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РАЗОМ ДО ЗДОРОВ'Я TOGETHER FOR HEALTH
ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ
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Annual Report to USAID

Project Year 6

October 2010 - September 2011

Cooperative Agreement No: 121-A-00-05-00709

November 9, 2011

JSI

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

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AR Crimea	Autonomous Republic of Crimea
AU	Administrative unit
BCC	Behavior change communications
CAT	Critically Appraised Topic
CME	Continuing Medical Education
COC	Combined oral contraceptive
CY	Calendar Year
CYP	Couple-Year of Protection
DMPA	Depot medroxyprogesterone (injectable contraceptive)
EBM	Evidence-Based Medicine
EC	Emergency contraception
EGP	"Extragenital pathologies"
FAP	*Feldsher-accousherski punkt* (feldsher-midwife points)
FP	Family planning
FY	Fiscal Year (USAID)
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HIV+	HIV-positive
IEC	Information, education and communication
IPOG	Institute for Pediatrics, Obstetrics and Gynecology
IUD	Intrauterine device
JSI	JSI Research & Training Institute, Inc.
LAM	Lactation Amenorrhea Method
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
M&E	Monitoring and evaluation
MFYS	Ministry of Family, Youth and Sports
MIHP	Maternal and Infant Health Project
MOES	Ministry of Education and Science
MOH	Ministry of Health
N	Number (in a sample)
N/A	Not applicable
NGO	Nongovernmental organization
NMAPE	National Medical Academy for Postgraduate Education
Ob-gyn	Obstetrician-gynecologist *or* obstetrics and gynecology
OC	Oral contraceptives
OCC	Oblast coordinating committee
OHD	Oblast health department
PA	Postabortion
PKAP	Provider Knowledge, Attitudes & Practices (survey)
POP	Progestin-only pills
PP	Postpartum
PPP	Public-Private Partnership
PSP	Private sector partner
PLWH	People Living with HIV
RH	Reproductive health
SPRHN	State Program *Reproductive Health of the Nation* up to 2015
SMD	Support for Market Development (pharmacy research company)
STI	Sexually transmitted infection
S.W.	South-west
TfH	Together for Health project
TOT	Training of trainers
TV	Television
UAH	Ukrainian *hryvnia* (local currency)
USAID	United States Agency for International Development
USG	US Government
WHO	World Health Organization
WRA	Women of reproductive age

Overview

This report summarizes key accomplishments in Year 6, the final year of the Together for Health (TfH) project, toward its goal of reducing the number of abortions and unintended pregnancies and the incidence of sexually transmitted infections (STIs) by improved provision of and access to quality family planning/reproductive health (FP/RH) services through the public and private sectors. As stipulated in the Cooperative Agreement, this report centers on progress toward goals and results by addressing certain indicators. This narrative report incorporates priority USAID indicators and is followed by a Monitoring and Evaluation (M&E) report with detailed results (see Annex 1). Since JSI will be submitting a final project report, this report focuses on Year 6 and not on progress since the start of the project.

Highlights of progress toward the project's goal are as follows:

- Ministry of Health (MOH) statistics show a 7.9% drop in the *abortion rate* for Ukraine, from 15.1 per 1,000 women of reproductive age (WRA) in 2009 to 13.9 in 2010. The abortion rate also fell in 12 of the 15 TfH partner oblasts[*] (administrative units or regions).
- The *abortion ratio* also declined, from 357.0 abortions per 1,000 live births in 2009 to 333.4 in 2010, according to MOH statistics—a 6.6% drop. The abortion ratio fell in all except three of TfH's partner oblasts.
- MOH service statistics indicate an increase of 1.8 percent in contraceptive use for Ukraine—as measured by the number of registered users of intrauterine devices (IUDs) and hormonal methods per 1,000 WRA—from 313.8 in 2009 to 319.4 in 2010. Ten of TfH's 15 oblasts saw increases in this measure. Data from Couple Years of Protection (CYPs), while not directly comparable, indicate larger increases, with the number of CYPs growing by 11.7% from 667,600 in 2010 to about 745,900 in 2011 (nationwide). All TfH partner oblasts except one saw increases. CYPs are calculated by the project from private sector contraceptive sales data, government contraceptive procurements and USAID-donated contraceptives.
- CYPs from condom sales and distribution (pharmacy sales, government procurements and USAID-donations) are the project's measure of STI prevention. CYPs from condoms increased 7.4% from 2010 to 2011—from 261,600 to 281,000 CYPs. Eleven TfH partner oblasts registered increases in CYPs from condoms, while four saw declines.

The emphasis in Year 6 was on consolidating gains from the previous five years of operation and expanding proven and effective interventions into additional rayons (districts) in the project's 15 participating oblasts which are home to 65% of the Ukrainian population.

Key accomplishments during the year include:

- TfH achieved coverage of 51% of obstetricians-gynecologists (ob-gyns) and family doctors in nine of its 15 partner oblasts (Autonomous Republic (AR) of Crimea, Cherkasy, Ivano-Frankivsk, Khmelnytsky, Lviv, Poltava, Rivne, Volyn and Zaporizhya);
- The project achieved coverage of 75% of the population with clinical, BCC and contraceptive availability in 12 partner oblasts (Autonomous Republic (AR) of Crimea, Cherkasy, Dnipropetrovsk, Ivano-Frankivsk, Kharkiv, Khmelnytsky, Lviv, Rivne, Sevastopol, Vinnytsya, Volyn and Zaporizhya);
- The number of new access points for FP/RH services in the project's 15 partner oblasts increased by 1,162, reaching a total of 3,637 over the life of the project. This is in addition to improving services in health facilities where FP/RH was already being provided;
- The project trained a total of 8,034 people on FP/RH during the year, including 3,386 doctors and midlevel health providers (including 472 on the Crimean peninsula), 112 faculty members in postgraduate medical education institutions, 103 Behavior Change Communication (BCC) educators/leaders, 1,330 participants in Evidence-Based Medicine (EBM) roundtables and 2,903 participants in policy/management workshops (on the Logistics Management Information System (LMIS), oblast coordinating committee (OCC) meetings, advocacy roundtables) and others;
- TfH completed the training of selected faculty members in all postgraduate medical and pharmaceutical departments of medical universities in the country on FP/RH and modern teaching techniques for FP/RH;

[*] For purposes of this report, the term "oblast" includes the Autonomous Republic of Crimea and the City of Sevastopol.

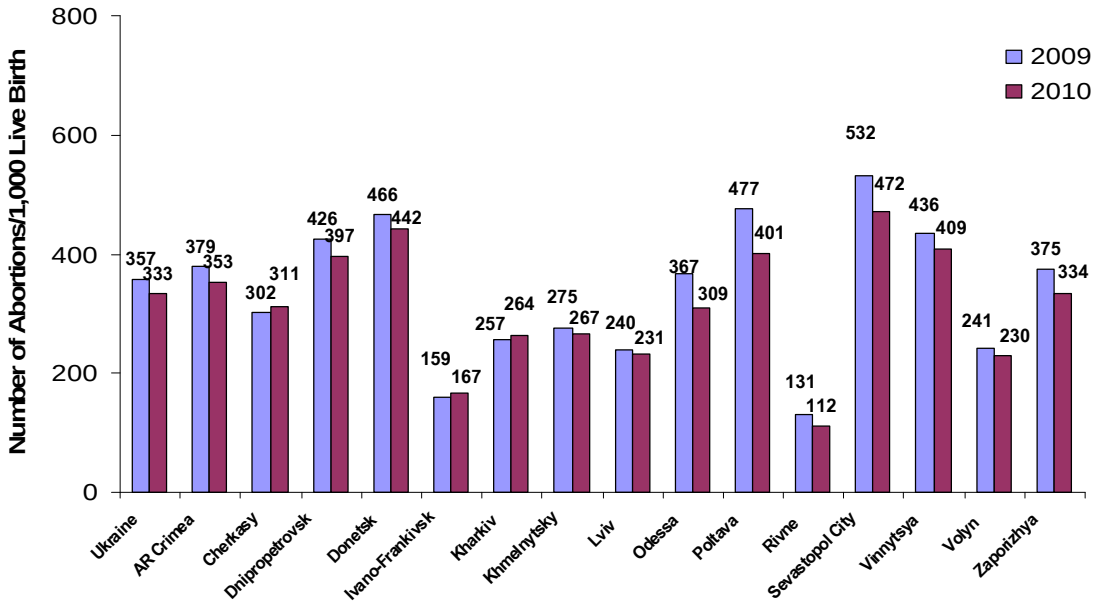
- BCC activities reached a total of almost 13.9 million people in 15 oblasts, including almost 1.1 million in the Autonomous Republic of Crimea (AR Crimea) and Sevastopol City. Most of them were reached through mass media, but about 739,000 through large special events and interpersonal communication educational sessions, and over 762,000 through information, education and communication (IEC) materials (brochures);
- Under the State Program *RH of the Nation* up to 2015 (SPRHN), the central Government and TfH's 15 partner oblasts spent about $403,300 for FP in 2010. This is 15% more than the $349,200 spent in 2009—despite the tough economic climate. The central Government and partner oblasts also continued to allocate funds for contraceptives for vulnerable groups, spending about 2% more for this purpose in 2010 than in 2009 ($255,600 v. $250,700.)
- The project mobilized an estimated $872,200 in counterpart contributions—more than the $802,700 in Year 5—with approximately $744,100 coming from Government counterparts and about $128,100 from the private sector.

II. Progress Toward the Project Goal

What progress has been made in the past year in reducing abortions and the incidence of STIs and increasing contraceptive use?

Declines in Abortion

Figure 1: Abortion Ratio, Ukraine and TfH Oblasts, 2009-2010



Both the abortion rate and the abortion ratio continued to fall in Ukraine as a whole and in most TfH partner oblasts, according to MOH statistics. The national *abortion rate* fell 7.9% from 15.1 per 1,000 women of reproductive age (WRA) in 2009 to 13.9 in 2010 for MOH health facilities.[†] The rate also fell in 12 of the 15 TfH partner oblasts between 2009 and 2010. The only exceptions were Cherkasy and Kharkiv, which showed increases of 1.8% and 1.1% respectively, and Ivano-Frankivsk where the abortion rate remained unchanged. The steepest drops were in Odessa (16.4%), Poltava (17.4%) and Rivne (15.6%). (See Annex 1, Supplementary Table 1.)

The *abortion ratio* (in MOH health facilities) for the country as a whole fell by 6.6% from 357.0 abortions per 1,000 live births in 2009 to 333.4 in 2010. It followed the pattern of the abortion rate in TfH oblasts, falling in

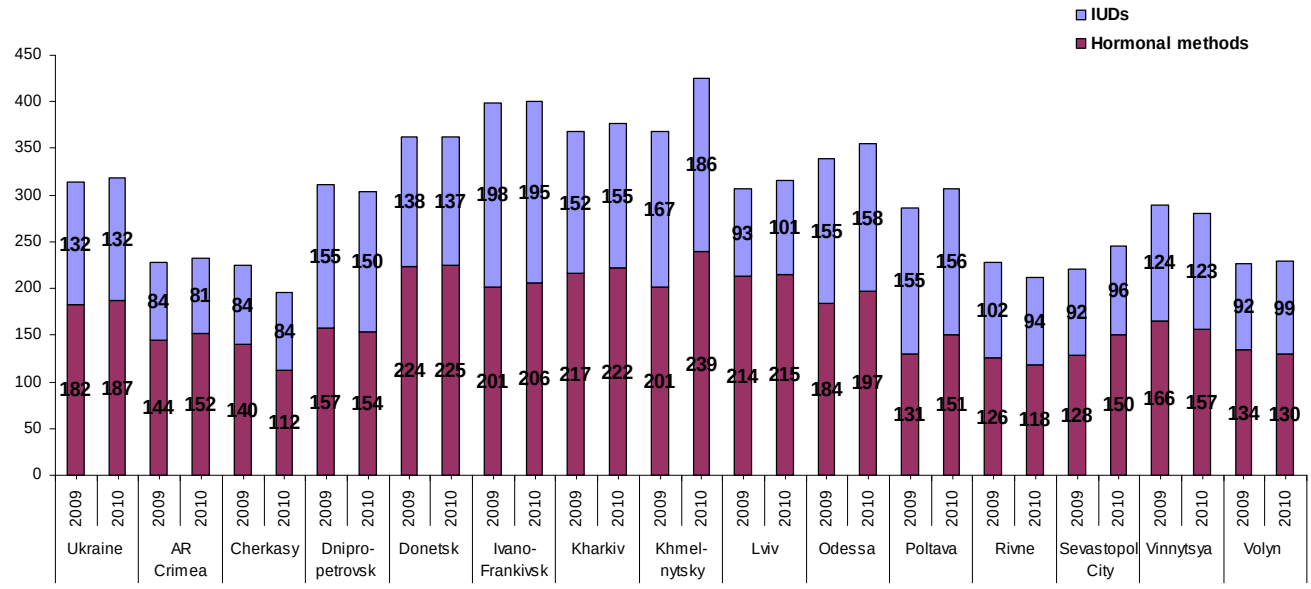
[†] Trends in the national abortion rate and ratio, as well at the MOH statistics on contraceptive use, cannot necessarily be fully attributed to TfH, since the project works in limited geographic areas of 15 oblasts (out of 27) and thus has limited impact on national statistics. However, TfH's work on policy issues and its partnership with pharmaceutical companies should contribute to changes at the national level.

all except Cherkasy, Ivano-Frankivsk and Kharkiv (see Figure 1 above.) The steepest declines were in the same oblasts as the steepest drops in the abortion rate: Odessa (15.8%), Poltava (16.0%) and Rivne (14.2%). (See Annex 1, Supplementary Table 1.)

Responding to long-standing concerns about under-reporting of abortions, in 2008 the MOH in began collecting data on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences and the private sector. When the reported 12,307 abortions performed outside the MOH system are added to the 164,467 procedures within the MOH system, there were a total of 176,774 abortions reported nationwide in 2009—a drop of 9.3% as compared to the 194,845 reported in 2009. This yields a total abortion rate for the country of 15.0/1,000 women aged 15-49, compared with 16.3 in 2009. The abortion ratio, including abortions reported by both MOH and non-MOH facilities, declined from 357.0 abortions/1,000 live births in 2009 to 333.4. Data are not available by oblast and the figures are probably still well below actual levels.

Trends in Contraceptive Use based on MOH Statistics

Figure 2: Registered IUD and Hormonal Contraception Use Rate, Ukraine and TfH Oblasts, 2009-2010



MOH service statistics indicate an increase of 1.8 percent in contraceptive use for Ukraine from 2009 to 2010, from 313.8 registered users of IUDs and hormonal methods per 1,000 WRA to 319.4. Use of hormonal methods went up by 2.9%, while use of IUDs increased by 0.3%--the first increase in IUD-use since the start of the project and possibly due to the increased availability of free IUDs. Ten TfH oblasts saw increases in the rates of registered users of IUDs and hormonals, with the largest increases being in Khmelnytsky (15.6%), Poltava (7.3%) and Sevastopol City (11.4%) (See Figure 2 and Annex 1, Supplementary Table 2.)

It should be noted that the MOH statistics include only those people going to certain types of government health facilities—and not those going to smaller health facilities, pharmacies or private providers. Moreover, they include only IUDs and hormonal methods (mostly oral contraceptives) and do not include other methods, most significantly condoms. The figures also are only indicative (particularly for hormonals), since they reflect doctors' (formal or informal) prescriptions and, in most cases, not actual provision of a method. Thus the statistics do not constitute a contraceptive prevalence rate, but they are still valuable to assess trends in contraceptive use.

Trends in Contraceptive Use based on Couple-Years of Protection (CYPs)

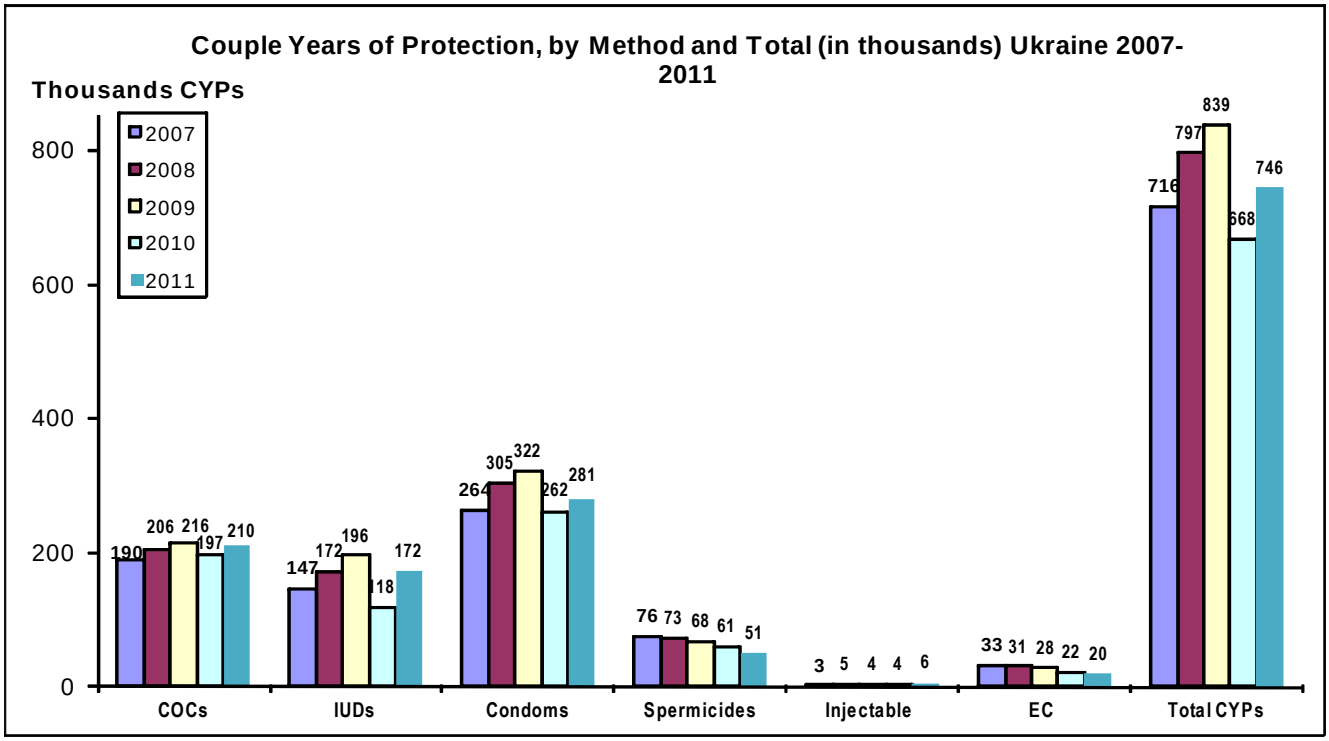
Most Ukrainians purchase contraceptives from pharmacies. Thus, contraceptive sales data can provide valuable information about trends in contraceptive use in the private sector. These data are donated to TfH by Support for Market Development (SMD), a pharmacy research firm. Until recently, there were very few free contraceptives

available to clients. However, during project Year 3, the national and local governments started procuring contraceptives for free distribution to certain vulnerable populations and the project began working with oblast health departments (OHDs) to distribute USAID-donated condoms. And late in 2010, USAID-donated contraceptives also became available in TfH partner oblasts. The project consolidated data on Government procurement of contraceptives and distribution of free contraceptives with the private sector sales data from SMD and converted the numbers to CYPs as another measure of contraceptive use.

The number of CYPs grew by 11.7% from 667,600 in 2010 to about 745,900 in 2011—reaching levels similar to those seen prior to 2010, when there was a sharp decline in CYPs. This increase is mainly due to the availability of USAID-donated contraceptives. All TfH partner oblasts except Zaporizhya saw increases, with Volyn (118.0%), Ivano-Frankivsk (73.3%) and Khmelnysky (64.1%) showing the most marked increases, while Zaporizhya had a 3.8% drop (see Annex 1, Supplementary Table 3.) It should be noted that there have been considerable fluctuations in CYPs over the life of the project, for reasons that are not clear, so it is important to put these data into the context of trends seen in contraceptive use based on other data sources.

For most contraceptive methods, 2011 showed a reversal from the declines in CYPs in 2010. CYPs from IUDs and injectables—the latter a very under-used method to Ukraine—each increased a remarkable 46% over 2010, while CYPs from combined oral contraceptives grew 7.1% and from condoms 7.4%. Emergency contraceptive sales, by contrast, fell, resulting in a 7.5% drop in CYPs from that method.

Figure 3: Couple Years of Protection, by Method and Total (in thousands), Ukraine 2007-2011



Trends in STI Prevention

To measure the impact of its STI prevention activities, TfH uses CYPs based on condom sales, Government procurements and USAID-donated commodities. CYPs from condoms increased 7.4% from 2010 to 2011—from 261,600 to 281,000 CYPs. Eleven TfH partner oblasts registered increases in CYPs from condoms, with the largest increases being in Vinnytsya (60.4%), Volyn (45.1%) and Sevastopol City (28.4%). Four partner oblasts, on the other hand, saw declines. While the drops in Kharkiv and Donetsk were negligible, Zaporizhya had a 23.1% drop and Rivne a 22.1% drop. (See Annex 1, Supplementary Table 3.) As noted above, however, there have been considerable fluctuations in CYPs over the life of the project, so these data should be viewed with caution.

III. Progress Toward Results

The Cooperative Agreement lays out a list of specific activities to be implemented in Year 6 and the desired results. This section of the report summarizes the work done on these activities and key results. Annex 1, *Together for Health M&E Results*, provides more detailed data on the outputs and outcomes of this work. Throughout the year, the project followed the strategies specified in the Cooperative Agreement:

- Continue partnerships with public, nongovernmental and private sector partners (PSPs) to roll out project coverage to additional rayons of participating administrative units (AUs), covering up to 75% of the population in participating AUs with TfH interventions (clinical, BCC, contraceptive availability);
- Roll out the updated FP/RH curricula to additional pharmaceutical and medical institutions;
- Roll out existing BCC partnerships to new rayons of participating AUs;
- Strengthen the role of oblast FP/RH Centers in participating AUs to provide clinical, managerial and methodological leadership and assist them in becoming Oblast FP Resource Centers. The availability of such centers will support sustainable institutionalization of the modern FP counseling and contraceptive technology;
- Institutionalize Logistics Management Information System (LMIS) introduced in Year 5 at the oblast level, to support procurement and distribution of contraceptives;
- Institutionalize the monitoring and evaluation system and process for the SPRHN which has the potential to generate political support in the longer term and sustain FP/RH services up to 2015.

Cross-Cutting Activities

The emphasis in Year 6 was on consolidating gains from the previous five years of operation and expanding proven and effective interventions into additional rayons (districts) in the project's 15 participating administrative units/oblasts that are home to about 65% of the Ukrainian population.

Monitoring and Evaluating Results

The Monitoring and Evaluation *(*M&E) team started the year working intensively with TfH government and nongovernmental partners to compile, analyze and present data for the project's Year 5 annual M&E report, submitted to USAID in November 2010. Throughout the year, the team continued to collect and enter data into the project database on project inputs and outputs, MOH service statistics, distribution of USAID-donated and government-procured contraceptives, and contraceptive sales data from TfH Private Sector Partner (PSP), Support for Market Development (SMD), a pharmacy market research company.

A major emphasis in this final project year was analyzing life-of-project accomplishments, including comparing abortion, contraceptive use and birth rates in project oblasts and non-project oblasts, in preparation for the end-of-project conference and final report. The team also analyzed data for use by staff, counterparts, USAID, the assessment teams for the follow-on project and others and prepared concise presentations with key data for the use of counterparts, particularly at coordinating committee meetings for oblast RH Programs.

