USAID, Caucasus, Azerbaijan

ACQUIRE Azerbaijan Reproductive Health and Family Planning Project
(CA 112-A-00-04-00033-00)
and
Azerbaijan Reproductive Health and Family Planning One-Year Follow-on Project
(AID-112-A-09-00002)

Final Report
October 1, 2004 - September 29, 2010
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<th>Description</th>
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<tbody>
<tr>
<td>ACQUIRE</td>
<td>Access, Quality and Use in Reproductive Health</td>
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<tr>
<td>ACQ</td>
<td>ACQUIRE</td>
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<tr>
<td>ADRA</td>
<td>Adventist Development and Relief Agency International</td>
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<tr>
<td>AHAP</td>
<td>Association for Healthcare Accreditation Professionals</td>
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<tr>
<td>AOTR</td>
<td>Agreement Officer’s Technical Representative</td>
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<tr>
<td>AMU</td>
<td>Azerbaijan Medical University</td>
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<tr>
<td>ARH</td>
<td>Adolescent Reproductive Health</td>
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<td>AZ</td>
<td>Azerbaijan</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>BCG</td>
<td>Bacillus Calmette-Guérin</td>
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<td>CA</td>
<td>Cooperative Agreement</td>
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<td>CDH</td>
<td>Central District Hospital</td>
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<td>CHO</td>
<td>Community Health Officer</td>
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<td>COC</td>
<td>Combined Oral Contraceptive</td>
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<tr>
<td>COPE®</td>
<td>Client-Oriented, Provider-Efficient services</td>
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<tr>
<td>CS</td>
<td>Counseling Session</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EDL</td>
<td>Essential Drug List</td>
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<td>FP</td>
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<td>Human Immunodeficiency Virus</td>
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<tr>
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<td>Headquarters</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>IP</td>
<td>Infection Prevention</td>
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<td>IUD</td>
<td>Intrauterine device</td>
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<td>LAM</td>
<td>Lactational Amenorrhea Method</td>
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<td>MCH</td>
<td>Maternal and Child Health Department</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MEC</td>
<td>Medical Eligibility Criteria</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>Ministry of Health</td>
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<td>Memorandum of Understanding</td>
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<td>MT</td>
<td>Master Trainer</td>
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<td>Medical University</td>
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<td>MWRA</td>
<td>Married Women of Reproductive Age</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>NRHO</td>
<td>National Reproductive Health Office</td>
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<tr>
<td>Ob/Gyn</td>
<td>Obstetricians/Gynecologists</td>
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<tr>
<td>PE</td>
<td>Peer Educator</td>
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<td>PGMEI</td>
<td>Azerbaijan State Postgraduate Medical Education Institute</td>
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<td>Peripheral Hospital</td>
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<td>Primary Health Care</td>
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<tr>
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<td>Project Management Plan</td>
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<td>Quality Improvement</td>
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<td>Save the Children</td>
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<td>SEED</td>
<td>Supply- Enabling Environment-Demand programming model</td>
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<td>S-D-A</td>
<td>Supply-Demand-Advocacy programming model</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TAR</td>
<td>Total Abortion Rate</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WRA</td>
<td>Women of Reproductive Age</td>
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EXECUTIVE SUMMARY

Despite strong efforts on behalf of the Post-Soviet Azerbaijan Ministry of Health (MOH) to improve the reproductive health and family planning, persistent and, in some cases, worsening health indicators demonstrate the need to improve standards and efficiency of the current health care system. A low contraceptive prevalence rate, high abortion, maternal mortality and morbidity, and child morbidity rates are particular concerns for the MOH. These poor conditions are shown to be worse in districts. Responding to these needs, the United State Agency for International Development (USAID) issued an Associate Award for a 5-year Access, Quality and Use in Reproductive Health (ACQUIRE) Azerbaijan Project in October 2004. In October 2009 the new Cooperative Agreement (CA) was awarded for a one-year Azerbaijan RH/FP Follow-on Project to maximize the impact and sustain the results.

The goal of this Project was to increase the access, availability, quality, and sustainability of Reproductive Health and Family Planning services. Using the World Health Organization (WHO) guiding principles in delivery of the interventions, the Project implemented the following components:

- Family Planning services integrated within preventive and curative sexual and reproductive health care.
- Education and counseling for informed and voluntary contraception decision making.
- Availability of and access to contraceptive supplies.
- Family planning within integrated primary health care, including the prevention and care for Sexually Transmitted Infections (STIs), including the Human Immunodeficiency Virus (HIV), cervix and breast cancer.

This report provides the summary of the ACQUIRE Azerbaijan Reproductive Health and Family Planning (RH/FP) Project and the one-year Follow-on Project achievements and results for the 6 year activities from October 1, 2004 till September 29, 2010.

Since October 2004, the ACQUIRE Project has been working in close collaboration with the Ministry of Health, local District Health Departments, ExComs, and local communities to improve the health of women and families in 14 districts. In September 2007, ACQUIRE began focusing its efforts on 6 districts (Aghsu, Kurdamir, Goychay, Ismailli, Shamakhi, and Sheki was included later) and expanded activities to Baku and Absheron in January 2008.

The Project focused on building national capacity for improving reproductive health (RH) care and creating a supportive policy environment for implementation of RH/FP activities. The Projects helped to foster increased access to and use of quality and safe FP/RH services by providing technical assistance (TA) to strengthen health systems through a comprehensive
Supply-Enabling Environment-Demand (SEED) programming model, with gender equity, counterparts’ and local partners’ involvement, integration of FP into other RH services, system strengthening integrated into the Project as crosscutting issues. This model is an emerging best programming practice that reflects a holistic understanding of the components and dynamics of health care systems that provide FP/RH services. The model has been developed under EngenderHealth’s Global ACQUIRE Project and it applies to national-, regional-, and district-level FP/RH services.

The SEED Model for FP/RH programs emerged from decades of family planning program experience. This model helps to conceptualize and guide the implementation of a comprehensive approach that uses a coordinated package of interventions. Initially, EngenderHealth named this model Supply-Demand-Advocacy (SDA), but over time came to call the ‘Advocacy’ component ‘Enabling Environment’ which better captures the range of contextual factors that need to be addressed to create effective and sustainable programs. At a global Family Planning Conference in Uganda in 2009, programs in Azerbaijan and Kenya were highlighted as prime examples of the SEED model in action.

Figure 1: EngenderHealth’s SEED Model for Family Planning Programming

This model is used to structure the report of the Azerbaijan FP/RH Project. The project’s strongest focus was on policy change in the area of RH/FP. The Project played a strong role at the national level by supporting the creation of policy groups and providing them
with technical assistance. ACQUIRE’s laudable assistance in developing the strategy, guidelines and protocols is highly valued by local partners. The Project continuously worked with the MOH and other partners on implementation and monitoring of protocols use.

The implementation of the Project addressed and reflected important policies - USAID, Millennium Development Goals (MDGs) as well as Government's Resolutions and programmes promulgated in the last few years. At the operational level, the Project was supported by a series of strategies, plans, and regulations specifying responsibilities and technical standards in the RH/FP field, developed during project life.

Many of the designed activities of the Project were professionally implemented and achieved desirable results. A more supportive policy environment for RH/FP programs implementation was created from districts up to the highest levels in the MOH and Parliament. The Project provided technical expertise and resources for National RH Strategy and Draft RH Law development. Guidelines, protocols, training curricula, Information, Education and Communication / Behavior Change Communication (IEC/BCC) advocacy materials for RH/FP were developed. Various training courses for health service providers, health education sessions for men and women groups were conducted using these materials.

Implementation of Facilitative Supervision (FS) and Client-Oriented-Provider-Efficient (COPE®) approaches and tools for Quality Improvement at the national and district level MOH departments and institutions provided opportunities for strengthening local government capacity. National experts and master trainers played a significant role in providing trainings, technical revision of the guidelines and materials developed with project support.

Follow-up and Monitoring and Evaluation (M&E) activities were regular and adequate during life of the project to track the implementation and achievements of the objectives and intermediate results according to designed indicators. However, some of indicators were changed based on feedback from the Midterm Assessment and USAID Evaluation and the Project Management Plan (PMP) was revised.

To sustain and expand the initiatives, approaches and activities to other districts, efforts were made on: (1) maintaining the networks of technical experts at different levels for implementation of activities; (2) integration of IEC/BCC with RH services in health facilities and educational programs in community, and; (3) mobilizing technical resources, to ensure that local institutions have their own plans for continuation of the Project activities particularly those related to National RH Strategy and national standards and guidelines on RH services.

Eliminating policy barriers is critical to the future success of the FP program in Azerbaijan. The Project made as a high priority advocating for policy changes. The MOH was resistant to the task shifting for gynecologists and midwives in order to increase access to RH/FP services. However, the Project was able to negotiate to undertake a pilot study to train midwives in IUD insertion and evaluate the results. This pilot study demonstrated great results on how the policy could be changed in order to allow midwives to provide IUD services.

The project reached 49% of the reproductive age (RA) population in 67 targeted communities. More than 170,000 people (almost 50,000 men and more than 100,000 women) of reproductive age attended Health Education Sessions on the following topics: FP, STIs, Adolescent
Reproductive Health (ARH) and Men Involvement in RH. The Project provided support to 62 primary and district level health facilities. Fifty-nine (96%) of them provide quality and safe RH/FP services. The Project established partnerships with 46 local pharmacies, 100% of them have at least 3 modern FP methods in stock.

The Project implemented a long national media campaign “Pregnancy Planning –Choose the Right Time!” A series of 5 national television spots were produced and aired almost 900 times per month on 3 TV stations. According to independent media research data, 75% of all women of reproductive age in Azerbaijan saw the spots on TV. In conjunction with the TV ad campaign, the Project ran a 4-month poster campaign in the Baku metro stations reaching an estimated 500,000 commuters each day in the capital city.

The Project objectives were operationalized into interlinked and specific Intermediate Results and outputs, and implementation was measured using monitoring and evaluation indicators. Overall the Project was managed and coordinated by EngenderHealth in partnership with the Adventist Development and Relief Agency International (ADRA) and Meridian Group International, Inc. (Meridian), both non-governmental organizations (NGOs) with headquarters located in the U.S., and IntraHealth International (through May 2006). The Project implementation at the national level was in close collaboration with MOH and National Reproductive Health Office (NRHO) as the focal point, and with active participation of the Public Health & Reform Center (PH&RC), the Azerbaijan Medical University (AMU) and the Postgraduate Medical Education Institute (PGMEI). In 7 target districts, the District MOH and the Executive Committee (ExCom) offices were very actively involved in all project activities including improvement of quality RH/FP services, community engagement and social marketing.

BACKGROUND

Azerbaijan’s healthcare system originally was developed as a part of the centrally controlled Soviet system. After the breakdown of the Soviet Union, Azerbaijan gained its independence in 1991. The loss of central governance through Moscow not only led to a political and civil restart, but also to a process of restructuring the health system. Starting out with a total lack of economic and managerial capacity, the health care system since found itself in a constant process of redefinition and transformation, orienting itself towards western standards.

Since 2004, within the framework of the Millennium Development Goals, the Azerbaijan RH/FP Project led by EngenderHealth has been active to improve maternal, child and family health, ensuring sustainability and maximum effectiveness by collaborating closely with others in the Maternal and Child Health (MCH) Department, the Azerbaijani MOH and the National Reproductive Health Office (NRHO). The project placed a high priority in implementing policy changes and therefore maintained high-level dialogue and advocacy with policy makers. Next to advocating for the integration of RH/FP services into the Primary Health Care agenda, it also focused on strengthening the MOH’s training and monitoring capacity and on developing and institutionalizing protocols and guidelines.

Family Planning Situation Analysis of Azerbaijan

The Total Abortion Rate (TAR) has decreased remarkably from 3.2 in 2001 to 2.3 in 2006 (DHS 2006). But the comparison to countries with similar cultural background or political history puts the Azerbaijani statistics into a different light. The DHS in Turkey (2003) showed a TAR
Use of Modern Contraception by Married Women

Source: National Demographic Health Surveys

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>% Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azerbaijan (2006)</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Moldova (2005)</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Turkey (2003)</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Russia (1999)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Turkmenistan (2000)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Kazakhstan (1999)</td>
<td>10</td>
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</tr>
</tbody>
</table>

fivelfold less than in Azerbaijan; in Uzbekistan the TAR (2002) was less than half of the Azerbaijani TAR. Forty-nine percent of the pregnancy losses in Azerbaijan are due to induced abortions. Shockingly, the time before or after abortion, a crucial moment for a possible behavior change, does not seem to be utilized effectively. Only 24 percent of the women with induced abortions have been counseled about FP methods; even less, only 16 percent, have had any practical advice on using a contraceptive method to avoid unwanted pregnancies in the future.

Research shows that use of modern contraception reduces the number of undesired pregnancies and abortions thus contributing to a decrease in maternal morbidity and mortality. Over the past five years, Azerbaijan has made some important gains in this area. Use of modern contraception has increased from 12% in 2001 (CDC) to 14.3% in 2006 (DHS) while the total abortion rate decreased from 3.2 (CDC) to 2.3 (DHS) during the same period. Despite these achievements, the high rate of abortion and low use of modern contraception remain critical reproductive health issues facing the nation. Azerbaijan has the lowest rate of modern contraception use in the region (see diagram) while the average Azerbaijani woman is likely to have more abortions than births during her reproductive lifetime.

The Government of Azerbaijan remains strongly committed to addressing the reproductive health and family planning needs of its people. In February 2008, the MOH inaugurated a new Comprehensive National Strategy for the Protection of Reproductive Health (2008-2015) which establishes national priorities and presents a detailed plan for improving the reproductive health of the population. Notably, the National Health Reform Program identifies reproductive health and family planning as priority service areas and the Parliament began work on a new RH law focusing on reproductive health in 2008.

**Introduction**

The goal of the project is to “Increase the access, availability, quality, and sustainability of RH/FP services.” Since October 2004, the Project has been working in close collaboration with the Ministry of Health, District Health Departments, ExComs, and local communities to improve the health of women and families in 14 districts. In September 2007, ACQUIRE began focusing its efforts on 6 districts (Aghsu, Kurdamir, Goychay, Ismailli, Shamakhi, and Sheki) and expanded activities to Baku and Absheron in January 2008.

In October 2009 a new Cooperative Agreement was signed by USAID for a one-year RH/FP Follow-on Project to maximize and make sustainable the Project's impact on FP/RH service provision through changes in health policies; building capacity in the Ministry of Health (MOH),
improved mobilization, allocation, and use of health care resources; improved quality of health care, including strengthening of healthcare supervisory systems; stimulating private sector supply of a wide range of quality contraceptive products; and continued awareness building about modern FP methods among men and women of reproductive age (WRA) within target communities.

**Overall, the program was a significant success, reaching more than 170,000 women and men of reproductive age, reaching 49% of the RA population with health education sessions in 7 project districts.**

The program’s strongest focus was on health system and **policy change** that aligned interventions with current health care changes and components of the national level health care reform strategies. Although there were many programs implemented in Azerbaijan since 1994, policy change has rarely been addressed.

The Azerbaijan Reproductive Health/ Family Planning (AZ RH/FP) Project played a greater role at the national level by supporting the creation and providing technical assistance to policy groups – the National RH Strategy development group, the Parliamentarians RH Law development working group, the National RH/FP Clinical Protocols development group. The study tour to Turkey was organized and carried out for 14 key stakeholders and policy makers in April 2006. The goals of the study tour were: 1) to increase participants’ awareness of Turkey’s experience in policy change, contraceptive security and in-service training capacity building; and 2) to derive conclusions for Azerbaijan. The Project has used the evidence based culture and best practice approaches to advocate for policy change. Through these efforts, the Project assisted the government of Azerbaijan in formulating national policies, including policies related to quality and safety of FP services as well as strategies in RH.

Another particularly important and successful strategy was the **introduction of RH/FP training to community-based health facilities.** The training of pediatricians, feldshers and nurses was particularly important given the lack of gynecologists in PHC settings. The project also developed, adapted, and translated curricula, job aids, and educational materials into the local language and established sustainable Village Health Committee groups.

Significant achievements were made also in improving the **quality of services through knowledge and skill training of health service providers at primary and secondary tier facilities.** Targets for strengthening included rural and district level hospitals in the areas of RH and FP, counseling, post-abortion and post-partum FP, infection prevention, and STIs. This was achieved through a cascade training approach whereby district and national staff persons were trained as trainers and then were supported in conducting follow-on training and monitoring within their area of management. In general, the MoH and health facility staff in all districts appreciated the comprehensiveness of the training that, in most cases, included both theory and practice. The Project also expanded training beyond strict technical skills to include topics such as quality assurance and adult learning methodology.

**The end line survey (June 2010) showed that the targeted districts reported a dramatic increase in FP users: 40.7% of married women currently use modern contraceptive**
methods. There was also a reduction in abortion and maternal morbidity attributable to the program interventions.

At the community level, the program was managed differently in the districts than in the Baku/Absheron models, taking advantage of local community leadership and structures to help expand knowledge and improve the practices of the local population. Community Engagement efforts greatly increased as 607 male and female Peer Educators/Health Promoters were oriented and trained in issues of reproductive health and family planning, sexually transmitted infections (STIs)/HIV, men involvement in RH and parent information on adolescent RH. In addition, exclusive breastfeeding, pregnancy and post-partum danger signs were included in Health Education sessions. An advantage in Azerbaijan is that the health care system reaches into even the most rural communities. This has provided excellent opportunities to utilize health facilities as platforms for public education and health promotion. Indeed, an important part of the technical training focused on improving the skills of health care workers in order to promote them as health educators and to contribute significantly to their knowledge.

There were also significant achievements in the monitoring and evaluation of the project activities including data gathering and process analyzing. This approach helped to ensure objectivity, uniformity in methodology and resulted in minimal errors in collection and tabulation.

Learning from similar projects with positive outcomes in other developing and developed countries and recognizing previous successes of capacity building within the group of midwives, the Project opened new and innovative paths of problem solving for Azerbaijan, taking into account the high and underestimated potential of Azerbaijani midwives. The pilot study on IUD services by midwives demonstrated that empowerment of the Azerbaijani midwife to a full-fledged FP provider may crucially contribute to the reduction of unwanted pregnancies and high abortion rates by making modern contraceptives easily accessible to every woman and by providing high quality services on a wider and decentralized basis. If the general knowledge of modern contraceptives improves, FP services may be used more frequently and consciously.

**AZERBAIJAN RH/FP PROJECT INDICATORS AND RESULTS**

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<thead>
<tr>
<th>Indicator</th>
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<th>Targets</th>
<th>End line data</th>
<th>Comments</th>
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<td>1.1.1. Number of policies or guidelines developed, drafted or changed with the Project assistance to improve access to and use of FP/RH services</td>
<td>0</td>
<td>5</td>
<td>Achieved: 5 1. National RH strategy, 2. National Clinical Protocols on FP counseling and modern methods:  - Combined Oral Contraceptives (COCs)  - IUD  - Progesterone Only Pills  - Injectables  - Spermicides  - Lactational Amenorrhea Method (LAM)</td>
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</tr>
<tr>
<td>Indicator</td>
<td>Baseline data</td>
<td>Targets</td>
<td>End line data</td>
<td>Comments</td>
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<tr>
<td>Comments</td>
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**1.1.2. Number of events (e.g., international /national conferences, study tours/trainings) attended by key MOH officials**

<table>
<thead>
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<th>Targets</th>
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<tr>
<td>Strengthen MOH training and monitoring capacity; developing and institutionalizing protocols and guidelines</td>
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**2.1. Increased pool of trained staff providing an appropriate range of FP methods**

<table>
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<th>Indicator</th>
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<th>Targets</th>
<th>End line data</th>
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<tr>
<td>2.1.1. Number of people trained in FP/RH services supported by Project</td>
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<td>6</td>
<td>Exceeded: 30</td>
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- 3 study tours for Gov Officials,
- 5 Round Tables,
- 6 Training of Trainers (TOTs),
- 9 orientation meetings,
- 2 national Quality Improvement (QI) conferences,
- 1 Draft RH Law discussion in Parliament session,
- 1 Academic Consultation on Strengthening Pre-service Family Planning Teaching (Georgia October, 2008 and Baku December, 2009)
- 1 Evidence-based medicine course in Moscow (two representatives from PH&RC)
- 1 Round Table to discuss draft RH Law
- 2 Study Tours to Turkey
- 1 National Conference on STI
- 1 Workshop on Men Involvement on Family Issues
- 1 Universal Access to Family Planning Conference, Kampala, Uganda, November, 2009

**Additional Notes:**

- **Note:** In addition there were trained 244 HSPs on FP basic and 24 Aptek staff.
- **NEW Save the Children (SC) sites**
- **Note:** All together 635 (targets-289 & not targets 346) participants from 40 districts attended one-day training and were oriented in Family Planning.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Targets</th>
<th>End line data</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>2.2.1. Percent of targeted HF's ready to provide FP services</td>
<td>3 HFs</td>
<td>Increased to at least 90%</td>
<td>Exceeded 56 HF's (92%) of targeted HF's ready to provide services</td>
<td></td>
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<tr>
<td>2.2.2. Percent of observed health service providers offering FP counseling sessions deemed to be of high quality</td>
<td>0</td>
<td>Increased to at least 60%</td>
<td>Exceeded 61% of observed trained HSPs performing to standards in 3 project areas</td>
<td></td>
</tr>
<tr>
<td>2.3.1 Number of Health Facilities where COPE approaches and tools have been introduced</td>
<td>0</td>
<td>More than 60% of target sites have COPE approach and tools introduced.</td>
<td>Exceeded 38 HF's are completed with COPE introduction 38 (62%) out of 61 targeted HF's</td>
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</tr>
<tr>
<td>2.3.2. Number and percent of target health care facilities that are routinely applying quality improvement (QI) tools and approaches.</td>
<td>0</td>
<td>The Project staff determined targets for each quarter according to annual work plan.</td>
<td>Exceeded 30 HF's (79% of all COPE sites and 49 % of targeted HF's) routinely use QI tools 21 (55%) out of 38 health facilities where Quality Improvement tools were introduced use COPE with project support 12 HF's (32 %) out of 38 health facilities sustainable use COPE tools and institutionalized at the facility level</td>
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<tr>
<td>2.3.3. Percent of FP client interviews at target health care facilities who were satisfied with services received</td>
<td>0</td>
<td>60%</td>
<td>Exceeded 96.9% (source: client exit interview, December, 2008) 77% (source: monitoring September, 2009) 96% (source: “Review of QI approach and tools implementation”, June, 2010)</td>
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<tr>
<td>2.4. Developing and institutionalizing RH/FP clinical protocols and guidelines</td>
<td>0</td>
<td>Up to 185 previously trained HSPs visited with NRHO and Project staff</td>
<td>Exceeded: 215 trained HSPs from total 85 health facilities in 16 districts visited. 208 HSPs observed on FP services. (Countrywide Monitoring conducted by NRHO in October - December, 2009)</td>
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<tr>
<td>2.5. Advocate for RH/FP/IP teaching strengthened in pre-and in-service education</td>
<td>0</td>
<td>Up to 12 faculties of the Medical University (MU)</td>
<td>Exceeded 23 faculty members trained Note: In addition 5 PIU trainers were trained</td>
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<tr>
<td>Indicator</td>
<td>Baseline data</td>
<td>Targets</td>
<td>End line data</td>
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<tr>
<td>insertion/TOT and PGMEI trained on FP Basic/IP/FP Counseling /IUD insertion/Training methodology</td>
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<tr>
<td>2.5.2. FP manual for AMU students introduced and used</td>
<td>0</td>
<td>Up to 15 faculty members of AMU use the newly developed RH/FP manual for students (with project support)</td>
<td>Exceeded</td>
<td>23 faculty members use RH/FP Manual in teaching process 600 copies of RH/FP Manual printed Open class for students conducted by AMU Ob/Gyn department #1 faculty members Follow up of newly trained faculty members to assist on the use of the RH/FP Manual Technical Consultation Meeting on “Strengthening Pre-Service and In-service RH/FP Teaching” Presentation of RH/FP manual by AMU/MOH, September 2010</td>
</tr>
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</table>

