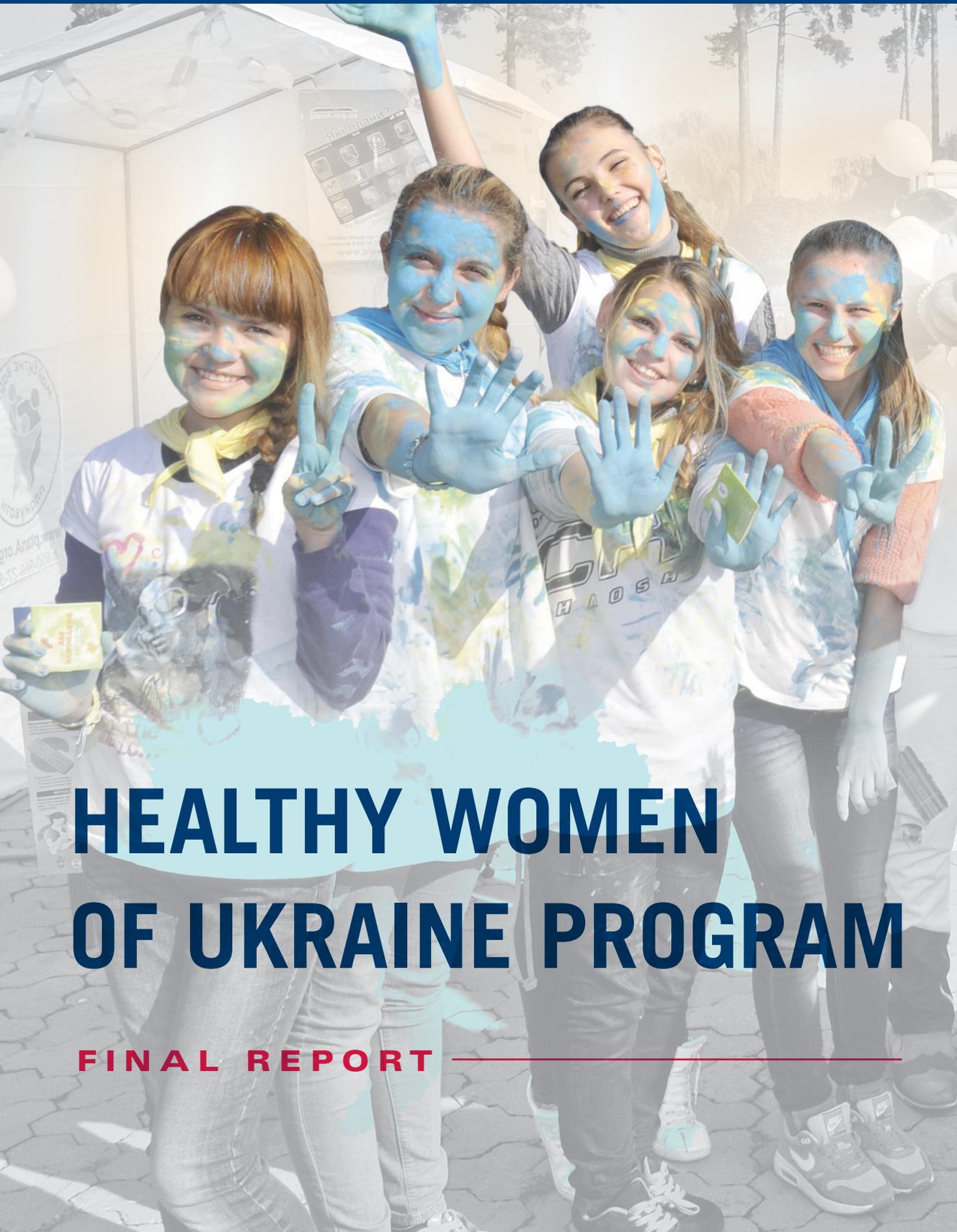




**USAID**  
FROM THE AMERICAN PEOPLE



**ПРОГРАМА „ЗДОРОВ'Я ЖІНОК УКРАЇНИ”  
HEALTHY WOMEN OF UKRAINE PROGRAM**



# HEALTHY WOMEN OF UKRAINE PROGRAM

**FINAL REPORT**

OCTOBER 1, 2011 – SEPTEMBER 30, 2016

America Days in Vinnytsia,  
April 27, 2015



# LETTER FROM THE CHIEF OF PARTY

I am a Ukrainian, an obstetrician/gynecologist with more than 18 years of experience in public health, and a passionate advocate for women's health. I started my professional career in 1998 and throughout the years, I have had the privilege of joining my efforts with a remarkable group of public health champions in Ukraine. From leading the Ukrainian Family Planning Association (the country's biggest all-Ukrainian non-governmental organization working in family planning and reproductive health) to helping lead the USAID-funded Maternal and Infant Health Project and the Healthy Women of Ukraine Program (two programs focused on improving health for Ukrainian women, men, and families) I have both witnessed and contributed to important changes in my country's approach to providing improved health care services to its people.

Tremendous events have taken place in Ukraine since 2002, the year JSI first started implementing activities here. Dramatic changes have occurred in terms of political upheaval, democracy-building, persistent justice concerns, and a wavering economy, all of which culminated in two revolutions – the "Orange Revolution" of 2004 and the "Revolution of Dignity" that took place on Kiev's Maidan Square in 2014. Since then, the country has undergone a devastating Russian invasion, annexation of Crimea, an ongoing conflict in Eastern Ukraine that continues to claim lives, and the internal displacement of more than a million people. Persistent poverty, health inequities, and other societal challenges continue to affect Ukrainian communities, especially those in rural areas of the country. Certainly, the Ukraine of 2002 is not the same Ukraine of 2016. Nevertheless, with a new government in place, an active civil society, and close ties to our European neighbors, things seem hopeful.

Similarly dramatic transformations have occurred in Ukraine's health sector over this period. The health sector has: begun much-needed reforms; embraced an evidence-based approach to medicine; improved the quality of clinical and public health services (for example by transforming the perinatal care and family planning service delivery systems); and raised the awareness of ordinary people about the value of high-quality health services and in so doing, increased people's demand for such services. Ukraine is now on the cusp of scaling-up delivery of improved health services nationwide and improved health outcomes can already be seen in key areas as this report describes.

We at JSI are honored to have played a part in this health sector transformation. Our participation has been supported by USAID and the American people, to whom we express sincere thanks for their continuous financial and technical support and level-headed guidance. We also thank the many visionary leaders inside and outside of the government of Ukraine (especially those within the Ministry of Health and Ministry of Social Policy), as well as our UN agency and other multilateral partners; health providers who worked hand-in-hand with us at all levels; representatives of pre-service and post-graduate medical universities, numerous non-governmental organizations, and the private sector; and most of all the clients who collaborated with us at each step in a joint quest to modernize Ukraine's health services, behaviors, and practices. Achievements made by the Healthy Women of Ukraine Program resulted from years of dedicated, consistent team effort that were based on a shared vision. The results of these efforts speak for themselves.

-Dr. Oleg Kuzmenko, HWUP Chief of Party

# ACRONYMS

|             |   |                   |  |
|-------------|---|-------------------|--|
| <b>BCC</b>  | behavior change communication           | <b>NCS</b>        | national communication strategy                              |
| <b>BHC</b>  | Bayer Health Care                       | <b>NGO</b>        | nongovernmental organization                                 |
| <b>CME</b>  | continuing medical education            | <b>OB/GYN</b>     | obstetrician-gynecologist; obstetrics-gynecology             |
| <b>CPR</b>  | contraceptive prevalence rate           | <b>PP/PA</b>      | postpartum/post-abortion                                     |
| <b>CSO</b>  | civil society organization              | <b>RCS</b>        | regional communication strategy                              |
| <b>FP</b>   | family planning                         | <b>RH</b>         | reproductive health  |
| <b>GOU</b>  | Government of Ukraine                   | <b>SPRHN</b>      | State Program Reproductive Health of the Nation (up to 2015) |
| <b>HWUP</b> | Healthy Women of Ukraine Program        | <b>TfH</b>        | Together for Health project                                  |
| <b>JSI</b>  | JSI Research & Training Institute, Inc. | <b>UNFPA</b>      | United Nations Population Fund                               |
| <b>KMC</b>  | kangaroo mother care                    | <b>USAID</b>      | United States Agency for International Development           |
| <b>LBW</b>  | low birth weight                        | <b>WH&amp;FPF</b> | Women's Health and Family Planning Charitable Foundation     |
| <b>LSA</b>  | life stage approach                     | <b>WHO</b>        | World Health Organization                                    |
| <b>MIHP</b> | Maternal and Infant Health Project      | <b>WRA</b>        | women of reproductive age                                    |
| <b>MOH</b>  | Ministry of Health                      |                   |  |
| <b>MOSP</b> | Ministry of Social Policy               |                   |  |

# INTRODUCTION

This is the final report of the USAID-funded Healthy Women of Ukraine Program (HWUP), a family planning and reproductive health (FP/RH) program implemented from 2011 to 2016 by JSI Research & Training Institute, Inc. (JSI) in partnership with the Women’s Health and Family Planning Charitable Foundation (WH&FPF). This report focuses on how HWUP activities have strengthened the Ukrainian health sector, improved quality and availability of FP/RH services in the country, and increased community adoption of modern FP/RH practices.

This report is more than the summation of a single program’s achievements. Far from a “stand-alone project,” HWUP was the most recent of a long line of USAID-funded health programs implemented in Ukraine by JSI. JSI’s history of bilateral activities began with the Maternal and Infant Health Project (MIHP) (2002–2006), continued through MIHP’s second phase (2006–2012) and simultaneous implementation of HWUP’s predecessor project, Together for Health (TfH, 2005–2011). All four of these projects provided expert support to the Ukrainian Ministry of Health and allied public health partners in a collective effort to improve the strength of the country’s health system and the well-being of its women, men, children, and families.

Part I of this report highlights stories from all of these projects, describing specific achievements made over time and the strategies, techniques, and approaches that underpinned them. Parts II and III focus more specifically on HWUP—its objectives, select initiatives, and key FP/RH-related results. Part IV addresses some of the challenges that Ukraine may face in sustaining current FP/RH and recommends areas that will need future support.





# JSI'S LEGACY IN UKRAINE



*Ob-gyn explaining how to use a selected method of contraception at a Ukrainian FP Center*

# RAISING THE QUALITY OF FP/RH CLINICAL CARE, NOW AND IN THE FUTURE

In 2005, Ukraine's situation vis-à-vis family planning was dire. Abortion was the main way that many women regulated their fertility; consequently, Ukraine had one of the highest abortion rates in the world. Abortions were a significant income source for obstetricians and gynecologists (OB/GYNs), which decreased their incentive to embrace family planning. Adding to this was the persistence of ignorance and misinformation—much of it generated during Soviet times—about modern contraceptives among both medical professionals and the community at large.

Despite barriers, reproductive health surveys consistently showed unmet need for family planning among Ukrainian women. For those bold enough to use contraception, USAID and UNFPA had been providing contraceptives for a number of years and some pharmacies carried high-priced commercial products. Yet modern contraceptive supplies were still inadequate and access remained low, especially in rural areas and among poorer, less-educated segments of society.

TfH and HWUP used a comprehensive approach to improve the quality of FP/RH services provided by health workers. The projects provided in-service training to health providers working in FP centers and cabinets, women's consultations, maternities, gynecological departments, and primary health care centers. This helped, but the core of JSI's approach was something new to the Eastern European region: most efforts were not top-down. JSI circumvented the OB/GYN stranglehold by working with family doctors and nurses (in family doctor ambulatories) in rural areas. All groups of training participants were multidisciplinary (OB/GYNs, family doctors, and mid-level staff [midwives and nurses]), which created stronger links between providers and improved referral systems. JSI introduced a system of continuous medical education (CME) that was adopted by local authorities. For example, oblast health departments began using their own funds or partnering with private companies to organize short trainings, round-tables, and educational sessions by local trainers. HWUP helped oblast authorities roll out a trainee follow-up system to support participant post-training with on-the-job mentoring and refresher activities.

