurses that provide IUD services, and to raise awareness of the need to strengthen FP content and skills in pre-service nurses training. The session oriented the participants to the challenges of IUD service delivery in their region, and to best practices and lessons learned from ACQUIRE's experience with revitalizing IUDs in Africa. In addition to updating participants' knowledge, ACQUIRE encouraged representatives of national nursing associations to determine how they can integrate information and interest in IUD service delivery into the training and service programs of their home institutions.

Collaborated with WHO to improve international service delivery guidelines and related tools and materials. ACQUIRE served on a steering committee helping WHO to generate its "Four Cornerstones of Family Planning," contributing its expertise in LAPM. The focus was on the transformation of Hatcher's Essentials of Contraceptive Technology into WHO's FP Handbook for Frontline workers and the development of a Counseling Guide. The MEC and SPR have been the information base for many national guidelines, and have been incorporated in LAPM service delivery guidelines, policies and practices in ACQUIRE-supported countries (e.g. Kenya, Uganda, Tanzania, Ethiopia, Rwanda, Guinea and Mali). ACQUIRE staff presented contraceptive technology updates on the four cornerstones in Mali and Ethiopia (MAQ IUD Partnerships) and in Uganda (OPRH Country Partnership), to UNFPA, and at the West Africa Regional Best Practices in Family Planning Meeting, and the MAQ Mini-University.

ACQUIRE contributes to the Scientific Literature on Women's Health. The July 2007 issue of the American College of Nursing and Midwifery (ACNM) *Journal of Midwifery and Women's Health*, devoted to Global Perspectives on Women's Health: Policy and Practice, included an article by the Clinical Director of ACQUIRE. The article, "Long-Acting and Permanent Contraception: An International Development, Service Delivery Perspective" presents the latest scientific evidence about long-acting and permanent contraceptive methods and WHO's latest guidance about these methods. The Journal has a readership of over 7,200 members, including 664 institutional members.

Global programmatic resource to improve contraceptive security. USAID supported the development of Ready Lessons II, a series of booklets with practical steps for USAID Missions and their partners use to promote and support contraceptive security. ACQUIRE developed one of the booklets in the series (*Ready Lessons #8: Expanding Contraceptive Choice through Support for Underutilized Methods)* to engage stakeholders and to advocate for contraceptive security, with a focus on underutilized methods such as the IUD and male and female sterilization. The booklets were disseminated online through the Maximizing Access and Quality (MAQ) Initiative. DELIVER will print and disseminate them with the new SPARHCS Process Guide.

RECOMMENDATIONS

Continue work to address the large unmet need for family planning in general, and for limiting, in particular. A major gap remains in much of Africa where significantly more women have an unmet need for family planning than are currently using contraception. Moreover, there are several African countries where unmet need to limit remains high (10% or more MWRA saying they want no more children and are not currently using contraception), including Ethiopia (13.7%), Ghana (12.3%), Kenya (10.1%), Madagascar (12.3%), Malawi (10.4%), and Zambia (10.6%) [Source: ORC Macro, 2007, MEASURE DHS STATcompiler]. ACQUIRE identified many lessons on how to program to get more services and methods to more people in more places but LAPM access and utilization remains a gap both within countries ACQUIRE has worked in and in other countries.

Continue support to improve provider training and supervision infrastructures. The growing lack of availability of skilled providers of FP/RH services, especially clinical services, due to transfer, emigration, retirement or death is only likely to worsen. The aphorism "no [skilled and well-supported] provider, no program" is every bit as true as the well-known one pertaining to commodity availability ("No product, no program."). The shortfall in resources for meeting both short term training needs as well as provider support system needs is thus a major gap that must continue to be addressed. Another looming gap is in the area of sterilization services. Fragile and dependent on a small (and aging) cadre of trained providers in most countries, female sterilization is at great risk of "falling off the radar screen" the way IUDs did. Thus, at a project level, we need to standardize our approach to clinical training for female sterilization (as well as for implants). This would be a useful first step within a larger initiative to re-focus attention and effort proactively on female sterilization proactively.

Design programs that address contraceptive security, not only for commodities but also for equipment and supplies for clinical RH/FP service delivery. The resource gap for family planning is the largest and most significant gap that remains. It is a reflection of lowered priorities and commitments, and of limited understanding by governments, policymakers, and decision makers of the great yield in terms of development as well as health and individual well-being that investments in family planning represent. Yet global experience confirms that without widespread availability of FP, especially long-acting and permanent methods, a country is unlikely to meet its lower fertility goals and, in turn, its broader development goals.

Continue to support integrated programs. Technical assistance for strengthening supervision, management, recordkeeping, and commodity logistics skills has been difficult to implement during the short pilot phase given the ongoing services demands in integrating FP and MCH services and at the FP-HIV integration pilot sites in Ghana and Uganda. Integration requires a holistic approach that addresses the interconnectedness of supply-demand-advocacy interventions, based on the facility's capacity to provide a level of integration that meets clients' needs without compromising existing services.

Support a holistic approach to male engagement. Many reproductive health programs engage men for specific purposes and in specific content areas – to increase men's use of family planning services, or to motivate them to get tested for HIV, for example. While these are important and critical entry points in working with men, they are not sufficient in terms of addressing gender issues because they do not address gender and gender differences explicitly. Holistic male involvement programming involves identifying an entry point to working with men and then building on it to ensure that gender issues are explicitly discussed and addressed. Additionally, holistic programming with men means motivating with men to act as change agents in their communities after they have participated in interventions themselves. Future programming

should continue to focus on male involvement but should also be expanded to address larger issues of gender alignment.

APPENDICES

APPENDIX I: Key Performance Data: Global Indicators

RESULT NAME: IR 1

INDICATOR 1: Number of tools/models/approaches developed or adapted to increase access to RH/FP services

YEAR	PLANNED	ACTUAL
2003/04	N/A	3
2004/05	N/A	7
2005/06	12	11
2006/07	13	13
2007/08	13	17

UNIT OF MEASURE: Number (cumulative)

SOURCE: Project reports

INDICATOR DESCRIPTION: Number of tools, models or approaches developed and/or adapted by ACQUIRE global staff to increase access to RH/FP services. FY 2005/06 planned value was not met as the FP in Fragile States Guide was dropped as an activity as per USAID/W direction.

FY 2003/04:

1. Baseline/endline (B/E) refers to data collection methodology and tools developed by MEASURE and adapted to the ACQUIRE project with MEASURE TA
2. Supply/demand (S/D) refers to country-specific approaches to supply and demand programming that emphasizes strengthening the supply of services while simultaneously addressing demand for LAPM through a combination of communications, marketing and community mobilization interventions; the LAPM demand focus has been on the IUD and vasectomy
3. Men As Partners® (MAP) refers to global technical assistance given to programs to design strategies and activities--usually within existing programs--that increase male access to FP/RH information and services and promote constructive male involvement in FP/RH services for their families and within communities.

FY 2004/05:

4. Reality √ refers to a tool to assist program managers to assess the feasibility of projections for contraceptive use in the context of existing resources
5. IUD revitalization refers to global technical assistance given to bilateral projects and Missions to identify needs and devise strategies to expand the use of IUDs; strategies have used a combination of participatory approaches (e.g. the PNA from the Primary Providers' Training and Education in Reproductive Health project or PRIME II), partnership, and applying a supply and demand approach; technical assistance has included the transfer of tools and knowledge to local counterparts using an ACQUIRE-developed IUD learning guide and WHO's IUD Toolkit.
6. Young marrieds refers to global technical assistance given to programs to meet the RH/FP needs of young married couples, which includes support to design a program strategy, develop and implement M&E plans and tools, and introduce training curricula.
7. Community action cycle (CAC), carried out to address the third element of PAC – community empowerment through community mobilization for postabortion care (PAC) -- refers to a process of

community engagement adapted from that used in Bolivia under the CATALYST Project. ACQUIRE has given global technical assistance to design strategies based on the CAC that assist community groups to identify PAC-related problems in their communities; analyze the causes and consequences of these problems; and design action plans, including linking with health facilities, to address barriers and needs.

FY 2005/06:

8. LAPM Guide refers to a guidance document to assist health planners to design LAPM services; the document was drafted and sent to USAID/W for comment. Based on this review, the document is now entitled *Long-acting and Permanent Contraception: Programming for Sustained Results. A Resource Package.*
9. Integration Guide refers to a guidance document that includes the definition of integration and a conceptual framework; document has been drafted and submitted to USAID/W for comment.
10. FP for HIV+ Women Training Manual refers to a training curriculum, job aids, client brochure and supervision checklist designed to support HIV+ women and their partners to achieve their fertility intentions.
11. FP/HIV+ Women (CD-Rom) refers to a CD-Rom completed in collaboration with FHI entitled, *Contraception for Women and Couples who are HIV-Positive* to assist facilities to provide FP within HIV care and treatment settings; distributed copies to all field offices.

FY 2006/07:

12. Public private partnerships model for fistula refers to TA to twin private faith based institutions providing fistula repair with public sector hospitals addressing emergency obstetric care.
13. Pre-fistula treatment care and support refers to TA to identify fistula clients and refer them to pretreatment centers to receive care for anemia, de-worming, vitamin supplements etc to help strengthen and prepare for surgery.

FY 2007/08:

14. S/D/A model. Refers to the final ACQUIRE service delivery model.
15. Ready Lesson #8. Expanding Contraceptive Choice through Support for Underutilized Methods
16. Active Community Engagement (ACE) Continuum
17. Male Norms Initiative Resource Package. Resources for engaging men in HIV and AIDS prevention, care, and support. These included a needs assessment package to identify gaps and opportunities in male engagement programming, a curriculum for engaging men in HIV and AIDS in a group education process, a curriculum for involving communities in male engagement, and a curriculum for facilitating greater use and support of HIV and AIDS services by men for themselves and their partners.

