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РАЗОМ ДО ЗДОРОВ'Я TOGETHER FOR HEALTH
ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ
вул. Костьольна, 4 , офіс 3-4, Київ 01001, Україна
Тел.: (+380 44) 581 15 20, факс: (+380 44) 581 15 21, e-mail: info@fprh-jsi.org.ua
IMPROVING FAMILY PLANNING & REPRODUCTIVE HEALTH IN UKRAINE
4 Kostyolna St., Office 3-4, Kiev 01001, Ukraine
Tel.: (+380 44) 581 15 20, Fax: (+380 44) 581 15 21, e-mail: info@fprh-jsi.org.ua

Annual Report to USAID

Project Year 1

October 2005 - September 2006

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

Submitted October 30, 2006

JSI

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

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Acronyms and Abbreviations

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
CURE	Center for Ukrainian Reform Education
DV	Dermatovenereology/dermatovenereologist
EBM	Evidence-Based Medicine
EU	European Union
FAP	*Feldsher-accousherski punkt*
FP	Family planning
FU	Follow up visit
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
HSPH	Harvard School of Public Health
IEC	Information, education and communication
IPC	Interpersonal communications
IUD	Intrauterine device
MCH	Maternal & child health
M&E	Monitoring and evaluation
MIHP	Maternal and Infant Health Project
MOH	Ministry of Health
NGO	Nongovernmental organization
NMAPE	National Medical Academy for Postgraduate Education
Ob-gyn	Obstetrician-gynecologist
OHD	Oblast health department
POP	Progestin-only pills
RH	Reproductive health
RHNP	Reproductive Health of the Nation Program
SMD	Support for Market Development (research company)
STI	Sexually transmitted infection
SW	South-west
TfH	Together for Health project
UAH	Ukrainian *hryvna* (local currency)
URHS	Ukraine Reproductive Health Survey
USAID	United States Agency for International Development
WRA	Women of reproductive age (15-49)

I. Overview

This report summarizes key accomplishments in the first year of the Together for Health (TfH) project, originally the Improving Reproductive Health Project in Ukraine. The first year laid the building blocks for rapid progress in the second year toward the project goal of reducing abortion, unintended pregnancy and sexually transmitted infections (STIs) by improved provision of, and access to, quality family planning (FP) and reproductive health (RH) services through the public and private sectors.

The early months of the project were devoted to start-up, including registration and accreditation, recruitment of local staff, establishment of an office and office systems (accounting system, contracts, filing system, inventory, etc.), and negotiation and finalization of subagreements with subrecipients, the Academy for Educational Development (AED) and Harvard School of Public Health (HSPH). In addition, a personnel manual and an operations manual were developed and a security and safety policy drafted.

Since it is difficult to measure progress toward goals and results by addressing certain indicators, as stipulated in the Cooperative Agreement, at the end of the first year of a project, this report highlights major accomplishments, starting with strategy development, going on to cross-cutting activities and progress in the project's four result areas and then outlining some constraints. At the end is a table with Year 1 indicators for the project's approved M&E plan, most of them collected in baseline surveys conducted in two oblasts in late August and early September. Future reports will measure progress on these indicators.

II. Strategy Development

The major program priority at the beginning of the project was to review what had already been done in FP/RH, including reading USAID and other reports; to analyze available data; consult with key players in the field; visit local health authorities, health facilities and pharmacies to get a picture of the realities in the field; and conduct formative research. Along with a strategic planning workshop held with in-country partners in January, this provided the foundation for the strategic directions adopted by the project and summarized below.

Strengthening Decentralized Management of FP/RH Services The project decided to support the decentralization of the health system by focusing much of its work at the oblast level and building the oblasts' capabilities to develop and manage FP/RH programs in their territories. The plan is to work with oblasts not only to improve the provision of FP/RH services, but also to strengthen their capabilities to manage these services.

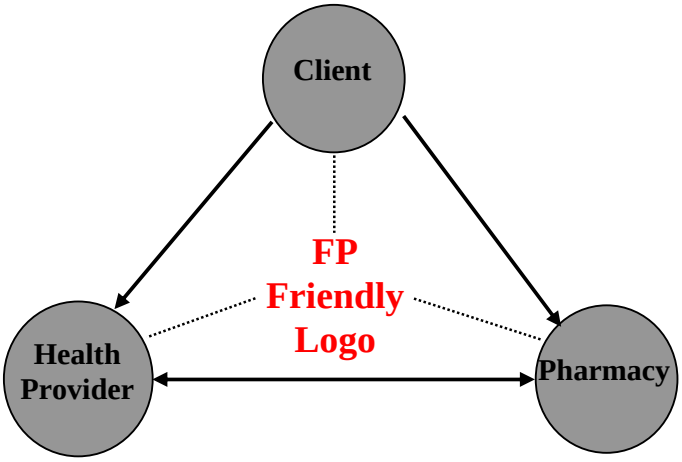
At the national level, the policy-making role of the Ministry of Health (MOH) and the leadership of the ob-gyn community is being strengthened. The initial focus is to support adoption of the Reproductive Health of the Nation Program (RHNP) 2006-2015 and, once it is adopted, its implementation. In addition, there are a host of other policy issues that need to be addressed, including removing polices that present obstacles to the provision of modern, evidence-based FP/RH services and promoting policies to create a better climate for FP/RH, such as renewing the decree on provision of free contraceptives to certain population groups and seeking to include FP/RH into any health reform policies that might be adopted.

Target Populations Several groups have been identified as priority target populations for the project's activities. These are women in the 20-30 year-old group, and their male partners, because women in this age group are most likely to obtain abortions, their contraceptive use is lower than that of older women, and STIs are most prevalent in this age group. If the project is successful in reaching these groups, the impact should be seen relatively quickly in the abortion rate and contraceptive prevalence rate. The second important group is young men and women aged approximately 15-19 because their FP/RH attitudes and behaviors are still being formed. Work with this group may not show immediate results, but is an important investment in the future. Finally, because of the potential to reach people in their prime reproductive years, men and women in the workforce—particularly younger ones—were also designated as an important target population. For all these population groups, the project seeks to reach the mainstream population, rather than just the most vulnerable.

Urban Strategy In urban areas, where women are more likely to obtain abortions than their rural counterparts, according to the 1999 Ukraine Reproductive Health Survey (URHS) and MOH statistics, and where contraceptives are more accessible, reducing abortion is at the heart of the project's strategy. With abortions more common among women who have already had at least one child, the priority is to integrate FP services into postpartum and postabortion care, particularly at the hospital level. This will be supported by incorporating FP information into prenatal care and the home visits made by midwives to pregnant and postpartum women. However, women who are not pregnant will also benefit, since FP will be more available and of better quality in the urban network of women's health care providers. The second prong of the urban strategy is to reach young people who have their entire reproductive lives ahead of them. They will receive information to empower them in decision-making about whether to have sex as well as information and services on contraception, STIs and the benefits of avoiding abortion.