In addition to working with established health workers, HWUP also sought to strengthen FP/RH-related education for medical students and interns. HWUP revised the national curricula for future OB/GYNs and family doctors in all medical universities in Ukraine, secured approval of the curriculum from the Ministry of Health (MOH), and built the capacity of the Family Medicine Training Center at Bohomolets Medical University to deliver the improved courses. These curricula were essential for institutionalizing FP/RH education and giving a new generation of FP/RH providers evidence-based knowledge and counselling skills that were not taught previously at medical universities. By improving the system under which medical students are trained, HWUP has helped ensure a steady supply of well-trained health providers in the future.



*HWUP presents and distributes its materials on FPRH during  
USAID Village in Chernihiv, September 19, 2015*

# USING A NATIONAL COMMUNICATION STRATEGY TO CHANGE PERCEPTIONS OF MODERN CONTRACEPTION

In Ukraine, myths and misconceptions about modern contraception date from the Soviet period and persist among some to this day. To dispel these myths, TfH and HWUP implemented behavior change initiatives to raise people's awareness of the safety and effectiveness of modern contraceptives and to encourage widespread adoption of modern FP/RH practices. Under HWUP, JSI and its partner Women's Health and Family Planning Foundation (WH&FPF) worked with the Ministry of Health, donor agencies, international and local NGOs, medical providers, journalists, the private sector, and others to develop a National Communication Strategy (NCS), which was notable for its comprehensiveness, reliance on joint ownership and resource-sharing, and consolidation of group effort under one national brand, "A Future Worth Planning." Rollout of the NCS would eventually grow to include dissemination of FP/RH information through a dedicated website and national telephone hotline; radio; TV; print media; use of social networks; organization of mass public events and campaigns; creation (in partnership with UNFPA) of the "Grow Healthy" RH/sexual education curriculum for secondary school students; and more. FP/RH messages included facts about modern contraception; the benefits of FP to Ukrainians of reproductive age; people's rights and responsibilities in safeguarding their own health and futures; how to access high-quality FP/RH services; and the importance of building an enabling policy environment for FP/RH. Following the NCS launch, HWUP helped stakeholders develop and rollout regional communication strategies (RCS). Customized to each region's particular needs, available resources, and specific target groups, RCS activities are expected to continue beyond HWUP's end.

# MAKING CHILDBIRTH SAFER AND MORE ENJOYABLE THROUGH EFFECTIVE PERINATAL CARE

It is difficult for those who have not witnessed it to understand the poor conditions women in Ukraine experienced while delivering babies prior to 2002. Except for a few modern hospitals, women delivered in large, damp, freezing maternity rooms, four-to-six women per delivery room, without family support, and with clinical staff generally insensitive to their needs. Pregnant and delivering women were given useless or harmful medications and interventions, sometimes including unnecessary induced labor or Caesarian sections. Newborns were taken from mothers immediately after birth and weighed on cold exam tables, resulting in cases of newborn hypothermia.

In 2002, inspired by JSI's work in Russia (where an initial study tour was organized) and World Health Organization (WHO) standards for evidence-based effective perinatal care (EPC), the MIHP project began introducing EPC in Ukraine. Starting with a small group of influential health professionals, MIHP's first EPC course took place in August 2003. MIHP helped introduce evidence-based and internationally recommended practices such as delivery in private and comfortable delivery rooms; allowing women to choose their position for labor; encouraging family members to be present in the labor and delivery room; reducing use of medications and unnecessary interventions; promoting use of partogram to monitor labor; training health providers in the active management of the third stage of labor and improved newborn care (e.g., skin-to-skin contact for thermo regulation); creating "birth preparation schools" (prenatal education classes); and promoting male involvement in delivery and post-natal care of mothers and newborns.

MIHP I and II worked closely with the Ministry of Health to institutionalize EPC nationwide. MIHP and later JSI-led projects supported revision and updating of national maternal and child health policies, more than 50 clinical guidelines and protocols, and the pre-service educational curriculum for OB/GYNs and neonatologists that is now used by medical universities and academies of postgraduate education nationwide. By the end of MIHP, EPC was institutionalized in more than 180 large maternities in 20 of Ukraine's 27 regions.

Post-EPC introduction research has found reduced morbidity and mortality for delivering mothers and infants, reduced costs for budget-restricted maternities, and overwhelmingly positive client satisfaction. Women now "vote with their feet" by delivering babies at hospitals that offer client-friendly EPC.



*Young visitor having fun with the balloon while her mom takes FPRH quiz at the USAID Village - informational fair during Day of the City, Ternopil, August 28, 2015*



*Ohmatdet Hospital physicians stand proudly in front of a wall displaying photos of children they have saved with kangaroo mother care and other life-saving interventions.*

# HELPING UKRAINE'S NATIONAL CHILDREN'S HOSPITAL GIVE “PREEMIES” THE BEST START POSSIBLE

Walking through the bright, clean, well-organized, and well-equipped newborn care ward of Kyiv's National Children's Hospital OHMATDET in 2016, one would think that doctors and nurses there have always practiced kangaroo mother care (KMC), a high-impact, cost-efficient intervention that has proven effective in saving the lives of premature/low birth-weight (LBW) newborns. KMC— which consists of early and continuous skin-to-skin contact between newborns and their caregivers and support for exclusive breastfeeding—provides many health benefits including helping to regulate a baby's body temperature; facilitating early initiation of and continued breastfeeding; lowering the risks of newborn infection; enhancing newborn brain growth and development; and facilitating baby-caregiver bonding.

The KMC method was first brought to the OHMATDET Hospital in 2010, when it was introduced by the MIHP II project. At the time, 5 percent of all babies in Ukraine were born prematurely and were therefore at risk for serious health problems including hypothermia, breathing difficulties, and difficulty feeding. With USAID, French Embassy in Ukraine, and JSI support, KMC was established at OHMATDET and doctors and nurses were trained on why, how, and when to encourage KMC.

Despite MIHP support lasting for only a year, OHMATDET embraced KMC to the extent that six years later, it is fully institutionalized and providers consider it an integral part of their routine services. OHMATDET staff enthusiastically describe how in the past four years there have been:

- no newborn deaths due to prematurity/LBW, compared to an average of two-three deaths per year prior to KMC adoption.
- zero patient transfers to the neonatal intensive care unit.
- a decreased need for antibiotics in premature/LBW babies compared to pre-KMC adoption years.

Provider belief in KMC efficacy— brought about through MIHP-supported clinical training, supportive follow-up, and health providers' own hands-on experience—has certainly been a major driver in why OHMATDET has been able to sustain its KMC services to date. Another strong factor has been external partnerships that the hospital has arranged, with for example, Ranen'ko, a local private sector company that designs and manufactures goods specifically for LBW and preterm infants. Ranen'ko supports OHMATDET with free health education materials and gives KMC families free baby clothing and supplies in return for increased brand recognition.

# BUILDING THE SKILLS OF LOCAL ORGANIZATIONS TO ADVANCE THE FP/RH AGENDA

When Ukraine was part of the former Soviet Union, the country's civil society organizations (CSOs) were weak. Over the past decade and a half, USAID and JSI have dedicated resources to strengthening Ukrainian CSOs and NGOs, increasing their ability to reach communities with health information and services and advocate for health-related policy change. For example, the TfH and HWUP projects provided small grants to more than 30 local NGOs across the country. Financial resources (often accompanied by technical assistance) enabled local groups to acquire or develop skills and areas of expertise, conduct their organizational missions in an expanded fashion, and collaborate more broadly with other groups of stakeholders.

Two important examples of NGO development under the HWUP project include JSI's partnership with WH&FPF and a group of NGOs working to bring better reproductive health services to women with disabilities. A major focus of WH&FPF, a local organization led by women doctors, is to raise awareness about and advocate for improved family planning and breast and cervical cancer services in Ukraine. Under HWUP, JSI worked with WH&FPF on strengthening the foundation's organizational capacity (governance, financial management, resource mobilization, sustainability, etc.) as well as technical capacity in areas such as behavior change communication, social mobilization, coalition building, and high-level advocacy. Partly as a result of this multi-year collaboration, the WH&FPF was deemed eligible to receive its own independent USAID funding, reflecting the U.S. government's confidence in this local organization. Under this three-year USAID award, WH&FPF will help the MOH develop a new State FP/RH Program for the period beyond 2015, and will help create a coalition of FP/RH-focused NGOs. In addition, by mid-2016, WH&FPF will have taken over management of key components of the National Family Planning Communication Strategy—the FP/RH website and telephone hotline—that were developed under HWUP.

Under HWUP JSI also strengthened local organizations working to increase access to family planning and reproductive health services for women with disabilities. Working in close partnership with international experts and NGO staff, HWUP developed unique training materials to teach health providers to provide better FP/RH services to women in wheelchairs. HWUP and NGOs conducted a series of trainings in HWUP-supported and non-supported regions; the National Assembly of People with Disabilities now rolls out these activities. Today, NGO partners raise public awareness of the health needs of people with disabilities and expect to continue their work in advocating for this cause.



*Disabilities advocates describe how they've built a movement around securing improved FP/RH services for disabled persons in Ukraine.*



# SUMMARY OF HWUP



Implemented by JSI in partnership with WH&FPF, the Healthy Women in Ukraine Program began on October 1, 2011 and ended September 30, 2016. HWUP's goal was to protect the reproductive health of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception to prevent unwanted pregnancy and associated abortion. To achieve this goal, HWUP conducted activities in support of three main objectives, all of which were aligned with the nation's health strategy.

**OBJECTIVE 1:** Enable women and couples to make informed family planning and reproductive health choices.

**OBJECTIVE 2:** Improve service provider knowledge of modern family planning methods and clinical and counseling skills to correct existing misinformation and fear of hormonal methods

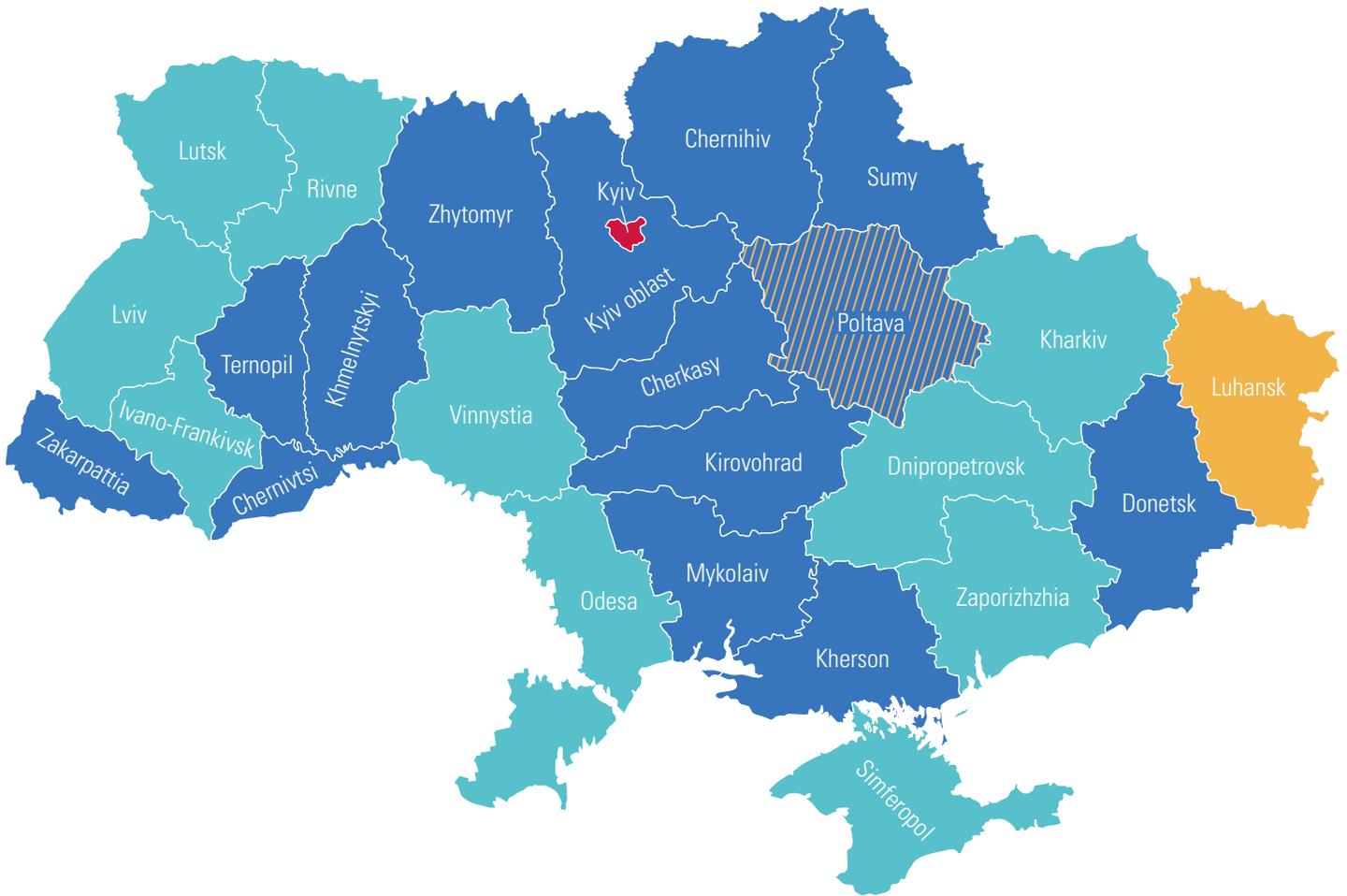
**OBJECTIVE 3:** Promote a national and regional policy environment conducive to family planning and reproductive health

HWUP was a successor project to the USAID-funded Together for Health (TfH) project, which was also implemented by JSI. TfH ran from 2005–2011 in 13 oblasts of Ukraine plus the Autonomous Republic of Crimea and in Sevastopol City. Continuity between TfH and HWUP allowed JSI to work with the Ministry of Health and other partners for a prolonged period of time and to gradually engage all Ukrainian regions in FP/RH activities. USAID designed HWUP taking into account the gains made by TfH and other USAID programs at the time as well as overall health sector trends in Ukraine.

