

**IX. Annexes**

*Annex 1: Tfh Guidelines on Compliance with USAID Requirements on Family Planning, Abortion and HIV*

# **Together for Health**

**Improving Family Planning &  
Reproductive Health in Ukraine**

**Cooperative Agreement No. 121-A-00-05-00709**

# **Guidelines on Compliance with USAID Requirements on Family Planning, Abortion & HIV**

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**JSI Research & Training Institute, Inc.**



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## Introduction

These guidelines provide information for Together for Health (TfH) staff and partners on the US Government's family planning, abortion and HIV requirements with which the project, its staff, subrecipients and certain partners must comply, under the terms of JSI Research & Training Institute's (JSI) cooperative agreement with the US Agency for International Development (USAID.) They also place the family planning and abortion requirements in the context of the project's work and the environment in Ukraine, outline TfH procedures to comply with these provisions and provide implementation and monitoring tools.

**Any questions related to these guidelines or to compliance with the US Government family planning, abortion and HIV requirements should be directed to the Chief of Party or Deputy Chief of Party.**

## The Ukrainian Context

During Soviet times, abortion and IUDs were the leading methods of birth control in Ukraine. Contraception is still something fairly new, although it is gradually becoming more widely accepted.

Abortion is legal and readily accessible, very widely used, and there is little stigma attached to it. Data from the World Health Organization's *Health for All Database* show an abortion ratio of 618 abortions/1,000 live births in Ukraine in 2004, compared to 259/1,000 in the European Union—and the Ukraine data are well known to underestimate the actual number of abortions quite significantly, since they only include abortions performed officially in the public sector. The health system provides information about abortion in virtually every health facility that provides primary health care to women, abortion services are provided in almost every rayon in the country, abortion is seen by many (perhaps most) people as safer than contraception and abortion is often cheaper than contraception.

Use of modern contraception is relatively low, contributing to the high level of abortion. It stood at 47 percent of married women aged 15-49 using a modern method in 2004, while 22 percent of married women used a traditional method (USAID, *Survey on Willingness and Ability to Pay for Contraceptives in Ukraine, 2004.*) Worldwide, by contrast, 54 percent of married women use a modern contraceptive method and in Western Europe that rises to 70 percent (United Nations, *World Contraceptive Use 2005*). Moreover, the contraceptive method mix is still very limited, with IUDs and condoms much more widely used than any other modern methods.

### Percentage of Married Women of Reproductive Age Using Contraception

<b>Modern methods</b>	<b>47</b>
Oral contraceptives	6
IUD	19
Condom	19
Other barrier	0
Spermicides	2
Sterilization	1
LAM	0
<b>Traditional methods</b>	<b>22</b>

Widespread distrust of hormonal methods still persists among health workers and the population, since what was available in Soviet times was mostly high-dose oral contraceptives, which have significant side effects—and the government issued well-publicized warnings about them. Today, health workers still have very limited information about the range of contraceptive methods on the market in Ukraine and remain skeptical about most of the methods that were not available in Soviet times. Moreover, by Western standards, the availability of a range of contraceptive methods in pharmacies is still very limited.

The concept of the population making decisions about their own health care was also unfamiliar in Soviet times. Doctors were responsible to the government for the health of their patients and they provided very

limited information to patients, instead simply telling them what to do. The idea of individuals being responsible for their own health and health care decisions was unfamiliar.

Today, however, the MOH recognizes that individuals and couples should make their own decisions about family planning and contraception, it supports counseling for family planning clients, and it has approved a broad range of safe and effective contraceptive methods that are available on the market. Following are excerpts from key policy documents relating to voluntarism and informed choice:

- “Respect the rights and freedoms of humans and citizens in respect to healthcare to ensure all guarantees entitled by the State.” (*“Basics Principles of Healthcare” law, Article 4*);
- “A patient who has attained the age of majority has the right to receive truthful and complete information about his/her health status as well as the right to access certain medical documents concerning his/her health. The healthcare provider must provide the patient with information about his health, suggested examinations and treatment procedures, possible outcomes and risks to life/health in a way that is easy to understand.” (*“Basics Principles of Healthcare” law, Article 39*);
- “The patient’s consent is needed in accordance with article 39...for the patient to receive diagnostic, preventive and treatment services.” (*“Basics Principles of Healthcare” law, Article 43*)
- “Individual selection of a contraceptive method for each person based on the provision of complete information on contraception, the preferences of the woman and the married couple with respect to this or that method...” (*Decree # 503 of the MOH of Ukraine, dated December 28, 2007, “On the Improvement of Ambulatory Obstetric Care;” and Decree #620 of the MOH Ukraine, dated December 29, 2007, “On the Provision of Inpatient Obstetric and Gynecological and Neonatological Care in Ukraine.”*)
- “Family planning includes informed reproductive health choices, a range of safe and effective methods that can be used...” (*Decree #539 of the MOH Ukraine, dated August 4, 2006, “On the Organization of Family Planning and Reproductive Health Services in Ukraine.”*)

For years, the Government has also been seeking to reduce utilization of abortion and encourage the population to shift to contraception. Its support of family planning, as part of a broader reproductive health program, is embodied in a variety of documents, most significantly in the *State Program “Reproductive Health of the Nation” up to 2015*, adopted by the Cabinet of Ministers in December 2006.

Addressing the issues outlined above is at the heart of the TfH project. The overall project goal is “to reduce the number of abortions and unintended pregnancies and incidence of sexually transmitted infections by improved provision of and access to quality RH/FP services through the public and private sectors.” In that context, the project seeks to:

- Help Ukrainians shift from the widespread practice of abortion to the use of modern contraceptive methods;
- Make a broader range of contraceptive methods available, accessible and affordable in a variety of settings;
- Make doctors, pharmacists, other health workers and the population aware of the benefits of contraception over abortion, and act accordingly;
- Make doctors, pharmacists, other health workers and the population aware of the range of contraceptives on the market in Ukraine, along with the benefits and risks of each method, so they can make informed choices about whether to advise their clients about contraception (or use it themselves), and which method to use.

These principles run throughout the project’s work: its training activities, public education materials and messages, work with pharmacies and policy activities.

It should be noted that the TfH project does not encompass surgical sterilization, except to provide health workers and the population with basic information about the procedure as an available option. Neither does it include biomedical research or experimental contraceptives. The project focuses on reversible methods of contraception already available in Ukraine.

## Family Planning Requirements

### Voluntarism and Informed Choice/“Tiahrt Amendment”

The so-called Tiahrt Amendment, named after a member of the US Congress, requires that USAID-assisted family planning projects meet certain standards of voluntarism. USAID supports the freedom of individuals to choose voluntarily the number and spacing of their children. Thus, it places highest priority on ensuring that its family planning and reproductive health activities adhere to the principles of *voluntarism* and *informed choice*:

- USAID considers an individual’s decision to use a specific method of family planning or to use any method of family planning *voluntary* if it is based upon the exercise of free choice and is not obtained by any special inducements or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.
- USAID defines *informed choice* to include effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services; to seek, obtain, and follow up on a referral; or simply to consider the matter further.

