



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

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Baseline Assessment Report: Kharkiv & Lviv Oblasts

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Kyiv, January 2008



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

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Acronyms and Abbreviations

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior change communications
CAMP	Contraceptive Availability Minimum Package
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
DMPA	Depot Medroxyprogesterone Acetate or Depo Provera
DV	Dermatovenereology/dermatovenereologist
EC	Emergency contraception
FAP	<i>Feldsher-accousherski punkt</i>
FAT	Facility Assessment Tool
FP	Family planning
HIV	Human Immunodeficiency Virus
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IUD	Intrauterine device
LAM	Lactation Amenorrhea Method
M&E	Monitoring and evaluation
MOH	Ministry of Health
N	Number (in a sample)
NGO	Nongovernmental organization
Ob-gyn	Obstetrician-gynecologist
OC	Oral contraceptives
PhAT	Pharmacy Assessment Tool
POP	Progestin-only pills
RA	Research Assistants
RH	Reproductive health
SMD	Support for Market Development (pharmacy research company)
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
STI	Sexually transmitted infection
TfH	Together for Health project
UAH	Ukrainian <i>hryvnia</i> (local currency)
URHS	Ukraine Reproductive Health Survey
USAID	United States Agency for International Development
USG	US Government
WAPS	Willingness and Ability to Pay Survey

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I. Introduction

Together for Health (TfH) is a multi-component project that aims to reduce the abortion rate, unintended pregnancy and sexually transmitted infections (STIs), while increasing the use of modern methods of contraception.

TfH is using a “systems approach” to achieve its goal – working with the general population, health providers, health care facilities and pharmacies that carry, or should carry, modern methods of contraception. The main strategies of the project are to:

1. Strengthen family planning and reproductive health services provided by health workers;
2. Increase the population’s knowledge and promote behavior change;
3. Improve the availability and affordability of contraceptives, and
4. Support policies and systems for improved services.

In the summer of 2006, TfH staff conducted baseline assessments of health facilities and pharmacies, self-administered client exit questionnaires, the collection of facility statistics and information on the availability of contraceptive products and their prices. This report presents the findings of the baseline assessment in the first two oblasts where TfH is working: Kharkiv in Eastern Ukraine and Lviv in the West.

The primary purpose of the baseline assessments was to assess the current status of family planning / reproductive health (FP/RH) knowledge, attitudes and practices, the quality of services and the availability of commodities to inform project development and to serve as a point of comparison for measuring TfH’s impact in the future. By conducting follow-up assessments late in the project’s life, TfH will assess whether project activities are efficiently and effectively translated into desired outcomes and intended impacts. In this way, TfH staff will be able to detect areas of success as well as areas needing improvement.

The key information that the project was interested in monitoring through the assessments was the following:

- Clients’ knowledge of critical FP/RH information, their attitudes toward contraceptive methods, their receipt of contraception or a prescription¹, and their satisfaction with their visit to a health facility;
- Health providers’ counseling skills and provision of key information on FP/RH to clients, as assessed by clients;
- Health facilities’ supply of free contraceptives for needy clients, and their display of information, education, and communication (IEC) materials;
- Pharmacies’ stock of a minimum “package” of contraceptive methods sold at mid-range or low prices—the Contraceptive Availability Minimum Package (CAMP)—and display of information, education, and communication (IEC) materials.

II. Methodology

A. Design

In each of the target oblasts, the assessment has a quasi-experimental design with repeated cross-sections of random samples. This design will allow for comparisons between time points and oblasts. Due to time, human resource, and budgetary constraints, it was decided not to collect data in control oblasts. This limits the possibility of making assertions that changes are due to the activities conducted by the project. However, data will be collected in subsequent years in new oblasts where the project has yet to initiate activities. These data will serve as a comparison group.

Data presented in this report are exclusively from the baseline in TfH’s initial oblasts, Kharkiv and Lviv (call this A1). Data will be collected in these two oblasts once again in the fall of 2007 (A2). At the same time baseline data will be collected in five new project oblasts (B1). By comparing 2006 and 2007 data from

¹ Since the prescription system is not functioning in Ukraine at this time, in the project surveys, a prescription refers to a formal or informal prescription, including a piece of paper with information about a product.

Kharkiv and Lviv (A1 and A2) and also comparing 2007 data from Kharkiv and Lviv (A2) with 2007 data from the additional oblasts (B1), Together for Health should be able to demonstrate and argue that changes are attributable to project activities.

Table 1: Illustrative Timeline of Baseline and Follow-Up Assessments by Project Phase

PROJECT PHASE	2006	2007
Year 1 Oblasts	Baseline (A1)	Follow-Up (A2)
Year 2 Oblasts		Baseline (B1)

At each time point, data are collected on FP/RH clients, facilities, and pharmacies. Clients included women coming to health facilities for an annual check-up, ob-gyn consultation or follow-up visit, an abortion, delivery or antenatal care. Health facilities that are, or should be, providing FP/RH services were randomly selected, as described below. Data were also collected from three pharmacies near each selected health facility. Eligible health facilities were those providing FP/RH services in each oblast including:

- oblast general hospitals
- oblast maternities
- oblast FP centers
- oblast women’s consultations
- city general hospitals
- city maternities
- city women’s consultations
- polyclinics
- rayon general hospitals with ob-gyn department
- rayon women’s consultations.

Facility types expected to have very few FP/RH clients each day were excluded from the sampling frame because it would be too costly to collect data in such places. These include *feldsher-accoucherski punkts* (FAPs), ambulatories, and family doctors’ offices.

B. Sample Size

The sample size was calculated using PC Size software (Dallal, G.E. (1986), “PC-SIZE: A Program for Sample Size Determinations,” *The American Statistician*, 40,52) with the key indicator of current contraceptive use, a power of .80 and a 95% level of confidence. For this, the 2004 rate of contraceptive use of 46.9% was used (WAPS, 2004). In order to detect a statistically significant change of five percentage points (from 46.9% to 51.9%) the sample size would have to be at least 1,600 per group (oblast, urban/rural location, and time period).

Sample size is, however, always a trade-off between the feasibility of obtaining data from a sample of given size and the ideal sample size. In this case, it was not be feasible to collect such a large sample with a limited project budget and the project’s anticipated broad geographic coverage. Therefore, the sample size was set at 450 per oblast – split evenly between rural and urban facilities/areas to allow for rural/urban comparisons. This sample size should allow for detection of statistically significant changes of 13 percentage points. This means that, though smaller changes may be observed, sample size will not permit TfH to assert that observed differences of less than 13 percentage points between oblast or between time point are not due to chance.

To keep logistics under control, it was decided that, for each oblast assessment, 30 health facilities (15 rural and 15 urban) would be randomly selected. In each, 15 client questionnaires would be collected to achieve the total of 450.

C. Sampling Plan

In each oblast, sampling began with the selection of facilities. To randomly select the facilities, a list of all facilities that (should) provide FP/RH services in each oblast was developed (Kharkiv Oblast – 38 facilities, Lviv Oblast – 47 facilities).

Facilities in each oblast were then listed, organized by location (urban/rural) and client volume. Fifteen facilities in rural areas and 15 in urban areas² were then selected using the probability proportional to size (PPS) method. Size, in this case, referred to client volume or the total number of female clients attended to at the facilities (for abortions, antenatal care, and annual gynecological visits) in the previous year.

On each day of data collection, all clients leaving the sampled facility/department were invited to complete a questionnaire. This continued until five women on that day agreed to, and were considered eligible (see below), to participate in the assessment. This was repeated for three days until 15 clients completed the questionnaire.³ Data were collected on the facility sampled and, in addition, for each health facility, three pharmacies were identified using the random walk method.

D. Data Collection

Data were collected by research assistants (RA), carefully selected medical students or mid-level providers, who participated in a one-day training conducted by Tfh staff about the purpose of the study, interaction with clients, and data collection using the tools described below. The training was conducted in large measure to ensure that personal perceptions would not bias any results recorded and to ensure that women (facility clients) were properly asked for their consent to participate in the assessment.

Data were collected using the following tools:

- **Facility Assessment Tool (FAT):** This is a simple checklist to collect very basic information on health facilities to assess resources available such as IEC materials, health providers, and free contraceptives. On average, each FAT took about 10 minutes to complete. The FAT permits Tfh to determine if Tfh materials or other materials are available for the population and providers and that they are used. This form also assesses the availability of free contraceptives in various types of facilities.
- **Client Exit Questionnaire (CEQ):** This is a self-administered questionnaire designed to assess clients' knowledge, attitudes towards different methods of contraception, abortion and STIs and their practices. It also asks clients about their interactions and overall satisfaction with the health care provider who saw them that day. On average, each CEQ took about 12 minutes to complete.
- **Pharmacy Assessment Tool (PhAT):** This covers general information on pharmacies, including location, IEC materials on display, modern contraceptive methods available (by brand) and their prices. It also includes a checklist for observing pharmacy staff interactions with clients. On average, each PhAT took about 20 minutes to complete.

All tools were first developed in English. They were then translated, pre-tested, and revised, as necessary. Since the population of Ukraine speaks two languages, with Ukrainian more widely used in the West and Russian in the East, the CEQ was translated into both languages.

Upon arrival in a sampled facility, after meeting with the facility's chief doctor or the identified responsible person, RAs set up a table with CEQs, token gifts for clients and some refreshments for women. As mentioned above, all women leaving the facility were approached by RAs and asked to participate in the assessment by completing the CEQ. Women were approached in different locations, depending on the

² Eight ob/gyn departments and seven FP/Women's Consultation centers were randomly sampled using PPS in each area (rural/urban).

³ Ideally, a sampling interval would have been calculated by dividing the average number of clients expected for the three days of data collection by the desired "safe" sample size (the desired sample size, 15, plus an additional 20% to adjust for non-response). However, client volume figures tend to be unreliable and daily client flow is also variable. For this reason all eligible women were approached. We do not believe selection of the first clients as opposed to clients that arrived throughout the day has caused substantial bias.

facility/department, and consent to participate was requested. They were told that completion of the questionnaire was voluntary, anonymous, and confidential and that it would take approximately 10 minutes to complete the questionnaire.