**IR3: Advocate for the integration of RH/FP services into Primary Health Care (PHC) reform agenda**

**3.1. Increased range of methods available to clients at project-supported sites**

**3.1.1.** Percent of women who received FP counseling in targeted HFs among women of ages 15 – 49

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<thead>
<tr>
<th>Baseline data</th>
<th>Targets</th>
<th>End line data</th>
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<tr>
<td>0</td>
<td>The Project determined targets for each quarter according on quarterly PMP</td>
<td>Achieved Total - 88,764 WRA CORE -100% of WRA (47,740 FP Counseling Sessions [CS]) Sheki - 45% of WRA (12,287 FP CS) Baku/AB - % is N/A (28,737 FP CS)</td>
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**3.1.2.** Number and percent of women who received a prescription or and were provided a modern contraceptive method among all women who received FP counseling

<table>
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<tr>
<th>Baseline data</th>
<th>Targets</th>
<th>End line data</th>
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<tr>
<td>0</td>
<td>At least 2% increase each quarter</td>
<td>Exceeded Totally: Prescribed - 41,639 (47% of counseled women) Provided - 7,710 (9% of counseled women) CORE: Prescribed: 25,785 WRA (54% of counseled women) Provided: 4,006 (8%) Sheki: Prescribed: 6,401 WRA (52%) Provided: 1,825 (15%) Baku/Absheron: Prescribed: 9,453 WRA (33%) Provided 1,879 (7%)</td>
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**3.1.3.** Percent of women and men of RA using a modern FP method

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<th>Baseline data</th>
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<th>End line data</th>
<th>Comments</th>
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<tr>
<td>8.9%W &amp; 13.8%M-Core 9.2W &amp; 16, 9%M-Sheki 15.2%W &amp; 11.5%M-Baku/Absheron</td>
<td>Increased to at least: 20%women 20% men</td>
<td>Exceeded TOTAL: - 38.4% (Men - 46.7%, Women - 35.7%) 32.3%W &amp; 46.3%M-CORE 47.1W &amp; 57.8%M-Sheki 29.2%W &amp; 35.6%M-Baku/Absheron</td>
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**IR4: Social Marketing and Quality Contraceptives**

**4.1. Increased # and type of sites where FP/RH information and services are available**
<table>
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<tr>
<th>Indicator</th>
<th>Baseline data</th>
<th>Targets</th>
<th>End line data</th>
<th>Comments</th>
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<tbody>
<tr>
<td>4.1.1. Number of Project-assisted Apteks provided FP information</td>
<td>0</td>
<td>75 Apteks (45 partner and 30 general)</td>
<td>Exceeded Total -78 CORE-21 Sheki-8 Baku/Absheron-49</td>
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<tr>
<td>4.1.2. Number of Project supported Apteks promote and offer a wide choice of quality contraceptives</td>
<td>0</td>
<td>56 out of 75 participating Apteks meet all 4 criteria (75%)</td>
<td>Exceeded Total 75 out of 78 apteks participated in &quot;Mystery Shoppers&quot;. 60 out of 75 (80%) met all 4 criteria.</td>
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<tr>
<td>4.1.3. Percent of target Apteks with 3 methods in stock</td>
<td>0</td>
<td>At least 95%</td>
<td>Exceeded 98%</td>
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<tr>
<td>4.1.4. Number of contraceptive products sold by partner apteks and percent of increase for each quarter (disaggregated by method)</td>
<td>Avg per month: COC-13; Condom-49; IUD-1; Emergency Contraception (EC)-1.6; Spermicide- 2.6</td>
<td>At least 2% increase each quarter</td>
<td>Exceeded Contraceptive products sold: COC - 23,792 IUDs - 5,520 Spermicides - 4,764 Condoms - 166,964 EC - 2,526 Total - 203,566 Over the 3-year period from January 2007 – March 2010 sales increased: COCs and emergency pills increased by 26% IUDs by 51% spermicides by 64% Condoms by 158%</td>
<td>Note: (NEW SC sites) COC-7,730 Condoms-17,332 IUDs-64 Spermicide-1,645 EC-507 Total-27,278</td>
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**IR5: Behavior Change Communication and Media Advocacy**

5.1. Number of IEC materials and media publications produces and disseminated

| 5.1.1. Number of IEC materials disseminated through project sites and activities | 0 | The Project staff determined targets for each quarter according on quarterly PMP. | Exceeded Total: 820,481 | |
| 5.1.2. Number of RH/FP articles appearing in popular media by project-trained journalist | 0 | No target for ACQUIRE 3 articles for Follow-on Project | More than 70 articles on RH/FP issues were published in a variety of newspapers, popular magazines over 2 ½ years. | |

**IR 6: Increased community mobilization/involvement in advocacy for RH/FP information and services**

6.1. Number of communities and community members involved in RH/FP activities

| 6.1.1. Number of communities (villages) involved in RH/FP promotion | 0 | 67 communities | Achieved Total: 67 CORE: 40 Sheki: 12 Baku/Absheron: 15 | (Note: 40 communities NEW SC sites) |
| 6.1.2. Number and percent of trained peer educators (PEs)/HPs actively involved | 0 | At least 150 | Exceeded due to demand Total: 189 (M-78 & W-111) active PEs out of 368 trained – 51% CORE: 99 (36% of all trained PEs) | Note: NEW SC sites: 239 PEs were trained (151W and 88M). |
### Indicator  Baseline data  Targets  End line data  Comments

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<tr>
<th>in conducting of FP health sessions</th>
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<tr>
<td>Sheki: 53 (79.1% of all trained PEs/HPs)</td>
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<tr>
<td>Baku/AB: 37 (100% of all trained PEs)</td>
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### 6.2. Increased knowledge about a range of modern FP methods and services

#### 6.2.1. Percent of women and men of reproductive age (RA) who can name at least 3 modern FP methods

- **Baseline data:**
  - Sheki: 19%W & 16.5%M-CORE
  - 9.6%W & 5.9%M-Sheki
  - 17.2%W & 7.5%M-Baku/Absheron

- **Targets:** Increased to at least: 35% women, 35% men

- **End line data:**
  - Sheki: 19%W & 16.5%M-CORE
  - 9.6%W & 5.9%M-Sheki
  - 17.2%W & 7.5%M-Baku/Absheron

- **Comments:** Exceeded TOTAL: 48.5% (41.1% Men, 51.1% Women)

#### 6.2.2. Total number of PEs received refresher training

- **Baseline data:** 0

- **Targets:** Up to 170

- **End line data:** Baku/AB-37 (Man-14; Woman-23)
  - Sheki-51 (Man-18; Woman-33)
  - CORE-109 (Man-43; Woman-66)

- **Comments:** Exceeded Total-197 (M-75 & W-122)

#### 6.2.3. Percent of women and men of RA with correct knowledge on use of at least 2 modern FP methods

- **Baseline data:**
  - Sheki: 11.5% W & 11%M-CORE
  - 0 -Sheki
  - 7.9%W & 1.9%M-Baku/Absheron

- **Targets:** Increased to at least: 25% women, 25% men

- **End line data:** Sheki: 11.5% W & 11%M-CORE
  - 0 -Sheki
  - 7.9%W & 1.9%M-Baku/Absheron

- **Comments:** Exceeded dramatically TOTAL: 71.8% (60.8% Men, 75.6% Women)

Note: please also see Appendix A “PMP with detailed data on indicators”.

### Cumulative Results through the Life of the Project

#### October 2004 – September 2010

**POLICIES AND A LEGAL FRAMEWORK SUPPORTIVE OF HEALTH CARE REFORMS IMPLEMENTED**

- The Project provided TA and was part of the working group on the **National RH Strategy** development. The Strategy was approved by the MOH in February 2008.

- The Project provided TA and led the development of the set of **9 National Guidelines and protocols** on family planning methods. The evidence-based clinical protocols were approved by the **MOH collegiums’ decree on 14 April 2009**. The prikaz #66 on **clinical protocols implementation** was issued by MOH July 2009.

- The project provided TA to the Ministry of Health (MOH) in implementation of the protocols. 635 health providers from 40 districts were oriented and trained on clinical protocols.

- The Project technically supported the NRHO to carry out monitoring on availability and usage of National RH/FP Clinical protocols. The monitoring began on October 26th and was completed on December 26th, 2009. In total, 85 health facilities in 16 districts were
visited, 208 Health Service Providers (HSPs) were observed during counseling sessions, 215 HSPs were interviewed for an FP knowledge assessment and 138 clients have participated in exit interviews.

- The project continuously advocated and worked with the Parliamentarians’ working group providing the TA on the development of a draft RH law. Together with the MoH and Parliamentarians, the Project organized a series of Round Tables on the RH/FP Services Legal and Regulatory Framework.

- The Project developed an “Advocacy Study for the Pilot Project – IUD Insertion by Midwives” as a review of international literature and publications and summarized the results of international studies and best practices regarding the IUD-Insertion/Removal by paramedical personnel.

- The Project obtained the MOH approval for midwives to be trained on IUD insertion. Thirteen midwives from pilot districts: Aghsu, Kurdamir, Ismayilli, Goychay, Sheki, Baku/Absheron attended a 5-day-training on “IUD Insertion/Removal”. The training took place in the Obstetric/Gynecological Research Institute in Baku. The training was exceedingly successful, since it gave midwives the opportunity to gain and improve their knowledge on a diverse range of topics, theoretically and practically, making the training interactive and effective. The pilot study report was developed, translated, and submitted to the MOH and NRHO.

- To initiate and facilitate changes on a policy level, the Project organized and supported a study tour to Turkey in 2007 for Parliamentarians and MoH key staff. A group of 14 officials participated in the tour to learn about family planning services in Turkey.

- The Project organized and supported a study tour to Turkey in 2009 for Parliamentarians and MoH key staff. The group of 4 officials participated in the tour. The goal of the study tour was to learn about their host country’s experience with the development of the RH Law and creating a supportive environment through advocacy, debates, approval, and the application of the law. (September, 2009).

- The project supported MOH specialist to attend the Universal Family Planning Conference in Kampala, Uganda in November, 2009.

- The Project worked with the National RH Office, the Public Health and Reforms Center/MOH, WHO/AZ, the United Nations Population Fund(UNFPA)/AZ, and the Primary Health Care (PHC) Strengthening Project (USAID funded) on inclusion of contraceptives to the EDL (essential drug list).

- The Project provided TA to the MOH in strengthening teaching in FP/RH in Medical University and Postgraduate Medical Institute and adapting The Project’s curricula and other training materials to be used in the Medical University and Postgraduate Medical Institute. The faculties of MU and PGMEI attended QI conference, Round Table and series of meetings with other decision-makers.
The Project supported two faculty members from the Medical University and Postgraduate Institute, a member of the MoH (NRHO) to attend a RH/FP academic consultation meeting conducted by John Snow, Inc. in Georgia in October 2008;

23 faculty members from AMU and PGMEI Obstetric-Gynecologist, Family Medicine Departments and 5 PIU trainers were trained on “Strengthening of Pre-and In-service Teaching of RH/FP”.

The Project provided TA to the Medical University to develop and implement the RH/FP manual for students.

The Project worked on strengthening health systems to create supportive environment to improve the quality of FP/RH services through introducing EngenderHealth’s QI tools and approaches within the project districts. The Project organized and conducted national conferences on quality improvement of RH services (February 2009) and a Quality Improvement Tools and Approaches Dissemination Workshop (August 2010). COPE® (Client Oriented- Provider Efficient) services and Facilitative Supervision (FS) for QI was institutionalized and recommended to be used countrywide.

The capacity of the PH&RC was strengthened through a Training of Trainers (TOT) on COPE and FS. A total of 14 staff members of the PH&RC were trained and will introduce /implement QI tools within primary health care settings.

In 2006, MOH officials and representatives from other international organizations working in the country were oriented on EngenderHealth’s QI approaches and tools, including COPE, the Facilitative Approach to Supervision for Quality Improvement, and Community COPE.

The TOTs on FP Technology Updates; Facilitative Supervision for QI and COPE, IUD insertion and removal were conducted for a total of 32 national Master Trainers/Trainers. Local Master Trainers (3) attended the EngenderHealth workshop in Ghana on standardization of training in FP counseling.

The Project provided TA in National RH Strategy implementation and conducted a Round Table on “Breast and Cervical Cancer” by Parliamentarians in collaboration with the MOH (September, 2009).

MOBILIZATION, ALLOCATION AND USE OF HEALTH CARE RESOURCES IMPROVED

Overall, the Project was working with 62 HFs+46 Apteks (pharmacies).

56 out of 61 (92%) of the Project’s target facilities provide quality and safe RH/FP services, including counseling, prescription of FP methods and IUD insertion.

98% pharmacies have at least 3 modern FP methods in stock.
The Project supported the Ministry of Health in local settings: 3 new FP clinics were constructed and 11 health facilities were rehabilitated. Equipment and furniture for a total of 16 facilities in Aghsu, Goychay, Ismaili, Kurdamir and Shamakhi districts were provided.

A Memorandum of Understanding (MOU) with two international pharmaceutical companies (Bayer Schering Pharma and Gedeon Richter) was signed to expand distribution channels and market 14 different, legally-registered contraceptive products through private sector pharmacies.

Partnerships with 45 local pharmacies located in the project districts were established and 87 pharmacists from these apteks were given training to update their knowledge about modern contraceptives. These pharmacies regularly stock a variety of contraceptive products and provide correct information to their customers about family planning.

The Project also collaborated with the UNFPA on the social marketing of contraceptives. Under an MOU with the UNFPA’s local implementing partner, the NGO “Development and Empowerment of Youth” (DEY), UNFPA-financed “Cool” condoms were promoted through the Project’s ongoing “Pomegranate” social marketing campaigns.

The project established collaboration with an additional 52 apteks (as non-official partners) in Baku to distribute educational brochures on contraception.

An award ceremony was conducted to recognize the contribution and achievements of 78 aptek partners from 7 Project districts as part of the National Pomegranate Campaign “Pregnancy Planning-Choose the Right Time!” (the “Mystery Shopper” contest) organized in June 2010.

QUALITY OF RH/FP SERVICES IMPROVED

The Project has developed, adapted, and translated the following curricula, training materials, and job aids that have been approved by the MOH:

- Infection Prevention Manual
- FP Counseling Curriculum
- REDI Guide
- Contraceptive Reference Book
- Counseling Flipchart for HSPs
- FP Methods poster
- COPE® Handbook
- COPE® for RH Tool book
- Facilitative Supervision for QI Handbook
- Facilitative Supervision for QI Curriculum
- IUD insertion/removal curriculum
- FP Basics and IP curriculum
The Project trained more than 1,700 service providers on the following topics: FP basics, FP counseling/updates, Facilitative Supervision, COPE and IUD insertion.

The project trained, Coached, and mentored 23 MOH Master Trainers to conduct FP basics, FP counseling/updates, Facilitative Supervision, COPE and IUD insertion trainings.

The Project followed up on trainees and coached them, if needed, to ensure the correct application of knowledge and skills were acquired during the trainings. The project monitored performance of trained service providers. As of July 2010, Performance to Standard (PTS) in the 7 districts was 61%. This indicator increased three times compared to May 2008 data (24%).

Quality Improvement tools (COPE) were introduced in 38 out of the 61 (62%) project facilities. Twenty-one (55%) out of those 38 health facilities use COPE with project support and 12 out of 38 (32%) health facilities routinely use and institutionalized the use of COPE tools at the facility level (the target was 20%).

To involve community in the improvement of the quality of FP/RH services, the Project implemented Community COPE in 3 target communities. This participatory process and tools, an extension of COPE, is designed for health care staff to build partnerships with community members in order to improve local health services, making the services more responsive to local needs.

The client exit interview showed that 96% of interviewed clients were satisfied with the services received in the project target health facilities.

PEOPLE ARE BETTER INFORMED ABOUT AND ADVOCATE FOR HEALTH CARE SERVICES, HEALTHY LIFESTYLES, AND PATIENT RIGHTS AND RESPONSIBILITIES

A total of 49% of the reproductive age population was reached by the Project Community development activities:

- CORE districts – 56% (since January 2005)
- Sheki – 27% (since May 2007)
- Baku/Absheron – 100% of target population

Since 2004, 140,861 people of reproductive age (51,143 men and 89,718 women) attended Health Education Sessions (HESs) on the following topics: FP, STIs, ARH and Men Involvement in RH. In addition, 39,070 (14,639 men and 24,431 women) attended refresher trainings.

189 Peer Educators/health promoters (111 women; 78 men) actively participated in the project activities – that is 51% of trained peer educators

A total of 7 educational brochures and 6 posters were designed and printed including:
- Community Education Flipchart
- General brochure on contraceptive methods
- Combined oral contraception brochure
- IUD brochure
- Condom brochure
- Standard Day Method brochure
- Lactational Amenorrhea Method (LAM) brochures
- Emergency Contraception brochure
- Poster on Modern Contraceptive Methods
- Poster on Waste Disposal Practices
- Poster on Hand Washing and Infection Prevention
- Poster on Patient Rights and Staff Needs
- 2 Posters based on the TV Ad Campaign “Pregnancy Planning-Choose the Right Time”

- **820,481 copies of the educational brochures and posters** were distributed since the project began.

- ACQUIRE implemented a national media campaign “Pregnancy Planning –Choose the Right Time!” A series of **5 national TV spots** were produced and aired almost 900 times over a month on 3 TV stations. According to independent media research data, **75% of all women of reproductive age in Azerbaijan saw the spots on TV.** In conjunction with the TV ad campaign, ACQUIRE ran a 4-month poster campaign in the Baku metro stations reaching daily approximately 500,000 commuters who ride the metro in the capital city.

- ACQUIRE conducted a **seminar for 17 journalists from 7 districts** on “Advocacy for Reproductive Health.” As a result of the project’s work with journalists, **more than 70 articles** on RH/FP issues were published over two and a half years in a variety of newspapers, popular magazines and news agency websites.

- The Project facilitated a dialogue with national and local (Sheki) TV stations and designed three talk shows on RH and FP issues with participation of the champions from the district family planning center.
I. Azerbaijan RH/FP Project implementation

This report presents the Project progress and accomplishments throughout the 6 years with focus on FY6 according to the work plan (October 2009 – September 2010)

Project Management
Integration between components and coordination of RH/FP activities

- The management of the Project activities and the organizational structure were focused on improving coordination and teamwork among partner organizations and promote the creation of a common vision and strong linkages between project components. Overall, 43 staff members, including seconded and support staff, were working on implementation of the project. Organogram is presented in Annex 1.

One of the recommendations of the USAID assessment (October – November 2008) was to strengthen coordination and linkage between project components. During two last years (FY5 and FY6) the Project strengthened its trainings and follow up/coaching visits, monitoring of health providers, community development and social marketing activities to ensure close interaction between components. This interaction included joint review of the workplan implementation, consultation meetings and preparation of action plans together with partners, having joint field routine visits to the target areas, having meetings and reporting about the status of activities, and sharing collected information and data with the entire project team and local districts’ partners.

The coordination of components supported the project staff in building strong linkages between FP beneficiaries and stakeholders in the target districts, and that resulted in a significant and sustained improvement of the quality of the FP/RH services in target areas.

- The regular meetings of all the project staff were conducted with the objective to discuss project’s implementation, and to share ideas and problem solve issues. All staff attended the Lessons Learned workshops conducted in the districts. The annual staff retreat meetings were very helpful to augment “district level” thinking opposed to a component-based approach and also helped to strengthen the ties between the field offices and the Baku office.

- EngenderHealth headquarters (HQ) provided ongoing and technical and administrative assistance the Azerbaijan project. Training and other TA was provided by the HQ staff to introduce and build local counterparts’ capacity in using QI tools and approaches (FS and COPE), to develop curricula and other training materials and to share information about innovative approaches to RH/FP.

- The Project staff attended headquarter-organized workshops on technical and financial issues. The series of trainings on Finance Standard Operating Procedures were important for efficient operational and financial management of the project.

- The Project’s monitoring approach and tools were revised and data analysis improved. Based on the recommendations provided by the Mid-term Assessment (July 2007), the USAID
Evaluation (October 2008) and M&E New York staff, the project team revised its monitoring approach to improve use of data for decision making, strengthen coordination between different parts and components, and to involve health officials and local supervisors in the monitoring and reporting process.

**Stakeholder Involvement**

- **Collaboration with USAID**
  Although there were changes of the Agreement Officers Technical Representatives (AOTRs) (four AOTRs worked with the project during the last two years), the Project has established a strong collaboration and communication with USAID/Baku Mission. Communication included the weekly progress reports, the CoP attended bi-weekly meetings at USAID, the monthly partners meetings and the monitoring visits that were conducted by the AOTRs, representatives from the regional USAID office in Tbilisi and from USAID/Washington staff.
  
  USAID Country Representative, the Health Director, staff and visitors attended all the high profile events that the Project organized including press events, round tables, conferences, workshops, health education sessions, health festivals etc. USAID Regional Director, Mr. Jonathan M. Conly, visited the Project sites and attended activities including the adolescent RH/FP education sessions, and the Gender Mainstreaming in Reproductive Health and Family Planning workshop, among other events.

  In October-November 2008, the USAID/Washington team conducted an assessment of the project implementation. The recommendations from that assessment were used when developing the scope of work for the follow-on project. Visitors from USAID/W attended the Project’s events and participated in the monitoring visits conducted by the project’s staff. The visits were paid to rural health facilities, communities, apteks and to the meetings held with health authorities and districts officials.

- **Collaboration with MOH**
  Since 2004, within the framework of the Millennium Development Goals, the EngenderHealth Azerbaijan RH/FP Project has been providing TA to the MOH to improve women and family health, ensuring the sustainability and the effectiveness of its initiatives and interventions. The project’s high priority was to facilitate and implement policy changes and therefore the project maintained a high-level dialogue with policy makers. In addition, the project advocated for the integration of RH/FP services into the Primary Health Care agenda, strengthening the MOH’s training and monitoring capacity and developing and institutionalizing protocols and guidelines.

  The use of modern contraception plays a key role in the improvement of woman’s health (and this is linked to child and family health), the project provided TA to the MoH in improving the quality of FP services, making quality contraception more widely available, increasing the sustainability of quality FP services, and improving the knowledge of and attitudes toward modern contraception. The limited use of modern contraception calls not only for the analysis of the reasons, but also for outreach for new and well-reasoned solutions. EngenderHealth worked on this with national and local health authorities.

  All annual workplans were developed in close consultation with the MOH and USAID/Baku and approved by both, MOH and USAID, before the beginning of each FY. The Project Director had
regular meetings with Dr. Nigar Aliyeva, Deputy Minister and Dr. Elmira Aliyeva, the head of the MCH Department to inform them about the progress of the project activities. The Project’s annual and quarterly progress reports have been translated into Azeri and submitted to the MOH and to the Cabinet Ministers. A total of more than 30 high profile events were organized and carried out in close collaboration and participation of MOH representatives: the National Quality Improvement conference, World Health Day, the RH Law Round Table, Community Engagement and the Peer Educators award ceremonies, orientation meetings on clinical protocols, health festivals and COPE exercises.