To implement the principles of voluntarism and informed choice, any person/organization that receives USAID financial or technical support for a family planning service delivery activity (including USAID-donated contraceptives):

- **Must** ensure that family planning clients/patients receive comprehensive, easy-to-understand information on the health benefits and risks of a range of methods so that they can make an informed choice about which method is best for them. Information should be provided in many forms: counseling, posters, brochures, package inserts, etc.
- **Cannot** set targets for the total number of births, number of family planning clients, or clients of a particular family planning method. They *can*, however, estimate the demand for contraceptives for planning and budgeting purposes.
- **Cannot** offer payment of incentives, bribes, gratuities, or financial rewards to individuals when they accept family planning, or to providers who achieve targets for the total number of births, the number of family planning clients, or clients of a particular method of family planning.
- **Cannot** deny any rights or benefits – such as cash payments or access to health care – to a person who decides not to accept family planning.
- **Must** only offer experimental contraceptives and medical procedures in the context of a scientific study in which participants are advised of potential risks and benefits.

TfH is required to notify USAID if it learns about violations of the Tiahrt requirements at any of the sites that it is assisting.

## Abortion Requirements

### Prohibition on Performing Abortion/“Helms Amendment”

This provision, named after a US Senator, states that USAID funds may not be used to pay for the performance of abortion as a method of family planning or to motivate or coerce anybody to practice abortions.

### Prohibition on Abortion-Related Activities

No funds from the Together for Health project will be used for pay for:

- Equipment for the purpose of inducing abortions as a method of family planning;
- Fees or incentives to coerce or motivate a person to have an abortion;
- Payments to persons to perform abortions or to encourage persons to undergo abortions;
- Information, education, training, or communication programs that seek to promote abortion as a method of family planning; and
- Lobbying for or against abortion (“lobbying” means to seek to influence the decisions of government officials.)

### NGO Restrictions/“Mexico City Policy”

This policy, named after Mexico City where it was first announced, requires non-US non-governmental organizations (NGOs)—including those in Ukraine—to certify in writing that they will not perform or actively

promote abortion as a method of family planning *as a condition* for receiving USAID assistance for family planning. This provision applies even if the abortion-related activities are funded from *non-USAID sources*, such as International Planned Parenthood Federation, Soros Foundation or donations from private individuals. The policy applies not only to an NGO that receives USAID/JSI funds, but also if it receives technical assistance, customized training or commodities such as USAID-donated contraceptives.

“Abortion as a method of family planning” means abortion for the purpose of spacing births, including abortions for the physical or mental health of the woman, abortions due to contraceptive method failure, and abortion for purposes of menstrual regulation. Excluded from the definition of abortion are situations when:

- The life of the woman would be endangered if the fetus were carried to term, or
- Following rape or incest.

To comply with the Mexico City Policy (MCP), an NGO and its staff and volunteers must strictly adhere to the following requirements, if they receive funding from Tfh/JSI:

- **Not** perform abortion as a method of family planning
- **Not** procure or distribute equipment that will be used for abortion
- **Not** actively promote abortion as a method of family planning
- **Not** counsel on the benefits of abortion as a method of family planning
- **Not** encourage women to consider abortion
- **Not** advise that abortion is an option if a family planning method fails or is not used
- **Not** provide information about, or referral to, a facility where abortion is available
- **Not** lobby public officials to continue or expand the legality of abortion as a method of family planning ( to “lobby” means to seek to influence the decisions of government officials)
- **Not** conduct public information or education campaigns or activities on the benefits and/or availability of abortion as a method of family planning
- **Not** provide financial support to any other NGO that performs or actively promotes abortion as a method of family planning.

Again, it is important to emphasize that **these requirements apply not only to Tfh/JSI funds, but to all sources of funds**. In other words, the entire NGO (including all its branches) may not engage in any of the above activities when receiving funding, technical assistance, customized training or commodities from USAID/Tfh.

An NGO *may* provide “passive referral” for abortion. Passively responding (passive referral) to a question regarding where a safe, legal abortion may be obtained is permitted under the Mexico City Policy, if the question is specifically asked by a woman who:

- Is already pregnant;
- Clearly states that she has already decided to have a legal abortion, and
- The family planning counselor reasonably believes that medical ethics in Ukraine requires a response regarding where an abortion may be obtained safely.

Under the Mexico City Policy, injuries or illnesses caused by legal or illegal abortions may be treated. Postabortion care, including postabortion family planning, is allowed, although no USAID funds may be used to purchase manual vacuum aspiration kits for any purpose.

Action by an individual, on their own, is not attributed to the organization with which he/she is associated, provided that the organization (1) neither endorses nor provides financial support for the action and (2) takes reasonable steps to ensure that the individual does not represent him/ herself as acting on behalf of the organization.

Before awarding a grant to an NGO, JSI is required to provide USAID with a description of its efforts to verify the validity of the certification provided by the subrecipient. USAID will inform JSI in writing when it is satisfied that reasonable efforts have been made.

If it is determined that an NGO provided a false certification, it will be required to refund the entire amount of its grant to JSI. If an NGO violates the MCP, its grant will be terminated and it will be required to refund to JSI the value of any assistance used to perform or actively promote abortion as a method of family planning.

### Lobbying for or Against Abortion

USAID funds may not be used to lobby for or against abortion. To “lobby” is to seek to influence government officials’ decisions concerning laws, regulations or other policies.

Note that the Mexico City Policy definition of “active promotion of abortion as a method of family planning” includes lobbying the Government to legalize or make available abortion as a method of family planning or to continue the legality of abortion as a method of family planning.

## Requirements for Surgical Sterilization

### Payment for Surgical Sterilization

No project funds may be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

### Prohibition on Support for Programs of Coercive Abortion or Involuntary Sterilization/ “Kemp-Kasten Amendment”

Named after two US Senators, this provision states that USAID funds may not be made available to any organization or program that supports or participates in the management of a program of coercive abortion or involuntary sterilization.

### Research on Abortion or Sterilization/“Biden Amendment”

This provision, named after a US Senator, states that USAID funds may not be used to pay for any biomedical research that relates to the performance of abortions or involuntary sterilization as a means of family planning. Research to assess the incidence, extent or consequences of abortion *is* permitted.

## HIV Requirements

TfH does not receive direct HIV funding for its activities. However, it receives USAID-donated condoms procured by USAID with HIV money, and donated to TfH by the HIV-AIDS Alliance, for distribution to certain vulnerable populations identified in the SPRHN. Oblast health departments, individual health facilities and others that receive these condoms are required to comply with USAID’s HIV requirements. In summary, these requirements are as follows:

### When providing information about condoms, or actually providing condoms to clients, in **clinical settings**:

- Health workers (or others) must provide the following **information**:
  - Abstinence as the only 100% effective method of eliminating risk of HIV infection;
  - Partner reduction and mutual faithfulness as methods of risk reduction;
  - Correct and consistent condom use;
  - The public health benefits of condoms (e.g. prevention of STIs, unintended pregnancy, and cervical cancer);
  - The failure rates of condoms for HIV and other diseases (latex condoms provide 80-90% protection against HIV transmission if used correctly and consistently);
  - The importance of HIV counseling and testing.
- Health workers (or others) may actually **provide condoms** to youth engaging in, or at high risk for engaging in, risky sexual behaviors—but only in the context of information about abstinence, faithfulness and condoms as presented above.