In March, the M&E team conducted the field work for the endline assessments in AR Crimea and Sevastopol City, involving surveys of clients and providers in 32 health facilities, and subsequently did the data entry, cleaning and analysis and prepared a report. When compared with the results of the baseline assessment in February 2010, this assessment provides a snapshot of the project's impact on clients' and providers' knowledge, attitudes and practices. The most important results from the assessments in AR Crimea and Sevastopol are included in this report and in the M&E Report that appears in Annex 1. Annex 1 also includes a concise methodology for the assessments, but to put the data into perspective for the general reader, Table 1 below shows the sample sizes for the baseline and endline assessments. It should be noted that similar assessments were conducted in seven other oblasts over the life of the project, but results of those assessments were reported in previous annual reports and M&E reports, so they are not included here

Table 1: Sample Sizes for Project Assessments in AR Crimea and Sevastopol City

Survey Instrument	2010	2011
Providers interviewed	151	127
Clients interviewed	534	470

Dissemination Meeting

An important focus for the entire TfH team in the last six months of the project—and particularly in the last quarter—was on preparations for the end-of-project conference. Planning for the conference was done in close collaboration with USAID and the MOH, with the Ministry issuing the invitations to Ukrainian counterparts. A short booklet highlighting project accomplishments was prepared as well as a video capturing the impact of the project on key categories of beneficiaries, most significantly the population and health providers, through personal testimony; other project materials were finalized (several of them in both Ukrainian and English) for distribution to participants; and a total of 18 formal presentations and numerous short speeches were prepared in collaboration with partners.

The conference took place at the end of September, with the participation of Mr. Eric Schultz, the Deputy Chief of Mission from the US Embassy, Ms. Sarah Wines, USAID Deputy Regional Mission Director, Dr. Raisa Moiseenko, First Deputy Minister of Health, and Mr. Joel Lamstein, President of JSI from Boston (whose attendance was not paid by the project.) Two hundred participants from all 27 oblasts attended.

After welcoming remarks, the conference began with Dr. Valentyna Kolomeychuk, Deputy Head of the Maternal, Child and Sanatoria Care Department at the MOH, and Dr. Laurentiu Stan, TfH Chief of Party, provided an overview of key national-level results, including those presented in Section II (Progress Toward the Project Goal), the focus was on partners presenting various facets of their work with the project, illustrating how profoundly FP/RH has changed in the last six years in areas where the project has worked:

Valentyna Kolomeychuk, Deputy Head of the MOH's DMIH (left) and Eric Schultz, Deputy Chief of Mission, US Embassy in Kyiv (right), along with Joel Lamstein, President of John Snow Inc (center), welcome participants to TfH's end-of-project conference.

- FP is increasingly viewed as a family, social and health topic—rather than as a population control measure in a country seeking to increase the size of its population;
- FP service provision has changed from a medical intervention provided to women at medical risk by specialists to a preventive service available at the community level that couples can *chose* to use;
- FP/RH services are more available to people at the community level in both rural and urban areas;
- FP/RH service delivery is managed in a more comprehensive manner and as part of preventive health care.

While the majority of the speakers were from oblast health departments (OHDs), others were from the MOH, the Institute of Obstetrics and Gynecology (IPOG), universities, PSPs, nongovernmental organizations (NGOs), faculty from medical universities, journalists and elsewhere. There was a loud and enthusiastic round of applause when Tatiana Rastrigina, TfH's Agreement Officer's Technical Representative at USAID, announced that there would be a follow-on project, starting imminently. Informal feedback during the conference and afterwards was that participants, including those from oblasts that had not participated in the project, found the event useful and interesting and appreciated the wealth of project materials given to them.

The conference hall is filled almost to capacity for the TfH end-of-project conference. *Photo: Andriy Krepkyh*

Project results and materials were not only disseminated to conference participants, but many partners planned to disseminate the materials widely upon their return home. In

addition, placing the materials on the project website allows a broad audience to gain access to them. Completion and launching of the Ukrainian version of the website (http://tfh.jsi.com/Uk) early in this project year contributes significantly to this. The site not only provides an overview of the project, but has an extensive collection of project-produced materials in Ukrainian for health professionals and the public, along with reports, research and data on project results.

Collaboration with Projects and International Organizations to Leverage Resources and Maximize Impact

An important collaboration this year was with the NGO, *Women's Health and Family Planning*, which is implementing a joint World Health Organization (WHO)/Swiss Development Cooperation project to develop and pilot-test new guidelines and protocols on prevention of unwanted pregnancy in order to reduce reliance on abortion. TfH's participation in the working group during project Year 5 culminated in the adoption of a new MOH *Prikaz* #1177, in December 2010, which establishes protocols for providing counseling and contraception immediately postabortion**.**

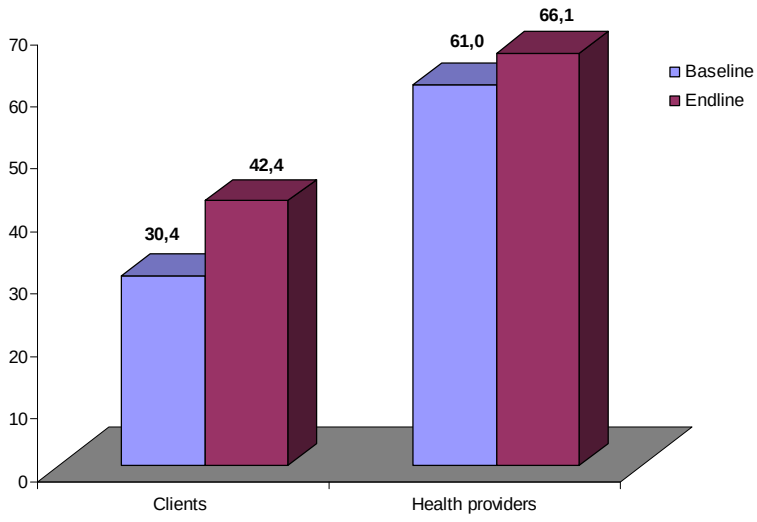
An exciting new collaboration, highlighted in the text box on page 15, was with Peace Corps volunteers. Starting with a single enthusiastic and committed volunteer in Khmelnytsky Oblast, this partnership expanded in the course of the year to four oblasts.

Results of cross-cutting activities

In addition to results related to progress toward the project goal, TfH is able to report some noteworthy results this year that cut across all project components:

- TfH achieved coverage of 75% of the population with clinical, BCC and contraceptive availability in 12 of its 15 partner oblasts (all except Donetsk, Odessa and Poltava);
- The percentage of women leaving project-assisted health facilities in AR Crimea and Sevastopol City who reported in surveys that they received either a contraceptive method or a prescription during their visit rose a remarkable 9.9%, from 62.6% in 2010 to 68.8% in 2011. These results should be viewed with caution, however, since they are not statistically significant.
- The percentage of women in the above-mentioned surveys in AR Crimea and Sevastopol City who reported that they had positive attitudes toward the more effective contraceptives methods grew an impressive 39.5% from 30.4% in 2010 to 42.4% in 2011. There was a similar, though less marked, improvement in health providers' attitudes toward the more effective methods, which rose from 61.0% in 2010 to 66.1% in 2011—an 8.4% increase. (See Figure 4 above.)

Figure 4: Percentage of Health Providers and Women Leaving TfH-Assisted Health Facilities in AR Crimea and Sevastopol City with Positive Attitudes Toward the More Effective Contraceptive Methods, by Method, 2010 and 2011



Result 1: Improved service provider skills and behavior related to RH/FP (Clinical component)

The main emphasis of the project's work in this area was on bringing family doctors in new rayons of partner oblasts into the network of FP/RH providers, while at the same time improving the knowledge and practices of ob-gyns in these rayons. However, the project also provided short refresher trainings to primary health care (PHC) workers who had been trained by the project in the past and who would now be providing USAID-donated contraceptives. Building on the previous year's work to integrate FP/RH teaching into postgraduate medical education institutions, TfH completed the integration of basic modern FP/RH information and teaching techniques into postgraduate education for ob-gyns, family doctors and pharmacists.

Organize working groups to update clinical training materials and reference manuals

Early in the year, TfH collaborated with leading experts and staff from MOH, the National Medical Academy for Postgraduate Education (NMAPE) and key medical universities to review and update the basic five day in-service training curriculum and reference manual in line with the latest international standards, recommendations and approaches for contraceptive use, and including the newest hormonal contraceptives registered in Ukraine. The main reference materials used were the updated eligibility criteria and practice recommendations for contraception (WHO, 2009), *Family Planning: a Global Handbook for Providers* (WHO and USAID, 2007) and *Packages of Interventions for Family Planning, Safe Abortion Care, Maternal, Newborn and Child Health* (WHO, 2010).[‡] In November, the revised FP reference manual was approved by MOH, 4,000 copies were printed and shipped to all partner oblasts. They were disseminated through clinical trainings, conferences, seminars and roundtables

The materials place particular emphasis on oral contraceptives (both combined and progestin-only), injectables, IUDs, condoms and emergency contraception to support a broadening of the method mix beyond predominantly IUDs and condoms.

Roll-out 5-day FP/RH trainings in new rayons, with priority to six oblasts: AR Crimea, Cherkasy, Ivano-Frankivsk, Lviv, Volyn and Zaporizhya

TfH worked with OHDs to use the newly-updated clinical materials to conduct five day in-service clinical trainings and various seminars and workshops aimed at reaching key health professionals (ob-gyns, family doctors and midwives) in new rayons of partner oblasts. There was a strong focus on six oblasts (AR Crimea, Cherkasy, Ivano-Frankivsk, Lviv, Volyn and Zaporizhya) where the project sought to train at least 51% of ob-gyns and family doctors, so as to cover 75% of each oblast's population. Training covered clinical and counseling skills for all major methods of contraception, but focused on the more effective methods.

Table 2: Number of Clinical Trainings on FP/RH (Five-Day and Two-Day) and Number of Participants, by Oblast, October 2010 – September 2011

	Five-Day Courses		Two-Day Refreshers	
	No. of Courses	No. of Participants	No. of Courses	No. of Participants
AR Crimea	15	327	2	41
Cherkasy	10	221	2	47
Dnipropetrovsk	9	210	2	46
Donetsk	8	186	2	46
Ivano-Frankivsk	8	171	2	38
Kharkiv	7	166	2	45
Khmelnytsky	8	184	2	44
Lviv	6	133	2	37
Odessa	6	124	2	40
Poltava	12	296	2	42
Rivne	8	182	2	41
Sevastopol City	3	65	2	39
Vinnytsya	8	180	2	38
Volyn	8	178	2	40
Zaporizhya	6	131	2	48
TOTAL	**122**	**2,754**	**30**	**632**

TfH conducted a total of 122 five day workshops on FP/RH for 2,754 ob-gyns, family doctors and midwives in 15 oblasts over the year (see Table 2.) Forty-seven training courses were conducted in the six priority oblasts mentioned above, for 1,030 health professionals. In the remaining nine partner oblasts (Dnipropetrovsk, Donetsk, Kharkiv, Khmelnytsky, Odessa, Poltava, Rivne, Sevastopol City and Vinnytsya) 75 trainings were conducted for 1,724 health professionals.

After the trainings, family doctors and ob-gyns started implementing modern FP/RH practices to combat abortions and STIs, and to change clients' attitudes toward abortion and contraception. Many of the trained providers quickly began providing free contraceptives donated by USAID and integrating FP counseling into their clinical practice. The change was particularly marked in rural areas, where trained providers began serving more women living in communities without prior access to FP counseling or contraceptives. For example, Vysoke village in Bakhchisaray Rayon (AR Crimea) is served only by a *feldsher-accousherski punkt* (*feldsher*[§]-midwife point or FAP) and the nearest women's consultation/hospital is 10 kilometers away in the village of Kuybysheve, where Dr. Verenoviy (ob-gyn) provides services to a number of villages. After the training, she

[‡] Note that the project materials continue to comply with USAID requirements related to abortion.
[§] *Feldshers* are similar to nurse practitioners.

started to provide services to all villages in the catchment area of the hospital, including free contraceptives donated by USAID. Because Dr. Verenoviy lives in Vysoke village, women there have the opportunity to receive modern FP services and contraceptives without traveling the additional distance.

Collaborate with MOH and NMAPE to develop postgraduate teaching technical recommendations and to roll out FP/RH curricula to additional postgraduate medical and pharmaceutical education institutions

In an effort to institutionalize its work, in Year 4, TfH trained 124 faculty members from all pharmaceutical education institutions in Ukraine on modern FP/RH and, in Year 5, over 200 faculty from postgraduate education departments in medical universities to integrate modern FP/RH information into their academic programs. This work was completed with the training of 12 teachers from postgraduate departments of Bukovyna State Medical University in Chernivtsi, Luhansk State Medical University and Ternopil State Medical University. These courses inspired academic institutions all over the country to request formal postgraduate teaching recommendations on interactive teaching methodologies. To respond to this, the project facilitated meetings of a working group comprised of MOH and NMAPE technical experts and professors from postgraduate education departments in key medical and pharmaceutical education institutions to develop these recommendations, designed for faculties of ob-gyn, family medicine and pharmaceutical departments at medical universities to use when teaching FP/RH. The resulting manual, *Didactic Techniques for Teaching RH,* was approved by the scientific committee at NMAPE (meeting minutes #2 of 16/2/2011) and the scientific-methodological health commission at the Ministry of Education and Science (meeting minutes #1 of 17/3/2011). The committees recommended that it be published as a scientific-methodological reference manual for teachers at academic institutions at the III-IVth level of accreditation and for students of postgraduate medical and pharmaceutical establishments.

Once the manual was printed, TfH worked jointly with NMAPE and the National Pharmaceutical University in Kharkiv to conduct four one-day workshops (two in Kyiv, one each in Kharkiv and Donetsk) on modern teaching techniques in FP/RH for 112 teachers from all 19 medical and pharmaceutical education institutions in the country[**] .To further sustain the introduction of this manual into continuing education, copies were provided to all medical and pharmaceutical university libraries, to ob-gyn, pharmaceutical and family medicine departments, oblast libraries and science libraries. NMAPE was so enthusiastic about the new teaching techniques that it used the manual to develop its own two-week course to train teachers from all medical universities on modern teaching techniques.

Conduct two-day refresher trainings and counseling updates for primary health care professionals

A clinical training course in Donetsk Oblast.*Photo: Natalia Rakhmail*

With Government-procured and USAID-donated contraceptives becoming increasingly available in partner oblasts, there was a need to strengthen and refresh the knowledge and skills of PHC providers such as family doctors, midwives, nurses and *feldshers*, who are less experienced than ob-gyns in providing FP/RH counseling and services, and some of whom had received their TfH training two or more years ago. Therefore, 30 two-day refresher trainings were held in all project oblasts for 632 PHC providers who had previously participated in the project's trainings and who were beginning to offer free contraceptives in their communities (see Table 2.)

A unique feature of the refresher trainings was that they were individually designed for each oblast to reflect the priority concerns of OHD officials and local trainers, so there were 15 different programs. To help build the skills and empower trainers in the oblasts, TfH asked local trainers to draft the training programs and then

[**] Crimean State Medical University, Vinnytsya State Medical University, Dnipropetrovsk State Medical Academy, Donetsk State Medical University, Ivano-Frankivsk National Medical University, Zaporizhya State Medical University, Zaporizhya Medical Academy of Postgraduate Education, Lviv National Medical University, Odessa State Medical University, Ukrainian Medical Dental Academy, National Pharmaceutical University, National Medical University, Kharkiv Medical Academy of Postgraduate Education, Bukovyna State Medical University, Luhansk State Medical University, Ternopil State Medical University, National Medical Academy of Postgraduate Education, National Medical University, Kyiv Institute Traditional Medicine

worked with them to refine them. Topics addressed included hormonal contraception, counseling, contraception for youth and disadvantaged populations, etc. One example comes from Zaporizhya Oblast where health professionals had the opportunity to share experiences in providing FP services and free contraceptives to their communities as well as to role-play counseling on various methods of contraception. Many of the workshops also highlighted the need for collaboration between ob-gyns and family doctors in the process of restructuring the role of family doctors in FP service delivery.

To help providers apply the correct eligibility criteria when providing or prescribing contraceptives, TfH translated into Ukrainian and printed the WHO "contraceptive wheel" featuring the *Medical Eligibility Criteria for Contraceptive Use* (updated in 2009.) This was done under a formal cooperation agreement between WHO and JSI. Four thousand copies of the "contraceptive wheel" were printed and it was used during refresher trainings for PHC providers, as well as during other continuing medical education (CME) events (see picture at right.) While private sector partners MSD (previously Organon and then Schering-Plough) and Bayer Health Care wanted to support the printing costs, unfortunately that proved impossible because WHO does not permit printing of brand names on the wheel.

The Ukrainian "contraceptive wheel."

Photo: Liubomyr Pokotylo

Assist OHDs to organize CMEs on postpartum and postabortion FP/RH

TfH worked with all partner oblasts to conduct one-day conferences on postpartum and postabortion (PP/PA) contraception. Based on the TfH/MOH reference manual on PP/PA FP, the conferences addressed the rationale for providing PP and PA contraceptive information and services, counseling skills, special considerations in method selection for these populations, and FP provision for women and couples PP/PA. The conferences were conducted by TfH national trainers from each oblast for 50-120 people per oblast, drawn from all rayons and municipalities. The cost of the events was shared between the project and the oblasts. The maternity hospital in Krivy Rih City (Dnipropetrovsk Oblast) has become the leader in this field in Ukraine, having recognized the importance of PP/PA contraception and embracing its provision with enthusiasm.

Using modules from the MOH/TfH basic five-day FP/RH training program, the three-day training on PP/PA contraception and the HIV/FP manual, all partner OHDs worked with TfH-trained trainers to organize 510 CME activities for over 15,300 health professionals. Kharkiv, Khmelnytsky, Vinnytsya and Volyn were the most active oblasts, conducting around 50 events each during the year. These CME events were conducted at nominal cost to TfH, with most resources coming from the oblasts, while TfH generally contributed reference materials, such as manuals, a selection of Critically Appraised Topics (CATs)[††] or other clinical materials, sometimes IEC materials, and occasionally a speaker.

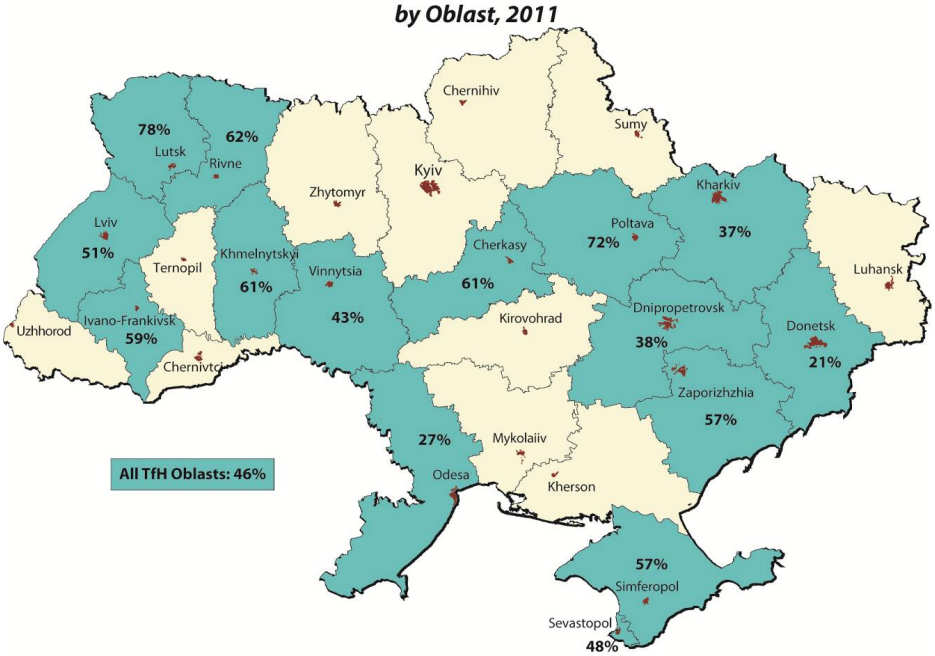
Some examples of these oblast-initiated events are the following. Donetsk Oblast conducted eight seminars for city and rayon ob-gyns on the updated WHO medical eligibility criteria and key aspects of providing contraception for women with special health conditions, for the poor and/or underserved populations. In Vinnytsya, the focus of CME events was on reaching additional family doctors and mid-level personnel working at the rayon and village levels. In Poltava, the Head Oblast Ob-Gyn worked with rayon clinical trainers to conduct one- or two-day sessions for ob-gyns, family doctors and mid-level medical personnel starting to provide free contraceptives, using the updated reference manual and curriculum as resource materials. With the arrival of the contraceptive donation, Kharkiv Oblast conducted one-day seminars for PHC staff in various rayons on hormonal contraception, as well as seminars on PP/PA contraception for ob-gyns and nurses performing abortions in women's consultation centers.

[††] Critically Appraised Topics or CATs are one- or two-page fact sheets summarizing the evidence on a specific clinical topic.

Results of TfH Clinical Training

There are some significant results of the project's efforts to improve service providers' skills and behaviors. Particularly noteworthy are improved provider practices in the provision of FP/RH as reported by clients. These improvements come in particularly critical areas, including giving women the information they need to make informed choices about contraception and about STI prevention and greater client satisfaction with the services they received. The improvements in health care providers' attitudes toward the more effective modern methods of contraception are also important because of the relationship between positive attitudes and prescription practices.

Percent of All Ob-Gyns and Family Doctors Covered by TfH Training, by Oblast, 2011



- TfH reached a critical mass (51% or more) of ob-gyns and family doctors trained in FP/RH in nine partner oblasts—more than the six oblasts planned. These are AR Crimea (57%), Cherkasy (61%), Ivano-Frankivsk (59%), Khmelnytsky (61%), Lviv (51%), Poltava (72%), Rivne (62%), Volyn (78%) and Zaporhizhya (57%)—see map on page 13.) Across all 15 partner oblasts, 46% of ob-gyns and family doctors in these oblasts were trained.
- TfH trained 2,754 ob-gyns, family doctors and midwives on modern FP methods and counseling techniques through its basic five-day training course—more than 150% of the 1,800 projected to be reached. An additional 632 family doctors and mid-level staff participated in two-day refresher training courses on FP/RH. Overall, TfH provided clinical training to a total of 3,386 health providers in its 15 partner oblasts, 79.2% of them women and 20.8% men (see Annex 1, Supplementary Tables 6.a, 6.b and 6.c.)
- There were improvements in health workers' knowledge after participating in clinical training, as evidenced by an average pre-test score across all of the five-day trainings of 59.9% and an average post-test score of 95.2%. (see Annex 1, Supplementary Table 8)
- TfH leveraged support from pharmaceutical partners for 20 CME events, estimated at a value of $1,822;
- As a result of TfH's efforts to expand the provision of FP/RH services beyond ob-gyns, the cumulative number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services—increased 47% from 2,475 in Year 5 to 3,637 in Year 6. This is several times the target of a 10-15% increase. (See Annex 1, Indicator Matrix, Result 3.) This is in addition to improving services in health facilities where FP/RH was already being provided;
- TfH completed the training of selected faculty members in all postgraduate medical and pharmaceutical departments of medical universities in the country on FP/RH and modern teaching techniques. The curricula for these trainings were formally approved by the MOH and the Ministry of Education and Science and copies of TfH's reference manuals were disseminated to trained faculty as well as to selected other academic departments and libraries.
- As already noted under *Results of cross-cutting activities* (page 10), the percentage of health providers in AR Crimea and Sevastopol City with positive attitudes toward the more effective contraceptive methods[‡‡] rose an impressive 8.4% over one year of project interventions (from 61.0% in 2010 to 66.1% in 2011), according to provider surveys.
- There were noteworthy improvements in providers' FP/RH practices between 2010 and 2011, as reported by women surveyed as they left project-assisted health facilities in AR Crimea and Sevastopol City:

[‡‡] COCs, POPs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.

