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# THE EVIDENCE PROJECT

Strengthening Family Planning/Reproductive Health  
Programming through Implementation Science

## 2<sup>nd</sup> ANNUAL REPORT

October 1, 2014 – September 30, 2015

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 Evidence

The logo for Evidence, featuring a stylized globe icon composed of three curved, overlapping bands in shades of green and blue, followed by the word "Evidence" in a dark blue, sans-serif font.

## The Evidence Project

Population Council  
4301 Connecticut Ave. NW, Suite 280  
Washington, DC 20008 USA  
tel +1 202 237 9400  
evidneceproject.popcouncil.org



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The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, Management Sciences for Health, PATH, Population Reference Bureau, and a University Research Network.

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# List of Acronyms

A&RH	Antenatal & Reproductive Health
AD	Average Deviation
ADDOS	Accredited Drug Dispensing Outlets
AFCS	Adolescent Friendly Contraceptive Services
AFP	Advance Family Planning
AHPSR	Alliance for Health Policy and Systems Research
AIDS	Acquired Immune Deficiency Syndrome
AOR	Agreement Officer's Representative
ARO	Africa Regional Office
ASRH	Adolescent Sexual and Reproductive Health
BCS	Balance Counseling Strategy
BMRC	Bangladesh Medical Research Council
BPL	Below Poverty Line
BSR	Business for Social Responsibility
CA	Cooperative Agreement
CAMFEBA	Cambodia Federation of Employers & Business Associations
CDC	Centers for Disease Control and Prevention
CHN	Community Health Nurses
CIP	Costed Implementation Plans
CM	Chief Minister
COP	Community of Practice
CPR	Contraceptive Prevalence Rate
CSHGP	Child Survival and Health Grants Program
CSOs	Civil Society Organizations
CSR	Corporate Social Responsibility
D&A	Disrespect and Abuse
DFID	Department for International Development
DGFP	Directorate General of Family Planning
DHS	Demographic and Health Surveys
DSW	German Foundation for Population
E2A	Evidence to Action
FALAH	Family Advancement for Life and Health
FMoH	Federal Ministry of Health
FP	Family Planning
FP2020	Family Planning 2020
GHS	Ghana Health Service
GOI	Government of India
GMAC	Garment Manufacturers of Cambodia
HA	Health Action
HDSS	Health and Demographic Surveillance Site
HEPS	Coalition for Health Promotion & Social Development
HIP	High Impact Practice
HIV	Human Immunodeficiency Virus
HPP	Health Policy Project
HRH	Human Resources for Health
HSA	Health Surveillance Assistant
IAC	International AIDS Conference
IBP	Implementing Best Practices
IDI	In-Depth Interview

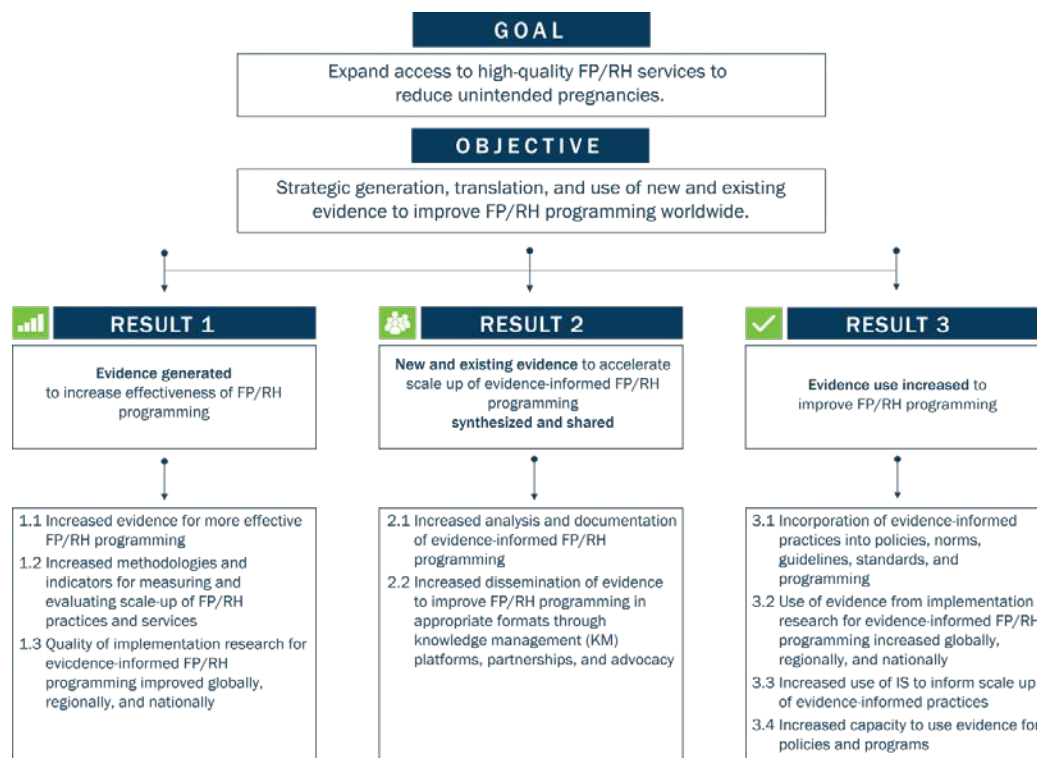
IEM	Information, Education, and Motivation
ICFP	International Family Planning Conference
IGWG	Interagency Gender Working Group
INDEPTH	International Network for the Demographic Evaluation of Population and their Health
INGO	International Non-Governmental Organization
INOPAL	Investigación Operacional en Planificación Familiar y Atención Materno-Infantil para América Latina y el Caribe.
IPPF	International Planned Parenthood Federation
IRB	Institutional Review Board
IRDS	Implementation Research and Delivery Science
IS	Implementation Science
IUD	Intrauterine Device
IYWG	Interagency Youth Working Group
JSI	John Snow, Inc.
K4H	Knowledge for Health
KM	Knowledge Management
KTU	Knowledge, Translation and Use
LAC	Latin America and the Caribbean
LAPM	Long-acting and Permanent Method
LMG	Leadership, Management and Governance
LNGO	Local Non-Governmental Organization
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDA	Market Development Approaches
MDG	Millennium Development Goals
MEASURE	Monitoring and Evaluation to Assess and Use Results
MEC	Medical Eligibility Criteria
MIS	Management Information System
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MSI	Marie Stopes International
MSIC	Marie Stopes International Cambodia
NAPPMED	National Association of Patent & Proprietary Medicine Vendors
NFPAP	National Family Planning Action Plan
NGO	Non-governmental Organization
NHREC	National Health Research Ethics Committee
NICHD	National Institute of Child Health and Human Development
NMC	Nurses and Midwifery Council
NPoA	National Plan of Action
NY	New York
OPRH	Office of Population and Reproductive Health
OR	Operations Research
PAA	Population Association of America
PC	Population Council
PDL	Program, Development and Learning
PEPFAR	President's Emergency Plan for AIDS Relief
PHE	Population, Health, and Environment
PI	Principal Investigator
PM	Patent Medicine

PMA 2020	Performance Monitoring and Accountability 2020
PMP	Performance Monitoring Plan
PMV	Patent Medicine Vendor
PRB	Population Reference Bureau
PSI	Population Services International
PTA	Preventive Technologies Agreement
Q&A	Questions & Answers
RAF	Research and Advocacy Fund
RAISE	Resources and Action on International Standards and Engagement
RFA	Request for Application
RFI	Request for Information
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RH TWG	Reproductive Health Technical Working Group
RSBY	Rashtriya Swasthya Bima Yojana
RU	Research Utilization
SDM	Standard Days Method
SHOPS	Strengthening Health Outcomes through the Private Sector
SIFPO	Support for International Family Planning Organizations
SLT	Senior Leadership Team
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STEP UP	Strengthening Evidence for Programming on Unintended Pregnancy
STI	Sexually Transmitted Infections
SUFP	Scaling Up Family Planning
TA	Technical Assistance
TAC	Technical Advisory Committee
TAG	Technical Advisory Group
TMA	Total Market Approach
TMI	Total Market Initiative
TWG	Technical Working Group
TRAction	Translating Research into Action
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UP	Uttar Pradesh
URC	University Research Co.
URN	University Research Network
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
UW	University of Washington
WEPs	Women's Empowerment Principles
WHO	World Health Organization
WRAP	Worldwide Responsible Accredited Production
YFS	Youth Friendly Services

# I. Introduction

This is the second annual report of the Evidence Project, covering the period between October 1, 2014 and September 30 2015. This phase of the Evidence Project, being implemented between 2013 – 2018 by the Population Council and partners Management Sciences for Health (MSH), PATH, INDEPTH Network, Population Reference Bureau (PRB), International Planned Parenthood Federation (IPPF), and a University Resources Network, seeks to expand access to high-quality family planning (FP) and reproductive health (RH) services worldwide through implementation science (IS), including the strategic generation, translation, and use of new and existing evidence to improve programming. The results framework for the project, shown in Figure 1, focuses on the three results of strategic generation of evidence to answer key questions, translation of existing evidence and dissemination via appropriate formats and platforms, and use of evidence in catalyzing policy, program, and practice change.

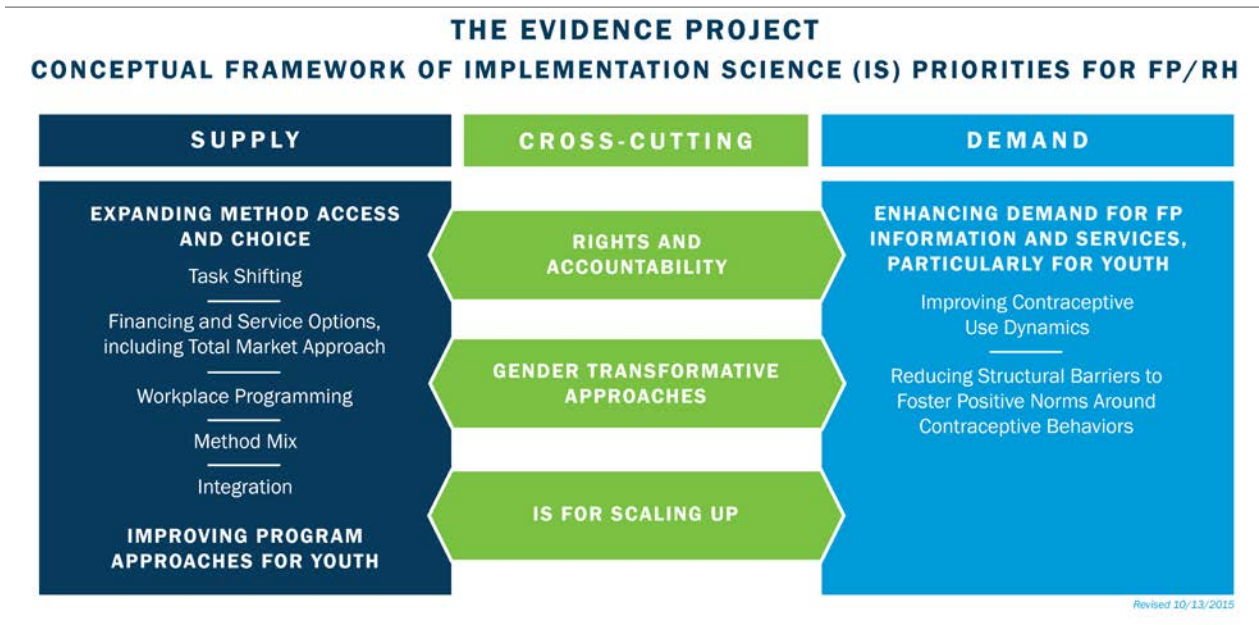
**FIGURE 1 | Results Framework**



Within the three results—generating, synthesizing and promoting the use of evidence—the project is focusing on a number of priority technical areas that can benefit from IS to better guide programming. These technical areas are critical for expanding access to, and demand for, FP/RH services that will contribute to achieving a number of global goals, most notably FP2020’s goal of providing access to an additional 120 million user of FP, in addition to USAID’s contribution to Ending Preventable Child and Maternal Deaths, and creating an AIDS-free Generation.

The project’s IS priorities are articulated through a conceptual framework, first developed in Year 1 of the project and modified in Year 2 to reflect refinement of priority work under the project (Figure 2).

**FIGURE 2 | Conceptual Framework of Implementation Science Priorities for FP/RH**



As shown in Figure 2, the project is addressing both supply and demand side factors and a range of cross-cutting issues that influence demand for and access to high quality FP/RH services. Related to the supply of FP/RH services, the project is addressing two key challenges:

- Expanding method access and choice through a range of approaches; and
- Improving FP approaches for serving youth.

The project is examining ways to enhance demand for FP information and services, particularly among youth, through:

- Improving contraceptive use dynamics; and
- Reducing structural barriers to foster positive norms around contraceptive behaviors.

Three important principles – rights and accountability; gender-transformative approaches; and using implementation science for scaling up, cross-cut our work.

Addressing these technical areas will ultimately allow the project to contribute to answering four key questions:

1. How should the health system be strengthened and integrated to more effectively provide services at scale to all women and men who want to use contraception?
2. How can markets and financing diversify to meet the FP/RH needs of segmented user populations?
3. How do national programs in the context of total markets expand the range and availability of contraceptive and other technologies to improve client choices and health outcomes?
4. How do national programs respond to rapidly changing social norms and contraceptive behaviors within specific contexts?



## II. Progress on Activities and Results Achieved

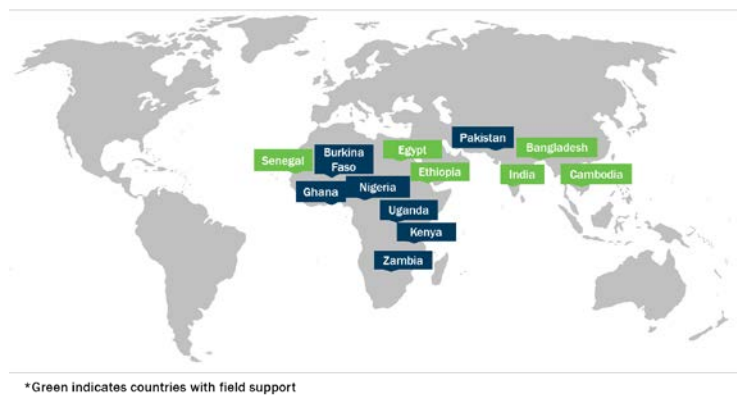
This section shows where the project is working, summarizes progress of the project’s work by result and under each technical priority theme, and highlights results achieved according to the project’s Performance Monitoring Plan (PMP) indicators. More detailed activity updates are found at the end of this section. Appendix 1 provides a table of activities with the page number in this report where the activity update can be found. In addition, hyperlinks to the activity update pages are provided in this section. The project’s PMP is found in Appendix 2.

### II.A WHERE THE PROJECT IS WORKING

As Year 2 comes to a close, the Evidence Project is working in 13 countries (see map); Senegal, Ghana, Nigeria, Burkina Faso, Ethiopia, Uganda, Kenya and Zambia in Africa; and Egypt, Pakistan, India, Bangladesh and Cambodia in Asia and the Near East. USAID missions in six of these countries (Senegal, Egypt, Ethiopia, India, Bangladesh and Cambodia) have provided field support to the project. Within these countries, the project has identified focus countries; these are countries in which the project is investing significant core funding to achieve results. It was anticipated that the core funding in the project’s focus countries would be augmented with field support.

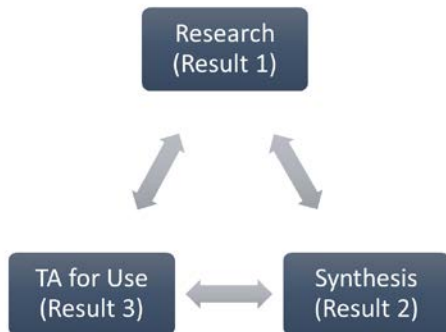
Focus countries at the end of Year 2 were Ghana, Senegal, Uganda, and Burkina Faso. We have developed country strategies for Ghana and Senegal and provided USAID in Uganda with summary of activities. The project’s strategy for Burkina Faso will be developed in Year 3. Section II.B provides details of the project’s work across the 13 countries.

Evidence Project Countries (as of September 2015)



### II.B. SUMMARY OF PROJECT WORK BY RESULT

In Year 2, the project’s portfolio comprised 37 activities designed to make progress on the IS priorities identified and on the project’s three results. Most activities focus on more than one result area. For example, the project’s research is designed to generate evidence (Result 1), but also to promote the use of the evidence generated (Result 3).



#### Evidence Generation

In Year 2 of the project, we had 16 study protocols in varying stages of development, under IRB review, and being implemented. Appendix 3 indicates the status of each of these studies, which span 11 countries and the supply, demand and cross-cutting themes in the project’s IS Technical Priorities Conceptual Framework. At the end of Year 2, among the study protocols, data collection was complete for two, data collection was ongoing for four, the study was under IRB review for four, and the protocols were being developed for two. Details of each of the studies are found in Section III.D, Activity Updates.

## Synthesis and Translation of Evidence

Beginning in Year 1, the project has undertaken a number of syntheses of key technical areas, many of which were completed and widely disseminated in Year 2. Among the project's 37 activities in the second year of the project, 21 included some component of synthesis and translation. These synthesis and translation activities also spanned the project's IS Priority Themes. The project published or contributed to syntheses on evidence use for FP/RH policy, program and practice decisionmaking; contraceptive methods; financing schemes; youth programming both globally and at the country level; integration with non-health sectors; rights-based FP programming; male engagement; and HIV programming for women and girls. Details of the project's synthesis and translation work is found in Section II.D, Activity Updates.

## Promoting Use of Evidence

Year 2 ended with a successful retreat to discuss the project's strategy for research utilization (RU). There are a range of definitions of research utilization (formerly referred to by the project as Knowledge Translation and Use), which is both a process and an outcome. Research utilization can focus on the findings of new research and on bodies of evidence for practices that are proven but are neglected in programming. The project has forged its RU work based on country visits undertaken in Year 1 and on subsequent engagement with country-level stakeholders and USAID Missions. Of the 37 project activities underway in the second year of the project, 14 made progress on RU, with those activities spanning the IS Priorities Themes. Details of the project's RU work is found in Section II.D, Activity Updates.

As an outcome of the RU retreat, held in September, 2015, the project began work on RU strategies for six key IS themes:

- Expand Contraceptive Method Access and Choice through Task Shifting
- Expand Contraceptive Method Access through Workplace Policy and Programming
- Improve Family Planning Financing and Service Options
- Address the FP/RH Needs of Adolescents and Youth
- Expand Access to Rights-Based Family Planning
- Strengthen Social Accountability for Family Planning

Each RU strategy includes the following:

1. The key problems/issues that the project's activities are addressing
2. The overarching vision of the project in addressing the key problems/issues and the anticipated research utilization outcomes from the project's activities
3. How the Evidence Project is or plans to achieve the outcomes.

The project's RU strategy will continue to be refined at the beginning of Year 3.

## II.C SUMMARY OF PROGRESS ON IS PRIORITY THEMES

### SUPPLY

#### Expanding Method Access and Choice

Expanding method access and choice, comprising five subtopics, is a key technical priority area for the project. Our work aims to ensure that clients have access to a range of contraceptive methods and that they are able to choose methods and services that suit their needs. This work presupposes that as method choice and access expands, so does contraceptive use. During Year 2, the project made progress on

#### KEY



**Result 1** | Evidence Generated



**Result 2** | New and existing evidence synthesized and shared



**Result 3** | Evidence use increased

20 activities in the sub-topic areas of task shifting; financing and service options, including Total Market Approach (TMA); workplace programming; method mix; and integration.

### ***Task Shifting***

The project is contributing evidence on task shifting the provision of contraceptive products and services to additional cadres of providers in order to increase access and choice. [Examining and Strengthening the Role of Patent Medical Vendors \(PMVs\)](#) in the Provision of Injectable Contraception in Nigeria is a follow-on study to work conducted under the PROGRESS Project; the initial study design did not include actual injection by the PMVs because at the time, such inclusion was considered too politically sensitive. This year, when the project presented the study protocol to Federal Ministry of Health (FMOH) leaders and members of the Reproductive Health Technical Working Group, however, they requested that administration of injectable contraceptives, including Sayana Press®, be included in the intervention study. The study team responded to this important development by revising the protocol and in collaboration with the FMOH, convened a stakeholder's meeting to review the revised protocol with a broader group of stakeholders. The revised protocol was approved by the FMOH and a formal letter of approval has been issued. This development should facilitate the rapid introduction of Sayana Press® through PMVs with the evidence produced on acceptability of provision through drug shops useful for other efforts to expand access in the region. There is broad interest in this study and the protocol and instruments have been share with the USAID/Ghana Mission as they are potentially interested in a similar study in Ghana. The USAID Mission in Nigeria also recently requested the protocol and instruments to review in order to consider possibly supporting the scale up of the study to an additional four states in Nigeria.

In Ghana, the project is working closely with the USAID Mission and local partners to design and implement a [feasibility and acceptability study on the introduction of Sayana Press and Cycle Beads for the Standard Days Method](#) [note that because this work is still in the planning phase, there is no activity update. A workplan will be included in the project's Year 3 Workplan]. Both methods would be introduced to women of reproductive age in the public sector through Community Health Nurses operating within Ghana's Community-based Health Planning and Services (CHPS) model as well as in the private sector through Licensed Chemical Sellers/Pharmacies. The situation related to the widespread introduction of Sayana Press in Ghana has been uncertain and the project recently learned that the timing of Pfizer's submission of the dossier for approval of Sayana Press was delayed until September 2015 meaning it will not be available for introduction until September 2016. As soon as the project became aware of the delay in Pfizer's submission, it prepared a waiver application to the Food and Drugs Authority (FDA) in Ghana in order to be able to have Sayana Press available for the purposes of the study. As of the end of Year 2, we were still waiting for the FDA waiver approval letter. In the meantime, we shared the Nigeria PMV study protocol and tools with the USAID Mission in Ghana and will likely adapt those materials based on discussions with Ghana Health Service and the USAID Mission. We hope to start study implementation in early 2016. This would provide preliminary/baseline data by the time Sayana Press is approved in the country and could inform the introduction of Sayana Press in Ghana.

In Ghana the project is providing [technical assistance to operationalize a new policy on implant service provision by Community Health Nurses](#). This activity, which was initially intended to be completed in Year 1, illustrates the complexity of research utilization and the need for close collaboration among a range of stakeholders. Getting sufficient copies of the revised *National Reproductive Health Service Policy and Standards* protocol, from which the operationalization of the policy will take place, took time. The Nursing and Midwifery Council postponed several phases of the curricula review, which necessitated merging several phases in a three-week review process in September 2015. At the end of Year 2, the curricula have been updated and revised, with printing and targeted dissemination planned for Year 3. Staff from the Population Council office in Ghana were able to share Ghana's experience with developing and operationalizing the task sharing policy at a multi-country regional meeting.