Rural Strategy There is great potential to increase contraceptive prevalence in rural areas where only 27 percent of women in union (15-45) use modern contraception, versus 42 percent in urban areas, according to the 1999 URHS, or 35 versus 39 percent of all women of reproductive age (15-49) according to preliminary data from the Willingness and Ability to Pay survey (WAPS) of 2004. The plan for rural areas is to increase access to FP/RH services by taking them beyond women's consultation centers and FP cabinets to health facilities close to where people live and work: family medicine clinics (where they exist), ambulatories, some FAPs and, where possible, dermatovenereological (DV) dispensaries. This will be done by training family doctors, internists in ambulatories, midwives, nurses and feldshers, DVs and potentially others.

Working with the Private Sector to Improve Contraceptive Availability Collaboration with the commercial sector is critical to improving contraceptive availability and affordability, since there are essentially no free contraceptives in Ukraine and the public generally avoids going to doctors except when they are sick. Pharmaceutical companies report that more than 85 percent of contraceptives came from pharmacies in 2005. Yet the range of methods available is limited and high-end contraceptives are much more actively promoted than lower-cost brands. TfH decided to build a partnership with leading contraceptive manufacturers and distributors to implement a pharmacy certification program. The certification will involve awarding a "FP friendly" logo to pharmacies that agree to stock a "contraceptive availability minimum package" (CAMP) and that have staff who completed a one-day project-assisted FP training course. The CAMP includes a broad range of low- to mid-priced methods produced by the project's commercial partners—at a minimum, combined oral contraceptives (COCs), progestin-only pills (POPs), injectables, intrauterine devices (IUDs), condoms and emergency contraception—that are already available on the market, but often not actively promoted. The "FP friendly" logo will also be awarded to health facilities with project-trained providers and then the availability of contraceptives and FP/RH services will be promoted to the population by advertising the logo through the project's BCC activities.



Employment-Based Program
Employers often operate health services for their employees and workplaces can be prime settings to reach men and women of reproductive age. Workplace-based health facilities are also sometimes more open to modern approaches to service provision than the public sector. After meeting with other projects and NGOs working on health issues in the workplace, TfH decided to partner with the railroads, starting with the south-west (SW) region. The railroad health system has a reputation for providing better quality care than the MOH system and potentially the project could reach most oblasts in the country by working with this system.

TfH is building partnerships both with the railroad health system and with the railroad union, enabling it to work on the supply and demand sides in parallel. The 160,000-member youth council of the Federation of Trade Unions of Transport Workers was selected as an ideal partner because it represents a prime target audience (young men and women aged 16-29), it is eager to collaborate and has had a successful partnership with AED's SmartWork HIV/AIDS education project which closed this summer.

III. Cross-Cutting Activities

Oblast Competition
A landmark activity during the year was the competition, launched in early April, between oblast health departments to participate in the project. The response to the competition provided clear evidence of the interest around the country in FP/RH, with 21 out of 27 oblasts submitting applications. A review committee of five senior government and academic officials and one TfH representative scored the proposals, using criteria that emphasized technical merit and, to a lesser extent, the oblast's counterpart contribution and interest in health sector reform. In mid-July, Kharkiv and Lviv oblasts were announced as the winners to enter the project in 2006, with five others (Dnipropetrovsk, Odessa, Poltava, Vinnitsa and Volyn) pre-selected to join in 2007, provided conditions there remain favorable to project implementation.

Over the summer, the project began to work intensively with Kharkiv and Lviv oblasts, conducting baseline assessments, achieving a shared vision of what is to be done and putting organizational structures into place. The plan is that, over the life of the project, these large and influential oblasts—home to about 11 percent of the country's population—should lead Ukrainians away from widespread use of abortion to modern contraceptive and RH practices. Each oblast promises to bring a unique perspective. For example, Kharkiv is eager to integrate FP/RH into the work of its network of family doctors and to bring information and services to young people and orphanages. Lviv is interested in reaching rural populations and youth and building linkages with HIV-AIDS programs. Each oblast is bringing a valuable counterpart contribution, by appointing a responsible person from the oblast health department to manage project activities, agreeing to implement the RHNP, contributing to the cost of project activities, and having requested oblast funding for FP/RH/MCH programs.

TfH Began Working in Seven Oblasts
Two oblast health departments won the competition to be the first oblasts to participate in the project:
- Kharkiv
- Lviv

In addition, by partnering with the SW Railroads, the project is reaching five more oblasts:
- Chernigiv
- Khmelnitz
- Kiev
- Vinnytsa
- Zhytomir

Additional oblasts will be brought into the project in 2007 and subsequent years.

Study Tour to Romania
In May, TfH organized a study tour to Romania for 10 people, almost all national level managers and policy makers. Participants brought home some valuable information and lessons with implications for their own programs and for the TfH project. Most significant among these was the importance of policy dialogue and coordination between the MOH, donors and projects at the national and local levels in order to achieve optimal results. Participants recognized that the Ukrainian RHNP, like the Romanian RH program, could provide a framework for unified management of the FP/RH program and serve as a vehicle to strengthen program management at all levels of the system. Participants also saw how FP/RH activities were closely coordinated with health sector reform in Romania, integrating FP/RH into the emerging primary health care system and efforts to bring health services closer to the people. They saw that FP/RH services can be effectively provided by family doctors—and not only ob-gyns. And they observed how counseling is central to quality services and can lay the foundation for a broader client-centered approach and for the integration of clinical training on other topics, such as prevention of breast and cervical cancer. They also learned that a "systems approach"—involving coordinated training, behavior change communications (BCC) and contraceptive availability activities, linked with public health oriented management, a progressive policy and health financing reform—produced results. Romania saw a nine percentage point increase in the contraceptive prevalence rate over five years.

M & E/Research
In late March and April, TfH conducted 32 focus groups on FP, abortion and STIs in urban and rural areas of Dnipropetrovsk, Cherkasy, Lviv and Rivne oblasts as a rapid means of collecting information to inform project implementation. Almost 200 people participated, including women and men aged 20-30; young men and women aged 15-19; health care providers, including ob-gyns, midwives and *feldshers* from inpatient and outpatient facilities; and pharmacists.

The focus groups showed that women had a relatively good understanding of the risks associated with abortion, citing infertility, bleeding, infection, hormonal imbalances and psychological stress. They knew about many

methods of contraception, but thought of them as risky for health—generally more risky than abortion. Moreover, for many people, the relationship between the quality of contraceptives and price was a concern, with high priced brands seen as better quality and less harmful to health. Ob-gyns and pharmacists knew about all modern contraceptive methods, but most of them believed they were harmful; and certain methods, like progestin-only pills and injections, were not part of their repertoire. Doctors said that they considered FP counseling to be part of their job and they provide it, but women thought otherwise, reporting that they hardly ever got information or counseling. Yet both men and women said that health providers would be their first choice for information about contraception, followed by family members and friends. Pharmacists, meanwhile, advised clients about condoms and spermicides, but not about other methods, since they considered their knowledge of other contraceptive methods to be inadequate.