### When providing information about condoms or providing condoms themselves in **community activities**, such as BCC:

- Health workers (or others) must provide the following **information**:
  - Abstinence as the only 100% effective method of eliminating risk of HIV infection;
  - Partner reduction and mutual faithfulness as methods of risk reduction;
  - Correct and consistent condom use;
  - The public health benefits of condoms (e.g. prevention of STIs, unintended pregnancy, and cervical cancer);

- o The failure rates of condoms for HIV and other diseases (latex condoms provide 80-90% protection against HIV transmission if used correctly and consistently);
- o The importance of HIV counseling and testing.
- They cannot conduct marketing campaigns that target youth and encourage condom use as the primary intervention—without also encouraging abstinence and faithfulness (see messages above);
- They cannot distribute, provide or promote condoms in schools; and they can only discuss condoms in schools together with information about abstinence and faithfulness (see messages above.)

There are no special requirements that apply in **trainings** where health workers are taught how to advise/counsel clients on condom use.

See more detail in Appendix VIII, USAID Condom Fact Sheet.

## **TfH Procedures for Compliance**

### Project Staff

Many project staff will be involved in ensuring that the project complies with the USAID family planning, abortion and HIV requirements, so it is important that they should understand the provisions.

- All new staff will be oriented to these family planning and abortion requirements;
- All new staff will be given a copy of these guidelines and asked to sign a statement that they have read the guidelines and understand them (See Appendix I);
- Project management will conduct periodic reviews of the family planning, abortion and HIV requirements for all staff;
- Project management will work with staff to ensure that activities are in compliance with the family planning, abortion and HIV requirements, that monitoring is carried out, and adequate documentation kept on file.

All project staff need to continuously consider compliance with the family planning/abortion/HIV restrictions in the design and implementation of all activities partially or totally funded by the project. Staff are required to monitor activities for which they are responsible, according to the guidelines and tools presented in this document. Documentation on compliance must be kept on file in a place where it is easily accessible.

### Nongovernmental Organizations (NGOs)

The Mexico City Policy places strict conditions on NGOs in order to receive USAID funds. NGOs are also required to comply with other family planning and abortion provisions.

**The BCC and F&A teams are responsible for the compliance of NGOs with USAID’s family planning and abortion provisions. The BCC team is responsible for programmatic compliance, while the F&A team is responsible for administrative and financial compliance.**

**TfH has a separate document setting out compliance procedures for NGOs.** Briefly, the procedures to be used are the following:

- Screen NGOs during the application/proposal process
- Visit NGOs that are finalists for a grant to conduct a pre-award assessment, following a guide.
- Obtain a signed certification of compliance from each NGO before making the award.
- The NGO grant agreement includes the same abortion provisions as JSI’s Cooperative Agreement.
- Monitoring of compliance once the project is under way.

### Clinical Training

**The clinical team is responsible for ensuring that clinical training and related activities and materials are in compliance with USAID’s family planning and abortion provisions.**

Three main strategies are in place to monitor compliance:

1. Monitoring of Trainers

TfH staff will monitor the work of its clinical trainers to ensure that they are following USAID family planning and abortion requirements. This will be done through periodic visits by project staff or outside consultants to TfH-supported trainings. The tool for this monitoring appears in Appendix II.

2. Monitoring of Health Providers

In selected facilities where TfH has provided significant assistance, the project will conduct periodic visits to ascertain providers' progress toward full implementation of good counseling practices, in line with the Tiahrt provisions. Facilities that receive significant TfH assistance are those where 8 or more health providers have been trained for at least 5 days each. The tool to monitor these visits appears as Appendix III.

3. Facility Assessments

TfH conducts periodic visits to health facilities as part of its Monitoring and Evaluation activities. During these visits, independent monitors check on the presence of project-produced posters and brochures describing the various contraceptive methods in Ukraine. **The M&E team is responsible for organizing these assessments.**

Pharmacy Training

**The contraceptive availability/pharmacy team is responsible for ensuring that pharmacy training and related activities and materials are in compliance with USAID's family planning and abortion provisions.**

Two main strategies are in place to monitor compliance:

1. Monitoring of Trainers

TfH staff will monitor the work of its pharmacy trainers to ensure that they are following USAID family planning and abortion requirements. This will be done through periodic visits by project staff or outside consultants to TfH-supported trainings. The tool for this monitoring appears in Appendix IV.

2. Pharmacy Assessments

TfH conducts periodic visits to pharmacies as part of its Monitoring and Evaluation activities. During these visits, independent monitors check on the presence of project-produced posters and brochures describing the various contraceptive methods in Ukraine. **The M&E team is responsible for organizing these assessments.** It should be recognized that not all pharmacies will display the TfH-produced posters and brochures, since space in pharmacies is usually sold to pharmaceutical companies to display their materials and TfH is not prepared to pay for space in pharmacies.

Behavior Change Communications (BCC)

**The BCC team is responsible for ensuring that BCC materials, messages and activities are in compliance with USAID's family planning and abortion provisions.**

Two main strategies are in place to monitor compliance:

1. Monitoring of Trainers and Educators:

TfH staff will monitor the work of its trainers who train community or peer educators to conduct public education activities as well as the work of some community or peer educators who are paid by the project. This monitoring will ensure that project-paid trainers and educators are following USAID family planning and abortion requirements. This will be done through periodic visits by project staff or independent monitors to TfH-supported BCC trainings. The tool for this monitoring appears in Appendix V.

2. Mass Media Materials and Messages:

The Chief of Party or Deputy Chief of Party will approve all mass media materials and messages, such as posters, brochures, newsletters, videos, radio or TV spots that are produced by the Kyiv office, to ensure that they are in compliance with the family planning and abortion requirements. In addition, they will approve any *major* materials produced by partners (e.g. oblasts, NGOs,, enterprises) for wide dissemination. The BCC

Director will approve mass media materials and messages produced by partners for small-scale, local distribution.

### Distribution of Donated Contraceptives

**The commodities and policy teams are responsible for ensuring that distribution of USAID-donated contraceptives (including condoms) complies with the family planning, abortion and HIV requirements.**

TfH will enter into agreements with oblast health departments that receive USAID-donated contraceptives on voluntarism and informed choice. In those agreements, the health departments undertake to issue a *prikaz* for every health facility receiving donated contraceptives informing them of their responsibility to display the green TfH poster describing the major contraceptive methods available in Ukraine and to comply with USAID requirements on voluntarism and informed choice (“Tiahrt Amendment”)—see page 6. A copy of the agreement is attached as Appendix VI-A.