## PROJECT RESULT ACHIEVED IN YEAR 2

- Ghana's experience in developing and implementing a task sharing policy was useful for participants at a multi-country workshop hosted by the Family Health Division in Ouagadougou, Burkina Faso on July 1, 2015. The Evidence Project/Population Council Ghana (Dr. Dela Kusi-Appouh and Dr. Placide Tapsoba) presented Ghana's experience, "Towards a Task Sharing Policy in Ghana: Process & Implementation." The presentation provided detailed accounts of the different phases of the research on Task-Sharing that led to policy advocacy, research and implementation phases. Funding partners and implementers from USAID, UNFPA, Marie Stopes, AgirPF, Equilibres et Populations as well as several Regional Health Directors, District Chief Medical Directors and staff from the Family Health Division attended the meeting. (Project indicator 2.1.1).

In Senegal, the project is working on [An Exploration of the Potential Role of Private Pharmacists in the Provision of FP Services](#) to provide evidence to advocate for greater involvement of private pharmacies in FP service provision. After significant engagement with the USAID Mission in Senegal, the project is responding to the Mission and MOH interest in better understanding how private pharmacies in Senegal can be more engaged in FP provision. Currently, Senegalese laws only allow private pharmacies to provide FP counseling. The project is undertaking a desk-based review and qualitative study to gather evidence on barriers and opportunities from legal and non-legal perspectives. The study includes private pharmacists and key FP stakeholders to obtain insight on prevailing attitudes toward private pharmacy engagement in FP service provision; to help identify opportunities and challenges; and to explore potential solutions for making pharmacists involvement in FP service provision a reality in Senegal.

### *Financing and Service Options Including Total Market Approach (TMA)*

#### Financing Options

Innovative financing options for FP are crucial for expanding access and choice. In India, the project is strengthening the urban poor's utilization of the national health insurance scheme for FP/RH services in India which was launched by the Ministry of Labor and Employment, Government of India (GoI) in 2008 to reach families classified as below poverty line with private health services. The project is studying the utilization of the RSBY insurance for FP/RH services to assess why uptake of the insurance scheme has been minimal and recommend changes in the design and/or operation of the insurance plan so that it better serves the poor with unmet need. Fieldwork for this study is underway.

As part of a wider WHO effort to provide state-of-the-art evidence to country programs and donors on innovative financing options for FP/RH to reduce financial barriers, project staff are contributing evidence syntheses on financing mechanisms. The Evidence Project co-funded reviews on vouchers and conditional cash transfers that are among the six topics commissioned by WHO (additional topics include community financing and community based health insurance, out-of-pocket payments and user fees, and performance based financing). The voucher and CCT reviews have been completed and will be submitted to WHO at the beginning of Year 3.

Finally, the Evidence Project contributed to the support to the FP HIP Initiative, by co-authoring the HIP Brief on Vouchers.



## PROJECT RESULT ACHIEVED IN YEAR 2

- The Voucher HIP Brief was completed and posted on the FP HIP Website in January 2015 (<https://www.fphighimpactpractices.org/resources/vouchers-addressing-inequities-access-contraceptive-services>). Ben Bellows from the Population Council, through the Evidence Project, led the writing of the English version of the brief. (Project indicator 2.1.1)

### Service Options

The project has capitalized on a window of opportunity to [catalyze support for FP2020 in Pakistan's provinces](#), as well as at the national level, and to expand access to services. Prior to 2010, Pakistan's FP program was implemented by the national government, working with the districts. Following devolution of health functions to the country's provinces, the need to galvanize support for FP among Pakistan's provinces and strengthen the capacity of provincial ministries of health and family welfare departments to implement FP was critical. Following evidence-based advocacy to garner commitments from Pakistan's four largest provinces to set CPR goals that match the country's commitment to FP2020, Population Council staff has been providing support to the provinces to help build capacity for managing and implementing FP programs. The Council's Pakistan office has prepared evidence-informed advocacy materials and staff has made presentations on financing and accountability for the provinces and the national level at a high-level consultative meeting held in conjunction with UNFPA. They have also initiated discussions with the World Bank and the Government of Punjab to set up FP financing mechanisms. The project has supported planning for a National Population Summit, scheduled for November 5-6, 2015, which is intended to get a recommitment to FP2020 goals from the national and provincial governments.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- To solidify national and provincial support for FP in Pakistan, the Population Council Pakistan, with support through the Evidence Project, is working with other stakeholders to organize a National Population Summit, November 5-6, 2015 in Islamabad, to reaffirm pledges to the SDGs and FP2020 goals. The Summit will be attended by the Prime Minister of Pakistan (tentative), the four Chief Ministers or their representative, representatives of all major political parties, development partners, top religious leaders and intellectuals. The Summit will provide an opportunity to re-pledge for FP2020 goals at the national level and to unveil a National Plan of Action. The pledge will be made by the four Chief Ministers and the Prime Minister of Pakistan who will underscore the major provinces' commitment both of funding and high level resolve for achieving FP2020 goals. This policy success of getting provinces to focus on and reach consensus across the two major sectors on their FP2020 goals was set in motion with support from the Evidence Project, in addition to support from the Packard Foundation and UNFPA. The Population Council will utilize the whole range of province-specific evidence produced under the Evidence Project on current and future population and development realities, for the summit. Representatives of the donors (i.e. UNFPA, USAID, Gates Foundation, DfID) consented to participate in the Summit. Prior to the Summit, a precursor meeting to ensure support is planned between the national government and provinces on October 15-16, 2015. The Population Council enlisted four champions from the provincial and national political leadership to help ensure ownership of and resource availability by the federal and provincial governments for the FP goals set. (Project indicator 3.2.1)
- The Evidence Project/Population Council in Pakistan updated four policy briefs titled "Reducing Maternal and Child Mortality: The Untapped Potential of Family Planning" for the provinces of Punjab, Baluchistan, Sindh and KP. Each advocacy brief establishes the case for improving maternal and child survival through FP and explains why FP must be prioritized in the provincial health strategy as a key intervention for reducing maternal, infant, and under-five mortality in the province. These briefs have been instrumental in advocating for federal and provincial level government commitments for resources and support for reaching FP2020

goals. These briefs will be used in the November 5th National Family Planning Summit and will also be widely disseminated among local, regional and global partners. (Project indicator 2.1.1)

- To present an economic growth argument in support of accelerated FP in the provinces of Punjab, Baluchistan, Sindh and KP, and to establish the case that the current speed at which fertility is declining will have a huge impact on the potential magnitude of the economic boost the provinces are able to reap from the demographic dividend, the Evidence Project/Population Council in Pakistan produced four Economic Policy briefs entitled “Prospects for Economic Growth in the Province Under Alternative Demographic Scenarios: The Case Study for a Rapid Fertility Decline.” These briefs will be used in evidence-based advocacy. (Project indicator 2.1.1)
- The Federal Secretary of Finance gave a verbal commitment that fiscal resources would be made available for supporting FP2020 goals following an evidence-based briefing for finance, planning, and health and population policymakers on population and development by the Population Council office in Pakistan. The Evidence Project/Population Council office in Pakistan collaborated with UNFPA on this high-level consultative meeting in Islamabad on December 19, 2014. All relevant stakeholders from the federal and provincial levels, including Secretaries/Representatives of Health, Population Welfare, Youth Affairs, Education, Planning & Development and Finance departments, and development partners and donors participated. The purposes of the meeting were to: discuss the financial commitments and planning required, currently pledged funding and the gap in resources for meeting FP2020 goals; and raise the discussion about accountability at the Federal level and across the provinces, extending to district accountability for the delivery of services for FP. (Project indicator 3.1.1) The Population Council made presentations on “Public Financing of Population Services in Pakistan and Four Major Provinces,” and “Accountability for FP2020 goals,” at the meeting. (Project indicator 2.1.2)
- The Population Council office in Pakistan made a presentation on “Prioritizing Family Planning for Improving Maternal & Child Health in Punjab” at a meeting with members of the Health Department of the Government of Punjab, including Khawja Salman Rafique, Advisor to the Chief Minister for Health; Mr. Jawwad Rafiq Malik, the Secretary of the Department of Health, Mr. Zahid Parvaiz, Director General on January 13, 2015. The objective of the meeting was to brief the Advisor and new Health Secretary about FP2020 goals set by the Punjab Government and to discuss resources and accountability issues for ensuring full coordination of population and health departments for achieving these goals. The Advisor agreed to lead coordination between Health and Population for FP2020 efforts. (Project indicator 2.1.2)
- The project provided an evidence-based briefing for the Director General, Population Program Wing, Ministry of National Health Services, Regulations and Coordination in Islamabad, Pakistan at the Population Council office on March 4, 2015, which resulted in securing the support of the Federal Ministry for work on FP2020. The meeting served to update the Director General on the financial commitments and provincial and federal plans for achieving the FP2020 goals. This meeting was also used as a preparatory meeting for Pakistan’s delegates to the FP2020 Focal Points Meeting on March 24-25 in Istanbul. (Project indicator 3.2.1)
- The Secretary of Finance in Punjab has endorsed the creation of a Population Innovation Fund to ensure the availability of additional financial resources from the government for financing the private and NGO sector to achieve FP2020 goals and committed provincial government resources. Evidence from financial analyses for enhancing funding to the Population Welfare Department in order to launch accelerated FP activities provided by the Evidence Project/Population Council Pakistan proved convincing to the Secretary of Finance. The secretary was encouraged by Punjab’s potential to take up policy options that will move the province toward economic growth and a demographic dividend. In preparation, meetings were held with the Chairman of Planning and Development in Punjab, who agreed to establish the fund. The Evidence Project/Population Council Pakistan supported several rounds of meetings with him and with other key stakeholders, including a member of the Planning & Development Board, P & D Department, Punjab, and the Secretary of Finance Punjab to discuss and work on the modalities of the Population Fund. The Population Council also held related meetings with representatives of the World Bank including the Country Director, the Senior Health Specialist and the Health Specialist. To seek private sector donors’ support for the

Punjab Population Innovation fund, meetings with potential donors such the Advisor, Packages Limited, have been held. The fund will be presented to the Chief Minister, Punjab in October, 2015. (Project indicator 3.2.1)

- To support the departments to envision the level of service provision required, assess cost implications to meet demand, and vocalize the overall requirements to meet the FP2020 objectives and to foster collaboration between stakeholders in supporting commitments for an accelerated FP program it is important to ensure a regular supply of data/reporting of progress on family planning services delivered by the health department. The Evidence Project/Population Council Pakistan, collaborated with the Director, Pakistan Bureau of Statistics to conduct two capacity building workshops for the reproductive and family planning staff of the Health and Population Welfare departments from the provinces of Baluchistan and KP. Held on June 10-11, 2015 and September 14-15, 2015 respectively. The workshops helped to liaise with all agencies involved in the supply of data on contraceptive performance. The development of uniform formats for collecting data on contraceptive performance of population and health departments was also discussed. These workshops were attended by the relevant officers of the health and population departments, including Secretaries, Additional Secretaries, Director Generals, Chief Health, and Directors, among others. (Project indicator 3.4.1)

To support the project's results (IR 1.2 and IR3.3) around scale-up, the Evidence Project has been working with Abt Associates in the design and implementation of a retrospective [study to document and draw lessons learned from the Scaling Up Family Planning \(SUFPP\) project](#), a DFID-funded project managed by Abt Associates. SUFP scaled up a FP services model known as the "Camping Approach" from 5 pilot districts to 26 districts in Zambia within three years; this represents an excellent opportunity to learn about the facilitators and challenges to scale up and to promote research utilization by providing evidence, including on costs. During the year, the protocol was approved, the research was launched, and data collection and processing activities have been completed. A presentation of preliminary results was given by the principal investigators to the Evidence Project and USAID; the final report will be ready in the first half of year three. This research is generating much interest, and the project was invited to participate in a panel at a scale up meeting hosted by IBP.



## PROJECT RESULT ACHIEVED IN YEAR 2

- The Evidence Project/Population Council and MSH were invited to participate in a conference entitled "Hands on for Scaling Up Family Planning & Reproductive Health Best Practices: Experiences and Challenges for Africa." The conference was held in Addis Ababa, Ethiopia from June 15th to 20th and was hosted by the Community of Practices on Systematic Approaches for Scale Up of FP/RH Best Practices facilitated by the Evidence to Action (E2A) project and the IBP Initiative. During the conference, Ben Bellows from the Evidence Project/Population Council Zambia made a presentation entitled "Cost Considerations for Scale up of Evidence-Based Practices in Family Planning" focusing on the design, planning and methodology selected for the costing component of the Zambia study. (Project result 1.1.3)

The Ministry of Health in Senegal has identified a promising approach implemented through the country's NFPAP as the "[3D Approach](#)," referring to Democratization, De-medicalization and Decentralization. "Democratization" is designed to facilitate access to services through a multisectoral participatory approach; "De-medicalization" aims to allow non-medical workers to provide a wide range of family planning services to vulnerable populations (rural, urban poor, youth) through community-based distribution; and "Decentralization" aims to strengthen health systems at regional, district, and community levels while enhancing good governance, accountability and intersectoral collaboration. The Ministry and USAID/Senegal requested the Evidence Project to document the role of the 3D Approach in the successful implementation of the NFPAP in advance of developing the country's next NFPAP. Results from the project's documentation, started in the last quarter of Year 2, will be used by the MoH, the Mission and local partners in Senegal to make strategic decisions for future programming and scale up, and, depending on the findings, will be shared more widely among countries in the Ouagadougou Partnership.

Egypt's recent increase in the TFR from 3.0 in 2008 to 3.5 in 2014 raised the alarm that perhaps the FP program in Egypt is not maintaining momentum and there is a need to explore new ways to reinvigorate it. Furthermore, EDHS data show a decreased share of private sector FP service provision. At the request of USAID/Egypt, the Evidence Project/Population Council is undertaking [a study to understand the current status of the private sector in the delivery of FP services in Egypt](#). The objective of the study, for which the fieldwork will take place in the first quarter of Year 3, is to explore the potential for increased involvement of the private sector in FP service delivery and ultimately increase modern contraceptive prevalence in Egypt.

In Year 1 of the project, we discussed with the Planned Parenthood Association of Nigeria (FPAN) and IPPF the possibility of evaluating IPPF's Cluster Model of service delivery in Nigeria; however IPPF received a planning grant from the Gates Foundation and our involvement has been on hold during Year 2. The Gates planning grant is completed and IPPF's Africa Regional Office (IPPF ARO) has again contacted the Evidence Project about providing TA to strengthen M&E on the model.

### Total Market Approach (TMA)

The project is contributing to [strengthening total market approaches](#) by providing tools and analysis to inform development of a TMA in Uganda. This TMA, along with two others, including DRC and Myanmar that PATH is implementing with funding from the Hewlett Foundation, will be among the first comprehensive, country-level prospective TMAs and could serve as a model for other countries. The MOH in Uganda has reinforced the importance of this work by requesting funding from USAID/Uganda for continued support from the Evidence Project to help government and other stakeholders implement the TMA. This request for support followed a desk review and key stakeholder interviews of the FP landscape and subsequent country stakeholder engagement to review and discuss implications of the findings and next steps, undertaken by the Evidence Project/PATH. The landscape and stakeholder engagement found that donor and government resources could be made available and that there are opportunities to support increased coordination and other TMA efforts and that there is potential for strengthening private sector involvement and public-private partnerships. To fill an evidence gap identified in the landscape analysis and stakeholder engagement, the Evidence Project/PATH initiated a retail audit study in Uganda. PATH also made progress on the draft of a TMA landscaping guide, which the project is producing as module 1 in collaboration with the MEASURE Evaluation Project (which is producing module 2). Participants at a meeting convened by USAID's champion for TMA concurred that these modules will provide useful guides for others undertaking TMA.



### PROJECT RESULTS ACHIEVED IN YEAR 2

- A landscaping analysis of the feasibility of pursuing a TMA to FP service provision found gaps in: knowledge of how TMA can increase access, equity, and sustainability in the FP arena; reliable data on composition of the overall contraceptive market; and capacity for TMA within existing coordination mechanisms. The landscape analysis, conducted by the Evidence Project/PATH, will contribute to answering the questions of how the government can build their capacity to steward a total market, how to collect and apply data from all sectors to strengthen FP product and service security, and how to regulate the private sector to maximize access, affordability, and sustainability. (Project indicator 2.1.1)
- Findings from the landscape analysis were presented by PATH's Chris Brady at a workshop on March 10, 2015, with key stakeholders. (Project indicator 2.1.2) Workshop attendees were from government, nongovernmental, for-profit, and multilateral and donor sectors. The workshop resulted in identification of next steps for developing Terms of Reference and in identifying the optimal structure for TMA coordination; collecting and analyzing total market data; and supporting TMA advocacy. (Project indicator 3.2.1)
- Uganda's commitment to TMA was reinforced by Professor Anthony K. Mbonye, Director of Health Services in a letter to Ms. Margaret Sancho, USAID's Director Health and HIV/AIDS sent in July 2015 in which he expresses his ongoing support for using a TMA to increase access and equity to contraception in Uganda. He expressed the need for continued support for Uganda's TMA. (Project indicator 3.2.1)



- To build on experience from Uganda, DRC, Myanmar, Vietnam to guide other countries interested in undertaking TMA landscaping analyses, the Evidence Project, PATH's TMA team drafted a guide detailing the steps that need to be taken to conduct TMA landscaping. The guide was discussed with and reviewed by a subgroup of seven TMA work stream members from the Market Dynamics Working Group of the Reproductive Health Supplies Coalition. Additionally, the Evidence Project/PATH is collaborating with MEASURE Evaluation/Tulane University to expand this into a comprehensive TMA guide. The end result will be a consistent methodology for gathering and building a solid evidence base on TMA that can help inform family planning programming (Project indicator 3.2.1)

### *Workplace Programming*

To increase the priority for multi-national corporations and their supply chain companies in low and middle income countries to provide access to safe, voluntary FP/RH services and education for workers, the Evidence Project has a robust portfolio that spans the project's three result areas. The project is working at the global and country level to promote evidence-informed policy and program change and to expand the evidence base on workplace programming.

Meridian Group International, Inc.'s RAISE Health initiative joined the Evidence Project during Year 2 to undertake work on [strengthening global health workplace policies and programs](#), and to undertake related work at the country level, as appropriate. The project's global work addresses global companies and their in-country suppliers that are part of a global system of trade that includes mechanisms and institutions for standard-setting and enforcement related to social and labor policies and practices, including health and safety. Influencing these global mechanisms and institutions that set standards to ensure that FP/RH are included in the global health standards is expected to yield a large payoff in terms of expanded access to FP for workers in the enterprises that supply to global brands (and within brands that have their own facilities). The Evidence Project/Meridian Group has focused on both submitting policy proposals to global standard-setting organizations on workplace health policies and engaging with the RH community to increase their understanding of and support for this work. The project also collaborated with several organizations, including Business for Social Responsibility (BSR), Bayer Pharmaceuticals, Worldwide Responsible Accredited Production (WRAP), eMpowering Frontline Health Workers, MenEngage, and the United Nations Foundation to develop guidelines, training curricula, and education materials.



#### PROJECT RESULTS ACHIEVED IN YEAR 2

- To prompt new thinking about the role of the corporation (in the commercial private sector) in global health, including FP, the Evidence Project/Meridian Group submitted a manuscript titled "A New Policy Approach: Leveraging the Corporate Global Standards System for Global Health Impact" to the journal Global Health: Science and Practice in August 2015. The manuscript was authored by David Wofford and Shawn McDonald. (Project indicator 1.1.2)
- The Conference on FP in the Workplace: A Critical Path to Thriving Women, Communities and Business hosted by the United Nations, UNFPA and USAID, and held on September 17, 2015 in New York, provided the Evidence Project/Meridian Group an opportunity for Carolyn Rodehau and David Wofford to educate corporations on the role they can play in expanding workers' access to FP, the derived benefits, and to learn about the barriers corporation face to make this happen. Stakeholders at the event included corporate representatives from Eileen Fisher, Kate Spade, Kenneth Cole, Bank of New York Mellon, and Merck. (Project indicator 2.1.1).
- A Private Sector Working Group meeting hosted by the Strengthening Health Outcomes through the Private Sector (SHOPS) project and held in Crystal City, Virginia on June 23, 2015 provided an opportunity to advocate to the global health community to play a policy advocacy role for corporate standards. The Evidence Project/Meridian Group's David Wofford was invited to make a presentation titled "From Corporate Policies

to Workplace Practices: A Systems Approach to Worker Health and Family Planning.” (Project indicator 2.1.1).

- An Interagency Gender Working Group (IGWG) meeting on October 29, 2014, provided the opportunity to share the evidence and policy approaches for engaging corporations and their supply chains with key public health stakeholders. The Meridian Group’s David Wofford was invited to present on approaches to health system strengthening and related gender issues through Corporate Social Responsibility initiatives and corporate policies. (Project indicator 2.1.1).
- The United Nations Global Compact, which promotes the Women’s Empowerment Principles, issued the “Call to Action: Investing in Women’s Right to Health,” on International Women’s Day on March 8, 2015. The Evidence Project/Meridian Group contributed to the Call to Action and presented it at the Women’s Empowerment Principles conference where more than 500 corporate and NGO representatives participated. The Call to Action is available on the WEP’s website ([http://weprinciples.org/files/attachments/WEPs\\_Call\\_to\\_Action\\_Investing\\_in\\_Women's\\_Health.pdf](http://weprinciples.org/files/attachments/WEPs_Call_to_Action_Investing_in_Women's_Health.pdf)) and is available via the conference mobile app (Project Indicator 2.2.1).
- A blog, “Migrant Worker’s Right to Health: A Global Advocacy Agenda,” written by the Evidence Project/Meridian Group for the Institute for Human Rights and Business, and posted on July 10, 2015, sheds light on barriers migrant workers face in accessing RH/FP services. From its posting through the end of September, the blog received much exposure, including 34 shares, 25 Facebook recommendations and was reposted by the Global Health Council and the International Family Planning Coalition listservs. The link to the blog is <http://www.ihrb.org/commentary/migrant-workers-right-to-health.html> (Project Indicator 2.2.1).
- 20 policy proposals to 18 organizations on corporate standards and engagement with the private sector were submitted by the Evidence Project/Meridian Group, which engages and collaborates with these organizations on their stakeholder consultations for public input into policy development. These policy proposals ensure that the interests and perspective of public health were considered and addressed by international organizations as part of their process to develop or update corporate standards and policies on social and environmental issues affecting workers and communities. Examples of these proposals included:
  - The Framework Paper for the develop of Corporate Human Rights Benchmarks that will rank companies on their adherence to human rights obligations: Our proposal included giving greater weighting to worker and women’s health as well as expanding the “Women and Children” section to include access to health care and family planning.
  - Equitable Origin indicators for the Oil & Gas industry: We proposed that the medical services requirements recognize the different health needs of men and women workers, such as FP and RH, and that impact analyses use sex disaggregated data.
  - Fair Trade International Textile Standards update: We proposed that women’s health services be an explicit part of the section promoting women’s empowerment activities at the workplace; the firms collect sex disaggregated data, and trainings include educational materials on health, including FP.
  - United Nations Every Woman, Every Child strategy revision: expand notion of corporate responsibility for the health of workers beyond just occupational health and safety; emphasize worker general health rights at the workplace; and recognize the private sector not just as a funding mechanism but as actors in improving health outcomes (Project indicator 3.2.1)
- In support of the Egyptian Family Planning Association (EFPA)’s work to provide FP/RH services to factory workers, a guidance document, “Working with Data to Improve Worker Health,” was completed by the Meridian Group. EFPA is working on improving factory clinic practices and the role of nurses based on the Meridian Groups’ clinic re-engineering model, and the guidance will help factories (and nurses) do more analysis of the data they collect and use it to guide educational outreach and services for workers. (Project indicator 3.4.1)

The Evidence Project received funding from USAID/Cambodia to develop, in collaboration with SIFPOII MSI, the [WorkerHealth Coalition](#), a five-year initiative designed to meet the FP/RH needs of female factory workers in Cambodia. WorkerHealth, launched in the fourth quarter of the year, includes four components: Improving the enabling environment (Evidence Project/Meridian Group); Enhancing worker-management engagement (SIFPOII MSI); Expanding access to quality health services (SIFPOII MSI); and Undertaking a learning agenda (Evidence Project/Population Council). The project, through the Population Council, established a presence in Cambodia, with Dr. Ashish Bajracharya moving to Cambodia. The project initiated mapping of garment factory interventions in Cambodia and initiated planning for a quality study of health needs and health seeking behavior of garment factory workers. We also began policy engagement activities and participated with SIFPOII MSI and USAID in brand engagement to enhance support for and sustainability of WorkerHealth.