The Project supported 2 MOH representatives to attend international conferences and workshops including the Universal Family Planning Conference, in Kampala, Uganda in 2009. The conference focused on research/evidence-based programs, best practices in family planning, and transferring knowledge into action. The list of events attended by the MOH staff that were supported by the Project presented on pg. 11.

The Project has continuously advocated for midwives to provide FP services including counseling, methods prescriptions and IUD insertion. The “Advocacy Study Report on IUD Services by Midwives” was developed and presented to the MOH, a series of individual meetings with MOH key specialists and policy makers were carried out in order to move forward with the pilot study. As a result, the MOH approved the pilot study trained midwives to provide IUD services including IUD insertion.

The midwives’ performance underlines the long proven capability of midwives to provide high quality IUD services. The clients’ feedback hints at the possible positive impact of a policy change allowing non-physicians to provide IUD services on the contraceptive behavior of Azerbaijani women.

The Project Director had numerous meetings to advance the “Reproductive health and family planning (RH/FP) services including abortion received by public sector clients in Azerbaijan” study. The concept paper was discussed with key MOH policy makers before being submitted to the Minister and approved in April 2010. This study will be implemented under the RESPOND project under the Cooperative Agreement No. GPO-A-00-08-00007-00, funded by USAID.

- **Collaboration with the NRHO**

ACQUIRE and the Azerbaijan RH/FP Follow-on Project worked in close and fruitful collaboration with the NRHO and continuously provided TA to the implementation of the National RH Strategy. Intensive working meetings were conducted with the NRHO management and staff to plan and analyze the implementation process and identify the areas that need to be strengthened and improved. An MOU was signed between the Project and NRHO to establish the terms of collaboration and to define the roles and responsibilities of both parties.

The Project took the lead in the development and implementation of the guidelines/protocols for FP services based on evidence-based medicine and on the updated WHO Medical Eligibility Criteria for different methods of contraception. After the MOH’s approval the district-level orientation on clinical protocols was carried out for more than 600 health providers from 40 districts. This activity was implemented in close collaboration with the NRHO.
The RH/FP Project provided technical support to the NRHO to adopt the Project’s monitoring tools and methodology for the implementation of the National RH/FP Clinical Protocols. Those tools were approved by MOH for the future use and included the following checklists and forms:

1. FP Counseling Observation
2. HSPs’ knowledge of modern FP methods
3. FP Client Registration and statistic data assessment forms
4. FP Protocol Availability checklist
5. Readiness of HF to provide FP services checklist
6. Client Exit interview

The capacity of the NRHO was strengthened and the staff was trained in monitoring. In total, 85 health facilities in 16 districts have been visited, 208 HSPs have been observed during counseling sessions, 215 HSPs were interviewed with the FP knowledge assessment and 138 clients were interviewed for exit interviews during monitoring visits to the health facilities. The data analysis, findings and recommendations were presented to the MOH.

The Project conducted several workshops prior to the TOT for Master Trainers. Together with Dr. Faiza Aliyeva, the director of the NRHO, the list of MOH Master Trainers was revised and updated. The team of qualified master trainers became stronger and more actively involved in educational and training activities. A core group of master trainers was trained on advocacy and technical skills in planning for and delivering services in connection with gender-based violence. Trainers improved their knowledge of the gender-sensitivity approach, better understanding of the importance of gender equity as a cross-cutting issue in RH. Recommendations were developed as follow-up actions.

NRHO staff played an active role during the Project’s endline survey and participated in a final review of the results and the report.

- **Collaboration with the Public Health and Reform Center**

The Project established very strong and productive collaboration with PH&RC. The Project staff attended interagency meetings regularly. The PowerPoint presentations about project implementation progress, challenges and plans were made twice for the interagency meeting participants (October 2009 and June 2010).

Fourteen staff members from the PH&RC were trained as trainers on COPE and FS for Quality Improvement and became national training resources for future implementation and the rolling out of QI activities.

Together with the PH&RC, the Project analyzed the impact of quality improvement tools (COPE and Facilitative Supervision) and approaches in 38 health facilities where COPE and FS were introduced. A questionnaire for interviews and observations was designed and field work was
completed in April-May 2010. The impact of the new QI tools implementation and the analysis and recommendations for the mechanism of institutionalization and sustainability were presented to the MOH and partners during the Quality Improvement Dissemination workshop held in August 2010.

Together with the Project staff, two representatives from the PH&RC and a consultant from The United Nations Children's Fund (UNICEF) visited project sites that implement the QI initiative (COPE, and Facilitative Supervision for Quality Improvement) with an emphasis on medical monitoring. Detailed information is presented in other chapters of this report.

Staff of the PH&RC took an active role on the Project’s endline survey. They revised survey tools, attended working meetings and participated in the endline supervision visits.

- **Collaboration with the Ministry of Education**
  Through close collaboration with the technical and pedagogical colleges’ administration, “Brain Ring” competitions and “Youth RH Education” sessions/workshops were conducted for students by the Project staff during this quarter. The Adolescent RH education trainings were conducted and more than 1,100 teachers, parents and adolescents attended events.

Workshops were facilitated by Project staff and local health promoters. Participants were proactive and they learned key messages about adolescents’ reproductive health and how to lead healthy lifestyles. The participants sent key messages to their friends via mobile phones. At the end, project leaflets, T-shirts and cups with the project logo were distributed to participants.

The Deputy Head of the university, the Head of the Youth Friendly Clinic and the Head and the Deputy of the “Youth Organization” of the university spoke during the workshops. All speakers appreciated the Project’s activities on youth involvement and noted the importance of conducting such events for students to help them take care of their own health as well as of their friends and families in the future.

**Successful outcomes:** by the end of the workshops students were encouraged to text key messages they learned to their friends. Just after sending messages some of participants received responses from their friends asking about the meaning of the messages that they received. The greatest outcome was that by the end of the workshops some participants had already agreed on a date to meet their friends to pass on the information they received.

- **Endline Survey**
  The Endline Survey was carried out in order to measure the results of both the 5-year ACQUIRE Project in Azerbaijan (CA No: 112-A-00-04-00033 2004-2009) under the Associate Award made
by the USAID Caucuses Mission, and the one-year AZ RH/FP Follow-on Project under the Cooperative Agreement (AID-112-A-09-00002) led by EngenderHealth with input from Meridian Group International, Inc., ADRA and a local NGO.

The main goal of the Endline Survey and qualitative assessment was to collect data in the targeted districts on four levels: a) health facilities, b) health service providers, c) pharmacies and d) in households with men and women of reproductive age (RA); as it was done in the baseline survey. The sampling methodology remained the same in order to compare the results.

The Endline Survey was led by the Project staff and conducted by the SIAR Research Company, that was selected through a bidding process. The Project’s Baseline Survey questionnaires and tools were reviewed, refined and used for the Endline Survey. Two representatives from the NRHO and one from the PH&RC took active roles in preparing and monitoring the endline survey.

The data collected through the endline survey was used to compliment the final evaluation of the project activities (July 2010) in order to assess the project achievements relative to the plans presented in the project proposal and workplans, as well as other positive and negative aspects of the project identified by stakeholders. The endline survey and final evaluation placed greater emphasis on the outcomes of project implementation.

The endline also aimed to conduct focus group discussions with Health Providers, Peer Educators and have health communications with community members. Results from the endline survey and the qualitative assessment provide critical data for review of the project’s overall success against the results framework and should inform the annual Project Management Plan (PMP) review as well. The summary of the endline survey report is attached to this report. See Annex 7

II. Activities accomplished by IR and Sub-IRs

Summarized below are key accomplishments of the Project activities under each of the Intermediate Results (IRs) according to the Detailed Implementation Plan.

Note: please see Annex B “Work Plan accomplishments by IRs”

IR1. High-level dialog and advocacy

IR 1.1. Policy change supported at the national level to expand RH/FP services

- Legal and regulatory framework on RH

The Project began its advocacy for policy change with a study tour that was organized for a group of 14 national policy makers and key specialists including members of Parliament and MOH and NRHO staff. The Project played an active role as a technical resource in the development of the Draft RH Law and in a series of discussions in the Working Groups, the Social and Health Commission of Parliament meetings and sessions of Milli Mejlis (Parliament).
The first presentation of the Draft RH Law was presented in the fall session of Parliament from December 16-19, 2008. The first hearing of the Draft RH Law was held in the spring session of the Parliament in May 2009. The draft version of the RH law was sent back with comments and recommendations for further development and will be discussed by newly elected parliamentarians at the end of 2010 and during the spring session of 2011.

The project staff attended all the meetings of the working group and participated in the Parliament Social Committee and Ombudsman Office on RH Law. They provided technical resources, comments and input for the discussions.

The Project organized and supported the follow-on Study Tour to Turkey for Parliamentarians and the MOH in September 2009. Three members of Millii Mejlis and one member of the MOH met with colleagues from the Turkey Parliament and main MOH MCH/RH institutions. The overall goal of the study tour was to learn about Turkey’s experience with the development of an RH Law, and creating a supportive environment through advocacy and debates, to reach the approval and the application of the law.

**Facilitated series of promotional activities and enlisted the cooperation of international and local agencies to advocate for passage to of the RH Law:**
In order to facilitate the discussions and debates and move forward with the development of the RH Law, the Project had working meetings with Parliamentarians. The Project provided support to Mrs. Malahat Ibragimzizi and Mrs. Adelya Abbasova to attend the 11th Congress on Culture, Communication, Contraception in The Hague, Netherlands, May 2010.

The program of the Congress covered a range of topics closely related to family planning policies and guidelines, contraceptive security, and the findings of scientific research in the area of family planning and reproductive health. The Project considered this Congress as a unique opportunity to enhance Parliamentarians’ knowledge on how to strengthen health systems in order to ensure the quality of family planning and reproductive health services and promote health outcomes.

A key stakeholders’ and Parliamentarians’ working meeting was carried out after that trip. Information and materials/presentations from the Congress and The Hague Declaration, which was presented at the closing ceremony of the 11th Congress, were shared with colleagues.
Advocate for contraceptives to be included into Essential Drug List

Together with NRHO and other MOH partners, the Project continuously advocated for and closely collaborated with partners on including contraceptives into the EDL. The Project staff together with the NRHO staff developed a contraceptive needs advocacy paper, that was submitted to the Parliamentarian Working Group along with comments on the first draft of the RH Law. The working group accepted it and recommended that contraceptive commodities be included into the RH Law and be provided free-of charge by the government.

This chapter of the RH Law, in particular, was accepted positively by most of the Parliamentarians and recommended to adopt within the law.

The Project, in collaboration with the Azerbaijan Ministry of Health and representatives of Milli Mejlis, hosted a Round Table on Reproductive Health and Family Planning Services Legal and Regulatory Framework in April 2009. The goal of the Round Table was to advocate to senior health officials, health administrators from the districts and representatives of the NGOs, to adopt the key family planning aspects into the Draft Reproductive Health Law.

The members of the Milli Mejlis Malahat Hasanova, Musa Quiliev, Ilham Mammadov, Deputy Head of Treatment Department of MoH Elmira Aliyeva, National Reproductive Health Coordinator Faiza Aliyeva, the former President of EngenderHealth Ana Langer, representatives from the Medical University, the Institute of Postgraduate Medical Education, WHO, UNFPA, Abt Associates, and pharmaceutical companies participated at the Round Table. Representatives from different media outlets also were invited to the event.

Evidence-based Legislative-methodological Framework for Sexually Transmitted Infections

The Project has continuously provided technical assistance (TA) to the development of a legal and regulatory framework for the implementation of the National RH Strategy. The Round Table on “Improving Evidence-based Legislative-methodological Framework for Sexually Transmitted Infections” was organized by the Ministry of Health (MOH), the Azerbaijan State Postgraduate Medical Education Institute (PGMEI) and the AZ RH/FP Project in Baku in April 2010.

The goal of the meeting was to promote advocacy and policy dialogue on sexually transmitted infections with key decision makers and policy makers, to present and discuss sexually transmitted infections in the Azerbaijan situation overview. The following objectives were set:

- To familiarize the participants of the meeting with the findings, conclusions and recommendations of the overview conducted by the working group at the PGMEI.
- To discuss further actions to improve the quality of STI services: diagnosis and management, improvement of surveillance, prospects of introducing the principles of public health care to the prevention and treatment of sexually transmitted infections and strengthening the legal framework.

Over 30 participants, including representatives from the MOH, PH&RC, PGMEI, NRHO, and senior doctors from the leading medical care institutions of the Republic, as well as international organizations: USAID, WHO, UNFPA, WB/Project Implementation Unit and the Rostropovich-Vishnevskaya Foundation, attended the Round Table. Within the framework of the implementation of the National RH Strategy and the cooperation between the PGMEI and the
NRHO, the situation analysis study of the legislative-methodological framework in STI was completed and existing problems were determined. The research fellows of the Department for Dermatological and Venereological Diseases at the PGMEI have conducted the overview of research, evidence-based medicine and international and national practices in STI. The format of the Round Table allowed participants of the meeting to discuss the existing legal and methodological framework on STI and to give recommendations for its improvement based on evidence standards and international best practices.

**Advocacy for Integration of RH/FP into pre- and in-service teaching**

The Project supported the participation of two faculty members and 1 MOH (NRHO) staff to attend the “Europe and Eurasia Regional Academic Consultation Meeting: Strengthening Pre-Service Family Planning Teaching” in Tbilisi (October 2008). The recommendations and the action plan that was developed during the Tbilisi Consultation Meeting were presented to the Science-Methodological Department of the Azerbaijan Medical University and used to facilitate the integration process. AMU has revised the existing RH teaching materials based on the Project’s FP Basic and FP Counseling training package.

**Strengthening of teaching on Reproductive Health/Family Planning topics in pre- and in-service education institutions** was also discussed during the QI conference (February 2009). The working group brainstormed about the weaknesses of Reproductive Health education in pre- and in-service trainings. Group participants identified ten weaknesses and prepared an action plan to address the three top priorities. As the result, the Family Planning Manual for students was developed by the Ob/Gyn departments of the medical university and was approved by the Ministry of Education and the Azerbaijan Medical University in January 2010 under the Protocol #44.

**Quality Improvement approaches and tools institutionalized**

A quality health service is one which organizes resources in the most effective way to meet the health needs of those most in need for prevention and care. It works safely, without waste, and within higher level requirements. The Quality Improvement process is an effort to continuously do things better until they are done right the first time, every time. There are several reasons to improve the quality of health care services provided at a facility. Improving quality safeguards the health of both clients and staff, adds features to attract clients, maintains the organization’s strengths, and leads to savings (less repeat work and waste).

The first National Conference on “Improving Quality of Reproductive Health Services in Azerbaijan” organized by the Ministry of Health (MOH) and the USAID funded ACQUIRE project took place in Baku on February 17-18, 2009.
Conference outcomes: after orientation to the various QI approaches and tools developed by EngenderHealth and as a result of the work in groups, participants agreed that including the Quality Improvement tools and approaches such as COPE® (Client Oriented, Provider-Efficient Services) and Facilitative (Supportive) Supervision, evidence based clinical protocols into routine practice at national, district and facility levels is crucial for improving the quality of health services and reproductive health of people in Azerbaijan.

The Quality Improvement tools and approaches (COPE and FS) dissemination workshop was held on August 31, 2010. Representatives from the MOH, PH&RC, and NRHO, Head Doctors from Central District Hospitals of the 7 pilot districts, representatives from COPE implementation sites, internal COPE facilitators, managers trained in FS, USAID and other international organization representatives (UNFPA, WHO, Abt Associates etc.) attended the workshop.

The goal of this meeting was to present the impact of the COPE tools and Facilitative Supervision for Quality Improvement interventions on implementation, to present the report of “Review of Quality Improvement approach and tools implementation” and to discuss the ways to disseminate QI approaches countrywide.

EngenderHealth built the capacity and created solid resources for Quality Improvement implementation and dissemination: the teams of trainers on COPE and FS trained, manuals and handbooks developed and approved by the MOH, local COPE facilitators trained, and monitoring and follow up systems established at national and local levels.

IR2: Strengthen MOH training and monitoring capacity; develop and institutionalize protocols and guidelines

Training, Follow-up, Coaching and Monitoring approaches
The ACQUIRE Model for RH/FP Training is a “drill-down” of the training component of the overall ACQUIRE Program Model for FP/RH Service Delivery. It is applicable to national, regional, and district-level RH/FP programs, and entails a focus on the centrally important fundamentals of care— informed choice, medical safety, and continuous quality improvement. The Programming for Training in the RH/FP Model depicts the dynamics of the inputs and activities that contribute to the desired program outputs of a strong training system and leads to more providers performing to standard, which, in turn, contributes to the achievement of the larger program outcome (goal), and increases availability of quality RH/FP services.

Capacity building of trainers/master-trainers and their involvement in project activities
ACQUIRE provided TA to the MOH in building and strengthening training capacity of Master Trainers (MTs). The first group of MTs were trained by USAID-funded Pathfinder International/Azerbaijan in 1996. The second training was organized by International Medical Corps. The Professional Medical Training of Trainers Course for Primary Health Care was organized by International Medical Corps and held by John Hopkins and the Johns Hopkins Bloomberg School of Public Health trainers in October 2000 (Professional Medical Training of Trainers Course for Primary Health Care, October 2-12).
Overall, there were 28 master-trainers. Eighteen out of the 28 MTs have participated in the project’s training/follow up (FU)/monitoring/evaluation and other activities at different times. Nine MTs declined to participate in the project. Some reasons included “fee not attractive,” “too busy/no time,” “health problems,” “family issues” etc. Even some of best trainers have declined lately because they were “too busy at main work.” Thinking about the quality of the trainings the project staff have tried to work with those MTs who demonstrated the best skills. In addition, the project trained 30 new training facilitators (see attachment # 2).

In order to establish resources needed to achieve the objectives of the project, ACQUIRE organized trainings/standardization workshops for the national master-trainers on refresher TOT, Family Planning Counseling FPCs, IUD insertion, FS and COPE.

**Contraceptive technology update conference**
The first effort on updating national master trainers on the latest developments of contraceptive technology was made at the Contraceptive Technology Update Conference on October 6, 2005. More than 100 people attended the conference including chief gynecologists from the project target areas, faculty staff of the medical school, all trainers throughout the country, key staff of the MOH, representatives of NGOs, international organizations working in the RH/FP arena and partnering pharmaceutical companies. The EngenderHealth master trainers introduced the latest updates on hormonal contraceptives, long-acting and permanent methods (LAPM), barrier methods, the most recent changes in the WHO Medical Eligibility Criteria and a new, client-centered concept of FP recently developed by EngenderHealth.

**Orientation workshop for the master-trainers**
In February 2006, the project requested the MOH to identify national master trainers who were interested and available to facilitate FP Basics trainings in the core and new districts. The project provided the MOH with records of the master trainers’ performance evaluations made by the Association for Healthcare Accreditation Professionals (AHAP) and requested to select the strongest trainers.

Once specialists were identified, a half-a-day orientation workshop was held on February 21, 2006 at the project’s Baku office. Six Master Trainers (MTs) participated in the workshop. Gulnara Rzayeva, from the NRHO, was involved in facilitation of the workshop. During the workshop MTs were informed and oriented on the ACQUIRE baseline study findings, the ACQUIRE Training Program’s goals and objectives, the training materials and ACQUIRE’s reimbursement policy.

**Training for trainers on FPC and IP**
In order to strengthen MTs’ training skills, upgrade their knowledge on FP counseling and infection prevention techniques, to test the new FP Counseling Curriculum developed by EngenderHealth and get feedback, the project conducted Refresher Trainings for Master Trainers on Counseling, Infection Prevention and Training Skills.

During preparation for the training, the Project’s staff contacted each of the master trainers. Only 13 of them expressed an interest to participate in the training and the willingness to act as facilitators in the target districts. The rest of the 14 master trainers, for a variety of reasons, did not participate in the training. The MOH, PGMEI and AMU delegated 2 gynecologists and 9 family physicians. The 5-day training was held from April 3 – 8, 2006 in Baku for 23 national
master trainers. Gulnara Rzayeva, from the NRHO, participated as a supervisor of the master trainers.

Soon after the workshop, two of the Project staff (the RH/FP Advisor & RH/FP Officer) started working with small teams of master trainers to plan roll out workshops in the field with the ultimate goal of gradually passing the responsibility for training delivery to master trainers, who were able to strengthen their own counseling skills as a result of the coaching from the Project staff.

After the training, the project’s trainers provided additional coaching and mentoring to the Master Trainers.

Workshop on monitoring and training follow up for the master trainers
A workshop on monitoring and follow up was conducted for master trainers in mid December 2006 with participation of Levent Chagatay, Senior Clinical Advisor, EngenderHealth/HQs. As a result of the workshop, 10 master trainers gained the knowledge about the approach to monitoring and follow up of trainees activities and its scope and methodology. The checklists, monitoring forms and other relevant materials were introduced and feedback on them was noted, and the schedule of activities and roles were discussed and agreed upon.

Participation of MTs at the International Counseling Standardization Workshop
Two trainers, Dr. Sevinj Aliyeva (MT) and Dr. Tarana Ahmadova (trainer) along with Dr. Akif Hasanov (RH/FP Advisor) participated at an international counseling standardization workshop in Accra, Ghana from May 14 – 18, 2007 (ACQUIRE and AWARE Projects). A total of 31 participants from 9 countries (Azerbaijan, Bangladesh, Cameroon, Ethiopia, Gambia, Ghana, Nepal, Sierra Leon, and Tanzania) attended the workshop. The Azerbaijan team facilitated three sessions and developed an action plan for making revisions to the current curriculum.

Standardization workshops on IUD for MTs and staff members
The project organized and conducted standardization workshops on IUD insertion training and services for the national master trainers. Three master trainers were invited as facilitators and two as participants to the IUD training for gynecologists.

Refresher TOT for the Master Trainers
In September, 2007, the ACQUIRE Project held a 3 day refresher training of trainers (TOT) for 12 master trainers. The purpose of the training was to enhance the effectiveness and efficiency of the master trainers. Prior to the training, a training needs assessment was conducted and the learning objectives formulated. During the training a variety of teaching methods and materials were used. In response to the participants’ expectations the project’s trainers included some extra topics, such as “Class management”, “Preparation for the Training”, etc.

IR 2.1. Increased pool of trained staff providing a range of FP methods

Training on FP basics
The Project conducted 3-day courses on FP basics for HSPs, including gynecologists, midwives, therapists, pediatricians, fieldshers, and nurses. The goal of the training was to update HSPs on modern contraceptive methods. Initially the Project used International Medical Corps training materials on Family Planning Basics (FPB). In the beginning of 2008 the training materials on
FPB were revised, new lesson plans were developed and a variety of teaching methodologies were included to make the training course interactive and more effective. Overall, 469 HSPs were trained on FPB by the project.