- ✓ The percentage of women reporting that the provider discussed three out of five important FP topics[§§] rose from 63.3% to 73.5%;
- ✓ The percentage of women reporting that the provider discussed two out of three key STI-related topics[***] increased from 65.0% to 78.0%;
- ✓ Among women who were pregnant, the percentage reporting receiving FP counseling during prenatal care visits increased from 57.7% to 69.8%.

- Among women leaving project-assisted health facilities in AR Crimea and Sevastopol City, 78.7% reported that the quality of services at that facility was good (the highest rating) in 2011, compared with only 70.0% in 2010.

Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products

The aim of TfH's BCC activities in this project year was to institutionalize outreach and behavior change activities by strengthening local NGOs conducting BCC activities and through additional training for the project's network of community educators. TfH also identified and trained new BCC educators and, building on the most successful approaches to date, rolled out BCC partnerships to additional rayons in the 15 partner oblasts. Activities aimed to change behavior on modern contraception, build awareness of the availability of free contraceptives and increase demand for services.

Provide BCC training of trainers for educators and NGO volunteers in new rayons

TfH began by identifying and training new BCC partners in the new rayons of the current 15 oblasts, supporting the goal of expanding services and population coverage. Learning from past experience, and in light of the difficulties of organizing events of any kind in the first quarter of the year due to political transitions and the swine flu quarantine (see Section V on Constraints), the project decided that, rather than following its past practice of using one-day BCC orientation workshops to identify potential BCC educators, it would ask active educators in each oblast to identify potential new educators and pay one-on-one visits to them to find those best suited to the task. Candidates were required to fill in an application form that was sent to the Kyiv office for review and to ensure that the training design would be appropriate for participants' backgrounds. Those selected came from NGOs, government health and social organizations, health providers, journalism and elsewhere. This proved an effective approach to identifying new talent and paved the way for building close ties between "old" and new educators, as the new ones began by working together with more experienced educators and then gradually began to take responsibility for their own sessions.

Collaboration with Peace Corps

In spring, a Peace Corps volunteer in Khmelnytsky Oblast, Becky Robinson, approached TfH for informational and video materials she had seen on the project website. As a Peace Corps Youth Development Program volunteer, she worked with a school in the town of Derazhnya, providing educational and training support to teachers and pupils. In addition to giving her educational materials, the project also supported her with modern teaching methods. This initiative was greeted with so much enthusiasm by the students and teachers that Ms. Robinson thought it should be expanded to other Peace Corps volunteers as part of the Youth Development Program. She presented the TfH materials and her experience to other volunteers at a coordination meeting in Kyiv and six more volunteers from Vinnytsya, Ternopil and Kherson oblasts requested project materials and support to conduct similar sessions. In addition, with support from a TfH BCC educator, Ms. Robinson organized an educational seminar on FP/RH for school psychologists from Derazhnya and neighboring towns and villages.

This led to the sharing of project information and materials with the Peace Corps's Youth Development Program coordinator in Kyiv and TfH IEC materials were sent to volunteers working in project oblasts. The project was also invited to conduct BCC educational sessions for youth at the Peace Corps's summer camp in Ivano-Frankivsk Oblast in July.

The cooperation with Peace Corps Youth Development volunteers clearly responded to a need for information on FP/RH among young people and merits continuation and expansion.

Three three-day workshops were held in February and March for 80 educators from new rayons in all 15 oblasts (almost one in five of them men.) The training followed the project's usual curriculum to train educators to work with the project's manual for BCC educators, with adaptations to reflect the needs assessment mentioned above. These workshops enabled BCC activities to begin in new rayons at about the same time as health providers were trained and free contraceptives were becoming available. The new educators also began

[§§] Various methods of contraception; benefits and risks of the selected method; side effects of the selected method; how to use the selected method; and when to return for follow-up.

[***] The symptoms of STIs, prevention of STIs, and condoms to prevent pregnancy and STIs/HIV.

participating in local planning and implementation of FP Week events in the new rayons. By the end of the project year, the project's previous pool of 480 trained educators had grown to about 560.

Roll out BCC partnerships for implementation of outreach events at the community level

The new educators gradually joined "old" educators in organizing interpersonal educational sessions in their oblasts, with an emphasis on new rayons. Most of these sessions were financially and technically supported by TfH, but a significant number were arranged and supported by oblast counterparts. About 872 sessions for 16,856 participants were held in all 15 project oblasts with TfH support, with 36% of participants being men. NGOs, Social Services for Youth and individual educators acting on their own initiative, meanwhile, conducted an additional 269 sessions for more than 9,630 participants at no expense to the project, beyond the cost of IEC materials for distribution. One example of BCC activities was a series of sessions conducted for men in the Ukrainian navy in Sevastopol through TfH's NGO partner, *Women's Alternatives* in Sevastopol. NGO representatives met with the heads of the Ukrainian navy in Sevastopol and received a letter expressing interest in working on RH issues. This letter opened the door to the BCC sessions—and the navy heads themselves participated in some of the sessions. Another example is collaboration with institutes of postgraduate education for teachers in Odessa and Vinnytsya to incorporate FP/RH information into retraining programs for school teachers.

Sustain the BCC training of educators model by providing advanced training of trainers and technical assistance to experienced BCC educators in participating oblasts

To prepare for an advanced training for more experienced BCC educators, TfH Kyiv staff and oblast technical coordinators (OTCs) began identifying the strongest candidates through additional monitoring of educational sessions conducted by educators trained during Years 2-4 of the project. Participants deemed to be good candidates for the advanced training were identified and TfH conducted a needs assessment to guide the training design. BCC master trainers conducted the three-day training for 23 experienced BCC educators from all 15 oblasts in July. Areas of emphasis were new information on FP/RH and adult learning techniques as well as opportunities for participants to share their personal experiences, lessons learned and special challenges—with the "sharing" part of the program proving so valuable that it had to be extended. The educators gained a wealth of new ideas, deepening their knowledge on working with youth; learning how to integrate short workshops on FP/RH into post-graduate education courses for teachers; how to conduct educational sessions with Bayer Health Care; and they picked up tips to sustain their work after the end of the project.

Group work during the advanced training for BCC educators. *Photo: Lidia Hryva*

Work with government counterparts and media partners to publicize the availability of FP/RH services and free contraceptives using the "Together for a Healthy Future" logo

In order to build awareness of the FP services and free contraceptives available to the four population groups identified in the State Program *Reproductive Health of the Nation* up to 2015 (SPRHN), a special sticker was developed with the message "Get free contraceptives here." It was displayed at health facilities with TfH-trained providers and free contraceptives available in all 15 partner oblasts. The sticker came in two sizes, a larger version for the entrance to health facilities and a smaller one to place on the doors of health providers' offices under the *Together for a Healthy Future* logo.

Oblast counterparts also introduced key messages about free contraceptives in local media and/or through project BCC informational materials. Internet, radio and TV spots proved the most effective vehicle for making priority populations aware of the availability of modern methods of contraception at oblast FP/RH centers (OFPCs) and PHC facilities. A successful strategy adopted in the second half of the year, was to display small posters advertising the free contraceptives on the back of seats in public buses.

During FP Week, a new flyer advertising free contraceptives, and aimed primarily at youth and young adults, was distributed at large public events for youth and at universities. This was supported by an edition of *Tobi* magazine published to coincide with FP Week and featuring an article about FP/RH for youth and an advertisement for free contraceptives. The magazine also included interviews about FP with the well-known singer Zlata Ognevych and the leader of *Sky* group, Oleg Sobchuk, as well as an article about methods of contraception appropriate for youth.

> "It is clear to me this year that people know the logo, recognize it and, most importantly, know what it means."
>
> *Natalia Antonyuk, TfH Oblast Technical Coordinator, Vinnytsya & Khmelnysky Oblasts*

In order to support the role of OFPCs as resource centers and models for service delivery, the project worked with OFPCs in all 15 partner oblasts to develop locally tailored service marketing strategies to advertise FP services and the availability of free contraceptives to the designated priority populations, especially youth and women with low incomes or other social disadvantages. This was a one-and-a-half day workshop covering the concept of social marketing as it relates to improved service delivery and promotion of preventive approaches. Some of the resulting initiatives taken by FP/RH centers are as follows:

- In Kharkiv, the main marketing activity was the screening on the metro system of a video about the OFPC and other health facilities where free contraceptives are available. Most of the air time was contributed by a marketing agency that owns the video monitors on the metro and whose staff got interested in FP/RH after participating in a BCC educational session. As a result, the number of clients at the FP Center in July-August was 12% higher than during the same period last year.
- The Khmelnytsky OFPC worked intensively with mass media—both print and electronic—over a six-week period to publish articles about FP/RH. The center also prepared an informational leaflet about free contraceptives used to support the mass media initiative.
- Dnipropetrovsk Oblast and Kryvy Rig City FP Center partnered with NGOs to organize informational events for the population. They report that, as a result, the number of clients at those two centers increased by an average of about 10%.
- Lutsk City FP Center (Volyn Oblast) heard about the service marketing workshop and decided to support it, investing its own money in developing a video announcement about its services and the availability of free contraceptives. The video became very popular in Lutsk and has been aired continuously for four months already.

Strengthen local capacity to conduct BCC campaigns, including the annual "FP Week" campaign

The project's BCC partners, including NGOs, OHDs and Social Services for Youth, are becoming increasingly experienced and able to conduct campaigns and outreach events on their own. So this year, to build their skills, TfH put responsibility for initial planning into the hands of oblast teams, many of them working under the umbrella of the oblast RH Program coordinating committee. They developed plans at the oblast and local level and then came to a meeting in Kyiv to share their ideas with other oblasts and the TfH BCC team. During and after that meeting, TfH provided technical assistance to oblasts to refine their activities and ensure that key messages were consistent with those chosen for the campaign: informing the population about FP/RH and advertising the availability of new, improved services and free contraceptives.

Distribution of FP materials during FP Week in Lutsk City, Volyn Oblast. *Photo: Svitlana Demchuk*

Despite the change in the Government's priorities in the health sector, TfH was able to work with the MOH to issue an order for FP Week and oblasts then followed suit with orders outlining detailed plans for their activities. As in previous years, several oblasts not only implemented the campaign during FP Week, but throughout the month of May: Cherkasy, Dnipropetrovsk, Khmelnytsky, Odessa, Poltava, Rivne, Vinnytsya and Volyn.

Some TfH oblasts introduced new approaches to FP Week events. For example Lubny Rayon in Poltava Oblast conducted outreach events even before the national campaign began—in April—in order to reach out to more

people and keep FP messages in the public eye for a longer period. In May, Kryvy Rih City FP Center organized FP Day in the city, with all schools and universities distributing information and materials on FP/RH (most of them provided by TfH.)

To promote the availability of FP services and free contraceptives, one of the campaign's strategic approaches was to work with media to highlight educational events devoted to FP Week and the availability of USAID-donated contraceptives. TfH and local partners (NGOs, OFPCs, Social Services for Youth) actively involved mass media of different types by building on previous years' experiences. For example, in Volyn Oblast, the NGO *Chance* prepared a video and radio PSA about modern contraception and the availability of free contraceptives. The video was shown on wide plasma screens in downtown Lutsk City and on city buses, while the radio PSA was aired on FM radio all over the oblast. Also radio messages prepared by Kryvyi Rih FP Center (Dnipropetrovsk Oblast) were aired on radio and on city transportation, informing the public about the availability of FP services and free contraceptives in medical facilities. Other oblasts demonstrated successful experiences in using radio and TV to reach small cities (Donetsk, Kharkiv, Khmelnytsky and Vinnytsya.) Yet others focused on highlighting FP service availability and FP Week events through Internet publications, city portals and newspapers that reach small towns and rayon centers. Internet messages were used especially to highlight information for young people about prevention of unwanted pregnancies, STIs and HIV/AIDS and information on healthy lifestyles (AR Crimea, Cherkasy, Sevastopol City and Vinnytsya).

A key innovation during this year's FP Week was use of social media to reach out to young people—but also to other women and men of reproductive age. The profile in *V Kontakte* social network (www.vkontakte.ru) and a blog, *Healthy Youth* (healthy-youth.blogspot.com), were created and launched on May 1. By the end of the project year, more than 1,200 people had visited the blog and 125 people had subscribed to the *V Kontakte* profile. After the campaign, TfH worked with the NGO, *Zdorov'ya Zhinky* (Women's Health) to integrate information about FP/RH into the blog, making it into an educational tool, and to administer the resources beyond the end of the project.

During the year, TfH supported 658 public outreach and informational events in all 15 TfH partner oblasts, reaching about 722,200 people. In addition to FP week, these included events on World Students Day, World AIDS Day, Valentine's Day, Women's Day, World Contraception Day and other "days." In addition to events supported by TfH, oblast counterparts conducted 385 other outreach and informational events at their own expense, reaching an additional approximately 217,300 people with FP/RH information. An example of a highly successful event comes from Vinnytsya Oblast, where the NGO *Harmony* conducted an informational event for youth at the tram station "Technical University." Volunteers distributed IEC materials and a health provider was available to answer questions in a white project tent. Although the primary audiences were both male and female students at the technical university, other men and women of reproductive age were also reached.

Flyer about free contraceptives with a message on the front—Think about prevention. Get free contraceptives—*and one on the back:* You can get free contraceptives in the following health facilities displaying the FP-friendly logo: Family Planning Center, Women Consultation, Family Planning Cabinet in the Central Rayon Hospital, Family Medicine Ambulatory, FAP.

Prepare, produce and disseminate IEC/BCC materials

All existing materials were reprinted and a flyer (see above) and a sticker about free contraceptives were developed and produced.

Distribution of the project's existing IEC materials—posters, brochures and videos—continued and expanded into the new areas of the 15 partner oblasts. Altogether, about 762,100 brochures, 5,875 posters, 6,117 "FP-friendly" logos and 243 copies of project videos were distributed during the year. In addition to distributing the materials in health facilities and through a broad range of BCC activities, this year the project began working with Social Services for Youth to distribute the project's IEC materials in large quantities—not only through trained BCC educators but also through other staff who are in contact with poor and vulnerable populations. This proved a valuable new approach because social services workers are often in contact with the population groups eligible for free contraceptives.

In addition to disseminating IEC/BCC materials, the project and its counterparts continued to work intensively with mass media, contributing to the production and dissemination of at least 129 print articles, 422 TV spots/programs, 192 radio spots and programs and 94 Internet articles.

Encourage private sector partners (PSPs) to support BCC campaigns and media efforts that address myths and misperceptions about modern contraceptive methods

TfH's most successful private sector BCC collaboration resulted from extensive discussions in the early part of the project year with Bayer Health Care about the idea of a joint program to reach out to university students in project oblasts with FP/RH messages. After a long planning period, involving discussion on partner roles, the curriculum and materials to be used and financial issues, agreement was reached. The resulting sessions were conducted for young women students at universities in all 15 TfH oblasts by the project's BCC educators using the TfH BCC curriculum, and generally ran for 2-3 hours each. Joint educational sessions started in AR Crimea in April, with Bayer representatives closely monitoring each session. They gradually expanded to other oblasts and now Bayer supports 2-3 such sessions per month in each project oblast and is enthusiastic about the way they are conducted, the unbiased information, the interactive teaching techniques employed and the professional organization of the sessions. In the course of the year, Bayer Health Care supported 61 such sessions for 1,220 participants, financing the educator's fee and coffee breaks, while TfH contributed materials.

Richter-Gedeon also continued to be a valuable partner in Vinnytsya Oblast, supporting seminars on contraception in the rayons, conferences and radio programs.

Results of BCC Activities

The project's results in improving clients' knowledge, attitudes and use of appropriate FP/RH services and products are ultimately seen in the data about contraceptive use, which have been positive over the life of the project. It is also clear from the data about use of the USAID-donated contraceptives that people were made aware of the availability of these products and that they met a real need. However, to advance the Ukrainian public along the spectrum of behavior change—from improved knowledge to attitudes and then to practices/behavior—the project placed a heavy emphasis on improving knowledge and attitudes. Thus, it is gratifying to see that the percentage of surveyed women with positive attitudes toward the more effective contraceptive methods in AR Crimea and Sevastopol City rose by impressive levels.

- An estimated 13,884,300 people in 15 partner oblasts were reached with FP/RH information and behavior change interventions during the year. This includes almost 740,000 through large special events and interpersonal communication educational sessions, about 762,100 through IEC materials, and about 12.4 million through mass media. (See Annex 1, Supplementary Table 9.)
- The numbers above include Ukrainians reached with BCC activities in 128 new rayons where the project had not worked in prior years.
- Local NGOs demonstrate increased capacity to champion awareness of FP. Their increased ability to organize and conduct BCC activities independent of project assistance, including interpersonal communications sessions and outreach events on FP/RH, work with mass media, to develop simple IEC materials and conduct other activities attest to their increased capacity. The accomplishments of some NGO educators have been recognized by their selection as educators to conduct paid sessions for Bayer Health Care—about half the educators who conduct sessions for Bayer come from NGOs.
- The project trained 103 new BCC educators and leaders on FP/RH during the year (81% women, 19% men) who then went on to conduct interpersonal communications sessions for the public (see Annex 1, Supplementary Tables 11.a and 11.b.) This is more than the 50 new educators planned.

- As already noted under *Results of cross-cutting activities* (page 10), the percentage of women with positive attitudes toward more effective contraceptive methods[†††] rose an impressive 39.5% from 30.4% in 2010 to 42.4% in 2011, according to surveys of women leaving project-assisted health facilities in AR Crimea and Sevastopol City.
- The percentage of women in AR Crimea and Sevastopol City who said they had received print materials during their visit to a health provider grew from 75.3% in 2010 to 89.8% in 2011. The percentage receiving materials on FP/contraception, meanwhile, increased from 71.1% to 77.7%, while the percentage getting materials on STIs increased from 32.0% to 37.2%.

Result 3: Increased availability, accessibility, and affordability of contraceptives

The project's main focus this year was on assisting counterparts in the MOH and OHDs to implement an effective logistics management information system (LMIS) for USAID-donated contraceptives, focusing on reaching family doctors and other primary care professionals serving poor and disadvantaged population groups and providing accountability to USAID, TfH, partner oblasts and the MOH. Progress was also made toward systematizing TfH's past work on contraceptive procurement and the project's collaboration with PSPs on Evidence-Based Medicine (EBM) roundtables was expanded.

Work with USAID to finalize and approve the contraceptive distribution plan and facilitate MOH approval of the order on contraceptive distribution

In October, USAID approved TfH's plan for distribution of USAID-donated contraceptives, which described the overall distribution chain, the reporting system and reporting requirements, the start-up quantities to be distributed to each of the 15 oblasts and 400 rayons where TfH works, the name of each facility to receive donated contraceptives and the initial quantities of each method to go to each one. The plan also explains the mechanisms and tools to be used by the project and its 15 partner OHDs to implement the distribution and reporting systems in such a way as to ensure that the donated contraceptives reach PHC providers and other health professionals serving poor and vulnerable populations.

The MOH adopted an order on contraceptive distribution (*Prikaz* #826, September 29, 2010) and TfH provided technical assistance to the Department of Maternal and Infant Health (DMIH) to develop, approve and disseminate a letter to oblast and rayon health departments outlining the system. The letter specifies the USAID and MOH requirements for a LMIS to facilitate distribution and reporting on the free contraceptives, using forms consistent with the MOH order "On Organization of the Family Planning and Reproductive Health Care System in Ukraine" (*Prikaz* # 539, August 4, 2006.) It also includes a requirement to include family doctors, ob-gyns and other TfH-trained PHC professionals in the contraceptive distribution system and reiterates the four priority populations designated in the SPRHN to receive the donated supplies: women with low incomes, women living with HIV, youth aged 18-20 and women with "extragenital pathologies."

Provide training and technical assistance to OHDs to implement the USAID-approved contraceptive distribution plan, with priority to family doctors and PHC providers serving poor and disadvantaged populations

As soon as the USAID-approved contraceptive distribution plan, the MOH order and letter were in hand, TfH began worked intensively with OHDs and OFPCs to implement the distribution, management and reporting plans. The contraceptive donation was shipped from Kyiv to the oblasts in November and, as soon as OHDs confirmed receipt, TfH's OTCs helped the officials responsible for distribution with a number of critical activities. These included securing the buffer stock in line with USAID and MOH storage requirements; developing oblast-level *prikazes* for local distribution and

A young woman in Vinnytsya Oblast receives counseling before getting USAID-donated pills. *Photo: Natalia Antonyuk*

[†††] COCs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.

reporting; ensuring that contraceptive packaging was clearly marked with the USAID identity and stickers stating that "This product is for free distribution, not for sale;" designating the parties responsible for the donation at the rayon and city levels; and conducting initial training on the LMIS and distribution plans. Project staff emphasized that the contraceptive supplies and local regulatory documents prioritized TfH-trained PHC providers, such as family doctors working in offices or ambulatories and midwives and *feldshers* in FAPs. In addition to PHC providers, the following types of health facilities were involved in distributing the USAID-donation: FP/RH centers/cabinets, women's consultations, polyclinics and hospital ob-gyn departments (serving women postpartum and postabortion) where at least one health professional has successfully completed the TfH five-day training course on FP/RH.

Contraceptive distribution from the oblasts to rayons and cities began in November and distribution to individual health facilities in December. OTCs then helped officials responsible for distribution with a number of critical activities to ensure that the first reports on contraceptive use, using a paper-based system, travelled up the logistics system and were consolidated and analyzed by OFPCs. The main constraint encountered was failure of health facility staff to compile reports and submit them to the higher-level reporting facility. This was due to their lack of experience with reporting systems designed to ensure continuous supplies of drugs/pharmaceuticals to meet clients' needs. TfH worked closely with OFPC staff to help them overcome providers' initial reluctance to compile reports and to collect data from lower levels of the distribution system.

Provide LMIS trainings for family doctors and other health professionals involved in contraceptive distribution

Working group participants in a Khmelnytsky LMIS training course report back to the large group on how they completed the LMIS forms. *Photo: Natalia Antonyuk*

To ensure that contraceptives reach the most disadvantaged population groups for whom they were intended, and also that responsible counterparts account for their receipt and distribution, in Year 5, TfH developed a simple paper-based LMIS to track contraceptive distribution.

Immediately after the oblasts received their USAID-donated contraceptive supplies, TfH helped OHDs conduct 103 one-day LMIS trainings for 2,267 oblast and rayon officials and health facility staff at sites where health workers had been previously trained by the project. The first two trainings in each oblast were for rayon- and municipal-level officials responsible for contraceptive distribution and data collection, while subsequent trainings were for front-line PHC providers. The training covered the purpose and components of the LMIS in Ukraine; the roles and responsibilities of various levels of the system and of providers involved in contraceptive distribution, particularly PHC providers; data collection tools and reporting methodology and timelines; storage requirements; protocols for contraceptive distribution; a review of the WHO eligibility criteria for contraceptive use; key points of the MOH *prikaz* on FP/RH; and requirements for compliance with USAID FP, abortion and HIV requirements.

Table 3: Number of LMIS Trainings and Number of Participants, by Oblast, October 2010 – September 2011

	No. of Courses	No. of Participants
AR Crimea	12	237
Cherkasy	5	135
Dnipropetrovsk	9	240
Donetsk	7	168
Ivano-Frankivsk	7	155
Kharkiv	8	126
Khmelnytsky	17	349
Lviv	8	203
Odessa	3	52
Poltava	5	166
Rivne	8	176
Sevastopol City	3	55
Vinnytsya	16	342
Volyn	9	210
Zaporizhya	8	182
TOTAL	**125**	**2,796**

Provide training and technical assistance to the OHDs to collect, analyze and report on consumption of donated contraceptives

The LMIS developed by TfH feeds data from health facilities up the system, facilitating the collection of data needed by MOH and OHDs to manage and record the flow of contraceptives, even after the project ends. Since OFPCs are responsible for monitoring distribution and reporting, project

staff and local consultants provided them with hands-on technical assistance and training to help them collect reports, analyze program and logistics data, and report to the MOH at the national level, using the LMIS forms and instructions. Starting in December, project oblasts began reporting their contraceptive consumption and the number of beneficiaries.