Upon expressing interest, each woman’s eligibility was assessed. She was considered eligible if she...

- was of reproductive age (15 - 49 years);
- was NOT actively planning/trying to get pregnant;
- had NOT had a hysterectomy (removal of the uterus); and
- was NOT being seen for infertility problems.

If the woman was eligible, she was asked to complete the questionnaire. Since the CEQs were self-administered, voluntary, and anonymous, completion of the questionnaire was considered to be consent. Each completed questionnaire was placed in a sealed envelope to assure confidentiality. Upon returning the questionnaire and placing it in a large envelope, the woman was given a small gift (pencil box and pen valued at 12 UAH or \$2.10).

The FAT was completed on the 2nd day of data collection at the facility, as that allowed RAs a chance to become more familiar with the facility. The FAT was completed by observing the availability of FP/RH informational educational materials (e.g. posters and brochures) and asking the chief doctor or identified responsible person about free contraceptives available and facility staffing numbers.

After collecting all CEQs and completing the FAT, pharmacies were visited. The RAs first visited the pharmacy located in the health facility or on the facility premises (excluding specialty pharmacies such as those specializing in cardiology drugs, for example). RAs then walked approximately 500 meters in any direction away from the health facility to the nearest pharmacy and completed the second PhAT. Finally, they walked another 500 meters, again in any direction, to complete the final PhAT.

Completed assessment tools were taken to the Family Planning and Reproductive Health Center in each oblast, where Tfh staff carefully reviewed all completed tools. For each facility, the full set of completed tools consisted of one completed FAT, 15 CEQs and three PhATs.

For this baseline assessment in Kharkiv Oblast and Lviv Oblast the total sample achieved is presented in Table 2 below.

Table 2: Baseline Sample Achieved in Kharkiv Oblast and Lviv Oblast

SURVEY INSTRUMENT / POPULATION	KHARKIV			LVIV			TOTAL
	Rural	Urban	Overall	Rural	Urban	Overall	
Clients interviewed	219	247	466	213	225	438	904
Health facilities assessed	15	15	30	14	15	29	59
Pharmacies assessed	51	38	89	41	44	85	174

E. Data Analysis

Data were entered, cleaned and analyzed using the project’s MS Access database. Data entry was performed by an outside research assistant who was given basic information regarding the purpose and methodology of the assessments. Then data were disaggregated by oblast, location (urban/rural), and, on occasion, facility type. Data were analyzed in MS Access. It is important to note that oblast averages presented here are based on an over-sampling of rural areas and ob and gyn departments. Thus they are not averages of clients in each oblast so much as they are averages of clients in the sampled facilities and areas.

III. Findings

A. Background Characteristics

As mentioned above, data were collected on facilities, pharmacies and clients. Background characteristics of these are presented in the tables that follow. As shown in Table 3, in both oblasts, a little over half of the facilities visited were inpatient facilities. The numbers and types of providers in these facilities varied greatly (see Table 4), depending on whether the facility was located in a rural or urban area. Urban facilities in both oblasts had a much higher number of ob-gyns, which is to be expected since they usually have larger patient loads and provide a higher level of care that warrants specialists. On average, Kharkiv facilities in rural areas had five times as many family doctors as facilities in rural Lviv, reflecting the emphasis placed on family medicine by Kharkiv Oblast.

Table 3: Types of Health Facilities Sampled, by oblast and urban/rural location (number and percent)

TYPE OF FACILITY	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=14		N=15		N=29		N=15		N=15		N=30	
	#	%	#	%	#	%	#	%	#	%	#	%
Inpatient	7	50.0%	9	60.0%	16	55.2%	8	53.3%	8	53.3%	16	53.3%
Outpatient	7	50.0%	6	40.0%	13	44.8%	7	46.7%	7	46.7%	14	46.7%

Table 4: Average Number of Staff in Health Facilities Sampled, by type of provider, oblast and urban/rural location (mean number)

TYPE OF PROVIDER	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=14		N=15		N=29		N=15		N=15		N=30	
	#	%	#	%	#	%	#	%	#	%	#	%
Ob-gyns	4		18		11		5		17		11	
Min	1		3		1		1		5		1	
Max	9		43		43		10		57		57	
Feldshers	4		6		5		9		7		8	
Min	4		4		4		3		3		3	
Max	4		8		8		13		10		13	
Midwives	5		25		15		5		18		10	
Min	1		8		1		1		2		1	
Max	14		62		62		8		73		73	
Family doctors	2		2		2		11		3		10	
Min	2		1		1		4		3		3	
Max	2		3		3		20		3		20	

Tables 5 and 6, below, report findings on the type and staffing of pharmacies sampled. In both Kharkiv and Lviv over half of the pharmacies visited belonged to chains and were privately owned. In Kharkiv a rather large percentage of pharmacies (40.4%) were publicly owned while only 21.2% were publicly owned in Lviv. In Lviv, 15.3% of pharmacies were reported as owned neither privately or publicly. This is likely due to a misunderstanding or lack of information among pharmacy staff regarding ownership.

Staffing in pharmacies in both oblasts and in both rural and urban areas was nearly the same. On average, pharmacies were staffed with 3-4 provisors⁴, 2-3 pharmacists, and 3 salespeople.

⁴ Provisors are pharmacists with a higher education.

Table 5: Characteristics of Pharmacies Sampled, by oblast and urban/rural location (number and percent)

PHARMACY CHARACTERISTIC	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=41		N=44		N=85		N=51		N=38		N=89	
	#	%	#	%	#	%	#	%	#	%	#	%
Pharmacy type												
Chain	21	51.2%	25	56.8%	46	54.1%	35	68.6%	19	50.0%	54	60.7%
Independent	20	48.8%	19	43.2%	39	45.9%	15	29.4%	18	47.4%	33	37.1%
Pharmacy ownership												
Private	21	51.2%	32	72.7%	53	62.4%	25	49.0%	25	65.8%	50	56.2%
Public	12	29.3%	6	13.6%	18	21.2%	26	51.0%	10	26.3%	36	40.4%
Other	7	17.1%	6	13.6%	13	15.3%	0	0.0%	1	2.6%	1	1.1%
Location in relation to FP/RH facility												
in facility	13	31.7%	11	25.0%	24	28.2%	15	29.4%	11	28.9%	26	29.2%
< 500 meters from facility	15	36.6%	14	31.8%	29	34.1%	14	27.5%	10	26.3%	24	27.0%
501 - 1000 meters from facility	8	19.5%	16	36.4%	24	28.2%	11	21.6%	10	26.3%	21	23.6%
> 1000 meters from facility	5	12.2%	3	6.8%	8	9.4%	11	21.6%	7	18.4%	18	20.2%

Table 6: Average Number of Staff in Pharmacies Sampled, by type of staff, oblast and urban/rural location (mean value)

TYPE OF PHARMACY STAFF	LVIV			KHARKIV		
	Rural	Urban	Overall	Rural	Urban	Overall
	N=41	N=44	N=85	N=51	N=38	N=89
Provisors	3	3	3	3	4	3
Min	1	1	1	1	1	1
Max	6	8	8	10	8	10
Pharmacists	2	2	2	2	3	3
Min	1	1	1	1	1	1
Max	7	7	7	6	7	7
Salespersons	3	3	3	2	4	3
Min	1	1	1	1	1	1
Max	5	5	5	6	8	8

As Table 7 illustrates, there were no major differences between oblasts or location (urban/rural) in terms of clients' characteristics. The mean age of clients in health facilities was 28 in Lviv and 29 in Kharkiv. In both oblasts, more than three quarters of clients were married or in unregistered union. Since there is no reason to suspect that clients would be more or less likely to be married in one oblast or another, this finding is reassuring that the samples in each oblast are random and representative of facility clients.

In terms of the reasons for visiting the facility, in Lviv, the main reasons were for a consultation (30.6%), annual check-up (19.4%), and antenatal care (22.6%) whereas in Kharkiv the main reasons were for a consultation (33.3%) and annual check-up (35.0%). Only 8.4% of clients in Kharkiv were visiting the facility for antenatal care.

Table 7: Characteristics of Health Facility Clients Sampled, by oblast and urban/rural residence (number and percent, except where indicated as mean value)

FACILITY CLIENT CHARACTERISTIC	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Age												
Mean age	28.7		27.8		28.2		29.7		28.4		29.0	
Age range												
16-19 years	13	6.1%	16	7.1%	29	6.6%	21	9.6%	26	10.5%	47	10.1%
20-25 years	72	33.8%	86	38.2%	158	36.1%	52	23.7%	79	32.0%	131	28.1%
26-30 years	51	23.9%	57	25.3%	108	24.7%	51	22.3%	57	23.1%	108	23.2%
30+ years	77	36.2%	65	28.9%	142	32.4%	95	43.4%	85	34.4%	180	38.6%
Marital Status												
Married, registered	154	72.3%	158	70.2%	312	71.2%	145	66.2%	124	50.2%	269	57.7%
Unregistered marriage	8	3.8%	17	7.6%	25	5.7%	33	15.1%	64	25.9%	97	20.8%
Divorced	12	5.6%	13	5.8%	25	5.7%	12	5.5%	14	5.7%	26	5.6%
Widowed	1	0.5%	3	1.3%	4	0.9%	0	0.0%	4	1.6%	4	0.9%
Single	31	14.6%	32	14.2%	63	14.4%	22	10.0%	33	13.4%	55	11.8%
Main Purpose of Visit to Facility												
Consultation	67	31.5%	67	29.8%	134	30.6%	71	32.4%	84	34.0%	155	33.3%
Annual check-up	43	20.2%	42	18.7%	85	19.4%	90	41.1%	73	29.6%	163	35.0%
Scheduled follow-up visit	12	5.6%	14	6.2%	26	5.9%	14	6.4%	25	10.1%	39	8.4%
Contraception / FP services	9	4.2%	8	3.6%	17	3.9%	10	4.6%	18	7.3%	28	6.0%
Abortion	9	4.2%	12	5.3%	21	4.8%	4	1.8%	14	5.7%	18	3.9%
Delivery	29	13.6%	27	12.0%	56	12.8%	14	6.4%	10	4.0%	24	5.2%
Antenatal care	44	20.7%	55	24.4%	99	22.6%	16	7.3%	23	9.3%	39	8.4%

B. IEC Materials

Though the Tfh project has now developed and distributed IEC materials to improve clients' knowledge and practices related to family planning, at the time of this survey the materials had not yet been developed. Thus, during the baseline assessments IEC materials referenced include those *not* produced by the project.