Training on FP counseling (FPC) and Infection Prevention (IP)
The baseline survey showed that only 29% of interviewed providers provided FP information, education, or counseling to clients (RH and Services in Azerbaijan, 2005: Results of a baseline survey in five districts, ACQUIRE). The project initiated training on FPC in the second quarter of FY 2. The overall goal of the training was to improve participant knowledge, attitudes, and skills in assessing and addressing clients’ family planning needs, through individualized counseling that considers the clients’ circumstances, broader reproductive health needs and their impact on the choice and use of FP. There were 256 participants at the training. In the spring of 2008, the project updated and modified materials for the course on FP basics, FP counseling and infection prevention. The revisions have been made to address issues identified during the observation sessions of the follow-up of trainees. The meeting with the master trainers was conducted to collect trainers’ feedback and receive suggestions on how to improve training methodologies and training materials to create a more sustainable impact on trainees. It was decided to include infection prevention topics (IP) in the training on FPC and later in training on FP Basics. After those changes, the duration of Family Planning Counseling training decreased to 4 days (initially it was 5 days) and the Family Planning Basics training to 3 days to accommodate the work schedule of providers.

Training on FP Basic/FP Counseling/IP updates
Trainings on FPB/FPC/IP updates were conducted starting September, 2008. The goal of the training was to update providers’ knowledge and skills on FPB methods, FP Counseling and IP according to standards. Overall, 162 HSPs participated at the trainings.

Follow-up activities after FP Counseling training
In order to consolidate knowledge and skills of the health providers who had been trained in FPC, the project developed the monitoring tools to follow up of trainees and conducted the follow up visits regularly. The follow up visits were done by the project’s M&E team (initially) then by the master trainers and the project team members.

During last two years, the Project was involving the MOH staff from the project districts to participate in follow up activities. In Sheki district, the gynecologists from the Family Planning Center, Sadagat Gadimova, Gulnar Jafarova (she is also a Master Trainer) and Tamella Yusubova paid follow up visits to the health facilities to observe the performance of providers and provide support to MOH staff that have been trained in FPB, IP, FPC and IUD Insertion/Removal. In April 2010, Isa Sultanov, the Head Doctor of the RH, Qaramaryam, Goychay, conducted the training follow up of 38 trained health providers in Agsu, Kurdamir, Goychay, Ismailli and Shamakhi districts. Sadagat Gadimova, Sheki, conducted also the follow up visits on IUD Insertion/Removal to the health facilities of three other districts to observe and support 20 gynecologists from the Ismailli, Shamakhi and Goychay Districts. Lala Khalilova, a gynecologist from Absheron District trained by the project, was also involved in conducting FU activities and she followed up of 6 HSPs trained in FPB/FPC/IP in Absheron.
During FPB and FPC follow up visits, the team used Counseling Observation checklist. The form was developed by EngenderHealth and later translated into Azeri and adapted by the project staff. In October 2008, the Counseling Observation Form checklist reviewed and revised. In order to comply with the FPC service’s standards, a criteria was defined depending on the type of client. A health provider who complies with the criteria is considered performing FPC according to standard (PTS).

At the end of the follow up visits, health providers received appropriate verbal and written feedback. Moreover, a follow-up report with recommendations was submitted to the Head Doctor or the head of the unit. The follow up visits significantly increased the use of newly gained knowledge and skills in practice. Implementation of RH/FP clinical protocols also increased the number of the health providers performing to the standards. The table below presents the number of health staff trained by the project.
Table 1 Number of health service providers trained during the life of the project

<table>
<thead>
<tr>
<th>Type of training</th>
<th>CORE</th>
<th>Sheki</th>
<th>Baku/Absheron</th>
<th>Total number of HSPs trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOT for COPE</td>
<td>1</td>
<td>-</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>TOT on FS</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Advocacy Training</td>
<td>6</td>
<td>-</td>
<td>13</td>
<td>19</td>
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<tr>
<td>Family Planning Basic</td>
<td>343</td>
<td>48</td>
<td>78</td>
<td>469</td>
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<tr>
<td>FP Counseling</td>
<td>155</td>
<td>43</td>
<td>58</td>
<td>256</td>
</tr>
<tr>
<td>IUD insertion/removal</td>
<td>25</td>
<td>9</td>
<td>39</td>
<td>73</td>
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<tr>
<td>IUD services by midwives pilot study</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>13</td>
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<tr>
<td>COPE initial</td>
<td>262</td>
<td>65</td>
<td>125</td>
<td>452</td>
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<tr>
<td>Facilitative Supervision</td>
<td>59</td>
<td>12</td>
<td>19</td>
<td>90</td>
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<tr>
<td>FP Counseling update</td>
<td>62</td>
<td>34</td>
<td>66</td>
<td>162</td>
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<tr>
<td>Strengthening pre- and in-service teaching of RH/FP for PMEI/AMU faculties</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Strengthening in-service teaching of RH/FP AMU/PGMEI faculties and Project Implementation Unit (PIU) trainers</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>9</td>
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<tr>
<td>Strengthening pre-and in-service teaching of RH/FP</td>
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<td>-</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Effective use of COPE tool for continuous Quality improvement of services at the facility level</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>26</td>
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<tr>
<td>RH/FP Clinical Protocols (targets)</td>
<td>208</td>
<td>55</td>
<td>26</td>
<td>289</td>
</tr>
<tr>
<td>Strengthening skills and knowledge of PHC according to national standards on clinical protocols in collaboration with PIU (training for PHC nurses from Absheron)</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Orientation seminar: Ensuring ongoing implementation and follow up of RH/FP clinical protocols</td>
<td>-</td>
<td>-</td>
<td>15</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,139</strong></td>
<td><strong>276</strong></td>
<td><strong>521</strong></td>
<td><strong>1,936</strong></td>
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<tr>
<td>RH/FP Clinical protocols (not targets areas)</td>
<td></td>
<td></td>
<td></td>
<td>346</td>
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<tr>
<td>Strengthening skills and knowledge of PHC according to national standards on clinical protocols (training for PHC providers)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>398</strong></td>
</tr>
<tr>
<td>Aptek training on FP method contraception</td>
<td><strong>37</strong></td>
<td><strong>30</strong></td>
<td><strong>36</strong></td>
<td><strong>103</strong></td>
</tr>
</tbody>
</table>

**IR 2.2 Improved client-provider interactions in RH/FP service delivery including post-partum and post-abortion counseling**

The Project continuously emphasized and paid a special attention to application of newly acquired knowledge and skills when providers returned back from the training to the work place. The Project staff together with master trainers conducted regular follow-up/coaching visits to all
Health Service Providers (HSPs) that were trained at all 7 districts. Thus the HSPs went through the follow-up and demonstrated good performance while receiving verbal and written feedback and recommendations from the project staff. The health facilities have had Infection Prevention procedures significantly improved; however there is still improvement needed for waste management in some of the settings.

In general, the results of the follow up visits demonstrated strong and sustainable improvements in client-provider interaction and changed practices and attitude of health providers and ensuring client satisfaction. HSPs are paying more attention to clients’ RH needs and rights, ensure privacy and confidentiality, and provide correct and completed information during counseling sessions.

The evaluation of 168 HSPs’ performance during June 2010, showed that 61% of trained HSPs are performing according to standard (CORE-64%; Baku/Ab-43% and Sheki-86%) (see chart below).

**Chart 1**

168 health service providers have been measured and evaluated by score. To evaluate providers’ performance we counted results by 3 points and established the maximum possible scores for each type of client checklist. There are different counseling performance criteria depending on the type of client. We compared the maximum possible scores and analyzed the actual score by the checklist and we could see the counseling performance. Data analysis showed that 64% of
HSPs’ performance on counseling reached the highest score 16-21, and only 31.5% had score 8-15, Chart 2.

Improvement was also observed in ensuring confidentiality and in STI risk assessment. In order to provide appropriate and high quality reproductive health services, including counseling, providers are more comfortable now asking clients a range of sensitive questions about their sexual behavior or that of their partner. Clients are more likely to reveal accurate information as they know that personal information will not be shared with anyone other than the health provider.

**Chart 2**

Exit interviews with clients were conducted in target communities during the routine field visits. The findings of the interviews demonstrated the high satisfaction of clients – 96% of interviewed clients were satisfied with services in the Project sites.

The purpose of the visits were to observe and evaluate implemented activities, discover and discuss weaknesses and assist HSPs in improving the weaknesses.

**IR 2.3. Improved quality of services in supported project sites**

In the framework of quality improvement the Project introduced and implemented tools and approaches such as Facilitative Supervision for QI and COPE® (Client Oriented, Provider Efficient Services) in the field of RH/FP.

In general, multiple tools and approaches directed staff in quality improvement process and in strengthening quality management are available worldwide. EngenderHealth has applied Facilitative Supervision for Quality Improvement Approach and COPE.

COPE® - is a relatively simple and very effective tool to improve the quality of healthcare services. It is a set of tool and the process that the supervisors and the staff of the facility use to assess the quality of services they provide, analyze the findings and develop solutions for
The use of COPE tools (self-assessment guides {based on international standards}, including client record review checklist, client interview guide, and an action plan) assists the staff in identifying problems and in analyzing the root causes of the problems, as well as in finding effective solutions to solve them. It is an outcome-oriented process.

Facilitative Supervision concept is based on quality management principles accepted worldwide. This is an approach emphasizes the two-way communication between supervisors and those being supervised, constructive feedback, joint problems’ solving, and mentoring.

The objective of FS for QI is to improve the knowledge and skills of management, and their approach in order to advance the function of health personnel and healthcare service. “Facilitative Supervision for Quality Improvement” curriculum was developed by EngenderHealth in 2008 and has been used throughout the world ever since.

Orientation workshops/seminars on FS and COPE for key stakeholders

In April, 2007 and in March 2008 an orientation workshop on Facilitative Supervision (FS) and COPE was conducted by the project for 38 participants from the MOH, the World Bank health sector reform project and the PH&RC management staff.

COPE introductory and Follow Up exercises

Since 2006 COPE has been implemented in 38 sites in the project area. At the onset of the COPE exercise, ACQ staff carried out series of meetings with the head doctors, heads of departments and staff of the target hospitals to sensitize them and create supportive environment for rolling out COPE. In all health facilities where COPE was introduced QI committees were established. The members of those committees conducted follow-up COPE exercises on action plans, made sure that the action plans were accessible to all staff members, informed the staff about the status of the implementation of the solutions, supported staff responsible for implementing solutions, and planned subsequent COPE exercises.

In the health facilities where COPE was introduced, the regular follow up activities were done in the beginning, by the project’s staff and training facilitators through telephone and direct visits. Gradually, the internal facilitators gained skills; COPE and FS follow-ups were not treated separately but in a quality improvement (QI) context. During these visits interview and discussions with supervisors, meetings with COPE committee members and facilitators were done. As infection prevention (IP) needed improvement in many facilities, the follow up activities paid additional attention to this. They assessed quality and conducted discussions with the health management staff, the COPE committee and COPE facilitators

As a result of these activities, COPE was institutionalized in 12 out of the 38 facilities where COPE was implemented. This means COPE was included into the annual facility work plan and continuously implemented without external support.

Table 2 Number of health facilities implementing quality improvement tools and approaches by regions
<table>
<thead>
<tr>
<th>City/Region</th>
<th># of facilities</th>
<th>Facilitative Supervision</th>
<th>Initial COPE</th>
<th>Regular COPE exercise</th>
<th>COPE routinely used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baku</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Absheron</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Aghsu</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Shamakhi</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Ismayilli</td>
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<td>4</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Goychay</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Kurdamir</td>
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<td>5</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Shaki</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Total:</td>
<td>38</td>
<td>31</td>
<td>38</td>
<td>38</td>
<td>22</td>
</tr>
</tbody>
</table>

See health facilities status on COPE implementation and institutionalization in Charts below:

**Chart 3**

![Chart 3 Image]

**Chart 4**

![Chart 4 Image]

**Chart 5**

![Chart 5 Image]

In the diagrams below the identified problems during the 2nd COPE exercise and dynamics of its solution are shown
The profile of the problems identified during 1st and 2nd COPE exercises (compared to the previous year, %)

*Chart 6*

The profile of the solved problems during 1st and 2nd COPE exercises (compared to previous year, %)

*Chart 7*

The follow up visits revealed that there had been a need for further improvement of COPE implementation skills of the internal COPE facilitators. Therefore training for the internal COPE facilitators was included into the annual plan of the project’s activities and conducted in 2010.
Community COPE
Community COPE began in April 2009 and has been implemented in three target communities (Kish/Sheki, Garamaryam/Goychay and Muganli/Shamakhi). During implementation, the project staff, community members, local authorities and health providers jointly solved the health facility related problems:

Kish Doctor Point:
- Incinerator built
- Toilet constructed
- Water pipe installed

Qaramaryam Peripheral Hospital (PH):
- Waist pit made
- Sewage system rehabilitated

Muganli Doctor Point (DP):
- Floor in two rooms replaced
- Walls painted
- The territory cleaned and improved

Training on FS for QI
The goal of this training was to build knowledge, skills, and improve attitudes to enable supervisors to apply a facilitative approach to supervision to improve providers’ performance and the quality of FP/RH services in targeted sites. The course focused on the fundamentals of care, specifically on informed and voluntary decision making and on assuring safety for clinical techniques and procedures.

FS has been implemented since 2008. Nine 5-day FS trainings were conducted for on- and off-site supervisors from 47 target sites. Ninety supervisors, including Head Doctors, Deputy Head Doctors, Heads of FP, gynecological, maternity and WC units, Head midwives, and Head nurses participated in the trainings.

During the courses, participants had an opportunity to practice what they learned through conducting a supervisory visit and using the medical monitoring checklists and methodology to assess the quality of FP services. An article about this training was written by Sadaqet Gadimova, the Head Doctor of the Sheki FP Center, who was trained during one of the first courses on FS, and published in the “Sheki Belediyeyesi” newspaper.

The pre- and post-course assessments of knowledge showed that the average % of correctly answered questions increased from 15.2% to 70.2%. This is a significant result taking into consideration that most of the course topics were new to the participants.

The results of implementation of FS and COPE
As a result of implementation of FS and COPE the project succeeded in the following:
- Increased use of the clinical protocols – 61% of the target health staff provided FP counseling services up to standard
• Improved medical recording in the patients’ cards – 74.4% were filled out correctly (see report on “Implementation of QI approaches and tools”, PH&RC, AZ-RH/FP Project, Baku-2010)

• Increased number of patients satisfied with the services – 96% of the patients (see report on “Implementation of QI approaches and tools”, PH&RC, AZ RH/FP Project, Baku-2010)

Moreover, some problems with equipment, supply, and infrastructure were solved and infection prevention was improved.

**Building capacity in local counterparts in the use of COPE tools making the QI process sustainable**

The project provided training to facility internal COPE facilitators and the members of the COPE committees from the target HFs in Baku/Absheron CORE and Sheki districts. Overall, 26 staff members from 24 facilities attended those trainings. The goal of those courses was to increase the participants’ knowledge about quality improvement, including knowledge and skills on monitoring and analyzing the results of the COPE process, measuring the quality of services; disseminating achievements; to gain communication and facilitation skills, and to make the process of quality improvement sustainable. The training courses were conducted by the Project’s Master Trainer, Dr. Shahla Balayeva, two PH&RC staff members, and the Project Coordinator. The participants had an opportunity to share their experiences with COPE with their colleagues:

Sadagat Gadimova, Head of Sheki Family Planning Centre, COPE facilitator: “COPE encouraged us to work, increased our reliability, improved communication among staff; we are doing education activities for youth, a youth friendly service room was opened at our clinic, filling out patients’ cards has improved, the problem with running water was solved.”

Shirinova Gizilgul, midwife, Bash Goynuk, Sheki site COPE facilitator: “Before implementation of COPE post-partum clients were leaving the clinic immediately after giving birth. After identifying it as a problem and including it in the COPE action plan, we started to communicate and educate women and their mothers in-laws about this. Now our clients stay sufficient time in the clinic after giving birth. We also solved the problem of Bacillus Calmette-Guérin (BCG) immunization: we inform mothers about dates for BCG injections and now they come on time and we can immunize the newborns with BCG vaccine.”

Gulbeniz Ibrahimova, a nurse, COPE facilitator and Head of Malikkend DA, Goychay: “We started implementation of COPE in 2008. Now we are conducting COPE exercises by themselves. Our staff and the Head Doctor of Goychay Central District Hospital (CDH) are interested in COPE implementation in the facility. We included COPE into our annual work plan and Head Doctor of CDH approved it. The Head Doctor of the CDH during Medical Council showed our annual work plan as the best model to the heads of other HFs and this was very motivating to us. Using COPE we solved water supply problem. With support of the community; a car was arranged for giving vaccinations to children from the remote villages. We made achievements on Infection Prevention: disinfectants are in place now and staff uses the gloves as appropriate.”
Isa Sultanov, COPE facilitator and Head Doctor of Garamaryam PH, Goychay: “We made achievements in infection prevention. Every employee has been trained, and has a mask, and gloves. We purchased it ourselves. The number of abortions decreased because our employees give full information about family planning to clients. All employees (and community members) are involved in our activities. Water pipes were laid in three rooms in our facility. Before, our clients had problems with access to gynecological services. We solved this problem together with the Head Doctor of CDH - outreach services are regularly provided by the gynecologists from the district centre.”

Shalala Hasanli, the Head Doctor and internal COPE facilitator of Jeyranbatan DP: “As you know, accurate registration of the population residing in the area covered by the PHC facility is very important. This can cause serious problems for our facility in provision of the services to the district population but we have only a few health providers. The COPE exercise helped us to solve this problem. This was identified as a problem in one of the COPE exercises and as a solution we decided to involve not only district health staff, but also other staff members in the registration activity. During this activity, women who have had a baby in the last 12 months and newborns were registered. This helped us a lot; we worked as a family. I realized that we succeeded not because of me, but because the staff made a decision.”

Evaluation of knowledge of participants: For three conducted trainings pretest results- 49.5 %, post-test results 69.9%, increase of knowledge 20.5%

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Increase of knowledge (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baku</td>
<td>54.8</td>
<td>85.15</td>
<td>30.4</td>
</tr>
<tr>
<td>Sheki</td>
<td>46</td>
<td>60</td>
<td>14</td>
</tr>
<tr>
<td>Agsu</td>
<td>47.9</td>
<td>69.4</td>
<td>21.5</td>
</tr>
</tbody>
</table>

In May – June 2010 the review of the Quality Improvement (QI) Approaches and Tools (Facilitative Supervision and COPE) implementation was carried out in order to analyze the impact and provide recommendations to the MOH for further expansion. The study finding and recommendations were presented to the MOH during the Quality Improvement Dissemination Workshop carried out by the Project on August 31, 2010. The full report of the study is attached as Annex 6.

Recommendations included in the report and were presented to the MOH as follows:

1. Since implementation of Quality Improvement Tools (COPE and FS Approach) in healthcare facilities promotes effective solutions on infrastructure and supply issues, as well as issues related to healthcare activities, incorporating necessary adjustments to the tools and subsequent use may be recommended. Also, sustainable use of Quality Improvement Tools for intensifying activities directed towards improving quality in RH and FP sectors may be recommended.
2. The Quality Improvement Tools developed by EngenderHealth (COPE and FS Approach) and implemented by the Azerbaijan RH/FP Project are recommended to be used by health facilities to improve the quality, access, and availability of services.

3. Taking into consideration the overall positive effect of implementation of Quality Improvement Tools (COPE and FS Approach) on service quality in healthcare facilities, and the potential for more extensive use of these tools, they are recommended for the use at all levels of healthcare facilities, as well as other than FP areas, since COPE tools are easily adaptable.

4. Introduction of Quality Improvement Tools, including COPE and FS Approach, into curricula of medical education and advancement facilities in order to teach fundamentals of Quality Service, Quality Assurance, and Quality Management Concepts, is recommended.

5. Future involvement of trainers trained on the Quality Improvement Tools (COPE and FS Approach) in education programs, update of existing tools and usage of them in this process may be advised if implementation of the tools is expanded.

6. In addition to Quality Improvement Tools (COPE and FS Approach), other factors may have also influenced any change of quality observed during the Project (e.g., National Actions For Quality Improvement). Comparison of current results with the results of facilities not applying these tools in order to investigate true impact of these tools on quality of services and future incorporation of the tools into healthcare system may be recommended.

IR 2.4. Developing and institutionalizing RH/FP clinical protocols and guidelines

The Project provided TA and led to the development of the set of 9 National Clinical Protocols on FP counseling and FP methods. The protocols were revised by Dr. Faiza Aliyeva, National RH Coordinator. The MOH Collegiya approved the FP clinical protocols on April 04, 2009.

The Project consistently advocated for protocols to be mandatory for use by all health providers including midwives, family doctors and other specialists trained on protocols.

*The MOH Prikaz #66 issued on June 10, 2009 on clinical protocols implementation, signed by the Minister of Health, stated that all protocols are mandatory instructions and have to be followed by respected health providers in both public and private health settings.*

This Prikaz also appointed the MOH staff responsible for training and monitoring of protocol implementation. The ACQ project provided technical assistance to the MOH and its institutions (the NRHO and PH&RC) in implementation of the FP clinical protocols through dissemination conferences and workshops.
The Follow-on Project focused its interventions on FP guidelines and clinical protocols implementation. Since October 2009, a total of 635 health service providers from 40 district PHC settings have been trained on FP clinical protocols and have improved their knowledge and skills. The Project staff conducted regular visits to meetings with health authorities and providers to encourage them to follow and perform according to the national standards.

The Project Director contacted and worked closely with the WHO/Geneva Press Office to obtain approval for a Medical Eligibility Criteria (MEC) Wheel to be translated into Azeri, printed and distributed among health providers, including gynecologists and other health professionals. In April 2010, an agreement was signed between Azerbaijan RH/FP Project/EngenderHealth’s Azerbaijan Country Office (ACO) and the WHO Geneva’s Press Office. The MEC Wheel was translated and revised/edited by local Azeri speaking RH/FP experts. The bidding for printing companies following the bid evaluation was completed. In consultation with the MOH and the NRHO, it was decided to print 1,500 copies of the MEC Wheel.

The MEC Wheel is a complementary, user-friendly tool for FP clinical protocols. It gives recommendations for rationalizing the provision of various contraceptives in view of the most up-to-date evidence-based information available on the safety of the methods for people with certain health conditions. The intent is to help improve access to and the quality of family planning services.

Seminar on “Ensuring ongoing implementation and FU clinical protocols” for MTs
Monitoring on implementation of RH/FP clinical protocols was conducted in 15 districts in November and December 2009 by the NRHO and the Azerbaijan Reproductive Health and Family Planning Project. The results of monitoring showed that implementation of protocols are not at satisfactory level. This creates the necessity to strengthen roles and improve capacity of master trainers in implementation and follow up of Reproductive Health and Family Planning Clinical Protocols. It is also important to train health service providers who will be able to assist co-workers to implement protocols. Taking into account the results of the monitoring, the project decided to conduct a seminar on “Ensuring ongoing implementation and follow up of Reproductive Health and Family Planning Clinical Protocols” at the PH&RC (January 22, 2010). Fifteen participants including MOH Master Trainers (9), trainers (2), a NRHO monitoring team member (1), Health Service Providers (3) of target health facilities attended the seminar (see attachment # 8). The goal of the seminar was to strengthen roles and capacity of local Master Trainers/trainers and health service providers in order to achieve continuous implementation of clinical protocols on RH/FP.

Orientation seminar on RH/FP clinical protocols for MTs
The project provided technical assistance to the NRHO by conducting a two-day orientation seminar on RH/FP clinical protocols for MTs in April 2010. Twelve participants attended the
training. The participating MTs were familiarized with the overview of the RH/FP situation in the world and in Azerbaijan, and received an introduction to evidence-based medicine, RH/FP updates and standards (National RH/FP protocols), and adult learning principles. The RH/FP national protocols and the Project’s training package (FPB and IUD manuals) were presented to the participants. The training was facilitated by the Project’s Program Officer and MTs. The Project Director presented the RH/FP situation overview. Participants showed a high level of interest during the training.