In the first half of the year, project staff and local consultants developed an electronic tool to help oblasts and rayons manage and report on the USAID-donated contraceptives. In April, OFPC representatives were invited to a national meeting to discuss LMIS implementation to date, future needs and to review a draft of the proposed web-based database for reporting on contraceptive use. Participants were introduced to the web-based reporting system "live," so they could explore the on-line tool and provide comments while using it. They also had a chance to provide feedback for a couple of weeks after the training. Subsequently, the web-reporting system was revised in light of participants' suggestions and a second round of 22 LMIS workshops—this time for oblast- and rayon-level staff and centered on the web-based LMIS—was conducted for 529 participants. Between workshops on the paper-based LMIS and the web-based system, a total of 125 one-day trainings were conducted for 2,796 providers in all 15 partner oblasts (see Table 3.) By the end of the project year, the LMIS was being implemented in all TfH pilot oblasts and, while the reaction at the national meeting had been somewhat skeptical, due to the very limited computer skills of many OHD representatives, now that it is being used, oblasts and rayons find it user-friendly, recognize its value and appreciate the time it saves.

As can be seen from Table 4 on page 22, TfH partner oblasts reported distributing over 312,000 cycles of Microgynon (a combined oral contraceptive), 27,571 IUDs and 11,721 vials of injectable contraceptives (DMPA) during the year. Relative to the total quantities donated by USAID, this amounts to 17.5% of the almost 1.8 million cycles of Microgynon donated, 9.6% of the IUDs and 20.3% of the DMPA. (Since TfH works with the OHDs to facilitate their cooperation with HIV/AIDS Alliance to distribute free condoms for HIV/AIDS and STI prevention, the quantities of condoms reported here represents the condoms provided by facilities which are also involved in contraceptive distribution.) With the LMIS still in its early stages, it would be premature to estimate at this stage how long the remaining supplies are likely to last.

The donated contraceptives were given free of charge to the four priority populations designated in SPRHN. Low-income persons were the primary beneficiaries, with 175,799 receiving free contraceptives, but 77,083 young people aged 18-20 also benefitted, as well as 30,677 women with "extragenital pathologies" and 9,073 people living with HIV.

Table 4: Distribution of USAID-Donated Contraceptives and Number of Beneficiaries, Project Year 6

	Distributed to Clients				Number of Beneficiaries			
Oblast	**Microgynon**	**IUDs**	**DMPA**	**Condoms**	**Low-inc.**	**Youth 18-20**	**EGP**	**HIV+**
AR Crimea	29,052	3,992	1,141	370,753	12,906	4,547	3,370	398
Cherkasy	10,073	1,253	382	96,695	8,128	4,701	1,039	130
Dnipropetrovsk	34,697	3,447	1,447	469,262	21,119	14,811	1,840	1,888
Donetsk	36,873	2,399	1,338	32,243	39,585	2,517	2,033	448
Ivano-Frankivsk	13,289	1,659	513	58,776	5,105	1,870	860	1
Kharkiv	22,390	1,871	822	567,731	11,913	5,678	2,795	214
Khmelnytsky	21,854	1,891	662	348,660	10,324	3,305	2,858	60
Lviv	19,571	1,382	567	227,871	12,271	7,322	2,506	82
Odessa	23,161	2,595	902	346,119	9,423	12,350	4,370	1,114
Poltava	19,202	1,091	723	640,087	9,138	11,701	3,900	2,914
Rivne	6,836	1,170	295	1,200	3,141	700	541	10
Sevastopol	3,605	267	323	95,124	3,597	804	235	755
Vinnytsya	24,532	1,465	682	441,711	12,565	1,851	1,615	215
Volyn	31,149	2,125	1,146	153,418	11,393	2,187	1,595	95
Zaporizhya	16,029	964	778	220,010	5,191	2,739	1,120	749
Total	**312,313**	**27,571**	**11,721**	**4,069,660**	**175,799**	**77,083**	**30,677**	**9,073**

Work with USAID/DELIVER staff and local counterparts to develop and implement a contraceptive procurement training program

TfH worked with USAID to request technical assistance from the USAID/DELIVER project in identifying procurement training needs for Ukraine and developing and implementing a procurement training program for key staff at the national and oblast levels. DELIVER consultant, Todd Dickens, visited Ukraine at the end of March and one of his key recommendations was to prepare technical procurement guidelines and RH supply requirements, and seek approval for these from the MOH so as to have standardized specifications for use around the country, before embarking on procurement training. So TfH worked with DMIH and the MOH's Ukrainian Institute of Strategic Research to draft these technical procurement guidelines, with an emphasis on gaps identified during meetings with procurement experts at the central and local levels in knowledge of contraceptive procurement procedures. The resulting draft manual includes an overview of Ukrainian procurement regulations; best international practices on contraceptive procurement based on materials provided by the consultant (with practical examples developed by TfH, including project recommendations used by the MOH during development of SPRHN and oblast RH programs); the RH product supply process; development of technical specifications; calculation of desired procurement quantities (drawing on SPRHN experience for concrete examples); and other topics. The draft still requires some fine-tuning before submission to the MOH for approval.

Meetings were also held with the Institute of Advanced Training at Kyiv National University, MOH and other counterparts to begin outlining a procurement training program appropriate for officials at all levels, from the central level to facility level. By the end of the project year, a three-day training program had been developed and agreed with the Institute of Advanced Training at Kyiv National University, which is certified by the Ministry of the Economy to conduct procurement training, so participants will receive official certificates. The draft requires some final reviews before seeking approval from the MOH.

Partner with selected PSPs in rolling-out evidence-based roundtable discussions in participating oblasts, focused on addressing fears and myths of modern contraceptive methods

TfH uses EBM as an approach to provide up to date, research-based information to health providers to dispel common myths and alleviate their concerns about the safety and effectiveness of modern contraception. After the successful development of EBM roundtables for health workers on combined oral contraceptives and IUDs in AR Crimea in Year 5 in partnership with selected PSPs, this year TfH embarked on a process of rolling out these roundtables in all project oblasts. Three trainings were organized to prepare 37 roundtable speakers—mostly TfH clinical trainers—from all partner oblasts. These speakers were quick to begin conducting roundtables and seminars in their respective oblasts, using the CATs revised in Year 5 as resources. Sixty-five such roundtables were held for 1,330 health professionals in all partner oblasts except Sevastopol City during the year, with 18 of them supported by PSPs Bayer Health Care, Innotech, MSD, Richter-Gedeon and Tespro in Donetsk, Dnipropetrovsk, Kharkiv, Zaporizhya, Vinnytsya and Volyn oblasts. TfH believes that PSP "key opinion leaders" trained earlier in the project also conduct periodic roundtables on contraception, using the CATs, but PSPs do not report to the project on such activities.

To support wider availability and use of progestin-only methods and to respond to requests from a number of health providers, TfH developed CATs and a program for EBM roundtables on this topic. In the winter, the local TfH-trained EBM methodologists finalized the roundtable content, following the format of the program on combined oral contraceptives and IUDs, as well as 21 accompanying CATs addressing clinical questions on progestin-only methods. To ensure accuracy, the CATs were reviewed by US-based TfH consultant, Michael Thomas. The expanded set of CATs was disseminated during EBM roundtables conducted both by previously trained and new roundtable speakers. They were also sent to OHDs, IPOG, NMAPE and elsewhere. Interest in, and demand for, the CATs is growing, with IPOG requesting copies of the new CATs on progestin-only methods and NMAPE printing the CATs in *Women's Health* magazine which reaches practicing physicians.

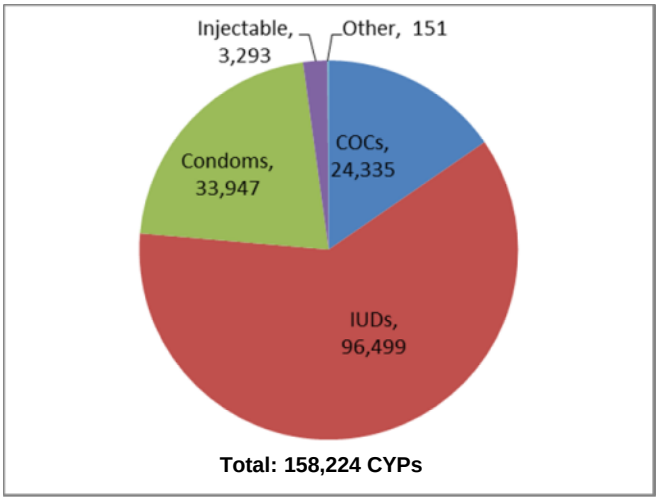
Results on improving contraceptive availability, accessibility and affordability

- As reported in the section on Progress toward the Project Goal (page 5), the number of CYPs grew by 11.7% from 667,600 in 2010 to about 745,900 in 2011—reaching levels similar to those seen prior to 2010, when there was a sharp decline in CYPs. This increase could be due to the availability of USAID-donated contraceptives. All TfH partner oblasts except Zaporizhya saw increases, with Volyn (118.0%), Ivano-Frankivsk (73.3%) and Khmelnysky (64.1%) showing the most marked increases, while Zaporizhya had a 3.8% drop (see Annex 1, Supplementary Table 3.)

CYPs from IUDs and injectables each increased a remarkable 46% over 2010, while CYPs from combined oral contraceptives grew 7.1% and from condoms 7.4%. Emergency contraceptive sales, by contrast, fell, resulting in a 7.5% drop in CYPs from that method.

- CYPs from condoms, which are the project's measure of its work on STIs, increased 7.4% from 2010 to 2011—from 261,600 to 281,000 CYPs. Eleven TfH partner oblasts registered increases in CYPs from condoms, with the largest increases being in Vinnytsya (60.4%), Volyn (45.1%) and Sevastopol City (28.4%.) Four partner oblasts, on the other hand, saw declines. While the drops in Kharkiv and Donetsk were negligible, Zaporizhya had a 23.1% drop and Rivne a 22.1% drop. (see Annex 1, Supplementary Table 3.)

Figure 5: CYPs from Free Contraceptives, by Method, 2011



- CYPs from free contraceptives—both those procured by government partners and those donated by USAID—increased more than six-fold from 24,459 in 2010 to 158,224 in 2011, showing the dramatic impact of the USAID donation. Since 2010 CYPs from free contraceptives were dramatically below those in 2009, it is worth noting that the 2011 CYPs were almost 40% above the 2009 level (113,395 CYPs.) See Figure 5 for a breakdown by method.
- An electronic LMIS was established and the system is functioning as well as can be expected at the oblast and rayon levels in all TfH partner oblasts, supported by a paper-based facility-level reporting system. However, improvements are still needed and will take time. All TfH partner oblasts adopted *prikazes* to support use of the system, indicating a measure of sustainability.

Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health

From the beginning of the project, one of TfH's key strategies for sustainability has been to support the development and implementation of the SPRHN which is the only policy platform for the Government to invest in FP/RH after the project ends. TfH continued the important work of supporting the MOH and partner oblasts in implementing SPRHN effectively, and especially advocating for funding for FP with priority to contraceptive procurement for vulnerable populations. This proved challenging, however, in light of the continuous flux in OHD counterparts and the tough economic situation (see Section V, Constraints), and 2010 and 2011 saw some retrenchment on funding for FP, particularly in the oblasts. The project also supported institutionalization of previous program accomplishments, such as the SPRHN M&E tool and the LMIS, to reinforce the importance of FP as an essential element of the Government's MCH agenda at the national and oblast levels.

Support an MOH/DMIH working group to revise and update FP service delivery guidelines

Events conspired against TfH moving forward on this important activity to institutionalize FP/RH service provision at the primary health care level, to officially establish a leading managerial and methodological role for OFPCs on FP, and to formally adopt the management information system required for collecting and analyzing program and logistics management data.

A prerequisite for convening a working group to develop the guidelines was the adoption of the updated *Prikaz* 503, developed with assistance from TfH and the Maternal and Infant Health Project (MIHP) over several years, and containing up-to-date FP/RH standards. After a year of encouragement, the MOH adopted the new standards in July (*Prikaz* # 417, "On the Organization of Ambulatory Obstetrical and Gynecological Care in Ukraine," dated July 15, 2011.) Thereafter, with little time left to do the work and the Government focused on health reform and the President's Perinatal Initiative, it proved impossible to obtain a *prikaz* establishing a working group to revise the FP service delivery guidelines.

Train MOH/DMIH and OHDs counterparts to institutionalize the electronic M&E tool for SPRHN data collection

In Year 5, TfH worked with MOH counterparts to develop an electronic tool to facilitate monitoring and evaluation of SPRHN implementation nationwide. This year, TfH staff helped the DMIH and State Programs departments in the MOH, as well as representatives of the 15 partner oblasts, to collect program and financial information on SPRHN implementation in 2010. All partner OHDs organized workshops to improve data collection on RH Program implementation in 2010 and TfH staff responded to requests from several OHDs to train local officials to use the tool. At the central level, TfH helped DMIH staff collect, analyze and report information gathered from the oblasts and use it for the SPRHN report to the Cabinet of Ministers. (The data on SPRHN expenditures on page 26 of this report are derived from the M&E tool.) Twenty-four of the 27 administrative units submitted their reports to the MOH using the M&E tool, indicating good progress toward institutionalization. Furthermore, while last year, only a few oblasts asked rayons and cities to use the tool to report on their RH Programs, this year most—if not all—partner oblasts used it. Once the SPRHN report was completed, TfH ensured that the final data were shared with oblasts and most of them greatly appreciated this feedback, presenting the data on their accomplishments to oblast RH Program coordinating committee meetings or arranging other fora to review the data, and often sharing it with rayons, too. They were very interested in comparing their oblast with others and in comparing rayons within their oblast.

Provide training and technical assistance to oblast FP/RH centers in participating AUs to become FP/RH resource centers for clinical service provision and contraceptive security

Over the six years of the project, TfH has been gradually strengthening the role of OFPCs as resource centers for FP/RH. This year, this became an activity in its own right and project staff implemented a number of activities to strengthen the technical and managerial capabilities of OFPC managers and staff to lead and oversee FP/RH service provision in their oblast. Project staff assisted OFPC staff in:

- Coordinating and assisting local clinical trainers to conduct in-service trainings, both those supported by the project and those conducted at the oblast's initiative, and beginning to build the training design skills of the most talented trainers;
- Establishing small libraries with the most important clinical, BCC and policy materials in Ukrainian and Russian;
- Introducing and institutionalizing the contraceptive LMIS to distribute and report on use of USAID-donated contraceptives;
- Advocating for FP funding in general, and contraceptive procurement for vulnerable groups in particular;
- Managing their oblast RH Program and reporting to the MOH using the MOH/TfH M&E tool;
- Strengthening OFPCs' capabilities in service marketing for FP services and supplies;
- Fostering collaboration between OFPC staff and BCC educators to plan and implement BCC activities;

As a result of this assistance, as the project ended, OFPCs had a core group of clinical experts with solid knowledge of modern FP/RH, including talented, experienced trainers, as well as the materials and models necessary to roll out FP throughout their oblast.

Support selected TfH oblasts to manage and implement SPRHN activities on FP/RH

TfH continued to provide technical assistance for oblast RH Program implementation, including facilitating and participating in oblast coordinating committee (OCC) meetings and advocacy roundtables for partner oblasts' RH Programs. TfH encouraged oblasts to use these meetings to advocate for RH Program funding, to review accomplishments to date, plan and coordinate future activities, link oblast and TfH (and other donors') resources to achieve greater impact, and discuss priority FP/RH concerns for the oblast. In some oblasts, there was discussion of the results of TfH-oblast partnerships on strengthening and expanding FP/RH services while at the same time decreasing the abortion rate. A new focus for these meetings in several oblasts was RH Program implementation in light of the new Government initiatives on administrative reorganization and health reform.

Work on two new oblast RH Programs brought disappointing results, despite TfH's best efforts. In AR Crimea, TfH facilitated a roundtable entitled "Technical and Financial Guidelines for Developing Rayon/City FP/RH Programs in the Framework of the SPRHN up to 2015" as part of the process of developing an MCH/RH/FP

"block" to incorporate into the *Health of Crimean Citizens* Program. Representatives from Poltava and Ivano-Frankivsk OHDs presented their experiences developing and implementing oblast FP/RH Programs and Yevpatoria City (AR Crimea) presented the RH Program it developed after TfH's management training in spring 2010. The Program sent to the Cabinet of Ministers of AR Crimea for approval, while solid in many respects, included no funds for FP or contraceptive procurement on the grounds that donors were supporting these activities. However, the Cabinet of Ministers rejected the Program, because of a lack of funds, so it has not gone into effect. In Kharkiv, the Oblast developed a new RH Program after its old Program expired, but its focus is on MCH and not on FP, on the grounds that MCH is the priority at a time when the oblast has limited resources and is investing heavily in preparations for the EURO 2012 football championships. That Program was also not adopted and the oblast allocates funds for MCH through a single line-item in the budget.

The project also assisted the MOH in organizing an SPRHN National Coordination Committee meeting in June. The meeting centered on presentation of the latest MCH/RH/FP data, results of SPRHN implementation in 2010, identification of priorities for 2011 in light of the Government's new health reform agenda, as well as challenges to be addressed in the future. The MOH acknowledged the M&E electronic reporting system developed with TfH that provides information on expenditures versus planned funding for SPRHN at the central and local levels and that produced the information submitted in the annual SPRHN report to the Cabinet of Ministers. The meeting also featured reports on Program implementation from four oblasts that have benefited from technical assistance on Program implementation—Dnipropetrovsk, Lviv, Poltava and Vinnytsya—and who acknowledged the project's contributions.

Three times during the year, the *Verkhovna Rada's* (Parliament) committee on health care planned to hold a public hearing on the SPRHN and TfH worked closely with them, the MOH and selected partner oblasts to prepare for the hearing—but in the end, it was called off on all three occasions.

Support NGOs' and OHDs' advocacy efforts for continued budget funding for FP/RH

An important priority was to continue providing technical assistance to oblasts, the MOH and NGOs in advocating for, and actually mobilizing, SPRHN funding**.** In its collaboration with selected NGOs that champion FP at the local level, this year TfH placed increased emphasis on advocacy for Government support for FP/RH. Throughout the year, project staff encouraged NGO participation in oblast RH Program OCC meetings, where they presented the views of their stakeholders and discussed their strategies and cooperation with the Government. In addition, during FP Week, NGOs organized roundtables with OHD officials to discuss challenges in FP/RH and how to address them. For example, the NGOs *Luybystok* and the *Institute for European Development* in Volyn and *School for Mothers* in Rivne worked with OHD officials in their respective oblasts to organize roundtables and press conferences, including OHD officials, oblast centers for social services for families, children and youth and mass media. The events in both oblasts followed a similar format, presenting information about the FP/RH situation in the oblast, discussing the problems and challenges to be addressed and the roles of partners, and closing with questions from mass media. In both oblasts, roundtable participants concluded that there is insufficient attention and funding for BCC activities for the population, especially for youth, in oblast RH Programs and they decided to lobby for changes in the funding of the Program for the coming year.

In terms of the success of these advocacy efforts, all in all, $403,300 was spent for FP by the central Government and the oblasts under SPRHN in 2010. This is 15% more than the $349,200 spent in 2009 and is due largely to increased spending by the MOH for contraceptive procurement. While this is only 3.6% of total SPRHN expenditures, it accounts for a higher share than in 2009, when only 3.0% were spent for FP.

TfH staff worked with various departments in the MOH in the first quarter of the year, helping them to complete the 2010 contraceptive procurement process, spending the full $165,000 authorized and actually mobilized during the second half of 2010.[‡‡‡] This was an important accomplishment, since it was the first time the MOH managed to spend the full sum allocated for procurement at the central level—compared with 60-70% in prior years. Oblasts, by contrast, managed to spend only 39% of the overall budget allocated for FP in 2010 and 24% of funds authorized for contraceptive procurement (see Table 5 below.) Key reasons for this were limited funds. TfH oblasts did somewhat better than others, spending 42% of authorized funds for FP and about 30% of authorized funds for contraceptive procurement.

[‡‡‡] The sum shown in Table 5 for expenditures for contraceptive procurement is slightly less than the $163,500 authorized because the price obtained in the bidding process was less than anticipated and Ukrainian procurement procedures don't allow use of any remaining funds to increase the quantities procured.

TfH also worked with representatives of the DMIH and the State Programs Department on the MOH's request for 2011 funds for FP/RH under SPRHN. The 2011 budget allocations approved by the Ministry of the Economy in February maintain funds for contraceptive procurement at about the same level as in the past, $163,600, but the procurement is not planned until December. Project staff also worked with partner oblasts and helped to protect FP from drastic cuts. Although authorized funding for 2011 in TfH oblasts is below 2010 levels, it is well over double 2010 actual spending levels (see Table 5.)

Table 5: SPRHN Authorization Levels and Expenditures at the Central and Oblast Levels, 2009 – 2011

		2009		2010		2011
		Authorization	**Expenditures**	**Authorization**	**Expenditures**	**Authorization**
Central Budget	SPRHN Program	$3,015,800	$2,941,400	$4,268,900	$3,274,000	$4,202,200
	Family Planning	$163,500	$104,300	$163,500	$163,000	$163,600
	Contraceptives	$163,500	$104,300	$163,500	$163,000	$163,600
All Oblasts (27)	Oblast RH Programs	$11,686,300	$8,547,900	$7,425,300	$7,992,100*	$10,959,400
	Family Planning	$733,700	$244,900	$617,400	$240,300	$567,000
	Contraceptives	$553,800	$171,600	$447,100	$109,300	$401,200
TfH Oblasts (15)	Oblast RH Programs	$8,048,400	$6,614,600	$5,233,300	$6,217,500*	$6,486,500
	Family Planning	$372,800	$196,500	$380,100	$160,900	$342,100
	Contraceptives	$284,100	$146,400	$313,600	$92,600	$293,000

* Spending for oblast RH Programs exceeded the amounts authorized because additional funds were provided for the President's Perinatal Initiative.

Mobilizing Counterpart Contributions

From the beginning of the project, TfH has encouraged its public and private sector counterparts to invest in FP/RH. In Year 6, the project mobilized an estimated $868,300 in counterpart contributions—more than the $872,200 in Year 5—with approximately $744,100 coming from Government counterparts and about $128,100 from the private sector (see Annex 1, Supplementary Table 19.) The public sector contribution was larger than in Year 5, because of the large volume of training conducted and a great many events conducted at oblast expense. The private sector contribution was down, mostly due to decreased IUD sales in hospitals. Contributions from the public sector include funds for contraceptive procurement; workshops, roundtables and training workshops on FP/RH conducted at oblast expense; mass media time and space; the time of OHD officials, other FP/RH managers, health workers, BCC educators and other government personnel; office space and utilities for offices where TfH oblast staff work; venues for TfH-supported meetings, trainings, BCC events; and other items. Private sector contributions came from reductions in contraceptive prices by two PSPs; mass media time and space in private media; CME and BCC events supported by PSPs; SMD's donation of contraceptive sales data; the time of PSP staff in Kyiv and in the oblasts, and other items.

Results on Policy

TfH's work to increase the capacity and commitment of the public and private sectors to support policies and systems for improved FP/RH has shown some remarkably positive results in the face of a difficult economic situation and a policy environment for FP/RH that is less supportive than in the earlier years of the project. The MOH and partner oblasts not only continued to invest in SPRHN, albeit at very modest levels, but their expenditures actually increased slightly and counterpart contributions to the project from the public sector increased quite significantly. Private sector support, on the other hand, fell relative to Year 5.