It was found that over 60% of health facilities in both Kharkiv and Lviv had posters about modern FP methods prior to Tfh implementation (see Table 8 below). Brochures were more widely available in Kharkiv health facilities (67%) as compared to Lviv facilities (55%). IEC materials (posters and brochures) were much more available in urban areas compared to rural areas in Lviv; where 80% of facilities in urban areas had posters on display and 67% had brochures while in rural areas only 43% had a poster on display and 43% had brochures. A different situation was observed in Kharkiv Oblast where more rural facilities had posters and brochures available for clients — 67% of rural facilities had posters and 87% had brochures available, compared to urban facilities of which 60% had posters and 47% had brochures available. A majority of posters were produced by either the Ukrainian Family Planning Association in association with UNFPA or by the facility staff. Almost all brochures available in facilities were produced by pharmaceutical companies and were regarding combined oral contraceptives. The above findings suggest that efforts to distribute IEC materials should prioritize facilities in rural areas in Lviv and urban areas in Kharkiv.

It was observed that IEC materials tended to focus on certain contraceptive methods and did not provide information on others. Tfh materials will need to be comprehensive, covering a range of methods.

Table 8: IEC Materials (not produced by Tfh) Available in Health Facilities Sampled, by oblast and urban/rural location (number and percent)

TYPE OF IEC MATERIALS ON FP/RH IN FACILITIES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=14		N=15		N=29		N=15		N=15		N=30	
	#	%	#	%	#	%	#	%	#	%	#	%
Poster(s)												
On display	6	42.9%	12	80.0%	18	62.1%	10	66.7%	9	60.0%	19	63.3%
Not observed	8	57.1%	3	20.0%	11	37.9%	5	33.3%	6	40.0%	11	36.7%
Brochure(s)												
On display or to take home	6	42.9%	10	66.7%	16	55.2%	13	86.7%	7	46.7%	20	66.7%
On display	1	7.1%	7	46.7%	8	27.6%	1	6.7%	1	6.7%	2	6.7%
To take home	5	35.7%	3	20.0%	8	27.6%	12	80.0%	6	40.0%	18	60.0%
Not observed	8	57.1%	5	33.3%	13	44.8%	2	13.3%	7	53.3%	10	33.3%

With respect to pharmacies, only 30% and 21% in Kharkiv and Lviv respectively had non-Tfh posters about modern FP methods. Again, the availability of brochures on modern FP methods in pharmacies was higher in Kharkiv (45%) compared to Lviv (24%). In both Lviv and Kharkiv, pharmacies in rural areas were more likely to have posters and brochures than pharmacies in urban areas — 24% and 26%, respectively, in rural Lviv vs. 18% and 21% in urban Lviv and 43% and 69% in rural Kharkiv vs. 13% for both posters and brochures in urban Kharkiv. These findings suggest that efforts to distribute IEC materials should focus on pharmacies in urban areas in both oblasts.

Table 9: IEC Materials (not produced by Tfh) Available in Pharmacies Sampled, by oblast and urban/rural location (number and percent)

TYPE OF IEC MATERIALS ON FP/RH IN PHARMACIES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=41		N=44		N=85		N=51		N=38		N=89	
	#	%	#	%	#	%	#	%	#	%	#	%
Poster(s)												
On display	10	24.4%	8	18.2%	18	21.2%	22	43.1%	5	13.2%	27	30.3%
Not observed	31	75.6%	36	81.8%	67	78.8%	29	56.9%	33	86.8%	62	69.7%
Brochure(s)												
On display or to take home	11	26.8%	9	20.5%	20	23.5%	35	68.6%	5	13.2%	40	44.9%
On display	11	26.8%	7	15.9%	18	21.2%	8	15.7%	0	0.0%	8	9.0%
To take home	0	0.0%	2	4.5%	2	2.4%	27	52.9%	5	13.2%	32	36.0%
Not observed	30	73.2%	35	79.5%	65	76.5%	18	35.3%	33	86.8%	51	57.3%

The purpose of having IEC materials, such as posters and brochures, available is to ensure that clients receive and read them. As shown in Table 10, only half of the health facility clients surveyed (52% of clients in Lviv facilities and 61% in Kharkiv facilities) reported receiving any materials from health providers. There was only a minimal difference between facilities in rural and urban areas in Lviv (53% vs. 51%, respectively), which is somewhat surprising since facilities in rural Lviv were much less likely to have brochures than those in urban areas (see Table 8). In contrast, in Kharkiv, rural clients were more likely to receive materials from providers than clients in urban areas (71% vs. 52% respectively). This is in line with findings presented in Table 8, which show that IEC materials were more likely to be available in rural facilities compared to urban facilities in Kharkiv.

In both Lviv and Kharkiv, among clients who received any print materials, the topics most commonly mentioned (reported by more than 35% of clients) included FP/contraception STIs. In addition, in rural Lviv 57% of clients who received materials said that they mentioned HIV/AIDS and 33% said that they mentioned abortion. In urban Lviv, only 23% and 19% of clients, respectively, said that these topics were mentioned in materials received. In Kharkiv, far fewer clients reported that IEC materials received

mentioned HIV/AIDS or abortion (30% and 25% in rural areas and 15% and 12%, respectively, in urban areas).

In addition to IEC materials available and distributed in facilities and pharmacies, clients may also be exposed to behavior change communication (BCC) messages on television, radio, or in magazines/journals. About three-quarters of clients in Kharkiv and Lviv recalled seeing something on TV, hearing something on the radio, or reading something in a magazine/journal about modern contraceptive methods.

Table 10: Exposure to IEC/BCC by Health Facility Clients Sampled, by oblast and urban/rural place of residence (number and percent)

EXPOSURE TO IEC/BCC	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Received any printed materials during current visit to provider	113	53.1%	113	50.2%	226	51.6%	155	70.8%	129	52.2%	284	60.9%
Topic(s) covered in printed material received:												
FP/contraception	68	60.2%	69	61.1%	137	60.6%	96	61.9%	81	62.8%	177	62.3%
STIs	61	54.0%	39	34.5%	100	44.2%	55	35.5%	42	32.6%	97	34.2%
HIV/AIDS	64	56.6%	26	23.0%	90	39.8%	47	30.3%	19	14.7%	66	23.2%
Abortion	37	32.7%	21	18.6%	58	25.7%	39	25.2%	16	12.4%	55	19.4%
Pregnancy and/or prenatal care	23	20.4%	26	23.0%	49	21.7%	11	7.1%	18	14.0%	29	10.2%
Advertisement from a pharmaceutical company	10	8.8%	17	15.0%	27	11.9%	25	16.1%	16	12.4%	41	14.4%
Other topic	9	8.0%	10	8.8%	19	8.4%	2	1.3%	1	0.8%	3	1.1%
Within the past 6 months has seen anything on the television or heard on the radio or read in the magazine or newspaper about modern contraceptive methods	144	67.6%	172	76.4%	316	72.1%	170	77.6%	190	76.9%	360	77.3%

C. Availability of Contraceptives

Table 11 presents the number and percent of facilities sampled with free contraceptives available at the time of the visit/assessment. Availability of free contraceptives in health facilities was very low in both oblasts, in rural and urban areas. Only 14% of facilities in Lviv (17% in sampled rural facilities and 20% in sampled urban facilities) and 27% in Kharkiv (33% in sampled rural facilities and 17% in sampled urban facilities) had any type of free contraceptives available for their clients, according to health facility staff interviewed for the facility survey. In rural Lviv, only one facility had free contraceptives—combined oral contraceptives (COC), condoms, intrauterine devices (IUD), and spermicides—and, in urban Lviv, just three facilities had free contraceptives—IUDs and two facilities had condoms. In Kharkiv, six of the facilities with free contraceptives were in rural areas and two were in urban areas. The one urban facility had COCs and another had male condoms while the rural facilities had a range of methods, but free IUDs, condoms and COCs were most common. Though not presented, data were disaggregated by type of facility (inpatient and outpatient), revealing that availability was similarly low in both types of facilities and in both oblasts.

Table 11: Availability of Free Contraceptives in Health Facilities Sampled, by oblast and urban/rural location and by method (number and percent)

TYPE OF CONTRACEPTIVE METHOD AVAILABLE	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=14		N=15		N=29		N=18		N=12		N=30	
	#	%	#	%	#	%	#	%	#	%	#	%
Any type of contraceptive available for free	1	7.1%	3	20.0%	4	13.8%	6	33.3%	2	16.7%	8	26.7%
Types available												
Combined oral contraceptives	1	7.1%	0	0.0%	1	3.4%	3	16.7%	1	8.3%	4	13.3%
Condoms (male)	1	7.1%	2	13.3%	3	10.3%	3	16.7%	1	8.3%	4	13.3%
Emergency contraception (Postinor)	0	0.0%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	1	3.3%
Injectable (Depo-Provera)	0	0.0%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	1	3.3%
Intrauterine devices (IUDs)	1	7.1%	3	20.0%	4	13.8%	5	27.8%	0	0.0%	5	16.7%
Progestin-only pills (Exluton)	0	0.0%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	1	3.3%
Spermicides	1	7.1%	0	0.0%	1	3.4%	1	5.6%	0	0.0%	1	3.3%

In the pharmacies visited in Kharkiv, COCs, male condoms, and emergency contraception (EC) were the most widely available modern FP methods (93%, 92% and 72%, respectively). In addition, around 65% of pharmacies had IUDs and spermicides. All other modern FP methods were found in less than 20% of pharmacies – only 17% had the injectable; just 7% had progestin-only pills; and no pharmacies had the vaginal ring or patch. No significant differences in availability were observed between rural and urban pharmacies, except that IUDs were much more common in rural pharmacies in Kharkiv compared to urban pharmacies (77% in rural areas vs. 47% in urban areas).