The results of the focus groups were important for the development of all aspects of the project's program.

TfH also conducted a media analysis to learn more about how FP/RH topics are covered in the mass media. It found that almost half of articles/information were disseminated through the internet, with print media taking second place. There were few mentions of "social issues" or stories about FP/RH, while about half the articles focused on the country's low birth rate. Most mentions were about statistics, state policy and medical issues related to FP/RH. Coverage was also rare in the oblast media, but of the oblasts that did cover these issues, Lviv was the most active.

In late spring and early summer, after approval of the project's M&E plan, the three core M&E tools were developed—a client exit questionnaire and simple facility and pharmacy assessments—along with the methodology for their implementation. In late August and early September, the baseline assessment was carried out in Kharkiv and Lviv oblasts, covering 59 health facilities, 174 pharmacies and over 900 clients. The results provide much of the data for the project's M&E indicators included later in this report (see page 13 onwards.)

IV. Progress by Result

Result 1: Improved service provider skills and behavior related to FP/RH

There are many challenges in achieving this result, including the following. One is to expand the range of providers offering FP/RH services beyond FP centers and cabinets, women's consultations and a few hospitals—mostly in towns and cities—to make services more accessible to people. Another is to bring the knowledge and skills of health providers up-to-date and to improve their often skeptical attitudes toward contraception. And a third is to build the capacity of the leadership of the FP/RH community to provide modern guidance to the profession, so they will adopt and promote the best evidence-based practices.

Improving Providers' Knowledge, Attitudes and Skills

Consistent with its aim of bringing FP/RH services closer to where people live, a major emphasis of the project over the past year has been on preparing training and job aids for health providers. The project has supported an MOH working group consisting of national experts and experienced trainers to update training modules, clinical guidelines and protocols based on Evidence-Based Medicine (EBM). The first priority went to developing a new, up-to-date five-day training curriculum appropriate for a range of service providers—not only ob-gyns. It is designed for groups that cut across specialties and types of health facilities, including ob-gyns, family doctors, DVs, internists, feldshers, midwives, nurses and potentially others. This unified approach to training should help each profession and specialty understand how it fits into the broader picture of service provision and help representatives of different types of facilities appreciate their role in an expanded network of FP providers. The training covers all major modern methods of contraception as well as fertility awareness-based methods, and places a strong emphasis on counseling skills to support clients' decision-making, demedicalization of care, and dispelling myths about the risks associated with hormonal methods and IUDs in order to promote a broader method mix. It also covers STI risk assessment, condom promotion, dual protection, infection prevention, safe disposal of medical waste and teaching patients to do breast self-examination. Supporting this training is a new FP reference manual, already approved by the MOH (Decree # 535, August 1, 2006) that will be printed for wide distribution around the country. The curriculum and manual will pave the way for significant improvements in providers' practices. They emphasize FP as a counseling skill, rather than a medical issue, and remove many non-evidence-based barriers to contraception, such as pelvic examinations (in many situations), diagnostic tests and specialist referrals. They also cover many new contraceptive methods available in Ukraine.

Strengthening the Leadership of the Ob-Gyn Profession

At the same time as improving and expanding FP/RH service provision in the field, it is important to build political support among leaders in the ob-gyn community and to strengthen their policy-making role. To help achieve this, TfH conducted a roundtable on contraceptive technology for leaders in the profession and began working on the promotion of EBM.

A three-day contraceptive technology roundtable was conducted in May to bring the ob-gyn leadership up-to-date with current contraceptive practices and the evidence behind them. Prof. Gunta Lazdane, Reproductive Health and Research Advisor for the World Health Organization's Regional Office for Europe, conducted the session in Russian. More than 40 leading ob-gyns and midwives working in management, teaching and senior practice positions around the country, as well as representatives of pharmaceutical companies, participated. The roundtable was very well received and facilitated the inclusion of the latest information in the project's training curriculum, FP reference manual and IEC materials. It also resulted in a series of important recommendations to the MOH, medical academies and other FP/RH leaders aimed at reducing barriers to care, changing providers' attitudes toward hormonal methods, promoting postpartum and postabortion contraception, improving public understanding of contraception and encouraging a broader range of methods to be available in pharmacies.

In the long term, building understanding of EBM among FP/RH leaders holds out the promise of their being able to update their policies and practices on any topic at any time, giving them the ultimate tool for sustainable modernization of clinical practice. TfH conducted a number of activities related to EBM. The first was to sensitize the approximately 700 participants at the National Ob-Gyn Congress in Donetsk in September through presentations on EBM by Prof. Vasily Vlassov, head of the Nordic Cochrane Collaboration in Moscow, at the opening plenary session and in a workshop. Following the Congress, Prof. Vlassov conducted a one-week training for nine future EBM methodologists selected by leaders in the ob-gyn and DV communities. The course introduced the group to the role of clinical practice guidelines in modern medical practice, to searching and evaluating the evidence and to the process of developing guidelines. The young English-speaking methodologists are now putting their new skills to work, researching and drafting clinical guidelines. The expectation is that, over time, they will work with their influential mentors to open their eyes to the value of evidence-based approaches to ob-gyn.

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

BCC efforts moved forward in two broad directions, led by TfH partner, AED. One was to improve public knowledge and attitudes toward contraception, helping people understand that modern methods are safe, effective and better than abortion. The other direction was to make people aware of where they can go for contraceptives and FP services—specifically to places displaying the "FP friendly" logo. The table below shows the results of the baseline assessment with respect to FP/RH clients' attitudes to contraception and abortion, showing that there is much room for improving attitudes toward contraception, but also that abortion is already very negatively perceived, despite continued high levels of use.

Percent of FP/RH Clients with a Positive Attitude to Contraception and Abortion		
Method	**Kharkiv**	**Lviv**
Combined oral contraceptives	51%	39.3%
IUDs	56.7%	41.7%
Injectables – Depo-Provera	12%	11.8%
Condoms – male	59.4%	62%
Female sterilization	12.4%	16.7%
Male sterilization	12.4%	17.7%
Emergency contraception	18.5%	12.3%
Spermicides	33.4%	33.5%
Lactation Amenorrhea Method	10%	21.2%
Fertility Awareness Based Methods	20.5%	36.7%
Withdrawal	13.7%	19.6%
Abortion	0.8%	0.7%

Message Development

A key activity has been to take the results of the focus groups and other available research and develop key messages for the project's target audiences—women aged 20-30, their partners, young people and the workforce—as well as to stand behind the "FP friendly" logo. These messages, of course, support the two broad directions of the project's BCC activities. With the help of a BCC working group and a national message development workshop, pre-final messages and drafts of the logo were developed and need to be pre-tested in Kharkiv and Lviv before being finalized and integrated into the project's communications plans. The workshop also confirmed the project's market segmentation strategy and identified barriers facing each audience segment.