In addition to building on TfH's success in expanding national access to FP/RH services, HWUP broke new ground in its emphasis on: 1) increasing the population's knowledge, acceptance, and adoption of positive FP/RH practices and; 2) supporting civil society's involvement in the national FP/RH discussion. HWUP's design took into account the growing involvement of family doctors and other primary health care providers in delivery of FP services; the importance of the pharmaceutical sector in increasing availability of moderately priced contraceptives; and the power and potential of the media and internet to spread information and influence behaviors.

HWUP served 15 administrative units of Ukraine: Cherkasy, Chernivtsi, Chernihiv, Donetsk, Kherson, Khmel'nitsky, Kirovohrad, Kyiv, Luhansk, Mykolaiv, Sumy, Ternopil, Zakarpattya, Zhytomyr, and Poltava oblasts. In June 2014, HWUP was forced to cease all activities in Luhansk because of the military conflict in eastern Ukraine. Figure 1 shows the geographical coverage of HWUP (and TfH).

**FIGURE 1.** HWUP'S GEOGRAPHICAL COVERAGE



- HWUP oblasts (roll-out)
- Ex-TfH oblast - HWUP oblast (roll-out)
- HWUP oblast with postponed activities
- Ex-TfH oblasts
- Non-HWUP/Non TfH partner





# RESULTS

The following section summarizes HWUP's results according to the types of activities it conducted and the specific health systems strengthening targets it achieved; the health outcomes that were affected by its interventions; and the health impact that it (and its predecessor project) may have influenced over time.

### ACTIVITIES AND HEALTH SYSTEMS STRENGTHENING TARGETS ACHIEVED

In terms of enabling women and couples to make informed family planning and reproductive health choices (objective 1), HWUP undertook a broad range of community-based activities to address the demand side for FP/RH while also directly enhancing and supporting clinical and health systems interventions to address supply-side issues. Major results include:

- Taking a comprehensive approach to develop a National Communication Strategy (NCS). In conjunction with the MOH, Ministry of Social Policy (MOSP), and partners including the United Nations Fund for Population Activities (UNFPA), WHO, International HIV/AIDS Alliance, German International Development Agency, local NGOs, and private sector partners, HWUP helped to develop the NCS and its capstone initiative, the "Future Worth Planning" campaign. Under this common umbrella brand and marketing strategy, health and non-health sector partners created, co-funded, and engaged the public with pro-FP/RH messages and calls to action. In line with the NCS, all HWUP-supported oblasts then adopted regional communication strategies to disseminate messages even further.
- Capitalizing on all available communication channels (including a dedicated website <[www.planA.org.ua](http://www.planA.org.ua)>, a telephone hotline, social media, outdoor marketing, mass media, print media, public service announcements, health fairs, and interpersonal communication), the campaign reached more than 10 million Ukrainians with targeted, evidence-based, user-friendly information about the benefits of FP, the safety and effectiveness of modern contraceptives, and how to access high-quality FP/RH services. Specifically, mass media reached more than 8.5 million people; mass events reached more than 500,000; monthly website traffic nearly tripled over three years; approximately 5,000 people received FP counseling via the hotline; education sessions reached more than 70,000 youth; and HWUP-trained journalists created content for nearly 3,000 print and internet publications, more than 4,070 TV programs, and over 460 radio programs.



*The National Communication Strategy logo, "A Future Worth Planning".*

**“Last year I received FP/RH information from volunteers of the Zhmenya NGO at an informational campaign that HWUP was supporting in Chernigiv Oblast. I really liked the way the information about contraception was presented and distributed. Despite considering myself a modern mother” talking to my son about FP/RH issues is still difficult for me. At the event, I offered my help as a volunteer and offered to organize an information event on FP/RH issues. I will be glad if my work as a volunteer is useful to my son and other boys and girls in my own town.”**

— LIUBOV FROM CHERNIGIV, A VOLUNTEER OF THE ZHMENYA NGO

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- Recruiting and training an army of behavior change communication (BCC) educators from diverse backgrounds and in all partnering oblasts to spread information now and in the future. HWUP trained 140 community educators who reached more than 500,000 women and men of reproductive age, including those who may have had limited access to FP/RH information in the past (youth, people with disabilities, unemployed persons, newly married couples, vocational school students, religious groups, military personnel, and personnel serving at border check-points). BCC educators have been so effective in engaging audiences that they have inspired community members to volunteer their time and join BCC efforts.
  - Building the capacity of 19 NGOs to develop and communicate FP/RH information and lead local FP/RH advocacy efforts. HWUP issued small grants to 18 NGOs and partnered closely with the WH&FPF, in all cases sharing technical, financial, and/or organizational development assistance. These organizations will serve as community FP/RH resources into the future.
  - Bringing much-needed attention to the FP/RH needs of women with disabilities. Beginning in the project’s third year, HWUP provided small grants (and technical assistance) to four NGOs located in Vinnytsya, Lviv, Zhytomyr, and Luhansk oblasts focused on ensuring that women with disabilities have equal access to high-quality FP/RH services. HWUP also awarded a grant to the National Assembly of People with Disabilities to help them support national and regional policy changes. As a result of these efforts, the administration of Vinnytsia Oblast Hospital removed all physical barriers that made it difficult for people in wheelchairs to enter the facility; Zhytomyr City Polyclinic #2 reconstructed its entrance and toilets to make them accessible to people in wheelchairs; the Zhytomyr City administration allocated funds in its 2015 budget to purchase a gynecological examination chair for City Hospital #2 that women in wheelchairs can use; a national conference for government and non-governmental stakeholders developed recommendations for improving access to FP/RH services for women with disabilities and submitted them to the national government; and numerous training and promotional materials that will facilitate future capacity-building and advocacy were developed.

**“I enjoyed the participatory teaching style. It was interesting and exciting to interact with professionals with different experience on the same topics —it is like seeing the problem from different perspectives.”**

— DR. SERGEY, OB/GYN, KHERSON OBLAST

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### **IN TERMS OF IMPROVING FP SERVICE PROVIDERS' KNOWLEDGE OF AND SKILLS IN MODERN FP METHODS TO DISPEL MISINFORMATION AND FEAR OF HORMONAL METHODS (OBJECTIVE 2), HWUP:**

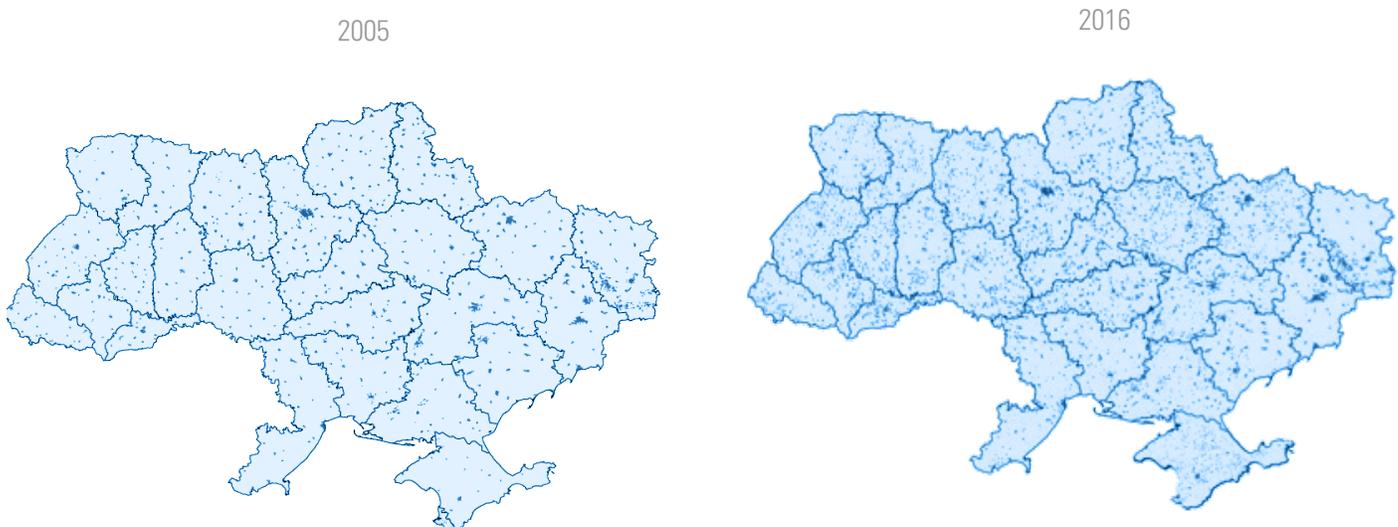
- Rolled out clinical family planning training throughout Ukraine— engaging oblast health departments, family planning centers, and teams of local trainers to organize trainings as much as possible—and expanded training to include cadres who had generally been neglected in the past. HWUP introduced multidisciplinary team training for OB/GYNs, family doctors, and mid-level staff (nurses, midwives) to discuss and solve work-related problems. Multidisciplinary trainings improved teamwork, fostered understanding and communication between cadres of providers, and were well aligned with other on-going health system reforms focused on improving family medicine and primary health care.
- Updating basic FP/RH in-service training materials (reference manuals, curricula, job aids) and postpartum and postabortion (PP/PA) contraception reference manuals, curricula, and job aids, in line with the latest evidence and including HWUP-developed “life stage approach” (LSA), in which providers were trained to offer clients FP choices according to their particular life-stage and FP preferences. Training courses were adapted to be practical (not didactic) and to maximize use of adult learning techniques. Updated materials emphasized quality improvement concepts.
- Building on achievements made by TfH, continuing to increase the number of service delivery points providing quality FP/RH services in supported oblasts, going from 749 delivery sites in 2005 to 5,500 sites in 2016 (figure 2). This tremendous expansion in the number of new FP/RH sites (including primary health care centers, polyclinics, maternity wards, OB/GYN departments, perinatal centers, family planning centers, and women’s consultations) was in addition to improving the quality of services in health facilities where FP/RH was already being provided.
- Mobilizing public and private sector resources to support continuous medical education (CME). Over the project’s life, HWUP mobilized more than \$1,650,000 in counterpart contributions to support conferences, roundtables, seminars, and workshops where FP/RH providers could meet, share experiences, refresh skills and knowledge, and network. Working with oblast health departments and private sector partners like Bayer HealthCare and Richter Gedeon, HWUP organized more than 1,100 CME activities, reaching 31,000 participants.

- Helping to prepare the next generation of FP/RH providers with evidence-based knowledge and counseling skills. Working with the MOH and medical education institutions nationwide, HWUP supported development of more effective, competency-based, practice-oriented FP/RH pre-service education curricula for students of medical universities, OB/GYN interns, and family medicine interns. As of September 2015, all medical universities and academies of postgraduate education nationwide began using the revised curricula.