Similarly, in Lviv, male condoms, COCs, and EC were the most widely available methods in sampled pharmacies (94%, 85% and 72%, respectively). Spermicides were found in only 48% of pharmacies in Lviv, compared to 65% in Kharkiv. And IUDs were available in only 31% of surveyed pharmacies in Lviv—somewhat more than half as often as in Kharkiv. There were no significant differences in the availability of modern FP methods between urban and rural pharmacies in Lviv, except that urban pharmacies were significantly more likely to have COCs available on the day of assessment (93%) than rural pharmacies (76%).

Availability of low-priced COCs (≤ 10 UAH) was adequate in both Lviv and Kharkiv, 66% and 69% of pharmacies had packets with one cycle of COCs, at a price of ≤ 10 UAH or packets of three cycles which are sold by the cycle. Note that this reflects the availability of any brand name and price is calculated per one cycle.

Low-priced condoms (≤ 6 UAH per packet of 3 condoms) were widely available (91% and 87% in Lviv and Kharkiv, respectively). However, low-priced IUDs (≤ 25 UAH per unit) and progestin-only pills (≤ 30 UAH per cycle) were rare.

Only one Kharkiv pharmacy among all visited had the complete Contraceptives Availability Minimum Package (CAMP), which is defined as 1 pill brand < 10 UAH, one pill brand between 10 to 20 UAH, one pill brand between 20 to 30 UAH, one progestin-only pill, one EC brand, one injectable contraceptive (Depo Provera, Depot Medroxyprogesterone Acetate or DMPA), one IUD brand at 25 UAH or less, and one brand of condoms.

Table 12: Availability of Contraceptives in Sampled Pharmacies, by oblast and urban/rural location and method (number and percent)

CHARACTERISTICS OF AVAILABLE CONTRACEPTIVES IN PHARMACIES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=41		N=44		N=85		N=51		N=38		N=89	
	#	%	#	%	#	%	#	%	#	%	#	%
Combined oral contraceptives												
Availability of at least one brand	31	75.6%	41	93.2%	72	84.7%	48	94.1%	35	92.1%	83	93.3%
Average price (mean)	35.60		35.44		34.67		34.61		32.22		33.44	
Availability by price(s) available												
≤ 10 UAH	26	63.4%	30	68.2%	56	65.9%	38	74.5%	23	60.5%	61	68.5%
> 10 UAH and ≤ 20 UAH	28	68.3%	38	86.7%	66	77.6%	49	96.1%	33	86.8%	82	92.1%
> 20 UAH and ≤ 30 UAH	9	22.0%	31	72.1%	40	47.6%	38	74.5%	25	65.8%	63	78.0%
> 30 UAH	28	68.3%	41	93.2%	69	81.2%	45	88.2%	33	86.8%	78	87.6%
Condoms (male)												
Availability of at least one brand	40	97.6%	40	90.9%	80	94.1%	49	96.1%	33	86.8%	82	92.1%
Average lowest price (mean)	2.09		3.33		2.71		1.95		3.33		2.52	
Average price (mean)	3.47		4.83		4.15		3.45		4.24		3.77	
Availability by price(s) available												
≤ 6 UAH per 3 pack	39	95.1%	38	86.4%	77	90.6%	45	88.2%	32	84.2%	77	86.5%
> 6 UAH per 3 pack	11	26.8%	16	37.2%	27	32.1%	16	31.4%	12	31.6%	28	31.5%
Emergency contraception (Postinor)												
Availability of at least one brand	28	68.3%	33	75.0%	61	71.8%	39	76.5%	25	65.8%	64	71.9%
Average price (mean)	22.37		21.30		21.79		22.92		22.60		22.79	
Injectable (Depo-Provera)												
Availability of at least one brand	7	17.1%	5	11.6%	12	14.3%	10	19.6%	5	13.2%	15	16.9%
Average price (mean)	40.57		53.58		45.99		49.28		34.65		44.40	
Intrauterine devices (IUDs)												
Availability of at least one brand	14	34.1%	12	27.3%	26	30.6%	39	76.5%	18	47.4%	57	64.0%
Average price (mean)	81.23		104.56		80.92		65.41		67.66		62.65	
Availability by price(s) available												
≤ 25UAH per unit	6	14.6%	0	0.0%	6	7.1%	20	39.2%	6	15.8%	26	29.2%
> 25 UAH per unit	13	31.7%	12	27.5%	25	29.4%	29	56.9%	16	42.1%	45	50.6%
Progestin-only pills (Exluton)												
Availability of at least one brand	2	4.9%	3	7.0%	5	6.0%	3	5.9%	3	7.9%	6	6.7%
Average price (mean)	65.64		44.65		53.05		65.56		69.15		67.36	
Spermicidal												
Availability of at least one brand	18	43.9%	23	52.3%	41	48.2%	32	62.7%	26	68.4%	58	65.2%
Other modern (Patch, NovaRing)												
Availability of at least one brand	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CAMP												
Availability of CAMP	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.6%	1	1.1%

D. Knowledge & Practices of Providers and Pharmacy Staff

According to clients coming for a consultation, an annual check-up, or a scheduled follow-up visit who said they were NOT planning to get pregnant, providers recommended using contraception in 58% of cases in Lviv and 71% of cases in Kharkiv. In Lviv, 55% of these clients, and in Kharkiv, 60% of the clients, reported receiving either a FP method or a prescription for a method after leaving the provider's office. The difference between urban and rural clients was less than 10% in both Kharkiv and Lviv oblasts. Combined oral contraception, IUDs, male condoms and spermicides were the leading modern methods prescribed by providers in both oblasts.

Among those who received contraception or a prescription (excluding pregnant clients, those trying to get pregnant, and those without a partner), a roughly equal number of clients in both oblasts and in urban/rural areas responded that she and the provider, she and her partner, or she alone decided which FP method she would use—not the provider. In all cases, except in urban Lviv, the most common response was that the client and provider together decided on the method.

Among clients (excluding pregnant clients, those trying to get pregnant, and those without a partner) a little over half in both Lviv and Kharkiv reported receiving FP counseling during their visit. Family planning counseling was defined as cases when the provider mentioned at least three out of the following FP topics: 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.

Among pregnant clients, only 50% in Lviv (55% and 46% in rural and urban areas, respectively) and 36% in Kharkiv (38% and 35% in rural and urban areas, respectively) reported receiving any FP counseling from anyone at any time during the prenatal care visit.

With regard to counseling on STIs, a little over a half of clients (excluding pregnant clients, those trying to get pregnant, and those without a partner) in both oblasts reported receiving information from the provider on the following topics: condoms to prevent pregnancy and STIs/HIV, prevention of STIs, and symptoms of sexually transmitted infections. According to clients' responses in both oblasts, only 63% of providers mentioned two out of the three STI-related topics during their counseling — 68% and 59% of clients in rural and urban Lviv, respectively, and 72% and 54% of clients in rural and urban Kharkiv.

Though not presented here, data were disaggregated by type of facility (inpatient and outpatient). In both oblasts, regardless of urban/rural location, about half of the clients received adequate and appropriate FP counseling, as defined earlier. Clients of outpatient facilities were somewhat more likely to report that providers had discussed FP and RH topics than inpatient clients. This is likely due to the different types of clients at inpatient vs. outpatient facilities.

Table 13: FP/RH Practices of Health Care Providers Sampled, as Reported by Clients, by oblast and urban/rural location) (number and percent)

PROVIDER PRACTICE	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	#	%	#	%	#	%	#	%	#	%	#	%
Among clients coming for consultation, annual check-up, or a scheduled follow-up visit	N=122		N=123		N=245		N=175		N=182		N=357	
Provider asked about pregnancy plans	73	59.8%	70	56.9%	143	58.4%	118	67.4%	113	62.1%	231	64.7%
Provider recommended using contraception	68	55.7%	74	60.2%	142	58.0%	130	74.3%	124	68.1%	254	71.1%
Among pregnant clients only	N=44		N=55		N=99		N=16		N=23		N=39	
Received any FP counseling from anyone at any time during you antenatal visits	24	54.5%	25	45.5%	49	49.5%	6	37.5%	8	34.8%	14	35.9%
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=102		N=103		N=205		N=158		N=158		N=316	
FP topics provider discussed (multiple response):												
Various methods of contraception	72	70.6%	69	67.0%	141	68.8%	110	69.6%	91	57.6%	201	63.6%
Benefits and risks of the selected method	61	59.8%	59	57.3%	120	58.5%	83	52.5%	87	55.1%	170	53.8%
Side effects of the selected method	50	49.0%	51	49.5%	101	49.3%	80	50.6%	76	48.1%	156	49.4%