Print Materials
A basic set of IEC materials was developed over the past year. A brochure describing the project was the first piece to be developed and printed. A poster and brochure describing the various FP methods and their advantages and disadvantages were written, but the design work and printing remain to be completed. Work also began on some flyers on each contraceptive method, designed for method users.

A video on postpartum contraception was developed and filmed in collaboration with the Maternal and Infant Health Project (MIHP) and the Center for Ukrainian Reform Education (CURE). This video is intended primarily for women still in the hospital after giving birth, but will also be useful in other settings, such as the project's training courses, in mother's classes and women's consultations. It should be ready early in the second year of the project.

The BCC team also devoted considerable effort to developing a new name for the project, in response to USAID's request, as well as the project's "look" for its branding/marking plan. Once approved, office materials were produced in line with the new branding.

Workplace Initiative
As already mentioned in the "Strategies" section of this report, TfH is working with the youth movement of the railroad trade union, to educate union members about FP/RH and, once training for railroad health workers starts, to make them aware that these services are available in the railroad health system's facilities. Project staff began working with SmartWork's HIV-AIDS trainers to help them appreciate the importance of FP/RH and to develop a workplan and materials to be used by peer educators. By the end of the year, 15 peer educators from the five oblasts in the SW region of the railroad network had received their initial training to prepare them to work in various workplace settings and returned home to begin spreading the message.

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

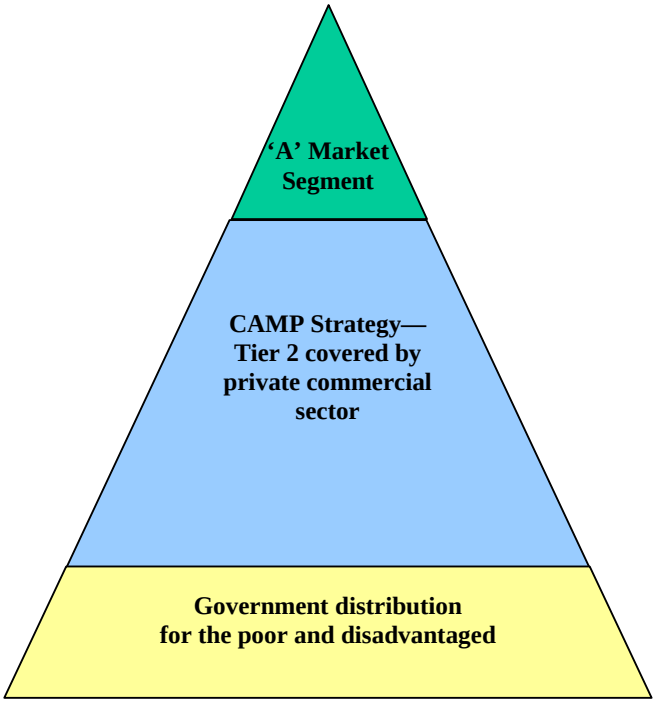
Currently, combined oral contraceptives, condoms and emergency contraceptives are readily available in most pharmacies and IUDs are available in larger pharmacies. (See table below with selected results of TfH's assessment of 174 pharmacies in Kharkiv and Lviv oblasts). However, mid- and low-priced pills are much less available than the high-end brands and availability of progestin-only pills and injectables is poor. Improving contraceptive availability presents special challenges since there are no donor-provided contraceptives and likely will not be any in the foreseeable future. Thus, it is essential to collaborate with pharmaceutical manufacturers and government at all levels to improve access to contraceptives and broaden the method mix.

Contraceptive Method/Brand	Availability (% of pharmacies)	Minimum price (UAH)	Maximum price (UAH)	Median price (UAH)
COC Rigevidon	48	5.05	7.50	6.25
COC Novinette	40	13	21.95	18.15
COC Logest	67	30.23	45.60	35
COC Diane 35	73	33	51.10	41.50
POP Exluton	5.9	31.50	65.64	62.80
Emergency contraceptive Postinor	71.7	10	27	21.50
Injectable Depo-Provera	14	29	104	36.10
IUD Pregna	4.7	17	17	17
IUD Junona	14	14.95	63	25
Condoms (pack of 3)	94	1.05	8.38	3.50

TfH's plan is to adopt an innovative fully sustainable Total Market Approach. This recognizes that there are three population "tiers:" A) people who can afford the latest generation high-priced contraceptives that are readily available—mostly women in wealthy urban areas; B) people with medium or low incomes—the largest market segment, which is distributed fairly evenly between urban and rural areas; and C) people who cannot afford contraceptives and/or have limited access, including most significantly women in rural areas. Data indicate that 55 percent of the need for high-end oral contraceptives is already met by private sector

manufacturers, as compared to only 25 percent for mid- and lower-priced brands[1]. So the B-tier is TfH's major priority, although all three tiers of the pyramid should benefit from the project's work.

To reach the B tier, TfH has made major strides toward building a "win-win" partnership with private pharmaceutical companies to make a broad range of contraceptive methods available in pharmacies, at a range of prices, thus expanding the overall contraceptive market. After many months of negotiations and two roundtable meetings, it is anticipated that a partnership will be formalized early in Year 2 between five or six leading contraceptive manufacturers (Janssen-Cilag, Organon, Richter Gedeon, Schering and Tespro), the MOH and the project. Under this agreement, the companies will "push" the brands included in the "contraceptive availability minimum package" (CAMP) onto pharmacy shelves, particularly in project sites. The project has also been able to negotiate price reductions for some methods (Exluton progestin-only pills and Pregna IUDs) and keep other affordably-priced products (like Depo Provera or Rigevidon) on the market, rather than phasing them out. Some companies are also expected to help support clinical or pharmacists' training or BCC activities. The MOH, for its part, will commit its best efforts to pass and then implement the new RHNP, including funding for contraceptive procurement for certain needy populations, for public education and some equipment.



The A tier will not be a major priority, since women in this group are generally educated and have the resources to purchase the method of their choice. And TfH is working with the MOH and oblast health departments to allocate funding to procure contraceptives for the C tier.

Support for Market Development (SMD), a research company that monitors sales in pharmacies, has already begun supporting the public-private partnership with data on contraceptive sales, based on its regular monthly surveys of a 10 percent sample of pharmacies around the country.

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

In the past year, this component of the project sought to address several challenges and opportunities in the areas of policy, financing and management. The two major opportunities were, first, to promote the proposed Reproductive Health of the Nation Program (RHNP) for 2006-2015, which would embody the Government of Ukraine's political commitment to improving FP/RH and provide much-needed resources to improve these programs. The second opportunity was to build on local initiatives under way in various parts of the country to improve financing for FP/RH services. The key challenges identified were the perception among policy makers that FP is contrary to the country's pro-natalist policy in a country where the population has been declining rapidly. And also to help managers of FP/RH programs make the difficult transition from a health system commanded from the top, where they had little autonomy, to a more modern, decentralized, public health-oriented system calling for management skills at all levels of the system.