To expand the evidence base on workplace health programming that includes FP/RH, we are evaluating the [HERproject in improving knowledge and service access among female garment workers](#) in Bangladesh. We are conducting this work in collaboration with Business for Social Responsibility (BSR) which implements the HERproject, linking multinational companies and their factories with local NGOs who create sustainable programs to improve the general and reproductive health of women employed in factories in 12 countries. The HERproject provides a six-module health information program in participating factories. Slowed this year by strikes (*hartals*) in Bangladesh, baseline survey data collection was completed in 10 factories by the end of Year 2. It was also important to invest time throughout the year to establish a strong and collaborative working relationship with the local garment factories in which the study is taking place, as well as with individuals from BSR.

### **Method Mix**

Many countries have a skewed method mix, meaning that clients only have a choice of one or two methods of contraception. The project has undertaken an analysis of the [transitions to a broader contraceptive method mix in low- and middle-income countries](#) to identify method mix trends as well as those countries that have shifted their method mix while increasing contraceptive use. In Year 2 this analysis was published, disseminated, presented at a conference and the Bill and Melinda Gates Foundation and FP2020 are using the findings in their FP work.



#### **PROJECT RESULTS ACHIEVED IN YEAR 2**

- An article based on an Evidence Project analysis of method mix trends in developing countries was published in *Global Health: Science and Practice* (Ross, J., J. Keesbury and K. Hardee. 2015. “Trends in the Method Mix of Contraceptive Use In Developing Countries. *Global Health: Science and Practice*”). The analysis introduces a new measure, the “Average Deviation” (AD) from a balanced method mix, which builds on an earlier measure of “skew.” The AD measure is employed to ascertain the extent of imbalance within the method mix in individual countries and used to identify countries with favorable transitions in their method mix. The article demonstrates that improving availability of underutilized or new methods can improve the method mix, although better implementation of more popular methods might increase contraceptive use more expeditiously (Project indicator 1.1.2).
- The Bill and Melinda Gates Foundation is using the paper to justify inclusion of method mix indicators in the Foundation’s FP Strategy’s results framework and theory of change (Project indicator 3.2.1)
- The FP2020 PME Working Group is using the paper as important justification for how method mix indicators relate to stock out indicators, and help to explain change in MCPR (Project indicator 3.2.1)
- John Ross made a presentation of the paper at the Annual Meeting of the Population Association of America Meetings in May, 2015 (Project indicator 1.1.3)
- The journal article was cited during the year October 2015-September 2015 by: Zulfiya Charyeva, Z., O. Oguntunde, N. Orobato, and Emmanuel Otolorin. 2015. “Task Shifting Provision of Contraceptive Implants to Community Health Extension Workers: Results of Operations Research in Northern Nigeria.” *Global Health: Science and Practice*, (3)3: 382-394. (Project indicator 1.1.4)

With support through the Evidence Project, FHI 360 published two reviews under the [Cochrane Review Initiative](#), one on post-partum contraception and the other on progestin-only contraception in lactation. Cochrane Reviews are a widely respected source of evidence on health topics, including contraceptive methods so these reviews will be useful for country programs. FHI 360 also provided capacity building for conducting Cochrane Reviews.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- A systematic review entitled “Strategies to improve postpartum contraceptive use: evidence from non-randomized studies,” was published by the Cochrane Collaboration (Cochrane Database Syst Rev 2014 (11)). All of the studies reviewed demonstrated an increase in contraceptive use among treatment groups that received interventions for post-partum contraception uptake, although there were mixed findings on pregnancy status in treatment versus control groups. There were methodological and data quality concerns within all of the studies reviewed. FHI360, in collaboration with Swinburne University, undertook the review. (Project indicator 1.1.2)
- A systematic review entitled “Combined hormonal versus nonhormonal versus progestin-only contraception in lactation” was published by the Cochrane Collaboration (published online March 16, 2015). The results of the review were inconclusive and demonstrated little effect on either contraception or infant growth. FHI360, in collaboration with UNC School of Medicine, Alaska Native Medical Center and the Ohio State University, Division of Epidemiology, undertook the review. (Project indicator 1.1.2)
- FHI360 has provided mentoring and training to an OB/GYN fellow, Dr. Jaime Krashin, who is in her first year of the Family Planning Fellowship at the School of Medicine, UNC Chapel Hill. In order to build capacity to conduct Cochrane reviews, Dr. Krashin received training on the use and application of the Cochrane methodology. Dr. Krashin is currently updating a Cochrane review on “Hormonal and intrauterine contraception for women aged 25 and younger.” (Project indicator 1.3.1)

To provide evidence on the efficacy, acceptability and feasibility of scaling up the Standard Days Method, the Evidence Project contributed a [Standard Days Method Literature Review](#) to two technical meetings, one hosted by the Advancing Partners and Communities (APC) Project and the other by the World Health Organization and USAID. The paper is available on the project website and has been disseminated through knowledge management platforms.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- A structured review of over 10 years of evidence on the Standard Days Method (SDM) was published as an Evidence Project Working Paper entitled “Standard Days Method of Contraception: Evidence on Use, Implementation and Scale Up” in December 2015. The review demonstrates that SDM is effective in a multitude of contexts, that it is acceptable, and that it contributes to enhancing the method mix at the national level. The working paper was highlighted on the Evidence Project’s website during this reporting period. (Project Indicator 2.1.1)
- Karen Hardee presented findings from the working paper at the Standard Days Method in Community Based Family Planning Programs Technical Consultation meeting, hosted by the Advancing Partners and Communities Project, Washington, DC, December 9, 2014. (Project indicator 2.1.2)
- The working paper was disseminated as a background paper at a WHO/USAID expert meeting on criteria and classification of contraceptive methods, held in Geneva, January 20-21. The meeting was prompted by a discussion about the classification of SDM as a modern or traditional method of contraception. (Project indicator 2.2.1)
- The working paper has been posted on platforms such as K4Health ([www.k4health.org](http://www.k4health.org)) and HRH [Human

Resources for Health] Global Resource Center ([www.lrhresourcecenter.org/node/6314](http://www.lrhresourcecenter.org/node/6314)). It was also featured on the Institute for Reproductive Health (IRH) website's blog (<http://irh.org/blog/integrating-standard-days-method-community-based-family-planning-method-mix/>). (Project indicator 2.2.1)

The Evidence Project collaborated with Jhpiego to update the [Balanced Counseling Strategy \(BCS\)+](#) Toolkit, a widely used evidence-based FP counseling tool, to reflect the 2015 WHO Medical Eligibility Criteria (MEC). The BCS+, which grew from an operations research study under the INOPAL project in Peru to being widely used in various countries and languages and being adapted for use in HIV/AIDS service settings, shows the iterative nature of research utilization. We incorporated the updated BCS+ material into training for PMVs involved in the PMV study of injectables, including Sayana Press, in Nigeria and it is part of the protocol for the PEPFAR-funded community-based FP/HIV intervention study in Kenya. The revised materials will be made available online and will be further disseminated by Jhpiego and other partners.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- In collaboration with the Gates-funded Integra Project, the Evidence Project/Population Council hosted a workshop to receive inputs from experts from several organizations, including Jhpiego, International Medical Corp and the Population Council, to update the BCS+ cards to address the 2015 WHO contraceptive Medical Eligibility Criteria guidelines. The workshop also ensured buy-in from the international NGOs that use the BCS+ in their programming, reflecting their suggestions based on use of the cards in their programming over a number of years. (Project indicator 3.2.1)

USAID/India has given field support to the Evidence Project to provide [support for FP2020 in India](#). We undertook a scoping trip and provided concepts for activities, which were refined twice during the year. The Mission has settled on two activities they are interested in the project pursuing, namely a contraceptive use dynamics study and a mapping of civil society engagement/accountability. We have provided the Mission with concept notes for these two activities.

### *Integration*

Integration of health services is an important component of health-system strengthening and has the potential to increase efficiency in health care and enhance access to care. In Year 2, we initiated discussions with USAID/Kenya and the Busia County Health Management team to introduce the PEPFAR-funded study of FP integration in community-based HIV programs [to improve the access and use of family planning among HIV positive women with unmet need](#). These meetings formed the basis for the study design and research protocol entitled "[Strengthening the Integration of FP/HIV Services at the Community Level in Kenya](#)." The protocol received both Population Council and local IRB approvals and was in the final stages of USAID review at the end of Year 2. This study will contribute to the evidence base on the role community health volunteers (CHVs) can play in providing FP services to women and couples living with HIV. The study will employ a quasi-experimental research design to assess whether training CHVs to integrate FP counseling and referral into their existing community-level HIV services will increase FP utilization among HIV-positive women and couples.

To highlight the contribution of Population, Health and Environment (PHE) programming to FP outcomes, the working paper "[Expanding Integration of Family Planning into Non-health Sectors](#)," which was written by the Evidence Project/PRB, was published, presented at a global PHE conference and widely disseminated and linked to by many organizations working on environmental issues. Many PHE programs reported an increase in contraceptive prevalence with the highest impacts seen in very remote areas with little previous access to FP. PHE program results also demonstrated that participants have increased FP knowledge and that PHE programs can be effective at increasing participants' understanding of the benefits of voluntary FP for both their health and the

environment. The synthesis demonstrates that although demographic indicators are rarely measured in PHE programs, where they are, significant decreases in parity and crude birth rates were found.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- The Evidence Project/PRB completed a synthesis titled “The Impact of Population, Health, and Environment Projects: A Synthesis of the Evidence” (<http://evidenceproject.popcouncil.org/wp-content/uploads/2015/06/PHE-Synthesis-Report1.pdf>). This synthesis examines and summarizes recent available evidence from integrated PHE projects to document what they are measuring and/or not measuring, assesses the current state of PHE project monitoring and evaluation, and identifies gaps in evaluation and research for current and future PHE projects to improve upon. (Project indicator 2.1.1)
- The Evidence Project/PRB submitted a manuscript based on the working paper to the journal Population and Environment. The paper highlights both successes in collecting evidence of the benefits of integrating FP into non-health sectors as well as the challenges of documenting the benefits of integration. (Project indicator 1.1.2)
- The Evidence Project/PRB (Kristen P. Patterson) made a presentation based on the working paper at the Regional Population, Health, Environment Conference held in Kisumu, Kenya in September 9-10, 2015 and organized by the Lake Victoria Basin Commission. The presentation was attended by over 100 representatives from implementing organizations, advocates, donors and policy makers and helped drive a discussion on the need for renewed efforts towards improving the evidence base of the impact of integrated FP projects. Resolutions of recommendations to governments, development partners, civil society, private sector and the EAC included two from the Evidence Project/PRB’s presentation: resolution (10) Improve the documentation of integration’s value and assess how to align impact of evidence with sustainable livelihoods, resilience, and climate change adaptation sectors; and resolution (12) Enhance capacity to monitor and evaluate integrated PHE interventions, including developing indicators to measure results at outcome and impact levels. See <http://www.lvbcom.org/index.php/mediafiles/our-news/item/161-phe-regional-conference-ended-with-actionable-resolutions>. (project indicator 2.1.2)
- The PHE working paper was cited during the year by:
  - Pathfinder International, PAI, and Sierra Club. 2015. Building Resilient Communities: the PHE Way. <http://womenatthecenter.org/wp-content/uploads/2015/07/Building-Resilient-Communities-The-PHE-Way.pdf>
- A communications plan developed and implemented for the working paper included posting the report and a story about the findings on the Evidence Project and PRB websites; announcing it via various listservs, newsletters, and communities of practice; and promoting it through social media. (Project indicator 2.2.1) The synthesis was also referenced on the following websites:
  - Madagascar PHE Network library (<http://phemadagascar.org/how/>)
  - PRB Website (<http://www.prb.org/Publications/Reports/2015/phe-synthesis-report.aspx>)
  - Resource Media-Women at the Center (<http://womenatthecenter.org/blog/on-world-environment-day-heres-some-good-news/>)
  - Wilson Center New Security Beat Blog (<http://www.newsecuritybeat.org/2015/06/population-health-environment-projects-work-review-evidence/>)
  - Health COMpass Trending Topics (<http://www.thehealthcompass.org/trending-topics/population-health-and-environment>)
  - Population and Sustainability Network (<http://populationandsustainability.org/do-population-health-and-environment-projects-work-a-review-of-the-evidence/>)
  - The Wilson Center New Security Beat (<http://www.newsecuritybeat.org/2015/06/population-health-environment-projects-work-review-evidence/>)
  - POPLINE by K4Health (<http://www.popline.org/node/627138>)

- Healthy Developments (<http://hesp-news.org/2015/07/20/the-impact-of-population-health-and-environment-projects-a-synthesis-of-the-evidence/>)
- PHE Ethiopia Consortium (<http://phe-ethiopia.org/admin/index.php?news=2104>) (Project indicator 2.1.2)

## Improving Program Approaches for Adolescents and Youth

Improving program approaches for adolescents and youth is a key IS priority for the Evidence Project and the project has received three specific requests for work in this area. USAID/Bangladesh has provided field support to [Improving Adolescent Sexual and Reproductive Health \(ASRH\) Outcomes in Bangladesh](#). Research generation and utilization, through both engaging stakeholders and providing evidence for advocacy, policy, and programming, is a key objective of this activity. This ASRH initiative is supporting the Ministry of Health and Family Welfare’s Director General for Family Planning (MOHFW, DGFP) and has the support of stakeholder organizations working on ASRH in the country. In Year 2, the Evidence Project/Population Council Bangladesh office conducted a review of ASRH programming in the country, provided feedback on the Bengali translated National Plan of Action for Adolescents in Bangladesh and supported the development of an Operations Manual for ARH services in Bangla. Staff in Bangladesh also co-organized the second and third ASRH Networking Forum Meetings and presented preliminary findings from the ASRH review of programs and intervention options at a conference in Bangladesh.



### PROJECT RESULTS ACHIEVED IN YEAR 2

- Technical assistance from the Evidence Project through the Population Council office in Dhaka to the MOHFW and the DGFP supported the development of the National Plan of Action for ASRH in late 2014, including at review and feedback meetings in December 2014. The plan seeks to align all stakeholders and generate a mapping of ASRH activities in the country in order to increase efficiency and effectiveness in the use of resources. (Project indicator 3.3.1)
- To guide programming on ASRH in Bangladesh, the Evidence Project/Population Council office in Bangladesh prepared a draft review of existing ASRH programming and options for intervention, titled “Improving Adolescent Sexual and Reproductive Health in Bangladesh – A Comprehensive Review of Programs Addressing ASRH in Bangladesh.” (Project indicator 2.1.1). The initiative to undertake this review received pledges of support from all 22 organizations working on ASRH activities that attended a National ASRH Networking Forum co-hosted with the DGFP and the MOHFW in Dhaka on February 16, 2015. These organizations committed to participate in a core technical group (steering committee) to participate in conducting the mapping and review of ASRH activities. The initiative also received the endorsement of the Director, Information, Education and Motivation (IEM) unit of the DGFP, and the Program Manager, MCH Unit, DGFP. (Project indicator 3.2.1)
- To disseminate and get feedback on the draft review, the Evidence Project/Population Council Bangladesh gave a presentation of the findings at the Second Core Group on ASRH meeting in Dhaka on June 24, 2015. The meeting included participation of key stakeholders including program managers, donor and policy planners from USAID, UNFPA, CARE, and Save the Children among others working in ASRH in the country. The working group discussion that followed the presentation led to the refinement of the mapping exercise. The evidence generated from the review will inform future policy and program planning and USAID/Bangladesh attached the preliminary analysis as a supplement in an RFA titled Adolescent Health Skills Strengthening Activity. The Evidence Project/Population Council Bangladesh also presented the preliminary findings at the International Conference on Urban Health held in Dhaka, Bangladesh on May 23-27, 2015. Conference participants included government officials, USAID, and ASRH program managers from local NGOs. (Project indicator 2.2.1)

- The Government of Bangladesh developed an Operational Manual of Adolescent Friendly Health Services. The manual, published in Bangla in September 2015, has been designed to provide quality standards for adolescent service provision and will be used by providers across private and public sector organizations in the country. The Evidence Project/Population Council Bangladesh, in close coordination with local NGOs working in the field of ASRH in Bangladesh, including UNFPA, UNICEF, Save the Children and the government, contributed to the manual. The manual will also be used by the Government of Bangladesh as a tool for future capacity building of providers and program managers to contribute to improve FP approaches for youth and adolescents in the country. (Project indicator 3.1.1)

USAID/Ethiopia has provided field support to the Evidence Project to undertake two studies on [ASRH programming in Ethiopia](#). One is a mixed-methods study to understand adolescent and youth SRH health-seeking behaviors in Ethiopia and the implications for youth friendly service (YFS) programming and the other will be developed in conjunction with a GenDev-funded scale up of a preventing child marriage initiative being undertaken by the Population Council office in Ethiopia. The research protocol for the first study was developed, submitted, and approved by the Population Council's IRB and is pending approval from a local IRB, and approved by USAID/WA and USAID/Ethiopia. A comprehensive list of functional health facilities that offer YFS was developed in the 5 regions where the study will take place (in Amhara, Oromiya, Tigray, SNNPR and Benishangal).

A third activity is a HIP brief on adolescent friendly contraceptive services (AFCS) that the HIP Initiative requested the Evidence Project take the lead in drafting. The brief was completed and posted to the HIP website. In addition, a draft of the AFCS brief was shared as a background document for a session on programming for adolescents at the FP2020 meeting for country focal points.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- The AFCS HIP Brief was completed and posted on the FP HIV Website in September 2015 (<https://www.fphighimpactpractices.org/afcs>). Karen Hardee and Jill Gay from the Evidence Project, with other co-authors, led the writing of the English version of the brief at the request of the HIP Initiative. (Project indicator 2.1.1)
- The final draft of the AFCS HIP brief was a key resource for the session on adolescents at the FP2020 Focal Point Meeting in Istanbul on March 23-24, attended by representatives from 33 countries. The FP2020 Secretariat expressed appreciation for this material on FP programming for adolescents. (Project indicator 2.1.1)

See the section, Demand - Reducing Structural Barriers to Foster Positive Norms Around Contraceptive Behavior, for a description of a longitudinal study on very young and older adolescents.

## DEMAND

### Enhancing Demand for Information and Services, Particularly for Youth

The Evidence Project is exploring ways to increase demand for FP information and services among a wide range of clients, particularly among youth.

#### *Improving Contraceptive Use Dynamics*

To contribute information on why women continue to use particular contraceptive methods, and factors that influence contraceptive choice and discontinuation, the project is undertaking a qualitative study of [factors](#)



[affecting contraceptive choice and discontinuation among married women in Bangladesh](#). During Year 2, all fieldwork was completed, which included 66 in-depth interviews and 17 focus group discussions in Khulna and Sylhet Divisions. Transcriptions, translations, and analysis are underway.

### ***Reducing Structural Barriers to Foster Positive Norms Around Contraceptive Behaviors***

The Evidence Project has the opportunity to conduct a [longitudinal study of adolescents](#). During Year 2, the project selected the Health and Demographic Surveillance Site (HDSS) in Ouagadougou, Burkina Faso, to be the site for the Evidence Project's longitudinal work. This was the culmination of a participatory and transparent process in conjunction with INDEPTH Network. During this period, the project also held several meetings and discussions with the Population Council's DFID-funded STEP UP Project on a collaborative activity on [conceptualizing and measuring unintended pregnancies](#) among young people in several longitudinal sites. The two projects will collaborate by including common questions and measures related to unintended pregnancy in the longitudinal study in Burkina Faso. A study protocol for the longitudinal study of 10-19 year olds in Ouagadougou was written and submitted to the Population Council IRB. The study design has since been revised based on comments from the IRB and changes in the Year 3 budget available for the study. During this year, the project's Longitudinal Research Advisor at the INDEPTH Network resigned which resulted in the project reassessing the role and expectations of the INDEPTH Network. As a result, the project decided to work directly with the HDSS in Ouagadougou. Despite the recent coup and political situation in Burkina Faso, the project has determined that it remains reasonable to move forward with the study location in Burkina Faso.

The Evidence Project is exploring ways to test how the [unmet need](#) measure can be used in programs with youth, particularly as they move through different stages of their lives. During Year 2, an analysis to assess how unmet need, when taking age and marital status into account, can inform youth FP programming was conducted using the DHS data from Ouagadougou Partnership countries. Results of these analyses will be orally presented at the International Conference on Family Planning in November 2015.

## **CROSS-CUTTING**

### **Rights and Accountability**

The project is addressing how policies and programs that respect and protect the human rights of women and girls can be instituted and operationalized, and how programs can be held accountable for providing high-quality services.