IR 2.5. Advocate for RH/FP/IP teaching strengthened in pre- and in-service education

The Project continuously provided TA to the AMU and PGMEI to strengthen pre- and in-service teaching of RH/FP. The Project provided technical support in participation of the faculty members of Obstetrician/Gynecologists and Family Medicine departments of PGMEI and AMU in the international academic conference on Strengthening Pre-service and In-service Family Planning Teaching held in Tbilisi in 2008.

Training on strengthening pre- and in-service FP teaching

The project supported PGMEI and AMU in implementation of the action plan developed by representatives from Azerbaijan and recommendations of Academic Consultations on Strengthening Pre-service RH/FP Teaching (Tbilisi, 2008). According to the action plan, in order to improve RH/FP teaching the project conducted the activities listed below:

- Three trainings for PGMEI and AMU faculties to assist in teaching methodology improvement
- Technical assistance in development, designing and printing of RH/FP manual for AMU students
- Teaching equipment/models/aids and the project’s curriculums/manuals donated
- Technical Consultation meeting on Strengthening RH/FP in and pre-service teaching was conducted (December, 2009)

Trainings for PGMEI and AMU faculties were conducted by the project in September-October 2009, February, 2010 and March 2010. In total 23 faculties participated. The following are profiles of the trained faculties:

- AMU three Ob/Gyn departments – 13 faculties (7 candidates of medical science)
- AMU Family Medicine department - 2 faculties (1 candidate of medical science)
- PGMEI Ob/Gyn department - 3 faculties (3 candidates of medical science)
- PGMEI Family Medicine department - 5 faculties (2 candidates of medical science)

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Evaluation of participants’ knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
</tr>
<tr>
<td></td>
<td>knowledge</td>
</tr>
<tr>
<td>1st training</td>
<td>54.8</td>
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<tr>
<td>2nd training</td>
<td>46</td>
</tr>
<tr>
<td>3rd training</td>
<td>47.9</td>
</tr>
</tbody>
</table>

Pre-test average (for 3 trainings) - 53.4 %, post test average (for 3 trainings) – 84.4%, increased average (for 3 trainings) - 31%.
Evaluation of IUD insertion/removal skills:
Pre-course – 26.5 % average (for 2 trainings), post-course – 65.5 % average (for 2 trainings), increased average (for 3 trainings) -39%.
Evaluation of the training by the participants showed that the training met their expectations. Representatives of two pharmaceutical partner companies of the project (Bayer Schering Pharma and Gedeon Richter) were provided with an opportunity to make brief presentation to the attendees on contraceptive products.

Teaching equipment/models/aid
The teaching equipment was provided to six AMU and PGMEI Ob/Gyn and Family Medicine departments. The equipment consisted of ZOE models for training on IUD insertion/removal, sets of instruments for IUD insertion and removal, a small model of uterus, a model for condom use demonstration, posters, a slide projector, screen, and white boards. These departments also received curriculums developed by the project and the RH/FP clinical protocols.

After the Tbilisi conference the project participated in the development of the AMU student manual, together with members of the AMU. The project conducted a range of meetings with the faculty members of Obstetrician/Gynecologists and Family Medicine departments of PGMEI and AMU to implement the results of Tbilisi conference. The project conducted separate meetings with faculty members to determine their needs for further trainings.

In order to institutionalize the Project’s training approaches, curricula and guidelines, as well as provide longer-term support to pre-service medical education, the Project assisted the AMU in developing new FP guidelines – a manual for students. The manual was approved by the MOH and Ministry of Education in June 2010. The official presentation of the RH/FP manual was conducted in September 2010.

On May 20, 2010 the open class on “Combined Oral Contraceptives as a modern contraceptive method” was conducted for a group of 4th level students(10). Two faculty members of the AMU Obstetrics-Gynecology Department # 1 conducted this class. The goal of the “Open class” was to teach students about modern contraceptives methods using different teaching methodologies, teaching equipment and the newly developed RH/FP manual.

This activity also served as follow up of the TOT course that was conducted by the Project for faculty members. The visitors observed the newly acquired knowledge, skills and experience in
improving pre-service teaching on family planning and provided their feedback. Two master trainers who trained the faculty members, an USAID representative and the Project staff observed the lesson. During the lesson faculty did a PowerPoint presentation on COCs, and used cards with case studies. The newly developed manual on RH/FP for the AMU students was also presented during the lesson.

**IR 3: Advocate for integration of RH/FP services into Primary Health Care reform agenda**

- **Health System Structural Changes**

  The Project staff met regularly with health officials of the national and district MOH to get more information on health reform implementation. So far, there has not much been change in the health system in regards to reform except the names (type) of community based health facilities: peripheral hospitals and Doctor Ambulatory Clinics (DACs) became “doctor points” (DPs), and Feldsher-Accusher Points (FAPs) were renamed “health points” (HPs). Some facility’s structure and staffing were changed as well. However, there are not many health providers trained in family medicine and job descriptions and organizational functions of the facilities are not defined yet.

The Ministry of Health is planning a reorganization of Women Consultations (WC): WCs, health facilities that provide antenatal care (ANC) and all gynecological services including FP, will be integrated into city polyclinics. Gynecologists will move to territorially related polyclinics, and the currently operated WCs will close. The details and timeframe of this reorganization is under development by the MOH.

The AZ RH/FP Follow-on Project worked with 61 pilot health facilities to sustain improved Quality of RH/FP Services and increase utilization of services.

The table below presents the number of project facilities by districts and by type of facilities.

<table>
<thead>
<tr>
<th>Districts</th>
<th># of Health Facilities by levels</th>
<th>Total targeted HFs</th>
<th>Rehabilitated/ constructed sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aghsu</td>
<td>1 CDH/FP 1PH 6 DP* -</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Goychay</td>
<td>1 CDH/FP 1PH 4 DP 2MP*</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Kuremidir</td>
<td>1 CDH/FP 1PH 5 DP 1MP</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Ismayilli</td>
<td>1 CDH/FP - 6 DP -</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Shamakhii</td>
<td>1 CDH/FP - 5 DP 1MP</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Sheki</td>
<td>1 CDH/FP, 1 WC - 6 DP 5MP</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Baku/Absheron</td>
<td>1 FPC, 3 WC 2 PH, 1 policlinic</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong> 6 <strong>35</strong> <strong>9</strong> <strong>61</strong></td>
<td><strong>16</strong></td>
<td></td>
</tr>
</tbody>
</table>

DP*-Doctor Point
MP*-Medical Point

Support to the sites included the range of trainings for the staff, regular follow-up and coaching of trainees, and distribution of IEC and promotional materials. The project supported
strengthening of data collection at the medical facilities including RH/FP services utilization, FP counseling sessions and modern methods prescribed. Monitoring was conducted regularly with the main purpose to analyze interaction and results of all components.

By the end of the Project, 92% of target HFs were ready to provide RH/FP services according to project indicators and the following criteria: Health facilities: have ALL of the following in place: a) at least one provider trained, b) FP IEC materials, c) samples of at least 3 modern methods to show clients, d) other job aids, e) room for conducting FP counseling with visual and auditory privacy, and f) basic equipment, instrument and medical supplies required for delivery of FP methods.

Between 2009–2010, the Project activities focused on further strengthening and institutionalizing family planning and reproductive health service delivery interventions in the public sector, ensuring sustainability and maximizing the impact.

Below in Table 7, the annual data since the project started, desegregated by FYs. Data based on reports from 39 target HFs in **CORE** and 13 targeted HFs in **Sheki** and 8 HFs in **Baku/Absheron**:

### Table 6  CORE/Sheki/Baku/Absheron FP services statistics

<table>
<thead>
<tr>
<th>Project districts</th>
<th>FP Counseling sessions</th>
<th>IUD</th>
<th>Pills</th>
<th>Condoms</th>
<th>Spermicide</th>
<th>Inj</th>
<th>EC</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>FY2*</td>
<td>4,475</td>
<td>1,011</td>
<td>156</td>
<td>805</td>
<td>4,754</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>FY3</td>
<td>13,792</td>
<td>3,014</td>
<td>1,029</td>
<td>2,359</td>
<td>0</td>
<td>2,502</td>
</tr>
<tr>
<td></td>
<td>FY4</td>
<td>9,597</td>
<td>1,106</td>
<td>451</td>
<td>1,645</td>
<td>0</td>
<td>1,357</td>
</tr>
<tr>
<td></td>
<td>FY5</td>
<td>12,051</td>
<td>1,211</td>
<td>643</td>
<td>1,957</td>
<td>1,046</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>FY6</td>
<td>7,825</td>
<td>913</td>
<td>104</td>
<td>2,464</td>
<td>272</td>
<td>1,819</td>
</tr>
<tr>
<td>Subtotal</td>
<td>47,740</td>
<td>7,255</td>
<td>2,383</td>
<td>9,230</td>
<td>1,318</td>
<td>7,683</td>
<td>305</td>
</tr>
<tr>
<td>Sheki</td>
<td>FY3</td>
<td>503</td>
<td>41</td>
<td>10</td>
<td>54</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>FY4</td>
<td>4,128</td>
<td>544</td>
<td>198</td>
<td>201</td>
<td>0</td>
<td>742</td>
</tr>
<tr>
<td></td>
<td>FY5</td>
<td>4,315</td>
<td>593</td>
<td>207</td>
<td>568</td>
<td>336</td>
<td>452</td>
</tr>
<tr>
<td></td>
<td>FY6</td>
<td>3,341</td>
<td>533</td>
<td>125</td>
<td>517</td>
<td>192</td>
<td>965</td>
</tr>
<tr>
<td>Subtotal</td>
<td>12,287</td>
<td>7,751</td>
<td>540</td>
<td>1,340</td>
<td>528</td>
<td>2,252</td>
<td>756</td>
</tr>
<tr>
<td>Baku/Absheron</td>
<td>FY4</td>
<td>3,291</td>
<td>92</td>
<td>-</td>
<td>509</td>
<td>-</td>
<td>226</td>
</tr>
<tr>
<td></td>
<td>FY5</td>
<td>15,494</td>
<td>675</td>
<td>287</td>
<td>1,943</td>
<td>583</td>
<td>901</td>
</tr>
<tr>
<td></td>
<td>FY6</td>
<td>9,952</td>
<td>664</td>
<td>347</td>
<td>1,403</td>
<td>380</td>
<td>1,966</td>
</tr>
<tr>
<td>Subtotal</td>
<td>28,737</td>
<td>1,431</td>
<td>634</td>
<td>3,855</td>
<td>963</td>
<td>3,093</td>
<td>59</td>
</tr>
<tr>
<td>TOTAL by 7 districts</td>
<td>88,764</td>
<td>10,397</td>
<td>3,557</td>
<td>14,425</td>
<td>2,809</td>
<td>13,028</td>
<td>1,120</td>
</tr>
</tbody>
</table>

*FY2 (Oct,05-Sep,06); FY3 (Oct,06-Sep,07); FY4 (Oct,07-Sep,08); FY5 (Oct,08-Sep,09); FY6 (Oct 09-Sep 10)

The implementation of the FP clinical protocols initiates the integration of the RH/FP services into Primary Health Care.
Following the **MOH order #66** a total of seven orientation meetings and nine trainings on the introduction to evidence-based approaches, on national standards development and on dissemination of FP clinical protocols were organized and carried out countrywide.

The first meeting was held in the **National OB/GYN Scientific and Research Institute on July 2009 for more than 80 key FP specialists from 40 districts.**

The following meetings were held as scheduled according to the MOH order #66 in:

- **Ganja** City Health Department- 82 participants from 7 neighboring districts attended the meeting
- **CORE** Districts – a total of 49 participants from 5 neighboring districts attended
- **Sheki** Central District – more than 54 participants from 6 neighboring districts attended
- **Lankoran** Central District Hospital- a total of 50 participants from 6 districts attended

In addition, 9 one-day trainings were conducted for more than 150 gynecologists and midwives from Baku women consultations. These brought the total number of health providers up to 600 (500W; 100M) from 40 districts.

**Impact:** the evidence-based clinical protocols have been institutionalized by the MOH (both at the national and local level) to improve RH/FP practice to improve quality of care in PHC settings.

5,000 copies of the National Clinical Protocols on Family Planning methods were printed, 2,250 copies have been shared with the PH&RC and 1,000 copies were shared with the NRHO, along with the schedule for further dissemination through orientation meetings and trainings.

**RESULTS:**

The endline health facilities audit has demonstrated successful results in the Project’s approaches and interventions to integrate RH/FP services into the PHCs:

- **51.6%** of health providers regularly collect and report FP data to the MOH and the NRHO (15.4% - in the control regions)
- **60%** of health facilities have FP methods reporting forms available (8.3% control regions)
- **53.2%** health providers have had MOH/NRHO monitoring visits in last 6 months (0% - control)
- **78.6%** health facilities have Infection Prevention and other MHO regulations in place (25% control)
- **80%** of health facilities have a running water source in place (41.7% control)

- **Provide TA to the MOH in implementing the health reforms to integrate RH/FP services into primary health care**

Throughout the Project, 59 target health facilities have reported that clients received RH/FP services including post abortion and postpartum counseling. The Project has 38 HFs in CORE districts, 13 HFs in Sheki and 8 HFs in Baku/Absheron reporting their data as follows:
Table 7

<table>
<thead>
<tr>
<th>Methods prescribed in Health Facilities (HFs)</th>
<th>Provided in HF</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP counseling sessions</td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td></td>
</tr>
<tr>
<td>Inj</td>
<td></td>
</tr>
<tr>
<td>Spermic</td>
<td></td>
</tr>
<tr>
<td>EC</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td></td>
</tr>
<tr>
<td>Spermicid</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>District FP counseling sessions</th>
<th>Methods prescribed in Health Facilities (HFs)</th>
<th>Provided in HF</th>
</tr>
</thead>
</table>

The Chart 8 (see below) presents the successful results of the Project implementation by getting the numbers of family planning methods provided in target health facilities during FY3 and FY6 in all 3 target areas increased dramatically. Before the FY2 there were not any family planning methods in target health facilities. During the FY4 (2008) IUDs were provided through the Project’s Outreach Campaigns. In FY5 we provided the FP methods such as pills and IUDs (donated by National Reproductive Health Office) and we can see how the number of new users increased in each target area. This chart includes the family planning methods (pills, IUDs, condoms and spermicides) provided in target health facilities.

Chart 8

- “IUD Insertion by Midwives” a pilot advocacy study

The full report is in Annex 5
**Key-role of Midwives and the IUD**

The current situation shows that in remote areas of Azerbaijan few women have chosen the IUD as their method of contraception and that RH/FP services in consultations and family planning centers are used infrequently. In addition the population’s knowledge on the use of modern contraception is low, and established FP service providers do not sufficiently and successfully use obvious situations such as abortions or deliveries to change this situation. Hence EngenderHealth sees the decentralization of the RH/FP services and capacity building within health care providers as a key to the improvement of women’s health nationwide.

The IUD, as a highly effective contraceptive of low cost and long durability, has all the qualities necessary to play a key role in Azerbaijani RH/FP. By now the high potential of the IUD as a well known contraceptive among Azerbaijani women has not been exploited by far. E.g. among the non-users who intend to use contraceptives, 45 percent plan on using the IUD.

Currently the insertion and removal of the IUD in Azerbaijan is restricted only to physicians. The project advocated for task-shifting during the entire period of the project. The staff provided the MOH with the analysis of evidence-based experiences and practices from other countries to support provision of IUD services by trained midwives. The approval of the pilot study was issued in year 6 of the project.

**Previous Achievements of EngenderHealth as a Strong Basis for Policy Changes**

The EngenderHealth Azerbaijan Reproductive Health and Family Planning Project (AZ-RH/FP Project) has focused its work since 2004 on 7 pilot districts (the CORE Districts of Aghsu, Ismayilli, Goychay, Kurdamir, Shamakhi; Sheki and Baku/Absheron). The project has concentrated its knowledge and capacity on improving the quality of FP services, making quality contraception more widely available, increasing the sustainability of FP services, and on improving the knowledge of and attitudes toward modern contraception. Aiming for sustainability, the project worked closely with the MOH, communities and the private sector. Next to advocating for the integration of RH/FP services into Primary Health Care agenda, it also focused on strengthening the MOH training and monitoring capacity and on developing and institutionalizing protocols and guidelines.

Up until September 2010, 73 Ob/Gyns have been trained on IUD insertion and removal. 238 midwives have received training on FP basics; 190 of them working in the CORE districts, 16 in Sheki, and 32 in Baku/Absheron. One-hundred- and four of the above mentioned midwives have additionally been trained in FP counseling and Infection Prevention; 65 of these midwives live and work in the CORE districts, 13 in Sheki, and 26 in Baku/Absheron. Follow-up-sessions for Health Service Providers (HSPs) are an essential part of every item of the training program.

The previous trainings of the Azerbaijani midwives in FP Basics, FP Counseling, Infection Prevention and the regular follow-ups have built a strong foundation for strengthening the midwife in her role as a full-fledged, responsible and active professional FP service provider. It seems only logical to widen her scope of work by training her as an IUD provider. In other developed and developing countries this became a well established and effective routine (for details see below).
Therefore, and in accordance to the national RH-Strategy 2008-2015, the EngenderHealth Azerbaijan Reproductive Health and Family Planning Follow-on Project implemented a pilot project “IUD-Insertions by Midwives” in the timeframe from January 2010 to September 2010. The pilot project was conducted in three phases: during Phase I the pilot project was advocated through EngenderHealth and accorded by MOH; Phase II included the careful selection of midwife candidates and their theoretical training; and during Phase III the new skills were implemented at the midwives’ field of work.

Goal of the pilot study
With the advocacy and implementation of the pilot project “IUD insertion by Midwives” in Azerbaijan EngenderHealth wants to kindle a thinking and behavior change and contribute to capacity building of Azerbaijani healthcare providers. Azerbaijan’s health care system has forged ahead in big steps in its process of transition. New clinical protocols and clinical guidelines have been developed, newly built health centers have been equipped with up-to-date medical equipment, and a new RH Law has been developed and advocacy for its passage is ongoing. Nevertheless technical and judicial changes are not enough. Thinking and behavior changes are the main pillars for a sustainable change and the improvement of the health care indicators.

Traditionally, in the Azerbaijani health system, midwives and nurses were not confided with many independent functions, naturally leading to passivity and de-motivation on their side. Also their role in society and in local communities has been generally underestimated. Learning from similar projects with positive outcomes in other countries and recognizing previous successes of capacity building within the group of midwives, EngenderHealth wanted to open new and innovative paths of problem solving for Azerbaijan, taking into account the high and underestimated potential of Azerbaijani midwives and the IUD. The empowerment of the Azerbaijani midwife to a full-fledged FP provider may crucially contribute to the reduction of unwanted pregnancies and high abortion rates by making modern contraceptives easily accessible to every woman and by providing high quality services on a wider and decentralized basis. The general knowledge of modern contraceptives may improve, FP services may be used more frequently and consciously.

Besides providing a sound overview of previous relevant projects in other countries, the advocacy study described the special role midwives play in developing countries, also in respect to the communities’ finances and infrastructure. Additionally it gave deep insight into Azerbaijan’s RH/FP situation, comparing it to its neighboring countries.

After the submission of the advocacy study, EngenderHealth together with the NRHO were successful in overcoming the original resistance to the pilot project. In March 2010, the MOH approved the pilot to conduct the training for the midwives on the ZOE model, in April 2010 the MOH gave permission of training for midwives on IUD Insertion/Removal on eligible patients.

Impact on several levels
With the full approval of the pilot project “IUD Insertion by Midwives” in Azerbaijan the Ministry of Health opened doors to a profound thinking and behavior change in the mostly very rigid and hierarchical system of the medical community. The implementation of the pilot project
was a big step towards modernization, not only for the midwives, but also for the physicians and, last but not least, the patients.

Through the empowerment of the Azerbaijani midwives into a full-fledged family planning provider, they have the unique possibility to reassess their role in the community and the contributions they could make for their civil society. The different forms of assessment and evaluation of their knowledge and skills have made them reflect on their own strengths, weaknesses and motivation. They also had to learn to perform well in new and challenging situations such as written exams and observations by master trainers during their work. Growing with their challenges and understanding the new responsibility, the midwives’ self-confidence and estimation grew notably and motivated them to perform even better.

The physicians/doctors working directly with the midwives or supervising them could also appreciate the independent and responsible work performed by the midwives. Interacting with them directly, supporting them and leading professional discussions with them enhanced the teambuilding, and the respect for each other and could lead to the reassessment of old beliefs and behavioral patterns.

For the assessment of the long-term impact on the patients’ behavior in Family Planning and the number of abortions, the given timeframe is too short and the number of participants is not large enough. Nevertheless it is interesting to observe the impact of a single participant, representing other possible success stories in the future: Midwife Nazli Azizova works in a Doctors Point in Layisgi Village (total population=2250; WRA 15-49=563), one hour drive from Sheki City over a quite rocky and uneven road in reconstruction. She works together with 3 other midwives and a general practitioner. The Doctors Point is a very simple house next to a school, but appears friendly and well-kept. Together with her colleagues, midwife Nazli has about 40-50 clients per month. Already the first visit to midwife Nazli’s working place revealed that she works effectively and that she is well organized. She keeps close contact to her clients and tries to implement new standards as good as possible in her working place (previously learned in training from EngenderHealth). During Phase II and III she belonged to those who delivered the best results, both in the theoretical knowledge as in the practical skills. Now that midwife Nazli has the knowledge to provide the IUD services herself, her clients, which she knows already since years, do not have to travel to Sheki anymore for the IUD provision. They can avoid the long and strenuous journey, can spare the travelling costs and do not have to organize care for the children and household when using the FP services in Sheki. Instead they can easily take along friends or family to accompany them to the service and, probably most importantly, they already know the provider!

**Contraceptive prevalence rate increased in the Project areas**

Totally, for all 3 areas, the Project has achieved 38% of reproductive age population (men and women) using modern contraceptive methods. Among the married women of reproductive age (MWRA) there are 40.7 percent reported as current users of modern methods (Endline, June 2010) as opposed to 22.3% of MWRA who were using modern methods in the control regions. In comparison with baseline data (2005) there were increases in the percent of use of modern contraceptives among women and men of RA: CORE-(+32.5 % men), (+23.4 % women); Sheki-(+41% men), (+38 % women); Baku/Absheron-(+24.1% men), (+14 % women).
The chart below shows that distribution of current users of FP methods for all Project areas. As you can see below the condom (43%) is used as the prevalent method among the population followed by IUD (37%).
Chart 11

The comparative baseline data with endline data in CORE districts show the increase of condom (from 37% to 42%) and pill (from 10% to 20%) use and a slight decrease of IUD use (from 51% to 40%) users among current users.

Chart 12

There were substantial increases in awareness especially for modern family planning methods. All respondents were asked to name all methods they had heard of, if any. Awareness about pregnancy prevention methods varied from 93% in target areas and 62% in control regions in general. The level of awareness of FP methods in CORE, Sheki and Baku/Absheron areas are similar (CORE-95%, Sheki-90% and Baku/Absheron-90%). The assessment of the method's usage description showed the correct answer were given for pills (64.8%), for IUDs (95%), and condoms (82%). Beyond awareness, knowledge on the correct use of specific FP methods, particularly modern contraceptives, is a better measure of the Project’s effects on improving knowledge on FP methods.