- About $403,300 was spent for FP by the central Government and TfH's 15 partner oblasts under SPRHN in 2010--15% more than the $349,200 spent in 2009 (see Table 5.)
- The central Government and TfH partner oblasts continued to allocate funds for contraceptives for vulnerable groups, spending 2% more for this purpose in 2010 than in 2009 ($255,600 v. $250,700) despite the difficult economic conditions. For the first time, the MOH actually managed to mobilize all the authorized funds and procure contraceptives for the four priority populations in the SPRHN in the amount of $163,000, compared with $104,300 in 2009. Counterbalancing this increase, in TfH oblasts, the amount spent actually fell from $196,500 in 2009 to $160,900 in 2010. The authorization level for 2011 in the central budget remains constant, while in TfH oblasts, it is below 2010 levels but well above 2010 expenditures. (See Table 5.)

- The central Government adopted 16 important policy documents related to TfH's work during the year. These include the long-awaited *prikaz* adopting updated FP standards and a letter with methodological recommendations on the LMIS for free contraceptives (see Annex 1, Supplementary Table 18.)
- TfH's public sector partners, including the MOH, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at $744,100–16% more than in Year 5 (see Annex 1, Supplementary Table 19.)
- The project's PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at $128,131—79% of the figure in Year 5 (see Annex 1, Supplementary Table 19.)

IV. Project Management

In order to make maximum use of project funds for program activities and to conduct a successful dissemination meeting, while still having time to close out the project**,** in July, JSI requested a no-cost administrative extension of the project to November 15, 2011, and USAID modified the cooperative agreement accordingly.

TfH had the honor of three official visits from USAID representatives from Washington and Kyiv to observe roll-out of project activities in Bakhchisaray Rayon in AR Crimea, Lviv and Poltava oblasts. Project staff also conducted joint monitoring visits with USAID staff to project sites.

Two TfH staff attended the annual meeting of the American Public Health Association in Denver, Colorado, in November, where they made two presentations: *Innovations Target Improved Access to Family Planning and Evidence-Based Information in Ukraine* and *Building a Sustainable Family Planning Program in a Pronatalist Environment*. Three abstracts from the project were accepted for presentation at the 2011 Global Health Council's annual conference in June in Washington, DC, and JSI headquarters staff made two presentations at the conference: *Expanding Access to Family Planning through Family Doctors in Ukraine* and *Innovative Public-Private Partnership Addresses Barriers to Contraceptive Use in Ukraine*.

TfH management was able to keep staffing remarkably stable, despite the uncertainty about the future of the project. It also hired a Chief Specialist to work in the MOH and assist the DMIH with the contraceptive LMIS and selected other FP/RH tasks (see page 21.) It was also fortunate to identify a volunteer from Chernivtsi, Hanna Usata, who had recently completed a Fulbright scholarship in public administration at Brandeis University in the US and who helped the project review, fine-tune and translate the service marketing materials for use in training OFPCs.

Project Close-Out

During this final project year, Kyiv and home office staff devoted significant time to ensuring effective project close-out, following the close-out plan developed last year (consistent with the cooperative agreement and JSI procedures.) Activities in the oblasts wound down gradually in August and September and the focus shifted to project documentation and preparations for the end-of-project conference and report. Administrative close-out started at the same time and included preparation of a disposition plan for property and submission of the plan to USAID for approval, collection of all supporting documents for procurements and preparation of a template for the donation contracts; the landlord was notified of the forthcoming closure of the project; termination letters to staff were prepared; and almost all outstanding advances were reconciled by October, even though the project will remain open until mid-November. The project's finance and administration advisor from JSI/Boston, Olga Jerard, visited Ukraine in September, primarily to work with MIHP, but she also helped TfH adjust its budget-tracking system in light of the demands of project close-out and verified that close-out procedures were on track. A visit from TfH's Project Coordinator in Boston to finalize the close-out process is planned for November.

The project's Senior Advisor, Chuanpit Chua-Oon visited Ukraine twice. Once in March/April to work with staff on preparations for the end of the project, particularly conceptualization of the end-of-project conference, and again in September/October to help with final conference preparations and project documentation. TfH's former Chief of Party, Asta-Maria Kenney, Senior Adviser in JSI's Washington office, also travelled to Kyiv in September/October to attend the end-of-project conference, to draft the Year 6 Annual Report and M&E Report and to help with final documentation and dissemination activities.

Compliance with USAID Family Planning, Abortion and HIV Requirements

TfH continued following its procedures for monitoring compliance with the USAID FP, abortion and HIV requirements. TfH staff conducted 136 monitoring visits to clinical training courses in all 15 oblasts to verify that trainers support the concepts of voluntarism and informed choice with respect to FP services and that they do not in any way encourage or promote abortion. They also assessed 186 health facilities in all 15 oblasts for compliance with FP and abortion requirements and to verify whether facilities with US-donated contraceptives were giving clients the information required about their use. 134 BCC events and 77 NGO outreach activities were monitored to see that the educators provide information on a broad range of contraceptive methods and do not promote or encourage abortion. No evidence of violations was found.

Environmental Compliance

TfH followed its guidelines for compliance with USAID's environmental provisions, communicating important information to health workers participating in clinical trainings and visiting 186 health facilities in all partner oblasts to monitor compliance with recommended guidelines for storage and disposal of contraceptive supplies. Monitoring focused particularly on facilities with significant numbers of TfH-trained providers, which have a higher potential for distribution of USAID-donated contraceptives, which include IUDs and injectables that require rigorous disposal procedures. No problems were identified.

V. Constraints

This was a challenging year to implement activities in the timeframe set out in the workplan, with activities adversely affected by political changes during much of the year. In the first quarter, changes in MOH and OHD leadership as a result of the Presidential and local elections were still under way, leaving leadership vacuums at the central level and in many oblasts and uncertainty all over the country. Then, in the spring, a new Minister of Health was appointed, leading to further uncertainty and changes at the central level. Adding to these issues, the Government's administrative and health sector reform initiatives and the President's Perinatal Initiative commanded the priority attention of senior officials around the country and created further confusion about the future of the health sector. Another complication was the imposition of an extended quarantine period in the first quarter due to swine flu, which prohibited Government-supported workshops, conferences and meetings and barred almost all travel by Government officials.

All of this led to delays in conducting a significant number of activities, including clinical and policy workshops, the cancellation of many interpersonal education sessions and public events and indefinite postponement of the development of the FP service delivery guidelines.

Annex 1

Together for Health M&E Results

Project Year 6

October 2010 – September 2011

Table of Contents

Highlights of Year 6 Results

Progress toward the Project Goal

- Ministry of Health (MOH) statistics show a 7.9% drop in the *abortion rate* for Ukraine, from 15.1 per 1,000 women of reproductive age (WRA) in in 2009 to 13.9 in 2010; the abortion rate fell in 12 of the 15 TfH partner oblasts[1] (see Supplementary Table 1.)
- MOH data also show a decline in the *abortion ratio*, from 357.0 abortions per 1,000 live births in 2009 to 333.4 in 2010—a 6.6% drop (see Supplementary Table 1.) The abortion ratio fell in 12 of the 15 TfH oblasts.
- MOH service statistics on registered users of IUDs and hormonal methods indicate an increase of 1.8 percent in contraceptive use for Ukraine, from 313.8 per 1,000 WRA in 2009 to 319.4 in 2010 (see Supplementary Table 2.) Ten TfH oblasts saw increases in this measure.

Progress toward Result 1: Improved service provider skills and behaviors related to FP/RH

- The project trained a total of 8,034 people on FP/RH during the year, including 3,386 doctors and midlevel health providers, 112 faculty members in postgraduate medical and pharmaceutical education institutions, 103 Behavior Change Communication (BCC) educators/leaders and 2,756 on the Logistics Management Information System (LMIS); 81.4% of them were women and 18.6% men. (see Supplementary Table 4.a and 4.b.)
- The percentage of health providers with positive attitudes toward the more effective contraceptive methods[2] rose from 61.0% in 2010 to 66.1% in 2011, according to provider surveys conducted in project-assisted health facilities in AR Crimea and Sevastopol City. (See Supplementary Tables 5.)
- Health workers' pre- and post-test scores improved after participating in clinical training, as evidenced by an average pre-test score across all clinical trainings of 59.9% and an average post-test score of 95.2% (see Supplementary Table 8.)

Progress toward Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products

- BCC activities reached a total of almost 13.9 million people in 15 oblasts. Almost 12.4 million were reached through mass media, about 722,200 through large special events, 16,856 through interpersonal communication educational sessions, and about 762,100 through information, education and communication (IEC) materials. (See Supplementary Tables 9 – 14.d)
- The percentage of women (clients) with positive attitudes toward more effective contraceptive methods[3] rose from 30.4% in 2010 to 42.4% in 2011, according to surveys of women leaving project-assisted health facilities in in AR Crimea and Sevastopol City. (See Supplementary Tables 15)

[1] For purposes of this report, the term "oblast" includes the Autonomous Republic of Crimea and the City of Sevastopol.
[2] COCs, POPs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.
[3] COCs, IUDs, injectables, condoms, emergency contraception, patch, vaginal ring, LAM, male and female sterilization.

Progress toward Result 3: Increased availability, accessibility and affordability of contraceptives

- The number of CYPs grew by 11.7% from 667,600 in 2010 to about 745,900 in 2011 (see Supplementary Table 3.) All TfH partner oblasts except Zaporizhya saw increases. CYPs are calculated by the project from private sector contraceptive sales data, government contraceptive procurements and USAID-donated contraceptives.
- CYPs from condom sales and distribution (pharmacy sales, government procurements and USAID-donations) are the project's measure of STI prevention. CYPs from condoms increased 7.4% from 2010 to 2011—from 261,600 to 281,000 CYPs (see Supplementary Table 3.) Eleven TfH partner oblasts registered increases in CYPs from condoms, while four saw declines.
- The cumulative number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services—increased from 2,475 in Year 5 to 3,637 in Year 6, as a result of TfH's efforts to expand the provision of FP/RH services beyond ob-gyns. (See Indicator Matrix, Result 3.) This is in addition to improving services in health facilities where FP/RH was already being provided.

Progress toward Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health

- The central Government adopted eight important policy documents related to TfH's work during the year, including the long-awaited *prikaz* updating FP standards (formerly *Prikaz* 503, now *Prikaz* 417) and methodological recommendations for the LMIS. Partner oblasts adopted eight *prikazes* important to BCC activities (see Annex 1, Supplementary Table 18;)
- TfH's public sector partners, including the MOH, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at $744,100 (see Supplementary Table 19;)
- The project's PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at almost $128,100 (see Supplementary Table 19.)

Notes on Data in this Report

Time Periods

The time periods covered by the data in this report vary. The time period covered by each data source is as follows:

- **Ministry of Health (MOH) statistics**: Calendar years;
- **SMD contraceptive sales** data and **Couple-Years of Protection (CYPs)** based on that data: years running from August 1 to July 31 (e.g. 2011 = August 1, 2010 to July 31, 2011;)
- **TfH project activities**: Project Year 6 (i.e. October 1, 2010 – September 30, 2011.)
- **TfH surveys/assessments** (Client Exit Questionnaires (CEQ) and Provider Knowledge, Attitudes and Practices Questionnaires (PKAP)): See Table A below for timing of the assessments in AR Crimea and Sevastopol City.

Ministry of Health Statistics

MOH abortion statistics are well-known to be underestimated because they do not take into account abortions performed by private providers or under ministries other than the MOH (ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences). In an effort to address this concern, the MOH began collecting data from all the sources mentioned above, starting for 2008. While the total numbers are closer to reality than in the past, they are still thought to be underestimates.

For purposes of comparability with past years, TfH has used abortion data for MOH health facilities only for project indicators. For completeness; however, total abortion data are also referenced.

MOH statistics on contraceptive use cover only registered users of IUDs and hormonals (mostly oral contraceptives) in certain public sector health facilities. Since large numbers of women using contraception do not go to these public facilities, and others are protected by methods other than hormonal contraceptives and IUDs, this figure is thought to significantly underestimate actual users. Moreover, the numbers reflect doctors' formal or informal prescriptions and, in most cases, not actual provision of a method.

Despite some problems, MOH statistics are useful for monitoring trends in contraceptive use, since they are available on an annual basis and by oblast. The data are for calendar years.

Simplified Methodology for TfH Assessments

In Project Year 6, TfH completed the analysis of the results of baseline and follow-up assessments in AR Crimea and Sevastopol City. Two tables in this document present data from these assessments, so a simplified methodology is presented below. A more detailed methodology can be found in the project report, *Baseline and Endline Assessment Report: AR Crimea and Sevastopol City* (October 2011.) The timeframe for the assessments is shown in Table A below.

Table A: Timing of Data Collection for the Baseline and Endline Assessments in AR Crimea & Sevastopol City

	AR Crimea & Sevastopol City
Baseline	February 2010
Endline	March 2011

TfH used a simplified version of the assessments conducted in prior years in seven other partner oblasts. The AR Crimea and Sevastopol assessments included only two instruments: Client Exit Questionnaires (CEQ) and Provider Knowledge, Attitudes and Practices Questionnaires (PKAP.) The facility and pharmacy assessments were not included due to the short period for project interventions between the baseline and endline surveys and the limited time for data analysis before the end of the project. Table B below shows the total number of respondents/facilities in the baseline and endline assessments in AR Crimea and Sevastopol:

Table B: Sample Sizes for Project Baseline and Endline Assessments in AR Crimea & Sevastopol City

	2010	2011
Providers interviewed (PKAP)	151	127
Clients interviewed (CEQ)	534	470

The sampling frame for the endline assessment in 2011 was based on the list of health facilities that have TfH-trained health providers. This list was produced from the database containing records of all TfH-trained health providers in these administrative units. It includes republican hospitals, central rayon hospitals, rayon polyclinics, rayon maternities, rayon women's consultations, city hospitals, city maternities, city FP centers and city women's consultations. Smaller facilities such as feldsher-midwife points (FAPs), ambulatories and family doctors' offices were excluded because they have very few FP/RH clients. The facilities were stratified by location (urban/rural) and type of facility (inpatient/outpatient) and 22 facilities in AR Crimea and 10 in Sevastopol City were randomly selected using Probability Proportion to Size methodology**.**

Data collection included completion of the self-administered PKAP questionnaire by at least two providers; and then the self-administered CEQ by at least 15 eligible FP/RH clients at each facility during a three-day period. Eligibility criteria for clients were: (a) reproductive age (15-49); (b) not planning or trying to get pregnant; (c) not having had a hysterectomy; and (d) not being seen for infertility problems.

Contraceptive Sales Data and Couple-Years of Protection (CYPs)

Data about contraceptive sales in pharmacies are donated to the project by SMD, a market research company specializing in pharmaceutical sales data. When calculating CYPs, in addition to data on contraceptive sales, TfH includes data about contraceptives procured by the MOH and oblast partners and distribution of USAID-donated commodities. These data cover one-year periods running from August 1 to July 31. Thus:

2006 = August 1, 2005, to July 31, 2006
2007 = August 1, 2006, to July 31, 2007
2008 = August 1, 2007, to July 31, 2008
2009 = August 1, 2008, to July 31, 2009
2010 = August 1, 2009, to July 31, 2010
2011 = August 1, 2010, to July 31, 2011

These data are used to calculate CYPs for the same time periods, using the following conversion factors:

Oral Contraceptives (OCs)	13
IUDs	3.5
Condoms	120
Spermicides	120
Injectable	4
Patch	13
NuvaRing	13
Emergency Contraception (EC)	20

Together for Health Indicator Matrix (October 2005 – September 2011)

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
USAID Strategic Objective 5: Improved Social Conditions and Health Status **USAID Intermediate Result 5.1: Changed behaviors and systems to improve health**							
Project Goal: Reduce the number of abortions and unintended pregnancies and incidence of sexually transmitted infections by improved provision of and access to quality RH/FP services through the public and private sectors.							
Baseline	**Project Year 1/FY 2006**	**Project Year 2/FY 2007**	**Project Year 3/FY 2008**	**Project Year 4/FY 2009**	**Project Year 5/FY 2010**	**Project Year 6/FY 2011**	**Comments:**
Abortion rate (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 women aged 15-49 *Source:* MOH statistics				
Calendar Year 2005: **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5 Dnipropetrovsk - 22.6 Odessa - 26.4 Poltava - 21.5 Vinnytsya - 22.2 Volyn - 17.8 Cherkasy - 14.4 Donetsk - 22.2 Ivano-Frankivsk - 9.2 Khmelnytsky - 13.8 Rivne - 10.0 Zaporizhya - 21.5	*Calendar Year 2005:* **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5	*Calendar Year 2006:* **Ukraine - 18.6** Kharkiv - 12.8 Lviv - 13.3 Dnipropetrovsk - 21.3 Odessa - 25.4 Poltava - 20.0 Vinnytsya - 20.4 Volyn - 16.3	*Calendar Year 2007:* **Ukraine - 17.2** Kharkiv - 10.8 Lviv - 11.2 Dnipropetrovsk - 19.4 Odessa - 24.9 Poltava - 20.5 Vinnytsya - 18.4 Volyn - 15.5 Cherkasy - 12.5 Donetsk - 18.8 Ivano-Frankivsk - 8.4 Khmelnytsky - 13.9 Rivne - 10.2 Zaporizhya - 18.2	*Calendar Year 2008:* **Ukraine – 16.6** Kharkiv – 10.3 Lviv – 11.2 Dnipropetrovsk – 18.8 Odessa – 23.5 Poltava – 20.8 Vinnytsya – 19.2 Volyn – 15.4 Cherkasy – 11.2 Donetsk – 18.3 Ivano-Frankivsk – 7.8 Khmelnytsky – 13.2 Rivne – 10.2 Zaporizhya – 16.4 AR Crimea – 18.4 Sevastopol City – 21.8	*Calendar Year 2009:* **Ukraine – 15.1** Kharkiv – 9.2 Lviv – 10.7 Dnipropetrovsk – 17.5 Odessa – 17.1 Poltava – 28.4 Vinnytsya – 19.0 Volyn – 14.1 Cherkasy – 11.5 Donetsk – 17.6 Ivano-Frankivsk – 7.7 Khmelnytsky – 12.1 Rivne – 7.7 Zaporizhya – 14.6 AR Crimea – 17.5 Sevastopol City – 23.3	*Calendar Year 2010:* **Ukraine – 13.9** Kharkiv – 9.3 Lviv – 9.9 Dnipropetrovsk – 15.9 Odessa – 14.3 Poltava – 15.2 Vinnytsya – 17.5 Volyn – 13.2 Cherkasy – 11.7 Donetsk – 16.2 Ivano-Frankivsk – 7.7 Khmelnytsky – 11.7 Rivne – 6.5 Zaporizhya – 13.2 AR Crimea – 16.3 Sevastopol City – 20.5	Data reported here are based on MOH facilities only
Abortion ratio (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 live births *Source:* MOH statistics				
Calendar Year 2005: **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9 Dnipropetrovsk - 723.2 Odessa - 712.1 Poltava - 737.1 Vinnytsya - 641.1	*Calendar Year 2005:* **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9	*Calendar Year 2006:* **Ukraine - 503.0** Kharkiv - 419.2 Lviv - 329.8 Dnipropetrovsk - 595.1 Odessa - 637.8 Poltava - 572.1	*Calendar Year 2007:* **Ukraine - 448.0** Kharkiv - 332.8 Lviv - 274.1 Dnipropetrovsk - 523.1 Odessa - 579.6 Poltava - 598.0 Vinnytsya - 461.9	*Calendar Year 2008:* **Ukraine – 399.6** Kharkiv - 292.8 Lviv - 261.1 Dnipropetrovsk - 461.4 Odessa - 515.3 Poltava - 549.3 Vinnytsya - 450.3	*Calendar Year 2009:* **Ukraine – 357.0** Kharkiv - 257.2 Lviv - 239.8 Dnipropetrovsk - 425.9 Odessa - 366.8 Poltava - 477.0 Vinnytsya - 435.5 Volyn - 240.8	*Calendar Year 2010:* **Ukraine – 333.4** Kharkiv - 263.7 Lviv - 231.0 Dnipropetrovsk - 397.0 Odessa - 308.8 Poltava - 400.6 Vinnytsya - 408.6 Volyn - 230.0	Data reported here are based on MOH facilities only

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
Volyn - 379.7 Cherkasy - 475.5 Donetsk - 766.0 Ivano-Frankivsk - 226.0 Khmelnytsky - 407.1 Rivne - 226.7 Zaporizhya - 648.4		Vinnytsya - 527.5 Volyn - 314.4	Volyn - 293.9 Cherkasy - 357.6 Donetsk - 551.9 Ivano-Frankivsk - 186.7 Khmelnytsky - 344.8 Rivne - 197.3 Zaporizhya - 495.5	Volyn - 266.4 Cherkasy – 303.9 Donetsk - 487.2 Ivano-Frankivsk - 166.8 Khmelnytsky - 305.1 Rivne - 181.8 Zaporizhya - 418.8 AR Crimea – 399.6 Sevastopol City – 521.4	Cherkasy – 302.3 Donetsk - 465.9 Ivano-Frankivsk - 159.4 Khmelnytsky - 275.2 Rivne - 130.9 Zaporizhya - 375.3 AR Crimea – 379.1 Sevastopol City – 532.4	Cherkasy – 310.7 Donetsk - 442.1 Ivano-Frankivsk - 167.2 Khmelnytsky - 266.7 Rivne - 112.3 Zaporizhya - 333.6 AR Crimea – 353.3 Sevastopol City – 472.4	
Registered IUD and hormonal contraception rate (for Ukraine & TfH oblasts)			*Definition:* Number of women 15-49 registered as users of IUDs or hormonal contraceptives per 1,000 women 15-49 *Source:* MOH statistics				
Calendar Year 2005: **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4 Dnipropetrovsk - 251.4 Odessa - 330.6 Poltava - 297.7 Vinnytsya - 305.1 Volyn - 270.7 Cherkasy - 176.1 Donetsk - 341.6 Ivano-Frankivsk - 328.4 Khmelnytsky - 400.1 Rivne - 265.7 Zaporizhya - 387.1	*Calendar Year 2005:* **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4	*Calendar Year 2006:* **Ukraine - 297.2** Kharkiv - 328.0 Lviv - 282.7 Dnipropetrovsk - 268.5 Odessa - 335.2 Poltava - 295.3 Vinnytsya - 303.9 Volyn - 249.5	*Calendar Year 2007:* **Ukraine – 302.5** Kharkiv – 362.0 Lviv – 279.8 Dnipropetrovsk – 280.5 Odessa – 341.6 Poltava – 296.7 Vinnytsya – 301.7 Volyn – 229.0 Cherkasy – 182.2 Donetsk – 353.2 Ivano-Frankivsk – 387.1 Khmelnytsky – 390.9 Rivne – 253.9 Zaporizhya – 383.5	*Calendar Year 2008:* **Ukraine - 308.4** Kharkiv - 355.4 Lviv - 286.7 Dnipropetrovsk - 308.1 Odessa - 331.4 Poltava - 302.0 Vinnytsya - 284.8 Volyn - 234.3 Cherkasy - 196.2 Donetsk - 366.3 Ivano-Frankivsk – 369.1 Khmelnytsky - 400.3 Rivne - 248.6 Zaporizhya - 394.1	*Calendar Year 2009:* **Ukraine - 313.8** Kharkiv - 368.5 Lviv - 306.5 Dnipropetrovsk - 311.7 Odessa - 339.2 Poltava - 285.8 Vinnytsya - 289.2 Volyn - 225.9 Cherkasy - 224.3 Donetsk - 362.3 Ivano-Frankivsk – 399.2 Khmelnytsky - 367.8 Rivne - 227.5 Zaporizhya - 390.3 AR Crimea – 227.9 Sevastopol City - 220.1	*Calendar Year 2010:* **Ukraine - 319.4** Kharkiv - 376.2 Lviv - 315.5 Dnipropetrovsk - 303.7 Odessa - 355.5 Poltava - 306.6 Vinnytsya - 280.1 Volyn - 228.2 Cherkasy - 195.3 Donetsk - 361.7 Ivano-Frankivsk – 401.0 Khmelnytsky - 425.3 Rivne - 211.7 Zaporizhya - 398.3 AR Crimea – 233.0 Sevastopol City - 245.3	
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations				
August 2004 – July 2005 **Ukraine - 155,377**	*August 2005– July 2006* **Ukraine - 224,360**	*August 2006 – July 2007* **Ukraine - 263,568**	*August 2007– July 2008* **Ukraine - 305,384** 7 Oblasts–131,023	*August 2008– July 2009* **Ukraine – 322,078**	*August 2009– July 2010* **Ukraine – 261,584**	*August 2010– July 2011* **Ukraine – 280,986** 15 TfH Oblasts – 187,018	See Supple-mentary