### IN TERMS OF PROMOTING A FP/RH-CONDUCTIVE NATIONAL AND REGIONAL POLICY ENVIRONMENT (OBJECTIVE 3), HWUP:

- Kept FP/RH policy a priority with government of Ukraine (GOU) counterparts. HWUP placed major emphasis on helping the MOH to achieve the stated objectives of the State Program “Reproductive Health of the Nation” (SPRHN, 2006–2015) and facilitating implementation of the FP component of the GOU Monitoring Plan (which monitored implementation and expenditures of the SPRHN). For example, HWUP provided annual support to the MOH to develop technical specifications for contraceptive procurement under SPRHN, increasing MOH staff capacity to develop data-based procurement specifications in the future. In 2016, HWUP worked with MOH and WH&FPF to develop the SPRHN for 2016–2020, which lays out future GOU financial support for contraceptive commodities (including contraceptive security for vulnerable groups) as well as GOU support for FP/RH-related activities.

**FIGURE 2.** EXPANSION OF FP/RH SERVICE DELIVERY POINTS FROM 749 SITES IN 2005 TO 5,500 SITES IN 2016.



(Source: HWUP database)

**“Family planning is a priority of state policy because of its proven effectiveness in decreasing maternal mortality and improving maternal health. Our long-term partnership with HWUP is really of great importance, as it has brought fantastic changes in the provision of FP/RH services in the country and, consequently, improved health indicators in Ukraine.”**

— DR. VALENTINA KOLOMEICHUK, ACTING DIRECTOR OF MEDICAL CARE DEPARTMENT,  
MINISTRY OF HEALTH OF UKRAINE.

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- Supported development of evidence-based national FP/RH policies. Since 2011, HWUP has coordinated the MOH’s FP policy working group. This group developed the “Organization of FP/RH service system in Ukraine” order, which has since been endorsed by the MOH and the National Academy of Science of Ukraine. This order is crucially important in sustaining the infrastructure of FP services. The order establishes: 1) the latest organizational and methodological aspects of FP/RH service provision throughout the health care system; and 2) the creation of a new institution, the National Family Planning Center, which is now the national coordinating body responsible for FP/RH education, policy development, and guideline operationalization. Another national order developed by the FP policy working group and approved by the MOH is the “On approval and implementation of medical and technical documents on standardization of care in the area of family planning” order, which approved new clinical FP/RH guidelines and protocols that establish a unified approach to FP/RH service delivery for all health care providers working in the country.
  - Maintained dialogue between donors, international agencies, private sector partners, NGOs, and community members to generate a common advocacy platform. Despite an unstable and complicated policy environment, HWUP built strong relationships with key stakeholders who jointly championed the FP policy agenda. HWUP and UNFPA co-developed the Package of Arguments for Family Planning set of advocacy tools and materials, and then introduced national and local policy decision-makers and civil/health authorities to their use in a series of workshops.
  - Rolled out FP/RH initiatives at local levels. HWUP continuously encouraged participation of local authorities and FP/RH supporters to form a united front and support a common agenda for change. HWUP supported coordination committee meetings in all partner oblasts at which decision-makers discussed FP/RH program achievements, challenges, and lessons; problem-solved ways to overcome barriers such as budget restrictions; and developed action plans to meet program goals.



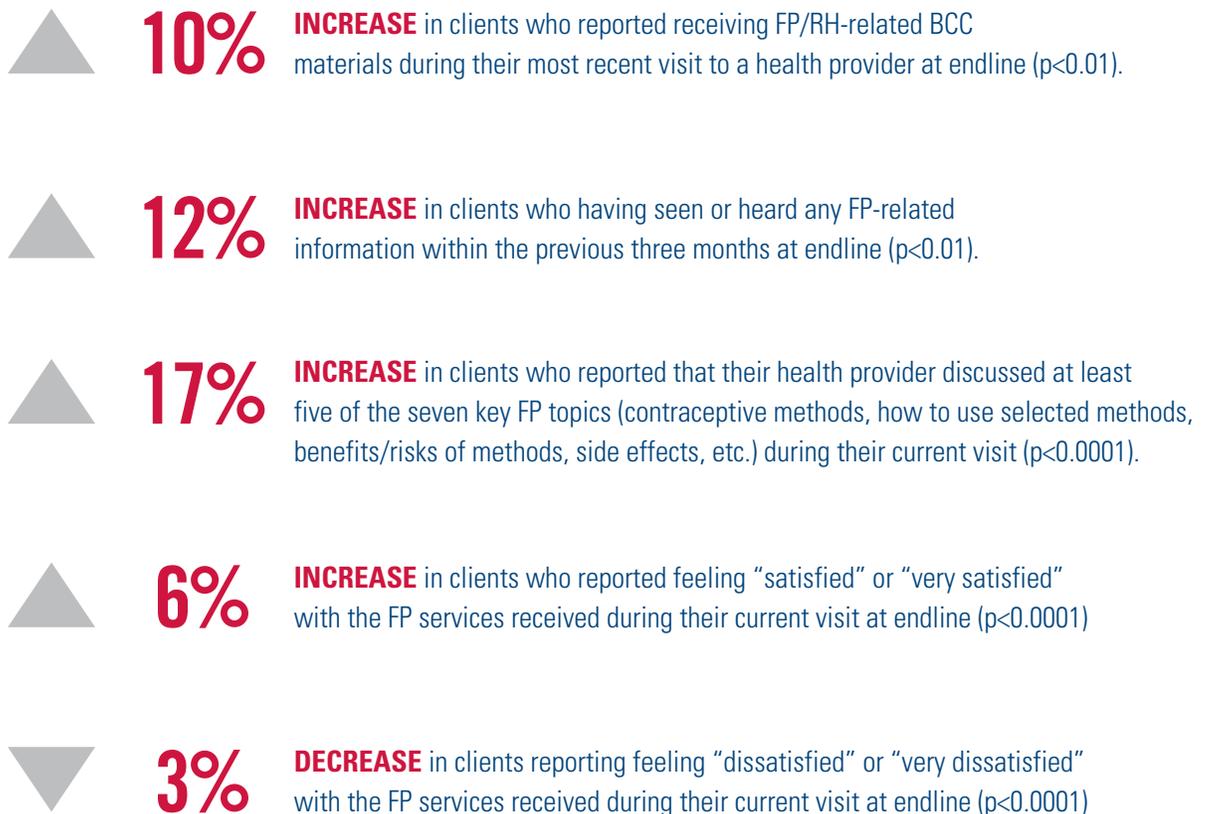
*Volunteers and participant of the International Festival "Golden autumn of Slavutych", city of Slavutych, Kyiv oblast, September 27, 2014*

## KEY OUTCOMES AFFECTED BY HWUP INTERVENTIONS

Between 2012 and 2013, HWUP conducted facility baseline assessments in Kirovohrad, Kherson, Kyiv, Luhansk, Sumy, Ternopil, Zakarpattya, and Zhytomyr oblasts. In 2015, HWUP conducted endline assessments in these same oblasts (with the exception of Luhansk), using the same methodology (for the complete HWUP baseline-endline assessment report, including sampling methodology, data tables, analysis, and findings, see the JSI website). The purpose of these assessments was to detect changes in the following outcome indicators over time:

- Client knowledge of critical FP/RH information; attitudes toward and use of hormonal contraceptive methods; exposure to BCC materials; uptake of modern FP methods; and satisfaction with the quality of services provided during their last visit to a health facility.
- Health provider counseling skills and provision of key FP/RH information to clients.
- Health facilities supply of free contraceptives for needy clients and display of BCC materials.

According to the endline assessment, in addition to achieving health system strengthening targets, HWUP contributed to the following positive changes:



- ▲ **13%** **INCREASE** in clients reporting “positive” or “very positive” attitudes toward hormonal contraceptives at endline ( $p < 0.0001$ ).
- ▼ **12%** **DECREASE** in clients reporting “negative” or “very negative” attitudes toward hormonal contraceptives at endline ( $p < 0.0001$ ).
- ▲ **6%** **INCREASE** in clients perceiving hormonal contraceptives as “safe” or “very safe” at endline ( $p < 0.0001$ ).
- ▼ **6%** **DECREASE** in clients perceiving hormonal contraceptives as “unsafe” or “very unsafe” at endline ( $p < 0.0001$ ).
- ▲ **4-18%** **INCREASE** in provider “positive” or “very positive” attitudes toward hormonal contraception, across hormonal methods.

- ▲ **5%** **INCREASE** in clients reporting current use of any modern contraceptive method on the day of the assessment at endline ( $p = 0.02$ ).

The last finding—that client usage of any modern contraceptives increased over time in HWUP-supported oblasts—is particularly important given that, at the time of the endline, the percent of facilities having any type of free contraceptive available on the day of the assessment decreased significantly, from 62 percent at baseline to 37 percent at endline ( $p < 0.0001$ ). This finding was consistent whether applied to combined oral contraceptives (39% to 16%,  $p < 0.0001$ ); male condoms (42% to 21%,  $p < 0.0001$ ); injectables (9% to 1%,  $p = 0.001$ ); IUDs (50% to 26%,  $p < 0.0001$ ); or other methods, indicating that many clients surveyed were motivated and able to overcome some commodity supply shortages.

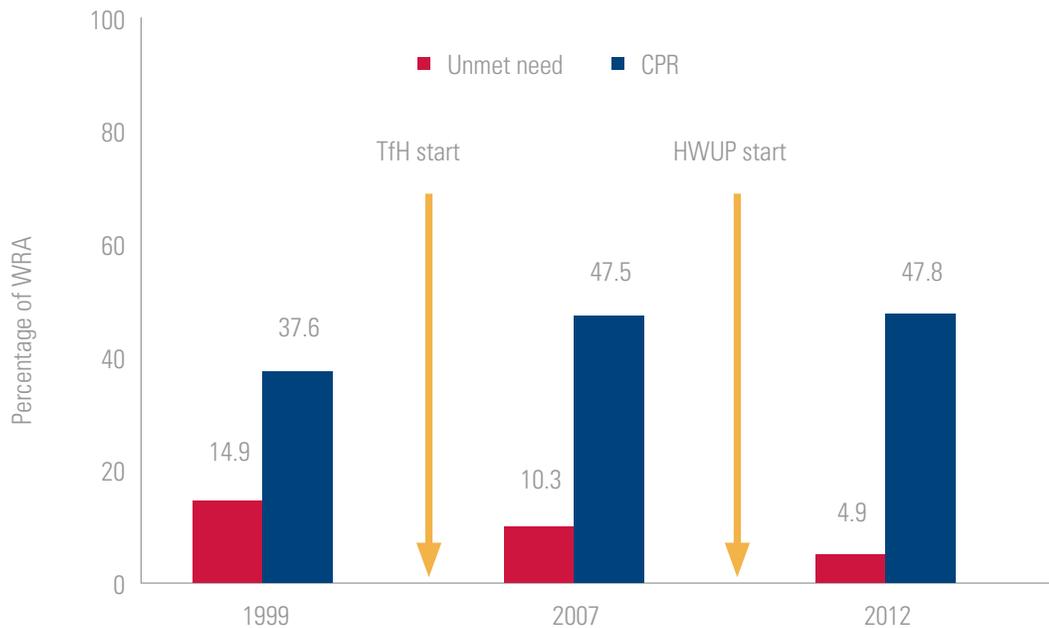
## HEALTH IMPACT

Though attribution of health impact to a particular project is difficult, because JSI's FP/RH activities in Ukraine covered an extensive period of time and a wide geographical portion of the country, a (cautious) examination of certain national trends seems reasonable.

**Unmet need for FP and contraceptive prevalence rate.** Trends in national contraceptive use are usually determined by measurement of the contraceptive prevalence rate (CPR, defined as the percent of women aged 15–49 years currently married or in a union who are using at least one method of modern contraception). The most recent CPR data is from a multiple indicator cluster survey (MICS) that was conducted in Ukraine in 2012. According to the MICS 2012 report and other available population-based surveys, Ukraine's CPR increased between 1999 and 2012 (figure 3), though the rate of increase slowed between 2007 and 2012. Looking at unmet need for family planning (defined as the percent of women ages 15–49 years currently married or in a union who do not want to become pregnant but are not using contraception), figure 3 shows that between 1999 and 2012, national unmet need decreased from 15 percent of women of reproductive age (WRA) to 5 percent.