In the Project areas, 44% of men and women of RA have never used FP methods. The main reasons for non-use of contraceptives remain the same as in the baseline survey (23% not sexually active). From those who never used only 15% will use modern methods for pregnancy prevention in future. The main reasons why the respondent doesn’t want to use the modern
methods for pregnancy prevention in the future are: infertility (26%), not sexually active (24%) and lack of effectiveness (20%). Except for Baku/Absheron the main reason was the effectiveness of methods. In Sheki district the respondents responded that the main reason was ‘infertility’ and ‘not sexually active’ at the same level 41%.

**STDs and HIV/AIDS:**
The endline showed that in all geographical regions respondents had heard about sexually transmitted diseases: in project areas awareness mounted to 90%, while in the control districts it reached 60%. Based on baseline data (2005) 80.4% had heard STIs. In chart below it can be seen that generally across the 3 regions, there is a high percent (94%) of awareness about HIV/AIDS.

**Chart 13**

**Endline data for all Project areas (June 2010):**
The respondents stated that HIV/AIDS can be transmitted to a person by unsterile needles (94%), blood transfusion (92%), having unprotected sex with someone of different sex who is infected (80%), and from mother to fetus (79%). For sources of information about HIV/AIDS people marked a variety of sources like community events (45%), Project brochures/posters (44%), Community Volunteers (41%), ads and TV (20%), and nurses, neighbors and partners (9%). In Sheki District, the greatest source of information on HIV/AIDS was from community events (58%), in CORE it was “Community Volunteers” (56%) and in Baku/Absheron (38%) and control regions (52%) it was “ads and TV,”

**Abortions:**
Only married, had been married women or who reported having sexual intercourse were asked questions about abortion. Survey research shows that on average, women of reproductive age have had 2.3 abortions based on the Azerbaijan Demographic Health Survey, 2006. End Line Data (June 2010) show that 50 percent of women in project and control regions (excluding natural, spontaneous abortions) reported ever having an abortion. On the question “How many have you had in the last two years?” 85% of women responded that they had 1-5 abortions, 11%
had 6-10 and 3% had more than 10 in project target areas. Most of respondents explained the reason of their last abortion was that they wanted no more children (80% in project regions). Women who reported that their recent abortion took place within 2 years prior to the survey were asked how much they paid. The average cost of the last abortion amounted to 26 AZN. The endline survey data has shown that the most usual place for an abortion, in all project regions, (70%) is the district hospital/hospital, except for Baku/Absheron (47%) where Women Consultations were mainly visited. Only 20% of the women reported that used any method to prevent pregnancy before abortion. For women that used family planning, they were asked what method they were using, and 56.8% said traditional methods.

Household questionnaires included a series of questions only for males. 77% of the males in the project areas appear supportive in the decision of their wives to use pregnancy preventing methods and only 3% who would not support it. The main reason of not supporting this decision is that it is harmful for the health of their wives and can be lead to the barrenness (50%).

**End line survey among Healthcare Providers:**
The project started working with target health facilities in 2006 in CORE, Sheki in 2007 and 2008 in Baku/Absheron areas. Project supported these facilities by providing trainings on different topics, conducting follow-up and coaching of trained HSPs, collecting statistical data on family planning for tracking the dynamics on project progress and using this data at different levels of medical facilities in districts. Based on the endline survey findings (June 2010), 88% of Health Providers provided family planning information on counseling to clients in project districts, 95% were in Baku/Absheron area, 85% in CORE and 80% in Sheki districts. In comparison to Control districts only 54% of HSPs reported that they personally provided family planning information, education or counseling to clients. Although in both project (91%) and control regions (62%) most of respondents have received trainings on Family Planning basics, there is a drastic difference between the two areas. Thus, in project regions 5 types of trainings were conducted for more than 50% of providers and 2 covered almost a half of them, while in control area only 3 types of trainings were given and only one of them was mentioned by majority of respondents.

**Chart 14 Received training**

<table>
<thead>
<tr>
<th>Project Regions</th>
<th>CORE</th>
<th>Sheki</th>
<th>Baku/Absheron</th>
<th>Control Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning basic</td>
<td>91%</td>
<td>100%</td>
<td>100%</td>
<td>78%</td>
</tr>
<tr>
<td>Family planning counseling</td>
<td>79%</td>
<td>90%</td>
<td>91%</td>
<td>55%</td>
</tr>
<tr>
<td>Services on IUD: integration of clinical and counseling skills</td>
<td>59%</td>
<td>57%</td>
<td>60%</td>
<td>48%</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>48%</td>
<td>62%</td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td>Quality Improvement (COPE) exercise</td>
<td>38%</td>
<td>35%</td>
<td>31%</td>
<td>5%</td>
</tr>
<tr>
<td>Modern Principles of Supervision (Facilitative Supervision)</td>
<td>25%</td>
<td>24%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Orientation training on RH/FP clinical protocols</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Health Providers showed a high percentage of awareness about pregnancy preventing methods. Health providers were asked to name all methods of preventing pregnancy. Among family planning methods 99% of Health Providers mentioned IUD, 98% pills, 97% condoms, 76% spermicides and 68% injectables. Traditional methods such as a LAM (66%), Rhythm/Calendar (61%), and withdrawal (61%) were mentioned by HSPs.

The majority (72%) of Health Providers prescribe contraceptive methods to clients in target project areas. In control regions the share of prescribing providers was much lower and amounted to 39%. Health Providers were asked which FP methods have they have prescribed to women in the last 6 months. The most prescribe method of family planning was IUD (83% in project and 80% in control areas). That was followed by pills (59% and 60%) and condoms (48% and 60%).

The initial stage of the project focused on counseling with gynecologists and midwives, while other doctors, nurses and fieldshers were involved in the training process. As we show in the chart below 99% of gynecologists and 90% of midwives provided family planning services to clients.

Chart 15

IR4: Social Marketing and Quality Contraceptives

Given the absence of a regular supply of contraceptives in the public sector, the United States Agency for International Development (USAID) and the Project agreed on a sustainable strategy to stimulate private sector commercial supply of quality contraceptives.

The objective of the Project’s social marketing program was to: **ensure consumer access to a continuous supply of the widest possible variety of quality, affordable, legally-registered contraceptives through private sector apteks.** To achieve this objective, social marketing activities were designed to: 1) stimulate support among pharmaceutical companies, local distributors, and apteks to expand distribution supply channels and continuously stock and
promote quality contraceptives; 2) ensure that potential consumers were informed about the availability and range of quality modern contraceptives for commercial sale and received correct information about these products.

The social marketing model adopted by the Project was designed to increase the supply of a variety of affordable, quality, legally-registered contraceptives through private sector apteks while simultaneously stimulating consumer demand for modern contraception through education and awareness. In this way, social marketing activities were intended to serve as a catalyst to help foster a viable, sustainable, commercial market for contraceptives where consumers have access to the widest possible choice of quality contraceptives. This approach was based on the “manufacturing model” for social marketing of contraceptives that was originally developed by the United States Agency for International Development under the Social Marketing for Change Project (SOMARC). This model was designed for use in middle income countries where low and middle-income consumers are assumed to have sufficient resources to purchase unsubsidized, commercial brands of contraceptive products yet commercial markets are not highly developed (Agha 2005). The main idea behind such programs is that manufacturers will make available commercial contraceptives at a price that is affordable for consumers yet offers sufficient profit to manufacturers, distributors, and retailers to continue distribution and supply after Project support has ended.

Summary of Social Marketing and Health Communications Interventions

To achieve the goals and objectives of the social marketing program, the Project adopted the following implementation strategies and interventions. A detailed description of the program activities that were implemented is presented in the following section.

<table>
<thead>
<tr>
<th>Strategies for Engaging Private Sector Participation in Promotion of Family Planning and Expanding Private Sector Supply of Quality, Affordable, Contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Build partnerships with pharmaceutical companies, with an in-country presence, to expand distribution and promotion of contraceptive commodities on a regional and national scale.</td>
</tr>
<tr>
<td>• Build partnerships with local apteks in target communities and through training and regular support visits improve knowledge and skills of aptek staff to provide correct information and answer customer queries related to contraception.</td>
</tr>
<tr>
<td>• Provide regular visits to partner apteks to encourage visible display of contraceptives and encourage them to stock a variety of contraceptive options to meet client demand.</td>
</tr>
<tr>
<td>• Provide partner apteks with IEC and promotional materials (posters, leaflets, plastic bags, and door stickers) to advertise the availability of quality contraceptives and disseminate correct information about different methods.</td>
</tr>
<tr>
<td>• Work with aptek owners to set up a system to collect monthly data on contraceptive sales by method.</td>
</tr>
<tr>
<td>• Organize public relations and promotional events to encourage partner apteks to actively participate in social marketing of contraception.</td>
</tr>
</tbody>
</table>

60
<table>
<thead>
<tr>
<th>Strategies for Health Communications to Create A Positive Image of Family Planning and Provide the Target Audience with Correct Information about Modern Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop an overarching logo and slogan used to “brand” all materials and social marketing products to help create a positive image of family planning.</td>
</tr>
<tr>
<td>• Develop general and method-specific educational brochures on contraception for distribution to the target audience through clinics (during FP counseling sessions), through apteks, and during community education sessions.</td>
</tr>
<tr>
<td>• Develop pictorial education flipbooks and job aids for health service providers and community volunteers to enhance family planning counseling and community education sessions.</td>
</tr>
<tr>
<td>• Create a mass media campaign including TV advertisements to create a positive public image of family planning and inform the public that modern contraceptives are the safest and most reliable way to plan a healthy pregnancy.</td>
</tr>
<tr>
<td>• Provide training to journalists to raise awareness about the importance of family planning as a national health issue and encourage press coverage of reproductive health topics.</td>
</tr>
<tr>
<td>• Work with journalists, popular print and television media outlets to produce programs and publish articles on reproductive and family planning topics.</td>
</tr>
</tbody>
</table>

**Development of Overarching Social Marketing Slogan and Logo**

The Project developed an overarching logo and slogan to promote a positive image of family planning and modern contraception. This logo and slogan served as a common thread designed to bring together all the materials and activities of the Project. This symbol was used to brand all educational and promotional materials as well as social marketing products.

The logo, a pomegranate with the silhouette of a family and slogan “Pregnancy Planning – Choose the Right Time!” was developed with assistance from a professional advertising agency. As with all subsequent health communications materials developed by the Project, the concepts and draft materials were field-tested with men and women of reproductive age (the Project’s primary target audience). This slogan was greatly preferred by the target audience, as it did not bring up images of “limitation” of family size. Other slogans that used traditional phrases like “Family Planning” were not popular.

**Partnerships with Pharmaceutical Companies**

Beginning in October 2005, the Project negotiated MOUs with two international pharmaceutical partners *Bayer Schering Pharma* and *Gedeon Richter* to collaborate towards the shared goal of expanding the availability of quality, affordable, and legally-registered contraceptives to apteks in the Project’s target communities and throughout Azerbaijan. These two companies were approached as they were the only international pharmaceutical companies offering quality legally-registered
contraceptives with local representation in Azerbaijan when the Project started. Under these MOUs the Project and its pharmaceutical partners worked together to: 1) encourage local distributors to expand private sector supply channels to offer consumers a wide choice of contraceptive products, 2) promote 14 contraceptive products (including: COCs, IUDs, and emergency contraception pills) through the Project’s social marketing activities, 3) share sales data for internal analysis of broad sales trends and 4) provide accurate information about contraceptive products to health professionals and pharmacists.

Under the MOUs the two pharmaceutical partners agreed to include at least one low-cost COC option in the mix of products that would be promoted under the social marketing program. Other commercial contraceptive products could be added to the list if they were legally-registered in Azerbaijan. All of the social marketing products included on the list were to be labeled by the local drug distributors with a Pomegranate sticker – the symbol of the social marketing campaign. When the Project began, Azerbaijan faced a problem with unregistered contraceptive products of unknown quality infiltrating the commercial market. The sticker was intended to identify products as legally-registered, quality contraceptives helping to build consumer confidence.

From a social marketing perspective, the Project’s goal was to ensure a continuous supply of a wide variety of quality, affordable contraceptives. Private sector partners were interested not only in promoting a low cost COC option but in expanding distribution channels and local access to a variety of contraceptive products that target different segments of the contraceptive market. In total, 14 commercial contraceptive products were included in the social marketing program including 10 brands of COCs, 2 types of IUDs, and 2 brands of emergency contraception. This approach was used to ensure that consumers had access to at least one low-cost oral contraceptive option and a variety of methods while providing a stimulus for private sector partners to participate as a way to promote their larger portfolio of contraceptive products for different income segments of the market. The Project agreed to promote these products under the “pomegranate” label through a mass media campaign and during training events and activities with community, health facility and local aptek partners. For example, the Project developed a portable display case of Pomegranate contraceptive products that was used as a visual aid during training events for aptek workers and health service professionals and also during community health festivals.

Representatives from the Project’s two pharmaceutical partners Bayer Schering Pharma and Gedeon Richter also participated in several Project-organized reproductive health trainings for faculty members from the Azerbaijan Medical University and Post Graduate Training Institute. Physician representatives from both pharmaceutical companies made presentations to these groups on their respective contraceptive products. These sessions provided an opportunity for faculty to ask questions and receive specific technical information about a variety of quality

Representative from Project partner Bayer Schering Pharma conducts session for OB/GYN faculty members on new contraceptive technologies
contraceptives and technologies some of which are relatively new in Azerbaijan such as hormonal IUDs. This type of technical exchange between medical practitioners and the pharmaceutical companies provided an important opportunity for correcting misinformation and dispelling myths that are widespread, particularly in relation to hormonal methods of contraception.

Expanded private sector partnerships for social marketing of contraception in Azerbaijan

In December 2009, negotiations were successfully completed between the Project, the UNFPA, and the UNFPA’s implementing partner DEY, a local NGO, to include UNFPA-sponsored “Cool” condoms into the Project’s “Pomegranate” social marketing campaign. The UNFPA financed the manufacture and distribution of the new condom in Azerbaijan, registered under the trademark name “Cool.” These condoms were manufactured and certified according to WHO/United Nations Joint Programme on AIDS (UNAIDS) specifications. Under an MOU between the Azerbaijan RH/FP Project and DEY, “Cool” condoms were promoted along with the other commercially available contraceptive products under the “Pomegranate Campaign.” This enabled the Project to expand the variety of methods promoted through social marketing activities and promote a broader choice for consumers. More than 300 samples of “Cool” brand condoms were distributed by Project staff to participating apteks and 160 Project-trained peer educators for display during community health education sessions.

Working with Local Aptek Partners

As per the project mandate, the Project established partnerships with 45 local apteks in 7 districts (Aghsu, Kuredmir, Ismayilli, Goychay, Shamakhi, Sheki, and Baku/Absheron). These apteks were recruited on the basis of their proximity to target communities and health facilities where the Project had established activities. Apteks were identified through a rapid assessment survey and selected on the basis of the following criteria: 1) interest and willingness to collaborate and participate in training on modern contraceptives; 2) willingness to offer at least 3 modern methods of contraception for sale; 3) willingness to share contraceptive sales data on a monthly basis.

The Project provided training for aptek workers to update their knowledge about modern contraceptives; educational brochures on modern
contraception for distribution to customers; and promotional materials including: posters, plastic bags, and door signs to promote pregnancy planning. Project staff visited collaborating apteks on a regular basis (on average twice a month) to resupply materials, reinforce key messages on modern contraceptives and encourage partner apteks to regularly stock and openly display a variety of contraceptive methods (especially pills, IUDs, and condoms). In addition, the Project worked to establish referral linkages between these apteks and local health facilities and communities where the Project was also active by exchanging lists of apteks and area providers and sharing this information with local communities during health education sessions. Aptek partners were also included in Project-facilitated community bridge meetings where local health officials and community leaders met to discuss strategies for improving reproductive health.

In 2008, as part of the overall expansion to Baku, the Project modified its approach to recruiting and working with apteks. Initially, 15 apteks were recruited in close proximity to communities and health facilities where the Project had plans to initiate all other Project activities. In addition, **53 apteks were recruited** that were located in close proximity to metro stations with a high volume of commuter traffic and women’s health facilities where there is a high volume of female patients effectively **doubling the number of apteks collaborating in social marketing activities**. The Project decided to initiate collaboration with apteks in these areas as a way of rapidly expanding the number of apteks that would serve as distribution points for educational and promotional materials related to modern contraception. That approach was linked to the ongoing national mass media campaign that was promoting modern contraception and contraceptive social marketing products. In addition to their willingness to distribute educational and promotional materials, these apteks were selected according to one of the following criteria: they were owned by or affiliated with a local distributor who was collaborating on the national social marketing campaign, or they were geographically located near a metro station or women’s health facility with a high volume of commuter traffic or female patients.

A second measure of expanded contraceptive choice is related to the **variety of legally-registered brands of combined oral contraceptive pills available for commercial sale in local apteks**. Under the Pomegranate Campaign, the Project worked with pharmaceutical partners to promote 15 different quality legally-registered contraceptive products including 10 different types of COC pills. Through this strategy the Project sought to ensure that consumers had access to **at least one low-cost option of a combined oral contraceptive pill** in their local aptek. At the same time, private sector partners had an interest not only in promoting low-cost contraceptive options but in expanding distribution channels and local access to a variety of contraceptive products marketed to different segments of the commercial market. Thus, expanding the variety of COCs available for sale in local apteks is an important measure not only for consumer choice but as an indication of the potential sustainability and viability of the commercial market that will continue after the Project ends. Data from **37 partner apteks** was used to examine **measures of expanded contraceptive choice**. Data from 8 partner apteks was excluded from the analysis as the data available for these apteks did not coincide with the period of analysis.

In order to participate as a collaborating partner in the Project, local apteks had to agree to offer at least 3 methods of modern contraception for sale. Thus, at the baseline, or start of Project collaboration, all aptek partners offered a minimum of three methods, most commonly COCs, condoms, and spermicides for sale. On a monthly basis the Project collected data on sales related
to five types of contraceptives: COCs, condoms, IUDs, spermicides, and emergency contraceptive pills. From this data, it is possible to track changes in the method mix sold by partner apteks over the life of the Project. The table below shows the percentage of aptek partners who increased the variety or types of methods sold during the period of collaboration with the Project. The data is presented by region and for the entire Project.

Table 8

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Apteks Reporting</th>
<th>Number of Quarters Participated in the Project</th>
<th>Percent Apteks Increased Number of Methods for Sale</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>17</td>
<td>15</td>
<td>41%</td>
</tr>
<tr>
<td>Sheki</td>
<td>8</td>
<td>10</td>
<td>No change</td>
</tr>
<tr>
<td>Baku/Absheron</td>
<td>12</td>
<td>7</td>
<td>25%</td>
</tr>
<tr>
<td>All Project</td>
<td>37</td>
<td></td>
<td>27%</td>
</tr>
</tbody>
</table>

In CORE districts, 41% of apteks increased the variety of methods sold in their aptek. This change is due almost exclusively to the addition of IUD sales. At the start of collaboration only 2 out of 17 apteks included IUDs in the mix of methods for sale. By the end of the Project 6 apteks included IUDs in the mix of contraceptive products they made available to consumers.

In Baku/Absheron 25% of participating apteks expanded the mix of methods sold to consumers. This increase was due to the addition of IUDs, spermicides, and emergency contraception in across different apteks.

There was no change in the overall method mix of contraceptives offered for sale in Sheki apteks. Six out of eight reporting apteks in Sheki offered all 5 methods for sale throughout the life of the Project. The remaining two offered products except IUDs.

Another measure of expanded choice is the availability of at least one low cost COC for sale in local apteks. This helps reduce the possibility that cost will pose a barrier to couples selecting their method of choice. Under the Project’s social marketing agreement with pharmaceutical partners Bayer Schering Pharma and Gedeon Richter, two low cost brands of combined oral contraceptive pills were included in the list of 10 COC products to be promoted under the Pomegranate Campaign. The retail price of these low cost products ranged from approximately USD $3.10 – $4.10 for one cycle of pills.

From the monthly sales data it is possible to examine, whether apteks offered these lower cost COCs for sale along with other brands of COCs that were included in the social marketing campaign. The table below shows the percent of apteks who offered at least one of the low-cost COCs from the Pomegranate Social Marketing Campaign for sale at the beginning and end of the Project. The table also shows the change in the number of brands of COCs that were offered for
sale in participating apteks. Only data on the 10 brands that were included in the Pomegranate Campaign were included in the analysis.

Table 9

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Apteks</th>
<th>Number of Quarters Participated in the Project</th>
<th>Percent Apteks offered at least one low-cost COC for sale at the Project Start and End</th>
<th>Percent Apteks Increased Number of Brands of COCs for Sale</th>
<th>Average Number of Brands of COCs offered for sale at the Project Start and End</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>17</td>
<td>15</td>
<td>94%</td>
<td>100%</td>
<td>76%</td>
</tr>
<tr>
<td>Sheki</td>
<td>8</td>
<td>10</td>
<td>100%</td>
<td>100%</td>
<td>63%</td>
</tr>
<tr>
<td>Baku/Absheron</td>
<td>12</td>
<td>7</td>
<td>83%</td>
<td>92%</td>
<td>42%</td>
</tr>
<tr>
<td>All Project</td>
<td>37</td>
<td></td>
<td>92%</td>
<td>97%</td>
<td>62%</td>
</tr>
</tbody>
</table>

For the Project as a whole, 92% of participating apteks offered a low cost COC to customers at the beginning of the Project. By the end of the Project, this percentage had increased to 97%. In CORE and Sheki 100% of all aptek partners offered a low-cost COC option.

Interestingly, the table also shows that throughout the life of the social marketing program, apteks expanded the variety of brands of COCs they offered for sale. For the Project as a whole, 62% of participating apteks expanded the number of brands of COCs they offered for sale from an average of four to five. At the same time, they continued to offer at least one low-cost contraceptive option. This is a strong indication that the social marketing program succeeded in working with private sector partners to ensure continued availability of a low-cost contraception option while expanding the variety of COC products available for different market segments. This expanded choice not only helps meet the need contraceptive needs of the population but contributes to the commercial viability of a sustainable contraceptive market.

**Increased sales of Contraceptives**

A key indicator for measuring the success of the Project’s social marketing activities is the change in contraceptive sales. In July 2006 the Project began collecting monthly sales data from 19 partner apteks in the CORE districts including Aghsu, Ismayilli, Kurdemir, Goychay, and Shamakhi. As the Project expanded activities to new geographic areas the number of apteks participating in the program and reporting monthly sales data also increased. Eventually, the number of apteks reporting data increased to 45 including partners from Sheki and Baku Absheron. On a monthly basis these apteks reported sales figures for the five most widely available types of contraceptives: **IUDs, condoms, combined oral contraceptive pills, spermicides and emergency contraception pills.** For pills, IUDs, and emergency contraception data was also collected on the product brands sold in each aptek. This allowed the Project to track sales trends as well as changes in the variety of methods sold and the number of brands offered for sale in participating apteks. In the long-term, however, **sales of all five types of**
contraceptive products show a steady upward trend – a strong indication that modern contraception is gaining acceptance and popularity in target communities and that consumer demand for contraception is steadily increasing.

To more closely examine the overall increase in sales of contraceptives over time, two points of comparison were selected for analysis. To reduce the possible influence of seasonal purchasing fluctuations, the same quarter was selected for the start and end dates for comparison. The table below compares the average quarterly sales for the second quarters of FY3 and FY6 and shows the percent increase in sales between these two quarters.