TfH will enter into separate agreements with oblast health departments that receive USAID-donated *condoms* procured with HIV funding on compliance with the HIV requirements—see page 9. A copy of the agreement is attached as Appendix VI-B.

Compliance with the family planning, abortion and HIV requirements will be monitored during monitoring of health providers—see page 11.

### Overall Project Monitoring

To monitor the project’s progress toward reducing abortion, increasing use of modern contraceptive methods, and broadening the method mix, the project monitors the following indicators:

- Abortion rate and abortion ratio, as reported by the MOH;
- Use of hormonal methods and IUDs, as reported by the MOH (the MOH does not collect data on all contraceptive methods);
- Couple-years of protection (CYPs) provided (measured by contraceptive sales) and the method mix based on CYPs.

In addition, it periodically monitors the quality of counseling provided by health workers and, as already noted, the availability of posters and brochures about contraceptive methods in health facilities and pharmacies.

### **Suspected Violations**

If a project staff member suspects that the project or a partner is not complying with the USAID policies, he/she is required to immediately report this to the Chief of Party or Deputy Chief of Party. The project and the violating person/organization will make all efforts to address and resolve the violation immediately. The Chief of Party or Deputy Chief of Party will inform the Senior Advisor at JSI/Boston and copy him/her on all correspondence concerning violations.

If violations are serious and/or are not being resolved, JSI/TfH will report the matter to USAID/Ukraine and USAID will decide on the appropriate follow-up steps.

**If a JSI/TfH activity or employee, or any partner organization, is found to be in noncompliance, funding may be stopped immediately and the recipient may be requested to refund any previous funds, regardless of whether they have already been spent. Withholding information on known or suspected violations are grounds for immediate termination of the contract of employment, consultancy, grant agreement or other contract.**

## APPENDIX I

### STATEMENT FOR SIGNATURE BY PROJECT STAFF

I hereby acknowledge being oriented to the Together for Health *Guidelines on Compliance with USAID Requirements on Family Planning, Abortion and HIV*. I have received a copy of the guidelines and understand them. I also agree to perform the tasks that lie within my job responsibilities to ensure that Together for Health complies with these requirements.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX II

### CHECK LIST FOR MONITORING CLINICAL TRAINING

Town/city and oblast where training was conducted: \_\_\_\_\_

Exact location where training was conducted: \_\_\_\_\_

Dates of training: From \_\_\_\_\_ to \_\_\_\_\_

Date(s) of monitoring visit: \_\_\_\_\_

Name and title of person conducting the monitoring visit: \_\_\_\_\_

#### Part I: Abortion

1. Did the trainers closely follow the TfH training curriculum? Yes  No
2. Did the trainers give copies of the MOH family planning manual to participants in the training? Yes  No
3. Did the trainers tell, or encourage, participants in the training to do any of the following:
  - a. Provide abortion services? Yes  No
  - b. Provide information on the benefits of abortion? Yes  No
  - c. Provide information on where abortion services are available? Yes  No
  - d. Provide advice that abortion is an option if other family planning methods are not used or if they fail? Yes  No
  - e. Encourage women to consider abortion? Yes  No
  - f. Encourage participants to lobby\* for or against abortion? Yes  No
  - g. In any way support, promote or encourage abortion? Yes  No

\* To "lobby" means to seek to influence the decisions of government officials.

4. Overall, did you get the impression that the trainers promoted or encouraged abortion? Yes  No

If you checked Yes, please explain:

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#### Part II: Family Planning

5. Did the trainers closely follow the TfH training curriculum? Yes  No
6. Did the trainers give copies of the MOH family planning manual to participants in the training? Yes  No
7. Did the trainers give the project's poster and/or brochures on contraceptive methods to participants in the training and ask them to display them prominently in their health facility? Yes  No

8. Did the trainers tell or encourage participants in the training to meet targets for the number of users of:
- a. Family planning? Yes  No
  - b. A particular contraceptive method? Yes  No
  - c. Sterilization? Yes  No
  - d. Giving birth or not giving birth? Yes  No
9. Did the trainers tell or encourage participants in the training to offer incentives, bribes, gratuities, or financial rewards to individuals to use:
- a. Family planning/contraception? Yes  No
  - b. A particular contraceptive method? Yes  No
  - c. Sterilization? Yes  No
10. Did the trainers tell, or encourage, participants to state to clients that any rights or benefits (such as health care or cash payments) would be denied to a person who decides not to use family planning/contraception? Yes  No
11. Overall, did you get the impression that the trainers:
- a. Provided easy-to-understand information on the health benefits and risks of a range of family planning/contraceptive methods? Yes  No
  - b. Supported people's rights to make their own voluntary and free decisions about family planning /contraception? Yes  No
  - c. Encouraged, motivated or forced people to use contraception, any specific method of contraception, or surgical sterilization? Yes  No

If the answer to (a) and/or (b) above was *No*, please explain. If the answer to (c) was *Yes*, please explain:

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## APPENDIX III

### CHECK LIST FOR MONITORING SELECTED HEALTH FACILITIES AND THEIR STAFF

Town/city and oblast where the facility is located: \_\_\_\_\_

Name or number of the facility: \_\_\_\_\_

Type of facility:      Hospital   
                            Family Planning Center/Cabinet   
                            Women's consultation   
                            Polyclinic   
                            Other (please specify) \_\_\_\_\_

Date(s) of monitoring visit: \_\_\_\_\_

Name and title of person conducting the monitoring visit: \_\_\_\_\_

**After talking with at least 2-3 providers trained by Together for Health at the facility, please complete the following questionnaire.**

1. Did providers support clients' rights to make their own voluntary and free decisions whether to use family planning /contraception and which method to use?      Yes       No

If No, please explain what you heard:

\_\_\_\_\_  
\_\_\_\_\_

2. Did providers report that they give family planning clients easy-to-understand information on the following topics:
- a. Various contraceptive methods?      Yes       No
  - b. Benefits and risks of the method they selected?      Yes       No
  - c. Side effects of the method they selected?      Yes       No
  - d. How to use method they selected?      Yes       No
  - e. When to come for a follow-up visit?      Yes       No

If you answered *No* to any of the above, please explain what you heard:

\_\_\_\_\_  
\_\_\_\_\_

3. Did any providers indicate that they direct or require clients to use:
- a. Family planning/contraception?      Yes       No
  - b. A particular contraceptive method?      Yes       No
  - c. Sterilization?      Yes       No
  - d. To give birth or not give birth?      Yes       No

If you answered Yes to any of the above, please explain what you heard:

\_\_\_\_\_  
\_\_\_\_\_

4. Did any providers indicate that they tell clients that they will receive gifts, money or other rewards for using:
- a. Family planning/contraception? Yes  No
  - b. A particular contraceptive method? Yes  No
  - c. Sterilization? Yes  No

If you answered Yes to any of the above, please explain what you heard:

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5. Did any providers indicate that they tell clients that they would be denied any rights or benefits (such as health care or cash payments) if they decided not to use family planning/contraception?
- Yes  No

If you answered Yes, please explain what you heard:

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6. Look around the facility. Are the project's poster and/or brochures on contraceptive methods displayed in a place where clients can see them easily? Yes  No

7. Does the health facility have USAID-donated contraceptives (or condoms)? Yes  No

*If Yes, please ask to see their records on distribution of these contraceptives/condoms and check whether they showed you such records.* Yes  No

*If they have donated condoms, do providers give clients who receive them the following information:*

- a. The health benefits of condoms on protection against HIV and other STIs—latex condoms provide 80-90% protection against HIV transmission if used correctly and consistently;
 

Yes  No
- b. Abstinence as the only 100% effective method of eliminating the risk of HIV infection;
 

Yes  No
- c. Mutual faithfulness as an effective method of eliminating the risk of HIV infection.
 