Reproductive Health of the Nation Program 2006-2010

The first step in supporting the proposed RHNP was to refine the concept paper drafted by the MOH and the Policy Project for consideration by the Ministry of Justice and subsequently the Cabinet of Ministers. The concept paper was adopted by the Cabinet of Ministers on April 27 (Resolution No. 244.) Then work began, along with key members of the Policy Development Group, on numerous drafts of the program itself, its budget

[1] Based on URHS, 1999; WAPS, 2004 (preliminary data); and 2005 contraceptive sales data provided by Support for Market Development (SMD)

and indicators. By early summer, the proposed program had been adopted by the MOH in a form that represented an important improvement in how the MOH does business, because funds would be allocated to actually improve health services, with a significant emphasis on prevention—rather than following the old model of procuring high-priced medical equipment and drugs deemed necessary at the central level. The MOH program represented a $165 million Government commitment, over 10 years, to address critical RH issues: making pregnancy safer, FP, the needs of youth, "protecting RH" and program management. Other ministries involved supported this program, but the Ministry of Finance was more critical. In addition to reducing the budget to about $118 million, it made a number of technical decisions, including that contraceptives and other drugs could not be procured, since they were not life-saving, and that IEC activities could not be supported from the state budget. Promoting adoption of the program remains a challenge for the second year of the project.

Advocacy Package
Experience with the RHNP demonstrated clearly the difficulty of advocating for FP/RH programs and for contraceptive procurement in an environment where FP is perceived as promoting population decline in a country that sees itself as facing a demographic crisis. In an effort to help policy-makers understand that FP is a matter of health and human rights, and that it is key to reducing abortion and infertility, TfH partner Harvard School of Public Health (HSPH) began researching and drafting an "advocacy package" addressing this issue. Once developed, this information will be presented to a cadre of potential advocates from NGOs and government. The document draws on examples from other countries in Eastern Europe and the former Soviet republics to show how shifting from abortion to contraception will improve public health, be cost-effective and promote human rights.

Financing
HSPH also conducted a detailed assessment of financial flows for health, with special reference to FP/RH, and identified some of the innovations in health financing being pioneered by local governments. Based on this, several possible points of intervention were identified to improve financing for FP/RH services: (1) with MOH and local authorities, to include funding for contraceptive procurement in their budgets; (2) with the *likarnyana kassas* (local health insurance programs that cover inpatient drugs and supplies), to include contraceptives in the list of covered drugs; (3) to support local initiatives to introduce primary health care payment systems that include FP/RH services; and (4) to pilot a costing methodology for FP/RH services in inpatient facilities to demonstrate the real cost of these services as a precursor to promoting more effective payment systems.

Management
To help FP/RH program managers gain a better understanding of modern, decentralized, public health program management, TfH decided to develop short management training courses for partners in the oblasts and below. HSPH conducted a needs assessment and reached agreement in principle with the School of Public Health at Kyiv Mohyla Academy and the National Medical Academy for Postgraduate Education to partner with them in developing and teaching the course. The basic elements of the course have been outlined and the coming year will see the development of a training curriculum, emphasizing a practical case study approach, with training scheduled to begin in the oblasts in fall 2007.

IV. Constraints

The project experienced two constraints during this period.

One constraint was the extended period of political uncertainty following the March elections. This caused set-backs with the RHNP—at a time when it was almost ready to emerge from the Ministry of Finance, after long and difficult discussions, and embark on the final steps to the Cabinet of Ministers. Instead, it had to be reviewed by several new ministers and was submitted to a second round of harsh reviews in the Ministry of Finance, under new leadership—where it remained as the project year ended.

A second constraint was the difficulty of identifying a strategy for working on STIs. Project staff are reluctant to focus on the DV system, which is responsible for STIs, for a number of reasons. First, the system is dying out; second, the DV leadership is resistant to modern, international approaches; and third, STI services are generally more successful when they are integrated into other health services, rather than being a separate vertical (stygmatized) health program. In reality, STI services—except for syphilis and gonorrhea which, by law, must be managed in the DV system—are gradually being "mainstreamed" into other health services even though ob-gyns, family doctors and other providers have had little (if any) preparation to provide such care. Unfortunately,

the DV leadership is opposed to this “mainstreaming” of STI services, making it difficult to move forward. In the face of this complex situation—and in order to avoid lengthy delays in project start-up—project staff have focused thus far on STI prevention through STI risk assessment, promotion of condom-use and dual protection, and public education. The plan is to seek avenues to address STI diagnosis and management in the second year of the project.

Together for Health M&E Indicators

Project Year 1

Together for Health M&E Indicators, Project Year 1

Please see the project's M&E Plan, dated May 4, 2006, for information on data limitations.

#	Indicator	Data Source or Collection Method	Year 1	Comment
SO 5: Improved social conditions & health in Ukraine				
IR 5.1: Changed behaviors and systems to improve health				
Performance Indicator(s)				
1	# of oblasts where TfH works	Project reports	7	- Kharkiv & Lviv Oblast Health Departments; - Oblasts reached by SW Railroad: Chernigiv, Khmelnitz, Kiev, Vinnytsa, Zhytomir
2	# of NGOs receiving grants for achievement of TfH objectives (by focus of NGO activities)	Project reports	0	
Effectiveness Indicator(s)				
3	Abortion rate [# of induced abortions per 1,000 women aged 15-49 in the previous year] (by oblast)	MOH statistics	2005 Ukraine – 19.5 Lviv – 13.5 Kharkiv – 14.2	See Table 1 for data on all oblasts
4	Abortion ratio [# of induced abortions per 1,000 live births in the previous year] (by oblast)	MOH statistics	2005 Ukraine – 587.2 Lviv – 354.9 Kharkiv – 513.2	See Table 1 for data on all oblasts
5.a	% of women aged 15-49 who report currently using a modern contraceptive method (by oblast)	WAPS & endline survey	2004 Ukraine – 38.9%	Source: WAPS 2004 This is a % of <u>all</u> women of reproductive age (15-49)
5.b	[Annual proxy for Indicator 5.a:] # of women aged 15-49 registered as IUD or hormonal method users per 1,000 WRA (by oblast)	MOH statistics	2005 Ukraine – 289.5 Lviv – 272.4 Kharkiv – 310.5	See Table 1 for data on all oblasts
6	[Indicator on STIs to be determined]		To be determined	
Result 1: Improved service provider skills and behaviors related to FP/RH				
Performance Indicator(s)				
1.1	# of Clinical Working Group meetings held during the year	Meeting minutes	4	