While there has been increased attention to ensuring that FP programming is implemented in ways that respect, protect, and fulfill human rights, there is [little evidence on how to implement and measure rights-based approaches to family planning](#). During Year 2, the Evidence Project made strides in developing a Rights-based Family Planning (RBFP) Index to measure adherence to RBFP at the service delivery level, and improvements through RBFP interventions. The RBFP Index is based on existing frameworks, tools, and principles documents on RBFP. The Evidence Project is collaborating with a number of partners on this work, including the Palladium Group on an intervention study they are conducting in Nigeria with Gates Foundation funding; and the Sustainable Networks Project (SIFPOII IPPF) and Reproductive Health Uganda to undertake research using the RBFP Index to measure individual facilities' readiness to implement RBFP - including identification of areas where there are potential rights vulnerabilities that can be addressed through small-scale rights-based service delivery modifications.

Additionally, the Evidence Project is contributing to multiple rights-oriented working groups, including providing technical inputs for the Rights and Empowerment Working Group at FP2020 and participating as a member in the World Health Organization's (WHO) Technical Advisory Group on Strengthening Family Planning's Normative Standards for Monitoring, Evaluation and Accountability. The Evidence Project has also been active in incorporating and operationalizing rights based approaches in several Costed Implementation Plans (CIPs). This

includes working at the development stage to ensure rights language in the CIPs in Malawi and Ghana. Additionally, during a workshop in Uganda the project worked to develop methodologies and frameworks to assess policy documents and develop action plans to operationalize rights language into implementation.



## PROJECT RESULTS ACHIEVED IN YEAR 2

To reduce the confusion over the many materials on rights-based family planning, the Evidence Project/Population Council produced a resource guide, “Rights-based Family Planning: 10 Resources to Guide Programming.” The guide pulls together existing resources for putting into action a rights-based approach to FP programming, highlighting each resource’s aims, scope and content, and how to use it. The guide, published in May 2015, is available on the Evidence Project’s website (<http://evidenceproject.popcouncil.org/wp-content/uploads/2015/07/Resource-Guide-of-RBA-to-FP.pdf>). (Project indicator 2.1.1)

- To highlight how rights are included in Uganda’s FP CIP, the Evidence Project/Population Council produced a detailed analysis of rights-based family planning in the CIP, using an Excel-based tool that the project developed for this purpose and that can be used to assess rights-based FP in any country strategy, including CIPs. The analysis, produced in collaboration with the Ministry of Health, Reproductive Health Uganda (RHU) and SIFPOII IPPF, was distributed to participants at the Workshop to Develop an Action Plan for a Rights-based Approach to Uganda’s Family Planning Program held in Kampala, Uganda, May 27-29, 2015. The analysis contributed to determining priority topics related to rights-based family planning developed in the draft action plan that resulted from the workshop. (Project indicator 2.1.2)
- The Evidence Project/Population Council (Karen Hardee) made the presentation, “Rights-based Approach to Family Planning: Analysis of the Costed Implementation Plan,” at the Workshop to Develop an Action Plan for a Rights-based Approach to Uganda’s Family Planning Program held in Kampala, Uganda, May 27-29, 2015. (Project indicator 2.1.2)
- The journal article published under the Evidence Project: Hardee et al. 2014. Voluntary, Human Rights–Based Family Planning: A Conceptual Framework. *Studies in Family Planning* Volume 45, Issue 1, has been cited during the year October 2014 and September 2015 by:
  - Cates, W. Jr., B. Maggwa. 2014. “Family planning since ICPD—how far have we progressed? Contraception. Volume 90, Issue 6, Supplement: S14–S21.
  - Cates, W. Jr., J. Stanback, B. Maggwa. 2014. “Global family planning metrics-time for new definitions?” *Contraception*. Nov; 90(5):472-475.
  - Constantine, N.A., P. Jerman, N.F. Berglas, F. Angulo-Olaiz, C.P. Chou and L.A. Rohrbach. 2015. “Short-term effects of a rights-based sexuality education curriculum for high-school students: a cluster-randomized trial.” *BMC Public Health*. doi:10.1186/s12889-015-1625-5
  - Mbizvo, M.T., and S.J Phillips. 2014. “Family planning: Choices and challenges for developing countries.” *Best Practice & Research Clinical Obstetrics & Gynecology*. Volume 28, Issue 6, August 2014, Pages 931–943.
  - Ross, J., J. Keesbury and K. Hardee. 2015. “Trends in the contraceptive method mix in low-and middle-income countries: analysis using a new “average deviation” measure. *Global Health: Science and Practice*, 3(1): 34-55.
  - Shelton, J.D. 2014. “Taking Exception. Reduced mortality leads to population growth: an inconvenient truth.” *Global Health: Science and Practice*, 2(2): 135-138
  - Stanback, J., M. Steiner, L. Dorflinger, J. Solo and W. Cates Jr. 2015. WHO Tiered-Effectiveness Counseling Is Rights-Based Family Planning.” *Global Health: Science and Practice*, 3(3): 352-357.
  - RamaRao, S., and A.K. Jain. 2015. “Aligning Goals, Intents, and Performance Indicators in Family Planning Service Delivery.” *Studies in Family Planning* 46(1): 97-104. (Project indicator 2.1.3)
- To support FP2020’s effort to assess work on indicators to measure rights-based family planning, the

Evidence Project/Population Council and IPPF met with an FP2020 consultant to discuss current Evidence Project work on measuring rights-based FP and provided a mapping of global rights indicators suggested by key rights and FP stakeholders that the Evidence Project has prepared. The consultant indicated that the project's work is the most developed in terms of operationalization of measurement of rights. (Project indicator 3.2.1)

- The Evidence Project/Population Council and IPPF provided consultation and engagement in an ongoing partnership with the Palladium Group (formerly Futures Group) to support their implementation and testing of a rights-based approach to family planning in Nigeria, which is being funded by the Gates Foundation. In the respective studies (Uganda, the Evidence Project and Nigeria, the Palladium Group), we will jointly use a Rights-based FP Index that the Evidence Project is developing, with input from the Palladium Group. (Project indicator 3.2.1)

Building on the project's work on [social accountability](#) started in Year 1, this year we have built partnerships with key actors that are setting the agenda in social accountability thinking and influencing trends in research and funding. This includes the World Bank's Global Partnership on Social Accountability, Overseas Development Institute (who are leading work on sector specific approaches to social accountability), and American University (D.C.).

The project fielded a retrospective case study of social accountability under the Healthy Action (HA) Project, which ran in Uganda from 2009 to 2013, with funding from the German Foundation for Population (DSW). The HA Project worked with local civil society to build the capacity of citizens to become meaningful participants in RH policies and services by increasing their advocacy capacity to formulate policy priorities, monitor the implementation of policies and hold national and local government decision-makers accountable for implementing policies. Findings from the retrospective study will be available during the next reporting period. In addition, the project initiated a prospective study on accountability in collaboration with community engagement/accountability projects being implemented by RHU with funding from the Danish Family Planning Association/DANIDA and by PATH with funding from USAID/Uganda.

The Evidence Project/IPPF is providing technical assistance to program implementers and CSOs to help them refine their approaches in the implementation of existing social accountability programs. Project staff also met with the new DFID-funded project, FP Monitoring and Accountability at the National and Local Level, being implemented by Christian Aid, Plan International, and the International HIV/AIDS Alliance, to brief them on our social accountability work and to ensure that activities are aligned. In Year 2, a particular focus on our social accountability work has been to strengthen social accountability within IPPF's strategic plans and standards, like those recommended by the IPPF Medical Advisory Panel, and in the adoption of these recommendations by multiple Member Associations. This successful work will continue in subsequent years of the project.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- To share country experience on social accountability, the Evidence Project/IPPF (Vicky Boydell) made a presentation on the project's social accountability retrospective case study entitled "Reproductive Health Uganda – A Case Study," at the 2015 World Bank's Global Partnership of Social Accountability (GPSA) Annual Forum held in May 12-13, 2015 in Washington DC. The forum was attended by more than 300 social accountability experts and implementers. By participating in the forum, the project contributed to the emerging model on social accountability that will be endorsed by the GPSA/World Bank. (Project indicator 2.1.2)
- To share global evidence on social accountability for family planning, the Evidence Project/IPPF's Vicky Boydell, has reached a wide range of key global stakeholders ranging from advocates to program implementers and donors, through a number of presentations based on the Evidence Project's Working Paper "Social

Accountability: What are the Lessons for Improving Family Planning and Reproductive Health Programs?" ([http://evidenceproject.popcouncil.org/wp-content/uploads/2014/11/2014\\_RightsBasedProg\\_SocAcctWP.pdf](http://evidenceproject.popcouncil.org/wp-content/uploads/2014/11/2014_RightsBasedProg_SocAcctWP.pdf)), and the expert's meeting report, "Strengthening the Evidence Base on Social Accountability for Improving Family Planning and Reproductive Health Programs." These presentations have garnered interest on social accountability in FP and RH programs and stakeholders are using the findings from the project's work on accountability to inform their organizations' work. Presentations between October 2014-September 2015 include:

- At the Reproductive Health Supply Coalition Accountability and Advocacy Working Group meeting, Mexico City, October 22, 2014.
  - As part of a joint panel entitled "The potential of social accountability for improving access to quality FP/RH services" at the Reproductive Health Supplies Coalition meeting in Mexico City October 23, 2014.
  - At the meeting, "EuroNGOs Accountability for the post-2015 development framework: untapping civil society potential," in Madrid, October 29, 2014.
  - At a Brown Bag Session at IPPF, London, November 12, 2014.
  - At an IPPF Africa Regional Office Research Workshop, Nairobi, November 19, 2014. (Project indicator 2.1.2)
- The working paper, "Social Accountability: What are the Lessons for Improving Family Planning and Reproductive Health Programs? A Review of the Literature," has been widely disseminated through a range of online forums – namely: the websites of the World Bank's Global Partnership for Social Accountability, the RHSC Advocacy and Accountability Working Group, the IPPF Advocacy Focal Points, and the Open Society Foundation's Transparency and Accountability Initiative. (Project indicator 2.2.1)
  - The working paper has been cited during the year October 2015-September 2015 by:
    - McGinn, Erin, and Alyson Lipsky. 2015. Social Accountability: A Primer for Civil Society Organizations Working in Family Planning and Reproductive Health. Washington, DC: Futures Group, Health Policy Project.
    - Fox, Jonathan 2014 Social Accountability: What does the Evidence Really Say? GPSA Working Paper Series 1. World Bank: Washington DC.
    - EuroNGOs 2015 Toolkit: Accountability for the Post 2015 Framework: A set of Core Resources for SRHR Advocates  
[http://www.eurongos.org/fileadmin/files/We\\_Do/Learning\\_and\\_training/EuroNGOs\\_Accountability\\_Toolkit\\_February\\_2015\\_24022015.pdf](http://www.eurongos.org/fileadmin/files/We_Do/Learning_and_training/EuroNGOs_Accountability_Toolkit_February_2015_24022015.pdf) (Project indicator 2.1.3)
  - Vicky Boydell of the Evidence Project/IPPF (Vicky Boydell) is an active member of the Reproductive Health Supply Coalition's (RHSC) Advocacy and Accountability Working Group (A&A WG), which represents over 250 organizations from civil society, foundations, private sector, and academia, among others, and is an important venue through which to advocate for accountability around contraceptive supplies. The Evidence Project/IPPF has developed and coordinated the implementation of an online and phone survey on the group's accountability work stream in July 2015 and the creation of a task-team to develop an online curated conversation on accountability and supply chains. (Project indicator 2.2.1)
  - IPPF's new Strategic Framework (2016-2022) includes an outcome area dedicated to accountability that guides members programming and budgeting and the areas against which they are measured. Vicky Boydell of the Evidence Project/IPPF contributed to the Strategic Framework by convening an accountability committee with representatives from IPPF's central, Western Hemisphere, European Network and Africa Regional offices to work toward institutionalizing accountability at IPPF, and review the Strategic Framework which will guide IPPF's member associations' work in accountability for the next ten years. The committee's suggestions to revise the Strategic Framework to include accountability were adopted. (Project indicator 3.1.1)
  - To support organizations' work on social accountability for FP/RH, the Evidence Project responded to requests for technical assistance from several organizations, including FHI360, EuroNGOs, RHU, RHSC, the

Coalition for Health Promotion and Social Development in Uganda (HEPS) and for another project within IPPF. Technical assistance provided focused on review methodologies and strengthening their use of social accountability in their proposed programs. Efforts supported include FHI360's Sema Nasi project in Tanzania, EuroNGOs workshop on accountability that took place in October 2014, the development of scorecards for RHU under the Advocacy for Better Health project, and input to the HEPS proposal to the RHSC Innovation Fund. Within IPPF, the project provided technical assistance to the Gates-funded Joining Voices Project (Project indicator 3.3.1)

- To strengthen capacity on social accountability among civil society organizations, the Evidence Project/IPPF hosted two training workshops for civil society groups from Kenya, Tanzania, Ethiopia, Zambia, Zimbabwe, Bangladesh, India, Nepal, Pakistan and Sri Lanka. These workshops, conducted by Vicky Boydell from IPPF, were held in Nairobi, Kenya on June 4, 2015, and for Asian countries in Colombo, Sri Lanka, on September 3, 2015. The training focused on presenting and discussing the findings from the synthesis of evidence on social accountability to inform participating country groups as they design and implement accountability activities around FP2020 goals. (Project indicator 3.4.1)

Working with the USAID-funded TRAction (Translating Research into Action) Project at URC, we have completed a [review of the literature on the measurement of domains of disrespect and/or abuse in FP/RH services](#) and have presented the findings and drafted a manuscript for submission to a journal. The evidence from this review is useful to assessing the quality of care programs provide in addition to adherence to rights and rights principles.



#### PROJECT RESULTS ACHIEVED IN YEAR 2

- Family planning programs can learn from the maternal health field's attention to disrespect and abuse by identifying and measuring negative client experiences which can hinder program success. This finding comes from a paper that builds on findings from a literature review on family planning and quality of care done as part of broader work on disrespect and abuse in the maternal health field carried out by USAID|TRAction Project. The paper was presented by the Evidence Project/Population Council as a poster titled "Measuring and Monitoring Quality of Care in Family Planning: Are we Ignoring Negative Experiences?" at the Population Association of America Meeting in San Diego on May 2, 2015. (Project indicator 2.1.2)
- The Evidence Project/Population Council submitted a manuscript on this work for consideration in a special issue of Health Policy in September 2015. The manuscript builds on findings from a literature review on quantitative tools used to measure the prevalence of negative client experiences in family planning and highlights the gap in availability and need to invest in tools that describe all aspects of client experiences, including negative ones. (Project indicator 1.1.2)

## Gender Transformative Approaches

Programming that embodies a gender-transformative approach, including male engagement, has grown over the past two decades, however most of these programs remain small in scale. To foster scale up of these initiatives, the Evidence Project is examining how and why these programs have achieved positive outcomes related to FP, RH, and gender dynamics.

In Pakistan, through the Population Council Office, the project published and disseminated a [case study of successful programming for male engagement under the USAID-funded bilateral project FALAH](#). The case study provides greater detail about how the interventions were implemented, what challenges were faced and how they were addressed, and what positive outcomes in contraceptive use and other areas were achieved. The lessons learned are highly relevant for other countries considering the role of men in supporting both spousal communication and the acceptability of FP use in the community. The project highlighted this work on its website

(see <http://evidenceproject.popcouncil.org/pakistan-stakeholders-strongly-support-involving-men-in-family-planning/>).



## PROJECT RESULTS ACHIEVED IN YEAR 2

- Men in Pakistan are ready to be more involved in family planning because of economic pressures and concern about their wife's health. Men also want quality services and access to information as shown in an Evidence Project/Population Council in Pakistan developed a Policy Paper entitled "Family Planning through the Lens of Men: Readiness, Preferences, and Challenges" ([http://evidenceproject.popcouncil.org/wp-content/uploads/2015/08/8.25.2015\\_Family-Planning-through-the-Lens-of-Men\\_FINAL.pdf](http://evidenceproject.popcouncil.org/wp-content/uploads/2015/08/8.25.2015_Family-Planning-through-the-Lens-of-Men_FINAL.pdf)). (Project indicator 2.1.1)
- Men can be engaged successfully in family planning, as shown in an analysis of outcomes from the USAID-funded FALAH Project implemented by the Population Council, which reached more than nine million married women and men in 20 districts across Pakistan's four major provinces: Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan between 2008-2012. A case study of the FALAH Project (<http://evidenceproject.popcouncil.org/wp-content/uploads/2015/06/FALAH-Case-Study.pdf>) produced by the Evidence Project/Population Council office in Pakistan, looks specifically at the communication interventions targeting men and their outcomes. FALAH used male community volunteers, men's group meetings, religious leaders, community theatre, and radio and television to communicate positive messages about birth spacing and contraceptive methods. The case study's analysis shows, depending on the intervention, significant positive changes in men's approachability if their wife wished to discuss family planning, initiation of a conversation about family planning with their wife, and use of any type of contraceptive method. (Project indicator 2.1.1)
- Evidence generated through the case study and the policy paper were disseminated to more than 60 key representatives of the federal government, provincial assemblies, provincial health and population welfare departments, donor organizations, and NGOs at a high level consultative meeting in Pakistan to support an evidence-based agenda that brings men into mainstream FP programming. The meeting was held in Islamabad on June 16, 2015 and achieved buy-in from participants to develop evidence-based male involvement strategies as part of Pakistan's FP Plan of Action. (Project indicator 2.1.1)
- The case study on the FALAH Project was referenced in two newspaper articles in Pakistan on June 17, 2015. One article appeared in The News (Pakistan) <http://www.thenews.com.pk/Todays-News-6-324181-Pakistani-men-now-keen-to-adopt-family-planning-research-shows>, and the other in Islamabad Scene <http://islamabadsce.com/engaging-men-in-family-planning-services-can-improve-health/>). (Project indicator 2.1.3)

To provide evidence on promoting male engagement in FP/RH, the project is supporting FHI 360 to model the potential [impact of vasectomy on overall contraceptive use and the evidence on vasectomy programming](#). FHI 360 is undertaking the work on vasectomy and has presented a draft model for review by a USAID vasectomy working group. FHI 360 has also completed a draft of the literature review and a draft brief for Ethiopia using the model.

Through the What Works Association, the project also initiated a synthesis of evidence on [programming for men as family planning users](#). The team has conducted the literature search and developed a plan for mapping organizations working on men and family planning. This work is being conducted in close collaboration with the Gender Team at USAID.

Also in collaboration with USAID's Gender Team, the Evidence Project is undertaking a [review of the tools and indicators that have been used to measure changes in gender norms](#) in research on FP, RH, HIV/AIDS, and maternal health, among other health areas. The literature search has been conducted and the synthesis of the literature is underway.

The Evidence Project is supporting the What Works Association to update [What Works for Women and Girls: Evidence for HIV/AIDS \(www.whatworksforwomen.org\)](http://www.whatworksforwomen.org). This resource is used by PEPFAR, UNAIDS, the Global Fund and other organizations and is particularly important with PEPFAR's current focus on women and girls, including through the DREAMS Initiative. UNESCO has indicated that they are exploring adopting the methodology used by What Works in their classification of the strength of evidence for determining programming. Between October 1, 2014 and September 30, 2015 [www.whatworksforwomen.org](http://www.whatworksforwomen.org) has had 54,377 total page views from 30,074 users.



## PROJECT RESULTS ACHIEVED IN YEAR 2

- To improve evidence-based programming the HIV treatment section has been updated by the Evidence Project/What Works Association and posted on [www.whatworksforwomen.org](http://www.whatworksforwomen.org). (Project indicator 2.1.1)
- To provide evidence to integrate gender into HIV treatment programming, the Evidence Project/What Works Association produced a Technical Brief, "Gender Considerations Along the HIV Treatment Cascade: An Evidence Review with Priority Actions," which is available on the Evidence Project website (<http://evidenceproject.popcouncil.org/wp-content/uploads/2015/09/WWA-Treatment-Brief.pdf>) and at [www.whatworksforwomen.org](http://www.whatworksforwomen.org). (Project indicator 2.1.1) Using the WHO treatment cascade framework to identify and analyze major gender considerations in providing antiretroviral therapy to those living with HIV in low- and middle-income countries, the brief also includes priority actions that can be taken to better address gender within treatment programming and raises questions for implementation science in order to achieve the 90-90-90 goal. This technical brief was presented at a September 2015 PEPFAR meeting on the topic of gender and HIV treatment. The brief was received as being useful and timely given PEPFAR's attention to treatment and DREAMS, which focuses on women and girls. A senior USAID treatment expert noted that the brief was particularly timely as USAID was considering how to improve ART service delivery models through more customized and innovative approaches to better reach a wide variety of people in various treatment stages. (Project indicator 2.1.2)
- An announcement including both the brief and the treatment sections was disseminated via several listserves including Population Council's Ideas that Matter, as well the Athena Network, ISRRRC, Drum Beat, and a highly targeted list of nearly 300 treatment experts including those at HIV Vaccine Trials Network, WHO, UNAIDS, UNICEF, AVAC, National AIDS Treatment Advocacy Project, AIDS Health Care, Positive Women, Avert, Uganda AIDS Commission, Kenya AIDS Control Council, Malawi Ministry of Health, PAHO, Treatment As Prevention (Canada), among others. (Project indicator 2.2.1)
- To expand access to evidence on programming for adolescents in key world languages, the Evidence Project/What Works Association produced a KiSwahili version of the brief, "Scaling UP Evidence-Informed HIV Prevention for Adolescent Girls and Young Women," which is available on [www.whatworksforwomen.org](http://www.whatworksforwomen.org). The brief is also available in French and Spanish, in addition to English. A review of website traffic showed a spike in traffic when the KiSwahili brief was announced, with double the amount of users accessing the site than the average. Page views of the site at that time quadrupled. (Project indicator 2.1.1)

## Implementation Science for Scaling Up Proven Practices

The Evidence Project uses IS strategies to strengthen the scale-up process. This can include implementation research on improving the efficiency of scaling up innovations, linking implementation research with M&E systems, and identifying appropriate metrics for measuring scale-up. Our work also focuses on the translation and use of evidence on scale up, including through retrospective studies and relevant syntheses, to better understand the factors that facilitate scale-up and the key system elements and resources needed for a successful and sustainable scale-up process.

During Year 2, the project focused on several related activities. The project continues to support the [Family Planning High Impact Practice \(HIP\) initiative](#). During year two, the project contributed to the Voucher HIP brief and the Adolescent Friendly Contraceptive Services (AFCS) HIP brief. In addition, working with other partners, the project led the completion of a second draft of 1) Considerations on Sustainability for the HIP Initiative, and 2) Reaching the Underserved: Guidance for Evaluating Evidence for Inclusion on HIP Briefs. Also, in support of the HIP Initiative, the project co-organized a webinar on standards of evidence. In collaboration with Population Council's DFID-funded STEP UP Project, the project submitted a request to hold the third meeting on standards of evidence at Bellagio which has been approved and planned for the month of February 2016. On this same topic, the project completed two working papers on evidence use.