RESULT NAME: IR 1

INDICATOR 1: Number of countries where tools / models / approaches have been implemented **to support increased access to RH/FP services**

YEAR	PLANNED	ACTUAL
2003/04	N/A	1
2004/05	N/A	10
2005/06	12	12
2006/07	13	15
2007/08	14	16

UNIT OF MEASURE: Number (cumulative)

SOURCE: Project reports

INDICATOR DESCRIPTION: This indicator tracks the number of countries that introduced any ACQUIRE-developed tools / models / approaches *for the first time*. Countries may introduce more than one tool or model and implementation may continue into subsequent years; however counties are only counted once. Introduction details are listed below. One new country was added to the list in FY2007/08: Cote d'Ivoire

1. Bangladesh: FY 2004/05: **B/E**: global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; FY 2005/06: **Reality √ tool**: global staff introduced the Reality √ tool to field staff; work will continue next year with the assistance of Dr. John Ross; **S/D for vasectomy**: global staff worked with field staff to develop a media plan and campaign for vasectomy that integrated elements of demand into the supply side interventions for vasectomy; FY 2006/07: global staff worked with field staff to integrate **MAP** into existing program activities and to develop a pilot to address the needs of **young marrieds** modeled on work carried out in Nepal; FY 2007/08: global staff trained field staff in the use of Reality √ tool, and conducted three-day trainings; **B/E**: global and field staff collaborated to implement the endline evaluation tool.

2. Bolivia: FY 2005/06: **B/E:** global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; **Integration:** global and field staff collaborated to translate global integration framework (FP Integrated HIV Services: A Framework) into Spanish and will use the framework to work with local stakeholders to integrate FP, Maternal Health and PAC services under the new Associate Award. FY 2006/07: global staff assisted field staff to implement the **B/E** model for a baseline for the AA and will adapt tools together for a final evaluation/case study of the ACQUIRE/global work over the next year.

3. Cote d'Ivoire: FY 2007/08: **Integration:** global and field staff collaborated to train four partner organizations using the Integration Guide.

4. Ethiopia: FY 2004/05: **IUD revitalization:** global staff assisted field staff to conduct a PNA and to incorporate the recommendations into COPE action plans; global staff also worked with field staff to provide clinical IUD training and updates for providers; FY 2005/06: **S/D for IUD**: global staff worked with the field to develop a demand creation strategy and develop and pre-tested a communications campaign; FY 2006/07: **Pre-fistula treatment care and support:** ACQUIRE global staff, in collaboration with Bahir Dar Fistula Hospital and IntraHealth are testing a model for pre-fistula

assessment by linking satellite centers and community outreach services (to identify fistula clients). The satellite centers ensure that women requiring fistula surgery are health enough to withstand surgery successfully before arriving at the fistula repair center; **MAP**: Global staff launched the MAP work under the OGAC initiative.

5. Guinea: FY 2004/05: **IUD revitalization:** global staff assisted field staff to conduct a PNA and a special study to explore community KAP related to LAPM; results informed the development of a LAPM strategy for Guinea with an emphasis on the IUD; FY 2005/06: **S/D/A for IUD:** building on the previous year's work, global staff provided TA and launched community mobilization activities and provided TA for communication materials development.

6. Ghana*:* FY 2003/04: **S/D for vasectomy:** Global staff assisted field staff to develop, monitor, and evaluate a vasectomy pilot that included a communications campaign to promote vasectomy services in 2 regions; global staff led the analysis and final report writing, publication and dissemination of a final report that was disseminated internationally and posted to website and intranet; FY 2004/05: **IUD revitalization:** Global staff assisted field staff to collaborate with CHPS and Frontiers to test strategies for improving community-level access to IUD services. Frontiers completed the baseline report over the past year; **Integration** global staff provided technical assistance to field staff to design an FP-HIV integration pilot to assess HIV+ clients' contraceptive needs and facility systems' capacity to deliver FP services; FY 2005/06: **FP/HIV+ Women (CD-Rom)** as part of the integration pilot, global staff assisted field staff to train in-country partners using this CD-Rom.

7. Honduras: FY 2004/05: **S/D for vasectomy**: global staff assisted field staff to replicate the Ghana vasectomy pilot, including the development and launch of a vasectomy communications campaign that has since been scaled up by the MOH in specific regions; **MAP**: global staff assisted field staff to increase access to and promote vasectomy; activities included training in vasectomy service provision and in whole site "male friendly service" training.

8. Kenya: FY 2004/05: **S/D/A for IUD:** global staff assisted field staff to develop a strategy in the Kisii district to address barriers to and improve the uptake of the IUCD as part of a balanced method mix, global TA has included assistance in the implementation of a PNA, clinical and counseling training, developing ways to address logistics & supply issues, establishing referral networks and CBD agent networks, helping to train community peer educators to conduct outreach work, and to develop communications campaign to address barriers to IUD use; work continued in FY 2005/06; FY 2005/06: **Community PAC** global staff assisted field staff to replicate the Bolivia model; the first phase of replication was completed and documentation of results is underway; phase two will be conducted next fiscal year; global staff worked with Kenya staff in using the MAP approach to build the capacity of three REDSO (Regional Economic Development Services Office for East and Southern Africa) partners to integrate GBV and gender and address male involvement under the Transport Corridor Initiative (ROADS Project)

9. Mali: FY 2004/05: **IUD revitalization**: global staff assisted field staff to support bilateral programs to improve family planning method mix and revitalize the IUD; this has included support to conduct a PNA; TA to bilaterals for IUD messaging and communications; and the introduction of COPE at 6 facilities.

10. Mozambique: FY 2006/07: **MAP**: Global staff launched the male gender norms work under the OGAC initiative

11. Namibia: FY 2006/07: **MAP**: Global staff launched the male gender norms work under the OGAC initiative

12. Nepal: FY 2004/05: **Young marrieds:** global staff assisted field staff to support an adolescent project in 2 districts that are focus areas of the NFHP bilateral; global TA included the development of a literature review of programming related to young marrieds; provided TA to finalize program design; to develop M&E plans, tools, and training curricula;, and to give technical oversight of a baseline evaluation study.

13. Nigeria: FY 2005/06: **IUD revitalization:** global staff assisted COMPASS to revitalize the use of IUDs in Lagos and Abuja, providing CTUs and conducting PNAs; FY 2006/07: MAP: ACQUIRE support facilitated the introduction of MAP to COMPASS in Lagos and Kano.

14. Senegal: FY 2005/06: **IUD revitalization**: global staff assisted field staff to revitalize the use of IUDs in 16 districts with a focus on reducing provider bias against IUDs; interventions included assessing site readiness, reviewing standards, guidelines and curricula, training of trainers, training, provision of IUD kits, monitoring and follow-up of trainees.

15. Tanzania: FY 2004/05: **Reality √**: global staff created the tool to assist field staff to work with the MOH and local stakeholders to assess contraceptive prevalence projections nationally and regionally. FY 2005/06: **B/E:** global and field staff collaborated to implement the baseline evaluation tool; global staff assisted in final report writing, publication and dissemination; final reports disseminated internationally and posted to website and intranet; **S/D/A for LAPM**: global staff assisted field staff to develop a LAPM strategy that included supply and demand components; on the demand side, global staff assisted field staff to plan and implement in-country stakeholder meetings to develop a demand generation strategy; FY 2006/07: **MAP:** global staff supported the field in three ways: a) conducted a two-day orientation for all programmatic staff from the ACQUIRE project office on gender, gender integration, and engaging men in reproductive health; b) worked with field staff to identify ways to integrate gender, including male involvement in all programmatic activities; and c) conducted a four-day workshop on engaging men in reproductive health for USAID staff, staff from funding agencies and NGO staff from sub-Saharan Africa; Global staff launched the MAP work under the OGAC initiative

16. Uganda**:** FY 2004/05: **Reality √**: global staff used the draft tool to assist field staff to assess contraceptive prevalence projections. FY 2005/06: **Integration:** global staff assisted field staff to develop a strategy to collaborate with SCOT/TASO to integrate FP into Positive Prevention Project; **S/D/A for IUDs and implant:** global staff assisted field staff to initiate IUD and implant service delivery implementation activities in 4 districts, to develop a demand-side strategy and action plan, to develop and pre-test a communications campaign, and to conduct vasectomy trainings and outreach**; FP/HIV+ Women (CD-Rom)** global staff assisted field staff to conduct integration training using this tool; FY 2006/07: **Public private partnerships model for fistula** consists of a partnership between a private fistula training and service site with extensive experience in fistula repair and training and a local district hospital where ACQUIRE is enhancing EmOC services and training public sector providers in fistula repair and prevention.

RESULT NAME: IR 2		
INDICATOR 1: Number of tools/models/approaches developed to **strengthen provider performance**		
YEAR	**PLANNED**	**ACTUAL**
2003/04	N/A	4
2004/05	N/A	6
2005/06	8	8
2006/07	8	11
2007/08	8	11

UNIT OF MEASURE: Number (cumulative)

SOURCE: Project reports

INDICATOR DESCRIPTION: Number of tools, models or approaches developed and/or adapted by ACQUIRE global staff to improve provider performance.

FY 2003/04:

1. Facilitative Supervision (FS) for Medical Quality Improvement Curriculum refers to training curriculum that focus on teaching supervisors to ensure the fundamentals of care (see below) of facility based services, use leadership skills, and involve staff in quality of services and performance improvement process including medical monitoring.
2. Family Planning (FP) Counseling Curriculum refers to a curriculum that helps trainers develop providers' skill in assessing clients' needs and tailoring counseling to them, including adolescents, HIV+ individuals, and with an emphasis on returning clients.
3. Updated No-scalpel Vasectomy (NSV) Curriculum refers to a curriculum, originally published in 1997, that is used to train providers and vasectomy assistants in vasectomy procedures. Global staff updated the curriculum to include findings from recent clinical studies related to new occlusion techniques and follow-up procedures.
4. Performance Needs Assessment (PNA) refers to the adaptation and promotion of the PNA tool, developed by the PRIME II project, to guide the development of evidence-based, stakeholder-owned program strategies.