Table 10

<table>
<thead>
<tr>
<th>Method of Contraception</th>
<th>Average Quarterly Sales Jan – Mar 2007 (FY3 QTR2)</th>
<th>Average Quarterly Sales Jan – Mar 2010 (FY6 QTR2)</th>
<th>Change in Average Percent Quarterly Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Oral Contraceptive Pills</td>
<td>37</td>
<td>46</td>
<td>26%</td>
</tr>
<tr>
<td>Condoms</td>
<td>151</td>
<td>390</td>
<td>158%</td>
</tr>
<tr>
<td>IUD</td>
<td>9</td>
<td>13</td>
<td>51%</td>
</tr>
<tr>
<td>Spermicide</td>
<td>6</td>
<td>10</td>
<td>64%</td>
</tr>
<tr>
<td>Emergency Contraception Pills</td>
<td>4</td>
<td>5</td>
<td>26%</td>
</tr>
</tbody>
</table>

These results show a significant increase in sales of all types of contraceptive products. Sales of combined oral contraceptive and emergency pills increased by 26%; IUDs by 51%; spermicides by 64% and condom sales increased one and half fold.

Piloting Promotional Contests to Encourage Active Participation by Local Apteks

To encourage more active participation in the National Pomegranate Campaign by partner apteks, the Project organized two competitions for 15 aptek partners from Baku. As a result of the competition, 80% of apteks from the Baku Project sites improved their performance according to seven criteria such as visible displays of contraceptives, distribution of educational leaflets, and visible display of pomegranate campaign promotional stickers and posters. Based on the success of these pilot contests the Project organized a Project-wide contest for all participating apteks in all 7 districts.

Pomegranate Mystery Shopper Promotional Contest
In March 2010, the Project launched a promotional contest for apteks as part of the ongoing National Pomegranate Campaign “Pregnancy Planning – Choose the Right time!” The promotion, dubbed the “Mystery Shopper Contest” was designed to encourage apteks to offer the widest possible selection of contraceptives and provide consumers with correct information about family planning. The contest was organized in collaboration with the Ministry of Health, the United Nations Population Fund, Development & Empowerment of Youth (DEY) and the Project’s two international pharmaceutical companies, Bayer Schering Pharma and Gedeon Richter Ltd.

A total of 98 apteks which had been actively collaborating with the Project when the contest was announced were invited to participate. Of these, 78 apteks (49 from Baku/Absheron, 21 from CORE and 8 from Sheki) officially registered for the contest. The main reason apteks declined was lack of space for making a visible contraceptive display (one of the contest criteria. As part of the contest preparation phase, Project staff conducted an orientation training for 104 pharmacists on “key contraceptive messages for consumers.”

From March 2010 through May 2010, individuals posing as “Mystery Shoppers” made unannounced visits to each aptek. These Mystery Shoppers checked whether the aptek met four criteria:

1. Pharmacists can correctly answer a basic question about modern contraception
2. Aptek offers and visibly displays at least 5 out of 14 contraceptive products that are included in the Project’s social marketing campaign.
3. Contraceptive display is clearly marked with a “Pomegranate” logo sticker.
4. Pomegranate signage promoting the campaign is displayed in the aptek.

During the three-month contest, two apteks closed and one dropped out. By the end of the contest 80% (60 out of 75 participating apteks) met all 4 criteria and were eligible to participate in a lottery to win one of three computer prizes. The prizes were awarded at a press event organized to recognize the contribution of private sector partners in improving reproductive health in Azerbaijan.

IR5: Behavior Change Communication and Media Advocacy

Overview of Health Communications Strategy

The overall goal of the Project’s health communications strategy was to provide the target audience (women and men of reproductive age) with correct information about modern contraceptives and inform the public that modern contraceptives are the safest way to plan a
healthy pregnancy. The project developed a core set of key messages on family planning and modern contraception that served as the basis for developing a comprehensive set of health education materials including 7 brochures, 6 posters, 2 flipbooks; 5 TV ads; 4 TV programs and a series of articles on family planning topics that were published in popular and technical journals. The Project used a combination of complementary communications channels to disseminate this information including: community-based education sessions, clinic-based family planning counseling, distribution of educational materials to customers in apteks and mass media including both television and print outlets.

National Mass Media Campaign: “Pregnancy Planning – Choose the Right Time!”

In October 2007, the Project launched a national media campaign "Pregnancy Planning - Choose the Right Time!". The campaign ran for 15 months through February 2009. The aim of the campaign was to create a positive image of modern contraception as the safest and most reliable way to plan healthy pregnancies. During phase I of the campaign, a series of four 30-second television spots were produced around the theme "Pregnancy Planning - Choose the Right Time!" These spots aired on three television stations (Space, AATV, and Lider) reaching a national television audience. ACQUIRE contracted the services of an independent media research firm, the Azerbaijani affiliate of the American-based Nielsen rating service, to provide national media research data on television viewing habits and program ratings and to monitor the ability of the campaign to reach its intended audience. Using research data, the Project purchased commercial air time to place the spots during prime time shows (such as Turkish soap operas) that had high viewer ratings among women of reproductive age. From October 2008 to mid February 2009 the ads appeared almost 900 times during these popular prime time shows. According to data provided by the independent media research firm, the ads were seen by more than 75% of all women age 25-40 in Azerbaijan. According to the original plan of the campaign, a second series of TV spots was to be developed to build on the success of Phase I and expand the messages on family planning to include more detailed information about specific methods of modern contraception. The Project has developed the second set of three scripts and accompanying storyboards that were field-tested in four communities. Feedback from the field tests demonstrated a high level of interest in and
acceptability of the messages related to information about contraceptives. Unfortunately, due to circumstances beyond the Project's control, work on the second ad series and the television ad campaign were suspended in February 2009 in response to request that came from a former key stakeholder from the MOH.

**Baku Metro Poster Ad Campaign**

As part of the national mass media campaign the Project conducted a poster ad campaign in the Baku Metro stations. The poster ad campaign was based on the TV ad series. Two "Choice Campaign" poster were developed featuring characters from the TV spots with messages promoting the theme "Pregnancy Planning - Choose the Right Time!" During the campaign 20 billboard/posters were placed in the 10 busiest Baku metro stations bringing the message of modern contraception as the safest way to plan a healthy pregnancy to an estimated 500,000 commuters each day. The campaign ran for two 2-month cycles with the final installment running from February 1, 2009 - March 31, 2009.

**Working with journalists and mass media**

The Project took a focused approach to engaging the media in reproductive health and family planning issues by establishing working relationships with local journalists and providing them with information, resources, and contacts they needed to actively cover that important topic. In May 2008, the Project conducted a two-day seminar “Media Advocacy for Reproductive Health”. The goal of the seminar was to raise awareness among journalists about the wide range of reproductive health issues that affect women, families and ultimately the health of a nation. One of the objectives was to inspire journalists to actively write about family planning and other topics related to reproductive health. 17 journalists from 7 regions (Aghsu, Kurdemir, Goychay, Ismayilli, Shamakhi, Sheki and Baku/Absheron) participated in the seminar. Guest speakers were Jeyhun Mammadov, Director of Public Health & Reform Center, MOH; Mrs. Malahat Hasanova, the Member of Azerbaijan Parliament; Jonathon Hennick, Public Affairs Officer, U.S. Embassy; and Olga Akchurina, Institute of Obstetrics & Gynecology, Baku.

After the seminar, the Project continued working closely with journalists providing them with background information on reproductive health and family planning. As a result of those efforts, more than 70 articles on reproductive health and family planning issues appeared in a variety of popular newspapers and magazines.

To further disseminate accurate information about modern contraception and family planning, the
Project worked with the popular magazine “Aile Hekim” (Family Doctor) to prepare and publish a 3-part series on different family planning topics. The articles appeared in the 2010 April, May, and June issues of the magazine and focused on modern contraception as the safest way to plan healthy pregnancies, informed choice, and post-partum contraceptive needs.

**Developing TV Programs Dedicated to Family Planning Topics**

As part of the Pomegranate Campaign’s effort to educate the public about the benefits of using modern contraception to plan healthy pregnancies, the Project collaborated with regional and national TV stations to **produce four programs dedicated to family planning topics**. In May 2010, a three-part series on family planning topics was created to inform the public about a variety of family planning topics. **This series aired on ATV (the top rated national television station) on “Bizim Seher” (“Our Morning”) the highest rated morning news and entertainment program.** During each 20-minute segment, Project-trained gynecologist and reproductive health expert Dr. Sevinj Alieva, discussed topics with the show’s host. The first installment, “Using Modern Contraception to Plan Healthy Pregnancies” provided information on the variety of modern contraceptive methods that are available in Azerbaijan and the reasons why contraceptive use is low. The second segment, “Choosing a Contraceptive Method That’s Right for You” explored the subject of informed choice and men’s involvement in family planning. The third segment “Contraceptive Choice after Delivery” provided detailed information about how to use successfully exclusive breastfeeding (lactational amenorrhea method) to prevent pregnancy after childbirth.

In September 2009, the Project provided technical and financial support to produce an episode of the “Healthy Life” talk show dedicated to family planning. The "Healthy Life" talk show was produced by the regional TV Channel “S” and aired in Sheki and Zakatala Districts. The program featured Dr. Sadagat Gadimova, Director of Sheki Family Planning Program, and 32 male and female Project-trained peer educators who regularly conduct community education sessions on family planning in Sheki District. The show also featured video clips showing family planning counseling sessions taking place in the Project-assisted Sheki Family Planning Center and one of the local aptek partners discussing her aptek's efforts to promote modern contraception as the safest and most reliable way to plan healthy pregnancies. Shortly after the program aired, the Head Doctor from the Central District Hospital cited the program as a model for educational TV programs and appointed Dr. Sadagat Gadimova to...
a newly established committee charged with reviewing and developing educational TV programs for the public.

**Technical Assistance to the Ministry of Health in Health Communications**

The Project’s technical staff regularly participated in health communications coordination work group meetings organized by the MoH’s Public Health Reform Center (PH&RC). As a member of these workgroups, the Project participated in monthly meetings, conducted training sessions, and shared experiences related to social marketing and health communications with governmental and non-governmental professionals working in the field of health communications. Through that forum, the Project contributed to the development of the “Azerbaijan National Health Communication Conceptual Framework 2009 – 2014”. The document intended to provide guidance for the future health communication efforts in Azerbaijan and it was the result of the workshop and a consultative process undertaken by Abt. Associates and the PH&RC. Project staff actively participated in this process advocating for inclusion of RH/FP issues as priority health topics in the national discussions on health communication needs. The final draft of the conceptual framework is under internal MOH review.

**IR 6: Increased community mobilization/involvement in advocacy for RH/FP information and services**

The Project continuously used a variety of communication channels including: TV, newspapers, magazines, poster campaigns, brochures, community peer education, and patient counseling to increase public awareness about modern contraceptives and the benefits of pregnancy planning.

**6.1. Number of communities and community members involved into RH/FP activities**

Project used mentors/health promoters/peer educators’ model to increase knowledge about the range of modern FP methods and services. **Community engagement** is defined as the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being. Individuals involved in implementing engagement activities need to recognize their own role in the process and be responsive to the needs of the targeted community, as defined by that community. A community engagement process is more likely to be successful when true and respectful community members involved into the process. Taking all that into consideration, the project focused its effort on identifying the potential candidates to become active volunteer to educate their community members on FP methods. Through establishing very good relationship between project and local authorities and leaders, formal and informal, the project was able to identify respected community leaders, candidates for “peer educators” (male and female) who later became volunteers peer educators.

The Project prepared and used very good designed questionnaire for selection of peer educators and health promoters among potential candidates. There were prepared the training package as well as package of documents to be used by volunteer and project staff. To build the capacity of selected HPs/PEs the project’s staff conducted series of trainings and refresher trainings for
them; HPs/PEs participated in the bi-monthly meetings, Bridge meetings, health events/festivals; they conducted spot-check interviews with community members, who attended health education sessions and etc. The project staff, program officers and CHO’s, provided continuously support to project’s volunteers on conducting health education sessions in their communities for their community members to increase their knowledge related RH/FP issue.

PEs activities played a great role in addressing misconceptions and spreading correct and useful messages not only about modern FP methods, but also about trained health service providers, trained apteks, about locations of facilities with trained providers. PEs activities made a great impact on establishing and strengthening the linkages between health facilities, health service providers and apteks with trained by the project staff. Overall, 70% of community members attended health education sessions; the knowledge about FP/RH has increased among community members (information based on spot-check results); increased the use of modern contraceptive methods; more than 100 women received FP services, through conducting 4 outreach visits in 3 project target communities; and etc.

- **Refresher training for PE’s and Health Promoters (HP)/Mentors**

During the period of December 2008 through March 2009, refresher training for PE’s and HP/Mentors was completed by the project team. Based on the training needs assessment, the one-day refresher course covered selected FP/RH topics such as healthy timing and spacing of pregnancies; anatomy and physiology of the reproductive system; contraceptives: how to use, how they work, possible side effects; adolescent reproductive health; and men involvement in RH/FP.

- **Monitoring of PE’s activities by Health Promoters/Mentors**

*Community Health Education*

During the life of the Project, 189 Peer Educators and 23 HP/Mentors became active educators and continue regularly conducting the health education sessions. HP/Mentors provided PEs with help organizing and facilitating sessions on Adolescent Reproductive Health and Men involvement in RH/FP.

Tables below show the number of health education sessions and the number of community members who attended sessions during 6 years of the Project interventions (5 years direct implementation of community component). More than 20,670 sessions conducted and almost 180,000 community members in 7 districts were educated on different topics.
Table 11: Total Number of educational sessions conducted by the Project (cumulative data) by topics

<table>
<thead>
<tr>
<th>Location/Topics</th>
<th>FP</th>
<th>STI</th>
<th>ARH</th>
<th>Men involvement in RH</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>8506</td>
<td>4178</td>
<td>1073</td>
<td>1221</td>
</tr>
<tr>
<td>Sheki</td>
<td>2150</td>
<td>1029</td>
<td>0</td>
<td>288</td>
</tr>
<tr>
<td>Baku/Absheron*</td>
<td>2226</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL by all sites</td>
<td>12882</td>
<td>5207</td>
<td>1073</td>
<td>1509</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>20,671</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12: Total Number of community members educated by the Project (cumulative data)

<table>
<thead>
<tr>
<th>Total of community participants</th>
<th>FP (new+refresher) M</th>
<th>F</th>
<th>Total</th>
<th>STI (new+refresher) M</th>
<th>F</th>
<th>Total</th>
<th>ARH (new+refresher) M</th>
<th>F</th>
<th>Total</th>
<th>MAP (new+refresher) M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>26455</td>
<td>48656</td>
<td>75111</td>
<td>13324</td>
<td>24033</td>
<td>37357</td>
<td>2760</td>
<td>5303</td>
<td>8063</td>
<td>36</td>
<td>50</td>
<td>6734</td>
</tr>
<tr>
<td>Sheki</td>
<td>7747</td>
<td>9788</td>
<td>17535</td>
<td>2937</td>
<td>4486</td>
<td>7423</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>8</td>
<td>2516</td>
</tr>
<tr>
<td>Baku/Absheron*</td>
<td>8681</td>
<td>12633</td>
<td>21314</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total by all sites</td>
<td>42883</td>
<td>71077</td>
<td>113960</td>
<td>16261</td>
<td>28519</td>
<td>44780</td>
<td>2760</td>
<td>5303</td>
<td>8063</td>
<td>38</td>
<td>78</td>
<td>9250</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>179,931</td>
<td>including 114,149 women and 65782 men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reproductive age population and coverage in target communities: CORE, Sheki and Baku/Absheron

The Table below demonstrates coverage of reproductive age population in target communities by education sessions (%) within the Project disaggregated by districts and quarters. During the last two years the Project focused its community education sessions for most difficult to reach groups of population, the methodology and approaches were revised in order to cover most remote communities, migrant workers, districts’ center (town) population. Sessions for male population were organized in winter time when hundreds of migrant workers were back home. Sessions for silk factory and other organizations were conducted after intensive discussions with the district officials and upon agreement of the organizations’ management.
Table 13: RA population reached by health education

Analysis of the data shows that from the beginning of the Project up to date the RA population covered by different educational topics as following (net coverage):

- 56% of target RA population of 40 targeted communities in CORE districts
- 27% of target RA population in 12 targeted communities in Sheki
- 100% of RA population of 15 targeted communities in Baku/Absheron project area

In all 7 project districts average coverage by education session increased to 49%.
• **Spot checks**

In order to assess the effectiveness of educational sessions and coverage of community, HP/Mentors, Community Health Officers (CHOs), and Team Leaders continued conducting spot check interviews with men and women of reproductive age in target communities. The interviewees were people who, according to PE’s reports, took part in health education sessions. Overall, more than 2,500 interviews were conducted during the Project life. The results of 66% of interviews were assessed as positive. All of respondents confirmed their participation in a Health Education (HE) sessions; 87% of respondents named at least 3 of 5 modern contraceptives presented at the session and 57% correctly explained how to use at least 2 of the methods.

**PE’s and HP/Mentors meetings**

The joint bi-monthly meetings of active PEs and HP/Mentors with project staff were held in 67 communities. The meetings included discussion about RH/FP health education activities while working with the Project and evaluation of results. Also the future strategy and new approaches for RH/FP health education activities, linkages to HSPs and apteks, challenges and other relevant issues have been discussed by PEs. They discussed and provided input to the VHC action plans. PEs and HP/Mentors participated in discussion about the action plan implementation for improvements in those communities where Community COPE was conducted.

Overall, 189 active PEs in CORE and Sheki districts (111 women; 78 men) participated in the bi-monthly meetings till the end of the Project activities. All PEs have been supplied with awareness materials and reporting forms.
Table 14: Number of community events conducted by the project (6-year cumulative data)

<table>
<thead>
<tr>
<th>Up to date (September 30, 2009)</th>
<th>Health festivals</th>
<th>Bridge meetings</th>
<th>Number of HF constructed/renovated/supplied</th>
<th>VHC meetings</th>
<th>Total PEs/HP trained</th>
<th>Number active PEs/HP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>26</td>
<td>40</td>
<td>16</td>
<td>160</td>
<td>264</td>
<td>99</td>
</tr>
<tr>
<td>Sheki</td>
<td>4</td>
<td>6</td>
<td>-</td>
<td>0</td>
<td>67</td>
<td>53</td>
</tr>
<tr>
<td>Baku/Absheron</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>0</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td><strong>Total by 7 project districts</strong></td>
<td><strong>33</strong></td>
<td><strong>48</strong></td>
<td><strong>16</strong></td>
<td><strong>160</strong></td>
<td><strong>368</strong></td>
<td><strong>189</strong></td>
</tr>
<tr>
<td>NEW districts (SC sites)</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>0</td>
<td>239</td>
<td>-</td>
</tr>
<tr>
<td><strong>GRAND total</strong></td>
<td><strong>41</strong></td>
<td><strong>56</strong></td>
<td><strong>16</strong></td>
<td><strong>160</strong></td>
<td><strong>607</strong></td>
<td><strong>189</strong></td>
</tr>
</tbody>
</table>

**Lessons Learned workshops**

The Project staff regularly analyzed the status of the project’s implementation with a focus on sustainability of changes in all project’s areas.

In February 2009, the project staff conducted the Lessons Learned workshop. The outcomes from that workshop were an agenda and the outline of the workshops that the project was planning to conduct in the project districts with the local counterparts – district health authorities, VHCs, community members, providers, target pharmacy staff.

**Workshops with stakeholders**

In February – March, Lessons Learned workshops were organized in 5 district centers. A total of 111 people (56 men and 55 women) participated in those workshops including PE’s and Village Health Committee members from 40 target communities, aptek workers and FP service providers. The project staff members took part in the workshops. The participants of the workshops discussed the lessons learned with regard to peer health education, work with VHCs, apteks and health service providers, and links between project components; they acknowledged the project’s impact on health services and community education and engagement in decision making and problem solving in their communities.

6.2. Increased knowledge about a range of modern FP methods and services among community members
The end line survey (April – June 2010) has demonstrated the results and an impact of the Project’s comprehensive approaches and successful implementation on awareness about family planning and reproductive health in general among community members. The household survey was carried out with 1,067 population (265 male and 802 female) in target areas and 386 respondents in control districts.

**Knowledge of Contraceptive methods:** Knowledge about correct use of modern FP methods has significantly increased. The End line survey showed that 48.5% of women and men of reproductive age can name at least 3 modern FP methods and 71.8% women and men of RA have correct knowledge on use of at least 2 modern FP methods in the Project areas. As the chart below shows, there are increased percentage of knowledge among women and men comparing Baseline data: CORE (+19.5% men), (+36% women), Sheki (+28.3% men), (+25.1% women), Baku/Absheron (+51.9% men), (+45.1% women).

**Chart 16**

![Chart of Percent of women and men of RA who can name at least 3 modern FP methods.](image)

The chart below shows % of women and men of RA with correct knowledge on use of at least 2 modern FP methods. There are increases in the percent of knowledge on correct use of specific FP methods comparing with Baseline data: CORE (+59.4% men), (+64% women); Baku/Absheron (+48% men), (+62.8% women). Baseline data for Sheki district NA.
Chart 17

% of women and men of RA with correct knowledge on use of at least 2 modern FP method

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>W</th>
<th>M</th>
<th>W</th>
<th>M</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>11</td>
<td>11.5</td>
<td>0</td>
<td>0</td>
<td>1.9</td>
<td>7.9</td>
</tr>
<tr>
<td>Sheki</td>
<td>70.4</td>
<td>75.5</td>
<td>53.9</td>
<td>79.9</td>
<td>49.9</td>
<td>70.7</td>
</tr>
</tbody>
</table>
Lessons Learned and Recommendations

Several lessons were learned during implementation and evaluation of ACQUIRE Project that were addressed in the Follow-on Project and shall be addressed in the future Program:

**Design**

The design of ACQUIRE was aligned with the development of the National RH/FP strategy with RH/FP priorities in particular. The project developed the workplans focusing on those priorities. The results-based management design of ACQUIRE increased demand for RH/FP services among local communities. The S-D-A (supply-demand-advocacy) programming model brought a comprehensive approach to design of the RH/FP programs to improve the quality and increase access to RH/FP services. The design of national and districts activities linked technical support and management at both levels and strengthened linkages between project components.

**Issues:**

- The geographic scope of the program allowed effective implementation of all proposed RH/FP activities, particularly those in remote areas. However, the MOH prefers country-wide approach of the projects and stressed that next program should be designed to cover the country.

**Management/Coordination**

The Project management focused on wider involvement of the local partners that helped to build and improve local capacity at all levels and encourage a sense of project ownership. National and international experts played a significant role in providing technical assistance. The proportion of service delivery points with capacity to provide the minimum package of RH/FP services, increased in the project districts.

ACQUIRE collaborated with international agencies in coordinating activities to minimize duplication and overlapping.

**Issues:**

- Inadequate service delivery and the low use of modern contraceptives and ARH particularly in remote areas where abortion rate remains high, has not been properly addressed;
- High mobility of population and lack of motivation of community health workers precluded quality training output and consistent follow-up supervision;
- Reports from some communities of poor post-abortion and post-delivery counseling, inadequate infection prevention procedures and inadequate focus on gender sensitive issues (such as selective abortions).

**Primary Health Care** reform is very slow in Azerbaijan and it affected the Project’s implementation in particular implementation of activities related to RH/FP services that are being integrated in PHC and essential services package.