HIP INITIATIVE



**PROJECT RESULTS ACHIEVED IN YEAR 2**

- To assess the influence of evidence on FP/RH policy, program and practice decisionmaking, the Evidence Project/Population Council published two working papers (<http://evidenceproject.popcouncil.org/getting-research-evidence-used/>). One of the papers highlights research evidence among other factors that affect decision-making and the other describes five strategies to enhance the contribution of research to the decision-making process. (Project indicator 2.1.1)
- The papers were refined through presentations to a range of stakeholders in country programming (Uganda, March 2015); advocacy (IBP, January 2015; Advance Family Planning, March 2015) and research (PAA, May 2015, and University of Washington participants in the IS for FP intensive workshop, August, 2015) and further presentations have been requested (George Washington University, December 10, 2015). (Project indicator 2.1.2)
- A webinar on “Standards for Identifying Evidence-Based Practices in Reproductive Health,” co-sponsored by The Evidence Project/Population Council and MSH, in coordination with the Implementing Best Practices (IBP) initiative, the STEP-UP consortium, and the Alliance for Health Policy and Systems Research the on July 30th 2015, focused on different research design options, the types of evidence they generate and their value and limitations. It provided a view of change as a process that takes time and is supported by learning and research. The webinar also provided a real life perspective in which evidence-based decisions are highly dependent on the weight of the evidence and cost of implementation, and on serious political, social and cultural acceptability factors. The webinar, attended by over 100 participants, was among the most attended webinars held by the IBP. (Project indicator 3.4.1)

In addition, under the project's work on the [M&E of scale up](#), staff contributed to the scale up community of practice (CoP) hosted by the E2A Project, including the CoP's meeting on Systematic Approaches to Scale up held in Washington DC on December 5, 2014. The Evidence Project/MSH (Luigi Jaramillo) shared the results of the Expert Meeting on Research Gaps in Scaling Up Family Planning (held by the project in Year 1) and highlighted the priority research questions identified during the expert meeting. Participants were invited to identify opportunities to address these priority research questions. The project also participated in a meeting on the M&E of scale up with IRH, USAID and Annabel Erulkar, Population Council's Country Director for Ethiopia, in preparation for the GenDev-funded scale up of Annabel's work to prevent child marriage (currently funded through a USAID APS) and in the IBP scale up meeting held in Addis Ababa in June, 2015.

SCALE UP OF M&E



**PROJECT RESULT ACHIEVED IN YEAR 2**

- Research gaps in scale up were shared with the FP community in an E2A-sponsored meeting held on December 5, 2014. Luigi Jaramillo, of the Evidence Project/MSH, presented on results from the Evidence Project co-sponsored Expert Meeting on Research Gaps in Scale Up of Family Planning (held in Year 1). The presentation and the discussion that followed contributed to advancing the global exchange of ideas and



lessons learned around scaling up best practices. (Project indicator 2.1.1)

The project has also contributed to understanding of scaling up and the potential for sustainability through a [study to document lessons learned from the Scaling up Family Planning Project \(SUFPP\) in Zambia](#). That project and its results achieved are described above under the Expanding Service Options of Section II.C.

## Building Capacity in Implementation Science

The field of IS is growing rapidly and an increasing number of projects and organizations are specifically adopting IS approaches in their work. There is a hunger for learning more about what IS is and how to do IS. Training policymakers, program managers, and researchers in IS methods and their application to FP/RH provides them with essential skills for designing and implementing large-scale FP/RH programs. The project implemented a second highly successful two-week [intensive course on IS for FP](#), conducted at the University of Washington (UW) by IS experts who teach in the world's first graduate program on IS. Due to funding constraints, the course will not be supported by the project moving forward, although if UW continues to hold the course, the Evidence Project may be able to support participants to attend.



### PROJECT RESULT ACHIEVED IN YEAR 2

- The capacity of 38 researchers to design IS studies was strengthened through participation in a two-week intensive course on IS for FP/RH held at the University of Washington from the 3rd to the 14th of August, 2015. In collaboration with the University of Washington, the Evidence Project designed and hosted the course, which included the participation of policy makers, program managers, and researchers from the Evidence Project's focus countries. This training, which received highly positive feedback from participants, has strengthened their capacity to design and implement large scale FP/RH research programs and integrate research findings and evidence-base interventions into policy and practice. The course was instrumental in guiding the project's protocol on measuring rights-based FP in Uganda. The head of the Ghana Health Service, and a Civil Society Leader from the Family Planning Consortium in Uganda were supported by the Evidence Project to attend the course and both said they would use the material in their work and to guide development and review of implementation research in their countries. (Project indicator 1.3.1)

The Evidence Project provides [support to PRH](#) as part of its work on IS. The project participated in the Research Division's CAs meeting including on a panel discussion of research needs related to scale up. We also engaged with other USAID-funded projects to find areas for collaboration, including SIFPO/MSI, FHI360, WHO, MSH/LMG, and TRAction.

During Year 2, the project completed its support to review and produce [operations research \(OR\) briefs for USAID's Child Survival and Health Grants Program \(CSHGP\)](#). A team from PRB also led a brief-writing session at the 4-day capacity building workshop on writing an OR final report and brief. The workshop was held at PRB and was attended by 23 participants representing CSHGP grantees (15), USAID (3), and the Maternal and Child Survival Program (5). The brief writing session was rated very highly by participants, averaging a 9 out of a possible score of 10.

## II.D ACTIVITY UPDATES



## Examining and Strengthening the Role of Patent Medicine Vendors (PMVs) in the Provision of Injectable Contraception in Nigeria

<b>Activity Manager:</b>	Salisu Ishaku Mohammed	<b>Country/Countries:</b>	Nigeria
<b>Activity (Project) Code:</b>	RF0AD	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Task Shifting

### Summary

PMVs are a popular source of care in Nigeria for several reasons. First, PM shops are ubiquitous and exist in virtually every community, and often serve as the first access point of health care services because they are affordable. Second, PMVs are frontline service providers who conduct multiple tasks to meet the needs of clients including consultation, counseling, prescribing, and dispensing drugs. Finally, PM shops have reliable drug stocks, have extended operational hours including weekends, offer more personable interactions, and do not charge separate fees for consultation.

Given their role in the delivery of contraceptive services, the Federal Ministry of Health (FMOH) recommends that PMVs motivate, counsel, and refer clients for contraceptive services, supply nonprescriptive contraceptives, and re-supply oral contraceptive pills. However, the pharmacy laws in Nigeria restrict PMVs from selling and administering injectable contraceptives, the most popular contraceptive in Nigeria. The pharmacy laws are restrictive because PMVs have not received formal training in the delivery of injectable services. Despite this restriction, PMVs remain popular as they serve to provide commodities and services to clients. Although several studies have explored the role of PMVs in offering contraceptive services in general, few have specifically assessed implementation issues, namely the contribution of PMVs in delivering injectable contraceptives and the experience that women have when receiving this contraceptive method from them.

### Objective(s)

1. To understand the current role of PMVs in offering injectable services (e.g. selling, counseling, referring to health centers, and/or administering).
2. To assess the standards of safety and infection control practices used by PMVs when selling and administering injectable services.
3. To explore the experiences of injectable users in terms of services received from PMVs.
4. To understand the factors that influence women's access of injectable services from various sources including cost, convenience, privacy, among other determinants.
5. To assess a pilot intervention aimed at increasing the skills and safety practices of PMVs to sell, counsel and refer women for injectable services.

### Main Accomplishments in Year 1 (October 2013 – September 2014)

IRB protocol approved by the University of Ibadan and the Population Council's IRB

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Recruit data interviewers' supervisors, and pilot-test and finalize instruments
2. Recruit and train interviewers

3. Implement pilot intervention activities including contacting and meeting with referral hospitals, and recruiting and training of PMVs.
4. Collect and analyze data.
5. Prepare reports, manuscripts, presentations, and meetings for widespread dissemination of the findings, as appropriate in Year 2 with completion in Year 2.
6. Facilitate a workshop to discuss results with key FP stakeholders, as appropriate in Year 2 with completion in Year 2.

### **Main Accomplishments in Year 2 (October 2014 – September 2015)**

The project conducted advocacy visits in both Nasarawa and Oyo states where the study will take place. The purpose of these advocacy visits was to reach out to both the state government officials and the leadership of the National Association of Patent and Propriety Medicines Dealers (NAPPMED) for their buy-in and cooperation in the study. The first advocacy visit took place in Oyo during May, 2015. For Nasarawa state, two rounds of advocacy visits were conducted, one in June and the other in August 2015. During the June visit, the project team met with several representatives of NAPPMED leadership, who gave their total support for the project, including inviting the project team to further interact with the state-wide membership of NAPPMED in August which provided the basis for the second advocacy visit.

During the second half of this reporting period, the project has been developing a training curriculum for PMVs. The training curriculum has been developed based on existing training materials from PATH, FHI360 and the Ugandan Ministry of Health. The training curriculum will undergo review and approval by both the USAID-Nigeria Mission and the Federal Ministry of Health of Nigeria (FMOH). The purpose of these reviews is to obtain stakeholder consensus on a finalized curriculum that could be adopted as a national curriculum for the training of PMVs in Nigeria and beyond. Also during this reporting period, the project obtained IRB approval from the National Health Research Ethics Committee, a competent ethics committee established by the FMOH whose mandate covers the entire country.

An abstract titled “The Power of Stakeholder Engagement: Building Support for Pilot-Testing the Administration of Injectable Contraceptives by Patent Medicine Vendors in Nigeria” was accepted for an oral presentation at the International Family Planning Conference in Nusa Dua, Indonesia in November, 2015

The research protocol underwent some minor methodological changes in response to the needs of the study environment as well as the resources available. For example, the study team decided to carry out the client exit interviews by telephone survey, rather than in-person. The study team also reallocated the timing of the PMV follow-up interviews so the first one occurs at one-month post-training rather than at three months post-training. This was decided to ensure the quality of the services that PMVs will be providing. The study tools have been finalized and both the data collectors and supervisors have been identified. During this reporting period, the project was able to receive the administrative letter of approval and support from the FMOH, a requirement for the Population Council’s IRB and National Health Ethics Committee to include the administration of injectable contraceptives by the PMVs.

During the reporting period, several members of the study team presented details of the study design and protocol to different audiences including at the Sayana Press Technical and Program Update meeting held at FHI360 on April 30, 2105 and to the USAID/Ghana Mission at their request and based on their interest in a similar study in Ghana.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

1. Internal meeting report of the National Stakeholders and Reproductive Health Technical Working Group meeting that empowered the project to include the administration of injectable contraceptives among the range of interventions the pilot study should cover.
2. Training curriculum developed, although further reviews are ongoing.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

During the stakeholder's meeting, individual pharmacists expressed initial resistance about empowering PMVs to administer injectable contraceptives to new injectable contraceptive clients. The concern was related to PMVs' lack of counseling knowledge on contraindications. As a result of continued discussions with the FMOH, this concern has been eliminated. In addition, an easy to use checklist developed and previously used by FHI360 has been identified and will be used for training PMVs to use with new injectable contraceptive clients.

The lengthy turn-around time and the bureaucracy involved in the FMOH processes have delayed the onset of this study because the ethics committees insisted on having an official letter of support from the FMOH in order to approve the study. However, with increased advocacy and follow-up, the official letter of approval has been issued.

A further delay was encountered as a result of the inability of the FMOH to complete their review of the amended protocol and provide comments in a timely manner. The project team is now informed that the FMOH reviewers are happy with the protocol and the implementation of the study is now set to commence at the very beginning of Year 3.

## Sayana Press and Standard Days Method Study in Ghana

<b>Activity Manager:</b>	Dela Kusi-Appouh	<b>Country/Countries:</b>	Ghana
<b>Activity (Project) Code:</b>	RF0AU	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Task Shifting & Method Mix

### Summary

Ghana's contraceptive prevalence rate (CPR) remains low at 22% and several stakeholders, including Ghana Health Service, are keen on systematically increasing the rate. The introduction of Sayana® Press presents an opportunity to expand the method mix and contribute to GHS's acceptor rate goal of 39% by 2016.

Understanding the feasibility of introducing Sayana® Press in Ghana in the public and private sectors as well as its acceptability among women can help to inform the dynamics surrounding provision, uptake and continuation. GHS recognizes natural family planning methods on its service delivery forms, but it currently does not consistently include the Standard Days Method (SDM) in its Family Planning (FP) programs and CycleBeads® are not widely available in the country. Results of a 2013 evaluation study suggest that SDM is a veritable option for increasing method mix in Ghana.

The Evidence Project is planning to undertake a feasibility and acceptability study regarding the introduction of Sayana® Press as well as CycleBeads® for the Standard Days Method. Both methods will be introduced to women of reproductive age in the public sector, through Community Health Nurses (CHNs) operating within Ghana's Community-based Health Planning and Services (CHPS) model as well as in the private sector, through nurses in clinical facilities and Licensed Chemical Sellers/Pharmacies usually found in neighborhoods. The project is working in close collaboration with Ghana Health Service, USAID/Ghana, and all relevant implementing partners to generate evidence that will inform the introduction and scale-up of Sayana Press in Ghana as well as will be relevant to the range of bilateral family planning implementing partners in Ghana (i.e., URC-CHS, FHI360, PSI/SIFPO2, and MSI/SIFPO2).

### Objective(s)

The study will address the following objectives:

1. Document the process and assess the feasibility of introducing Sayana® Press and CycleBeads® in the Ghana's method mix. ;
2. Explore the acceptability of Sayana® Press among women of reproductive age in Ghana;
3. Explore the acceptability of CycleBeads® for SDM among women of reproductive age in Ghana;
4. Document the experiences of clients as well as health providers in the public and private sectors with the use and administration, respectively, of Sayana® Press or CycleBeads®.

### Main Accomplishments for Year 2 (October 2014 – September 2015)

1. Engaged the USAID Mission in Ghana to determine common areas of interest related to Sayana Press in the country.
2. Held several discussions with Ghana Health Service and implementing partners (MSI, URC-CHS and Planned Parenthood Federation of Ghana) to identify evidence gaps and potential opportunities for utilization of research that will be generated.
3. Emmanuel Kuffour from the Population Council Office in Ghana presented a brown bag to colleagues at USAID/Washington on the RsLog system and discussed the interest of Ghana Health Service in scaling it up.

4. Patrick Aboagye, Director, Family Health Division, Ghana Health Service, participated in the two-week intensive course on Implementation Science for FP/RH held in Seattle at the University of Washington August 4 – 13, 2015. As part of the course, Dr. Aboagye completed a research protocol entitled “Evaluating the Acceptability and Impact of CHNs Offering Contraceptive Implant Services.”
5. Laura Reichenbach presented a powerpoint presentation of a similar study being carried out in Nigeria among patent medicine vendors to Nora Maresh, Family Health Team Leader, USAID/Ghana.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

We were pleased at the increase in direct communication the project had with the USAID/Ghana Mission in this reporting period. Previously, the Mission was not able to talk to organizations because of bids that were still active. With the arrival of new staff at the Mission, the project had several opportunities to brief the Mission on the plans for this activity and the results of project discussions with other partners related to Sayana Press.

At a meeting on Sayana Press organized by USAID/W in April 2015 a representative from Pfizer announced that they had recently submitted the dossier for Sayana Press to the Ghana Food and Drug Authority. They reported that they expected to receive approval by September or October 2015. It was several months later that Evidence Project staff in Ghana found out that the dossier had still not been submitted due to a pending administrative issue. As we had factored the timing of the dossier submission into our study planning we decided to submit an application for a waiver for Sayana Press for the purposes of carrying out the research study. We submitted this waiver application to the Food and Drug Authority in August 2015 and are still waiting for approval. We are hopeful that we will receive the waiver in the coming weeks.

The timing and process of the overall Sayana Press approval has delayed the start of our proposed study. It has also created some uncertainty about which groups will be working on the introduction of Sayana Press in Ghana. We understand from USAID/Ghana that PSI/SIFPO2 will be focusing on the social marketing strategy related to Sayana Press but their work will not start until September 2016. A planned landscape analysis by SHOPS was postponed at the last minute and will not take place until next year sometime. Despite all of this uncertainty, we feel the timing remains optimal for generating evidence that will be available in time for the introduction of Sayana Press in September 2016.

Finally, due to reductions in the Y3 budget for this activity, we have decided to postpone the start of the study and to work closely with the Mission in Ghana to try to generate field support to supplement core funding for the study. We are hopeful that we can generate Mission interest and in the case that we are not able to, we have allowed time in the Y3 workplan to reduce the scope of the study.

## Exploration of Potential Role of Private Pharmacists in the Provision of FP Services in Senegal

<b>Activity Manager:</b>	Nafissatou Diop	<b>Country/Countries:</b>	Senegal
<b>Activity (Project) Code:</b>	TBD	<b>Status:</b>	New, Core & FS
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Task Shifting

### Summary

In 2012, the Direction of Reproductive Health and Child Survival (DSRSE) of the Ministry of Health (MoH) adopted, for the period 2012-2015, an ambitious National Action Plan for Family Planning (NAPFP). This NAPFP aimed to raise the contraceptive prevalence rate (CPR) from 12% in 2012 to 27% by 2015 and 45% by 2020. The NAPFP adopted a multisectoral approach that makes the private sector (for-profit and non-for-profit) and community-based organizations (CBOs) key partners of the public sector in the implementation of the plan. Since 2012, the country's FP Program has made considerable progress, boosting the CPR up to 20% in 2014. CBOs and non-for-profit organizations are actively involved in both FP promotion and service delivery. However, the private for-profit sector (called herein "private pharmacies") is currently not engaged in service provision, as Senegalese laws specify that private pharmacies can only provide FP counseling to prospective users. Therefore, even though private pharmacies are often the first point of contact for many health seekers, they are excluded from actual delivery of FP services and can only refer individuals to a public health or a non-for-profit facility, or to a private doctor for FP services. This is a possible barrier to FP access for some individuals and couples.

### Objective(s)

- To provide evidence to advocate for greater involvement of private pharmacies in FP service provision and ultimately to better respond to the reproductive health needs of Senegalese individuals and couples.
- To gather evidence on barriers and opportunities from the legal and non-legal perspectives and from key players (pharmacists and key FP stakeholders) to obtain insight on prevailing attitudes toward private pharmacies engagement in FP service provision; help identify opportunities and challenges; and explore potential solutions for making their involvement in FP service provision a foreseeable reality in Senegal.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Engaged the USAID Mission in Senegal to determine areas of interest for IS in family planning.
2. Obtained a small amount of field support for a yet to be determined activity.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Continue to engage the USAID Mission to identify a Year 2 activity in Senegal.
2. Develop concept note/protocol for activity.
3. Submit protocol for IRB review

### Main Accomplishments for Year 2 (October 2014 – September 2015)

1. Successfully engaged with the USAID Mission in Dakar to identify their interests in programming the \$50,000 of field support they provided. We determined they are interested in understanding the



contribution of the 3D Approach to Senegal's NFPAP and the feasibility of pharmacist provision of contraceptives.

2. Completed concept note and protocol on pharmacist provision of contraceptives.
3. Submitted the protocol to Population Council IRB.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

We were pleased to get field support from the Mission. The amount of field support was relatively small (\$50,000) and identifying what the Mission wanted to achieve with that amount of money was delayed due to several rescheduled discussions. After discussions with the Mission, it was clear that the amount of field support would not be sufficient for the scope of the activities they are interested in. We jointly agreed that some additional funds from core were needed. There will also be co-funding from the Hewlett Foundation.

## Technical Assistance to Operationalize a New Policy on Implant Service Provision by Community Health Nurses in Ghana

<b>Activity Manager:</b>	Dela Kusi-Appouh	<b>Country/Countries:</b>	Ghana
<b>Activity (Project) Code:</b>	RF0AP	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Task Shifting

### Summary

In February 2013, the Ghana Health Service (GHS) announced a policy change that allows Community Health Nurses (CHNs) to provide implant insertion and removal services. This change was precipitated by the efforts of the Population Council and other stakeholders, who demonstrated the feasibility and acceptability of task sharing for implant provision through research and created a policy consensus among stakeholders through public discussions. As a next step, the Evidence Project is supporting efforts to operationalize that policy change. We are working closely with the Ghana Health Service (GHS) and other stakeholders to revise the *National Reproductive Health Service Policy and Standards* protocol document to align with the new policy. In addition, we are providing technical assistance (TA) to the Ghana Nursing and Midwifery Council (NMC) to update the pre-service training curricula, ensuring that all new CHNs receive instruction on implant insertion and removal. Through both efforts, the Evidence Project is supporting the scale-up of the new policy nationally, which is ultimately expected to contribute to Ghana's efforts to meet its MDG and FP2020 goals.

### Objective(s)

To provide TA to support GHS efforts to implement the recent policy decision that enables CHNs to provide implant services. The specific objectives are to:

1. Support GHS in the revision/update of the National Reproductive Health Service Policy and Standards document.
2. Support GHS and the NMC to review the pre-service training curricula and ensure the inclusion of implant training for CHNs.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Supported GHS in the revision/update of the National Reproductive Health Service Policy and Standards document:
  - Participated in a working group, comprised of staff from the Family Health Division of GHS, other stakeholders and the Evidence Project, to incorporate changes into a penultimate draft which was shared with stakeholders for a final round of comments.
  - Provided financial and technical support to the GHS to convene a large stakeholder meeting where a draft of the revised document was presented.
2. Supported GHS and NMC to review and update the pre-service training curricula to include implant training for CHNs:
3. Convened a series of meetings with the NMC and GHS, to begin the process of reviewing all 12 components of the pre-service training curricula. JHPIEGO, CBM, UNFPA, and the Evidence Project are providing funds and support for the revision of the components. Begun planning a national-level stakeholder meeting to be convened by NMC in October 2014 to review the content of the curricula and suggest revisions.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

3.1.1

## Products Completed in Year 1 (October 2013 – September 2014)

N/A

## Year 2 Work Plan (October 2014 – September 2015)

1. Support the GHS to convene a final stakeholder meeting to validate the new Standards and Protocol document. The project will support GHS to print initial copies and disseminate the document nationally.
2. Convene a large national stakeholder meeting to formally initiate the process of revising the pre-service training curricula. At this meeting a smaller group of experts will be identified to lead the technical review.
3. Participate in a review process that will follow a standard procedure outlined by the NMC, which will guide the work undertaken by JHPIEGO, CBM and the Evidence Project.
4. Complete the curricula revisions by March 2015, which will then be disseminated at the national level.
5. Produce a brief report describing the implementation of the review process, including challenges and lessons learned for other countries seeking to do the same.