FY 2004/05:

5. Fundamentals of Care (FoC) Resource Package refers to a reference document to guide program managers, providers and supervisors to incorporate FoC into all stages of program activities and service provision. The FoC are: informed and voluntary decision making, safety of clinical procedures and techniques, and mechanisms for ongoing assurance and management.
6. Performance Improvement, Quality Improvement, and Participatory Learning and Action (PI/QI/PLA) guidance document refers to a guidance document for program staff on how to integrate these different approaches to ensure comprehensive programming.

FY 2005/06:

7. Culture Competence Manual refers to collaboration with MSH to adapt their US-based training resource entitled, Provider Guide to Quality and Culture, which includes a training curriculum and tools, to an international low resource setting.
8. Whole district (WD) refers to global technical assistance given to programs to design strategies that strengthen health systems at the district level in support of facilities-based FP/RH services, focusing on supervision, training and logistics systems.

FY 2006/07:

9. PPIUD curriculum refers to the update of a 2001 draft EngenderHealth PPIUD curriculum to train providers on postpartum IUD insertions, in support of IUD revitalization activities with the collaboration of ACCESS FP Project
10. Pain management guide for female sterilization refers to a module that provides up-to-date, evidence-based guidance on pain management for female sterilization procedures to country programs providing sterilization services.
11. COPE for Contraceptive Security refers to a tool for improving contraceptive logistics between district and site

RESULT NAME: IR 2

INDICATOR 1: Number of countries where tools/models/approaches have been implemented to **strengthen provider performance**

YEAR	PLANNED	ACTUAL
2003/04	N/A	1
2004/05	N/A	6
2005/06	9	11
2006/07	9	12
2007/08	10	13

UNIT OF MEASURE: Number (cumulative)

SOURCE: Project reports

INDICATOR DESCRIPTION: This indicator tracks the number of countries that introduced any ACQUIRE-developed tools / models / approaches *for the first time*. Countries may introduce more than one tool or model and implementation may continue into subsequent years; however counties are only counted once. Introduction details are listed below.

One new country was added to the list in FY2007/08: Cote d'Ivoire

1. Bangladesh: FY 2004/05: **NSV**: global staff assisted field staff to field test the revised NSV curriculum during a field-based NSV training; global staff used participant feedback to further revise the curriculum and submitted it to USAID/W for review; **PNA:** global staff assisted field staff to conduct a PNA that focused on the FoCs; results were used to strengthen the country workplan in areas related to counseling, informed choice, infection prevention, non-compliance with national standards, and weak training systems; FY 2005/06: **PNA:** global staff assisted field staff to conduct a second PNA—requested by stakeholders from the first PNA—that focused on how to more effectively support providers through strengthening the supervision system-this included **FoC** as a guiding principle; **FS Curriculum:** global staff worked with field staff to test the curriculum in two training courses within the national, regional, district and upazilla levels within the Directorate of Family Planning; **FoC** was a guiding principle for the curriculum; global staff used feedback from participants to finalize the curriculum and the final curriculum has been used to train all levels of supervisors in two original and two new project districts next fiscal year; FY 2006/07: **FS checklists:** The checklists to follow up FS trainees have been developed and used on a quarterly basis to assess the impact of the training on supervisory systems and the quality of service provision. FY 2007/08: Staff used the **FS Curriculum** and **FoC Resource Package** to train district supervisors; Staff used the **FP Counseling Curriculum** in a TOT for NIPORT and for district supervisors and trainers; Staff used the **NSV Curriculum** during NSV skills training sessions for the MOH, NGOs and private sector physicians; Staff used the Pain Management for **Female Sterilization Curriculum** to train physicians in female sterilization techniques; Staff used the **PPIUD Curriculum** to train MOH physicians;

2. Bolivia: FY 2005/06: **FOC**: global staff integrated the FoC into the facility/provider portion of the project baseline, and is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities; **PNA:** global staff led a PNA in collaboration with field staff, bilateral projects and local NGOS to reach consensus on desired provider performance and interventions to improve service quality, including improving compliance with national norms and standards, and updating knowledge and skills; recommendations were integrated into the ACQUIRE field-based workplan; **FoC** served as a framework for this PNA. FY 2006/07: **FS Curriculum and**

checklists for the follow up of FS trainees adapted and translated into Spanish. Cadres of trainers were trained in conducting FS course. Five FS courses were conducted for 123 supervisors and staff.

3. Cote d'Ivoire: FY 2007/08: **Facilitative Supervision:** Staff trained four partner organizations using the FS Curriculum.

4. DRC: FY 2006/07: **COPE for RH:** ACQUIRE global staff assisted JGI staff in introducing this three performance improvement approaches and tools; FY 2007/08: Staff trained MOH using **COPE for Contraceptive Security** and the **FS Handbook**

5. Ethiopia: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that focused on the revitalization of IUD activities; staff found that provider knowledge and skills are low and that the availability of equipment and supplies constrains service delivery; **FOC** served as a framework for this PNA. FY 2007/08: Staff trained MOH using the **FoC Resource Package** and the **FS Handbook.**

6. Guinea: FY 2003/04: **PNA:** global staff assisted field staff to conduct a PNA that identified an underutilization of long-acting and permanent methods; following ACQUIRE identified one district as a focal point for the long-acting and permanent method revitalization strategy described above under IR 1.

7. Ghana: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that focused on FP and HIV integration and showed a lack of any integration of HIV and FP at supported sites; **FOC** served as a framework for this PNA; the PNA became the starting point for an ACQUIRE collaboration with FHI to increase access to contraceptive services for women receiving ARTs; FY 2005/06: **FOC** served as a foundation for the AWARE and Quality Health Partners Project (QHP) trainers in the IUD standardization workshop; this was later replicated by QHP for additional QHP trainers.

8. Honduras: FY 2005/06: **FOC** is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities.

9. Kenya: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA to inform the country partnership interventions that focused on revitalizing family planning and the IUD; **FOC** served as a framework for this PNA; findings confirmed that provider knowledge and information about the IUD was inaccurate or outdated; that provider counseling skills needed improvement; findings resulted in the development of a joint MOH-ACQUIRE strategy to revitalize both the supply and demand side of IUD services; **FOC** served as the foundation for the IUD standardization Workshop held in Kenya In 11/05 for African country program medical associates and trainers.

10. Mali: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that focused on the revitalization of IUD activities; **FOC** served as a framework for this PNA; staff found that provider knowledge and skills are low and that the availability of equipment and supplies constrains service delivery.

11. Nigeria: FY 2005/06: **PNA:** global staff assisted field staff to conduct a PNA; the **FoC** served as a framework for the PNA.

12. Tanzania: FY 2005/06: **FoC**: global staff integrated the FoC into the facility/provider portion of the project baseline and is a foundation for the facilitative supervision curriculum that was used in on-going work to strengthen supervision within health facilities; **WD:** global staff provided technical assistance to design a strategy for scaling up training activities in support of the long-acting and permanent method expansion in 10 regions; FY 2006/07: **COPE for contraceptive security:** global staff collaborated with DELIVER II to conduct a contraceptive security assessment in Tanzania. ACQUIRE helped to design the assessment, and provided an international team member plus local technical and logistical support.

This assessment experience will inform revisions to the SPARCHS framework and assessment tools. FY 2007/08: Staff trained MOH using the **FoC Resource Package, FS Handbook, FP Counseling Curriculum and Pain Management.**

13. Uganda: FY 2004/05: **PNA:** global staff assisted field staff to conduct a PNA that was used as an assessment tool at the district level to set the stage for increasing access to long-acting and permanent methods, developing the capacity of district health teams to use the tool themselves and provide support to other district in its use; FY 2005/06: **WD:** global staff provided technical assistance to field staff to develop a district strategy to strengthen elements of supervision, expand quality assurance within health facilities, and facilitate development of strategic training plan using the **FOC** as a foundation; **PNA:** global staff assisted field staff to conduct a PNA; the **FoC** was a guiding principle this PNA. **FS curriculum:** used to introduce facilitative approach to supervision to central and district level officials and to train all levels of supervisors from Mayuge district. Checklists for following up FS trainees have been used on a quarterly basis to monitor and assess the impact of the FS training on supervision system and the quality of service provision. The FS curriculum was adapted for the FP-HIV integrated services and was conducted for all supervisors from the TASO site in Mbale. **COPE for RH Services** introduced to the staff from Kityerera HC supervisors from 4 project districts were trained in conducting COPE and continuously conducted COPE in seven sites.

RESULT NAME: IR 3		
INDICATOR 1: Number of meetings convened to advocate for RH/FP services		
YEAR	**PLANNED**	**ACTUAL**
2003/04	0	0
2004/05	0	1
2005/06	3	1
2006/07	8	13
2007/08	11	16

UNIT OF MEASURE: Number (annual)

SOURCE: Project reports

INDICATOR DESCRIPTION: Tracks the total number of meetings where staff has advocated for a focus on reproductive health and family planning services.

FY 2004/05: USAID/W has identified 'Repositioning Family Planning' as a priority for its work in sub-Saharan Africa. USAID/W requested ACQUIRE to conduct case studies to document the changes in three countries that have shown positive changes in CPR and decreases in total fertility rate (Malawi, Zambia, and Ghana), and in two countries where a plateau in these indicators had occurred (Senegal and Tanzania). ACQUIRE presented the case study results from the first set of countries.

FY 2005/06: ACQUIRE presented the findings from Tanzania and Senegal from the work as above.