Yes  No

## APPENDIX IV

### CHECK LIST FOR MONITORING PHARMACY TRAINING

Town/city and oblast where training was conducted: \_\_\_\_\_

Exact location where training was conducted: \_\_\_\_\_

Dates of training: From \_\_\_\_\_ to \_\_\_\_\_

Date(s) of monitoring visit: \_\_\_\_\_

Name and title of person conducting the monitoring visit: \_\_\_\_\_

#### Part I: Abortion

1. Did the trainers closely follow the TfH training curriculum? Yes  No
2. Did the trainers tell or encourage participants in the training to do any of the following:
  - a. Provide information on the benefits of abortion? Yes  No
  - b. Provide information on where abortion services are available? Yes  No
  - c. Provide advice that abortion is an option if other family planning methods are not used or if they fail? Yes  No
  - d. Encourage women to consider abortion? Yes  No
  - e. Encourage participants to lobby\* for or against abortion? Yes  No
  - f. In any way support, promote or encourage abortion? Yes  No

\* To "lobby" means to seek to influence the decisions of government officials.

3. Overall, did you get the impression that the trainers promoted or encouraged abortion? Yes  No

If you checked Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

#### Part II: Family Planning

4. Did the trainers closely follow the TfH training curriculum? Yes  No
5. Did the trainers give the project's poster and/or brochures on contraceptive methods to participants in the training and ask them to display them prominently in their pharmacy? Yes  No
6. Did the trainers tell or encourage participants in the training to meet targets for the number of sales of:
  - a. Contraceptives? Yes  No
  - b. A particular contraceptive method? Yes  No

7. Did the trainers tell or encourage participants in the training to offer incentives, bribes, gratuities, or financial rewards to individuals to use:
- a. Contraception? Yes  No
  - b. A particular contraceptive method? Yes  No
8. Did the trainers tell, or encourage, participants to state to clients that any rights or benefits (such as health care or cash payments) would be denied to a person who decides not to use family planning/contraception? Yes  No
9. Overall, did you get the impression that the trainers:
- a. Provided easy-to-understand information on the health benefits and risks of a range of family planning/contraceptive methods? Yes  No
  - b. Supported people's rights to make their own voluntary and free decisions about family planning /contraception? Yes  No
  - c. Encouraged, motivated or forced people to use contraception, any specific method of contraception, or surgical sterilization? Yes  No

If the answer to (a) and/or (b) above was *No*, please explain. If the answer to (c) was *Yes*, please explain:

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## APPENDIX V

### CHECK LIST FOR MONITORING BCC TRAINING/COMMUNITY EDUCATION

Town/city and oblast where the event was conducted: \_\_\_\_\_  
\_\_\_\_\_

Exact location where the event was conducted: \_\_\_\_\_

Date(s) of monitoring visit: \_\_\_\_\_

Name and title of person conducting the monitoring visit: \_\_\_\_\_  
\_\_\_\_\_

#### Part I: Abortion

1. Did the trainers/educators closely follow the TfH session guide? Yes  No
2. Did the trainers/educators tell or encourage participants to have an abortion, or encourage others to have an abortion? Yes  No
3. Did the trainers/educators do any of the following:
  - a. Provide information on the benefits of abortion? Yes  No
  - b. Provide information on where abortion services are available? Yes  No
  - c. Provide advice that abortion is an option if other family planning methods are not used or if they fail? Yes  No
  - d. Encourage participants to consider abortion? Yes  No
  - e. Encourage participants to lobby\* for or against abortion? Yes  No
  - f. In any way support, promote or encourage abortion? Yes  No

\* To "lobby" means to seek to influence the decisions of government officials.

4. Overall, did you get the impression that the trainers/educators promoted or encouraged abortion? Yes  No

If you checked Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

#### Part II: Family Planning

5. Did the trainers/educators closely follow the TfH session guide? Yes  No
6. Did the trainers/educators give copies of the TfH poster and/or brochures on contraceptive methods to participants and encourage them to use them? Yes  No
7. Did the trainers/educators provide easy-to-understand information on the health benefits and risks of a range of contraceptive methods? Yes  No
8. Did the trainers/educators tell or encourage participants in the session that they, or the population, must use:
  - a. Family planning? Yes  No
  - b. A particular contraceptive method? Yes  No
  - c. Sterilization? Yes  No
  - d. Give birth or not give birth? Yes  No

9. Did the trainers/educators offer incentives, bribes, gratuities, or financial rewards to participants, or the population, to use:
- a. Family planning? Yes  No
  - b. A particular contraceptive method? Yes  No
  - c. Sterilization? Yes  No
5. Did the trainers/educators state to participants that any rights or benefits (such as health care or cash payments) would be denied to them, or the population, if they decide not to use family planning/contraception? Yes  No
7. Overall, did you get the impression that the trainers/educators:
- a. Provided easy-to-understand information on the health benefits and risks of a range of family planning/contraceptive methods? Yes  No
  - b. Supported people's rights to make their own voluntary and free decisions about family planning /contraception? Yes  No
  - c. Encouraged, motivated or forced people to use contraception, any specific method of contraception, or surgical sterilization? Yes  No

If the answer to (a) and/or (b) above was *No*, please explain. If the answer to (c) was *Yes*, please explain:

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**APPENDIX VI-A:**

**AGREEMENT WITH OBLAST HEALTH DEPARTMENTS FOR DONATED CONTRACEPTIVES**

## APPENDIX VI-B:

### Supplementary Agreement between Main Department of Health of Kharkiv Oblast State Administration and the Together for Health Project

#### Annex 2 to the Partnership Convention signed on October 4, 2006

#### I. PURPOSE

The purpose of this Supplementary Agreement is to amend the Partnership Convention signed on October 4, 2006, between the Main Department of Health of Kharkiv Oblast State Administration and the *Together for Health* (TfH) project, funded by the U.S. Agency for International Development (USAID) and implemented by JSI Research and Training Institute, Inc. (JSI).