## Main Accomplishments for Year 2 (October 2014 – September 2015)

1. To facilitate a timely completion of the curricula revisions, the Evidence Project convened the NMC and its stakeholders in February 2015; budget details and support for the remaining phases of the review process were discussed during this meeting.
2. Convened a follow-up meeting in March 2015 with the NMC and stakeholders to formalize the commitment of funds and agree on NMC's timeline for the curricula review (April to July 2015).
3. Committed Evidence Project funds for Phase 6 (Zonal/Regional Technical Expert Review) slated for June 2015, Phase 7 (Technical Editing) slated for July 2015, and the printing of 1000 copies of the CHN-focused curriculum.
4. The Evidence Project engaged and shared the updated National Reproductive Health Service Policy and Standards (3rd Edition) document with the University Research Council (URC), the lead CA on the USAID-funded Systems for Health project. In addition, we have facilitated and coordinated meetings between GHS and URC to ensure that additional copies of the document are printed and distributed nationally. This will facilitate the completion of the project's task under this activity.
5. We participated in and contributed to a 5-day workshop (June 30 - July 4) organized by the Family Health Division at the Ministry of Health in Burkina Faso. The workshop was convened to re-examine Burkina Faso's experimental pilot project on task-sharing with the family planning domain and was moderated by Dr. Isabelle Bicaba, the Director of the Division. Population Council was invited to share its experiences with task-sharing in Ghana, which was done in the form of a Power Point presentation entitled "Towards a Task Sharing Policy in Ghana: Process & Implementation." The presentation documented the steps that led to the successful adoption of a task-sharing policy allowing CHNs to provide implants as well as Population Council's role in facilitating the adoption of this policy. Specifically, the presentation provided detailed accounts of the advocacy phase, the research phase (generating evidence) as well as the implementation phase (step-by-step operationalization of the policy in key documentation and curricula at the national level).
6. A manuscript, currently entitled "*The Jagged Road to a Policy Change: Increasing Access to Family Planning using Community Health Nurses*" has been drafted to document the various components and steps that led to the 2013 policy change in Ghana as well the current operationalization processes being facilitated by the Evidence Project. The manuscript is now in its final stages and has been accepted to be presented at the 7th African Population Conference organized by the Union for African Population Studies. An abstract has been submitted to the 2016 Population Association of American conference.

## Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)

[1.1.3](#), [3.1.1](#), [3.3.1](#)

## Products Completed in Year 2 (October 2014 – September 2015)

N/A

### Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)

Objective 1: The revised *National Reproductive Health Service Policy and Standards* protocol is yet to be disseminated at the national level. The Evidence Project is providing financial support for the national dissemination of the protocol and 500 copies of the document have been printed and delivered to the GHS for the activity. To ensure a systematic national and regional dissemination process, the GHS requires additional copies of the document before the commencement of the activity. To address this challenge, the Evidence Project sought to share the revised protocol with the University of Research Council (URC), the lead CA on the USAID-funded Systems for Health Project, whose mandate is to improve access and quality of family planning, maternal, newborn and child health, nutrition, malaria prevention and treatment, and interventions to improve the management and performance of health systems that support these services.

Despite several efforts, it has been difficult to successfully engage GHS regarding plans for the national dissemination of the *National Reproductive Health Service Policy and Standards*. We currently await confirmation from GHS of a date (before November) to hold the dissemination. GHS has also informed us that Systems for Health will support another revision of the document as well as regional/zonal disseminations.

The Nursing & Midwifery Council (NMC) put together a national committee made up of experts, practitioners, principals, and health partners to review nursing and midwifery pre-service training curricula. The NMC outlined a review process comprising seven phases, the first three of which were undertaken between January and July 2014. To regain momentum and reopen discussions between NMC and its stakeholders regarding the remaining phases of the review process, the Evidence Project offered to host small stakeholder meetings at the Population Council office. At the February 2015 meeting, the NMC shared its 2015 Programme of Work, which detailed NMC activities by the month. This document provided insight into the period of time set aside for the curricula review (April to July 2015).

Phase 4 (Curricula updates/review by practitioners and principals) was held according to schedule from April 7<sup>th</sup> to 10<sup>th</sup>. However, Phase 5 (Curricula fine tuning) slated for May 4-7 was postponed as these dates coincided with the Ministry of Health's selection of Nursing & Midwifery School Principals (several of the principals were also part of the curricula review taskforce). In July, Population Council reached out to NMC to inquire about the status of the review process, but did not hear back until September. With communication re-opened, Population Council requested a meeting. At a meeting, the head of the Council explained that the review process had experienced several delays, but had resumed in September. Phase 5 (Curricula fine tuning) and Phase 7 (Technical Editing) were merged and would be completed over a three-week period (end of September). The review by technical experts that was originally scheduled in tandem with the zonal dissemination was also merged into this three-week review process.

The dissemination of the curricula (originally Phase 6) has now been shifted to the last step of the process. Printing of the curricula is expected to take four weeks at which point plans for zonal disseminations will be solidified. Following our recent meeting, the NMC made an official request of the committed funds. They also shared the course outlines for the Family Planning and CHPS sections of the curricula and we provided comments/suggestions.

As of the end of September 2015, the curricula have been successfully updated and revised by a team of experts. Printing of the revised curricula is slated to begin mid-October, for immediate distribution to nursing & midwifery schools by end of October. The head of NMC has informed us that the revised curricula will be officially launched in mid-November, followed by zonal dissemination. The new curricula will eventually be made accessible via the NMC website, though downloads will be monitored. Per our commitment, the Evidence Project will continue to provide the technical assistance needed to the NMC to see the review process come to a close as well as funding for the editing, printing, and dissemination components of the review process.

## Strengthening the Urban Poor's Utilization of the National Health Insurance Scheme for Family Planning and Reproductive Health Services in India

<b>Activity Manager:</b>	Kumudha Aruldas	<b>Country/Countries:</b>	India
<b>Activity (Project) Code:</b>	RF0AI	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Financing and Servicing Options, including TMA

### Summary

The national health insurance scheme, Rashtriya Swasthya Bima Yojana (RSBY), was launched by the Ministry of Labor and Employment, Government of India (GoI) in 2008 to reach families classified as below poverty line (BPL) with private health services. In addition to a range of preventive and curative services, RSBY covers FP services, specifically laparoscopic tubal ligation and Copper-T IUD insertion, as well as other reproductive and newborn care services. Utilization of RSBY for FP/RH services is not well documented but is thought to be negligible. The proposed study intends to better understand the supply and demand factors affecting utilization of RSBY for FP/RH services based on data collected from RSBY beneficiaries and RSBY private hospitals. This study is very timely, as the RSBY is a recently launched scheme and the GoI is keen to expand the number of beneficiaries, to improve utilization of its services, and to increase the number of private hospitals in the scheme. In addition, the urban context in which the RSBY is implemented is rapidly expanding, generating greater need for FP and RH services among the urban poor. The findings of this study will be used to inform programming for better delivery and utilization of RSBY for FP/RH services.

### Objective(s)

- To identify the barriers (e.g., cost, stigma and discrimination) and facilitating factors (e.g., proximity) of the urban poor in utilizing the RSBY scheme for FP/ RH services in Uttar Pradesh (UP).
- To assess the concerns and limitations of RSBY private hospitals in providing FP/ RH services to the urban poor under the RSBY scheme in UP.
- To generate programmatic recommendations for the UP and national governments to help improve the delivery and utilization of RSBY for FP/ RH services.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. The protocol was finalized for approval from the Population Council IRB. The meeting was held in October 2014.
2. Household survey format, household information questionnaire, women questionnaire, and men questionnaire were developed and finalized for the quantitative survey.
3. Guidelines for qualitative study among women, men and head and service providers of RSBY empanelled hospitals were developed and finalized.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Submit research protocol to the Population Council IRB.

2. Conduct preparatory activities, including meetings with GoI, collection of slum data and information, and selection of study site.
3. Recruit and train interviewers/mappers.
4. Map households in selected slum.
5. Collect and analyze data.
6. Prepare reports, manuscripts, presentations, and meetings for widespread dissemination of the findings, as appropriate in Year 2, with completion likely in Year 3.
7. Facilitate workshops to discuss results with key FP stakeholders in UP and in other states, in Year 2 or 3, as appropriate.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Developed the house listing instrument, household information questionnaire, and women’s and men’s quantitative survey. Guidelines for the qualitative study instruments among women, men, and the heads and service providers of RSBY empaneled hospitals were also developed.
- Obtained ethical review clearance from the Population Council IRB in October 2014.
- Sent the protocol to USAID for approval and received feedback and suggestions from the reviewers in December 2014. We incorporated our responses in the protocol, and forwarded it to USAID in January 2015. One of the suggestions was to conduct FGDs with non-RSBY, BPL families. We developed guidelines and consent forms for conducting FGDs with heads of non-RSBY families. Received approval from USAID in February 2015.
- Conducted and transcribed IDIs with 7 household heads who were RSBY participants to ensure that the data gathered from the quantitative survey would be able to answer the study’s research questions. Finalized and translated all of the study’s quantitative and qualitative instruments.
- Formed a Technical Advisor Committee (TAC) comprising stakeholders from government departments, development partners, insurance companies, and academia, involved in health economics research. The first TAC meeting was conducted June 18, 2015. The TAC emphasized that quality of care is an important aspect to be explored in the qualitative interviews, and to present the findings and their implications not only to RSBY but to insurance programs in general.
- Met government officials from RSBY and the State Agency for Comprehensive Health Insurance (SACHI) to understand the RSBY process and to obtain area-wide RSBY enrollment numbers in three cities of Uttar Pradesh: Allahabad, Kanpur, and Lucknow.
- Recruited and trained house listers and conducted house listing to identify eligible families with members to participate in the women’s and men’s quantitative survey. In total we visited 6,948 urban slum households and listed 906 eligible households of which 108 were from Allahabad, 285 from Kanpur, and 513 from Lucknow. Entered all house-listing data into the computer.
- Developed a bilingual computer-assisted personal interviewing (CAPI) package in English and Hindi, the local language, using CS-Pro softwares. Trained 20 investigators and 5 supervisors in data collection for the quantitative surveys using CAPI. Fieldwork for quantitative data collection started in Lucknow. To date we conducted IDIs with 17 hospital heads and 7 health providers attached to RSBY empaneled private hospitals in Lucknow and Allahabad.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Activity brief was prepared to introduce the study to government stakeholders, the RSBY empaneled hospitals, and TAC members.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

- The BPL list from Uttar Pradesh available in the public domain is from 2002. This list of BPL families has the name of household head and the family’s address. However, the addresses of most of BPL families

were not complete, making it difficult to locate the slum from the list. On the list, BPL families were listed by the name of the ration-shop owner. Ration shops are set up by the government where BPL families can buy a fixed amount of groceries at low cost. But the addresses of the ration shops were not available in the list making it difficult for us to locate the shop. We tried to use the BPL list to draw our house listing; however after the first three days of this exercise we found less than five RSBY households per 100 households listed. We approached the SACHI office to see if they could provide us the list of RSBY households. We could not get the list of RSBY households from them for ethical reasons; however, we got zone-wise total number of RSBY enrolled households. We walked around in the slums in the given zone, asking people for the location of the ration shops. The ration shop owners identified the pockets in the slum where the BPL families lived. We did house listing in the areas identified by the ration shop owners which yielded good results in locating the RSBY households. We followed this process of approaching the ration shop owner in all selected areas to locate the families. Therefore, house listing took 100 person-days whereas we planned 70 person-days.

- RSBY card holders are from poor families. They are mostly manual laborers. At the time of the house listing often the adults were not available, as they were working, leaving behind the children in the home. Visiting their homes on weekends did not work because most are daily wage earners, so they don't have any weekend off. We had to revisit the houses to complete the house listing. We are facing a similar situation in getting men to participate in the quantitative survey as they are daily wagers who are not available even on Sundays. We plan to revisit the households to survey the men.
- In Lucknow, about five years ago, the state government did a large slum rehabilitation program. A large number of BPL families shifted into government low-cost housing. In total about 1600 such families started living in these apartments. This resulted in a decrease in the number of BPL families elsewhere in the city. So in Lucknow the bulk of the participating BPL families are living in low-cost government apartments. And it has been very hard to locate BPL families from other areas. Therefore, house listing was done in a greater number of slums than planned to cover the required sample size.
- The number of RSBY card holders in the three selected cities is not equal. In Lucknow about 16,000 families have RSBY cards and the number for Kanpur and Allahabad are 9,000 and 1,000, respectively. So the distribution of the sample has changed. Keeping the proportion of the population size, we listed about 500 families in Lucknow, 300 in Kanpur, and 100 in Allahabad.
- A list of RSBY empanelled hospitals is available on the RSBY website. However, when we contacted the hospitals to interview the hospital head, many said that they are not providing RSBY services because they did not receive their payments from the insurance company for services from the previous year. Apart from interviewing the hospital heads, we proposed to interview health providers providing FP/RH services. Most of the hospitals reported that through RSBY they mainly provide general medicine curative services. Very rarely do they provide maternal and reproductive health services under RSBY. Generally poor families receive family planning and reproductive health services from the public hospitals free of cost. The poor families don't come to the RSBY empaneled private hospitals for these services. Therefore, the empaneled private hospitals do not have any permanent health providers dedicated to providing ob-gyn services. They only have on call doctors for ob-gyn services. This is the main reason for not getting health providers for the IDIs.

## Evidence Syntheses on Financing Mechanisms

<b>Activity Manager:</b>	Ben Bellows & M.E. Khan	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AR	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Financing Options

### Summary

In December 2012, representatives from over 20 donor agencies came together to identify key gaps in FP research. A central gap identified by the group was the need for more and better research on FP financing mechanisms. Participants recommended that existing knowledge be consolidated and used to develop a global research agenda on FP financing. Guided by this consensus, in July 2014 WHO commissioned a series of systematic reviews on FP financing, with the aim of synthesizing the global evidence and providing a foundation for developing a research agenda. Experts from the Population Council were selected to conduct two of the five reviews —on vouchers and conditional cash transfers— and the Evidence Project is providing supplemental funding for both reviews. The Evidence Project has also been asked to participate in the WHO advisory committee for the activity, which will support the compilation and utilization of the review results.

### Objective(s)

To identify, synthesize and assess the quality of evidence on vouchers and conditional cash transfers as a mechanism to strengthen the delivery and use of FP services.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Contributed to developing proposals for two systematic reviews, submitted in May 2014. The Evidence Project's co-funding is ensuring that adequate staff time and expertise are available to deliver the highest possible quality product.
2. The Population Council received two contracts from WHO to conduct the reviews on vouchers and conditional cash transfers. Dr. Ben Bellows will lead the review on vouchers and will collaborate with Dr. Ashish Bajracharya, and Dr. M.E. Khan will lead the review on conditional cash transfers in collaboration with Dr. Avishek Hazra.
3. Received an invitation from WHO to participate in the activity's advisory committee.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Drs. Bellows, Bajracharya and Khan will travel to Washington DC in October to attend the first meeting of the research group convened by WHO. This will be a working meeting to finalize a common protocol for the reviews.
2. The research teams will conduct the systematic reviews over a six-month period. The basic methodological steps will be defined in the common protocol and are expected to include: establishing keywords; defining studies through inclusion/exclusion criteria; searching the peer-review and gray literature; identifying secondary sources; selecting included studies and extracting information; assessing the quality of results; synthesizing results.



3. The review will use parallel data extraction techniques to improve data robustness. The FP voucher review will incorporate local interns to assist with data extraction and analysis as a way to build local research capacity.
4. Each team will draft a summary report that will be submitted to WHO. These reports will be consolidated by WHO, which will then produce an overview document that identifies key gaps in the evidence and identifies a global research agenda on FP financing.
5. Evidence Project staff will collaborate with WHO on a consolidated manuscript for a peer-review publication, and will pursue peer-review publication of each of the synthesis papers.
6. Following the finalization of the consolidated report, the Evidence Project will continue to engage with WHO to ensure the utilization of findings. As part of the advisory committee, we will participate in planning dissemination activities, including a convening of researchers and donors supporting research on FP-financing to identify priorities and align strategies.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- The three Council researchers participated in the first meeting of the research group convened by WHO in Washington, DC in October, 2014. The full research group produced common criteria to be used across each of the reviews to be undertaken by the various research teams.
- WHO funded travel for the researchers to meet in Geneva in June, 2015
  - The vouchers and CCT reviews have been drafted, reviewed by the Evidence Project and the Population Council, and the Vouchers review has been submitted to WHO.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Systematic review reports on vouchers and CCT

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The review process for the vouchers and CCT reviews was slowed by the project's objective to use common search terms across the multiple search teams, which led to imprecise results initially, and subsequent delays in screening the initial search results on several databases. The search was also delayed by challenges with the first research assistants recruited to screen second round search results. Clarifications on search terms, access to additional databases through HINARI, and recruiting better matched research assistants helped the review move faster.

## Catalyzing Support for FP2020 in Pakistan

<b>Activity Manager:</b>	Zeba Sathar	<b>Country/Countries:</b>	Pakistan
<b>Activity (Project) Code:</b>	RF0AO	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Financing and Service Options, including TMA

### Summary

Pakistan made a national commitment of a 55% contraceptive prevalence rate (CPR) by 2020 at the July 2012 Family Planning Summit in London. But given the decentralization of the health sector in the country, it has been important, to secure commitments on individual goals from Pakistan's major provinces. At a meeting in September 2014 entitled *Prioritizing Family Planning for Achieving Provincial Maternal Child Health and Development Goals*, provincial departments of health and population welfare of the four major provinces changed their goals to align with their own plans and priorities. The new CPR goals are 55% in Punjab, 45% in Sind, 42% in KP, and 32% in Balochistan.

This policy success of getting provinces to focus on and reach consensus across the two major sectors on their FP2020 goals was set in motion with support from the Evidence Project and through the convening of a Family Planning (FP) Champions group. The group has successfully engaged in high level advocacy efforts through meetings with policymakers and officials in the provinces' health, and planning and finance ministries. The aim has been to enhance their understanding of the importance and urgency of an accelerated family planning program and its link with important development goals, especially the MDGs. An important achievement has been the newly set FP2020 goals at the provincial level. These new goals have now set the stage for accelerated family planning programming in Pakistan's provinces, which is being integrated into the provinces' health and population welfare programs. For instance in Sindh, it is the basis of their newly formulated Costed implementation Plan.

### Objective(s)

To ensure that the national and provincial leadership in the country's major provinces prioritizes FP through a clearly articulated and resourced plan to meet the commitments made at the London Family Planning Summit in July 2012.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Catalyzed the political and bureaucratic machinery in the provinces to recognize the importance of policy and programmatic change, leading to greater provincial commitments to FP, through the development and presentation of evidence-based advocacy materials tailored to the provinces based on the latest data, including from the 2012-13 DHS.
- Held several consultative briefings/meetings at the provincial level that demonstrated how MDGS 4 and 5 could be achieved more quickly through increased FP use. This resulted in an initial re-setting of CPR goals in March 2014 and the initiation of development of provincial road maps for achieving these FP2020 goals.
- Presented the latest demographic and FP evidence in Pakistan to the Speaker of the National Assembly of Pakistan in July 2014, who then requested that the Population Council Office in Pakistan to arrange a similar briefing with provincial parliamentarians and MDG committee members to pressure provincial governments in prioritizing investments and support for FP.
- Presented recent demographic data and built the case for investing in an accelerated FP program in August 2014 in Lahore, at a meeting on the Punjab Health Sector Reforms Roadmap chaired by the Chief

Minister of Punjab and included senior officials and donor representatives. FP is now on the CM's roadmap as a component of the health indicators included in the dashboard that the CM monitors every two months. The team is working closely with the CM's Special Monitoring Unit to develop effective monitoring strategies for successful implementation of the Punjab Health Sector Reforms Roadmap.

- Contributed to the realignment of provincial goals by provincial ministries of health and population welfare departments of the four major provinces to better match the national commitment of a CPR of 55% by 2020. The new goals, announced at a meeting in September 2014, Prioritizing Family Planning for Achieving Provincial Maternal Child Health and Development Goals, are 55% in Punjab, 45% in Sind, 42% in KP, and 32% in Balochistan. This policy success sets the stage for accelerated family planning programming in Pakistan's provinces integrated into the provinces' health and population welfare programs.

### **Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)**

2.1.1, 3.1.1, 3.2.1

### **Products Completed in Year 1 (October 2013 – September 2014)**

Briefing Papers and Fact Sheet:

- Achieving MDGs 4 and 5 in Punjab: The Role of Family Planning
- Achieving MDGs 4 and 5 in Khyber Pakhtunkhwa
- Achieving MDGs 4 and 5 in Sindh: The Role of Family Planning
- Achieving MDGs 4 and 5 in Balochistan: The Role of Family Planning
- Pakistan Population – 2014 Facts at a Glance

Presentations:

- Sathar, Zeba and Ami M Mir. 2014. "Sindh's Population: Development Challenges and Opportunities." Presentation at the Population Welfare Department, Government of Sindh's Roadmap for FP2020 Meeting, Karachi, Pakistan, August 8.
- Sathar, Zeba. 2014. "Punjab's Population: Development Challenges and Opportunities." Presentation to the Planning & Development Board, Government of the Punjab. Lahore, Pakistan, March 27.
- Sathar, Zeba. 2014. "Establishing the Links between Family Planning and Development Goal Setting." Presentation at the National Dissemination and Goal Setting for FP2020 Meeting. Islamabad, Pakistan, September 29.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Convened provincial intersectoral teams to discuss funding and accountability for FP2020 goals in conjunction with UNFPA December 19, 2014.
- Helped build the capacity of the provinces to envision, cost, and vocalize their requirements. A presentation on financial outlays has been developed for each of the provinces and for Pakistan.
- The provinces have begun to make provisions for their own respective contraceptive requirements from 2015 June onwards when the USAID funded Deliver projects come to an end.
- Presentation on "Public Financing of Population Services in Pakistan and Four Major Provinces" at a high level consultative meeting held in collaboration with UNFPA on December 19, 2014. All relevant stakeholders from the federal and provincial governments, including Secretaries/Representatives of Health, Population Welfare, Youth Affairs, Education, Planning & Development and Finance departments, and development partners and donors participated.
- Presentation on "Accountability for FP2020 goals" at the high level consultation on December 19, 2014.
- The emerging data has been analyzed and key performance indicators and measures have been created that capture public sector performance in delivering FP services.
- Capacity building of relevant officers of provincial Population Welfare Departments and District Health Officers of Baluchistan and Sindh provinces to envision, cost, and vocalize their requirements to meet the

objectives of FP2020 has been successfully organized. This is meant to facilitate collaboration between stakeholders in supporting commitments for an accelerated FP program.