PROVIDER PRACTICE	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	#	%	#	%	#	%	#	%	#	%	#	%
How to use selected method	52	51.0%	55	53.4%	107	52.2%	89	56.3%	87	55.1%	176	55.7%
When to return for follow-up	42	41.2%	36	35.0%	78	38.0%	82	51.9%	70	44.3%	152	48.1%
Provider discussed 3 out of 5 FP topics	58	56.9%	55	53.4%	113	55.1%	87	55.1%	83	52.5%	170	53.8%
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=89		N=91		N=180		N=136		N=133		N=269	
Risks of abortion	63	70.8%	65	71.4%	128	71.1%	104	76.5%	70	52.6%	174	64.7%
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=93		N=95		N=188		N=139		N=138		N=277	
Symptoms of sexually transmitted infections	58	62.4%	59	62.1%	117	62.2%	90	64.7%	68	49.3%	158	57.0%
Prevention of STIs	60	64.5%	51	53.7%	111	59.0%	96	69.1%	79	57.2%	175	63.2%
Condoms to prevent pregnancy and STIs/HIV	62	66.7%	65	68.4%	127	67.6%	105	75.5%	90	65.2%	195	70.4%
Provider discussed 2 out of 3 STI-related topics	63	67.7%	56	58.9%	119	63.3%	100	71.9%	75	54.3%	100	63.2%
Among all clients, excluding clients without a partner	N=199		N=216		N=415		N=210		N=230		N=440	
Husband was present during visit	17	8.5%	29	13.4%	44	11.1%	11	5.2%	20	8.7%	31	7.0%
Among all clients, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=109		N=115		N=224		N=165		N=172		N=337	
Client received:												
Contraceptive method	13	11.9%	22	19.1%	35	15.6%	49	29.7%	41	23.8%	90	26.7%
Prescription (formal or informal) for a contraceptive method	51	46.8%	38	33.0%	89	39.7%	61	37.0%	52	30.2%	113	33.5%
Either contraceptive method or prescription	64	58.7%	60	52.2%	124	55.4%	110	66.7%	93	54.1%	203	60.2%
Neither a contraceptive method nor a prescription	45	43.1%	55	47.8%	100	44.6%	55	33.3%	79	45.9%	134	39.8%
Among all clients who received contraception or prescription, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=64		N=60		N=124		N=110		N=93		N=203	
Type of method (or prescription) received:												
Spermicide/cream/jelly/tampons	7	10.9%	5	8.3%	12	9.7%	6	5.5%	5	5.4%	11	5.4%
Condoms (male)	3	4.7%	6	10.0%	9	7.3%	10	9.1%	12	12.9%	22	10.8%
Condoms (female)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Oral contraceptives (pills)	17	26.6%	17	28.3%	34	27.4%	35	31.8%	27	29.0%	62	30.5%
Injectables (Depo-Provera)	0	0.0%	0	0.0%	0	0.0%	3	0.9%	0	0.0%	1	0.5%
Intrauterine device (IUD)	4	6.3%	5	8.3%	9	7.3%	17	15.5%	10	10.8%	27	13.3%
Emergency contraception (Postinor)	0	0.0%	0	0.0%	0	0.0%	2	1.8%	0	0.0%	2	1.0%
Female sterilization	0	0.0%	1	1.7%	1	0.8%	0	0.0%	0	0.0%	0	0.0%

PROVIDER PRACTICE	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	#	%	#	%	#	%	#	%	#	%	#	%
Male sterilization	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	4	6.7%	4	3.2%	4	3.6%	3	3.2%	7	3.4%
Among all clients who received contraception or prescription, excluding pregnant clients, those trying to get pregnant, and those without a partner	N=106		N=111		N=217		N=165		N=167		N=332	
Person who selected method:												
Client alone	18	17.0%	17	15.3%	35	16.1%	48	29.1%	37	22.2%	85	25.6%
Provider alone	7	6.6%	1	0.9%	8	3.7%	9	5.5%	5	3.0%	14	4.2%
Partner alone	3	2.8%	4	3.6%	7	3.2%	1	0.6%	7	4.2%	8	2.4%
Client & provider together	34	32.1%	27	24.3%	61	28.1%	49	29.7%	60	35.9%	109	32.8%
Client & partner together	21	19.8%	35	31.5%	56	25.8%	38	23.0%	29	17.4%	67	20.2%
All three together	10	9.4%	16	14.4%	26	12.0%	10	6.1%	14	8.4%	24	7.2%
Couldn't remember	13	12.3%	11	9.9%	24	11.1%	10	6.1%	15	9.0%	25	7.5%

Overall, pharmacy staff was welcoming and respectful to clients, provided professional advice and answers to questions posed by the clients as observed by Research Assistants.

Table 14: Knowledge & Observed Practices among Pharmacists/Provisors in Pharmacies Sampled, by oblast and urban/rural location) (number and percent)

PHARMACIST KNOWLEDGE & OBSERVED PRACTICES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=41		N=44		N=85		N=51		N=38		N=89	
	#	%	#	%	#	%	#	%	#	%	#	%
Pharmacist is welcoming to client												
Yes	38	92.7%	41	93.2%	79	92.9%	49	96.1%	33	86.8%	82	92.1%
No	0	0.0%	0	0.0%	0	0.0%	2	3.9%	2	5.3%	4	4.5%
Not observed	3	7.3%	3	6.8%	6	7.1%	0	0.0%	2	5.3%	2	2.2%
Pharmacist answers client's inquiries												
Yes	38	92.7%	43	97.7%	81	95.3%	50	98.0%	38	100.0%	88	98.9%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not observed	3	7.3%	1	2.3%	4	4.7%	1	2.0%	0	0.0%	1	1.1%
Pharmacist treats client in respectful manner												
Yes	35	85.4%	36	81.8%	71	83.5%	48	94.1%	30	78.9%	78	87.6%
No	0	0.0%	0	0.0%	0	0.0%	2	3.9%	4	10.5%	6	6.7%
Not observed	6	14.6%	8	18.2%	14	16.5%	1	2.0%	4	10.5%	5	5.6%
Refer clients to providers trained in FP and modern contraception counseling that work in health facilities nearby												
	12	29.3%	15	34.1%	27	31.8%	30	58.8%	8	21.1%	38	42.7%

E. Beliefs, Knowledge & Practices among Clients

With regard to clients' knowledge, nearly all clients (over 90%) in both oblasts responded that abortion could increase the risk of infertility and approximately 80% responded that abortion could increase the risk of miscarriage in subsequent pregnancies (see Figure 1 below). The majority of clients also believed that abortion could increase the risk of infection (90% in Kharkiv and 78% in Lviv). Responses were similar among rural and urban clients in both oblasts (see Annex Table 1).

Clients also seemed to know the risks of STIs (see Figure 2 below). Over 85% of clients in Kharkiv and over 75% in Lviv responded that STIs can increase the risk of infertility and HIV/AIDS. Responses were about the same in rural and urban areas in both oblasts (see Annex Table 1).

Figure 1: Percent of Sampled Clients who Responded that Abortion Increased the Risks of Particular Outcomes, by oblast

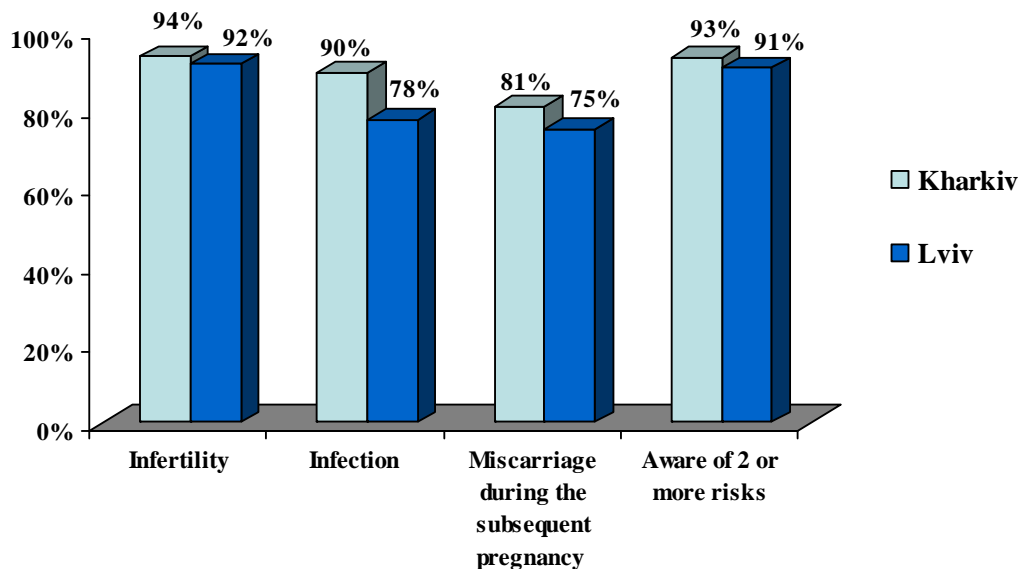
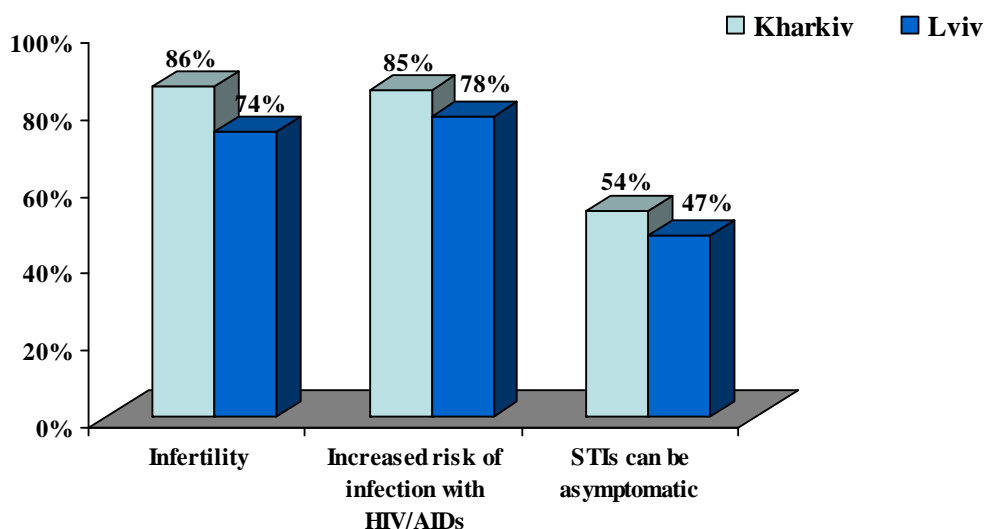
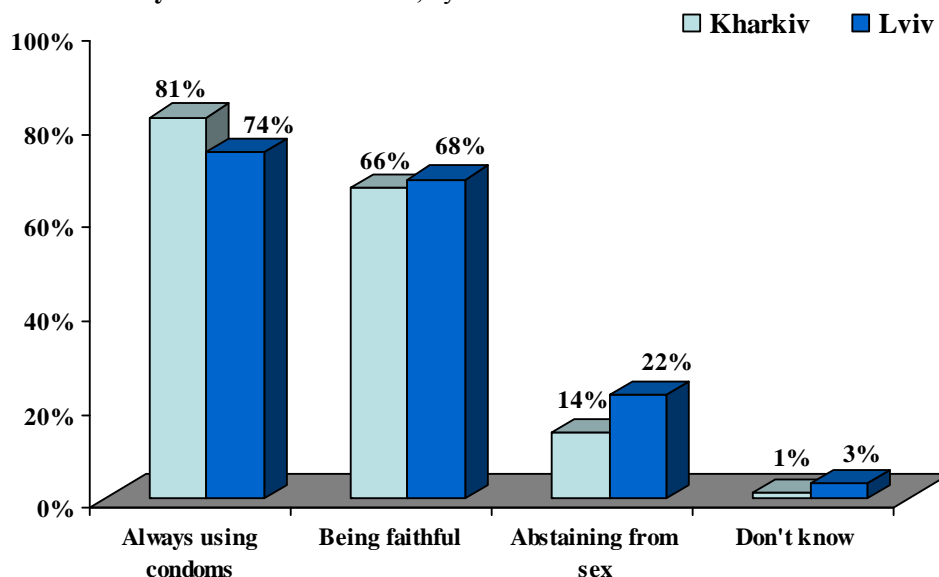