Looking more closely at specific contraceptive methods that WRA are using, MOH data on national contraceptive pill use between 2005 and 2012 indicate that national pill use increased steadily from 2005 to 2013, then dropped in 2014 and 2015 (figure 4). This decrease may be correlated with the difficult political and economic situation that began in 2014 (annexation of Crimea by the Russian Federation; beginning of military conflict in Ukraine's eastern

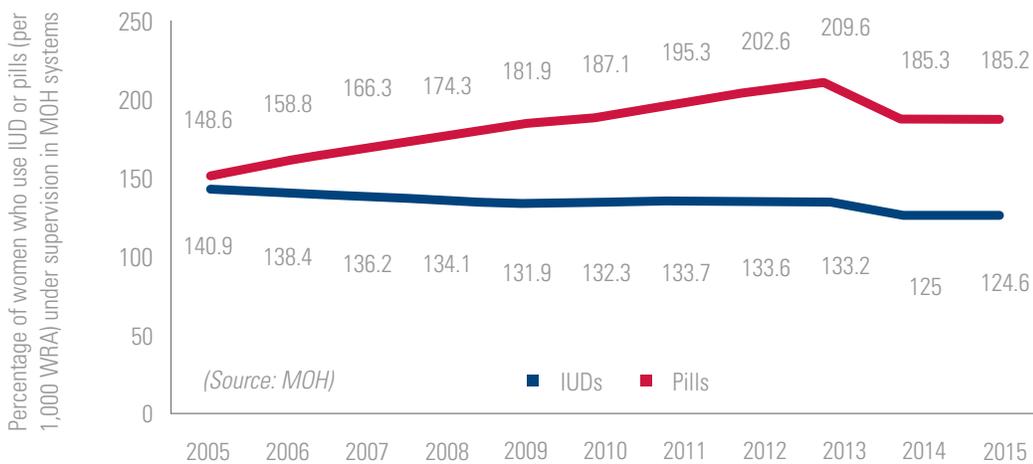
**FIGURE 3.** CHANGES IN UNMET NEED FOR FAMILY PLANNING AND CPR AMONG WRA IN UKRAINE



(Source: Reproductive Health Survey 1999, Demographic and Health Survey 2007, MICS 2012)

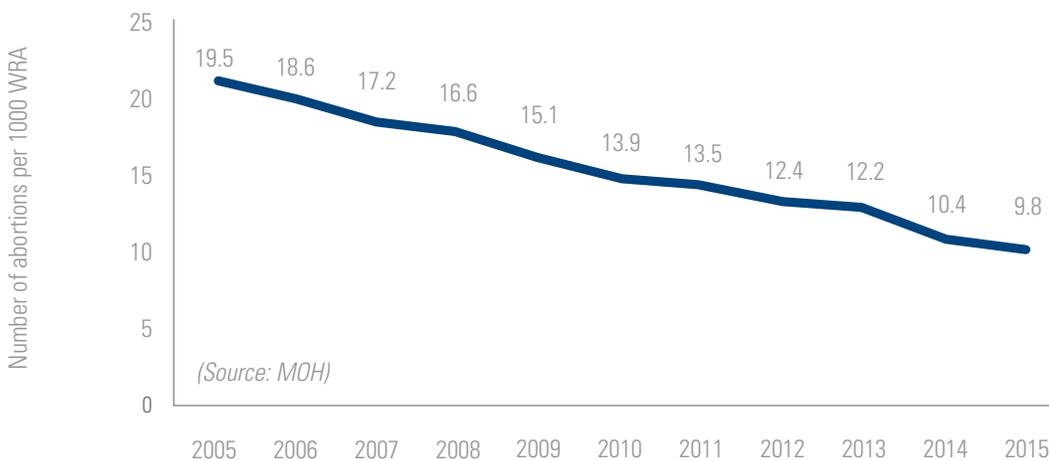
regions; internal displacement of 1.5 million people in the country; the precipitous drop of the value of the Ukrainian hryvnia during 2014, which affected individual/government purchasing power; and the increased price of (largely imported) FP commodities). National IUD use declined steadily between 2005 and 2015.

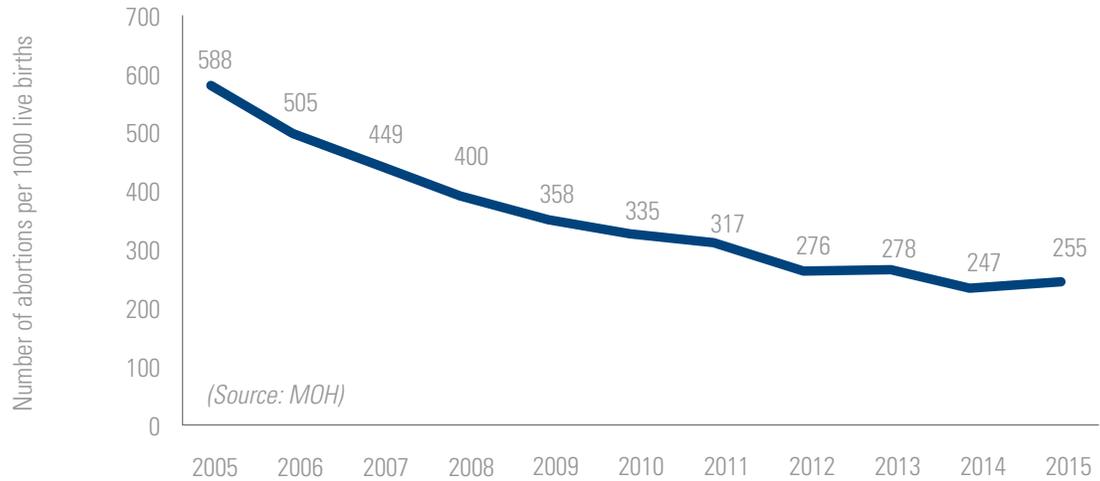
**FIGURE 4.** CHANGE IN USE OF IUDS AND CONTRACEPTIVE PILLS AMONG WRA IN UKRAINE



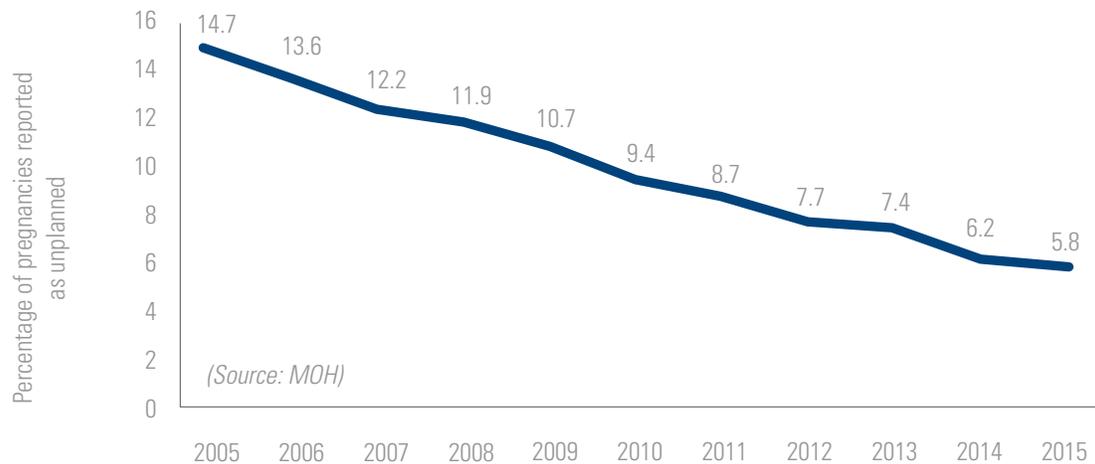
**Abortion rate and ratio.** According to MOH data, the national abortion rate fell from 19.5 abortions in 2005 to 9.8 in 2015 in MOH health facilities (figure 5). Similarly, from 2005 to 2015, the national abortion ratio (in MOH health facilities) decreased from 588 abortions per 1,000 live births in 2005 to 255 in 2015 (figure 6).

**FIGURE 5.** CHANGE IN NATIONAL MOH FACILITY-BASED ABORTION RATE



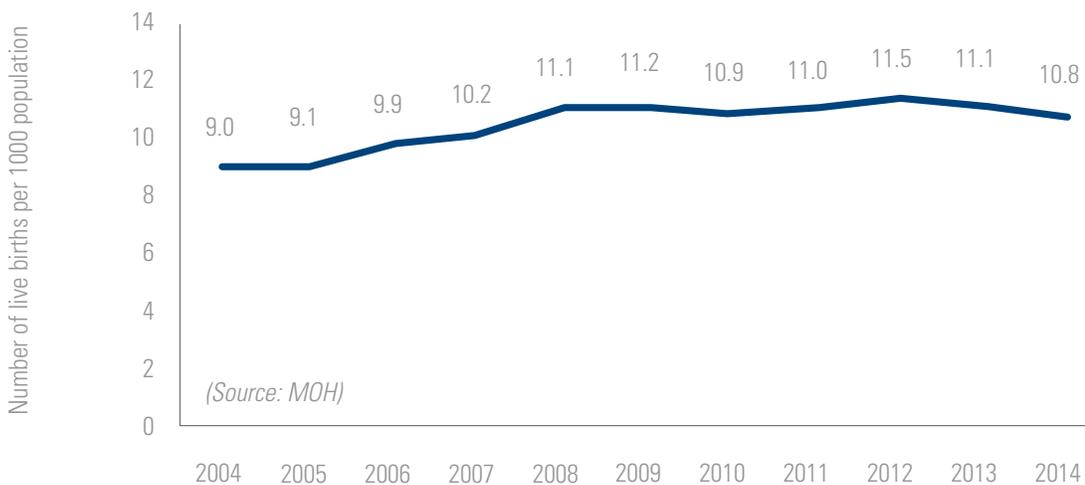
**FIGURE 6.** CHANGE IN NATIONAL MOH FACILITY-BASED ABORTION RATIO

**Unintended pregnancy.** Encouragingly, while the abortion rate and ratio decreased, the rate of unintended pregnancies decreased over the same time period, from 15 percent nationally in 2005 to 6 percent nationally in 2015 (figure 7).

**FIGURE 7.** CHANGE IN NATIONAL UNINTENDED PREGNANCY RATE

**Birth rate.** Meanwhile, Ukraine's birth rate simultaneously increased during this period, from 9 births/1,000 people in 2005 to 11 births/1,000 people in 2014 (figure 8). The increasing birth rate, paired with a decreasing abortion rate, is especially encouraging given that preservation of the country's population size has been a priority for the government of Ukraine.

**FIGURE 8.** CHANGE IN NATIONAL BIRTH RATE



Taken together, the above data indicate that it is possible to maintain a country's birth rate while simultaneously increasing nationwide contraceptive use, reducing unintended pregnancies, and decreasing the incidence of abortions. Though it would be inappropriate and inaccurate to attribute any particular health impact to JSI's activities specifically, it seems reasonable that the USAID-funded Tfh and HWUP projects have contributed to positive changes in the country's FP/RH health outcomes. HWUP enriched Ukraine's FP/RH arena by expanding the number of FP/RH service delivery points, increasing the population's FP/RH awareness and demand for services, improving health care providers' knowledge and clinical skills, supporting development of local-level FP/RH regulatory documents adopted by the government, revising existing educational curricula for medical students and interns, and increasing the number of FP/RH champions. Altogether, HWUP's efforts likely contributed to some of the positive health changes we see today.



# 2016 AND BEYOND

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**RECOMMENDATIONS  
FOR SUSTAINING  
THE FP/RH  
AGENDA  
IN UKRAINE**



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ІНІЦІАТИВА З ПИТАНЬ  
ОПТИМАЛЬНОГО ЗДОРОВ'Я  
ПІДПРИЄМСТВА НА ІНФОРМАЦІЙНУ ДІЯЛЬНІСТЬ  
ТЕРИТОРІАЛЬНОЇ ВІСІ УКРАЇНИ



UKRAINE  
SUPPORT PROGRAM

044 585-99-88

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Although HWUP was completed in September 2016, many efforts must be sustained and new challenges taken on if the FP/RH system is to continue to thrive in Ukraine.

Below are recommendations for areas to be maintained and/or addressed in the future.