FY 2006/07:

1. ACQUIRE collaborated with Private Sector Partnerships for Better Health (PSP)-One to Advance NSV Services in Honduras and convened a panel on male contraception.
2. ACQUIRE convened a campaign launch meeting to revitalize the IUD in Kenya and, in close collaboration with EXP Momentum, conducted three road shows to increase awareness of the IUD.
3. ACQUIRE organized a learning seminar on the role of midwives and nurses in IUD service delivery at the ECSACON Annual Meeting.
4. ACQUIRE staff conducted a training event on contraceptive forecasting using the Reality √ Tool for LAPM for Ministry of Health and District personnel in Uganda.
5. ACQUIRE's work in the area of FP/HIV integration was featured at the conference "Linking Reproductive Health and Family Planning with HIV/AIDS Programs in Africa."
6. As an important component of the demand strategy, three road shows on the IUD were conducted by ACQUIRE in close collaboration with a local group, EXP Momentum in Kiisi, Kenya.
7. ACQUIRE participated in the Population Council's 5th international scientific symposium on IUDs and co-authored, with the Population Council, a presentation "Changing Position of IUDs in Reproductive Health Services."
8. ACQUIRE Project and the Contraceptive and Reproductive Health Technologies Research and Utilization Program (CRTU), hosted an expert consultation on vasectomy.
9. ACQUIRE Project convened a special session on traumatic fistula at the FIGO World Congress of Gynecology and Obstetrics in Kuala Lumpur, Malaysia (see Appendix III for more details on this activity).
10. To assist the MOH in strengthening LAPM service delivery, ACQUIRE conducted a 2 and 1/2-day learning seminar in Kampala, Uganda for 15-20 participants representing 4-6 District Health Management Teams (2 per district); Regional RH Coordinators (4), and USAID (Sereen Thaddeus) and ACQUIRE Staff. The seminar focused on LAPMs as a strategic investment in FP/RH program.

11. ACQUIRE Project collaborated with JSI/DELIVER in Tanzania on a forecasting exercise as a prelude to the integration of LAPMs into the SPARCHS framework and a national workshop on contraceptive security held in Tanzania.
12. ACQUIRE Project in Guinea organized an exhibit of its on-going fistula program at the Hotel Camayenne in Conakry. See Appendix 4 for more details on this activity.
13. ACQUIRE participated in several sessions at the recent Global Health Council 34th Annual International Conference for Global Health, May 29-June 1, 2007. The theme of this year's conference is "Partnerships: Working Together for Global Health" and ACQUIRE hosted an auxiliary event "Sustaining Long-Term Partnerships in a Short-Term World" as well as participated in 2 roundtable sessions, 1 panel, and 2 poster presentations.

FY 2007/08:

1. ACQUIRE participated in an expert capacity in the Virtual conference on "Re-Positioning Family Planning for Francophone Africa" *("Le repositionnement de la planification familiale"),* July 17-19, 2007.
2. ACQUIRE conducted three sessions at the Scaling up High Impact FP/MNCH Best Practices Achieving Millennium Development Goals in Asia and the Near East Technical Meeting, September 4-9, 2007. These were: (1) Fostering Change to Increase Access, Quality and Use of LAPM Services- A Program Model; (2) Improving Access and Increasing Use of Long Acting and Permanent Methods; and (3) Reality √--A Contraceptive Forecasting Tool for Advocacy and Planning**.**
3. ACQUIRE participated in a panel discussion describing the progress of developing consensus-based family planning guidance to produce the Global Handbook at the "Building Global Consensus: Developing Evidence- Based Family Planning Guidance", September 19, 2007.
4. ACQUIRE presented the results of the Assessment of the PAC Community Mobilization Program (C-PAC) in Bolivia at the USAID PAC Working Group, on September 26, 2007.
5. ACQUIRE presented three different panel sessions at the Global Health Mini-University, on October 5, 2007. The presentations included: (1) Save Lives, Alleviate Poverty, Spur Development: Invest in LAPMs; (2) Addressing the Reproductive Health Needs of PLHIV: What do Systems have to do with it?; and, (3) Surviving a pregnancy, but only just -Digital Stories about Fistula Clients and Services from Uganda.
6. ACQUIRE presented two sessions at the Women Deliver Global Conference, October 18-20, 2007. These included a presenation by Dr. Sa'ad Idris, Fistula Specialist Surgeon at Gusau General Hospital, in Zamfarah State, Nigeria, who shared some of the ACQUIRE fistula project's advocacy achievements in Nigeria, in a panel entitled **"**Obstetric Fistula: A Visible Reminder of Inequity in Maternal Health". A second presentation was made by Dr. Henry Kakande, Senior Clinical Manager of the ACQUIRE Project/Uganda (an Associate Award to the ACQUIRE Leader Award). Dr. Kakande presented information on the process and outcomes of a participatory workshop in which clients who have received fistula repair prepared digital stories of their experiences.
7. ACQUIRE participated at the Annual Meeting of the American Public Health Association (APHA), November 3-7, 2007. The theme of that meeting was "Politics, Policy and Public Health" and ACQUIRE will make the following presentations: (1) Facilitative supervision for improving quality of FP/RH services (oral); (2) Investing in Family Planning: The Case for Long-Acting and Permanent Methods (oral); (3) Integrating FP Into HIV Prevention, Care and Treatment Services in Uganda (poster); (4) IUD use, discontinuation and switching behavior in Bangladesh; and (5) Gender Issues in Conflict and Post-Conflict Settings (Panel Event).
8. At the Fifth African Population Conference (December 12-14, Arusha, Tanzania) ACQUIRE staff from Tanzania and Kenya participated on a panel looking at ***The future of family planning programmes in Africa***. Hosted by the Union for African Population Studies (UAPS), the conference is organized every four years in order to review the state of knowledge on various population issues affecting the African continent.
9. In January/February 2008, the ACQUIRE Project provided technical assistance to the Bangladesh Family Planning Directorate in using the LAPM Advocacy Package and Reality √ Family Planning Forecasting Tool to inform family planning programming.

10. From March 17-21, 2008, the ACQUIRE Project co-sponsored a Forum on Male and Female Sterilization. This on-line discussion was the third in a series of events on LAPMs, co-sponsored with Family Health International (FHI), and the INFO Project, based at the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs in collaboration with the Implementing Best Practices (IBP) in Reproductive Health Initiative and WHO. The previous two events covered Implants and the IUD.
11. ACQUIRE staff were featured in www.hivandaids.org, a leading web-based HIV/SRH integration Resource designed to help health professionals in their efforts to integrate provision of sexual and reproductive health services with activities for preventing and treating HIV/AIDS. Managed by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), it conducts interviews with HIV/SRH Integration professionals to find out more about their best practices, success stories, and lessons learned. The ACQUIRE Project recently had the opportunity to share its professional experiences and insights wth interviews of two ACQUIRE staff members, Betty Farrell, CNM and Henry Kakande, M.D. These interviews were featured in Voices From the Field, a section of the website which highlights incdividuals contributing to the field of Integration.
12. Last February 18-22, 2008, the AWARE Reproductive Health Project organized a Family Planning Counseling Standardization Workshop in Lome, Togo in collaboration with the ACQUIRE and Fistula Care projects. The purpose of the workshop was to establish a standard approach to the provision of training and/or technical assistance by AWARE and EngenderHealth staff for Family Planning Counseling, based on ACQUIRE's new *Counseling for Effective Family Planning Use: A Curriculum.* This workshop brought together twenty (20) experienced counseling trainers were from five countries - Cameroon, Guinea, Niger, Senegal and Togo, and was the francophone replication of the same workshop conducted in May 2007 for English speaking West African countries.
13. ACQUIRE Co-sponsored an experts meeting on postabortion care March 18–19 in Washington, D.C. The two-day meeting highlighted best practices and lessons learned from five countries. EngenderHealth/ACQUIRE Project staff presented their experiences decentralizing postabortion care in Tanzania and mobilizing communities in Kenya. Participants were also oriented to the new *Global Postabortion Care Resource Guide,* compiled by USAID and to which EngenderHealth/ACQUIRE staff contributed.
14. The ACQUIRE Project, Family Health International (FHI), and the Leadership, Management, and Sustainability Program of Management Sciences for Health (MSH), co-sponsored an online forum on the topic of "Effective Programming for Long-Acting and Permanent Methods: A Forum for Family Planning Program Managers and Policymakers" which took place April 21-25, 2008.
15. The ACQUIRE Project hosted an Auxiliary Session entitled "Let's Get Engaged" on May 28, 2008, at the Global Health Council annual conference. In addition, ACQUIRE staff presented the following Poster Sessions: Discontinutation of IUD Use in Bangladesh and Married Adolescents and Communities: Building a Road to Reproductive Health, and COMMPAC *(Mercy Wahome)*
16. Last May 29-30, 2008, the ACQUIRE Project in collaboration with the Azerbaijan Ministry of Health, conducted a seminar for journalists entitled "Media Advocacy for Reproductive Health". The two-day seminar was designed to raise awareness among journalists about the importance of reproductive health for the health of women, families, and the nation and covered a variety of topics including community partnerships for health, reproductive rights, and family planning. Participants included journalists from 17 different news outlets.

RESULT NAME: IR 3		
INDICATOR 1: Number of products developed by type		
YEAR	**PLANNED**	**ACTUAL**
2003/04	N/A	5
2004/05	N/A	26
2005/06	62	57
2006/07	86	80
2007/08	98	126

UNIT OF MEASURE: Number (cumulative)

SOURCE: Project reports

INDICATOR DESCRIPTION: Tracks the total volume and variety of ACQUIRE-developed products. A product is defined as an information vehicle to increase aware of results, lessons learned and best practices and must be posted on the ACQUIRE website or intranet.