Figure 2: Percent of Sampled Clients who Responded that STIs Increased the Risks of Particular Outcomes, by oblast



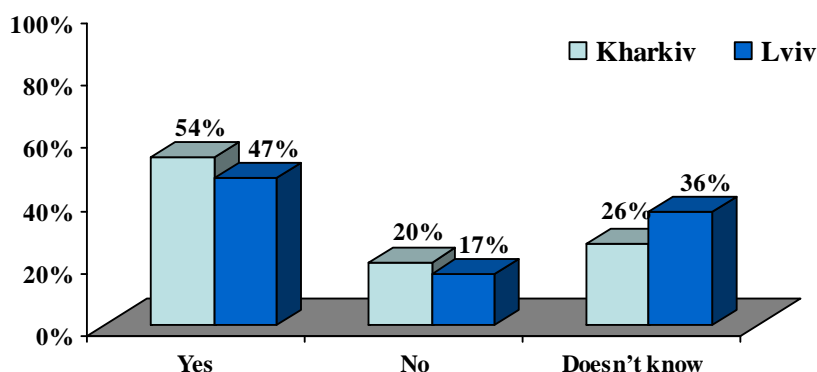
With regard to ways of reducing risk of infection from STIs and HIV, few clients identified the three main ways (abstaining from sex, having a faithful partner and being faithful yourself, and using condoms every time people have sex,) without identifying false ways (e.g. other contraceptive methods) – 12,4% in Lviv and 9,1% in Kharkiv (see Annex Table 1). This may be due to the fact that clients did not fully understand that they could identify more than one way to reduce the risk of infection. As illustrated in Figure 3 below, the majority of clients identified the use of condoms for every sexual encounter as a way of reducing the risk of infection (74% in Lviv and 81% in Kharkiv) and being faithful (68% in Lviv and 66% in Kharkiv). This is in contrast to the low reported use of condoms – 26.7% of clients in Kharkiv and 24.2% in Lviv (see Table 16 below). Fewer mentioned abstinence (22% in Lviv and 14% in Kharkiv). This may be due to the fact that the majority of clients were reportedly sexually active and married (registered or unregistered).

Figure 3: Percent of Sampled Clients who Responded that One Could Reduce the Chance of Getting an STI or HIV by a Particular Method, by oblast



Finally, only about half of clients in both oblasts and urban/rural locations reported knowing or believing that a person can be infected with an STI and not have any symptoms or signs of the disease/infection (see Figure 4 below and Annex Table 1).

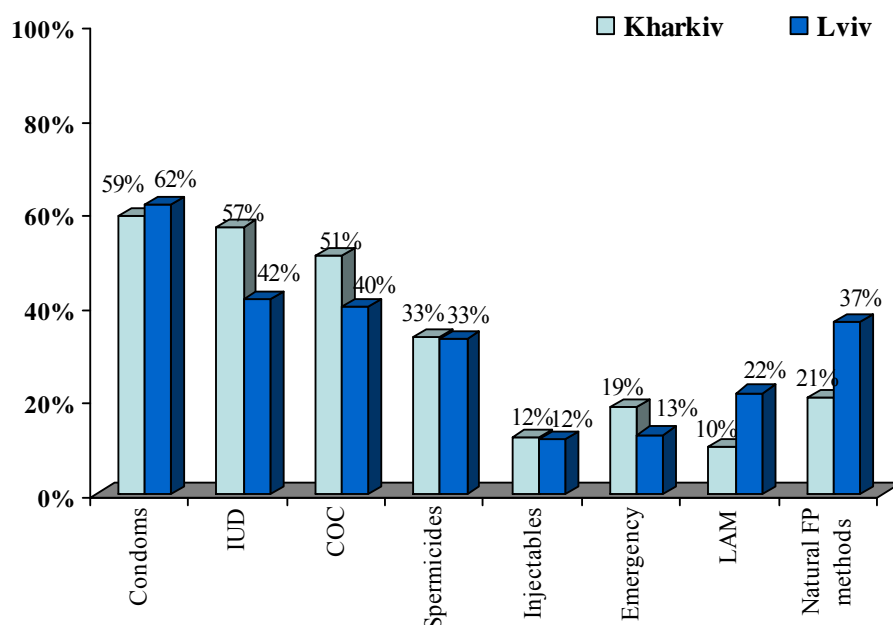
Figure 4: Percent of Sampled Clients who Responded that People Can Be Infected with an STI and Not Have any Symptom or Sign of Infection, by oblast



Clients were also asked about their attitudes toward each method of contraception, with an option to state that they did not know how to rate the method. They were asked to rate each method on a scale from 1 to 5, where 1 indicates a very negative attitude and 5 a very positive attitude, taking into consideration the safety, side effects, effectiveness, and price of the method. More than half of clients sampled did not know how to rate injectables or the Lactation Amenorrhea Method (LAM) (see Annex Table 2).

Among those clients who did venture to rate the methods (see Figure 5 below), those with the highest mean scores—i.e. the most positive ratings—were condoms, IUDs, COCs, spermicides, and injectables. There was little difference between clients in the two oblasts. There was a difference, though, between clients in rural and urban areas (see Annex Table 3). Interestingly, in urban areas, the majority of methods scored lower than in rural areas, except for condoms and spermicides in Kharkiv and COCs and sterilization in Lviv; though the difference was not significant (<5%). EC earned a mean score of 2.8, one of the lowest scores, along with the injectable (Depo-Provera), sterilization, withdrawal and abortion, which scored the lowest.

Figure 5: Prevalence of Sampled Clients Rating Method Positively (among all clients), by method and oblast



Though not shown, ratings of contraceptives were also disaggregated by age groups. All age groups rated the various methods similarly; although women over 30 years old tended to give more positive scores (“good” or “very good”) for the majority of methods.

In general, most clients responded that providers treated them respectfully. Fewer—but still the vast majority—reported that providers used words they understood, listened attentively, and permitted the woman to ask questions. There were no major differences between rural and urban facilities, though, for the majority of these indicators; clients of rural facilities tended to have a slightly less positive perception of services (provider’s treatment and quality of services).

In Lviv, 42% of respondents thought the quality of the services at the facility visited was good, while 60% of clients felt that way in Kharkiv. However, when asked if the client would advise a friend to go to the facility, about three-fourths of the respondents in both oblasts (rural and urban) said they would, indicating either satisfaction or a lack of alternatives.

When data were disaggregated by clients’ purpose of the visit and facility type, no major differences were detected, possibly because of the small sample size of each disaggregated sub-group.

Table 15: Perceptions of Services at Health Facilities among Health Facility Clients Sampled, by oblast and urban/rural residence (number and percent)

PERCEPTION OF FACILITY SERVICES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Client’s perception of provider’s treatment to her												
Treated her respectfully	196	92.0%	212	94.2%	408	93.2%	210	95.9%	233	94.3%	443	95.1%
Spoke to her clearly using words that she understood	180	84.5%	197	87.6%	377	86.1%	189	86.3%	222	89.9%	411	88.2%
Listened attentively	178	83.6%	204	90.7%	382	87.2%	194	88.6%	226	91.5%	420	90.1%

PERCEPTION OF FACILITY SERVICES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Permitted her to ask questions	184	86.4%	206	91.6%	390	89.0%	193	88.1%	227	91.9%	420	90.1%
Client's perception of quality of services												
Good services	84	39.4%	100	44.4%	184	42.0%	132	60.3%	149	60.3%	281	60.3%
Average services	107	50.2%	99	44.0%	260	47.0%	50	22.8%	70	28.3%	120	25.8%
Poor services	6	2.8%	6	2.7%	12	2.7%	2	0.9%	2	0.8%	4	0.9%
Not sure	16	7.5%	20	8.9%	36	8.2%	35	16.0%	26	10.5%	61	13.1%
Client's predicted advice to friend												
Come to this facility	164	77.0%	171	76.0%	335	76.5%	166	75.8%	183	74.1%	349	74.9%
Go somewhere else	2	0.9%	6	2.7%	8	1.8%	1	0.5%	14	5.7%	15	3.2%
No other choice than this clinic	29	13.6%	15	6.7%	44	10.0%	31	14.2%	18	7.3%	49	10.5%
Not sure/Don't know	17	8.0%	32	14.2%	49	11.2%	17	7.8%	31	12.6%	48	10.3%

Finally, in terms of practices, among clients coming for a consultation, an annual check-up, a scheduled follow-up visit, or for FP services, who were NOT planning to get pregnant, approximately one fourth reported currently using condoms. After condoms, the other most common methods used by respondents for avoiding pregnancy were withdrawal (12-15%) and the calendar method (11-12%). In Lviv, 5% of women reported using COCs and another 6% reported using IUDs. In Kharkiv, 13% of women reported using COCs and another 11% reported using IUDs. The remaining methods were reportedly used by less than 4% of respondents. Condom use was only marginally more common in urban areas compared to rural areas and, as for the other methods, there were only minimal differences between rural and urban facilities/clients.