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
Kharkiv &Lviv – 22,445	Kharkiv&Lviv – 38,317	Kharkiv&Lviv – 46,204		13 TfH Oblasts – 193,484	15 TfH Oblasts – 172,525		Table 3 for details by oblast
Result 1: Improved service provider skills and behaviors related to FP/RH							
Number of people trained on FP/RH during the year with USG funds, disaggregated by type of participant			*Definition:* N/A *Source:* TfH training data **(Includes ALL clinical and pharmacy trainers, health providers, pharmacists, BCC educators, health care managers and opinion leaders)**				
0	**Total: 51** Kharkiv - 2 Lviv - 3 Dnipropetrovsk - 3 Odessa - 1 Vinnytsa - 1 Donetsk – 4 Zaporizhya – 1 Ivano-Frankisk - 1 Kyiv, other - 35	**Total: 2,974** Kharkiv - 1,267 Lviv - 1,005 Dnipropetrovsk - 126 Odessa - 0 Poltava - 201 Vinnytsa - 144 Volyn - 124 Kyiv, other - 107	**Total - 3,147** Kharkiv - 597 Lviv - 496 Dnipropetrovsk - 462 Odessa - 292 Poltava - 445 Vinnytsya - 452 Volyn - 397 Kyiv, other – 6	**Total – 2,520** Kharkiv – 187 Lviv – 143 Dnipropetrovsk – 102 Odessa – 88 Poltava – 158 Vinnytsya – 123 Volyn – 143 Cherkasy – 204 Donetsk – 194 Ivano-Frankivsk – 262 Khmelnytsky – 211 Rivne – 209 Zaporizhya – 271 Kyiv, other – 225	**Total – 3,840** Kharkiv – 135 Lviv – 149 Dnipropetrovsk – 107 Odessa – 100 Poltava – 106 Vinnytsya – 139 Volyn – 137 Cherkasy – 210 Donetsk – 285 Ivano-Frankivsk – 249 Khmelnytsky – 234 Rivne – 295 Zaporizhya – 286 AR Crimea – 1,227 Sevastopol City -152 Kyiv, other – 29	**Total – 8,034** Kharkiv – 461 Lviv – 475 Dnipropetrovsk – 546 Odessa – 229 Poltava – 611 Vinnytsya – 719 Volyn – 607 Cherkasy – 387 Donetsk – 456 Ivano-Frankivsk – 454 Khmelnytsky – 760 Rivne – 636 Zaporizhya – 405 AR Crimea – 878 Sevastopol City -148 Kyiv, other – 262	See Supplementary Table 4.a for further detail
Percent (%) of FP/RH providers with positive attitudes to more effective contraceptive methods			*Definition:* "Positive attitude" means that the provider rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera, POPs. *Source:* TfH assessments (Provider Knowledge, Attitudes and Practices)				
N/A	N/A	N/A	*Baseline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn:* **59%**	*Endline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn:* **71%**	*Baseline in AR Crimea and Sevastopol City* **61%**	*Endline in AR Crimea and Sevastopol City* **66%**	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
Average pre- and post-test scores of trained health providers (by TfH oblast, %)			*Definition:* N/A *Source:* TfH training data				
N/A	N/A	**Total – 59/91** Kharkiv - 48/87 Lviv - 56/89 Dnipropetrovsk – 59/90 Poltava – 68/98 Vinnytsya – 73/93 Volyn – 68/99	**Total – 56/93** Kharkiv – 54/91 Lviv – 57/95 Dnipropetrovsk – 60/89 Poltava – 59/92 Vinnytsya – 49/98 Volyn – 53/95 Odessa – 59/91	**Total – 58/93** Kharkiv – 67/89 Lviv – 51/95 Dnipropetrovsk – 57/85 Odessa – 60/96 Poltava – 54/92 Vinnytsya – 48/98 Volyn – 51/95 Cherkasy – 64/96 Donetsk – 60/92 Ivano-Frankivsk – 53/83 Khmelnytsky – 57/96 Rivne – 53/97 Zaporizhya – 68/92	**Total – 58/91** Kharkiv – 61/90 Lviv – 60/91 Dnipropetrovsk – 63/92 Odessa – 55/93 Poltava – 56/94 Vinnytsya – 48/98 Volyn – 51/95 Cherkasy – 57/94 Donetsk – 57/95 Ivano-Frankivsk – 60/93 Khmelnytsky – 59/99 Rivne – 56/98 Zaporizhya – 65/89 AR Crimea – 57/85 Sevastopol City – 67/84	**Total – 60/95** Kharkiv – 66/90 Lviv – 52/91 Dnipropetrovsk – 67/92 Odessa – 62/96 Poltava – 57/94 Vinnytsya – 55/98 Volyn – 58/97 Cherkasy – 58/93 Donetsk – 64/97 Ivano-Frankivsk – 58/95 Khmelnytsky – 59/100 Rivne – 62/97 Zaporizhya – 66/90 AR Crimea – 57/99 Sevastopol – 67/97	
Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products							
Number of people reached by BCC			*Definition:* Includes people reached through education sessions/interpersonal communications, special events, mass media and IEC materials during the year *Source:* Project documents				
N/A	**55**	**Total 7 TfH oblasts 2,024,397**	**Total 7 TfH oblasts 3,829,974**	**Total 13 TfH oblasts 8,416,213**	**Total 15 TfH oblasts 9,878,043**	**Total 15 TfH oblasts 13,884,328**	
Percent (%) of RH clients with positive attitudes to more effective contraceptive methods			*Definition:* "Positive attitude" means that the client rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera. *Source:* TfH assessments (Client Exit Questionnaire)				
	Baseline in Kharkiv and Lviv: **29%**	*Endline in Kharkiv and Lviv:* **43%**	*Baseline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn* **29%**	*Endline in Dnipropetrovsk, Odessa, Poltava, Vinnytsya, Volyn* **37%**	*Baseline in AR Crimea and Sevastopol City* **30%**	*Endline in AR Crimea and Sevastopol City* **42%**	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
Result 3: Increased availability, accessibility and affordability of contraceptives							
Couple-Years of Protection (CYPs) in USG-supported oblasts (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 41)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations				
August 2004 – July 2005 **Ukraine - 485,655** Kharkiv – 30,874 Lviv – 28,979	*August 2005– July 2006* **Ukraine - 643,836** Kharkiv – 57,731 Lviv – 35,263 *Baseline:* Dnipropetrovsk – 61,251 Odessa – 22,696 Poltava – 39,966 Vinnytsya – 13,392 Volyn – 12,648	*August 2006 – July 2007* **Ukraine - 716,013** Kharkiv – 52,507 Lviv – 37,475 Dnipropetrovsk – 67,030 Odessa – 33,568 Poltava – 44,455 Vinnytsya – 14,128 Volyn – 15,752 *Baseline:* Cherkasy – 22,894 Donetsk – 44,723 Ivano-Frankivsk – 19,45 Khmelnytsky – 16,299 Rivne – 16,502 Zaporizhya – 34,037	*August 2007– July 2008* **Ukraine – 796,889** Kharkiv – 56,205 Lviv – 43,075 Dnipropetrovsk – 85,929 Odessa – 36,518 Poltava – 44,697 Vinnytsya – 18,047 Volyn – 18,790 Cherkasy – 21,173 Donetsk – 43,011 Ivano-Frankivsk – 9,433 Khmelnytsky – 17,977 Rivne – 14,831 Zaporizhya – 29,914	*August 2008– July 2009* **Ukraine – 839,470** Kharkiv – 51,678 Lviv – 29,143 Dnipropetrovsk– 106,236 Odessa – 39,446 Poltava – 30,593 Vinnytsya – 20,296 Volyn – 19,628 Cherkasy – 18,642 Donetsk – 40,706 Ivano-Frankivsk – 13,878 Khmelnytsky – 22,678 Rivne – 14,244 Zaporizhya – 33,991 AR Crimea – 78,801 Sevastopol City – 14,937	*August 2009– July 2010* **Ukraine – 667,557** Kharkiv – 45,515 Lviv – 26,462 Dnipropetrovsk– 62,784 Odessa – 40,076 Poltava – 21,297 Vinnytsya – 19,006 Volyn – 12,041 Cherkasy – 13,595 Donetsk – 59,948 Ivano-Frankivsk – 9,371 Khmelnytsky – 12,238 Rivne – 16,286 Zaporizhya – 27,723 AR Crimea – 50,386 Sevastopol City – 10,193	*August 2010– July 2011* **Ukraine – 745,857** Kharkiv – 46,266 Lviv – 36,686 Dnipropetrovsk– 76,880 Odessa – 50,172 Poltava – 27,610 Vinnytsya – 22,303 Volyn – 26,253 Cherkasy – 18,758 Donetsk – 67,591 Ivano-Frankivsk – 16,244 Khmelnytsky – 20,087 Rivne – 16,571 Zaporizhya – 26,661 AR Crimea – 65,366 Sevastopol City – 12,453	
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations				
August 2004 – July 2005 **Ukraine - 155,377** Kharkiv – 7,833 Lviv – 14,612	*August 2005– July 2006* **Ukraine - 224,360** Kharkiv –	*August 2006 – July 2007* **Ukraine - 263,568** Kharkiv – 25,791	*August 2007– July 2008* **Ukraine - 305,384** Kharkiv – 26,258 Lviv – 22,623	*August 2008– July 2009* **Ukraine – 322,078** Kharkiv – 22,982 Lviv – 14,859	*August 2009– July 2010* **Ukraine – 261,584** Kharkiv – 18,146 Lviv – 12,031	*August 2010– July 2011* **Ukraine – 280,986** Kharkiv – 17,963 Lviv – 13,112	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
	20,036 Lviv – 18,281 *Baseline:* Dnipropetrovsk – 24,095 Odessa – 10,756 Poltava – 12,709 Vinnytsya – 4,224 Volyn – 3,447	Lviv – 20,413 Dnipropetrovsk – 28,182 Odessa – 15,306 Poltava – 15,177 Vinnytsya – 4,605 Volyn – 5,204 *Baseline:* Cherkasy – 6,586 Donetsk – 16,547 Ivano-Frankivsk – 4,553 Khmelnytsky – 3,928 Rivne – 4,850 Zaporizhya – 14,211	Dnipropetrovsk – 37,756 Odessa – 16,622 Poltava – 16,595 Vinnytsya – 5,216 Volyn – 5,953 Cherkasy – 5,982 Donetsk – 16,652 Ivano-Frankivsk – 4,440 Khmelnytsky – 6,504 Rivne – 5,877 Zaporizhya – 14,047	Dnipropetrovsk – 37,259 Odessa – 16,634 Poltava – 15,005 Vinnytsya – 7,348 Volyn – 6,915 Cherkasy – 8,265 Donetsk – 16,910 Ivano-Frankivsk – 8,433 Khmelnytsky – 11,447 Rivne – 8,249 Zaporizhya – 19,178 AR Crimea – 33,488 Sevastopol City – 7,097	Dnipropetrovsk – 25,324 Odessa – 16,365 Poltava – 9,064 Vinnytsya – 4,999 Volyn – 3,866 Cherkasy – 4,700 Donetsk – 22,495 Ivano-Frankivsk – 4,221 Khmelnytsky – 6,288 Rivne – 7,720 Zaporizhya – 14,220 AR Crimea – 19,699 Sevastopol City – 3,388	Dnipropetrovsk – 28,405 Odessa – 17,940 Poltava – 12,028 Vinnytsya – 8,019 Volyn – 5,609 Cherkasy – 5,716 Donetsk – 22,441 Ivano-Frankivsk – 4,339 Khmelnytsky – 6,446 Rivne – 5,950 Zaporizhya – 12,360 AR Crimea – 22,338 Sevastopol City – 4,350	
Cumulative number of new access points for FP/RH services with at least one health provider trained by TfH (TfH oblasts)		*Definition:* These are cumulative numbers. *Source:* Project documents					
0	N/A	**Total - 343** Kharkiv - 139 Lviv - 159 Dnipropetrovsk - 7 Poltava - 19 Vinnytsa - 6 Volyn - 13	**Total – 743** Kharkiv - 196 Lviv – 211 Dnipropetrovsk – 53 Odessa – 20 Poltava – 87 Vinnytsya – 92 Volyn – 79	**Total - 1,155** Kharkiv – 211 Lviv – 234 Dnipropetrovsk – 84 Odessa – 50 Poltava – 122 Vinnytsya – 117 Volyn – 107 Cherkasy – 35 Donetsk – 17 Ivano-Frankivsk – 29 Khmelnytsky – 48 Rivne – 61 Zaporizhya – 40	**Total – 2,475** Kharkiv – 248 Lviv – 277 Dnipropetrovsk – 134 Odessa – 70 Poltava – 205 Vinnytsya –167 Volyn – 142 Cherkasy – 138 Donetsk – 121 Ivano-Frankivsk – 150 Khmelnytsky – 132 Rivne – 163 Zaporizhya – 122 AR Crimea – 382 Sevastopol City - 23	**Total – 3,637** Kharkiv – 322 Lviv – 335 Dnipropetrovsk – 244 Odessa – 144 Poltava – 337 Vinnytsya –239 Volyn – 291 Cherkasy – 205 Donetsk – 204 Ivano-Frankivsk – 198 Khmelnytsky – 209 Rivne – 229 Zaporizhya – 161 AR Crimea – 476 Sevastopol City - 43	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Project Year 5/FY 2010	Project Year 6/FY 2011	Comments:
Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health							
Number of documents adopted by GOU (at national and local levels) that demonstrate commitment to FP/RH.			*Definition:* Includes legal/policy documents as well as FP/RH manuals/curricula/ guidelines/protocols developed/updated and approved by relevant government institution *Source:* Project documents				
0	**2**	**5**	**25**	**16**	**11**	**16**	
Estimated contribution of *public* sector partners (MOH, OHDs, local health facilities, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents				
$0	**$9,934**	**$162,062**	**$560,521**	**$613,815**	**$641,000**	**$744,100**	
Estimated contribution of *private* sector partners (pharmaceutical manufacturers and distributors, SMD, NGOs, mass media, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents				
$0	**$29,398**	**$250,551**	**$428,609**	**$223,487**	**$161,700**	**$128,131**	

Supplementary Tables

Table 1: Abortion Rate and Ratio, Ukraine and TfH Oblasts, 2005 – 2010

	Abortion Rate						Abortion Ratio					
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Ukraine	**19.5**	**18.6**	**17.2**	**16.6**	**15.1**	**13.9**	**586.7**	**503.0**	**448.0**	**399.6**	**357.0**	**333.4**
AR Crimea	23.0	21.2	19.7	18.4	17.5	16.3	690.3	556.7	475.2	404.8	379.1	353.3
Cherkasy	14.4	12.9	12.5	11.2	11.5	11.7	322.5	382.0	357.6	303.9	302.3	310.7
Dnipropetrovsk	22.6	21.3	19.4	18.8	17.5	15.9	723.2	595.1	523.1	461.4	425.9	397.0
Donetsk	22.0	19.8	18.8	18.3	17.6	16.2	766.0	608.3	551.9	487.2	465.9	442.1
Ivano-Frankivsk	9.2	8.5	8.4	7.8	7.7	7.7	227.1	195.2	186.7	166.8	159.4	167.2
Kharkiv	14.2	12.8	10.8	10.3	9.2	9.3	513.2	419.2	332.8	292.8	257.2	263.7
Khmelnytsky	13.8	14.3	13.9	13.2	12.1	11.7	291.0	360.9	344.8	305.1	275.2	266.7
Lviv	13.5	13.3	11.2	11.2	10.7	9.9	354.9	329.8	274.1	261.1	239.8	231.0
Odessa	26.4	25.4	24.9	23.5	17.1	14.3	714.5	637.8	579.6	515.3	366.8	308.8
Poltava	21.5	20.0	20.5	20.8	18.4	15.2	739.0	572.1	598.0	549.3	477.0	400.6
Rivne	10.1	11.5	10.2	10.2	7.7	6.5	227.3	222.1	197.3	181.8	130.9	112.3
Sevastopol City	22.9	20.9	19.6	21.8	23.3	20.5	645.4	550.8	487.9	521.4	532.4	472.4
Vinnytsya	22.2	20.4	18.4	19.2	19.0	17.5	641.1	527.5	461.9	450.3	435.5	408.6
Volyn	17.8	16.3	15.5	15.4	14.1	13.2	379.7	314.4	293.9	266.4	240.8	230.0
Zaporizhya	21.5	21.9	18.2	16.4	14.6	13.2	699.9	624.7	495.5	418.8	375.3	333.6

Source: MOH of Ukraine

N.B. In 2008, the MOH began collecting statistics on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences and the private sector. For purposes of comparison with past years, TfH has included abortion and live births data *for the MOH system only* in the above table. In its statistical report for 2010, the MOH reports the total abortion *rate* for Ukraine (including reported abortions in non-MOH facilities) in 2009 and 2010 as shown below. TfH has calculated the total abortion *ratio* for the two years based on the total number of abortions (including non-MOH facilities) and the total number of births reported by the MOH:

	Abortion Rate			Abortion Ratio		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
Ukraine	18.0	16.3	15.0	432.0	384.2	358.3

Source: Abortion rate: MOH of Ukraine data. Abortion ratio: TfH calculations based on MOH data.

Table 2: Registered IUD and Hormonal Contraception Use Rate (per 1,000 WRA), Ukraine and TfH Oblasts, 2005 – 2010

	Hormonal methods						IUDs						TOTAL					
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Ukraine	**148.6**	**158.8**	**166.3**	**174.3**	**181.9**	**187.1**	**140.9**	**138.4**	**136.2**	**134.1**	**131.9**	**132.3**	**289.5**	**297.2**	**302.5**	**308.4**	**313.8**	**319.4**
AR Crimea	122.1	118.9	122.3	134.5	144.0	152.4	98.8	94.2	88.7	84.6	83.9	80.6	220.9	213.1	211.0	219.1	227.9	233.0
Cherkasy	79.1	79.3	88.6	107.8	139.9	111.6	97.0	95.5	93.6	88.4	84.4	83.7	176.1	174.8	182.2	196.2	224.3	195.3
Dnipropetrovsk	104.8	117.0	126.2	147.0	157.1	153.5	144.7	151.5	154.3	161.2	154.6	150.2	249.4	268.6	280.5	308.1	311.7	303.7
Donetsk	186.2	207.4	209.6	226.6	224.2	224.9	155.4	146.8	143.6	139.7	138.2	136.8	341.6	354.2	353.2	366.3	362.3	361.7
Ivano-Frankivsk	148.0	174.4	187.0	175.1	201.4	205.8	180.4	189.4	200.1	194.0	197.7	195.2	328.4	363.8	387.1	369.1	399.2	401.0
Kharkiv	166.3	181.3	205.6	202.7	216.5	221.6	144.2	146.6	156.4	152.7	152.0	154.6	310.5	328.0	362.0	355.4	368.5	376.2
Khmelnytsky	203.0	199.2	212.5	211.6	201.1	239.1	197.9	194.0	178.4	188.8	166.7	186.2	400.9	393.2	390.9	400.3	367.8	425.3
Lviv	190.6	199.3	196.1	198.7	213.8	215.0	81.8	83.4	83.7	88.1	92.7	100.5	272.4	282.7	279.8	286.7	306.5	315.5
Odessa	148.4	156.3	168.5	171.0	184.4	197.1	182.2	178.9	173.1	160.4	154.8	158.4	330.6	335.2	341.6	331.4	339.2	355.5
Poltava	125.5	128.1	132.9	136.7	130.5	150.5	172.2	167.3	163.8	165.3	155.3	156.1	297.7	295.3	296.7	302.0	285.8	306.6
Rivne	126.7	135.7	131.9	133.0	125.7	118.2	139.1	133.6	122.0	115.6	101.7	93.5	265.7	269.3	253.9	248.6	227.5	211.7
Sevastopol City	84.5	89.9	109.2	116.4	128.2	149.6	81.4	81.8	85.8	89.3	91.9	95.7	165.9	171.7	195.0	205.7	220.1	245.3
Vinnytsya	153.4	161.0	164.4	158.0	165.7	156.8	151.7	142.9	137.3	126.9	123.5	123.3	305.1	303.9	301.7	284.8	289.2	280.1
Volyn	116.0	119.2	121.7	130.3	134.2	129.6	154.7	130.3	107.3	104.1	91.7	98.6	270.7	249.4	229.0	234.3	225.9	228.2
Zaporizhya	213.5	209.7	210.3	218.9	217.3	223.8	173.7	174.2	173.2	175.2	173.0	174.5	387.1	383.9	383.5	394.1	390.3	398.3

Source: MOH of Ukraine

Table 3: Couple-Years of Protection (CYPs), Ukraine & TfH Oblasts, by Method, 2005 - 2011