- **Constantly improve access to FP/RH services until they are available at national scale.** The MOH, the National FP/RH Center, and their partners should continue to focus on increasing the number of FP/RH service delivery points so that high-quality, modern FP/RH services are available, particularly to underserved groups (e.g., people who poor, disabled, displaced) and in underserved areas (e.g., rural areas of the country). Health provider needs (remuneration, training, professional development, etc.) should also be met to assure a supply of all levels of health workers, and FP commodity security should be maintained through interventions such as sufficient public funds allocation in annual national and regional FP/RH program budgets.
- **Prioritize FP/RH clinical quality improvement in health facilities.** Despite a strong desire to improve quality, Ukraine's current health care quality infrastructure remains weak, and there is insufficient capacity to help health care teams diagnose and solve systems-based problems related to quality of care. Quality improvement in hospitals and health facilities requires a workforce capable of measuring quality, mapping and optimizing processes, leading teams, and managing change. This includes managing conflict and resistance to change, which tends to arise whenever new processes or ideas are introduced. Thus, establishing a culture of quality improvement will require investment in training on quality improvement methods as well as capacity-building within the MOH to manage and oversee the process. Quality improvement should continue to be a major priority of both the government of Ukraine and its hospitals.
- **Regularly revise and update national FP/RH standards.** The MOH, the National FP/RH Center, and their partners should develop a schedule to regularly revise/update relevant FP/RH regulatory documents, policies, and clinical guidelines/protocols based on new evidence and international best practices. This will help ensure the highest standards for FP/RH services in Ukraine and will help maintain a unified approach to FP/RH service delivery for all health care providers working in the country.
- **Continue to support the National FP/RH Center.** This body should continue to receive technical and financial support so it can oversee national FP/RH policy revision/development and in-service education and support for medical providers.
- **Continue medical education reform efforts.** HWUP partnered with leading medical universities in developing and rolling out medical education innovations. Other universities and medical education community members should help improve medical education practices and adopt improved curricula. Only nationwide utilization of HWUP-supported new curricula will ensure that future OB/GYNs and family doctors are equipped with evidence-based knowledge and practical clinical and counseling skills.

- **Continue community awareness-raising activities to maintain high demand for quality FP/RH services.** National and international partners should continue to implement national communication and regional communication strategies. Partners should continue to use existing NCS tools such as the FP/RH hotline, website, and print and mass media materials and should not develop new resources that would “re-create a new BCC wheel.”
- **Capitalize on “win-win” situations to involve the widest range of partners possible in FP/RH activities.** Civil society, private sector partners, media partners, and others joined together to great effect in implementing NCS activities. Partners agreed to collaborate (and even contribute their own funds) because joining group efforts helped them meet their own organizational goals and because they recognized that pooling resources could lead to greater results than they might achieve on their own. Diversity within the partners group facilitated maximum creativity and innovation, because partners brought various skills and networks. Future efforts should strive for similarly diverse engagement and leveraging of resources from as many stakeholders as possible.
- **Apply successful HWUP approaches to other sectors.** HWUP and other partners used a variety of approaches to develop and implement the NCS (using a comprehensive communications approach; engaging a wide array of partners; working through a “neutral” and task-focused work group; relinquishing individual/organizational branding needs in favor of a unified national brand). A convincing indicator of our success is that these approaches have been adapted or replicated by other groups in Ukraine, for example in launching a campaign to increase women’s political participation and a violence-prevention initiative. Make information about successful HWUP approaches available and encourage others to adopt relevant techniques.
- **Tell Ukraine’s story.** Since 2002, the country of Georgia has made extraordinary progress in maternal, newborn, and child health; family planning; women’s health; and health systems reform. While results have been impressive, lessons about the process they used are even more interesting to practitioners and policy-makers in middle- and lower-income countries, inside and outside Eastern Europe. Similarly, though Ukrainian colleagues would never claim to have a definitive “roadmap of success,” their stories can be helpful to others. For example, Ukraine’s solid experience with regionalization and health sector reform could benefit the wider development community.
- **Continue investment in FP/RH programs to speed achievement of EU-Ukraine Association requirements in health.** Given Ukraine’s regional geo-political importance, the country’s association and eventual inclusion in the European Union is desired by not just Ukraine but by allies like the U.S. as well. A recommendation for the Ukrainian and U.S. governments is to continue financial and technical support for FP/RH programs to accelerate progress on EU-Ukraine Association Agreement health goals.

**This report  
started with thanks  
and it also ends  
with one.**

JSI acknowledges, once again, the funding, encouragement, and technical support that USAID has provided throughout both the MIHP and TfH/HWUP projects.

It has been the best kind of partnership —respectful, encouraging, results-oriented and effective.

# ПОКРАЩУЄТЬСЯ



**USAID**  
FROM THE AMERICAN PEOPLE



**ПРОГРАМА „ЗДОРОВ'Я ЖІНОК УКРАЇНИ”**  
**HEALTHY WOMEN OF UKRAINE PROGRAM**

**РАЗОМ ДО ЗДОРОВ'Я**  **TOGETHER FOR HEALTH**

ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ  
IMPROVING FAMILY PLANNING & REPRODUCTIVE HEALTH IN UKRAINE



**USAID**  
FROM THE AMERICAN PEOPLE

**JSI**

**ЗДОРОВ'Я МАТЕРІ І ДИТИНИ**



**MOTHER & INFANT HEALTH**

# ANNEX. PMP FINDINGS SUMMARY TABLE (INDICATORS AND RESULTS AGAINST TARGETS)

HEALTHY WOMEN OF UKRAINE PROGRAM CUMULATIVE INDICATOR MATRIX (October, 2011 – September, 2016)

| Indicator Definition  | Data Source   | Reporting Frequency | Baseline  |   | Program Year5/FY 2016  |   | Cumulative for Program Years 1-5/ FY' 12-16 |        | Comments   |
|---|---|---------------------|-----------|---|--|---|---|--------|--|
|   |   |                     | Year      | Value   | Target   | Actual  | Target                                      | Actual |  |
| <b>PROJECT GOAL:</b> To protect the RH of Ukrainian women and couples by increasing the appropriate and effective use of modern methods of contraception as an alternative to unwanted pregnancy and associated abortion. |   |                     |           |   |  |   |   |        |  |
| 1. Contraceptive Prevalence Rate (CPR): Percentage of women of reproductive age (WRA) who report using a modern contraceptive method to avoid pregnancy, by method and total  | CPR surveys, such as MICS survey / When implemented                               | Year 3              | 2012      | N/A   | N/A  | N/A   | N/A   | N/A    | CPR was 47.8 as of Program Year 3/FY 2014 according to 2012 MICS data.   |
| 2. Couple Years Protection in USG supported oblasts, by method and by source (public or private) (for HWUP oblasts total and by oblasts)<br><br>Unit of Measure: Number   | * Private sector sales data from SMD<br><br>* MOH data<br><br>* Project documents | Annual              | 2010-2011 | <b>12 OBLASTS TOTAL – 220,824</b><br><br>Chernivtsi – 11,578<br>Chernihiv – 11,734<br>Kherson – 8,438<br>Kirovohrad – 11,246<br>Kyiv oblast – 21,891<br>Kyiv city – 81,054<br>Luhansk – 19,859<br>Mykolaiv – 14,823<br>Sumy – 11,728<br>Ternopil – 6,128<br>Zakarpattya – 11,113<br>Zhytomyr – 11,212<br><br><b>OLD OBLASTS</b><br>Cherkasy – 12,507<br>Donetsk – 53,585<br>Khmelnytsky - 8,868 | <b>12 OBLASTS TOTAL – 208,006</b><br><br>Chernivtsi – 12,121<br>Chernihiv – 8,465<br>Kherson – 12,666<br>Kirovohrad – 5,849<br>Kyiv oblast – 20,559<br>Kyiv city - 90,523<br>Luhansk – 4,335<br>Mykolaiv – 10,124<br>Sumy – 12,718<br>Ternopil – 8,093<br>Zakarpattya – 8,155<br>Zhytomyr – 14,254 | <b>12 OBLASTS TOTAL – 193,606</b><br><br>Chernivtsi – 15,115<br>Chernihiv – 9,668<br>Kherson – 18,290<br>Kirovohrad – 5,596<br>Kyiv oblast – 17,374<br>Kyiv city - 74,226<br>Luhansk – 4,243<br>Mykolaiv – 10,973<br>Sumy – 9,212<br>Ternopil – 7,750<br>Zakarpattya – 6,220<br>Zhytomyr – 14,939 | N/A   | N/A    | PPR standard and APR indicator<br><br>The Year 5 target for Ukraine is 1% above the previous year result CYP is an annual proxy indicator for contraceptive prevalence.<br><br>A 1% increase is appropriate for a successful FP program (research shows that the average annual absolute percentage change of CPR is 1.22%.<br><br>Source: <a href="http://www.guttmacher.org/pubs/journals/2209296.html">http://www.guttmacher.org/pubs/journals/2209296.html</a><br><br>Reporting year is from August, 1, 2015 till July, 30, 2016 |

| Indicator Definition  | Data Source    | Reporting Frequency | Baseline |   | Program Year5/FY 2016   |   | Cumulative for Program Years 1-5/ FY' 12-16 |        | Comments   |
|---|----------------|---------------------|----------|---|---|---|---|--------|--|
|   |                |                     | Year     | Value   | Target  | Actual  | Target                                      | Actual |  |
| <p><b>3.</b> Registered IUD and hormonal contraception rate (for Ukraine &amp; HWUP oblasts)</p> <p>Number of women 15-49 who use IUD or hormonal contraceptive per 1000 women 15-49</p> <p>Unit of Measure: Rate</p> | MOH statistics | Annual              | CY 2010  | Ukraine - 319,4<br>Chernivtsi - 425,8<br>Chernihiv - 334,7<br>Kirovohrad - 319,4<br>Kherson - 307,4<br>Kyiv oblast - 264,9<br>Kyiv city - 317,8<br>Luhansk - 274,8<br>Mykolaiv - 255,0<br>Sumy - 627,8<br>Ternopil - 300,5<br>Zakarpattia - 134,2<br>Zhytomyr - 293,9<br><br><b>'OLD' OBLASTS</b><br>Cherkasy - 195,3<br>Donetsk - 361,8<br>Khmelnytsky - 425,3 | Ukraine - 316<br>Chernivtsi - 433<br>Chernihiv - 304<br>Kherson - 371<br>Kirovohrad - 378<br>Kyiv oblast - 261<br>Luhansk - 95<br>Mykolaiv - 257<br>Poltava - 335<br>Sumy - 686<br>Ternopil - 496<br>Zakarpattia - 158<br>Zhytomyr - 321            | Ukraine - 310<br>Chernivtsi - 419<br>Chernihiv - 277<br>Kherson - 363<br>Kirovohrad - 316<br>Kyiv oblast - 247<br>Luhansk - 301<br>Mykolaiv - 230<br>Poltava - 326<br>Sumy - 697<br>Ternopil - 468<br>Zakarpattia - 164<br>Zhytomyr - 325         | N/A   | N/A    | <p>This is a proxy indicator for contraceptive prevalence, to measure progress toward the project goal of increasing the appropriate and effective use of modern methods of contraception.</p> <p>APR indicator</p> <p>MOH data are based on the calendar year and are only available about 6-8 months after the end of the calendar year, so 2015 data become available after mid-2016, etc. Data reported in FY16 is actually report on CY 2015 data.</p> <p>The Year 5 target assume 2% annual increase as compared to the previous years - 2% is a target appropriate for a successful FP program by international standards and in line with the SPRHN. MOH statistics on contraceptive use include only users of IUDs and hormonal methods served in public sector women's health care facilities.</p> |
| <p><b>4.</b> Abortion rate (for Ukraine &amp; Tfh oblasts)</p> <p>Number of induced abortions per 1,000 women aged 15-49</p> <p>Unit of Measure: Rate</p>   | MOH statistics | Annual              | CY 2010  | Ukraine - 13,9<br>Chernivtsi - 12,3<br>Chernihiv - 16,2<br>Kherson - 17,6<br>Kirovohrad - 20,6<br>Kyiv oblast - 17,1<br>Kyiv city - 15,1<br>Luhansk - 16,9<br>Mykolaiv - 15,8<br>Sumy - 8,2<br>Ternopil - 10,0<br>Zakarpattia - 9,7<br>Zhytomyr - 16,4<br><br><b>'OLD' OBLASTS</b><br>Cherkasy - 11,7<br>Donetsk - 16,2<br>Khmelnytsky - 11,7                   | Ukraine - 10,2<br>Chernivtsi - 10,5<br>Chernihiv - 11,8<br>Kherson - 13,3<br>Kirovohrad - 12,4<br>Kyiv oblast - 14,6<br>Luhansk - 10,3<br>Mykolaiv - 11,8<br>Poltava - 12,0<br>Sumy - 6,3<br>Ternopil - 6,1<br>Zakarpattia - 7,6<br>Zhytomyr - 13,6 | Ukraine - 9,8<br>Chernivtsi - 9,8<br>Chernihiv - 11,0<br>Kherson - 13,5<br>Kirovohrad - 12,7<br>Kyiv oblast - 14,6<br>Luhansk - 10,4<br>Mykolaiv - 12,3<br>Poltava - 11,9<br>Sumy - 6,5<br>Ternopil - 4,7<br>Zakarpattia - 7,7<br>Zhytomyr - 14,1 | N/A   | N/A    | <p>This indicator measures progress toward the project goal of reducing abortion</p> <p>MOH statistic data are based on calendar years and only available about 6-8 months after the end of the calendar year. Therefore, the data reported in FY16 is actually report on CY 2015 data.</p> <p>The Year 5 targets are set 2% below the Year 4 results respectively, in line with the State Program "Reproductive Health of the Nation" (SPRHN)</p>   |