Table 16: Current Use of Contraception among Health Facility Clients Sampled (only those visiting the facility for a consultation, annual check-up, scheduled follow-up visit, or for FP services and NOT planning to get pregnant), by oblast and urban/rural residence (number and percent)

FACILITY CLIENTS' PRACTICES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Not doing anything	124	58.2%	133	59.1%	257	58.7%	77	35.2%	100	40.5%	177	38.0%
Modern Methods												
Condoms (male)	50	23.5%	56	24.9%	106	24.2%	50	22.8%	73	29.6%	123	26.4%
Oral contraceptives (pills)	11	5.2%	12	5.3%	23	5.3%	31	14.2%	28	11.3%	59	12.7%
Emergency contraception (Postinor)	2	0.9%	5	2.2%	7	1.6%	0	0.0%	2	0.8%	2	0.4%
Intrauterine device (IUD)	11	5.2%	14	6.2%	25	5.7%	32	14.6%	20	8.1%	52	11.2%
Injectables (Depo-Provera)	1	0.5%	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Spermicides (cream, jelly, or tampons)	5	2.3%	9	4.0%	14	3.2%	4	1.8%	9	3.6%	13	2.8%
Female sterilization	1	0.5%	2	0.9%	3	0.7%	1	0.5%	1	0.4%	2	0.4%
Male sterilization	3	1.4%	2	0.9%	5	1.1%	0	0.0%	2	0.8%	2	0.4%
Lactation amenorrhea method	0	0.0%	2	0.9%	2	0.5%	1	0.5%	1	0.4%	2	0.4%
Any modern method	67	31.5%	78	34.7%	145	33.1%	108	49.3%	117	47.4%	225	48.3%

FACILITY CLIENTS' PRACTICES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	N=213		N=225		N=438		N=219		N=247		N=466	
	#	%	#	%	#	%	#	%	#	%	#	%
Traditional Methods												
Basal body temperature	3	1.4%	1	0.4%	4	0.9%	0	0.0%	1	0.4%	1	0.2%
Withdrawal	22	10.3%	30	13.3%	52	11.9%	28	12.8%	42	17.0%	70	15.0%
Calendar method	31	14.6%	21	9.3%	52	11.9%	30	13.7%	23	9.3%	53	11.4%
Cervical mucus method	2	0.9%	5	2.2%	7	1.6%	3	1.4%	1	0.4%	4	0.9%
Symptothermal method	0	0.0%	4	1.8%	4	0.9%	0	0.0%	0	0.0%	0	0.0%
<i>Any traditional method</i>	43	20.2%	43	19.1%	86	19.6%	56	25.6%	60	24.3%	116	24.9%
Other	0	0.0%	4	1.8%	4	0.9%	2	0.9%	3	1.2%	5	1.1%

IV. Conclusions & Recommendations

This baseline assessment of facilities, pharmacies and clients (women of reproductive age) resulted in a number of findings with implications for project implementation. Of particular importance were the following:

Information, Education, and Communication: The Tfh project planned to develop and distribute IEC materials to facilities and pharmacies in an effort to improve clients' knowledge and practices related to family planning.

- Approximately 60% of health facilities had IEC materials on modern FP methods. Not surprisingly, in Lviv fewer rural facilities surveyed had IEC materials (posters and brochures) than were available in urban areas. However, in Kharkiv facilities in rural areas were more likely to have IEC materials available. → *These findings suggest that efforts to distribute IEC materials should focus on facilities in rural areas of Lviv and urban areas of Kharkiv.*
- Far fewer pharmacies visited had IEC materials. In this case, in both oblasts pharmacies in rural areas were more likely to have posters and brochures than pharmacies in urban areas. The urban/rural difference was most dramatic in Kharkiv. → *Efforts to distribute IEC materials to pharmacies may need to focus more on urban pharmacies in both oblasts than those in rural areas.*
- The purpose of having IEC materials, such as posters and brochures, available is to ensure that clients receive and read them. Unfortunately, this did not appear to be the case. Though 60% of facilities had IEC materials, only half (52%) of the sampled clients in Lviv and 61% in Kharkiv reported receiving materials from health providers. There was no difference between facilities in rural and urban areas in Lviv, which is somewhat surprising since facilities in rural Lviv were much less likely to have brochures than those in urban areas. In contrast, in Kharkiv rural clients were more likely to receive materials from providers than clients in urban areas. Perhaps more importantly, less than half of the clients who received materials reported that the materials mentioned topics relevant to Tfh (STIs, HIV/AIDS, or abortion.) → *Efforts must be made to encourage facilities and providers to distribute IEC materials with appropriate messages.*
- To facilitate use of contraceptives by persons who wish to do so but who do not have the money to buy them, it is helpful to provide some needy clients with free contraceptives. This is particularly important when clients are trying a method for the first time. However, availability of free contraceptives was extremely low in both oblasts, in rural and urban areas. Only 14% of health facilities in Lviv and 27% in Kharkiv had any type of free contraceptives available for their clients, according to the facility assessment. → *The State Program "Reproductive Health of the Nation" adopted in 2006 includes funding for contraceptive procurement for certain vulnerable population*

groups and it will be important for the Ministry of Health and oblast authorities to mobilize funding for these procurements and ensure that they reach the intended beneficiaries.

- In terms of contraceptives available for sale in pharmacies, while male condoms, combined oral contraceptives (COC), and emergency contraception (EC) were widely available; other methods (injectables, progestin-only pills, vaginal ring, and the patch) were not. In addition, except for condoms, low-priced options were available only to a limited extent. Only one pharmacy in Kharkiv among all visited had all the Contraceptive Availability Minimum Package (CAMP) products, which is defined as 1 pill brand <10 UAH, one pill brand between 10 to 20 UAH, one pill brand between 20 to 30 UAH, one progestin-only pill, one EC brand, one injectable contraceptive (DMPA), one IUD brand under at 25 UAH or less, and one brand of condoms. → ***Availability of a range of contraceptive methods at a range of prices (or CAMP) needs to be increased in rural and urban areas alike in both Kharkiv and Lviv.***
- In addition to increasing the resources (IEC materials and contraceptives) available, providers, pharmacy staff, and the general population need to have knowledge of modern methods of contraception and practice key behaviors. According to clients, providers mention use of contraception only over half the time and they are even less likely to actually provide contraception or a prescription for the selected method. In both oblasts, and in urban/rural locations, a little over half of clients reported that providers mentioned at least three out of the following key FP topics during counseling: various methods of contraception, the benefits and risks of the selected method, side effects of the selected method, how to use the method and when to return for follow-up. Similarly, a little over a half of clients reported receiving information from the provider on each of the following: the use of condoms to prevent pregnancy and STIs/HIV, prevention of STIs, and symptoms of sexually transmitted infections. → ***Providers need updated information on these topics and encouragement to provide the appropriate counseling on FP and RH.***
- Among clients, the majority seemed to know the risks of abortion: infertility, miscarriage in a subsequent pregnancy and infection. They also knew the risks of STIs: infertility and HIV/AIDS. The majority of clients identified the use of condoms in every sexual encounter as a way of reducing the risk of infection and less than two-thirds mentioned being faithful. Fewer mentioned abstinence, although this may be due to the fact that the majority of clients were reportedly sexually active and married (registered or unregistered). Of most concern is the fact that only about half of clients in both oblasts and urban/rural locations reported knowing or believing that a person can be infected with a STI and not have any symptoms or signs of the disease/infection. → ***Knowledge related to abortion and STIs is relatively high among the clients interviewed in Kharkiv and Lviv. One area needing further reinforcement, however, is the fact that STIs may be asymptomatic.***
- Clients were also asked to rate each method, with an option for not knowing how to rate the method. Many responded that they did not know how to rate various methods. This may mean that they did not know enough about each method or that the question was too confusing or broad, in that it asked clients to give each method only one rating, taking into consideration safety, side effects, effectiveness, and price of the method. Rating of contraceptive methods was on a scale from 1 to 5, where 1 is bad and 5 is good. Among those clients who did venture to rate each method, the methods with the highest mean scores were COCs, IUDs, condoms, and spermicides. In urban areas, the majority of methods scored lower than in rural areas, except for condoms and spermicides in Kharkiv and COCs and sterilization in Lviv. Scores for injectables and especially EC could stand further improving. EC earned a mean score of only 2.7 out of 5 and Depo-Provera around 2.9 out of 5. → ***In order to increase use of contraception as an alternative to abortion, women need to know how to compare methods – in terms of the various aspects mentioned. The project will need to address this gap in knowledge in various ways – through the distribution of IEC materials, behavior change campaigns, and training and encouragement of providers and pharmacy staff. Particular attention might be given to rural areas and to the following methods: COCs, injectables, EC and natural FP methods.***
- Finally, in terms of practices, among clients coming for consultation, annual check-up, a scheduled follow-up visit, or for FP services, who were NOT planning to get pregnant, approximately one

fourth reported currently using condoms. After condoms, the other most common methods used by respondents for avoiding pregnancy were withdrawal (12-15%) and the calendar method (11-12%). COCs and IUDs trailed closely behind. Very few clients reported using the remaining methods. → *Limited use of modern methods may be due to a lack of knowledge or a lack of availability. Again, Tfh will need to focus attention on increasing knowledge of the various methods (modern and traditional) in terms of safety, side effects, effectiveness, and price of the method as well as increasing the availability of contraceptives, and particularly low-cost options.*

Annex Tables

Annex Table 1: Knowledge about Abortion, STIs and HIV among Health Facility Clients Sampled
(Among all clients, by oblast and urban/rural residence) (number and percent)