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs	2011 CYPs
Ukraine							
COCs	140,359	179,832	190,346	206,038	216,279	196,577	210,464
POP (Exluton)	620	430	438	617	742	665	641
IUDs	108,626	132,598	146,969	172,022	195,776	117,891	172,179
Condoms	155,377	224,360	263,568	305,384	322,078	261,584	280,986
Spermicides	54,743	71,884	75,805	72,502	68,045	60,516	51,481
Injectable	2,728	3,560	3,264	4,635	3,842	4,399	6,409
Patch	24	434	797	1,923	1,989	1,398	841
NuvaRing	0	535	1,573	2,473	2,904	2,402	2,387
EC (Postinor)	23,178	30,202	33,253	31,296	27,816	22,126	20,470
Total CYPs	**485,655**	**643,836**	**716,013**	**796,889**	**839,470**	**667,557**	**745,857**
Kharkiv							
COCs	7,818	9,771	9,230	10,640	11,251	11,377	11,105
POP (Exluton)	28	26	19	24	139	85	27
IUDs	9,198	19,145	9,034	11,634	10,448	10,140	12,534
Condoms	7,833	20,036	25,791	26,258	22,982	18,146	17,963
Spermicides	4,030	6,139	5,890	4,791	4,550	3,926	2,796
Injectable	279	166	44	89	52	149	461
Patch	5	62	74	543	314	132	67
NuvaRing	0	15	27	57	77	104	108
EC (Postinor)	1,683	2,371	2,399	2,169	1,865	1,457	1,205
Total CYPs	**30,874**	**57,731**	**52,507**	**56,205**	**51,678**	**45,515**	**46,266**
Lviv							
COCs	5,301	6,177	6,670	5,821	5,238	4,805	6,946
POP (Exluton)	18	3	12	16	5	3	2
IUDs	5,072	6,146	5,530	10,546	5,817	6,825	13,647
Condoms	14,612	18,281	20,413	22,623	14,859	12,031	13,112
Spermicides	2,482	2,875	2,777	2,202	1,783	1,636	1,700
Injectable	102	158	147	211	122	153	274
Patch	1	15	8	24	33	25	12
NuvaRing	0	19	104	49	65	54	40
EC (Postinor)	1,392	1,588	1,814	1,583	1,220	930	952
Total CYPs	**28,979**	**35,263**	**37,475**	**43,075**	**29,143**	**26,462**	**36,686**
Dnipropetrovsk							
COCs	6,513	17,210	17,952	19,402	21,741	17,382	19,731
POP (Exluton)	12	23	31	57	108	86	93
IUDs	9,989	9,170	8,810	17,042	17,819	12,026	20,874
Condoms	13,144	24,095	28,182	37,756	37,259	25,324	28,405
Spermicides	2,974	7,379	7,813	7,407	25,467	5,315	4,891
Injectable	96	301	301	373	414	272	648
Patch	2	139	194	294	356	275	164
NuvaRing	0	84	271	372	421	336	361
EC (Postinor)	976	2,850	3,477	3,227	2,651	1,769	1,714
Total CYPs	**33,706**	**61,251**	**67,030**	**85,929**	**106,236**	**62,784**	**76,880**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs	2011 CYPs
Odessa							
COCs	4,511	5,054	7,776	11,332	13,820	12,394	11,982
POP (Exluton)	13	9	12	38	37	47	92
IUDs	2,121	2,898	5,992	2,926	1,649	4,176	14,277
Condoms	13,882	10,756	15,306	16,622	16,634	16,365	17,940
Spermicides	2,461	2,754	2,830	3,349	4,542	4,837	4,052
Injectable	69	150	114	89	92	120	297
Patch	2	26	76	170	288	325	55
NuvaRing	0	33	105	179	251	299	171
EC (Postinor)	1,092	1,015	1,357	1,813	2,134	1,513	1,307
Total CYPs	**24,152**	**22,696**	**33,568**	**36,518**	**39,446**	**40,076**	**50,172**
Poltava							
COCs	5,768	9,718	10,955	8,866	6,913	6,991	6,617
POP (Exluton)	4	18	12	16	11	10	3
IUDs	8,271	11,855	11,743	14,791	5,562	2,443	6,409
Condoms	8,294	12,709	15,177	16,595	15,005	9,064	12,028
Spermicides	2,324	4,167	4,933	3,280	2,318	2,175	1,787
Injectable	28	341	165	143	33	35	188
Patch	0	0	9	53	99	24	29
NuvaRing	0	0	4	4	11	25	25
EC (Postinor)	695	1,157	1,459	949	643	530	525
Total CYPs	**25,383**	**39,966**	**44,455**	**44,697**	**30,593**	**21,297**	**27,610**
Vinnytsya							
COCs	3,503	4,737	4,647	5,595	5,484	4,869	6,358
POP (Exluton)	18	9	10	20	5	10	8
IUDs	2,695	1,600	1,964	3,843	4,568	6,797	6,034
Condoms	3,683	4,224	4,605	5,216	7,348	4,999	8,019
Spermicides	1,723	2,159	2,182	2,404	2,167	1,713	1,203
Injectable	24	49	13	180	93	120	251
Patch	0	0	5	59	75	28	3
NuvaRing	0	3	12	52	96	65	40
EC (Postinor)	473	610	690	679	461	405	388
Total CYPs	**12,118**	**13,392**	**14,128**	**18,047**	**20,296**	**19,006**	**22,303**
Volyn							
COCs	3,355	4,484	4,583	4,674	3,677	4,469	6,483
POP (Exluton)	7	15	9	20	14	11	8
IUDs	2,790	2,202	3,206	5,481	7,350	1,880	12,100
Condoms	3,314	3,447	5,204	5,953	6,915	3,866	5,609
Spermicides	1,248	1,544	1,675	1,538	1,018	1,010	963
Injectable	69	152	107	147	87	214	457
Patch	0	0	0	0	0	1	0
NuvaRing	0	0	0	0	0	0	2
EC (Postinor)	782	805	968	977	568	591	631
Total CYPs	**11,566**	**12,648**	**15,752**	**18,790**	**19,628**	**12,041**	**26,253**
Cherkasy							
COCs	3,716	5,690	6,781	5,969	4,908	4,784	4,979
POP (Exluton)	11	6	3	1	5	4	2
IUDs	2,727	3,042	5,079	5,173	2,366	1,141	5,649

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs	2011 CYPs
Condoms	4,282	5,385	6,586	5,982	8,265	4,700	5,716
Spermicides	1,805	2,833	3,312	3,030	2,312	2,248	1,658
Injectable	40	33	31	28	26	72	110
Patch	0	0	0	13	14	8	2
NuvaRing	0	0	16	21	27	17	19
EC (Postinor)	643	1,029	1,085	955	718	619	623
Total CYPs	**13,223**	**18,018**	**22,894**	**21,173**	**18,642**	**13,595**	**18,758**
Donetsk							
COCs	15,036	18,221	15,603	13,927	13,897	21,953	24,916
POP (Exluton)	67	52	42	89	61	92	116
IUDs	3,203	6,192	5,950	6,370	4,494	7,025	12,226
Condoms	10,635	16,591	16,547	16,652	16,910	22,495	22,441
Spermicides	4,704	5,212	4,532	4,064	3,531	5,579	4,992
Injectable	206	203	85	118	194	544	852
Patch	9	37	62	83	78	83	64
NuvaRing	0	14	4	79	100	174	150
EC (Postinor)	1,836	2,016	1,898	1,627	1,442	2,004	1,835
Total CYPs	**35,696**	**48,538**	**44,723**	**43,011**	**40,706**	**59,948**	**67,591**
Ivano-Frankivsk							
COCs	3,518	4,401	3,349	2,181	2,058	2,497	3,586
POP (Exluton)	14	0	1	2	0	5	1
IUDs	8,358	5,397	9,741	1,442	2,037	1,064	6,703
Condoms	7,300	6,796	4,553	4,440	8,433	4,221	4,339
Spermicides	1,328	1,557	1,051	764	730	835	763
Injectable	121	34	72	136	128	271	363
Patch	0	1	4	9	6	4	2
NuvaRing	0	1	1	2	2	18	24
EC (Postinor)	792	912	684	457	483	455	464
Total CYPs	**21,431**	**19,099**	**19,454**	**9,433**	**13,878**	**9,371**	**16,244**
Khmelnytsky							
COCs	4,638	3,761	4,084	3,686	3,735	2,790	4,161
POP (Exluton)	0	0	0	2	0	1	0
IUDs	1,456	956	6,531	6,052	5,856	2,020	8,418
Condoms	2,105	2,009	3,928	6,504	11,447	6,288	6,446
Spermicides	997	910	1,185	1,112	1,091	754	580
Injectable	83	28	17	28	26	34	189
Patch	0	0	1	3	3	1	1
NuvaRing	0	0	0	4	7	9	9
EC (Postinor)	456	376	553	587	514	342	283
Total CYPs	**9,733**	**8,039**	**16,299**	**17,977**	**22,678**	**12,238**	**20,087**
Rivne							
COCs	2,958	2,733	2,726	2,999	2,762	3,352	3,366
POP (Exluton)	4	0	0	0	0	1	2
IUDs	2,842	4,309	6,545	3,080	1,460	2,653	5,296
Condoms	2,385	4,341	4,850	5,877	8,249	7,720	5,950
Spermicides	1,409	1,443	1,591	1,927	1,236	1,698	1,249
Injectable	40	22	17	47	20	284	171
Patch	0	0	0	0	0	0	0

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs	2010 CYPs	2011 CYPs
NuvaRing	0	0	0	0	0	5	7
EC (Postinor)	556	729	773	901	517	574	531
Total CYPs	**10,195**	**13,577**	**16,502**	**14,831**	**14,244**	**16,286**	**16,571**
Zaporizhya							
COCs	5,678	6,726	11,207	8,525	8,446	7,911	6,957
POP (Exluton)	15	0	6	24	28	26	9
IUDs	2,160	3,031	3,024	2,608	2,013	1,747	4,568
Condoms	3,495	9,619	14,211	14,047	19,178	14,220	12,360
Spermicides	1,928	2,470	3,635	3,178	2,805	2,614	1,753
Injectable	287	385	198	131	61	34	212
Patch	0	11	36	41	100	62	45
NuvaRing	0	38	122	132	121	102	71
EC (Postinor)	660	918	1,598	1,230	1,239	1,008	687
Total CYPs	**14,222**	**23,197**	**34,037**	**29,914**	**33,991**	**27,723**	**26,661**
AR Crimea							
COCs	0	14,628	16,654	15,281	23,122	15,342	16,740
POP (Exluton)	0	77	81	131	153	155	137
IUDs	0	7,725	8,208	8,348	8,894	7,767	19,772
Condoms	21 426	24,464	26,430	32,006	33,488	19,699	22,338
Spermicides	0	6,053	6,649	6,147	8,092	4,856	3,823
Injectable	0	264	392	836	895	213	579
Patch	0	12	21	94	147	74	41
NuvaRing	0	202	452	806	1,003	417	406
EC (Postinor)	0	2,452	2,802	2,331	3,007	1,864	1,531
Total CYPs	**21 426**	**55,875**	**61,688**	**65,979**	**78,801**	**50,386**	**65,366**
Sevastopol							
COCs	0	2,026	1,375	2,211	3,665	3,622	4,333
POP (Exluton)	0	58	33	60	35	50	67
IUDs	0	322	378	798	1,757	1,491	2,009
Condoms	0	3,967	2,627	4,637	7,097	3,388	4,350
Spermicides	17	996	809	970	1,500	971	947
Injectable	0	6	32	51	41	72	132
Patch	0	0	0	19	39	20	17
NuvaRing	0	5	19	143	262	172	188
EC (Postinor)	0	401	333	468	542	408	410
Total CYPs	**17**	**7,780**	**5,607**	**9,356**	**14,937**	**10,193**	**12,453**

Table 4.a: Number of People Trained on FP/RH in Project Year 6 with USG Funds, TfH Oblasts and Total, by Type of Training

Oblasts	TOTAL	Trainings/Seminars					
		Clinical	BCC Educators /Leaders	Post-graduate*	EBM Roundtables	Policy/ Management**	Other#
AR Crimea	878	368	8	0	254	248	0
Cherkasy	387	268	8	0	17	94	0
Dnipropetrovsk	546	256	7	0	109	174	0
Donetsk	456	232	8	23	71	122	0
Ivano-Frankivsk	454	209	7	0	62	176	0
Kharkiv	461	211	4	27	99	120	0
Khmelnytsky	760	228	5	0	107	420	0
Kyiv	262	0	0	62	0	0	200
Lviv	475	170	7	0	68	230	0
Odessa	229	164	7	0	22	36	0
Poltava	611	338	8	0	61	204	0
Rivne	636	223	7	0	181	225	0
Sevastopol City	148	104	5	0	0	39	0
Vinnytsya	719	218	6	0	92	403	0
Volyn	607	218	8	0	163	218	0
Zaporizhya	405	179	8	0	24	194	0
TOTAL	**8,034**	**3,386**	**103**	**112**	**1,330**	**2,903**	**200**

* *Postgraduate includes faculty from medical and pharmaceutical departments of medical universities, Kyiv includes participants from NMAPE*

** *Policy/Management includes LMIS, OCC meetings, advocacy roundtables*

\# *Other is TfH end-of-project conference*

Table 4.b: Gender Breakdown of People Trained on FP/RH in Project Year 6 with USG Funds, by Oblast

Oblasts	Total	
	Male	Female
AR Crimea	83	528
Cherkasy	63	344
Dnipropetrovsk	46	456
Donetsk	55	352
Ivano-Frankivsk	85	268
Kharkiv	42	298
Khmelnytsky	130	451
Lviv	33	188
Odessa	114	396
Poltava	86	318
Rivne	13	150
Sevastopol City	143	421
Vinnytsya	110	324
Volyn	44	284
Zaporizhya	107	271
TOTAL (Number & %)	**1,154 (18.6%)**	**5,049 (81.4%)**

** Includes participants in clinical, BCC and LMIS trainings*

Note: *Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 5: Percent (%) of Health Providers Surveyed in AR Crimea and Sevastopol City with Positive Attitudes to More Effective Contraceptive Methods, 2010 and 2011

Methods of contraception	2010 Baseline	2011 Endline
	N = 151	N = 127
Combined oral contraception	99.3	100.0
Condoms (male)	84.8	63.8
IUDs	77.5	83.5
Patch	60.3	70.9
Lactation Amenorrhea Method (LAM)	55.0	63.8
Progestin only pills	65.6	85.0
Vaginal ring	81.5	82.7
Female sterilization	52.3	47.2
Male sterilization	47.7	43.3
Injectables	27.2	59.8
Emergency contraception	20.5	26.8
All more effective methods	**61.0%**	**66.1%**

Note:

- *"Positive attitudes" means that the provider rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable, POPs.*

Table 6.a: Number of Health Providers Trained in Five-Day FP/RH Trainings, by Oblast, Project Years 2-6 and to Date

Oblasts	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	816	327	1,143
Cherkasy	0	0	161	210	221	592
Dnipropetrovsk	35	220	62	70	210	597
Donetsk	0	0	141	226	186	553
Ivano-Frankivsk	0	0	145	225	171	541
Kharkiv	744	281	40	68	166	1,299
Khmelnytsky	0	0	158	210	184	552
Lviv	716	279	41	68	133	1237
Odessa	0	162	78	61	124	425
Poltava	62	235	67	70	296	730
Rivne	0	0	147	203	182	532
Sevastopol City	0	0	0	102	65	167
Vinnytsya	21	220	82	66	180	569
Volyn	58	229	73	71	178	609
Zaporizhya	0	0	163	231	131	525
Total	**1,636**	**1,626**	**1,358**	**2,697**	**2,754**	**10,071**

Table 6.b: Number of Health Providers Trained in Two-Day FP/RH Trainings, by Oblast, Project Year 6 and to Date

Oblasts	Year 6	To Date
AR Crimea	41	41
Cherkasy	47	47
Dnipropetrovsk	46	46
Donetsk	46	46
Ivano-Frankivsk	38	38
Kharkiv	45	45
Khmelnytsky	44	44
Lviv	37	37
Odessa	40	40
Poltava	42	42
Rivne	41	41
Sevastopol City	39	39
Vinnytsya	38	38
Volyn	40	40
Zaporizhya	48	48
Total	**632**	**632**

Table 6.c: Gender Breakdown of Health Providers Trained in FP/RH (five-day and two-day trainings), by Oblast, Project Year 6 and to Date

Oblasts	Year 6		To Date	
	Male	Female	Male	Female
AR Crimea	53	315	108	1,076
Cherkasy	41	225	96	559
Dnipropetrovsk	32	224	72	545
Donetsk	37	195	57	542
Ivano-Frankivsk	55	138	118	445
Kharkiv	25	186	121	1,134
Khmelnytsky	60	168	104	492
Kyiv	0	0	0	15
Lviv	58	112	190	986
Odessa	26	137	46	397
Poltava	99	239	150	574
Rivne	51	172	79	494
Sevastopol City	10	94	15	190
Vinnytsya	65	153	110	460
Volyn	58	160	99	508
Zaporizhya	29	150	83	490
Total	**699 (20.8%)**	**2,668 (79.2%)**	**1,448 (14.0%)**	**8,907 (86.0%)**

Note: *Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 7: Number of Health Providers Trained in FP/RH, by Oblast and Type of Provider, Project Year 6 and to Date

Oblasts	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Year 6									
AR Crimea	107	152	73	21	9	2	0	1	365
Cherkasy	77	82	67	3	32	1		4	266
Dnipropetrovsk	106	80	57	4	1	1	0	0	249
Donetsk	123	58	22	2	6	0	0	1	212
Ivano-Frankivsk	101	69	22	2	2	6	0	7	209
Kharkiv	63	104	16	1	8	1	0	0	193
Khmelnytsky	94	97	14	3	9	0	3	8	228
Lviv	51	94	21	1	0	3	0	0	170
Odessa	59	22	74	3	3	1	1	1	164
Poltava	98	227	3	3	0	0	0	5	336
Rivne	122	52	29	1	4	2	0	3	213
Sevastopol City	51	9	27	2	5	1	0	1	96
Vinnytsya	84	106	21	1	5	0	0	1	218
Volyn	118	49	30	1	2	0	0	7	207
Zaporizhya	58	78	33	4	5	0	0	1	179
Total Year 6	**1,312**	**1,279**	**509**	**52**	**91**	**18**	**4**	**40**	**3,305**
To Date									
AR Crimea	300	236	280	100	182	44	1	38	1,181
Cherkasy	206	115	221	10	63	2	1	13	631
Dnipropetrovsk	299	112	177	13	17	5	2	11	636
Donetsk	249	85	125	8	76	7	1	28	579
Ivano-Frankivsk	227	136	96	17	15	11	5	26	533
Kharkiv	309	275	206	116	343	50	1	26	1,326
Khmelnytsky	207	145	119	41	56	0	4	24	596
Kyiv	19	1	2	2	0	0	2	0	26
Lviv	468	230	292	95	107	25	19	38	1,274
Odessa	201	41	178	14	24	1	1	5	465
Poltava	266	304	97	30	37	1	1	34	770
Rivne	207	80	132	49	53	7	3	32	563
Sevastopol City	96	9	57	3	28	1	0	4	198

Oblasts	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Vinnytsya	201	177	131	13	72	6	0	7	607
Volyn	247	99	151	47	54	7	2	31	638
Zaporizhya	242	129	138	9	34	2	0	46	600
Total to Date	**3,744**	**2,174**	**2,402**	**567**	**1,161**	**169**	**43**	**363**	**10,623**

Note: *The totals in this table may not add to the same number as the total number of people trained because of incomplete reporting, e,g, participants not providing their specialty*

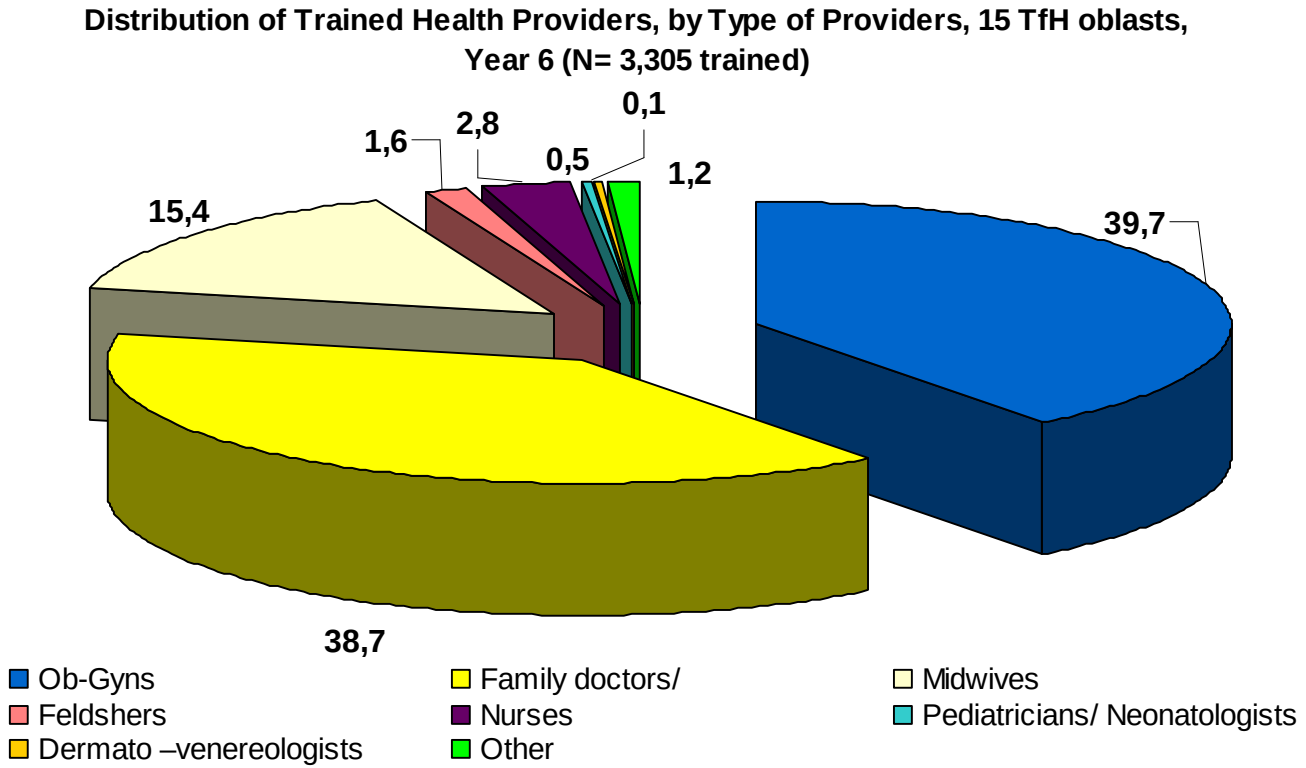


Table 8: Average Pre- and Post-Test Scores of Trained Health Providers, by Oblast, Project Year 6

Oblasts	Pre-test Score (%)	Post-test Score (%)
AR Crimea	56.7	99.4
Cherkasy	57.6	92.6
Dnipropetrovsk	67.1	92.0
Donetsk	64.2	96.7
Ivano-Frankivsk	58.0	95.0
Kharkiv	65.8	90.1
Khmelnytsky	58.5	99.5
Lviv	52.1	90.8
Odessa	62.1	95.5
Poltava	57.3	94.2
Rivne	62.0	97.2
Sevastopol City	66.7	97.1
Vinnytsya	54.6	98.2
Volyn	57.9	97.0
Zaporizhya	66.0	90.1
Total	**59.9**	**95.2**

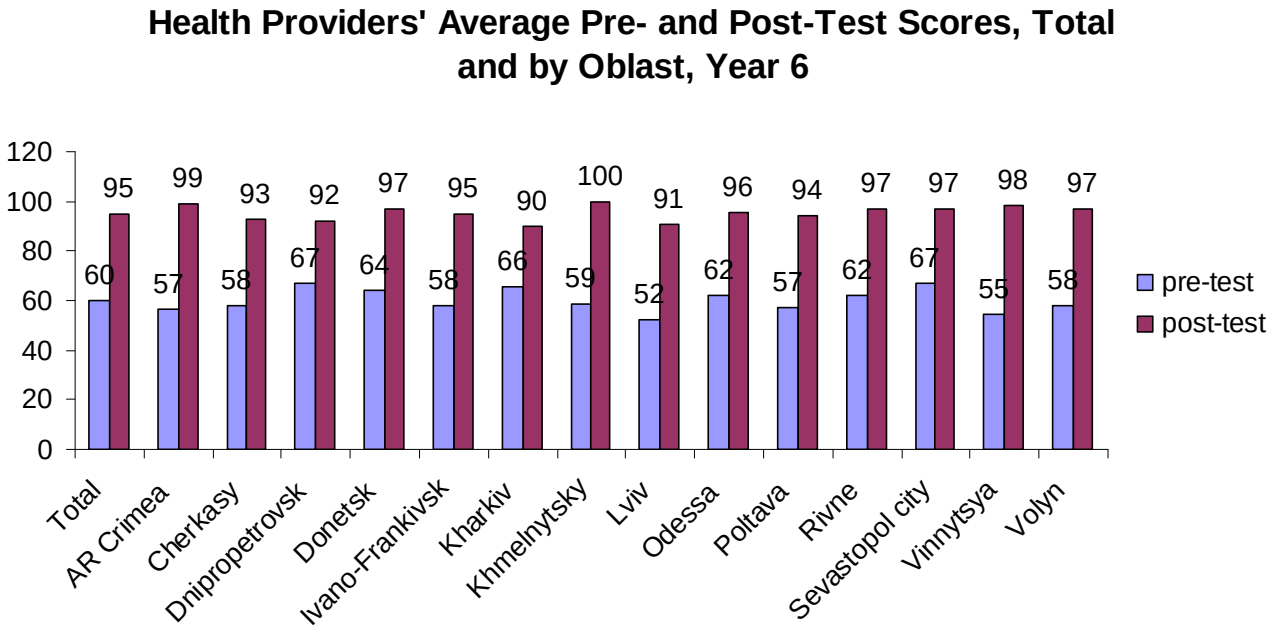


Table 9: Number of People Reached by BCC on FP/RH, Project Year 6, by Oblast and Type of Media