To support Kharkiv Oblast State Administration's implementation of the Oblast reproductive health program "Reproductive Health of the Population of Kharkiv Oblast," USAID has agreed to donate a limited quantity of condoms, through the International Charitable Foundation HIV/AIDS Alliance (the Alliance), to the Main Department of Health of Kharkiv Oblast State Administration. This condom donation will contribute to Kharkiv Oblast Reproductive Health program activities aimed at reducing the number of abortions, unintended pregnancies and sexually transmitted infections, including HIV-AIDS. The condom donation consists of 441,000 male latex condoms (147 boxes of 3,000 condoms/box), Blue&Gold, lubricated and non-colored, produced by Alatech Healthcare Products in Slocomb, Alabama, USA. These condoms are approved by the United States Food and Drug Administration (FDA) and are widely used in governmental and non-governmental family planning/reproductive health and HIV-AIDS programs worldwide. None are experimental.

TfH/JSI and the Main Department of Health of Kharkiv Oblast State Administration will work together, within the framework of their Partnership Convention and this supplementary agreement, to ensure the management of this condom donation according to Government of Ukraine laws and regulations and USAID requirements.

#### II. GENERAL PROVISIONS

1. At the oblast level, the USAID-donated condoms will be managed by the Kharkiv Oblast Family Planning and Reproductive Health Center, the head of which will be accountable for their distribution and reporting on their use.
2. The donated condoms will be distributed free of charge to the population groups specified in the State Program "Reproductive Health of the Nation" up to 2015, namely:
  - a. youth 18-20;
  - b. women with severe disorders that place their pregnancy at risk;
  - c. women living with HIV;
  - d. women from low-income families.

The USAID-donated condoms may not be sold.

3. The donated condoms may also be used, in limited quantities, as samples for public education purposes or for training of health workers on family planning/reproductive health, including HIV-AIDS. The Main Department of Health of Kharkiv Oblast State Administration partners on family planning/reproductive health issues, such as the Department of Family, Youth and Sport or other governmental and nongovernmental organizations, may also use the condoms for public education activities.
4. The types of health facilities to be involved in distributing the USAID-donated condoms will be:
  - a. Family planning center/cabinet(s);
  - b. Women's consultation center(s);
  - c. Polyclinics;
  - d. Ambulatories;
  - e. Family doctors' offices;

- f. FAPs;
  - g. Hospitals;
  - h. AIDS Centers; and
  - i. Dermatovenereological dispensaries or hospitals;
  - j. Youth-friendly clinics.
5. Use of the USAID-donated condoms will be monitored and reported on a quarterly basis by Kharkiv Oblast Family Planning and Reproductive Health Center, under the supervision of the Main Department of Health of Kharkiv Oblast State Administration, to TfH/JSI and the Alliance, using the forms presented in Appendices A and B of this Supplementary Agreement.
  6. At the time of receipt of the condom donation, the Main Department of Health of Kharkiv Oblast State Administration will provide TfH/JSI and the Alliance, with detailed information about the organization mandated to manage this donation at the oblast level, according to Appendix C. of this Supplementary Agreement. *WHY DO WE HAVE POINT #6? THIS AGREEMENT ALREADY DESIGNATES THE OBLAST FP/RH CENTER AS BEING RESPONSIBL!!!!*
  7. The Main Department of Health of Kharkiv Oblast State Administration agrees that TfH/JSI, the Alliance and/or USAID representatives may visit the health facilities or other governmental or nongovernmental recipients receiving the donated condoms, to monitor the provision of family planning/reproductive health services and distribution of this donation.

### **III. RESPONSIBILITIES OF THE MAIN DEPARTMENT OF HEALTH OF KHARKIV OBLAST STATE ADMINISTRATION**

The Main Department of Health of Kharkiv Oblast State Administration agrees to issue a *Prikaz* governing the responsibility of health facilities and other partner organizations when distributing these condoms, either to family planning clients or during public education activities, to comply with the provisions of this supplementary agreement. The *Prikaz* will be distributed to every health facility, governmental and nongovernmental organization receiving the donated condoms, either together with the condoms or beforehand, and will contain, at a minimum, the following provisions:

1. The population groups entitled to receive the USAID-donated condoms free of charge, as stipulated in the State Program “Reproductive Health of the Nation” up to 2015;
2. The obligation of health workers from facilities receiving USAID-donated condoms to provide information to clients about correct and consistent condom use, as follows:
  - The public health benefits of condoms (e.g. prevention of HIV/AIDS and other sexual transmitted infections (STIs), unintended pregnancy and cervical cancer);
  - The most important methods to prevent HIV and other STIs: (i) abstinence as the only 100% effective method of eliminating risk of HIV infection; (ii) partner reduction and mutual faithfulness as methods of risk reduction; and (iii) the failure rates of condoms for HIV and other diseases (latex condoms provide 80-90% protection against HIV transmission if used consistently);
  - The importance of HIV counseling and testing as the only way to diagnose HIV infection.
3. Recipients of USAID-donated condoms cannot conduct marketing campaigns that target youth and encourage condom use as the primary intervention, without also encouraging abstinence and mutual faithfulness; they can only discuss condoms in schools with youth above age 14 and together with age-appropriate information about abstinence and mutual faithfulness; and they cannot distribute, provide or promote condoms in schools.
4. A requirement that health facilities receiving the donated condoms display the *green Together for Health* poster describing the major contraceptive methods available in Ukraine in a location where it is clearly visible to health facility clients, particularly those coming for family planning/reproductive health services;
5. The obligation of health workers from these facilities to offer family planning services in accordance with current Ministry of Health policies on voluntarism and informed choice, which are consistent with international standards:

- MOH Order No. 535, "On approval of the *Manual on Family Planning*", dated August 1, 2006;
  - MOH Order No. 539, "On organization of FP and RH services in Ukraine", dated August 4, 2006;
  - MOH Order No. 905, "On Approving Clinical Protocols for Obstetrical and Gynecological Care - Family Planning," dated December 27, 2006;
  - MOH Order No. 503, "On improvement of ambulatory obstetric care," dated December 12, 2007; and
  - MOH Order No. 620, "On provision of inpatient obstetric and gynecological and neonatology care in Ukraine", dated December 29, 2007.
6. Consistent with the protocols and guidelines specified above, the staff of health facilities receiving the USAID-donated condoms must follow the principles of voluntarism and informed choice in the provision of family planning services and the distribution of the condoms, as presented below:
- a. They will give family planning clients comprehensible information on the health benefits and risks of the family planning method chosen, including conditions that might make the method chosen inadvisable and known adverse side effects;
  - b. They will not implement, or be subject to, quotas relating to the numbers of births, family planning clients, or clients choosing a particular family planning method;
  - c. They will not provide or pay incentives to individuals in exchange for becoming family planning clients or to staff for achieving targets or quotas for the numbers of births, family planning clients, or clients of a particular family planning method;
  - d. They will not withhold any rights or benefits from persons who decide not to become family planning users.