- Several rounds of meetings with Chairman Planning and Development, Punjab and Secretary, Finance Punjab have been held to work on the modalities of the Population Fund. Facilitated collaboration between stakeholders in supporting commitments for an accelerated FP program in Pakistan, including initiating discussions with the World Bank and Government of Punjab to set up financing mechanisms for supporting additional family planning initiatives. This Punjab Population Innovation Fund is now at a very advanced stage of discussion with the Government and is expected to be presented to the Chief Minister for approval.
- To seek support for family planning of private sector donors such as Syed Babar Ali, Advisor, and Packages Limited, meetings were held at the Packages site.
- A dissemination workshop as well as consensus building exercise based on “Economic growth resulting from accelerating family planning” policy briefs has been organized to be held in October 2015.
- Another round of meetings with the provincial Departments of Population, Health, Planning and Development has been held in preparation for the National Summit, scheduled for November 5 in Islamabad.
- Four champions from the provincial and national political leadership have been enlisted to help ensure provincial ownership of family planning and resource availability by the federal and provincial governments.
- The consent and availability of the Prime Minister to inaugurate the National Population Summit has been obtained.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[2.1.1](#), [3.1.1](#), [3.2.1](#), [3.4.1](#)

## **Products Completed in Year 2 (October 2014 – September 2015)**

Presentations:

- “Public Financing of Population Services in Pakistan and Four Major Provinces”
- “Accountability for FP2020 Goals”

Briefs:

- The provincial briefs developed earlier have been updated and revised:
  - Reducing Maternal and Child Mortality in Punjab: The Untapped Potential of Family Planning
  - Reducing Maternal and Child Mortality in Baluchistan: The Untapped Potential of Family Planning
  - Reducing Maternal and Child Mortality in Sindh: The Untapped Potential of Family Planning
  - Reducing Maternal and Child Mortality in KP: The Untapped Potential of Family Planning
- “Economic growth Argument in Support for Accelerated Family Planning” for each of the provinces is complete.

Other:

- The outline for an article in a peer-reviewed journal on the prospects of Pakistan reaching its FP2020 goals has been developed.

## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

- It has been challenging to integrate this activity with others supported by USAID in Pakistan. We continue to seek solutions.
- Seeking time from the dignitaries such as Chief Ministers, the Population and Development Chairman needs extensive follow up and is time consuming.

## Lessons Learned from the Scaling Up Family Planning (SUFPP) Program in Zambia

<b>Activity Manager:</b>	Ben Bellows & Luigi Jaramillo	<b>Country/Countries:</b>	Zambia
<b>Activity (Project) Code:</b>	RF0AS	<b>Status:</b>	New, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Service and Financing Options and Using IS for Scale Up

### Summary

The Scaling Up Family Planning (SUFPP) program is a 4-year project (2012-2016) funded by the United Kingdom's Department for International Development (DFID) that focuses on supporting improved provision of family planning services to under-served rural areas and populations in Zambia. The project targets areas with the highest fertility and unmet need for FP. SUFPP provides technical assistance to district health teams to help them to quickly expand availability of long-term reversible methods, such as contraceptive implants and IUDs, and provide FP services for adolescent girls and the poorest women to ensure equitable access to FP services. It covers roughly 1/4 of the country and has adopted a phased approach to scaling-up program coverage, expanding from an initial 7 districts, to 13 districts, to a total of 26 districts in mid-2014. SUFPP has developed a unique approach to support public sector scale-up of these services, called the "camping model," that strengthens district management and facility capacity to provide family planning at facility, conduct outreach with facility staff, and carry out community-based distribution and awareness raising. The camping approach rallies district resources in a targeted campaign over a discrete period of time followed by maintenance of effort with support from FP district outreach coordinators. By all accounts, the program has successfully strengthened FP services in the target districts, and the Government of Zambia is exploring the feasibility of continuing this approach following the program's completion.

The Evidence Project will coordinate with the SUFPP program to document lessons learned on scaling-up, including the barriers and facilitators to its successful expansion and replication, and costs of the different components of these services. This case study is intended to contribute to the global knowledge on scale-up, which is in need of more rigorous case studies on the processes and costs of taking complex interventions to scale. It will also contribute to local understanding of the success of the SUFPP program and provide guidance to the government ministries charged with scaling up family planning in line with the national costed implementation plan.

### Objective(s)

- To describe and document the SUFPP model, including the process of adapting the model based on implementation experiences.
- To establish the costs of the different components and iterations of the SUFPP model.
- To identify the factors promoting or inhibiting scale-up the SUFPP model, drawing on existing frameworks for scaling up.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Held extensive discussions with Abt Associates, the organization implementing the SUFPP program, at both the country and headquarters levels. These discussions have centered on defining the nature and scope of the collaboration, identifying broad questions for the research, and sharing initial program data.

Initial discussions have also taken place with DFID and the Government of Zambia, who have also expressed support for the activity.

2. Identified an activity manager, Dr. Ben Bellows, to lead the work, and project partner MSH has agreed to support the costing element.

### **Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)**

N/A

### **Products Completed in Year 1 (October 2013 – September 2014)**

N/A

### **Year 2 Work Plan (October 2014 – September 2015)**

1. Develop concept paper in the final quarter of 2014, which will include critical engagement with the SUFP project leaders at Abt Associates.
2. Luigi Jaramillo and Ben Bellows will travel to Lusaka the week of October 27 to meet the program implementers at Abt and the Government of Zambia as well as work with the Population Council and MSH offices to develop a full concept paper and/or protocol.
3. Seek ethical approval by the first quarter 2015.
4. Undertake data collection, largely including cost and qualitative data, in the second and third quarters of 2015. Data transcription and cleaning will be done in the same period.
5. Create a cost projection model (MSH), drawing from program data that forecasts expenditure requirements under different scaling scenarios.
6. Complete the first draft of the coding tables and data analysis in the third quarter with the draft report ready in September 2015. The report will include recommendations to guide the Government of Zambia's adoption and implementation of the model.
7. Regularly update key stakeholders, including the National FP Working Group, on the progress of the research study and participate in data interpretation meetings.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Luigi Jaramillo and Ben Bellows traveled to Lusaka the week of October 27, 2014, to meet the program implementers at Abt and the Government of Zambia as well as work with the Population Council and MSH offices to develop a full concept paper. Ben followed up with a second trip in November to attend the monthly MOH family planning technical working group meeting and move the concept note and IRB preparations ahead.
- Finalized the protocol and submitted it for ethical approval from the Population Council's IRB and a Zambian IRB in the first quarter 2015. Research protocol was approved during the February 15, 2015 Population Council's Institutional Review Board meeting. The Zambia Ministry of Health granted authority to conduct the research during the same month.
- David Collins and Colin Gilmartin from MSH traveled to Zambia during the month of April 2015 to initiate the costing analysis of the four-year DFID funded Scaling-up Family Planning (SUFP) project. David and Colin conducted cost data collection in Katete and Kasama districts and conducted interviews with stakeholders to better understand cost constraints, identify cost drivers during scale up, and to identify cost related bottlenecks and how they were addressed during the scale up process.
- David travelled back to Zambia during the month of August 2015 to finalize the collection of cost data at the central level of the SUFP project.
- David and Colin have completed the processing and analysis of cost data and have generated a first draft of the report output tables.
- A PowerPoint presentation was produced which summarizes the preliminary findings and the next steps in the costing exercise. An initial meeting was held with USAID and the Evidence Project's research team to present the preliminary results and generate initial discussion and feedback.

- Ben Bellows, as principal investigator for the research study, and the research team in Zambia have completed the data collection and documents review process for the qualitative analysis of the research study. This includes a total of 40 key informant interviews with stakeholders from the national, district, and community level in Lusaka, Kasama and Katete districts. The qualitative analysis of the research study, designed to assess SUFP's scale up process, was guided by three thematic frameworks, including ExpandNet/WHO Framework for Scaling Up, the Bruce Quality of Care Framework, and the WHO Health Systems Framework.
- A Zero Draft Report on the qualitative analysis has been produced. This report includes preliminary recommendations to guide the Government of Zambia as they plan to transition the Scaling Up Family Planning from a project to a program, and highlights the major challenges facing this transition and institutionalization.
- The Evidence Project was invited to participate in a panel at the Hands on for Scaling Up Family Planning and Reproductive Health Best Practices: Experiences and Challenges for Africa meeting held June 15, 2015 in Addis Ababa, Ethiopia, and hosted by the E2A project and the IBP Initiative. Ben Bellows made a presentation entitled "Cost Considerations for Scale up of Evidence-Based Practices in Family Planning: A Case Study from Zambia." The presentation focused on the methodology and tools designed to assess the cost implications of scaling up the camping model through the SUFP project in Zambia.

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Bellow, Ben. 2015. "Cost Considerations for Scale up of Evidence-Based Practices in Family Planning: A Case Study from Zambia." Presentation at the IBP/E2A meeting Hands on for Scaling Up Family Planning and Reproductive Health Best Practices: Experiences and Challenges for Africa, Addis Ababa, June 15.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

Communication was slow initially with Abt Associates. With Ben Bellows now based in Lusaka, communication has improved and there is a strong working relationship with the local implementing partners. Regular communication with the USAID mission, MCDMCH, DFID, and Abt Associates is important. Prior to the presentation in Addis Ababa, Ben debriefed MCDMCH but was not able to organize a meeting on short notice with DFID. He later shared the slides with the stakeholders and the situation is fine.

## Assessment of the 3D Approach in Senegal

<b>Activity Manager:</b>	Nafissatou Diop	<b>Country/Countries:</b>	Senegal
<b>Activity (Project) Code:</b>	RH0AD	<b>Status:</b>	New, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Service Options and IS for Scaling Up

### Summary

Senegal is implementing a new and innovative approach to addressing family planning (FP) labeled the “3D” approach as part of its National Family Planning Action Plan (NFPAP). Senegal is also one of the first countries of the nine Ouagadougou Partnership member countries to elaborate a NFPAP with a goal to boost the contraceptive prevalence rate (CPR) from its 2010–2011 DHS reported level of 12% to 27% by 2015. Achieving the objectives in the Plan will also contribute to reductions in maternal and child mortality. Since the NFPAP launch in 2012, important progress has been made, as exemplified by the 8 percentage point gain in CPR between 2012 and 2014. However, the NFPAP ends in 2015 making this an optimal time to document and share implementation issues and achievements related to the NFPAP, including how implementing the 3D Approach contributed to the NFPAP’s results.

### Objective(s)

To document the implementation and achievements of the 3D Approach within the context of the NFPAP in Senegal, describe lessons learned from its implementation, and share related good practices with other Ouagadougou Partnership member countries and beyond.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Traveled to Senegal to explore opportunities to work in that country.
2. Aimed to follow up with the Mission to determine the topic for the field support and how that might be augmented with core funding to develop a robust program in Senegal.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Determine the topic for core-funded activity (linked to field supported activity).
2. Initiate the activity.

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- Successfully engaged with the Mission in Dakar to identify their interests in programming the \$50,000 of field support they provided. It was determined they are interested in understanding the contribution of the 3D Approach to Senegal’s National Family Planning Action Plan (NFPAP).
- Held meeting with Dr. Chimere Diaw, Chief of Family Planning Division, Senegal MOH, at Population Council offices in Washington DC on February 12, 2015 to discuss the 3D Approach and other areas of common interest related to the Evidence Project in Senegal.
- Drafted a concept note outlining the objectives of the activity in collaboration with USAID/Dakar.



- Drafted and submitted the study protocol for the 3D approach to the Population Council IRB; received approval in March 2015. Submitted for review to USAID/Washington and integrated their feedback (April 2015).
- Revised the protocol based on feedback from USAID and external reviewers (April 2015).
- Submitted the protocol to Senegal ethics review and obtained approval and administrative authorization (July 2015)
- Started implementation of the study with the literature review, which is well underway. A draft report (in French) will be available by mid-October for review by the MoH and the Mission. In addition, in-depth interviews (IDIs) are underway with key stakeholders. Planning for the focus group discussions (FGDs) in the Thiès region has started.

**Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

**Products Completed in Year 2 (October 2014 – September 2015)**

N/A

**Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The 3D Approach is not clearly articulated in the NFPAP, therefore understanding the importance of this activity has not always been easy. Also, finding documentation to write the literature review has been challenging.

There was several months delay in obtaining concurrence to start the activity. Yet, the Mission and the MoH are still expecting the outputs of the activity to be used for the preparation of the next plan. Therefore, the completion of the activity could not be shifted correspondingly to account for the delay. Additional human resources were pulled in to try to catch up to meet the Mission and MOH timeline for the results.

## Situational Analysis of the Private Sector in the Delivery of Family Planning Services in Egypt: Current Status and Potential for Increased Involvement

<b>Activity Manager:</b>	Nahla Tawab	<b>Country/Countries:</b>	Egypt
<b>Activity (Project) Code:</b>	RH5AB	<b>Status:</b>	New, FS
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Financing and Service Options, including TMA

### Summary

The Population Council, through the Evidence Project, is undertaking a study to understand the current status of the private sector in the delivery of family planning (FP) services in Egypt and potential for increased involvement. The study will include review of published and gray literature and secondary analysis of 2014 Egypt Demographic and Health Survey (EDHS) data including a market segmentation analysis to identify socio-demographic and economic characteristics of women who could be targeted by the private sector; desk review of government and donor-country strategies; as well as policies addressing the role of the private sector in FP service delivery.

The study will also include data collection through: (1) In-depth interviews with 10 key informants from the public and private sectors, as well as development partners, to understand prevailing attitudes toward private sector engagement and identify opportunities, challenges, and potential solutions for formalizing and strengthening the private health sector involvement in FP services in Egypt; (2) In-depth interviews with 20 private sector providers from Cairo and Upper and Lower Egypt governorates to explore the regulatory environment for the provision of FP services in the private sector, contraceptives available to the private sector, challenges faced by the private sector in providing family planning services, sources of information about contraception as well as their FP training needs; and (3) 10 focus group discussions with married women of reproductive age who ever used FP methods from public or private sector to understand their perception of FP services delivered by the private sector, willingness to pay for private services and how services can be improved and made more accessible to them. Utilization of the results of this study is important hence the results of the study will be shared with various stakeholders in Egypt through a comprehensive report, a summary of key results and a round table discussion at the end of the project.

### Objective(s)

The goal of the proposed study is to explore the potential for increased involvement of the private sector in family planning service delivery and ultimately increase modern contraceptive prevalence. The objectives for this study are to:

1. Conduct an in-depth analysis of the current status of the involvement of the private sector in the provision of FP services in Egypt.
2. Identify specific areas for increased involvement of the private sector in the provision of FP services in Egypt.
3. Identify ways in which different stakeholders and the donor community can stimulate and facilitate increased involvement of the private sector in the provision of FP services in Egypt.

### Main Accomplishments for Year 2

- Prepared concept note for the Mission
- Prepared a protocol for the study
- Submitted protocol for IRB review

**Project Results/Indicators Achieved in Year 2 (October 2014– September 2015)**

N/A

**Products Completed in Year 2 (October 2014 – September 2015)**

N/A

**Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

None encountered.

## Strengthening Total Market Approaches

<b>Activity Manager:</b>	Christopher Brady, PATH	<b>Country/Countries:</b>	Uganda
<b>Activity (Project) Code:</b>	RH0AA	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	TMA

### Summary

In May 2014, the Evidence Project began implementing an initiative to strengthen total market approaches (TMA) through a project managed by PATH. The initiative evolved from discussions between Evidence, PATH and members of the Reproductive Health Supplies Coalition Market Development Approaches Working Group (RHSC MDAWG) to identify key gaps in market development approaches (MDA) programming. As a result, PATH conducted a landscape analysis of the total market for family planning in Uganda with the goal of providing focused, technical assistance and other support in meeting the country's FP2020 commitments. This work laid the groundwork for the implementation of follow-on TMA activities which, contingent upon funding from the United States Agency for International Development (USAID)/Uganda mission, can be carried out in Year 3 of the Evidence Project.

At the same time, the preparatory work in Uganda was used to inform the development of an enhanced landscaping guide and tools to support total market work across different country contexts. These documents are currently in final draft stage, and pending review from Evidence and USAID, will be completed in advance of the International Family Planning Conference in November 2015. The Uganda review has provided the foundation for working on the TMA landscape guide by identifying the strengths and challenges to promote TMAs in the country and identify key actors, as well as potential resources for future efforts. In addition, the Ugandan Ministry of Health has sent USAID/Uganda a letter of support for these initiatives, indicating a strong interest for continuing TMA work in the country.

### Objective(s)

- Conduct detailed landscaping of the family-planning market in Uganda, which will inform the design of future TMA follow-on activities.
- Develop a guide outlining the TMA landscaping processes that can be widely used by development partners, building upon the Reproductive Health Total Market Initiative (TMI) primer.
- Synthesize findings and disseminate nationally (via the Evidence Project, the Reproductive Health Supplies Coalition [RHSC], and other relevant organizations) to maximize research translation and utilization.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

Activities related to the TMA portion of the project began in May, 2014. Major accomplishments include:

- From May to July 2014, PATH embarked on a process to select two countries for inclusion in landscape activities. PATH consulted with staff at the Population Council as well as RHSC MDAWG working group members, specifically Abt Associates, PSI, JSI, and MSI before choosing Uganda and Mali for this retrospective analysis. In September the Evidence Project leadership and USAID informed PATH that the project design should shift from a retrospective analysis to more prospective work focusing on only one country—Uganda.
- In August, PATH initiated desk research and started collecting TMA relevant data on Uganda.
- PATH developed draft data collection tools to guide the key informant interviews and data collection processes. The tools, concept paper, and informed consent forms were submitted to PATH and the Population Council ethics review bodies, and determined to be exempt from full review.

## **Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)**

N/A

## **Products Completed in Year 1 (October 2013 – September 2014)**

N/A

## **Year 2 Work Plan (October 2014 – September 2015)**

Activities that began from October 2014 and are anticipated to conclude by May 2015:

- Obtaining ethical approval for primary data collection from PATH, Population Council, Mulago, and UNIST IRBs in Uganda
- Collecting country data through key informant interviews and document reviews.
- Analyzing and synthesizing findings, including the stakeholder analysis.
- Validating data and summarizing key findings with key informants in Uganda.
- Developing a detailed draft guide for TMA landscaping which builds upon the Reproductive Health TMI Primer.
- Finalizing and disseminating the report at national levels.
- Holding an in-country validation meeting in Uganda, in order to allow stakeholders to review findings and implications for the design of a national TMA plan.

Dependent on funding it is anticipated that follow-on activities will begin in June 2015, and conclude by the end of Year 2. Key activities will be refined following the completion of the landscape analysis, and are expected to include:

- Commissioning targeted market research in Uganda (contraceptive retail audit)
- Finishing final version of TMA landscaping guide.

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

Uganda:

- Collected relevant family planning country data through key informant interviews and document reviews, as well as analyzed and synthesized the findings. The activity manager, Christopher Brady, traveled to Uganda on two occasions in early 2015. First to conduct semi-structured interviews with 19 stakeholders from the public, nongovernmental organizations/not-for-profit, for-profit sectors, as well as representatives from USAID and UNFPA. The second trip was to facilitate a one day in-country dissemination meeting where stakeholders reviewed and validated findings from the TMA landscaping exercise. Family planning stakeholders found TMA to be complementary to the Uganda Family Planning Costed Implementation Plan (CIP) 2015–2020 as well as other national family planning strategies. The dissemination workshop confirmed widespread interest in and participants brainstormed next steps to fill existing data gaps in the FP market and develop a national TMA plan.
- As part of a continued effort to ensure the dissemination of key lesson's learned and broad applicability of TMA landscaping tools in development, on June 11<sup>th</sup>, 2015 PATH shared the key findings and lessons learned from the TMA landscaping assessment in Uganda with a wide range of international partners. This presentation was included in the agenda of the USAID/UNFPA TMA technical working group meeting in Washington DC.
- PATH prepared a briefing document that contained key recommendations for follow-on work in Uganda. The recommended strategies outlined in the document—namely TMA coordination through a multi-sectoral working group, TMA advocacy and the collection of Uganda-specific family planning market data—represent a logical second phase for TMA project activities in Uganda. The Evidence Project has shared this document with USAID/Uganda and discussions regarding potential USAID mission buy-in to TMA programming are ongoing. In addition, the Ugandan Director of Health Services Clinical and Community Health, Professor Mbonye, sent a letter to the Director of Health and HIV/AIDS at

USAID/Uganda confirming the ministry's interest in carrying out these phase 2 activities and general support for TMA programming.

- The TMA landscape assessment conducted in early 2015 found significant data gaps regarding the size and composition of the overall Ugandan contraceptive market—particularly with regard to data on the commercial sector market size and share. Additionally, the work also revealed strong interest among stakeholders to better understand where different population segments currently source contraceptives. The Evidence Project/PATH has contracted the market research firm IPSOS to assemble supply-side evidence on the Ugandan contraceptive market by conducting a retail audit and market sizing exercise. Filling these gaps will serve as critical elements to establishing a strong foundation for future TMA work in Uganda.
- In July and August 2015, IPSOS drafted research instruments to carry-out the retail audit.
- In August 2015, IRB approvals were received for the in-depth interviews and retail audit from Mildmay and the Uganda National Council for Science and Technology.
- Following this approval, IPSOS carried out key informant interviews with family planning stakeholders using the key informant discussion guide to drive data collection.
- Final draft of the desk review, with new content obtained from these stakeholder interviews, was completed.
- A presentation of key findings from the landscape assessment in Uganda was held in June with the USAID/UNFPA TMA technical working group.
- PATH secured a letter of support from the Ministry of Health offering their full and unwavering support for proposed follow-on TMA activities and encouraging USAID/Uganda to contribute their financial support.

TMA landscape guide:

- Developed a detailed draft guide and toolkit for TMA landscape assessments that builds upon and expands the 2012 Reproductive Health TMI Primer.
- PATH reached out to MEASURE to propose the joint development of a comprehensive TMA guide. In late 2014 the MEASURE Evaluation IV project, led by University of North Carolina and its partners, started developing a TMA guide that focuses on data collection and the analytics needed to enable the stakeholders to make informed decisions about different policy and programmatic options for future TMA work. PATH has been collaborating with MEASURE on this document and initiated discussions among the Evidence Project and MEASURE Evaluation to coproduce a single, comprehensive TMA guide that includes all of the steps leading up to the development and implementation of a TMA plan. During the February 2015 meeting of the USAID/UNFPA TMA technical working group this proposal was presented and there was strong support for developing a joint TMA guide with MEASURE.
- In December 2014 and June 2015 PATH convened two meetings of its technical advisory group formed to support the development of the TMA landscape guide and toolkit. This group is composed of members of the Market Dynamics Approaches Working Group and other USAID CAs engaged in market work. Group members provided valuable feedback which has been incorporated into the final draft.
- Collaborated with MEASURE to develop the second module focusing on market segmentation.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[1.1.1](#), [1.1.3](#), [2.1.1](#)

## **Products Completed in Year 2 (October 2014 – September 2015)**

- PowerPoint presentation of key findings from TMA landscaping work in Uganda. The presentation includes key findings from the desk study, perceptions of the Ugandan government's capacity to operate as a steward, possible and existing coordination mechanisms, as well as recommended next steps.
- Minutes from the dissemination workshop held in Uganda in March 2015. This provides an overview of the key topics discussed as well as comments and suggestions from local stakeholders.