#	Indicator	Data Source or Collection Method	Year 1	Comment
1.2	# of clinical trainers trained (by oblast and gender)	Training reports/ database	Total 51 12 men— 39 women	- 9th Congress of the European Society of Contraception, Istanbul, Turkey, May 3-6, 2006 – 3 participants - Contraceptive Technology Roundtable, Kiev, May 23-25, 2006 – 38 participants - EBM training for methodologists, Kiev, Sept. 25-29, 2006 –9 participants See Table 2 for distribution of participants by oblast
1.3	# of providers trained in FP/RH (by oblast and gender)	Training reports/ database	0	
1.4	# of midwives trained how to include FP/RH counseling in home visits (by oblast)	Training reports/ database	0	
1.5	% of health facilities (of all visited at randomized assessment) that are displaying the program logo at time of visit (by oblast)	Facility assessment/FU observation visits	0	
Effectiveness Indicator(s)				
1.6	# of facilities in target areas that have at least one provider trained by TfH in FP/RH per 10,000 population (by oblast)	Database	0	
1.7a	% of trained providers demonstrating improved knowledge of FP/RH in pre- and post-training tests (by oblast)	Pre- and post-training tests/FU observation visits	N/A	
1.7b	% of trained providers demonstrating improved skills in FP/RH at the time of follow-up observation visits (by oblast)	FU observation visits	N/A	
1.8	% of providers (of all interviewed) who accurately report the lowest price range for contraceptive methods (by oblast)	Pre- and post-training tests/FU observation visits	N/A	
1.9	% of RH clients (of all who complete the CEQ) who report being counseled on FP (by oblast)	Client exit questionnaires	Kharkiv – 53.5% Lviv – 54.3%	
1.10	% of RH clients (of all who complete the CEQ) who report being counseled on STIs (by oblast)	Client exit questionnaires	Kharkiv – 63.4% Lviv – 62.8%	

#	Indicator	Data Source or Collection Method	Year 1	Comment
1.11	% of RH clients (of all who complete the CEQ) who report receiving a modern contraceptive method or prescription (formal or informal) for a method during this visit (by oblast)	Client exit questionnaires	Kharkiv – 58.5% Lviv – 52.2%	Note: It is unclear why the % of clients in Kharkiv receiving a modern method of contraception or a prescription during this visit (this indicator) is higher than the % reporting that they were counseled on FP by the provider during this visit (indicator 1.9.) The most likely explanation is some misunderstanding of the question by respondents.
1.12.a	# of WRA registered as IUD users per 1,000 WRA (by oblast)	MOH/oblast statistics	Kharkiv – 144.2 Lviv – 81.8	
1.12.b	# of WRA registered as hormonal method users per 1,000 WRA (by oblast)	MOH/oblast statistics	Kharkiv – 166.3 Lviv – 190.6	
Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products				
Performance Indicator(s)				
2.1	# of BCC Working Group meetings held during the year	Meeting minutes	1	In addition, a BCC National Message Development Workshop was conducted July 3-7, 2006 - 48 participants
2.2	# of TfH IEC materials distributed during the year (by oblast)	IEC/BCC tracking form	0	
2.3.a	# of events conducted for journalists/media professionals regarding TfH and FP/RH (e.g. news conferences, orientations, study tours, etc.) (by oblast)	IEC/BCC tracking form/ project reports	1	News conference for Project Launch/Strategic Planning Meeting, Kiev, January 20, 2006 (national event)
2.3.b	# of journalists/media professionals participating in media events(by oblast)	IEC/BCC tracking form/ project reports	4	
2.4	# of mass media products produced and disseminated by TfH (by oblast)		3	- Article "Demand for Contraception could be Increased," newspaper "Apteka", # 9 (530), March 6, 2006 - Article "Together for Health", "Information, Opinion & Worldview" journal, #2, May 2006 - Article "Youth Involved in Active Work", railroad newspaper "Magistral", #23, June 16, 2006
2.5	# of partnerships established for workplace FP/RH/STI education programs	Project reports	1	Youth Council of the Federation of Trade Unions of Transport Workers (railroads)
2.6.a	# of TfH interpersonal communications (IPC) activities conducted (by oblast)	IEC/BCC tracking form	0	

#	Indicator	Data Source or Collection Method	Year 1	Comment
2.6.b	# of people reached through TfH interpersonal communications (IPC) activities (by oblast)	IEC/BCC tracking form	0	
2.7.a	# of TfH BCC activities on FP/RH conducted at the workplace (by oblast)	IEC/BCC tracking form	2	- Planning seminar with railroad youth council, May 30, 2006 - TOT for railroad peer educators, Aug. 25-27, 2006
2.7.b	# of people reached through TfH BCC activities on FP/RH conducted at the workplace (by oblast and gender)	IEC/BCC tracking form	Total 55 37 men— 18 women	- Planning seminar with railroad youth council, May 30, 2006 – 40 participants - TOT for railroad peer educators, Aug. 25-27, 2006 – 15 participants See Table 2 for distribution of participants by oblast
2.8.a	# of TfH BCC activities on FP/RH conducted that target men (by oblast)	IEC/BCC tracking form	0	
2.8.b	# of men reached through TfH BCC activities on FP/RH (by oblast)	IEC/BCC tracking form	N/A	
2.9.a	# of TfH BCC activities on FP/RH conducted that target adolescents (by oblast)	IEC/BCC tracking form	0	
2.9.b	# of adolescents reached through TfH BCC activities on FP/RH (by oblast)	IEC/BCC tracking form	N/A	
2.10	% of facilities (of all visited at randomized assessment) with TfH IEC materials displayed at the time of visit (by oblast)	Facility assessments/FU observation visits	N/A	
Effectiveness Indicator(s)				
2.11.a	% of RH clients (of all who complete the CEQ) with a positive attitude to each modern contraceptive method (by oblast)	Client exit questionnaires	See Table 3	
2.11.b	Mean overall score on a scale from 1 to 5 of RH's clients (of all who complete the CEW) attitudes toward each modern contraceptive method (by oblast)	Client exit questionnaires	See Table 3	
2.12	% of RH clients (of all who complete the CEQ) who know at least two risks associated with abortion (by oblast)	Client exit questionnaires	Kharkiv – 89.1 % Lviv – 81.8%	