#### **IV. TOGETHER FOR HEALTH PROJECT RESPONSIBILITIES**

Within the constraints of available funding, TfH/JSI agrees to do the following:

1. TfH/JSI will work with the Main Department of Health of Kharkiv Oblast State Administration, as needed, to develop tools and systems to track condom distribution by health facilities, governmental and non-governmental organizations;
2. TfH/JSI will provide support in documentation of proper financial and logistics management of free condoms at the local level for the Main Department of Health of Kharkiv Oblast State Administration and for any other appropriate entity of the Kharkiv Oblast State Administration;
3. The project will provide sufficient copies of the *Together for Health* green poster to be displayed in health facilities receiving the USAID-donated contraceptives;
4. In cooperation with Kharkiv Oblast Health Administration, TfH/JSI will undertake periodic monitoring of selected recipients (health facilities and other governmental and nongovernmental organizations) that receive USAID-donated condoms to monitor their distribution;
5. TfH/JSI will provide the necessary documents required by the Main Department of Health of Kharkiv Oblast State Administration to properly document and report the USAID-donated condoms, in line with Ukrainian law and regulations and applicable USAID requirements.

#### **V. VALIDITY OF THE AGREEMENT**

This supplementary agreement is effective upon signature by both parties, the Main Department of Health of Kharkiv Oblast State Administration and the *Together for Health* project, and is valid until September 30, 2010. This term may be extended by a further written agreement between the partners if additional condom donations become available.

The Agreement is subject to the availability of funds and donated condoms from USAID, and may be terminated by either party on 30 days written notice to the other party. This Agreement may only be amended in written form upon both partners' decision.

Signed today, on May 23, 2008 in two copies, one for each partner.

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**Galatsan Oleksander Viktorovych**

Head of the Main Department of Health  
Kharkiv Oblast State Administration

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**Asta-Maria Kenney**

Director, *Together for Health* project  
JSI Research & Training Institute Inc.

## APPENDIX VII

### REQUIREMENTS IN JSI'S COOPERATIVE AGREEMENT

#### ***VOLUNTARY POPULATION ACTIVITIES (MARCH 1999)***

(Revised in accordance with "White House Memorandum" March 2001)

This provision is applicable to all awards involving any aspect of voluntary population activities

##### (a) Voluntary Participation and Family Planning Methods

(1) The recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this award, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

##### (b) Requirements for Voluntary Family Planning Projects

(1) A Family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization provides family planning services to people and for which Development Assistance funds, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the methods chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method.

This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subaward or contract under paragraph (e) of this clause, the organization implementing a project for which such assistance is provided shall agree that the

project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) (i) The recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph; (ii) the recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project. (iii) The recipient shall provide USAID such additional information about violations as USAID may request.

(c) Additional Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

(d) Abortion Restrictions

(1) No funds made available under this award shall be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or in performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(e) Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning

(1) The recipient agrees that it will not furnish assistance for family planning under this award to any foreign nongovernmental organization that performs or actively promotes abortion as a method of family planning in USAID-recipient countries or that provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, District of Columbia or the Commonwealth of Puerto Rico.

(2) Prior to furnishing funds provided under this award to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of

Puerto Rico, the recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this award to any foreign nongovernmental organization except under the conditions and requirements that are applicable to the recipient as set forth in this paragraph (e).

(3) The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless:

(i) The subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and

(ii) The recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (4) below.

(4) Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

(ii) The recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one;

(iii) In the event that the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request;

(iv) The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (3), above, is false;

(v) Assistance for family planning provided to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking in the agreement required by subparagraphs (3) and (4), and the subrecipient shall refund to the recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning; and

(vi) The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the sub-subrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (4)(i)-(v) above.

(5) Agreements with subrecipients and sub-subrecipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (e).

(6) The recipient shall be liable to USAID for a refund for a violation of any requirement of this paragraph (e) only if: (i) the recipient knowingly furnishes assistance for family planning to a subrecipient who performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring which the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (4) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph (4)(vi), above. If the recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (10)(iii)(A)(II),

below, the recipient shall verify that this information is being provided properly in accordance with subparagraph (10)(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(7) In submitting a request to USAID for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. USAID may request the recipient to make additional efforts to verify the validity of the certification. USAID will inform the recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to USAID the efforts made by the recipient to verify the validity of the certification.

(8) It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9) A subrecipient must provide the certification required under subparagraph (3) and a sub-subrecipient must provide the certification required under subparagraph (4)(vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under the award.

(10) The following definitions apply for purposes of this paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as a part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID- recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training program of the recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11) In determining whether a foreign nongovernmental organization is eligible to be a subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, that would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one to the other.

(12) Assistance for family planning may be furnished under this award by a recipient, subrecipient or sub-subrecipient to a foreign government event though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

(f) The recipient shall insert paragraphs (a), (b), (c), (d), and (f) of this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in subagreements and sub-subagreements in accordance with the terms of paragraph (e). The term subagreements means subgrants and subcooperative agreement.

## **VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)**

### Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

#### Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

## APPENDIX VIII: USAID Condom Fact Sheet



### ISSUE BRIEF

#### USAID: HIV/STI Prevention and Condoms

The U.S. Agency for International Development (USAID) has been a leader in HIV prevention and is fully committed to a balanced approach to the “ABCs” of HIV prevention—abstinence, being faithful/partner reduction, and correct and consistent condom use for those most at risk for transmitting or becoming infected with HIV. Condom use can reduce significantly the risk of HIV infection and, in conjunction with other behavior changes such as delayed sexual initiation and partner reduction, is a key component of effective HIV prevention programs.

##### **The Effectiveness of Condoms in Preventing Sexually Transmitted Infections**

Abstinence from sexual intercourse or maintaining a mutually monogamous relationship between partners known to be uninfected is the surest way to avoid transmission of HIV and other sexually transmitted infections (STIs). Outside of those conditions, condoms have been an important and successful intervention in many places for sexually active people, particularly when targeted at commercial and other casual sexual encounters. While no barrier method is 100 percent effective, correct and consistent use of latex condoms can reduce the risk of transmission of HIV, some other STIs, and of unintended pregnancy.

**HIV:** While laboratory research has demonstrated that latex condoms provide an essentially impermeable barrier to particles comparable in size or smaller than STIs, including HIV, studies have shown that correct and consistent use is essential to realize the full benefits provided by condoms in reducing the risk of HIV infection. The body of research demonstrating the effectiveness of latex condoms in reducing sexual transmission of HIV is both comprehensive and conclusive. Scientific studies of sexually active couples, where one partner is infected with HIV and the other partner is not, have demonstrated that the consistent use of latex condoms reduces the likelihood of HIV infection by 80 to 90 percent. However, failure to use condoms correctly with every act of intercourse, or to some extent slippage and breakage of the condom, has been shown to increase the risk of HIV transmission. In fact, some studies have shown that inconsistent condom users may face the same risks of HIV infection as non-users.