FY 2003/2004: 2 E&R studies and internal program reports; 3 donor reports; FY 2004/05: 15 E&R studies and reports; 3 donor reports; 3 case studies

FY 2005/06:

- E&R studies: 16 studies and internal program reports
- Donor reports: 2 reports: 1 semi-annual report and 1 annual report completed and submitted to USAID
- Program reports: 8 reports
  - Get A Permanent Smile: Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana
  - Repositioning Family Planning Case Study Reports (4)
  - Traumatic Gynecological Fistula as a Consequence of Sexual Violence in Conflict Settings: A Literature Review
  - Improving the Use of LTPM in Guinea
  - PNA on the Revitalization of the IUD in Mali
- Technical updates: 2 Updates: Community Mobilization and Traumatic Gynecologic Fistula
- Project briefs: 1 Brief: Acquiring Knowledge: A Focus on the Fundamentals of Care
- Meeting reports: 2 Reports: Traumatic Gynecologic Fistula: A Consequence of Sexual Violence in Conflict Settings: A Report of a Meeting Held in Addis Ababa, Ethiopia, September 6-8, 2005, and Consultation on Improving Contraceptive Continuation: Meeting Proceedings: Washington, D.C., November 29-30, 2005: An interagency workshop organized by Family Health International and the ACQUIRE Project

FY 2006/07:

- E&R studies: 13: 4 articles; 2 studies; 4 collaborative studies; 3 internal program reports
- Donor reports: 2 reports: 1 semi-annual report and 1 annual report completed and submitted to USAID
- Program reports: 4 reports
  - ACQUIRE Project Final Report: Obstetric Fistula in Amhara Regional State, Ethiopia, January 2006 to March 2007
  - 2 Repositioning Case Study Reports (Senegal and Tanzania)
  - 1 Q&A: Long-Acting and Permanent Methods of Contraception: Without Them, a Country's Development Will be Low and Slow

- Technical updates: 1 update: Clinical Update: Pain Management for Female Sterilization by Minilaparotomy
- Project briefs: 3 Briefs
  - The AMKENI Model – Learning Global Lessons from Improving FP/RH and Child Survival in Kenya
  - Revitilizing the IUD in Kenya
  - Get a Permanent Smile-Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana

FY 2007/2008:
E&R Studies: 7 studies

- Mobilizing Married Youth in Nepal to Improve Reproductive Health: The Reproductive Health for Married Adolescent Couples Project, Nepal 2005-2007
- IUD Use and Discontinuation in Bangladesh
- Increasing Awareness and Use of Long-Acting and Permanent Contraceptive Methods in Guinea: Case Study of a Pilot IUD Intervention
- Revitalizing Long-Acting and Permanent Methods of Family Planning in Uganda: ACQUIRE's District Approach
- Engaging Communities as Partners in Postabortion Care: A Desk Review of the Community Postabortion Care Project in Nakuru, Kenya
- Assessment of the Bolivia Postabortion Care Community Mobilization Program
- Evaluation of the TASO Mbale FP/ART Integration Pilot

Collaborative Studies: 4 collaborative studies.

- Comparing the Effectiveness and Costs of Alternative Strategies for Improving Access to Information and Services for the IUD in Ghana
- Introducing cultural competence training in Bolivia as a model for other developing countries
- Dual Protection Among South African Women and Men: Perspectives from HIV Care, FP and STI Services
- Assessing the feasibility, acceptability and cost of introducing Postabortion Care in health centres and dispensaries in rural Tanzania

Journal Articles: 1 journal article

- Long-Acting and Permanent Contraception: An International Development, Service Delivery Perspective

Advocacy Briefs: 4 advocacy briefs

- Save Lives, Alleviate Poverty, Spur Development: Invest in Long-Acting and Permanent Methods of Contraception
- Fragile, Threatened, and Still Greatly Needed Family Planning Programs in Sub-Saharan Africa
- Contraceptive Security: Incomplete without Long-Acting and Permanent Methods
- Vasectomy: Safe, Cost-Effective, and Underutilized

Working Papers: 2 working paper.

- Vasectomy: The Unfinished Agenda
- Investing in the Future: Making the Case for LAPMs

Technical Update: 3 updates.

- Hormonal Implants: New, Improved, and Popular When Available
- French and Spanish Versions of Clinical Update on Pain Management for Female Sterilization by

Minilaparotomy

Project Briefs: 3 project briefs

- Challenging Traditions and Changing Minds - Working with Young Married Couples in Nepal
- Integrating Family Planning with Antiretroviral Therapy Services in Uganda
- Revitalizing Underutilized FP Methods – series of **7** country-specific briefs

Stories from the Field: 7 stories

- Family Planning for Healthy Living in Ghana
- Sita's Story: Lifting the Veil through Courage and Leadership
- Sunita's Story: A Woman of Courage Leading the Way for Others
- Peer Educator Stories: Sustainable Partners for Change in Nepal
- Indila's Story: One Girl's Fight to Stop Child Marriage
- Esther's Story: A Health Champion Makes a Lasting Impact
- Champion Stories: Integrating Family Planning with HIV Services in Uganda

Programming Tools: 4 tools developed.

- Ten Guiding Principles for LAPM Service Programs
- Reality √: A Programming and Advocacy Tool
- Family Planning-Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services
- Active Community Engagement Continuum

Technical Guidance: 1 guidance document

- Needs Assessment Package for Engaging Men in HIV and AIDS

Training Curricula and Materials: 10 products developed

- The ACQUIRE Training Model
- Programming for Training: A Resource Package for Trainers, Program Managers, and Supervisors of Reproductive Health and Family Planning Programs
- Facilitative Supervision for Quality Improvement
- Men's Reproductive Health Curriculum: Section I - Introduction to Men's Reproductive Health Services (REVISED)
- Engaging Men in HIV and AIDS at the Community Level
- Engaging Men and Boys in Gender Transformation: The Group Education Manual
- Engaging Men in HIV and AIDS at the Service Delivery Level
- Working with Married Youth: A Cirriculum for Peer Educators
- Youth-Friendly Services Manual
- Postpartum IUD Curriculum

RESULT NAME: IR 3

INDICATOR 3: Number of hits on key documents on the ACQUIRE website (www.acquireproject.org/)

YEAR	PLANNED	ACTUAL
2003/04	N/A	N/A
2004/05	N/A	N/A
2005/06	N/A	N/A
2006/07	N/A	1,604
2007/08	1,650	1,642

UNIT OF MEASURE: Number

SOURCE: Google analytics

URL: http://www.google.com/analytics/
Username: webmaster@engenderhealth.org
Password: gobabygo

Google Analytics was not in place until May 2006. The first full year of data was only available in 2006/07. This data is baseline for this indicator.

INDICATOR DESCRIPTION: Tracks the total number of downloads of key documents (not the # of times that a document was seen). Key documents include all pdf files that are major publications (e.g. study reports, program reports, project briefs, technical updates, meeting reports, advocacy tools, etc); stories from the field; PowerPoint presentations, etc.

2006/07: During this fiscal year, there were 3,137 unique visitors to the ACQUIRE website and 1,604 downloads of key documents; the most popular download was *Moving Family Planning Programs Forward: Learning from Success in Zambia, Malawi,* and *Ghana The Repositioning Family Planning Case Study Synthesis Report.*

2007/08: During this fiscal year, there were 3,840 unique visitors to the ACQUIRE website and 1,642 downloads of key documents; the most popular download was *Family Planning–Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services , June 2007*

APPENDIX II: Key Performance Data: Field Indicators

ACQUIRE supported 22 countries over the life of the project to varying degrees. Over the project period, country programs reported annually from a menu of field indicators Indicator selection was based on the type of funding countries got (field support, country partnership, GLP funds, and PEPFAR) and on the availability of funding for routine tracking. The below text and figures are of selected aggregated data from field programs. Other country level indicators are integrated into the results at the beginning of this report. Country level does not include fistula data, which is included in Appendix III: Fistula Activities.

Table 1. Field Indicators (Year 1 to Year 5)

Indicator	Value	Comments
1. # of ACQUIRE-supported sites	17,170	15 countries reported
2. # of LAPM clients accepting services at supported sites	2,112,646	15 countries reported
3. # of ACQUIRE-supported countries that have integrated MAP into current activities or are implementing standalone MAP programs	9	OHA-funded countries (Namibia, Tanzania, Ethiopia); standalone MAP programs (South Africa, Kenya (REDSO), Kenya (ROADS); and countries integrating MAP into current activities: (Bangladesh, Bolivia, Madagascar, and Nepal).
4. # of communications materials developed	90 creatives	Materials include: TV and radio spots, murals bill boards, posters, leaflets, banners, brochures, door signs, t shirts, caps, etc). Number represents the number of creative pieces developed; over 900,000 pieces were disseminated or broadcast in all ACQUIRE countries (e.g. posters and leaflets printed)
5. # of program months demand campaign/program implemented	7 months	Average of experience in 9 countries; range was 2.5 to 12 months.
6. # of times a TV or radio spot on a particular method is aired	190 times	Average of experience in 6 countries; range was 20 to 350 times.
7. # of people reached through communications	28 million	Material and event types include: radio, TV, newspaper articles, fairs, meetings, drama performances, one on one discussions, program

campaign and/or community mobilization event		launches, etc;
8. # of training events conducted by primary training type	2,350	In 18 countries
9. # of persons trained by primary training type and cadre	69,785	In 18 countries; trainings were in family planning (clinical, IP, FP counseling, FP/CTU update, etc); maternity care (PAC, AMSTL, EMOC), FP-HIV integration (FP-ART, PMTCT, HIV), gender, youth friendly services, quality improvement and other.
10. % of persons trained in clinical trainings who performed to established guidelines and standards by the end of the training, by training type and cadre	92%	Average for Bangladesh clinical trainings based on national standards and guidelines; 5 other countries collected this data but on too small numbers to be included here (Honduras, Ethiopia, Uganda, Kenya and Senegal); this is an indicator that was added at the end of the project and needs further development.
11. # of countries where ACQUIRE has provided support to national norms, standards and guidelines	9 countries	Support was defined as technical assistance and included support such as designing, updating or distributing national norms/standards and guidelines. Countries were: Bangladesh, Bolivia, Cambodia, DRC, Honduras, Senegal, Republic of South Africa, Tanzania and Uganda.
12. # of countries where ACQUIRE has provided support to reduce barriers to services	12 countries	Support was defined as technical assistance and included barriers such as changing program policies, regulations and procedures that restrict access to RH/FP. Countries were: Bangladesh, Bolivia, Cambodia, DRC, Ethiopia, Guinea, Honduras, Kenya, Madagascar, Nepal, Republic of South Africa, Uganda,