| Indicator Definition  | Data Source          | Reporting Frequency     | Baseline |   | Program Year5/FY 2016   |   | Cumulative for Program Years 1-5/ FY' 12-16 |           | Comments   |
|---|----------------------|-------------------------|----------|---|---|---|---|-----------|--|
|   |                      |                         | Year     | Value   | Target  | Actual  | Target                                      | Actual    |  |
| <p>5. Abortion ratio (for Ukraine and TtH oblasts)</p> <p>Number of induced abortions per 1,000 live births</p> <p>Unit of Measure: Ratio</p>   | MOH statistics       | Annual                  | CY 2010  | Ukraine - 333,4<br>Chernivtsi - 264,0<br>Chernihiv - 427,3<br>Kherson - 404,5<br>Kirovohrad - 508,9<br>Kyiv oblast - 433,0<br>Kyiv city - 377,8<br>Luhansk - 476,4<br>Mykolaiv - 380,0<br>Sumy - 238,0<br>Ternopil - 233,9<br>Zakarpattya - 174,0<br>Zhytomyr - 342,0<br><br><b>'OLD' OBLASTS</b><br>Cherkasy – 310,7<br>Donetsk – 442,1<br>Khmelnytsky – 266,7 | Ukraine - 240,9<br>Chernivtsi - 208,7<br>Chernihiv – 306,6<br>Kherson - 292,8<br>Kirovohrad - 285,7<br>Kyiv oblast – 345,5<br>Luhansk - 331,0<br>Mykolaiv - 262,4<br>Poltava - 294,5<br>Sumy - 169,2<br>Ternopil – 139,3<br>Zakarpattya - 132,8<br>Zhytomyr - 268,8 | Ukraine - 255,1<br>Chernivtsi - 215,1<br>Chernihiv – 291,4<br>Kherson - 327,6<br>Kirovohrad - 325,0<br>Kyiv oblast – 350,9<br>Luhansk - 397,7<br>Mykolaiv - 307,0<br>Poltava - 305,8<br>Sumy - 180,2<br>Ternopil – 117,1<br>Zakarpattya - 148,4<br>Zhytomyr - 297,9 | N/A   | N/A       | <p>This indicator measures progress toward the project goal of reducing abortion.</p> <p>PPR custom and APR indicator</p> <p>MOH statistic data are based on calendar years and only available about 6-8 months after the end of the calendar year. Therefore FY 2016 actually reported on CY 2015 data.</p> <p>The Year 5 targets were revised in Oct.2015. Year 5 targets are 2% below the previous year target respectively, in line with the State Program "Reproductive Health of the Nation" (SPRHN)</p> |
| <b>PROJECT COVERAGE</b>   |                      |                         |          |   |   |   |   |           |  |
| <p>6. Number of people trained on FP/RH during the year with USG funds, disaggregated by type of participant (clinical and faculty members, health care staff, BCC educators, health care managers and opinion leaders), by type of professionals (ob/gyn, FD, midwives, nurses, etc.), and by type of training (TOT, basic 5-day FP/RH, PP/PA, CMEs, EBM, follow-up) (total and by the all HWUP oblasts)</p> | HWUP monitoring data | Quarterly / Fiscal Year | 2011     | 0   | 1 345   | 1 411   | 7 371                                       | 7 437     | <p>This training indicator measures project immediate results that are critical to achieve the the project goals and objectives.</p> <p>PPR custom and APR indicator</p> <p>Disaggregated data (by sex) will be available</p>  |
| <b>OBJECTIVE 1:</b> Enable women of reproductive age (WRA) and couples to make informed family planning (FP) and reproductive health (RH) choices by providing them with access to evidence-based information about safety, effectiveness and correct use of contraception appropriate for the individual's or couple's life stage  |                      |                         |          |   |   |   |   |           |  |
| <b>RESULT 1:</b> Women of reproductive age (WRA) and couples know more about family planning (FP) and reproductive health (RH)  |                      |                         |          |   |   |   |   |           |  |
| <p>7. Number of people reached by BCC including through education sessions, interpersonal communications, special events, mass media and IEC materials, peer-to-peer education, school-based education, social media, etc. (by all HWUP oblasts, type of activity, sex, and NGO grantee)</p>  | HWUP monitoring data | Quarterly / Fiscal Year | 2011     | 0   | 6,000,000   | 6,500,000   | 8 200 000                                   | 8 550 000 | To measure audience reached through BCC activities as reported by program implementing partners and stakeholders   |

| Indicator Definition   | Data Source   | Reporting Frequency | Baseline |                                   | Program Year5/FY 2016 |   | Cumulative for Program Years 1-5/<br>FY' 12-16 |        | Comments   |
|--|---|---------------------|----------|-----------------------------------|-----------------------|---|--|--------|--|
|  |   |                     | Year     | Value                             | Target                | Actual  | Target   | Actual |  |
| <p><b>8.</b> Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message (total in selected new HWUP oblasts)</p> <p>Numerator: Number of women 15-49 who have been exposed to and remember a specific USG-supported FP/RH message at least once during the past three months</p> <p>Denominator: Number of women 15-49 surveyed</p> | MICS for overall Ukraine data / Facility-based client survey for oblast specific data | Years 1, 2 and 5    | 2011     | To be determined by the end of Y1 | 75%                   | 74.4%   | 75%  | 74.4%  | <p>To measure exposure to FP and the reach of the HWUP BCC activities</p> <p>This indicator based on data from selected HWUP oblasts</p>             |
| <p><b>9.</b> Percentage of WRA who have positive attitudes towards hormonal contraceptive methods (total in selected new HWUP oblasts)</p> <p>Numerator: Number of women 15-49 who show a positive attitude toward hormonal contraceptive methods</p> <p>Denominator: Number of women 15-49 surveyed</p>   | MICS for overall Ukraine data / Facility-based client survey for oblast specific data | Years 1, 2 and 5    | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b><br/> Average - 37%<br/> Kirovohrad - 46%<br/> Ternopil - 37%<br/> Zhytomyr - 33%<br/> Kherson - 39%<br/> Zakarpattya - 30%<br/> Sumy - 38%<br/> Kyiv oblast - 33%</p> | N/A  | N/A    | <p>To measure program impact on public (WRA) attitudes on FP</p> <p>This indicator based on data from selected HWUP oblasts</p>                      |
| <p><b>10.</b> Percentage of WRA who believe that hormonal contraceptive methods are safe (total in selected new HWUP oblasts )</p> <p>Numerator: Number of women 15-49 who believe that hormonal contraceptive methods are safe</p> <p>Denominator: Number of women 15-49 surveyed</p>   | MICS for overall Ukraine data / Facility-based client survey for oblast specific data | Years 1, 2 and 5    | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b><br/> Average - 42%<br/> Kirovohrad - 46%<br/> Ternopil - 33%<br/> Zhytomyr - 42%<br/> Kherson - 46%<br/> Zakarpattya - 35%<br/> Sumy - 35%<br/> Kyiv oblast - 34%</p> | N/A  | N/A    | <p>To measure program impact public attitudes towards hormonal contraceptives</p> <p>This indicator will base on data from selected HWUP oblasts</p> |

| Indicator Definition  | Data Source                           | Reporting Frequency     | Baseline |                                   | Program Year5/FY 2016 |        | Cumulative for Program Years 1-5/<br>FY 12-16   |        | Comments   |
|---|---------------------------------------|-------------------------|----------|-----------------------------------|-----------------------|--------|---|--------|--|
|   |                                       |                         | Year     | Value                             | Target                | Actual | Target  | Actual |  |
| <b>RESULT 2: Increased local NGO capacity to provide FP information and education</b>   |                                       |                         |          |                                   |                       |        |   |        |  |
| <b>11.</b> Number of NGO/CSOs that received small grants to provide FP/RH information and/or advocacy (total and by 12 new HWUP oblasts)                                  | HWUP monitoring data                  | Quarterly / Fiscal Year | 2011     | 0                                 | 9                     | 11     | 18  | 23     | <p>Cumulative number includes the total number of unique NGO/CSOs that received small grants during HWUP implementation.</p> <p>In addition to small grants provided to NGOs for provision of FP/RH information, HWUP awarded 5 NGO working with people with disabilities for specific activities among target groups. Therefore, a total number of NGOs that received small grants by the end of Year 5 (if PY5 target will be reached) will be 23.</p> |
| <b>12.</b> Number of BCC activities designed and implemented by local NGOs that received small grants to provide FP/RH information (total and by the 12 new HWUP oblasts) | HWUP monitoring data                  | Quarterly / Fiscal Year | 2011     | 0                                 | 270                   | 281    | 937   | 948    | Number of BCC activities conducted in partnering oblasts as reported by partner NGOs. Target for Year 5 was calculated in line with Year 4 results (about 10 activities per quarter per NGO)   |
| <b>13.</b> Improved technical and organizational capacity of the "Women's Health and Family Planning" Charity Foundation (using TOCA assessment)                          | HWUP monitoring data and TOCA reports | Years 1 - 3             | 2012     | To be determined by the end of Y1 | N/A                   | N/A    | WH&FP reached its 100% TOCA target by Program Year 3; please see comments for more information. |        | <p>Number and percentage of achieved benchmarks demonstrated through a joint assessment. Targets based on WH&amp;FP LCB Plan developed in year 1.</p> <p>The LCB Plan includes activities by the end of 2014 (Year 3 of HWUP) and was fully completed in Y3 (100%)</p>   |