#	Indicator	Data Source or Collection Method	Year 1	Comment
2.13	% of RH clients (of all who complete the CEQ) who know that STIs can be asymptomatic (by oblast)	Client exit questionnaires	Kharkiv – 53.5% Lviv – 47.3%	
2.14	% of RH clients (of all who complete the CEQ) who know that STIs can cause infertility (by oblast)	Client exit questionnaires	Kharkiv – 86.9% Lviv – 75.9%	
2.15	% of RH clients (of all who complete the CEQ) who know that condom use can protect against both unplanned pregnancy and STIs (by oblast)	Client exit questionnaires	No valid data	Note: 74.3% of respondents in Kharkiv and 72.3% in Lviv reported that, during this visit, the provider discussed that condoms can prevent pregnancy as well as STIs/HIV
2.16	% of RH clients (of all who complete the CEQ) who are currently using modern contraception (by oblast)	Client exit questionnaires	Kharkiv—48.7% Lviv—33.1%	See Table 4 for more details
2.17	% of RH clients (of all who complete the CEQ) who are currently using dual protection (by oblast)	Client exit questionnaires	Kharkiv – 26.8% Lviv – 24.2%	4.9% of respondents in Kharkiv and 6.3% in Lviv reported that they are using two methods for dual protection: condoms and another method. Others are using condoms only.
2.18	# of people who sought FP/RH care in project-assisted workplace health facilities (by oblast, workplace type (if applicable) and gender)	Workplace facility records	0	
Result 3: Increased availability, accessibility, and affordability of contraceptives				
Performance Indicator(s)				
3.1	# of Private Sector/Contraceptive Security Working Group meetings held during the year	Project reports - meeting minutes	2	- Roundtable: Public-Private Partnerships for an Expanded Contraceptive Market in Ukraine – April 12, 2006 - Roundtable: Public-Private Partnerships for an Expanded Contraceptive Market in Ukraine – September 7, 2006
3.2	# of agreements reached with pharmaceutical companies for a partnership program for implementation in oblasts	Project reports	4	Agreements reached with Janssen Cilag, Organon, Schering and Tespro,
3.3	"Contraceptive Availability Minimum Package" (CAMP) defined (including different methods and prices)	Project reports	Yes	See Table 5 for details of the CAMP

#	Indicator	Data Source or Collection Method	Year 1	Comment
3.4	# of pharmacy staff trained by TfH (by oblast and gender)	Training database	0	
3.5	# of pharmacies awarded program logo (by oblast)	Project reports	0	
3.6	% of pharmacies displaying program logo at the time of randomized assessment (by oblast)	Pharmacy assessments	N/A	
3.7	# of events/conferences conducted for pharmacists, once they are trained (by oblast)	Project reports	N/A	
Effectiveness Indicator(s)				
3.8	% of pharmacies (of all pharmacies in the oblast) with at least one staff person trained by TfH in FP/RH (by oblast)	Training database & pharmacy assessment	N/A	
3.9	# of pharmacies in oblasts that have at least one staff person trained by TfH in FP/RH per 10,000 population (by oblast)	Training database & pharmacy assessment	N/A	
3.10	# of contraceptive supplies dispensed by partner pharmaceutical companies (by oblast and method)	Partner pharmaceutical company records/SMD	See Table 6	
3.11	% of pharmacies (of all visited at randomized assessments) that have CAMP available at the time of the visit (by oblast)	Pharmacy assessments/ supervisory visits	0.6%	
3.12	% of pharmacies (of all visited at randomized assessments) with TfH IEC materials at the time of visit (by oblast)	N/A		
Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved RH				
Performance Indicator(s)				
4.1	# of coordination meetings held regarding the National RH Program	Meeting minutes	3	

#	Indicator	Data Source or Collection Method	Year 1	Comment
4.2.a	# of major coordination or dissemination events organized by TfH (by oblast and topic)	Project reports/ participant lists	4 national-level events	- Project Launch/Strategic Planning Meeting, Kiev - January 20, 2006 - Oblast Competition Meeting, Kiev - April 25, 2006 - Romania study tour – May 2-10, 2006 - Participation in Ob-Gyn Annual Congress, Donetsk – September 20-22, 2006
4.2.b	# of people who participate in major coordination and dissemination meetings organized by TfH (by oblast and gender)	Project reports/ participant lists	Total 118 Men 39.8% – women 60.2%	- Project Launch Meeting – 47 participants - Oblast Competition Meeting – 61 participants - Romania study tour – 10 participants - Ob-Gyn Congress, Donetsk (approx. 700 participants) See Table 2 for distribution by oblast
4.3	# of legal/policy documents on FP/RH adopted	Project reports	1	Cabinet of Ministers Resolution #244, April 27, 2006 on Adoption of the Concept Paper regarding the Reproductive Health of the Nation Program 2006-2015
4.4	Advocacy packages developed regarding FP/RH	Project reports	0	
4.5	Financing methodologies for FP/RH services developed and implemented	Project reports	0	
4.6	# of people trained in management (by oblast, level of administration and gender)	Training database/training registration and report forms	0	
Effectiveness Indicator(s)				
4.7	# of clinical manuals/curricula/guidelines/ protocols developed/updated and approved that are in line with evidence-based medicine	Published guidelines/ protocols/project documents	1	"Manual on Family Planning," approved by MOH Decree # 535, August 1, 2006
4.8	New curriculum, clinical guidelines and/or protocols adopted by continuing medical education and/or supervision	Project reports	0	
4.9.a	Contribution of GOU/local government counterparts to FP/RH/STI programs (in $/UAH or estimated value of in-kind contributions) (by oblast)	Project reports	$ 0	

#	Indicator	Data Source or Collection Method	Year 1	Comment
4.9.b	Contribution of private sector partners to FP/RH programs (in $/UAH or estimated value of in-kind contributions) (by oblast)	Project reports	$ 17,300	$15,000 – SMD contraceptive sales data (in-kind contribution) $2,300 – ECOMM Geographic Information System software

Methodological Note:

Most of the data in the indicator matrix come from Together for Health surveys conducted in two oblasts—Kharkiv and Lviv—in late August and early September 2006. The survey included three instruments: Client Exit Questionnaires (CEQ), facility assessments and pharmacy assessments. The table below shows the number of respondents/facilities in the survey:

	Kharkiv	Lviv	Total
Clients interviewed	466	447	913
Health facilities assessed	30	29	59
Pharmacies assessed	89	85	174

The sampling frame was based on all health facilities that provide FP/RH services in the two oblasts: oblast hospitals, oblast maternities, oblast FP centers, oblast women's consultations, city hospitals, city maternities, city FP centers, city women's consultation, city polyclinics, central rayon hospitals, central rayon women's consultations, rayon hospitals and rayon women's consultations. Smaller facilities such as FAPs, ambulatories and family doctors' offices were excluded because they have very few (if any) FP/RH clients. The facilities were stratified by location (urban/rural) and type of facility (inpatient/outpatient) and 30 facilities in each oblast were randomly selected using Probability Proportion to Size methodology.

Data collection included assessment of the selected facilities using the facility assessment tool, followed by completion of the self-administered CEQ by at least 15 eligible FP/RH clients during a three-day period. Eligibility criteria for clients were: (a) reproductive age (15-49); (b) not planning or trying to get pregnant; (c) not having had a hysterectomy; and (d) not being seen for infertility problems. This was followed by an assessment of three pharmacies close to the selected facilities: one in the facility itself, the second less than 500 meters away, and the third less than 1,000 meters away.