Oblasts	Interpersonal Communication	Special Events	Brochures	Mass Media	Total
AR Crimea	2,985	42,750	138,500	771,400	955,635
Cherkasy	1,127	14,138	16,214	435,000	466,479
Dnipropetrovsk	877	65,796	43,900	1,222,060	1,332,633
Donetsk	575	68,869	79,505	2,044,500	2,193,449
Ivano-Frankivsk	1228	17,215	39,550	414,000	471,993
Kharkiv	661	150,182	81,070	1,850,000	2,081,913
Khmelnytsky	490	209,961	14,626	841,000	1,066,077
Lviv	1,171	16,452	46,870	739,500	803,993
Odessa	1,666	7,515	47,300	469,000	525,481
Poltava	1,289	2,345	44,675	426,300	474,609
Rivne	1,097	18,493	42,949	812,000	874,539
Sevastopol City	1,140	8,536	51,165	109,102	169,943
Vinnytsya	934	32,516	35,246	957,696	1,026,392
Volyn	1,220	19,479	43,305	708,760	772,764
Zaporizhya	396	47,925	37,207	582,900	668,428
Total	**16,856**	**722,172**	**762,082**	**12,383,218**	**13,884,328**

Table 10.a: Number of TfH IEC Brochures Distributed, Project Years 2 – 6 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	87,265	138,500	225,765
Cherkasy	0	0	11,016	14,878	16,214	42,108
Dnipropetrovsk	4,805	16,570	23,920	26,030	43,900	115,225
Donetsk	0	0	12,820	41,953	79,505	134,278
Ivano-Frankivsk	0	0	9,412	30,040	39,550	79,002
Kharkiv	36,945	38,555	32,570	66,889	81,070	256,029
Khmelnytsky	0	0	17,947	34,709	14,626	67,282
Kyiv*	2,765	1,232	0	0	0	3,997
Lviv	17,575	17,640	8,750	36,400	46,870	127,235
Odessa	0	10,990	10,480	22,300	47,300	91,070
Poltava	23,070	16,075	15,210	50,350	44,675	149,380
Rivne	0	0	24,400	41,188	42,949	108,537
Sevastopol City	0	0	0	6,037	51,165	57,202
Vinnytsya	1,180	8,772	21,996	57,612	35,246	124,806
Volyn	5,219	16,652	31,416	46,932	43,305	143,524
Zaporizhya	0	0	16,200	26,625	37,207	80,032
NGOs	1,000	560	0	0	0	1,560
Total	**92,559**	**127,046**	**236,137**	**589,208**	**762,082**	**1,807,032**

***** *Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads*

Table 10.b: Number of TfH Posters distributed, Project Years 2 - 6 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0		45	132	177
Cherkasy	0	0	96	135	100	331
Dnipropetrovsk	212	361	0	70	225	868
Donetsk	0	0	654	1450	695	2,799
Ivano-Frankivsk	0	0	150	570	1,410	2,130
Kharkiv	2,620	1,391	400	700	909	6,020
Khmelnytsky	0	0	448	105	301	854
Kyiv*	599	586	0	0	0	1185
Lviv	2,155	753	360	330	410	4008
Odessa	0	644	451	206	200	1501
Poltava	1,023	857	146	199	275	2500
Rivne	0	0	592	394	172	1158
Sevastopol City	0	0	0	5	44	49
Vinnytsya	144	450	287	390	729	2000
Volyn	366	816	280	144	184	1790
Zaporizhya	0	0	40	97	89	226
Total	**7,119**	**5,858**	**3,904**	**4,840**	**5,875**	**27,596**

***** *Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads*

Table 10.c: Number of TfH Videos Distributed, Project Years 2 - 6 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	52	10	62
Cherkasy	0	0	386	0	15	401
Dnipropetrovsk	4	73	59	0	0	136
Donetsk	0	0	48	57	12	117
Ivano-Frankivsk	0	0	162	0	0	162
Kharkiv	173	38	47	0	20	278
Khmelnytsky	0	0	10	0	5	15
Kyiv*	192	71	0	0	0	263
Lviv	28	0	125	0	20	173
Odessa	0	0	30	300	60	390
Poltava	42	10	30	22	12	116
Rivne	0	0	0	0	25	25
Sevastopol City	0	0	0	8	14	22
Vinnytsya	0	0	0	0	25	25
Volyn	2	10	0	0	16	28
Zaporizhya	0	0	54	0	9	63
Total	**441**	**202**	**951**	**439**	**243**	**2,276**

***** *Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.*

Table 10.d: Number of "FP-friendly" Logos Distributed, Project Years 2 - 6 and to Date, by Oblast

Oblasts	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	280	132	412
Cherkasy	0	0	252	103	635	990
Dnipropetrovsk	158	529	25	250	251	1,213
Donetsk	0	0	239	709	720	1,668
Ivano-Frankivsk	0	0	208	260	550	1,018
Kharkiv	1616	1244	168	420	480	3,928
Khmelnytsky	0	0	48	50	771	869
Kyiv*	348	934	0	0	0	1,282
Lviv	0†	869	140	210	450	1,669
Odessa	0	1110	236	80	260	1,686
Poltava	408	794	111	73	213	1,599
Rivne	0	0	292	306	286	884
Sevastopol City	0	0	0	57	44	101
Vinnytsya	98	860	76	22	703	1,759
Volyn	408	1386	144	144	387	2,469
Zaporizhya	0	0	27	222	235	484
Total	**3,036**	**7,726**	**1,966**	**3,186**	**6,117**	**22,031**

***** *Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.*

† *Did not report quantities of logos distributed*

Table 11.a: Number of BCC Community Educators and Leaders Trained on FP/RH, Project Years 2-6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea†	0	24	0	0	17	8	49
Cherkasy	0	0	0	24	0	8	32
Dnipropetrovsk	0	11	0	0	0	7	18
Donetsk	0	0	0	5	25	8	38
Ivano-Frankivsk	0	0	0	56	0	7	63
Kharkiv	0	23	0	0	0	4	27
Khmelnytsky	0	0	0	31	0	5	36
Kyiv*	15	0	0	0	0	0	15
Lviv	0	31	0	0	0	7	38
Odessa	0	0	10	0	20	7	37
Poltava	0	9	0	30	0	8	47
Rivne	0	0	0	11	21	7	39
Sevastopol City	0	0	0	0	6	5	11
Vinnytsya	0	0	22	0	0	6	28
Volyn	0	0	10	0	0	8	18
Zaporizhya	0	0	0	39	0	8	47
Total	**15**	**98**	**42**	**196**	**89**	**103**	**543**

† *The workshop in Year 2, held in Alushta, included participants from several oblasts.*

***** *The workshop in Kyiv in Year 1 was for the S.W. Railroads.*

Table 11.b: Gender Breakdown of BCC Community Educators and Leaders Trained on FP/RH, by Oblast, Project Year 6 and to Date

Oblasts	Year 6		To Date	
	Male	Female	Male	Female
AR Crimea	1	5	14	33
Cherkasy	1	5	6	24
Dnipropetrovsk	0	6	0	17
Donetsk	0	7	0	32
Ivano-Frankivsk	2	3	15	46
Kharkiv	2	1	3	23
Khmelnytsky	0	4	3	32
Kyiv	0	0	15	0
Lviv	4	1	15	21
Odessa	1	5	6	30
Poltava	0	6	9	36
Rivne	1	4	10	27
Sevastopol City	0	4	0	10
Vinnytsya	1	3	4	22
Volyn	2	4	4	12
Zaporizhya	0	7	10	36
Total	**15 (18.8%)**	**65 (81.2%)**	**114 (22.1%)**	**401 (77.9%)**

Note: *Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name*

Table 12.a: Number of Participants in Educational Sessions on FP/RH, Project Years 1-6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	0	1,639	2,985	4,624
Cherkasy	0	0	0	54	399	1127	1,580
Dnipropetrovsk	0	0	3,909	305	334	877	5,425
Donetsk	0	0	0	0	342	575	917
Ivano-Frankivsk	0	0	0	158	2,009	1228	3,395
Kharkiv	15	2,418	4,387	437	591	661	8,509
Khmelnytsky	0	0	0	4,801	516	490	5,807
Kyiv*	12	2,055	0	0	0	0	2,067
Lviv	0	4,676	2,174	138	2,064	1,171	10,223
Odessa	0	0	0	25	934	1,666	2,625
Poltava	0	0	967	29	424	1,289	2,709
Rivne	0	0	0	38	913	1,097	2,048
Sevastopol City	0	0	0	0	702	1,140	1,842
Vinnytsya	0	20	5,032	1,470	1,114	934	8,570
Volyn	0	0	2,794	1,893	1,200	1,220	7,107
Zaporizhya	0	0	0	159	423	396	978
Total	**27**	**9,169**	**19,263**	**9,507**	**13,604**	**16,856**	**68,426**

** Kyiv includes people reached through the S.W. Railroads.*

Table 12.b: Gender Breakdown of Participants in Educational Sessions on FP/RH, by Oblast, Project Year 6 and to Date

Oblasts	Year 6		To Date	
	Male	Female	Male	Female
AR Crimea	882	2,103	1,286	3,338
Cherkasy	491	636	696	884
Dnipropetrovsk	306	571	1,776	3,649
Donetsk	143	432	247	670
Ivano-Frankivsk	613	615	1,514	1881
Kharkiv	202	459	3,579	4,925
Khmelnytsky	273	217	794	4745
Lviv	492	679	3,641	6,504
Odessa	616	1,050	923	1,677
Poltava	361	928	920	1,703
Rivne	231	866	520	1,507
Sevastopol City	523	617	806	1,036
Vinnytsya	329	605	2,448	6,080
Volyn	420	800	2,043	4,965
Zaporizhya	133	263	384	583
Total	**6,015 (35.7%)**	**10,841 (64.3%)**	**21,577 (32.8%)**	**44,147 (67.2%)**

Note: *Breakdowns by gender may not always add to the same number as the total number of participants in educational sessions because of incomplete reporting, e.g. participants not providing their full name.*

Table 13: Number of BCC Special Events and Approximate Numbers of Participants in these Events, Project Years 2-6 and to Date, by Oblast

Oblasts	Year 2		Year 3		Year 4		Year 5		Year 6		To Date	
	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants
AR Crimea	0	0	0	0	0	0	113	133,636	41	42,750	154	176,386
Cherkasy	0	0	0	0	30	4,437	49	3,953	26	14,138	105	22,528
Dnipropetrovsk	2	234	7	1,890	69	386,583	80	11,755	79	65,796	237	466,258
Donetsk	0	0	0	0	34	7,312	94	16,452	60	68,869	188	92,633
Ivano-Frankivsk	0	0	0	0	24	2,288	54	13,326	15	17,215	93	32,829
Kharkiv	23	23,199	18	46,730	36	28,439	147	75,125	89	150,182	313	323,675
Khmelnytsky	0	0	0	0	131	15,267	36	8,710	19	209,961	186	233,938
Kyiv*	4	850	0	0	0	0	0	0	0	0	4	850
Lviv	6	5,042	9	7,550	19	3,469	76	13,654	27	16,452	137	46,167
Odessa	1	10,000	4	375	33	5,840	37	8,908	16	7,515	91	32,638
Poltava	2	8,000	6	9,030	20	10,245	65	59,140	52	2,345	145	88,760
Rivne	0	0	0	0	41	16,007	84	13,080	54	18,493	179	47,580
Sevastopol City	0	0	0	0			27	2,512	45	8,536	72	11,048
Vinnytsya	4	520	30	5,369	100	57,413	54	21,747	31	32,516	219	117,565
Volyn	0	0	31	24,458	105	37,523	140	19,517	62	19,479	338	100,977
Zaporizhya	0	0	0	0	61	16,869	68	18,406	42	47,925	171	83,200
NGOs	3	8,070	79	5,772	0	0	0	0	0	0	82	13,842
Total	**45**	**55,915**	**184**	**101,174**	**703**	**591,692**	**1,124**	**419,921**	**658**	**722,172**	**2,714**	**1,890,874**

Note: *Special events are mass public actions, often conducted to mark special occasions such as Valentine's Day, AIDS Day, Family Planning Week, etc.*

** Kyiv includes people reached through the S.W. Railroads and national events.*

Table 14.a: Number of Print Articles Distributed, Project Years 1 - 6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	0	30	6	36
Cherkasy	0	0	3	0	0	0	3
Dnipropetrovsk	0	0	30	38	12	3	83
Donetsk	0	0	0	3	1	17	21
Ivano-Frankivsk	0	0	0	6	4	3	13
Kharkiv	0	16	8	4	8	2	38
Khmelnytsky	0	0	0	27	5	16	48
Kyiv*	0	12	7	1	0	0	20
Lviv	1	3	6	1	3	1	15
Odessa	0	0	5	0	1	5	11
Poltava	0	14	18	14	28	12	86
Rivne	0	0	0	13	4	0	17
Sevastopol City	0	0	0	0	2	15	17
Vinnytsya	0	3	20	17	9	40	89
Volyn	0	4	15	14	8	4	45
Zaporizhya	0	0	0	0	2	5	7
Total	**1**	**52**	**112**	**138**	**117**	**129**	**549**

** Kyiv includes distribution through the S.W. Railroads and national press*

Table 14.b: Number of TV Spots/Programs Distributed, Project Years 1 - 6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	0	63	28	91
Cherkasy	0	0	1	2	0	8	11
Dnipropetrovsk	0	0	15	13	266	32	326
Donetsk	0	0	0	8	7	15	30
Ivano-Frankivsk	0	0	0	11	23	61	95
Kharkiv	0	32	43	22	88	93	278
Khmelnytsky	0	0	0	10	0	8	18
Kyiv*	0	2	2	0	0	0	4
Lviv	6	2	3	9	29	50	99
Odessa	0	0	2	1	34	4	41
Poltava	0	6	16	19	79	54	174
Rivne	0	0	1	4	18	5	28
Sevastopol City	0	0	0	0	8	2	10
Vinnytsya	0	1	12	4	25	17	59
Volyn	0	2	12	14	20	25	73
Zaporizhya	0	0	0	11	14	20	45
Total	**6**	**45**	**107**	**128**	**674**	**422**	**1,382**

***Note**: Kyiv includes distribution through the S.W. Railroads and national media*

Table 14.c: Number of Radio Spots/Programs Disseminated, Project Years 1 - 6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	0	24	12	36
Cherkasy	0	0	0	0	0	0	0
Dnipropetrovsk	0	0	3	1	11	73	88
Donetsk	0	0	0	2	0	1	3
Ivano-Frankivsk	0	0	0	2	6	0	8
Kharkiv	0	2	7	1	10	15	35
Khmelnytsky	0	0	0	10	5	5	20
Lviv	4	4	7	4	0	14	33
Odessa	0	0	0	0	0	0	0
Poltava	0	1	4	9	20	7	41
Rivne	0	0	0	1	9	6	16
Sevastopol City	0	0	0	0	4	2	6
Vinnytsya	0	4	16	10	20	36	86
Volyn	0	4	15	13	31	21	84
Zaporizhya	0	0	0	3	3	0	6
Total	**4**	**15**	**52**	**56**	**143**	**192**	**462**

Table 14.d: Number of Internet Articles Disseminated, Project Years 2 - 6 and to Date, by Oblast

Oblasts	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	To Date
AR Crimea	0	0	0	0	28	12	40
Cherkasy	0	0	2	5	0	26	33
Dnipropetrovsk	0	0	1	0	0	1	2
Donetsk	0	0	0	0	0	0	0
Ivano-Frankivsk	0	0	0	1	0	0	1
Kharkiv	0	5	20	3	5	3	36
Khmelnytsky	0	0	0	0	0	0	0
Kyiv*	0	2	0	0	0	0	2
Lviv	1	5	0	0	0	0	6
Odessa	0	0	1	0	0	0	1
Poltava	0	0	1	1	2	0	4
Rivne	0	0	0	1	0	0	1
Sevastopol City	0	0	0	0	9	15	24
Vinnytsya	0	0	0	0	1	33	34
Volyn	0	2	3	2	0	3	10
Zaporizhya	0	0	0	0	0	1	1
Total	**1**	**14**	**28**	**13**	**45**	**94**	**195**

***** *Kyiv includes distribution through the S.W. Railroads*

Table 15: Percent (%) of FP/RH Clients (of all who complete a Client Exit Questionnaire) Surveyed in AR Crimea and Sevastopol City with Positive Attitudes to More Effective Contraceptive Methods, 2010 and 2011

Method	2010 Baseline	2011 Endline
	N=534	N=470
Combined oral contraceptives	57.5	68.3
Intrauterine devices (IUD)	51.3	67.9
Injectables	8.4	26.6
Condoms	73.2	67.4
Female sterilization	15.9	26.2
Male sterilization	15.0	27.7
Emergency Contraception	16.3	20.6
Hormonal patch	15.5	38.5
Vaginal Ring	25.5	44.7
LAM	25.1	36.4
All more effective methods	**30.4%**	**42.4%**

Note:

- *"Positive attitudes" means that the client rated a method as 'good' or 'very good,' taking into consideration safety, side effects, effectiness and price.*
- *More effective methods mean condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, injectable.*

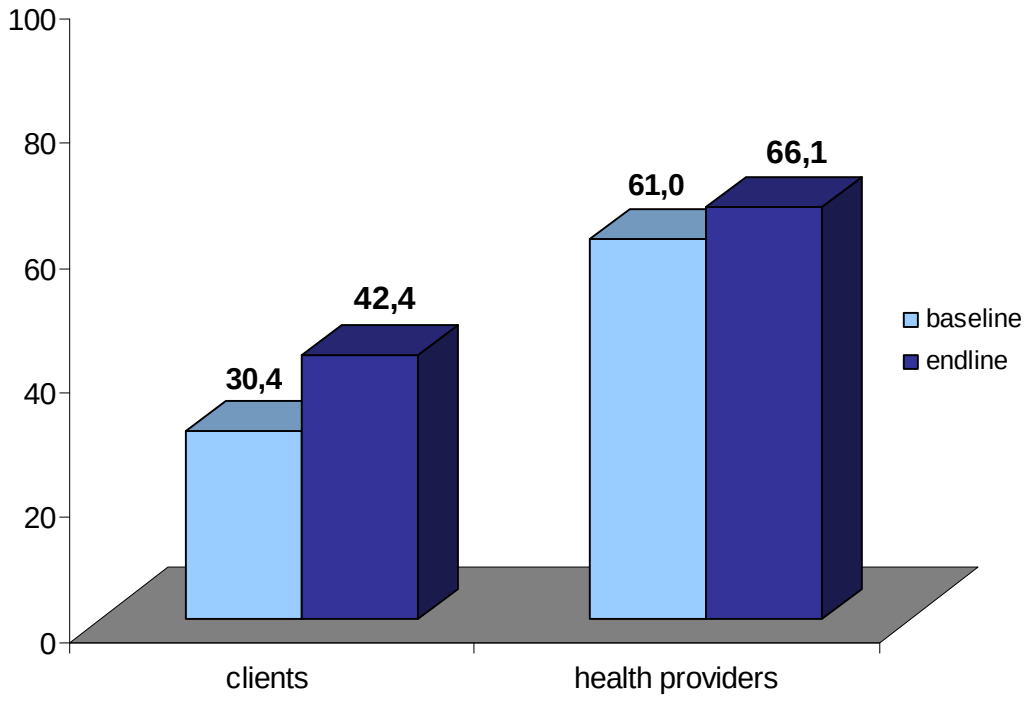


Table 16: Number of Training Courses Conducted on LMIS and Number of Participants, Project Year 6, by Oblast and Gender

Oblast	No. of Courses	No. of Participants		
		Total	Male	Female
AR Crimea	12	237	29	208
Cherkasy	5	135	21	114
Dnipropetrovsk	9	240	14	226
Donetsk	7	168	18	150
Ivano-Frankivsk	7	155	28	127
Kharkiv	8	126	15	111
Khmelnytsky	17	349	70	279
Lviv	8	203	45	158
Odessa	3	52	6	46
Poltava	5	166	15	151
Rivne	8	176	34	142
Sevastopol City	3	55	3	52
Vinnytsya	16	342	77	265
Volyn	9	210	50	160
Zaporizhya	8	142	15	127
TOTAL	**125**	**2,756**	**440**	**2,316**

Table 17: Number of EBM Roundtables and Health Professionals reached through Roundtables, Project Year 6, by Oblast

Oblasts	No. of EBM Roundtables	No. of Participants
AR Crimea	14	254
Cherkasy	1	17
Dnipropetrovsk	6	109
Donetsk	4	71
Ivano-Frankivsk	3	62
Kharkiv	5	99
Khmelnytsky	4	107
Lviv	3	68
Odessa	1	22
Poltava	4	61
Rivne	8	181
Sevastopol City	0	0
Vinnytsya	3	92
Volyn	8	163
Zaporizhya	1	24
Total	**65**	**1,330**

Table 18: Legal/Policy Documents on FP/RH adopted by the Government of Ukraine, Project Year 6

Government Entity	Title of Law/Policy	Number	Date Adopted
MOH	Letter of First Deputy Minister, 'Methodological Recommendations on Development of a Logistics Management Information System for Distribution of Free Contraceptives'	# 04.04.40. 08.1131	October 22, 2010
MOH	Updated FP Manual	N/A	Meeting minutes #11, November 18, 2011
MOH	Comprehensive Care for Unwanted Pregnancy [N.B. The WHO/Swiss Cooperation project took the lead on this prikaz, but TfH participated in the working group.]	*Prikaz* #1177	December 31, 2010
NMAPE Scientific Committee	Didactic Techniques for Teaching RH	N/A	Meeting minutes #2 of February 16, 2011
Ministry of Education and Science, Scientific-Methodological Health Commission	Didactic Techniques for Teaching RH	N/A	Meeting minutes #1 of March 17, 2011
NMAPE	Approval of Collection of Critically Appraised Topics (CATs) on Progestin-only Pills	Unnumbered letter	April 21, 2011
MOH	On Conducting Family Planning and Reproductive Health Week in Ukraine in 2011	*Prikaz* #139	May 4, 2011
MOH	On the Organization of Ambulatory Obstetrical and Gynecological Care in Ukraine	*Prikaz* # 417	July 15, 2011
Oblast Level			
Orders (*Prikazes*) On Conducting FP Month [#]			
Cherkasy OHD	On Conducting FP Month	*Prikaz* # 293	May 5, 2011
Dnipropetrovsk OHD	On Conducting FP Month	*Prikaz* # 389	April 29, 2011
Khmelnytsky OHD	On Conducting FP Month	*Prikaz* # 68	March 25, 2011
Odessa OHD	On Conducting FP Month	*Prikaz* # 552	May 15, 2011
Poltava OHD	On Conducting FP Month	*Prikaz* # 417	May 6, 2011
Rivne OHD	On Conducting FP Month	*Prikaz* # 114	April 30, 2011
Vinnytsya OHD	On Conducting FP Month	*Prikaz* # 395	April 29, 2011
Volyn OHD	On Conducting FP Month	*Prikaz* # 155	May 6, 2011

[#] *The oblast* prikazes *for FP Month are included as policy documents because they go beyond the usual administrative orders for events. They designate a whole month—rather than a week, as instructed in the MOH order—for FP activities and support a complex array of activities aimed at achieving specified SPRHN goals.*

Table 19: Estimated Counterpart Contributions to TfH, Project Year 6, by Oblast, Public and Private Sector Contributions and Total (US Dollars)

Oblast	Total	Public Sector	Private Sector
National/Cross-Cutting Activities	**205,217**	**183,045**	**22,172**
AR Crimea	67,784	55,091	12,693
Cherkasy	31,821	29,706	2,115
Dnipropetrovsk	73,532	63,582	9,951
Donetsk	37,195	33,864	3,330
Ivano-Frankivsk	33,389	21,731	11,658
Kharkiv	46,591	27,739	18,852
Khmelnytsky	31,977	29,793	2,184
Lviv	30,767	20,460	10,306
Odessa	21,516	20,630	886
Poltava	101,010	90,090	10,920
Rivne	31,156	29,896	1,261
Sevastopol City	18,835	16,924	1,911
Vinnytsya	72,911	66,802	6,109
Volyn	43,763	33,913	9,850
Zaporizhya	24,740	20,806	3,934
Total	**872,205**	**744,073**	**128,131**

Note: numbers may not add due to rounding

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