| Indicator Definition  | Data Source                                 | Reporting Frequency  | Baseline |                                   | Program Year5/FY 2016 |  | Cumulative for Program Years 1-5/ FY' 12-16 |        | Comments   |
|---|---|----------------------|----------|-----------------------------------|-----------------------|--|---|--------|--|
|   |   |                      | Year     | Value                             | Target                | Actual   | Target                                      | Actual |  |
| <b>OBJECTIVE 2:</b> Improve FP service provider knowledge of modern FP methods, and their clinical and counseling skills to provide an informed choice of appropriate contraceptive methods and to address misinformation and fear of hormones  |   |                      |          |                                   |                       |  |   |        |  |
| <b>RESULT 1:</b> FP service provider knowledge of modern FP methods and their clinical and counseling skills improved   |   |                      |          |                                   |                       |  |   |        |  |
| <p><b>14.</b> Percentage of FP service providers in selected oblasts who correctly counsel FP clients using the LSA model (by sex) (total and by the 12 new HWUP oblasts)</p> <p>Numerator: Number of FP service providers in selected oblasts who correctly counsel FP/RH clients to consider appropriate modern contraceptive methods (by sex)</p> <p>Denominator: Number of FP service providers surveyed in selected oblasts (by sex)</p> | HWUP facility survey / Provider self-survey | Years 1, 2 and 5     | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b></p> <p>Average - 34%<br/>Kirovohrad - 28%<br/>Ternopil - 30%<br/>Zhytomyr - 32%<br/>Kherson - 42%<br/>Zakarpattya - 33%<br/>Sumy - 38%<br/>Kyiv oblast - 33%</p> | N/A   | N/A    | This indicator measures progress toward the program Objective 2.   |
| <p><b>15.</b> Percentage of health providers in selected oblasts who have positive attitudes towards hormonal contraceptive methods (total in selected new HWUP oblasts)</p> <p>Numerator: Number of FP service providers who show a positive attitude toward hormonal contraceptive methods</p> <p>Denominator: Number of FP service providers surveyed</p>  | HWUP facility survey / Provider self-survey | Years 1, 2 and 5     | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b></p> <p>Average - 69%<br/>Kirovohrad - 74%<br/>Ternopil - 69%<br/>Zhytomyr - 72%<br/>Kherson - 71%<br/>Zakarpattya - 58%<br/>Sumy - 68%<br/>Kyiv oblast - 72%</p> | N/A   | N/A    | <p>To measure program impact on health professionals attitudes on FP</p> <p>This indicator based on data from selected HWUP oblasts</p>  |
| <p><b>16.</b> Number of service delivery points with trained providers (total anannual NEW by the 12 new oblasts)</p>   | HWUP monitoring data                        | Annual / Fiscal Year | 2011     | 0                                 | 240                   | 315  | 1902  | 1977   | <p>It is the total number of new access points for FP/RH services with at least one health provider trained by HWUP (in all partnering oblasts)</p> <p>Year 5 targets were revised in October 2015</p> |
| <p><b>17.</b> Number of FP/RH trainers trained in LSA-based modern FP/RH methods (total in 12 new HWUP oblasts)</p>   | HWUP monitoring data                        | Annual / Fiscal Year | 2011     | 0                                 | 0                     | 0  | 154   | 154    | Number of TOT participants who successfully completed the TOT  |

| Indicator Definition  | Data Source          | Reporting Frequency | Baseline |                                   | Program Year5/FY 2016 |  | Cumulative for Program Years 1-5/ FY' 12-16              |        | Comments  |
|---|----------------------|---------------------|----------|-----------------------------------|-----------------------|--|--|--------|---|
|   |                      |                     | Year     | Value                             | Target                | Actual   | Target   | Actual |   |
| <b>RESULT 2: Quality of FP services improved</b>  |                      |                     |          |                                   |                       |  |  |        |   |
| <p><b>18.</b> Percentage of women who were in contact with a FP/RH facility and reported the receipt of quality FP/RH counseling (total in new HWUP selected oblasts)</p> <p>Numerator: Number of women 15-49 who reports receiving quality FP/RH counseling at the FP/ RH facility</p> <p>Denominator: Number of interviewed women 15-49 who received FP/RH services/counseling at the respective facility</p>   | HWUP facility survey | Years 1, 2 and 5    | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b></p> <p>Average - 44%<br/>Kirovohrad - 53%<br/>Ternopil - 48%<br/>Zhytomyr - 31%<br/>Kherson - 42%<br/>Zakarpattya - 51%<br/>Sumy - 45%<br/>Kyiv oblast - 33%</p> | N/A  | N/A    | <p>To measure effectiveness of continuing medical education events (basic 5-day trainings, follow-up/EBM workshops, etc...) with health providers</p> <p>This indicator is based on data from selected HWUP oblasts</p>   |
| <p><b>19.</b> Proportion of women that received FP/RH services at a facility who reported satisfaction with quality of care (total the new HWUP selected oblasts)</p> <p>Numerator: Number of women 15-49 who received FP/RH services at the facility and who reports being satisfied with the quality of services they received (as assessed using a Likert scale)</p> <p>Denominator: Number of interviewed women 15-49 who received FP/RH services at the facility</p> | HWUP facility survey | Years 1, 2 and 5    | 2012     | To be determined by the end of Y1 | N/A                   | <p><b>Endline conducted in seven (PY1 and PY2) oblasts:</b></p> <p>Average - 83%<br/>Kirovohrad - 91%<br/>Ternopil - 82%<br/>Zhytomyr - 84%<br/>Kherson - 80%<br/>Zakarpattya - 81%<br/>Sumy - 81%<br/>Kyiv oblast - 79%</p> | N/A  | N/A    | <p>To measure effectiveness of continuing medical education events (basic 5-day trainings, follow-up/EBM workshops, etc...) with health providers</p> <p>This indicator is based on data from selected HWUP oblasts</p>   |
| <b>RESULT 3: FP education institutionalized at the national level</b>   |                      |                     |          |                                   |                       |  |  |        |   |
| <p><b>20.</b> Number of LSA-based training manual updated/ developed /and approved by the GOU, by type of curricula (in-service basic training, in-service PP/PA, pre-service, etc.)</p>  | HWUP monitoring data | Annual/ Fiscal Year | 2011     | 0                                 | 0                     | 0  | 4  | 5      | <p>Contributes to PPR custom indicator: Number of FP/RH manuals/curricula/ guidelines/ protocols developed/updated and approved by relevant gov. institutions with USG funds.</p> <p>Number of curricula that have been developed or updated and approved by the MOE and the MOH.</p> |
| <p><b>21.</b> Percentage of leading medical universities which use updated, LSA based FP/Contraceptive technology curricula (for pre-service education)</p>   | HWUP monitoring data | Year 4              | 2011     | 0                                 | N/A                   | N/A  | HWUP achieved 100% for this indicator by Program Year 4. |        | To measure the sustainability of the HWUP implementation  |

| Indicator Definition   | Data Source          | Reporting Frequency  | Baseline |       | Program Year5/FY 2016 |           | Cumulative for Program Years 1-5/ FY 12-16 |             | Comments   |
|--|----------------------|----------------------|----------|-------|-----------------------|-----------|--|-------------|--|
|  |                      |                      | Year     | Value | Target                | Actual    | Target                                     | Actual      |  |
| <b>OBJECTIVE 3:</b> Promote a national and regional policy environment conducive to family planning and reproductive health  |                      |                      |          |       |                       |           |  |             |  |
| <b>RESULT 1:</b> National policy environment becomes more conducive to family planning and reproductive health   |                      |                      |          |       |                       |           |  |             |  |
| 22. Total estimated contribution (USD) of public (MOH, OHDs, local health facilities, etc.) and private sectors (pharmaceutical manufacturers and distributors, NGOs, mass media, etc.) to FP/ RH in cash or in-kind (total for the priority oblasts and national level) | HWUP monitoring data | Annual / Fiscal Year | 2011     | \$0   | \$100,000             | \$136,315 | \$1,615,322                                | \$1,651,637 | <p>This indicator measures the ongoing commitment of the public and private sector to FP/RH.</p> <p>Years 5 targets were revised in line with Year 4 results</p> <p>Due to the fact that exchange rate of Ukrainian Hryvnia to US Dollar dramatically increased, the total amount of partnership contributions in PY4 (in USDs) has significantly decreased. However, looking at partners' contributions in hryvnia equivalent, it has slightly decrease compare to the previous year.</p> |
| 23. Number of FP/RH regulatory documents adopted by GOU (orders/manuals/curricula/ guidelines/ protocols developed/updated and approved) that demonstrates commitment to FP/RH   | HWUP monitoring data | Annual / Fiscal Year | 2011     | 0     | N/A                   | N/A       | 7  | 7           | <p>Contributes to PPR custom indicator (see comments at Indicator 20)</p> <p>Includes legal/policy documents, FP/RH manuals,/curricula/guidelines/standards/ job protocols, orders developed/updated with project support and adopted by relevant government institution with USG funds.</p>   |
| <b>RESULT 2:</b> Strengthened capacity of oblast health administrations to support FP education and services   |                      |                      |          |       |                       |           |  |             |  |
| 24. Number of assisted oblasts that developed FP/RH Institutional Change Plans and have resources to implement those plans   | HWUP monitoring data | Year 4               | 2011     | 0     | N/A                   | N/A       | 11   | 11          | In Year 3 HWUP started to work with partnering oblasts on development of such plans. In Year 4 all HWUP oblasts (except Luhansk oblast) developed the plan   |
| <b>ENVIRONMENTAL COMPLIANCE</b>  |                      |                      |          |       |                       |           |  |             |  |
| 25. EMMP Indicator: Number of program supported TA materials (e.g. BCC/IEC materials, clinical training manuals, policies, etc.) that include information regarding safe medical waste disposal  | HWUP monitoring data | Annual / Fiscal Year | 2011     | 0     | N/A                   | N/A       | 6  | 6           | Year 4: BCC/IEC material (FP/RH booklet)   |



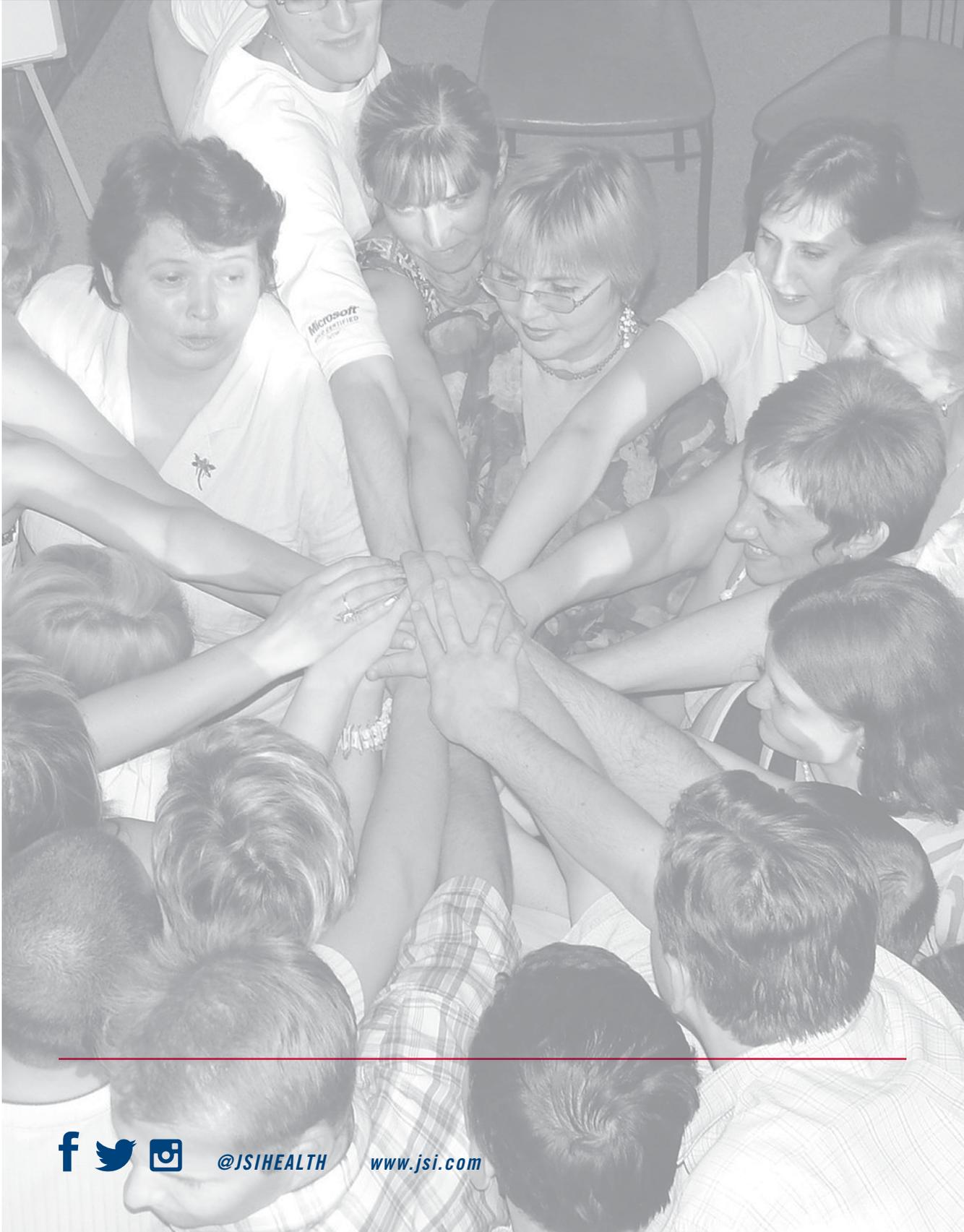
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