**IUD services by Midwives Pilot study:**
Keeping in mind the historical background of Azerbaijan and educational background of the participants attending the IUD insertion training, the training methodologies were adjusted. Most of the midwives and some doctors were not used to the level of documentation they had to use during the training, just in order to fulfill the basic requirements of the pilot projects. In some medical facilities, there is no documentation of incoming patients and their cases. Simply filling out the questionnaires or tests was a challenge by itself for some of the participants. Many reasons for incorrectly or insufficiently filled out forms were certainly found. The only way of overcoming this hurdle was to invest time on thorough additional explanation of forms and importance of assessments and to guide participants through the use of every form and questionnaire. That approach gave positive results and played the key role in the development process and enabled participants to overcome similar barriers more easily in the future.

Another key to success was to keep the participants motivated by asking and caring about their progress continuously. It was also essential to build up trust and show commitment not only during the 5-day-training but even more through the monitoring and follow-up visits. However, and especially in the beginning of Phase II, it was also a challenge for the implementers of the pilot-project to channel the motivation in the right direction and to make the midwives understand, that not the amount of delivered checklists and questionnaires was important, and that the main goal was not to conduct the minimum amount of exams/IUD insertions as fast as possible. It had to be explained carefully that quality of care and responsibility in action were essential to the success of each individual participant and of the pilot project. As previously described, the midwives’ positive development towards responsibility in work and quality care could be observed throughout time.

Conclusions and Recommendations
Family Planning plays a key role in the improvement of women’s, child and family health. Recognizing the acute need for improvement in this field of medical care, new and innovative paths for development and success have to be taken.

With the implementation of the pilot project “IUD Insertion by Midwives” in Azerbaijan such a path has been found, but there is still a long way to go. Many parallels to other developing countries have been described and presented to the MOH; also the resistance and struggling on the way to improvement are not new in such field of work. However, resistance was overcome in other developing countries (such as Turkey) and the results have been striking.

The pilot project “IUD Insertion by Midwives” in Azerbaijan has been implemented successfully and the impact of this change on several levels has been delineated. Therefore it is essential for sustainable change and a long-term impact on the quality of health care for women and their families to continue on this path: Not only should the already trained midwives be supervised and supported continuously, but the outreach of the project should be widened, especially in the regions of Azerbaijan.

Additionally, EngenderHealth RH/FP Follow-on project strongly recommends the reassessment of legislation towards allowing non-physicians with appropriate training to provide IUD services. The impact of the future policy change could be amplified by including the IUD training for midwives in the regular pre-service midwives training program in Azerbaijan.
**Social Marketing**

*Overcoming low interest in promoting modern contraception requires education and a labor intensive approach*

Initially, some of the local drug distributors and aptek partners exhibited a low level of interest in actively promoting modern contraception due to the low profit margin associated with contraceptives in comparison to other pharmaceutical products. In the highly competitive and volatile pharmaceutical market business owners are intensely focused on short term profits. Some were resistant to collaborate as they were skeptical that time or effort invested in promotional activities (placing pomegranate stickers on contraceptive products, attending training on modern contraception, or creating a visible display of contraceptive products) would result in any significant financial gain. Moreover, the concept of corporate social responsibility is relatively new in Azerbaijan. Thus initially, aptek owners and workers were suspicious of the Project’s motives and did not immediately embrace their potential role as a catalyst for improving reproductive health.

A good deal of education and persuasion of private sector partners was required to gain collaboration for promoting and/or stocking contraceptive products. The Project used a variety of strategies to overcome this skepticism and build support including: frequent visits to partner apteks to establish a personal rapport with workers and owners; education of aptek workers and owners about the serious health consequences associated with unplanned pregnancies; and organization of promotional contests and public recognition of apteks for their commitment to corporate social responsibility. While these strategies were ultimately effective in gaining the support and collaboration of local aptek owners and workers they required a very labor and time intensive approach. On average staff visited each aptek partner two times per month over the course of the Project. Frequent visits were essential to solidify personal relationships and persuade partners about the importance and benefit of routinely stocking and promoting contraceptive products.

*Volatile market forces pose unique challenges to establishing and maintaining private sector collaboration.*

In contrast to public sector partnerships where the viability of partner facilities is relatively stable and staff turnover is low, market forces outside the Project’s control affected the overall stability of pharmacy operations. Over the course of the Project, a number of partner apteks closed due to bankruptcy and staff turnover was higher than expected. Consequently, the Project adapted its recruiting, training, and retention strategies to address the realities of working with private sector entities whose operations are subject to market forces. The Project adopted a rolling recruitment and training approach to replace partner apteks that closed and ensure that all participating apteks continuously had at least one pharmacist on staff who had received training in modern contraception from the Project. The time and human resource investment required to continuously recruiting and training private sector partners throughout the life of a project should be considered for future programs. Furthermore, the level of active participation by aptek partners tended to increase according to the length of time they had been collaborating with the Project. Thus those who were long-time partners tended to be more active in promotion activities than those who were newly recruited or had only been participating for a short period of time.
This phenomenon should be considered in the design of future interventions with private sector partners and in the evaluation of results.

**On-the-job training is most appropriate training model for private sector partnerships**

Initially, the Project introduced a clinical training model for apteks that included a six-hour, off-site, interactive course providing detailed information about a wide variety of modern contraceptive methods. The approach and training materials were adapted from the modules that were being developed by the Project for use with health service providers in health facilities. Information on contraceptive methods was taken from *The Essentials of Contraceptive Technology* handbook, developed by WHO, Johns Hopkins University, and USAID.

Many aptek partners were reluctant to participate in this training as they equated time away from their businesses with loss of income. Later, the Project revised its training strategy for apteks and created an abbreviated on-the-job training module that could be conducted in two 45-minute sessions. Detailed information about contraception was provided to each aptek in the form of a written reference manual. This manual, entitled the “Contraceptive Reference Book” was developed by the Project and approved by the MoH. Based on WHO guidelines, the manual provides detailed information about 13 different types of modern contraceptives. The content of the on-the-job training sessions focused on key messages for consumers about how to use the five most widely available contraceptive methods in Azerbaijan. An on-the-job training approach is more labor intensive, requires a greater commitment of staff time, and by its very nature does not lend itself to training large numbers of participants. However, this approach had a high degree of acceptability among aptek workers increasing their enthusiasm and interest in advancing their knowledge about modern contraception.

*Television represents an important and underutilized communication medium for delivering public health messages in Azerbaijan*

Statistics show that in Azerbaijan television is the primary source of information for the population including women of reproductive age.

<table>
<thead>
<tr>
<th></th>
<th>TV</th>
<th>Radio</th>
<th>Newspaper</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representative Sample of Men &amp; Women age 15-49 from 5 CORE Districts</strong></td>
<td>96%</td>
<td>25%</td>
<td>4%</td>
<td>ACQUIRE Baseline (2005)</td>
</tr>
<tr>
<td>All women</td>
<td>92%</td>
<td>28%</td>
<td>25%</td>
<td>DHS 2006</td>
</tr>
<tr>
<td>Urban women</td>
<td>95.5%</td>
<td>39.4%</td>
<td>33.7%</td>
<td>DHS 2006</td>
</tr>
<tr>
<td>Rural women</td>
<td>87.1%</td>
<td>13.7%</td>
<td>13.4%</td>
<td>DHS 2006</td>
</tr>
<tr>
<td>Women age 25-39</td>
<td>90.9 - 93%</td>
<td>23.1 - 29.2%</td>
<td>19.6 - 22.6%</td>
<td>DHS 2006</td>
</tr>
</tbody>
</table>
Despite the widespread reach and popularity of television, the potential for using this communication channel as a means for delivering health information remains relatively untapped and underdeveloped. While television shows dedicated to health topics exist, most of these shows suffer from low viewer ratings a reflection of the relatively static format (one-on-one interviews with doctors) and absence of targeted health messages employed by these programs. At present, there are no domestically produced serial dramas or soap operas that can potentially provide a forum for integrating health messages into shows popular. These types of popular entertainment programs are produced in neighboring countries such as Turkey and Russia and broadcast to Azerbaijani audiences via cable and national television stations.

The Project’s experience developing TV advertisements and programs dedicated to family planning topics demonstrates that TV has unparalleled reach as a communication channel for delivering health information. According to independent media research data, the Project’s TV advertising campaign was seen by 75% of all women of reproductive age in Azerbaijan. The Project achieved this high coverage by adopting a commercial approach to social advertising - paying for commercial air time and strategically placing the ads during prime time television shows that had high viewer ratings among the target population. The availability of an in-country professional media research service, an affiliate of the AGB Nielsen Media Research Services global research firm, allowed the Project to use a data driven approach to ensure maximum coverage of messages and cost-effectiveness in achieving the greatest possible reach and frequency.

Local interpretation of government restrictions on advertising of medicines and display of materials in public health clinics posed an obstacle for social marketing of family planning messages

Although all educational and promotional materials developed by the Project including brochures, posters, and flip books were reviewed and approved by the central Ministry of Health the display of these materials, in clinics and apteks, was problematic due to variations in the local interpretation of government regulations related to advertising of medicines and an MoH decree restricting placement of materials in clinic facilities. Azerbaijani law prohibits advertising of medicines, medical products, and medical equipment to the general public. It is however permitted to provide specific product information to medical professionals and pharmacists in printed form. Despite the fact that Project produced materials carried the MoH logo and were developed in compliance with government regulations related to advertising of medicines, local officials in districts outside of Baku frequently demanded that local apteks remove social marketing posters and materials from display. None of these materials mentioned medicines or product names. Local officials however, maintained they were in violation of government regulations on advertising. In the fifth year of the Project, a new challenge arose when health service providers informed the Project they were no longer allowed to display posters in clinics unless they were properly framed. The Project attempted to address these problems with limited success by meeting with local and national health authorities, securing written permission from the Central MoH to display materials, and in some cases procuring frames for clinic posters. Future projects will need to continue to work at the national and local levels to advocate for wider and less restrictive dissemination of public health education information.
Placement of social marketing logo on contraceptive products posed unresolved challenges

As part of its social marketing activities the Project signed MOUs with two pharmaceutical companies, Bayer Schering Pharma and Gedeon Richter and the UNFPA to promote 14 different contraceptive products under the “Pomegranate” logo. This logo was created by the Project especially for social marketing of family planning and contraceptives. When the Project first began it was envisioned that authorized distributors would place the pomegranate logo stickers on all products at the point of importation (distributor warehouse). In this way, products would be stickered before entering the supply chain. Although distributors and manufacturers supported the idea of putting stickers on the products, actual implementation was inconsistent. This was due in part to the fact that authorized distributors had no legal contractual obligation to apply the stickers and complied on a voluntary basis as time permitted. As a result, stickered and un-stickered products appeared in the market for sale.

The Project used a number of strategies to try to overcome this challenge. For example, the Project attempted to negotiate with pharmaceutical companies to add a clause to distributor contracts requiring application of the stickers; met repeatedly with pharmaceutical partners and distributors to encourage voluntary compliance and visited distributor warehouses to assist distributors in placing stickers on products. None of these strategies were completely successful and while coverage improved, it was not 100%. The relatively small size of the contraceptive market in Azerbaijan was also a factor in leveraging support and compliance for stickering from international pharmaceutical companies and local distributors. Altering product packaging either at the manufacturing point (printing logos directly on the package) or placing stickers on packages at the point of importation has cost implications related to product registration and manufacturing. With its relatively small population, Azerbaijan represents a small share of the global contraceptive market and thus there is not a high level of cost efficiency in customizing product packaging for the small volume that is sold in Azerbaijan. Even though coverage of the stickers never reached 100%, the visibility achieved was recognized by aptek owners as well as the manufacturers as making a significant contribution to drawing attention to contraceptives in general, and as a recognizable “brand” of quality products.

With the start up of the Mystery Shopper contest, the Project employed another strategy to address this challenge. A new pomegranate logo promotional sticker was printed that was suitable for placement on display cases in apteks. Aptek partners were asked to place these stickers next to contraceptive displays as an alternative way of identifying quality contraceptives that are included in the Pomegranate campaign. This strategy was successful at the local level with individual aptek partners.

Reporting of sales data obstacle to participation by local apteks

One of the pre-requisites for apteks to participate in the program was their agreement to share monthly contraceptive sales data. This data was collected by the Project, aggregated and reported on a quarterly basis as a means to track trends in contraceptive sales. This requirement posed an unanticipated obstacle to recruiting aptek partners. Many apteks expressed concern about how this propriety information would be used or shared with outside organizations. These suspicions were further fueled by the fact that the private sector in Azerbaijan has limited experience collaborating with non-governmental organizations and many aptek owners were
initially skeptical about the underlying motivation of the Project. Building trust to overcome this skepticism and obtain agreement to share data required a significant investment of time and effort which slowed the process for recruitment. With the exception of this requirement, most apteks were eager to collaborate and quickly agreed to distribute IEC materials, display promotional signage, and where space permitted create visible displays of contraception.

_Baku contraceptive market drives national market_

According to the 2006 DHS more than half of all women and men of reproductive age live in urban areas with the majority concentrated in Baku. Of the estimated 1,500 registered apteks (Abt. Associates 2006) in Azerbaijan the vast majority are located in the greater metropolitan Baku area. Expansion of contraceptive supply channels on a national level is driven in large part by the market forces in Baku. Local distributors, who are largely based in Baku and pharmaceutical companies have a commercial interest in focusing their limited resources on the highly concentrated potential market in Baku. As the contraceptive market in Baku expands and becomes more robust, local distributors have a greater incentive to expand their supply distribution channels to outlying districts and rural areas.

When the Project began, program activities were targeted to districts outside of Baku where the need for contraception was deemed high and access to information and services low. The exclusion of the Baku contraceptive market and pharmacies from the original Project design, however, had an unintended effect. Local distributors, who are almost exclusively Baku-based, and international pharmaceutical partners had limited interest in ensuring contraceptive supplies to a small number of local apteks in District centers outside of the nation’s capital. While the small number of original partner apteks in the CORE districts outside of Baku performed well in the first few years of the Project, increasing sales and expanding the number of contraceptive products offered to consumers, the small-scale of these improvements in relation to the national contraceptive market was insufficient to motivate or serve as an incentive to local distributors and pharmaceutical partners.

The Project’s national media campaign, which was launched in 2007, was part of the effort to stimulate market forces on a scale that would engage and motivate private sector partners to actively promote contraception and expand supply distribution channels. The series of five TV ads that were developed under the campaign slogan “Pregnancy Planning – Choose the Right Time!” were designed to inform the public that modern contraception is the safest and most reliable way to plan healthy pregnancies and raise the visibility of social marketing products (contraceptives). Additionally, in 2007, the Project received additional funds and a mandate from USAID to expand program activities to Baku/Absheron. This allowed the Project to establish partnerships with nearly 70 apteks in Baku. Future social marketing programs must consider the commercial interests of their private sector partners and recognize the pivotal role Baku plays in determining the national market.

_Conclusions and Recommendations:

While the Government of Azerbaijan is committed to improving reproductive health and family planning services, the continued absence of a regular supply of contraceptives in public sector
clinics means that private sector engagement is essential to ensuring contraceptive security for the population. The private sector (local apteks) remains the primary source of contraception for couples in Azerbaijan. The experience of this Project demonstrates that social marketing programs can effectively serve as a catalyst to stimulate private sector engagement in the commercial contraceptive market and help expand private sector supply channels in a way that ultimately results in a **wider selection of affordable, quality, legally-registered contraceptives for consumers**. Under the social marketing program, manufacturers, distributors, and local aptek were encouraged to make available a range of quality, legally-registered contraceptives, at commercial prices. By offering contraceptives at prices that were affordable for consumers yet offered sufficient profit to manufacturers, distributors, and retailers it was hoped that private sector supply channels would become more robust and continue to expand after Project activities ended. Initial results from the Project, namely the **steady increase in sales of all 5 types of contraceptives**, suggest that this “manufacturing model” of social marketing has good potential for sustainability in Azerbaijan. The increase in sales is a reflection of increased demand for contraception and consumer willingness to pay for quality products. The education and advocacy work conducted by the Project was effective in helping to increase demand for modern contraception and broaden awareness among local aptek owners about corporate social responsibility and the potential for apteks to play a role in improving reproductive health. The creation of a logo and slogan were successfully used to build awareness and foster a positive image of family planning. However, the use of logo stickers to brand social marketing products was less effective. High profile mass media efforts to inform the public about the benefits of modern contraception including TV commercials and TV programs were positively received and effective in reaching a large segment of the target audience.

It is essential to include the private sector in the future programs aimed at improving access to family planning. Social marketing programs should continue to work with private sector manufacturers, distributors and local retailers to ensure a consistent supply of a variety of quality, legally-registered products. As additional international pharmaceutical companies establish an in-country presence in Azerbaijan and register new contraceptive products, there is potential to expand the variety of methods promoted through social marketing programs. Advocacy and education for aptek owners about the importance and benefits of modern contraception are important first steps to engaging apteks in social marketing of contraception. On-the-job training is the most suitable approach for training aptek workers. Continued public education is needed to dispel myths and misinformation about modern contraception. Television has wide reach and should be used to disseminate key messages about the safety and reliability of modern contraceptives.

**Community Engagement**

*Peer to Peer health education*

Around 607 men and women volunteers selected, trained and supported by the ACQUIRE project worked as Peer Educators to raise public awareness of modern FP and RH in rural communities (67 villages) and semi-urban settings (7 district centers). While in rural sites each village was considered a community where local volunteers had peer-to-peer relations with majority of the target population, in district centers (towns) target communities were defined differently. Usually it was groups of co-workers at enterprises, offices, schools, etc or inhabitants of a compact residential neighborhood; and, in one case, regular customers of a teahouse.
Selection of PE’s

- The project developed the protocols for PE selection as a structured process that included consultations with VHCs (THCs), series of meetings with community members to explain the role of PEs and the job requirements, and individual interviews with candidates. This approach helped identify and recruit the most eligible volunteers. This initial step in the work with communities was probably the most important one as it paved the way for all future project outcomes in community mobilization and education. For that reason the PE’s selection process is worth investing as much time and human resources as needed. Owing to the careful selection among a wide range of male and female candidates of different age groups, educational and professional backgrounds and religious affiliations, the recruited team of community volunteers proved to be very efficient educators and made the community-based peer education approach a success.

- It should be taken into account that it is not always possible to recruit volunteers that meet all selection criteria/job requirements. Some PEs did better as community mobilizers while others were more successful as group session facilitators. With this in mind and as a part of the project phase-out strategy, a group of the most capable peer educators were selected among the project volunteers as Health Promoters/Mentors. The project conducted additional training and on-the-job coaching for that group so that they could support other volunteers in their health education activity.

- Some volunteer PEs were at the same time local health providers. It helped create stronger links and better coordination between groups of male and female PEs and their respective local health facility.

Training of PE’s

During the life of the project the PEs received training on various health topics: RH in the frame of Primary Health Care; FP and modern contraceptive methods, reproductive anatomy and physiology; STI, HIV/AIDS; men’s involvement in RH, and adolescent health. To build up the educator skills of the volunteers, topics such as TOT, adults leaning, and stages in behavior change were also covered.

- Training of PEs consisted of the initial 4-day intensive course on FP/RH and principles of teaching adults. Both male and female PEs attended the same course. However, considering local cultural norms, some topics (e.g. reproductive system anatomy) were taught to male and female sub-groups separately while the other topics were presented to the mixed group. Such a differentiated approach ensured active participation, open discussion and better learning.

- The project experience showed that the curriculum for the initial training should not be overburdened with detailed technical information particularly in regard to some medical topics (e.g., reproductive anatomy and physiology). It is also advisable that the number of participants in the group during the initial training should not exceed 15.

- A long leaning period is needed for volunteers to become effective PEs. A one-time training is not enough. So the project devoted much efforts to the PE’s ongoing capacity building though coaching and mentoring. It was accomplished in two ways: (1) the initial training was followed by series of refresher training sessions during monthly / bi-monthly...
meetings of PEs; (2) in addition to in-class learning, the project staff conducted on-the-job training of PEs through co-facilitation of the group health education sessions organized by PEs.

- PEs dropping out after several years is a foreseeable occurrence, therefore at the initial planning stage the project should make provisions for later recruitment and individual training of some new PEs to replace those who might quit.

**Supporting PE’s**

- Monitoring of volunteer educators played a key role in the success of the community-based peer health education approach. Regular CHO’s visits to the communities not only helped build up the PEs capacity through on-the-job training and constructive feedback, but also made them feel involved in a large project network, strengthening their commitment, and encouraging them to do quality work. Regular supportive monitoring, coaching and mentoring by the project staff was the major motivational factor for the volunteers.
- The educational flip chart was developed by the project proved to be an important job aid which served both as a discussion guide and a visual aid during community health education sessions facilitated by PEs.
- It took more time and efforts than expected for the project staff to train PEs to work with the flip chart effectively and feel comfortable using it during the sessions.
- The text printed on the back side of each page of the flip chart for educators should be concise and straightforward. Technical details and terminology should be avoided.
- Reimbursement of the PE’s expenses incurred during organizing and conducting group health education (e.g., refreshments, heating) played a positive role in supporting PE activities. However, it was noted that some PEs tended to inflate results in their monthly reports in order to be eligible for the upper limit of the reimbursement. To overcome this problem, a fixed fee may be considered as an alternative approach, although it might have its understandable disadvantages either.
- Each PE was supposed to reach about 200 community members. That proved to be a reasonable workload given that community health education in core districts have lasted on average 3 years and covered 4 topics.
- PEs should be encouraged to prepare an exact list of community members assigned to each of them as soon as possible in order to effectively monitor HE coverage.

**Health education by PEs:**

**Strengths**

- PEs helped the project gain trust and respect of local communities and played a key role in extending the reach of health education and raising public awareness of and demand for modern FP methods.
- PEs were effective in mobilizing people and organizing group for HE sessions and other community events.
- PEs were able to present sensitive RH/FP information in a culturally acceptable way.
- While forming a HE group, PEs being aware of the local context paid attention to interpersonal relations of the community members within the group so that open discussion on sensitive FP/RH issues was not impeded.
PEs played an important role in supporting the outreach visits conducted by the service providers to provide services to the hard to reach communities. PEs informed community members about upcoming outreach visits, organized the time schedule for community members which saved their time and made the flow of clients going smoothly. All those efforts increased the number of clients received services during the outreach visits.

Weaknesses
- Inaccuracy in presenting technical information might happen.
- Lack of the use of interactive methods in teaching and underutilization of the educational flip-chart.
- Lack of public venues for group education for men (in contrast to women groups, local cultural norms made it difficult to hold informal gathering for men in private houses).

Opportunities
- Communities showed notable interest in RH/FP education, including education for adolescents directly targeting that group.

Sustainability
The following factors ensure sustainable effect of community based RH/FP health education lasting beyond the life of the project:
- A cohort of knowledgeable peers presents in the communities
- Printing materials distributed among community members and kept in health facilities and in the public libraries
- Trained local health workers who disseminate information in their community of residence and beyond, in neighbor villages where they work
- Positive change in communities’ attitude towards modern family planning and increased use of the methods (condoms distribution, outreach FP clinics)
- Strong links between peer educators and community level health providers many of whom volunteered for VHCs and worked in PE groups

The above advantages, as well as cost effectiveness of peer health education through community volunteers, makes this approach one that would not require significant input by the MoH for its institutionalization. The project’s developed training materials, system of supportive monitoring, as well as lessons learned from 6 years of community-based experience can be used by local health authorities for effective engagements and management of community volunteers.