Table 1: Abortion Rate, Abortion Ratio, and Number of WRA (15-49) Registered as IUD or Hormonal Method Users per 1,000 WRA (Source: MOH Ukraine, 2005)
(Indicators 3, 4 and 5.b)

	Abortion Rate	Abortion Ratio	IUD and Hormonal Users
Ukraine	**19.5**	**587.2**	**289.5**
AR Krym	21.0	690.3	220.9
Vinnytska	22.2	641.1	305.1
Volynska	17.8	379.7	270.7
Dnipropetrovska	22.6	723.2	251.4
Donetska	22.0	766.0	341.6
Zhitomirska	18.5	525.1	239.3
Zakarpatska	13.7	291.8	160.0
Zaporizhska	21.5	698.3	387.1
Ivano-Frankivska	9.2	226.0	328.4
Kievska	23.3	763.2	251.9
Kirovogradska	27.7	873.8	298.0
Luganska	24.2	890.6	207.0
Lvivska	**13.5**	**354.9**	**272.4**
Mykolaivska	21.9	687.1	256.7
Odeska	26.4	712.1	330.6
Poltavska	21.5	737.1	297.7
Rivenska	10.1	226.7	265.7
Symska	10.1	378.5	497.6
Ternopilska	11.5	301.5	221.7
Kharkivska	**14.2**	**513.2**	**310.5**
Khersonska	23.8	717.7	237.3
Khmelnitska	13.8	407.1	400.9
Cherkaska	14.4	475.5	176.1
Chernivetska	18.4	449.2	454.6
Chernigivska	26.3	871.9	268.9
Kiev (city)	19.9	601.4	293.8
Sevastopol (city)	22.9	645.4	166.0

Table 2: Number of Trainees/Participants by Oblast
(Indicators 1.2, 2.7.b.and 4.2.b)

Indicator Number ►	1.2	2.7.b	4.2.b
AR Krym		1	3
Vinnytska	1	2	5
Volynska			1
Dnipropetrovska	3	3	3
Donetska	4	7	6
Zhitomirska	1	3	3
Zakarpatska		1	4
Zaporizhska	1	2	1
Ivano-Frankivska	1		2
Kievska	32	15	53
Kirovogradska	1		4
Luganska	1	1	1
Lvivska	3	5	3
Mykolaivska			2
Odeska	1	3	2
Poltavska			4
Rivenska		1	2
Symska		5	2
Ternopilska		1	2
Kharkivska	2	2	3
Khersonska			2
Khmelnitska		1	2
Cherkaska			2
Chernivetska			2
Chernigivska		2	2
Sevastopol (city)			2
Total Participants	**51**	**55**	**118**

Table 3: RH Clients' Attitudes toward Contraceptive Methods and Abortion
(Indicators 2.11.a and 2.11.b)

Method	Kharkiv Oblast		Lviv Oblast	
	% of clients with positive attitude	Mean score	% of clients with positive attitude	Mean score
Combined oral contraceptives	51%	2.9	39.3%	2.4
IUDs	56.7%	3.0	41.7%	2.6
Injectables – Depo-Provera	12%	1.1	11.8%	1.2
Condoms – male	59.4%	3.5	62%	3.4
Female sterilization	12.4%	1.6	16.7%	1.6
Male sterilization	12.4%	1.5	17.7%	1.5
Emergency contraception	18.5%	1.7	12.3%	1.2
Spermicides	33.4%	2.5	33.5%	2.2
Lactation Amenorrhea Method	10%	1.1	21.2%	1.5
Fertility Awareness Based Methods	20.5%	2.2	36.7%	2.6
Withdrawal	13.7%	2.2	19.6%	2.3
Abortion	0.8%	1.1	0.7%	1.1

A "positive attitude" means that the method was marked as "good" or "very good" by the respondent. The denominator includes all respondents, including women who stated that they "Don't know the method."

The "mean score" is the mathematical mean of all scores (on a scale of 0-5) for the method given by respondents who answered the question. The denominator includes all respondents, including those who stated that they "Don't know the method."

Table 4: Current Contraceptive Use by RH Clients
(Indicator 2.16)

% of RH Clients who are Currently using Contraception		
	Kharkiv	Lviv
Total Modern Methods *	**48.7%**	**33.1%**
Combined oral contraceptives	12.7%	5.1%
IUDs	10.9%	5.6%
Injectables – Depo-Provera	0%	0.2%
Condoms – male	26.8%	24.2%
Female sterilization	0.4%	0.7%
Male sterilization	0.4%	1.1%
Emergency contraception	0.4%	1.6%
Spermicides	2.8%	3.4%
Total Traditional Methods*	**11.4%**	**12.9%**
Lactation Amenorrhea Method	0.4%	0.5%
Basal body temperature method	0.2%	1.1%
Cervical mucus method	0.9%	1.6%
Calendar method	11.4%	11.9%
Symptothermal method	0.9%	0.9%
Withdrawal	13.0%	15.5%

* The Total Modern Method and Total Traditional Method use figures (in bold) do not equal the sum of the individual methods because respondents could report using more than one method. Clients who marked more than one method are counted only once in the Totals.

Table 5: Contraceptive Availability Minimum Package (CAMP)
(Indicator 3.3)

Criteria	Brand Name(s)
1 pill brand < 10 UAH	Rigevidon, Tri Regol
1 pill brand between 10 – 20 UAH	Microgynon, Novinette, Regulon, Triquilar
1 pill brand between 20 – 25 UAH	Cileste, Lindinette
1 progestin-only pill brand	Exluton
1 emergency contraceptive brand	Postinor
1 injectable contraceptive (DMPA)	Depo Provera
1 IUD < 25 UAH	Pregna, Junona
1 condom	Any condom

Table 6. Number of Contraceptive Supplies Dispensed (Sold) by Partner Pharmaceutical Companies
(Indicator 3.10)

Product name	Kharkiv	Lviv	Ukraine
Combined oral contraceptives (cycles)	115,204	60,326	1,788,444
Progestin only pills (Exluton) (cycles)	187	251	7,177
Emergency contraception (Postinor) (packs)	39,375	29,048	524,855
Injectable (Depo-Provera) (vials)	3,712	970	28,386
IUDs (units)	4,000	1,897	38,634
Condoms (pieces)	503,216	637,927	7,290,321

РАЗОМ ДО ЗДОРОВ'Я TOGETHER FOR HEALTH

ПРОЕКТ ПОКРАЩЕННЯ ПЛАНУВАННЯ СІМ'Ї ТА РЕПРОДУКТИВНОГО ЗДОРОВ'Я В УКРАЇНІ
вул. Костьольна 4 , офіс 3-4, Київ 01001, Україна
Тел.: (+380 44) 581 15 20, факс: (+380 44) 581 15 21, e-mail: info@fprh-jsi.org.ua

IMPROVING FAMILY PLANNING & REPRODUCTIVE HEALTH IN UKRAINE
4 Kostyolna St., Office 3-4, Kiev 01001, Ukraine
Tel.: (+380 44)) 581 15 20, Fax: (+380 44)) 581 15 21, e-mail: info@fprh-jsi.org.ua