Table 2. Country Service Statistics

	Countries receiving field support					Country partnerships				Other GLP countries		
	Bangladesh	Bolivia	Tanzania	Honduras	Guinea	Ethiopia	Mali	Uganda	Kenya	Senegal	DRC	Totals
Number of LAPM clients served												
Yr 1	85,158	6,223	9,420	9,662								110,463
Yr 2	247,359	6,958	25,055	6,369	128							285,869
Yr 3	423,474	6,406	37,825	12,420	373	120	311	465	1,016		276	482,686
Yr 4	428,128	4,835	66,549	10,996	401	184		1,419	1,634	187	467	514,800
Yr 5	612,826		100,620			4,868					514	718,828
Totals	1,796,945	24,422	239,469	39,447	902	5,172	311	1,884	2,650	187	1,257	2,112,646
LAPM clients by type (Yr 1-Yr 5)												
Female Sterilization	330,278	6,277	108,733	26,417		9		112	162		513	472,501
Male Sterilization	279,131	62	606	197		1		3	142		2	280,144
IUD	864,988	18,083	21,264	12,833	902	856		86	1,748	167	735	921,662
Implant	322,548		108,866			4,306	311	1,683	598	20	7	438,339
Totals	1,796,945	24,422	239,469	39,447	902	5,172	311	1,884	2,650	187	1,257	2,112,646

APPENDIX III: Fistula Activities

Overview

EngenderHealth has worked in fistula treatment and care since 2001 with support from multiple donors. Through ACQUIRE, AWARE and other USAID-supported mechanisms, fistula repair sites were established or strengthened in ten countries. In addition, ACQUIRE provided support to two regional initiatives supported by USAID/WARP and by USAID/East Africa Mission to increase awareness of, and access to, services. At the global level, ACQUIRE provided technical and management support to these country and global initiatives to improve the quality of services, to share experiences and to monitor, evaluate and report on progress made. Global leadership was also provided in the development of research protocols and tools, and the design of models to increase efficiency and effectiveness of fistula repair centers.

The fistula program began in 2004 with only 4 sites in 2 countries supported, and grew to 25 sites and three pre-repair centers (in Ethiopia.) The majority of sites began operations in January 2006; other countries (Sierra Leone, Niger[3], and Nigeria) were added in later months. Two of the original sites (the ship *Anastasis*, moored off the coast of Ghana and Mulago Hospital in Uganda) no longer receive support. In September 2007, USAID awarded an Associate Cooperative Agreement (No. GHS-A-00-07-00021-00) for Fistula Care to EngenderHealth. This award was designed to increase access to repairs services for women with fistula, to link safe motherhood initiatives to prevent obstetric fistula and other childbirth traumas and to promote strategies to address gender issues that contribute to the occurrence of obstetric and traumatic gynecologic fistula in selected institutions in sub Sahara Africa and South Asia.

[3] Funding for activities in Niger were funded primarily through the AWARE-RH Project. Funding from the AWARE-RH project ended in March 2008.

Table 3. Number of supported fistula sites by country, July 2007-June 2008	
Country	**# of Sites**
Bangladesh	3
Democratic Republic of Congo (DRC)	2
Ethiopia[4]	2 repair + 3 referral centers
Guinea	2
Niger	4
Nigeria	5
Rwanda	2
Sierra Leone	1
Uganda	2

ACQUIRE/Fistula Care's ongoing global coordination activities included the continued provision of support to 9 country programs in workplan and budget development, the management of subagreements, the provision of technical assistance in service delivery, training and quality improvement, and in monitoring and evaluation of USAID-supported fistula programs (Table 3).

Counseling the obstetric fistula client: A training curriculum.

Provision of counseling should be an integral part of comprehensive obstetric fistula care services. This curriculum was designed to prepare providers to meet the information and counseling needs of obstetric fistula clients before, during and following treatment, including referral for services and issues which may be outside the scope of providers responsibilities. The training materials focus on counseling clients with *obstetric fistula*, which is generally caused by obstructed labor. The curriculum was used in 5 countries (Bangladesh, Nigeria, Rwanda, Uganda, and by UNFPA in Eritrea).

Fistula may also be caused by other factors, including sexual violence (which causes *traumatic gynecologic fistula*). Although the clinical outcomes of different types of fistula are often similar, the counseling needs of women may be very different. In order to address the needs of women who have suffered a traumatic fistula, Fistula Care is developing a module on **counseling the traumatic fistula patient** which will be a companion piece to this counseling training curriculum.

Digital Stories

In August 2007, the ACQUIRE Fistula Project collaborated with the Center for Digital Storytelling (CDS) to produce a series of 11 **digital stories** created by and documenting the experiences of fistula clients in Uganda. CDS and ACQUIRE also conducted a series of video interviews with fistula surgeons, nurses and ACQUIRE fistula staff to complement the client stories on the final DVD. The digital stories workshop included 11 fistula clients and four interpreters. The digital storytelling workshop included a story circle, during which all participants told their individual stories about how they developed their fistula and what their lives have been like since. The participants worked with interpreters to finalize these narratives, while the CDS facilitators and ACQUIRE staff scanned photos and took video footage for the story's visual component. In April 2008, EngenderHealth/Uganda office held a dissemination meeting to launch the DVD--"Learning From My Story: Women Confront Fistula in Rural Uganda". At this same meeting the results from the

[4] Repair sites are operated by the Addis Abada Fistula Hospital with bilateral funds from USAID/Ethiopia.

study "Sharing The Burden; Ugandan Women Speak About Obstetric Fistula"[5] were disseminated. Among the invited guests at this event were the Minister of State for Primary Health Care, Dr Emmanuel Otala, USAID Mission Director Ms Margot Ellis and the Commissioner for Clinical Services Dr Jacinto Amandua. The Uganda fistula program will be utilizing these DVDs in training for surgeons and other health personal. In FY 08-09 the Fistula Care project will prepare a facilitators guide to accompany the DVDs in training.

Dissemination about fistula work.

ACQUIRE/Fistula Care staff from global and country programs made several presentations about USAID supported fistula work at national and international meetings during the past year.

- In October 2007 ACQUIRE/Fistula Care staff led a session at the **MAQ Mini-University** about USAID supported fistula activities and included the screening of two of the digital stories from Uganda.
- ACQUIRE/Fistula Care staff from New York, Uganda and Nigeria attended the **Women Deliver Conference** in London in October 2007. Presentations were made about USAID supported work at Gusau General Hospital in Zamfara State in Nigeria and the Uganda Digital stories.
- ACQUIRE/Fistula Care sponsored the presentation of 4 technical papers/posters on traumatic fistula s at the **Reproductive Health in Emergencies Conference,** held in June 2008 in Kampala, Uganda.
- Two papers were published in the last year highlighting issues about traumatic fistula:

    - "Obstetric fistula and the challenge to maternal health care systems: by Joseph Ruminjo published in the *IPPF Medical Bulletin* (Vol 41, Number 4)
    - "Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case Studies", by Ahuka Ona Longombe, Kasereka Masumbuko Claude, and Joseph Ruminjo, Published in *Reproductive Health Matters* (2008;16(31):132–141)

Family Planning

The ACQUIRE Project developed a programming concept note for partnering with fistula patients to help them have the children they want—i.e., **integrating family planning into fistula treatment services.** In July 2008 ACQUIRE staff l traveled to Nigeria to work with fistula supported sites to strengthen this component of care and services. This trip also provided an opportunity to further expand this concept note to address key prevention activities and services Fistula Care supported centers can address. (Fistula Care field support funds)

Data to Improve the Quality and Performance of Fistula Services

There is a lack of detailed information on the social causes of fistula and a severe gap in the evidence around the factors and pre- and post-operative techniques that influence the success of fistula repair. To answer some of the most pressing clinical research questions and to inform future interventions and further research, in consultation with USAID/W, ACQUIRE developed a **prospective facility-based study** on the *Determinants of post-operative outcomes in fistula repair surgery*. This study, started with the ACQUIRE project will be completed under the Fistula Care project and will be carried out in 13 sites in six countries: Bangladesh, Guinea, Niger, Nigeria, Rwanda and Uganda. The primary objective of the study is to determine predictors of complications and success of fistula repair surgery. The study will consider circumstances surrounding development of the fistula (including obstetric history), anatomical

[5] The study was conducted in 2005 by Women's Dignity Project and EngenderHealth, in collaboration with the Association for Reorientation and Rehabilitation of Teso Women for Development, The Good Hope Foundation for Rural Development, and Kitovu Mission Hospital, with support from Ministry of Health, Uganda

and clinical characteristics of the fistula, and pre-, intra- and post-operative techniques used. A secondary objective is to examine socio-structural factors associated with fistula. The study will gather socio-demographic and other background information, details of the circumstances surrounding development of the fistula and explore issues around availability of and access to obstetric services, thus helping us to identify some of the socio-structural factors associated with development of fistula.

Country level approvals have been obtained and data collection began in December 2007. Study recruitment is now ongoing in a total of seven study sites: 3 sites in Bangladesh, 2 sites in Guinea and 2 sites in Uganda. As of June 30, 2008, a total of a total of 265 participants were enrolled, 229 had surgery and 108 returned for their three month post-surgery follow-up visit. Research activities began in Nigeria, Niger and Rwanda.

ACQUIRE/Fistula Care continued to coordinate its efforts with UNFPA/Johns Hopkins University/WHO which will be conducting a study on fistula entitled *Prognosis, Improvements in Quality of Life (QOL) and Social Integration of Women with Obstetric Fistula after Surgical Treatments: A Collaborative JHU/UNFPA/WHO Study*. The study, which will be done in collaboration with medical institutions in seven high fistula prevalent countries (Bangladesh, Benin, Ethiopia, Mali, Niger, Nigeria, Sudan, and Tanzania[6]) will examine post-operative prognosis, improvement in quality of life, social integration, and rehabilitation of fistula patients after surgical treatments. The study data will be further utilized for developing a standardized classification system that allows for the predictability of prognosis. In April 2008, ACQUIRE/Fistula Care participated in a two day expert panel review of the proposed study along with other international stakeholders. Fistula Care will continue to engage in dialogue with this group about the two studies as our intent is to ensure, as far as possible, that through cooperation we will be able to gather a larger body of data from which to make observations and useful findings, particularly in regard to clinical data and the development of a classification system for fistula.