FACILITY CLIENTS' RESPONSES	LVIV						KHARKIV					
	Rural		Urban		Overall		Rural		Urban		Overall	
	#	%	#	%	#	%	#	%	#	%	#	%
Abortion can increase risk of:	N=192		N=201		N=393		N=197		N=240		N=437	
Infertility	172	89.6%	189	94.0%	361	91.9%	189	95.9%	221	92.1%	410	93.8%
Infection	146	76.0%	159	79.1%	305	77.6%	174	88.3%	218	90.8%	392	89.7%
Miscarriage in following pregnancy	142	74.0%	153	76.1%	295	75.1%	159	80.1%	194	80.8%	353	80.8%
<i>Client correctly identified at least 2 main risks of abortion</i>	167	87.0%	190	94.5%	357	90.8%	190	96.4%	218	90.8%	408	93.4%
STIs can increase risk of:	N=184		N=199		N=383		N=185		N=228		N=413	
Infertility	132	71.7%	153	76.9%	285	74.4%	158	85.4%	197	86.4%	355	86.0%
Anemia	25	13.6%	36	18.1%	61	15.9%	44	23.8%	42	18.4%	86	20.8%
HIV/AIDS	135	73.4%	162	81.4%	297	77.5%	155	83.8%	195	85.5%	350	84.7%
<i>Client correctly identified 2 main risks of STIs</i>	105	57.1%	140	70.4%	245	63.0%	146	78.9%	179	78.5%	325	78.7%
One can reduce risk of getting STIs and HIV by:	N=212		N=225		N=437		N=215		N=247		N=462	
Using condoms every time people have sex	149	70.3%	175	77.8%	324	74.1%	175	81.4%	201	81.4%	376	81.4%
Using other contraceptive methods	28	13.2%	21	9.3%	49	11.2%	21	9.8%	34	13.8%	55	11.9%
Having faithful partner and being faithful yourself	132	62.3%	167	74.2%	299	68.4%	134	62.3%	172	69.6%	306	66.2%
Abstaining from sex	51	24.1%	43	19.1%	94	21.5%	26	12.1%	38	15.4%	64	13.9%
Other	1	0.5%	4	1.8%	5	1.1%	0	0.0%	3	1.2%	3	0.6%
Doesn't know	10	4.7%	3	1.3%	13	3.0%	2	0.9%	3	1.2	5	1.1%
<i>Client correctly identified 3 main ways of reducing risk and not false ways</i>	29	13.7%	25	11.1%	54	12.4%	15	7.0%	27	10.9%	42	9.1%
Believes person can be infected with a STI and do not have any symptoms or signs of the disease	N=211		N=224		N=435		N=207		N=246		N=453	
Yes	95	45.0%	110	49.1%	205	47.1%	108	52.2%	135	54.9%	243	53.6%
No	33	15.6%	40	17.9%	73	16.8%	37	17.9%	54	22.0%	91	20.1%
Doesn't know	83	39.3%	74	33.0%	157	36.1%	62	30.0%	57	23.2%	119	26.3%

Annex Table 2: Attitudes toward Contraceptive Methods among Health Facility Clients Sampled (Among all clients who rated the method, by oblast, urban/rural residence and method), Mean scores (1 = a very negative attitude and 5 = a very positive attitude) and percent of clients providing positive, indifferent or negative ratings and don't knows.

METHOD OF CONTRACEPTION	LVIV			KHARKIV		
	Rural	Urban	Overall	Rural	Urban	Overall
Combined oral contraception	N=208	N=215	N=423	N=210	N=241	N=451
Average score (mean #)	3.6	3.5	3.5	3.9	3.6	3.7
Prevalence of scores (%)						
Positive - "good" or "very good"	38.9%	40.5%	39.7%	53.8%	48.6%	51.0%
Indifferent - "average"	17.3%	19.5%	18.4%	16.7%	16.6%	16.6%
Negative - "bad" or "very bad"	19.1%	14.4%	11.8%	6.7%	14.9%	11.1%
Don't know method	34.6%	25.6%	30.0%	22.9%	19.9%	21.3%
IUDs	N=207	N=214	N=421	N=212	N=239	N=451
Average score (mean #)	3.6	3.3	3.5	3.8	3.6	3.7
Prevalence of scores (%)						
Positive - "good" or "very good"	45.4%	37.9%	41.6%	62.7%	51.5%	56.8%
Indifferent - "average"	19.3%	20.1%	19.7%	10.4%	15.5%	13.1%
Negative - "bad" or "very bad"	9.2%	19.2%	14.3%	12.3%	15.1%	13.8%
Don't know method	26.1%	22.9%	24.5%	14.6%	18.0%	16.4%
Injectables (Depo-Provera)	N=206	N=210	N=416	N=208	N=235	N=443
Average score (mean #)	3.1	2.8	2.9	3.1	2.8	3.0
Prevalence of scores (%)						
Positive - "good" or "very good"	12.6%	10.5%	11.5%	15.9%	8.5%	12.0%
Indifferent - "average"	15.1%	16.2%	15.6%	13.9%	12.3%	13.1%
Negative - "bad" or "very bad"	10.2%	15.7%	13.0%	13.9%	14.0%	14.0%
Don't know method	62.1%	57.6%	59.9%	56.3%	65.1%	61.0%
Condoms (male)	N=207	N=215	N=422	N=210	N=241	N=451
Average score (mean #)	4.0	3.8	3.9	3.7	3.8	3.7
Prevalence of scores (%)						
Positive - "good" or "very good"	63.8%	60.0%	61.9%	57.6%	61.0%	59.4%
Indifferent - "average"	22.2%	19.5%	20.9%	26.2%	26.1%	26.2%
Negative - "bad" or "very bad"	1.9%	5.6%	3.8%	9.1%	7.5%	8.2%
Don't know method	12.1%	14.9%	13.5%	7.1%	5.4%	6.2%
Female sterilization	N=208	N=209	N=417	N=209	N=236	N=445
Average score (mean #)	2.7	2.7	2.7	2.7	2.1	2.3
Prevalence of scores (%)						
Positive - "good" or "very good"	14.9%	18.2%	16.6%	16.8%	8.5%	12.4%
Indifferent - "average"	19.7%	10.1%	14.9%	9.6%	9.8%	9.7%
Negative - "bad" or "very bad"	25.5%	31.1%	28.3%	37.3%	51.3%	44.7%
Don't know method	39.9%	40.7%	40.3%	36.4%	30.5%	33.3%
Male sterilization	N=208	N=207	N=415	N=209	N=235	N=444
Average score (mean #)	2.7	2.8	2.8	2.6	2.2	2.4
Prevalence of scores (%)						
Positive - "good" or "very good"	14.4%	21.3%	17.8%	15.3%	9.9%	12.4%
Indifferent - "average"	13.5%	6.8%	10.1%	9.1%	9.8%	9.5%
Negative - "bad" or "very bad"	26.9%	29.0%	28.0%	34.5%	48.1%	41.7%
Don't know method	45.2%	43.0%	44.0%	41.2%	32.3%	36.5%
Emergency contraception	N=205	N=208	N=413	N=209	N=234	N=443
Average score (mean #)	2.9	2.6	2.8	3.1	2.5	2.8

METHOD OF CONTRACEPTION	LVIV			KHARKIV		
	Rural	Urban	Overall	Rural	Urban	Overall
Prevalence of scores (%)						
Positive - "good" or "very good"	12.7%	12.5%	12.6%	22.5%	15.0%	18.5%
Indifferent - "average"	12.7%	10.1%	11.4%	15.3%	14.5%	14.9%
Negative - "bad" or "very bad"	14.2%	24.5%	19.4%	31.1%	35.0%	28.4%
Don't know method	60.5%	52.9%	56.7%	41.2%	35.5%	38.2%
Spermicides	N=206	N=212	N=418	N=209	N=235	N=444
Average score (mean #)	3.6	3.4	3.5	3.3	3.4	3.4
Prevalence of scores (%)						
Positive - "good" or "very good"	37.3%	30.2%	33.3%	31.1%	35.3%	33.3%
Indifferent - "average"	21.8%	23.6%	22.7%	26.8%	31.5%	29.3%
Negative - "bad" or "very bad"	6.3%	9.4%	7.9%	12.4%	10.2%	11.3%
Don't know method	34.5%	36.8%	35.7%	29.7%	23.0%	26.1%
Lactation Amenorrhea Method (LAM)	N=205	N=210	N=415	N=208	N=234	N=442
Average score (mean #)	3.6	3.3	3.5	2.7	2.7	2.7
Prevalence of scores (%)						
Positive - "good" or "very good"	23.4%	18.6%	21.5%	11.5%	8.6%	10.0%
Indifferent - "average"	15.6%	14.3%	14.9%	15.4%	11.5%	13.4%
Negative - "bad" or "very bad"	6.3%	6.7%	6.5%	22.6%	16.2%	19.2%
Don't know method	53.7%	60.5%	57.1%	50.5%	63.7%	57.5%
Natural FP methods	N=205	N=211	N=416	N=209	N=240	N=449
Average score (mean #)	3.5	3.3	3.4	3.0	2.9	2.9
Prevalence of scores (%)						
Positive - "good" or "very good"	40.0%	33.7%	36.8%	23.4%	17.9%	20.5%
Indifferent - "average"	25.9%	25.6%	25.7%	27.8%	32.5%	30.3%
Negative - "bad" or "very bad"	12.7%	16.1%	14.4%	23.0%	26.3%	24.7%
Don't know method	21.5%	24.6%	23.1%	25.8%	23.3%	24.5%
Withdrawal	N=207	N=211	N=418	N=211	N=241	N=452
Average score (mean #)	2.6	2.8	2.7	2.5	2.4	2.4
Prevalence of scores (%)						
Positive - "good" or "very good"	19.8%	19.0%	19.4%	13.7%	13.7%	13.7%
Indifferent - "average"	22.7%	34.6%	28.7%	23.2%	25.7%	24.6%
Negative - "bad" or "very bad"	41.6%	31.8%	36.6%	54.5%	52.7%	53.5%
Don't know method	15.9%	14.7%	15.3%	8.5%	7.9%	8.2%
Abortion	N=207	N=212	N=419	N=210	N=240	N=450
Average score (mean #)	1.4	1.2	1.3	1.3	1.2	1.3
Prevalence of scores (%)						
Positive - "good" or "very good"	0.5%	0.9%	0.7%	1.9%	0.0%	0.9%
Indifferent - "average"	4.4%	0.0%	2.2%	1.0%	1.3%	1.1%
Negative - "bad" or "very bad"	78.7%	87.3%	83.1%	87.6%	88.8%	88.2%
Don't know method	16.4%	11.8%	14.1%	9.5%	10.0%	9.8%

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