**Other STIs:** Correct condom use can provide a barrier protecting the areas of exposure to genital secretions in both sexes. Gonorrhea, chlamydia and trichomoniasis, like HIV, are transmitted by genital secretions. However, these STIs are more easily transmitted than HIV and inconsistent condom use offers little to no protection from these STIs. Scientific studies do provide evidence that latex condoms, when used consistently and correctly, can reduce the risk of gonorrhea and chlamydia infection in both women and men. Additional research is needed to assess more accurately

[www.usaid.gov](http://www.usaid.gov)

the degree of risk reduction latex condoms can provide to women and men for trichomoniasis and other STIs transmitted by genital secretions.

Genital ulcer diseases (such as genital herpes, syphilis, and chancroid) and human papillomavirus (HPV), which is the main cause of cervical cancer, are transmitted primarily through contact with sores/ulcers or with infected skin in areas that may or may not be covered by a condom. Research studies have shown that correct and consistent condom use can help reduce the risk of herpes and syphilis infection. Correct and consistent use of latex condoms may reduce the risk of chancroid and the other genital ulcerative diseases only when the infected area or site of potential exposure is protected. While there is some data suggesting that the partners of condom users may have a lower rate of cervical cancer, more research is needed to assess whether and to what degree latex condoms may reduce the risk of acquiring HPV, including the few types that are associated with cervical cancer.

#### **Condoms' Contribution to HIV Prevention Success**

The potential impact of condom promotion on the spread of HIV has been demonstrated in Southeast Asian countries in which prostitution has contributed substantially to new HIV infections. In recent years, several countries have succeeded in increasing consistent condom use among prostitutes and their clients. For example, Thailand slowed its explosive HIV epidemic by promoting "100 percent condom" use in brothels. As a result of this policy and an accompanying public information campaign, as well as improved STI treatment services, condom use among prostitutes increased to more than 90 percent, reported visits to prostitutes by men declined by about half, HIV infection rates among military recruits decreased by about half, and the cases of five other STIs decreased by nearly 80 percent among brothel workers.

#### **USAID's Support for Condom Promotion**

Condom promotion is an approach that uses private sector advertising and commercial distribution to make condoms more accessible. These programs distribute high-quality condoms at affordable prices through traditional outlets such as health clinics and pharmacies, and through non-traditional outlets such as bars, hotels, and brothels. Such programs combine condom sales with media campaigns that use culturally appropriate educational messages to promote condom use and other forms of risk reduction. USAID projects also assist governments and organizations in logistics management, including purchase, storage, and distribution, in order to ensure an adequate supply and efficient distribution of condoms. Although it is imperative that USAID address the extraordinary health risks for society associated with prostitution and intravenous drug users by promoting the adoption of safer behaviors and encouraging condom use with casual and high-risk partners, this does not mean that USAID in any way endorses or supports prostitution or drug use.

#### **Successful Examples of Targeted Condom Promotion Programs**

**Cambodia** has also succeeded in reducing HIV prevalence through increased condom use and a large reduction in visits to prostitutes—76 percent of police reported paying for sex in 1997 versus 32 percent in 2001. USAID support has played an important role in establishing a nation-wide condom distribution program.

[CONTINUES>](#)

## APPENDIX IX

### KEY DOCUMENTS ON US GOVERNMENT FAMILY PLANNING AND ABORTION REGULATIONS

The following documents are important to understanding the US Government's family planning and abortion policies and guidelines that USAID-funded activities must consider, and include key legislative, policy, and guidance documents.

#### General

Population Action International "What You Need to Know about the Mexico City Policy Restrictions on US FP Assistance - A Unofficial Guide"

[http://www.populationaction.org/resources/publications/globalgagrule/GagRule\\_download.htm](http://www.populationaction.org/resources/publications/globalgagrule/GagRule_download.htm)

#### Abortion (Mexico City Policy)

Mexico City Policy Contract Info Bulletin 01-08(R), dated March 29, 2001:  
[http://www.usaid.gov/procurement\\_bus\\_opp/procurement/cib/pdf/cib0108r.pdf](http://www.usaid.gov/procurement_bus_opp/procurement/cib/pdf/cib0108r.pdf)

Mexico City Policy Summary: [http://www.usaid.gov/our\\_work/global\\_health/pop/mcpolicy.html](http://www.usaid.gov/our_work/global_health/pop/mcpolicy.html)

White House Press Release on Assistance for Voluntary Population Planning, dated August 29, 2003 (regarding application of Mexico City Policy to Dept. of State activities and to HIV/AIDS funds):  
<http://www.whitehouse.gov/news/releases/2003/08/20030829-3.html>

White House Press Release accompanying President Bush's Memorandum of January 22, 2001 restoring the Mexico City Policy (addressing specific exception for post-abortion care activities):  
<http://www.whitehouse.gov/news/releases/20010123.html>

Mexico City and Post-abortion Care: Memo from Duff Gillespie, dated September 10, 2001:  
[http://www.usaid.gov/our\\_work/global\\_health/pop/mcpolicy\\_memo.html](http://www.usaid.gov/our_work/global_health/pop/mcpolicy_memo.html)

Helms Amendment summary: [http://www.usaid.gov/our\\_work/global\\_health/pop/helms.html](http://www.usaid.gov/our_work/global_health/pop/helms.html)

#### Family Planning Voluntarism & Informed Choice/Consent (Tiahrt Amendment)

Population Assistance Legislation: Excerpts from HR 4328 "Omnibus Appropriations for FY 1999", including the Tiahrt Amendment:

[http://www.usaid.gov/our\\_work/global\\_health/pop/fy99lang.pdf](http://www.usaid.gov/our_work/global_health/pop/fy99lang.pdf)

Tiahrt Contract Information Bulletin 99-6, dated March 31, 1999: Voluntary Family Planning - New Provisions to Implement the Tiahrt Amendment:

[http://www.usaid.gov/procurement\\_bus\\_opp/procurement/cib/pdf/cib9906.pdf](http://www.usaid.gov/procurement_bus_opp/procurement/cib/pdf/cib9906.pdf)

Guidance for Implementing the "Tiahrt" Requirements for Voluntary Family Planning Projects:  
[http://www.usaid.gov/our\\_work/global\\_health/pop/tiahtqa.pdf](http://www.usaid.gov/our_work/global_health/pop/tiahtqa.pdf)

Technical Guidance on the "Comprehensible Information" Paragraph of the Tiahrt Clause:  
[http://www.usaid.gov/our\\_work/global\\_health/pop/tiajim3b.pdf](http://www.usaid.gov/our_work/global_health/pop/tiajim3b.pdf)

Policy Determination 3 (PD-3), including guidelines for voluntary sterilization programs (Annex to the USAID Policy Paper on Population Assistance):

[http://www.usaid.gov/our\\_work/global\\_health/pop/pd3\\_annex.pdf](http://www.usaid.gov/our_work/global_health/pop/pd3_annex.pdf)