ACQUIRE/Fistula Care continued its participation in meetings of the **International Obstetric Fistula Working Group**, attending two teleconference meetings and the annual meeting in Accra, Ghana in April 2008. ACQUIRE/Fistula Care staff reviewed and commented on core indicators for fistula treatment, prevention and social re-integration which the working group developed.

Narrative of Key Results/Accomplishments July 1, 2007 – June 30, 2008

Access to fistula repair services provided in nine countries

During the past fiscal year, ACQUIRE/Fistula Care expanded support of fistula repair and prevention services to a total of 26[7] project sites in ten countries. ACQUIRE/Fistula Care continued to provide ongoing support to services in Bangladesh, DRC, Ethiopia, Guinea, Niger, Nigeria, Rwanda, Sierra Leone, and Uganda[8].

As a result of ACQUIRE/Fistula Care support, **4.692** women received life-altering fistula repair services at current project sites between July 2007 and June 2008 (Table 4). A total of **77 surgeons participated in fistula repair training** (includes first time training and follow /refresher training).

[6] There is country overlap in the studies—Bangladesh, Niger and Nigeria. We have coordinated efforts to ensure there is no overlap in sites for the studies.

[7] Includes three referral centers in Ethiopia managed by IntraHealth and 2 repair centers managed by the Addis Ababa Fistula Hospital.

[8] Funding for work in the DRC and Ethiopia was not through ACQUIRE, rather other USAID funding mechanisms with fistula earmarked funds. ACQUIRE funding for activities in Guinea ended in September 2007, in Sierra Leone in March 2008, and in Nigeria in May 2008. ACQUIRE funds continue to be used to support work in Bangladesh, Rwanda and Uganda. Funding for in country activities in Niger were provided by the AWARE-RH project through March 2008.

Other training to address the needs of providers and to provide quality, holistic care for fistula clients included FP counseling, infection prevention, quality assurance, prevention and referral messages through outreach; see Table5. (Table 6 presents data from January through 2006.)

Prevention Activities

Project sites in Bangladesh, DRC, Ethiopia, Guinea, Niger and Nigeria conduct **fistula awareness-raising events.** During July 2007-June 2008 period project supported sites reached more than **300,000 persons in 6 countries**; see Table 7. Programs are using a variety of venues and to reach out with prevention messages including girls schools, In Nigeria Religious leaders are being trained to provide information about fistula prevention in their communities.

In October 2007, fistula supported sites began reporting on provision of family planning services—FP counseling and/or provision of FP methods for any woman getting those services at the sites (not just fistula patients). Many of the supported sites conduct outreach activities which focus on prevention interventions, family planning being a key prevention intervention. As shown below in Table 8 nearly **18,000 women were counseled about FP and more than 20,000 accepted a method.** In Ethiopia the program reported many more women getting an FP method than were counseled because they only report on counseling for FP for new clients; counseling for continuing FP clients are not counted.

Supporting South-to-South Learning Among Fistula Programs

With support from USAID, the ACQUIRE, AWARE-RH, and Fistula Care projects, we held a ***Fistula Partner's Meeting*** in Accra, Ghana from April 15-17, 2008. The purpose of the meeting was to advance the state of the art on fistula prevention and care. The meeting facilitated the exchange of successes and challenges experienced, allowing providers, program staff and partners to share nascent or successful programming models and to engage in smaller working group discussions to give guidance on strategies to improve the quality of care, program indicators, research priorities and advocacy needs to support the sustainability of services.

The primary focus of the meeting was to provide a forum for fistula providers – surgeons, nurses, counselors, etc.– to come together and discuss their needs, challenges, remaining gaps and successes in fistula repair and care. While there have been several international fistula meetings held over the past few years, at this meeting the voices of fistula providers supported by USAID, those working on the frontlines in fistula prevention and treatment, took prominence.

The three primary objectives were:

- To share current interventions being used to manage the continuum of comprehensive fistula management services – from prevention to repair to rehabilitation;
- To analyze the successes and challenges of such interventions, and identify the current gaps; and
- To identify gaps in fistula programming and to make recommendations about best practices for addressing those gaps.

Beyond its focus on the landscape of clinical, service delivery and training needs, the workshop participants also considered the ethics of fistula care and opportunities for research and advocacy. The meeting brought together more than 70 individuals from 16 countries, primarily from the West African region, to provide a real opportunity for south-to-south exchange and reflection on how far we have come and where the movement will go in the next several years. A copy of the meeting report is available from EngenderHealth.

Evaluation of Sierra Leone Fistula Repair Program

In January 2007, the Aberdeen West Africa Fistula Center, a program managed by Mercy Ships, was awarded a 12-month sub-agreement with funds from U.S. Agency for International Development (USAID) through the ACQUIRE Project. At the request of Mercy Ships, an evaluation of the fistula activities at the Fistula Center in Freetown was conducted. Fistula Care and Mercy Ships staff carried out the joint review in January/February 2008. Evaluation methods included a review of project documents, observations, and individual interviews with staff, a surgical trainer, former patients, and other stake-holders. The evaluation was designed to address seven broad issues, all with a focus on *service delivery, training, outreach, prevention, and re-integration* activities. Recommendations were made which will be considered in the next round of funding from USAID through the Fistula Care Project (a new subagreement is expected to be awarded in the next quarter).

Table 4: Fistula results by country: Number of repairs FY 2005/06 thru 2007/08

Country	July 2005-June 2006	July 2006-June 2007	July 2007-June 2008	Totals July 2005-June 2008
Bangladesh	65	114	124	310
Democratic Republic of Congo	484[9]	512	421	933
Ethiopia	32	170	707[10]	909
Ghana		63		63
Guinea	134	277	242[11]	653
Niger			206	206
Nigeria		0[12]	2,149	2,149
Rwanda	90	192	104	366
Sierra Leone		201	340[13]	541
Uganda	289	391	399[14]	1,102
Total	**1,094**	**2,197**	**4,692**	**7,209**

Shaded cells: no program activity supported by ACQUIRE

[9] Data cannot be confirmed. This is an estimate.
[10] Includes direct reporting from two fistula supported repair centers. Data in previous year are underestimates as they only reflect data on women referred from pre repair centers.
[11] ACQUIRE funds in Guinea were depleted in September 2007. Data represents the full FY. Repairs in July-Sept quarter=65.
[12] Data for the Period January to September 2007, Fistula Care reporting cycle could not be disaggregated by quarter. Therefore all services provided in the Jan-June 2007 period are reported in the next FY figures.
[13] ACQUIRE funds ran out in March 2008. Data for April-June were provided by Mercy Ships and are included in the total (85 repairs April-June). These repairs were funded through Mercy Ships resources.
[14] ACQUIRE funds ran out in March 2008 for one site. 68 repairs were supported by UNFPA.

Table 5: Training for fistula care by country: Number of events and persons trained by topic, July 2007 to June 2008

	Bangladesh	DRC	Ethiopia	Guinea	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	1	2	17[15]	0	3	12	2	2	5	**44**
Follow up fistula repair & care training for surgeons	0	4	0	9	4	6	8	2	0	**33**
Fistula nursing care	20	7	0	26	12	10	8	0	13	**96**
Fistula Management	0	0	14				0	0	0	**14**
Infection Prevention	0	0	0	20	80	35	0	0	0	**135**
Quality Assurance	0	0	0	0	60			0	0	**60**
Safe motherhood	0	0	0	0	0	0	0	0	0	**0**
Fistula Counseling	30	0	0	0	0	0	0	13	16	**59**
FP Counseling[16]	0	0	0	0	0	78	0	0	0	**78**
Contraceptive Technology Updates	0	0	0	0	0	20	0	0	0	**20**
Men As Partners	0	0	0	120	0	14	0	0	0	**134**
Community Outreach & Advocacy[17]	54		1,947	64	20	12	0	0	0	**2,097**
Data Management[18]	17	0	0	6	6	68	8	0	8	**113**
Other[19]	28	0	733	25	4	33	0	0	4	**827**
Total	**150**	**13**	**2,711**	**270**	**189**	**288**	**26**	**17**	**46**	**3,710**

[15] No information provided about whether this was first of follow up training of surgeons.
[16] Includes a TOT training in Nigeria.
[17] Includes prevention and referral in Ethiopia
[18] Includes training in research methods for the global study.
[19] Other includes: In Bangladesh Gender Training; in Ethiopia unspecified (community outreach workers, TBAs, nurses etc from Addis Ababa Fistula Foundation Hospital; Guinea: municipal council members for community outreach related work; in Niger orientation to fistula repair surgery; in Nigeria grants management/USG policies; in Uganda anesthetists.

Table 6: Training for Fistula Care: number of event and persons trained by topic, January 2006-June 2006[20]

	Bangladesh	DRC	Ethiopia	Guinea	Rwanda	Uganda	Total
First fistula repair & care training for surgeons	0	2	0	7	11	5	**25**
Follow up fistula repair & care training for surgeons	0	1	0	0	0	0	**1**
Fistula nursing care	15	1	20	20	0	7	**63**
Infection Prevention	0			125	0	0	**125**
Safe motherhood	0	8			0	0	**8**
Prevention & Referral/community outreach	0		346	0	0	0	**346**
Other	0				0	1[21]	**1**
Total	**15**	**12**	**366**	**152**	**11**	**13**	**569**

Table 7: Number of community members reached through outreach efforts, July 2007 to June 2008, Selected Countries

Country	Number Community Members Reached
Bangladesh	30,039
DRC	17,224
Ethiopia	255,143
Guinea	1,243
Niger	5,982
Nigeria	25,070
Total	**334,701**

[20] Data collection activities began formally in Jan 2006. Activities for DRC have been updated.
[21] Anesthetist

Table 8: Number clients counseled for FP and number accepting FP method by country at Fistula Supported Sites, October 2007-June 2008[22]

	Number Counseled	Number provided with FP method
Bangladesh	4225	2,818
Ethiopia[23]	6,395	13,180
Guinea[24]	16	114
Niger	2,998	1,952
Nigeria	3,684	2,207
Rwanda[25]	0	131
Uganda[26]	270	81
Total	**17,588**	**20,483**

[22] FP data not reported from DRC. No FP services provided at the supported site in Sierra Leone. Only 1 site in Uganda provides FP services (both provide counseling).
[23] Number counseled for FP in Ethiopia is lower than the number of women getting FP methods because data is only captured on counseling for women who are first time FP clients.
[24] Counseling for FP not reported for 1 quarter.
[25] Counseling data not captured. FP services reported for first time in January at one site; second site reported for first time in April 2008
[26] Only 1 site in Uganda provides FP services (both provide counseling).

APPENDIX IV: Funding Overview

Figure 7 shows the total revenue for the ACQUIRE Project ($86,658,407) disaggregated by Core, Field Support, PEPFAR, and Allocables for the life of the project, FY03-FY08. Beginning in FY05, USAID allowed for deducting 5% of any new field support funding from the gross obligation for managing activities. The policy of deducting "allocables" was then extended to all new funding for the ACQUIRE project. **Figure 8** shows the total expenses for the ACQUIRE Project ($84,749,499) as of September 30, 2008. The balance of funding available at September 30, 2008 is $1,908,908. Three project areas – Gender Initiative, Bangladesh, and Fistula – have been granted extensions through December 31, 2008 to complete activities.

Figure 9 shows total revenue received ($14,338,069) in the last fiscal year of the project, broken down between Core ($5,967,000) and Field Support ($8,371,069). **Figure 10** shows Core revenue for FY 2007/08 ($5,967,000). ACQUIRE received core funding in FY2007/08 in two types: Core-Core ($5,502,000) and Global Leadership Priorities (GLP - $465,000). Beginning in FY07, all new revenue for fistula was obligated through the Fistula Care Associate Award.

Figure 11 shows Core expenses for the period 7/1/07 – 9/30/08 ($5,701,941). The balance of core revenue (and allocables) at 9/30/08 will be spent by 12/31/08 in managing the projects that have been extended through December 31, 2008.

Figure 12 shows the data on Field Support funding for the life of the project. Total revenue equaled $53,491,858; total expenses to date equal $51,818,058. The regional breakdown is: Africa (66%); Asia (22%); and Latin America (12%).

Figure 13 shows the breakdown of field support revenue and expenses for FY2007/2008. By far, the largest amount of Field Support revenue received was for Africa. In Africa, approximately 72% of the total ($5.7M) was PEPFAR funding: South Africa received $1,580,000 and $1,982,269 was distributed across Ethiopia ($1.1M), Namibia ($582,269) and Mozambique ($300,000) for the Gender Initiative project. Tanzania received a total of $1,650,000 overall ($400,000 in PEPFAR and $1,250,000 in general Field Support). Cote d'Ivoire received $150,000 in PEPFAR funds. ACQUIRE was awarded $230,000 in Field Support funding to work in The Democratic Republic of the Congo to provide technical assistance and complement the work of The Jane Goodall Institute. Fistula-specific funds were granted to Nigeria ($100,000) and Bangladesh ($228,000) to bridge the time period prior to the inception of the Fistula Care Associate Award. In Asia, Bangladesh was the sole country to receive funding: $1,700,000 in general field support. Honduras was the only country in Latin America to receive funding ($300,000). In FY 2007/08, in addition to the Fistula Care Associate Award ($70M over five years), Tanzania transitioned to an Associate Awards ($33M over five years). As of this writing Bangladesh hopes to transition to an Associate Award in FY09.

As mentioned earlier, three programs were granted three-month extensions to complete their ACQUIRE-funded activities. **Figure 14** shows projected expenses through December 31, 2008 for the Gender Initiative Project, Bangladesh, and Fistula activities. For all other field support funding, after making final adjustments, we will ask USAID for permission to use any field support funding remaining (at 9/30/08) in managing the projects that have been extended through December 1, 2008.

Figure 15 shows the subaward funding to partners to date. ACQUIRE has allocated the core funds as agreed in the initial agreement among the partners. CARE, IntraHealth and Meridian have

received the higher amounts and together account for 53% (excluding the Flex Fund) as they have had seconded full-time staff assigned to ACQUIRE. ADRA and SWAA, as Field Partners, received lesser amounts. The Ethiopia FlexFund (a pass-through account) accounted for 20% of the total core subaward amount. These funds were distributed among Save the Children, ADRA International, and PLAN International. Funds for The Jane Goodall Institute for work in The Democratic Republic of the Congo were also passed through ACQUIRE.

Figure 16 shows actual expenses incurred by the partners. In some instances, subaward expenses are somewhat lower than the obligated amounts. This is only a reflection of the final close-out process underway. The partners have all complied with the ACQUIRE agreement and are fulfilling their obligations.

Figure 7. ACQUIRE Revenue

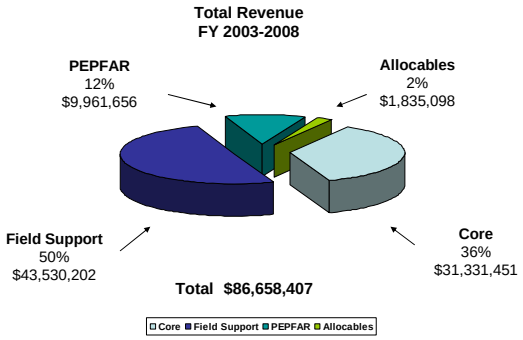


Figure 8. ACQUIRE Expenses

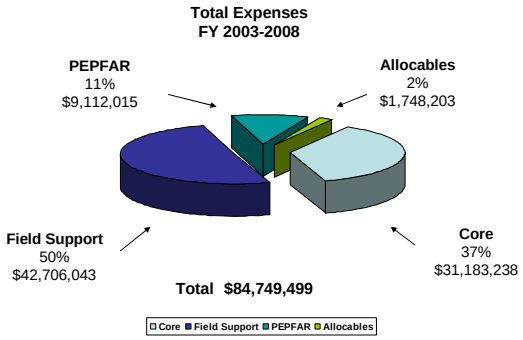


Figure 9. ACQUIRE Revenue

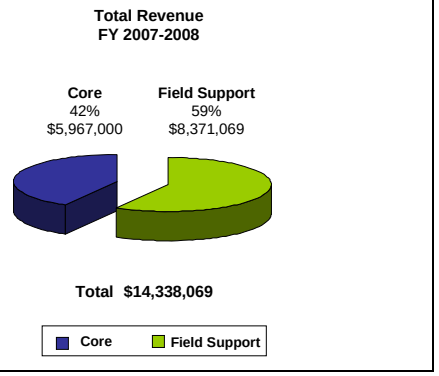


Figure 10. Core Revenue FY 2007/2008

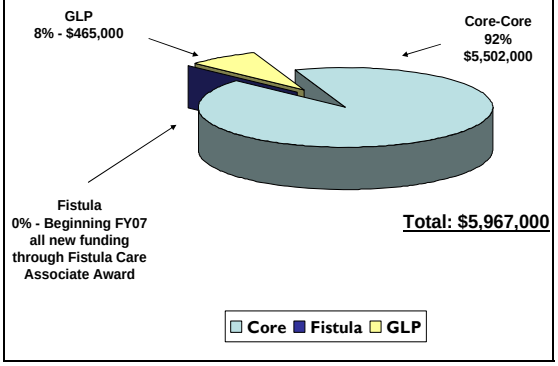


Figure 11. Core Expenses FY 2007/2008

(covers period 7/1/07 – 9/30/08)

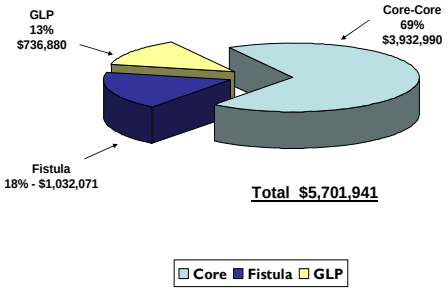


Figure 12. Field Support – Revenue/Expenses FY2003-2008

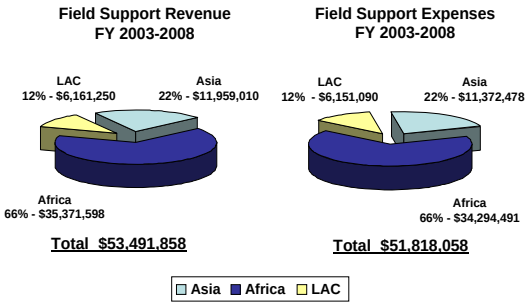


Figure 13. Field Support – Revenue/Expenses FY2007/2008
(covers period 7/1/07 – 9/30/08)

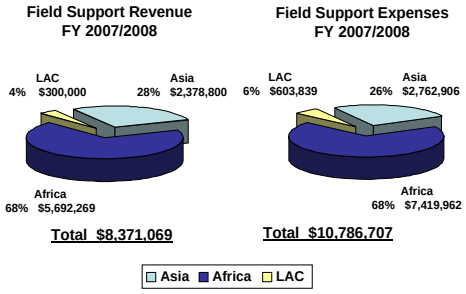


Figure 14. Field Support Expenses FY2009
(Projected expenses for projects extended through the period 10/1/08 – 12/31/08)

Gender Project	
• Ethiopia	$ 445,332
• Mozambique	144,619
• Nam bia	303,961
Bangladesh	554,525
Fistula Care	72,339

Figure 15. Actual Core Funded Subaward to Date (10/1/2003- 9/30/2008)

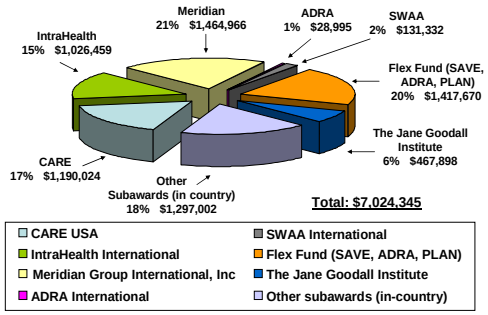


Figure 16. Actual Core Funded Subaward Expenses to Date (10/1/2003- 9/30/2008)