- PowerPoint presentation from a second dissemination workshop for international partners in Washington, D.C.. This took place as part of the USAID/UNFPA TMA working group meeting on June 10<sup>th</sup> 2015.
- PowerPoint presentations for two meetings with the Technical Advisory Group assigned to review and comment on the TMA landscaping guide (meetings took place in Washington DC - March and June 2015).

## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

### Landscape guide:

- In the process of developing a TMA Landscape Guide several partners asked PATH to consider expanding the scope to include all of the steps outlined in the Family Planning TMI Primer.
  - Solution: PATH entered into discussions with MEASURE Evaluation to explore possible collaboration on a TMA guide with four distinct modules. While funding is still uncertain, the scope for this more comprehensive end product and the parameters for collaboration between the two projects have been drafted.
- Due the fragmented nature of the commercial contraceptive sector and low-level of engagement in the family planning space it was difficult to identify private sector stakeholders willing to be interviewed.
  - Solution: PATH tapped into its international network of partners to secure interviews with representatives of professional healthcare associations and international contraceptive manufacturers.
- Keeping the interview length under one hour was a challenge, as interviewees often had limited time available. In addition it was often necessary to dedicate more time than expected describing the project as well as explain TMA’s role in FP programming.
  - Solution: Given the circumstances PATH adapted the guide into two versions, a condensed version that included only the most high-level questions for those stakeholders who had limited available time (the average time required to administer this abbreviated version was 20 minutes). Administering the second full version, with all of the suggested questions, averaged 45 minutes, and was used for the bulk of the interviewees.
- As part of the desk study and in preparation for the retail audit field work IPSOS conducted a range of in-depth interviews with family planning stakeholders to identify key priorities and possible constraints as relates to improving the supply of a full range of contraceptive products and services in Uganda. During this process IPSOS struggled to identify and schedule time with key informants, particularly commercial sector actors active in contraceptive supply. These difficulties are understandable as the Ugandan IPSOS branch has rarely been contracted to conduct work that included interactions with the country’s commercial family planning market. Therefore they lacked a base network of contacts and organizations with whom to commence the interviews.
  - Solution: PATH tapped into the list of in-country TMA “champions” identified during landscaping to make use of their networks and contacts to secure interviews. In general these “champions,” such as staff from the Uganda Health Marketing Group and the Uganda Family Planning Consortium, are well placed to support, and utilize the findings stemming from the market research.
- Following up with USAID/Uganda to explore opportunities for further engagement in TMA has proven challenging.
  - Solution: PATH developed a summary and packaged key briefing materials, as well as recommendations for follow-up activities to use once the landscaping work has been completed. The Evidence Project then played a key role in communicating with the USAID mission and presenting the proposed follow-on activities. These interactions were bolstered when the Director of Health Services at the Ugandan Ministry of Health, Professor Mbonye, sent a letter to USAID/Uganda’s Director of Health Margaret Sancho confirming the government’s interest to

pursue a TMA agenda, with technical support from the Evidence Project. PATH/Uganda staff have also visited the USAID Mission in Kampala on several occasions to identify new opportunities to collaborate with post-landscape assessment TMA activities.

- A shift in Ministry of Health (MoH) personnel responsible for family planning has left an informational gap at the ministry. In March the MoH's FP lead, Dr. Akol Zainab, left her post for a one-year sabbatical. Her departure was a setback for the project given her keen support for TMA. This, in addition to the fact that the Health Commissioner, Dr. Collins, is near retirement, meant more work would be required to raise the profile of TMA at the MoH.
  - Solution: PATH/Uganda visited the MoH and gave a presentation on the importance of TMA and landscape assessment findings to Dr. Akol's replacement, Dr. Mehayo. This was very useful in terms of orienting him to the results of the TMA landscaping and potential next steps. PATH/Uganda's country director, Emmanuel Mugisha has also visited with Professor Mponye on several occasions to reinforce the role TMA can play to support the national CIP 2015–2020.



## Strengthening Global Health Workplace Policies & Programs

<b>Activity Manager:</b>	David Wofford	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RH0AC	<b>Status:</b>	New, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Workplace Programming

### Summary

Millions of women and men work in factories and on farms in developing countries that supply products to global companies. These global companies are supposed to adhere to global standards guiding the operations of suppliers, including, for example, occupational safety and environmental protection. Insufficient attention has been paid to promoting health services for workers in supplier factories and farms, including access to FP/RH. This work requires creating systemic policy changes that ensure that global policies and standards relating to global supply chain compliance address health, including FP/RH, and testing and scaling up health programming that includes FP/RH in supplier work facilities.

This work is based on the recognition that companies and their suppliers are not simply independent actors setting their own policies. Rather, they are part of a global system of trade that includes mechanisms and institutions for standard-setting and enforcement related to social and labor policies and practices, including health and safety. Companies must respond to these industrial, national, and global institutions that shape their decision-making, policies, and practices.

This global workplace policy and standards work is linked to country-level work that the Evidence Project is undertaking in Bangladesh and Cambodia.

### Objective(s)

1. Contribute to global policy on workplace health/FP standards.
2. Promote the newly developed Benchmark Workplace Health Facility Standards (hereafter called the “Workplace Health Facility Standards”) and related practices for nurse training and factory management oversight of health as the primary vehicle for changes to corporate social responsibility (CSR), fair trade and human rights policies, and corporate practices for workers.
3. Place corporate/CSR policy development on workplace health on the policy agenda for the public health community.
4. Galvanize select public health organizational champions to make CSR/corporate policy advocacy a component of their agenda and interactions with others in the public health community.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Transfer of RAISE Health from the E2A Project to the Evidence Project, including clarifying the work plan under the Evidence Project.
- Estimated the impact on contraceptive use of global workplace policies and standards for health that includes FP. A range of estimates were developed, which will be completed and disseminated in Year 2.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

## **Year 2 Work Plan (October 2014 – September 2015)**

### **POLICY DEVELOPMENT**

- Advocate for policy changes on health standards, including FP/RH, with CSR institutions, human rights, fair trade, gender and environmental groups as part of the standards processes.
- Engage FP/RH, public health, and related organizations in workplace policy dialogue, development and advocacy for worker health and FP standards.
- Promote the Workplace Health Facility Standards, workplace policies, and best practices based on RAISE Health's workplace-level projects with key corporate, government, and NGO stakeholders.
- Develop/expand strategic partnerships or collaborations on policy promotion and development with at least one CSR institution that plays one or more of the four roles in the CSR system (standard-setting; policy development; enforcement/certification; and reporting/transparency) as part of scaling up new Workplace Facility Standards.
- Provide input and technical advice on workplace health/FP/RH policies and practice, as needed, where there are opportunities to influence policy development.

### **DEMONSTRATION AND SCALE-UP OF INNOVATIVE PRACTICES AND STANDARDS**

- Provide technical assistance to projects in Bangladesh that are testing cost-effective models for the training of nurses to more proactively expand provision of worker and women's health services in the workplace.
- Launch the training program for factory managers on worker well-being and women's health in partnership with the Worldwide Responsible Accredited Production (WRAP), an organization that has workplace standards and certifies organizations that accredit factories in the WRAP standard.
- Provide technical assistance to Levi Strauss & Co. on the design, assessment and revision of its Initiative for Worker Well-Being, a new model for social compliance, as well as to its replication at an Egypt factory that is part of RAISE Health's re-engineering factory clinics model.
- Provide technical assistance to Bayer Pharmaceuticals to produce a limited set of educational materials (small posters and handouts) on FP.
- Build the evidence base on workplace health programs and policies by documenting their impact on expanding access to FP/RH rights and overall worker health.
- Incorporate reproductive health policies into key auditing and management tools produced by Verité, including new compliance standards for federal contractors the U.S. Department of State has asked it to develop that address trafficking and other abuses of workers in overseas operations.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Twenty policy proposals were submitted during this period promoting FP/RH and worker health in policy engagement processes to such organizations as the Danish Institute for Human Rights, Global Reporting Initiative, World Business Council for Sustainable Development, Institute for Human Rights and Business, Better Brick, U.S. State Department (National Action Plan for Business and Human Rights), and Equitable Origin (oil industry standards).
- The Evidence Project/RAISE Health presented its approach to promoting FP/RH and gender policies and practices within Corporate and CSR standards before the Interagency Gender Working Group. This led to a second opportunity to present on the best practices and policies for corporations and supplies to advance gender equity and FP/RH at a gender training for JHPIEGO field staff.
- The draft Workplace Health Facility Guidelines and Management Benchmarks document was submitted to the Evidence Project for review. Previous to submission, a final convening conference call was held with Business for Social Responsibility (BSR)/HERproject to review the standards and an assessment scorecard tool. BSR agreed to co-publish the guidelines in October and launch team at BSR's annual conference in November 2015 during a convening of corporate members of the HERproject.

- RAISE Health provided input to the USAID mission in Cambodia on its workplace health program and was part of the team that undertook a scoping mission and later developed a work plan for a new FP/RH program on worker health.
- A draft set of electronic FP education materials for workers was completed in partnership with Bayer Pharmaceuticals. Bayer and the Evidence Project/RAISE Health convened an expert group to review the draft products and provide guidance on the overall activity and expanded collaborations. The materials have been revised. New content was added on menstrual hygiene, handwashing, nutrition and male engagement. Promundo/MenEngage provided input on the male engagement messaging and provided contacts at the country level for coordination purposes. The materials will be translated and then presented to workers and nurses for testing by HERproject implementing partners in Bangladesh and Kenya. RAISE Health also began a collaboration with the mPowering Frontline Health Workers initiative, which has agreed to place the educational materials on its web platform, enabling them to be accessible by mobile phones. Bayer plans to launch the materials with the Evidence Project/RAISE Health at the annual UN Global Compact conference in March 2016 promoting the Women’s Empowerment Principles.
- Evidence Project/RAISE Health contributed and reviewed a BSR HERproject study, “Healthcare Delivery in RGM Factories in Bangladesh,” which was published in November 2014. The study provides added evidence to the policy argument that workplace nurses are under-trained and ill-prepared for the needs of female garment workers.
- Revision of senior factory management training on worker and women’s health practices developed with the NGO Worldwide Responsible Accredited Production (WRAP) was completed. The plan was to launch this training with industry associations in India this year. WRAP was not able to set up a training in the summer but we are exploring other possibilities. However, the training material was used by the Egyptian Family Planning Association for its training of factory managers in Egypt at the Levi Strauss & Co. supplier company.
- United National Global Compact (UNGC) released a document calling for corporate action on women’s right to health as part of the UNGC Women’s Empowerment Principles (WEPs). The Evidence Project/RAISE Health both advocated for greater focus on SRH by the WEPs and contributed to the document. This is the first time UNGC has produced anything for corporations on FP/RH and the right to health.
- The Evidence Project/RAISE Health contributed to a UN Global Compact Working Paper “Call to Action: Investing in Women’s Right to Health” for corporation, which was released at this year’s International Women’s Day event on the Women’s Empowerment Principles and placed on its website and conference app. Meridian Group International, Inc. (and the Evidence Project) was recognized in the document for its contribution.
- A final revision of a RAISE Health article was reviewed by the Evidence Project and submitted to the journal *Global Health: Science and Practice*. It describes the global system standards, reporting and compliance mechanisms for corporate social accountability and argues for the global health community to advocate for corporate health policies as it does for government policies.
- A guidance document for training nurses and factory management was completed and given to the Egyptian Family Planning Association, which implemented a replication of Meridian/RAISE Health’s factory infirmary re-engineering model as part of Levi Strauss & Co.’s (LS&Co.) Improving Worker-Well Being initiative. RAISE Health contributed to and reviewed the final project report produced by EFPA and BSR HERproject.
- A project brief on the infirmary re-engineering model at a LS&Co. supplier factory in Egypt was produced and submitted to the Evidence Project for review. Meridian also received a contract with Levi Strauss Foundation to help fund Evidence Project/RAISE Health activities related to the development of an open-source guidance document for improving health functions at the workplace, which it plans to disseminate to its 350 company supply chain. This work will take place in fall 2015.

- A field action note on the RAISE Health re-engineering workplace health infirmaries activity was completed and submitted to the Evidence Project for review in expectation of submission to the *Global Health: Science and Practice* journal.
- An article, “Migrant Workers’ Right to Health: A Global Advocacy Agenda,” was produced by RAISE Health and published on the Institute for Human Rights and Business blog. The article reflects our strategy of elevating reproductive health rights within the policy agenda of human rights groups that are advocating for stronger accountability standards for business violations of human rights. It was widely circulated through listservs and social media channels to multiple key stakeholder groups including the business community (via UN Global Compact’s Women Empowerment Facebook & Twitter) as well as the global health community (via HIPnet listserv and the Global Health Council’s Commentary) and Family Planning advocates (via the International Family Planning Coalition listserv).
- The UN Foundation consulted with RAISE Health in the development of principles for family planning and the workplace. RAISE Health gave initial input to the consultant developing the materials and was formally asked to be one of the reviewers of the draft principles document. UN Foundation also invited RAISE Health to a small convening of companies that took place in New York in September 2015 to discuss family planning and the development of corporate principles.
- A law review article on human rights, business and workers’ right was drafted and submitted to the Evidence Project for review. RAISE Health has secured the agreement of a human rights law professor to provide edits, be an author on the article, and help submit it to law journals. The professor will review the article in the fall for submission in early January 2016.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[1.1.2](#), [2.1.2](#), [2.2.1](#), [3.1.1](#), [3.3.1](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

- A guidance document for training nurses and factory management was completed and given to the Egyptian Family Planning Association.
- A project brief on the Egypt re-engineering workplace infirmaries activity was produced.
- A RAISE Health article on the global system of policies for corporate social accountability and the need for the global health community to advocate for health in this system was completed and submitted to the journal *Global Health: Science and Practice*.
- The Workplace Health Facility Guidelines and Management Benchmarks were completed.
- An article on migrants workers’ right to health was published on the Institute for Human Rights and Business blog.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

- In October 2014, the USAID Mission in Cambodia asked the Evidence Project to lead a scoping mission in preparation for a major five-year project focused on the health of workers in the garment sector and then to develop a work plan for the project. This required significant staff time during this period. However, a second staff person has been hired, which will greatly help the project in achieving the work plan’s expected results. The new Cambodia project, projected to start in May 2015, will serve as a platform for testing and implementing new workplace policies and practices that the Evidence Project/RAISE Health have been developing and promoting.
- The timetable for implementation of several activities depended on external partners, which has led to delays. Bayer needed to change design firms for the materials, and the new contract justification took several months, delaying planned next steps.
- The planned trip to Egypt with Levi Strauss & Co. to review the health infirmary activities at a supplier factory had to be cancelled for security reasons. The Evidence Project/RAISE Health and the Levi Strauss Foundation agreed to the production of a less complete project brief and to focus on producing a guidance document in the fall of 2015 on managing factory health functions, which will be disseminated in the companies supply chain.

## Meeting the Family Planning and Reproductive Health Needs of Female Factory Workers in Cambodia

<b>Activity Manager:</b>	Ashish Bajracharya & David Wofford	<b>Country/Countries:</b>	Cambodia
<b>Activity (Project) Code:</b>	RH5AA	<b>Status:</b>	New, FS
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Workplace Programming

### Summary

The majority of garment factory workers in Cambodia are young women who migrate from rural areas of the country seeking economic opportunity in urban areas. With an estimated 500,000 currently employed in Cambodia's garment industry, these workers represent a significant proportion of the country's labor force as well as a substantial segment of the population of young women of reproductive age. For those aspiring migrants who successfully land jobs in a garment factory, the resulting low wages, long hours, and difficult conditions limit the time or resources available to maintain their health. In addition to lacking knowledge of important aspects of sexual and reproductive health, these workers struggle to access quality, affordable, and flexible services. In response, USAID/Cambodia is designing a Garment Factory Worker program to address the health needs of this priority vulnerable population. USAID Cambodia seeks to improve the health of Cambodia's garment factory workers in a sustainable manner in part by enabling factory workers to better meet their RH and FP needs. The Evidence Project and SIFPO/MSI were invited by USAID/Cambodia to design and implement this initiative.

### Objective(s)

1. To improve the regulatory environment (and compliance therewith) related to workplace health (Evidence Project)
2. To improve access to and utilization of affordable, quality health care for factory workers (SIFPO/MSI)
3. To ensure long-term sustainability of improved access with buy-in from the private sector, host government, and service providers (SIFPO/MSI and the Evidence Project)
4. To inform regional/global health standards improvement through a robust evaluation/learning agenda (Evidence Project)

### Year 2 Work Plan (October 2014 – September 2015)

1. Conduct a scoping trip to Cambodia to develop a scope of work for this activity, in collaboration with SIFPO/MSI
2. Draft work plan jointly with MSI/SIFPO
3. Implement policy (enabling environment) and research activities once work plan is approved by USAID/Cambodia
4. Conduct a mapping of garment factory interventions in Cambodia
5. Commence formative qualitative research on health needs and health related behaviors of garment factory workers in Cambodia
6. Conduct a Stakeholder analysis of garment industry stakeholders
7. Commence planning for the baseline study of an evaluation of a quality assured network of providers for garment factory workers in Cambodia

### Main Accomplishments for Year 2 (October 2014 – September 2015)

1. Scoping Mission. Phnom Penh, Cambodia November 2014

- The Evidence Project team with Marie Stopes International's SIFPO2 Project, and USAID representatives undertook a **one-week scoping mission** to Phnom Penh from November 17-21, 2014 to meet with the main government, industry, donor, and labor actors and identify research and policy gaps related to garment worker health and well-being, determine the interests of potential partners, and understand health interventions that have already been implemented. The team also sought to understand the labor and social context in which policy change and program interventions take place. There were 4 members of the Evidence Project Team who participated in this trip: Karen Hardee, Laura Reichenbach, David Wofford, and Ashish Bajracharya. The scoping trip was organized under the invitation of USAID/Cambodia.
- Following were the key achievements from the trip:
  - Evidence Project officially established a relationship with USAID/Cambodia and a partnership with MSI-Cambodia to develop a work plan to receive field support from the USAID/Cambodia Mission for a project that aims to increase access to FP and RH services by female factory workers in the garment sector.
  - Attended meetings with various government bodies with interest in the garment sector including Ministry of Labor and Vocational Training and the Ministry of Health.
  - Conducted factory visits to a number of factories to observe the provision of healthcare services within factory infirmaries, including factories where MSI-Cambodia operates clinics.
  - Attended meetings with garment industry associations including Cambodia Federation of Employers and Business Associations (CAMFEBA) and the Garment Manufacturers of Cambodia (GMAC).
  - Met with labor organizations including the Solidarity Center.
  - Met with various brands that operate factories or source from factories in Cambodia: H&M, Marks and Spencer, Gap Inc., Li & Fung.
  - Met with donors and partner NGOs with interest in the garment sector including various offices within USAID/Cambodia, Better Factories Cambodia of ILO, UNFPA, and CARE.
  - Met with various research firms involved in research in the health sector including Cambodia Development Resource Institute, National Institute of Public Health, Emerging Markets Consulting, and Angkor Research.
- At the end of the trip, the team finalized a timeline to move forward and to develop a joint work plan with MSI-Cambodia/SIFPO2 for field support and budget for a 5 year engagement. A work plan and project design workshop was planned for January 2015.

## 2. Design and Work Plan Trip. Phnom Penh, Cambodia. January 2015

- Following the scoping visit of November 2014. Karen Hardee, Ashish Bajracharya, and David Wofford of the Evidence Project traveled to Phnom Penh, Cambodia between January 8-28, 2015 to work with the MSI-Cambodia/SIFPO2 team to develop a work plan for the Garment Factory Worker Project.
- The team, comprising staff from the Evidence Project and SIFPO/MSI, held planning meetings and produced a draft work plan for USAID's initial review on January 28.
- The team also met with important stakeholders from the government, international brands, and NGOs and followed up on discussions initiated during the scoping trip. This included a meeting with the Ministry of Health in which USAID and the team were asked to help facilitate policy discussions and linkages with the MoLTV related to worker reproductive health.

## 3. Completed Work Plan and Budget for the WorkerHealth Project

- Following feedback from USAID and partners, the Evidence and MSI/SIFPO teams reviewed, revised, and submitted a final work plan and individual project budgets to USAID/Cambodia on February 20<sup>th</sup>, 2015.
- The initiative was renamed the Cambodia WorkerHealth Coalition.

#### 4. Project Work Plan Approval and Set up Activities

- WorkerHealth Year 1 Work plan and budget was approved by the USAID Cambodia Mission on May 2015.
- Ashish Bajracharya and David Wofford traveled to Cambodia to participate in the Inception Workshop between May 14 and June 4 to plan the WorkerHealth activities for Year 1
- Ashish Bajracharya traveled back to Cambodia to start setting up the project, and recruiting staff as well as starting the procedure of registering the Population Council's office from June 30 to July 22<sup>nd</sup> 2015.
- Prepared application for Letter of Support from relevant Line Ministry, the Ministry of Health for the Council's application for MOFA registration. Furnished letters from USAID, National Maternal and Child Health Center, National Institute for Public Health to the MOH to receive letter of support towards the Council's registration as an INGO in Cambodia from Prof. Eng Huot, Secretary of State, Ministry of Health Cambodia.
- Started assembling documentation for registration with MOFA in Cambodia by engaging Sciaroni and Associates, a top law firm in Cambodia.
- Ashish Bajracharya relocated to Cambodia as the Country Representative of Population Council and Evidence Project and to commence start up activities on August 9<sup>th</sup>, 2015.

#### 5. Office setup activities

- Successfully recruited and formed a full team of three staff members of the WorkerHealth team on the Evidence Project: An Operations Manager (Mr. Thann Bunthoeun), a Program Officer for Research (Dr. Heng Molyaneth) and a Program Officer for Policy (Ms. Yat Bunmey)
- Leased a space with MSIC for office space and entered into a one year agreement
- Renovated the office space including refurbishment, painting and reinstalling appliances.
- Procured office equipment and supplies, such as furniture, computers, IT equipment, and network and car rental.
- Worked with relevant technical staff of Population Council at Headquarters and other country offices to get proper administrative and financial systems in place.
- Mr. Imran Ahmed, Global Finance Manager for PC visited Cambodia to train operations manager on key administration, accounting, finance, HR policy and regulations.

#### 6. Technical activities:

- *Mapping and Literature Review:*
  - Commenced the mapping of garment factory interventions in Cambodia
  - A preliminary matrix of garment factory (GF)-based health interventions in Cambodia was developed and is under review for expansion.
  - The current matrix covers 14 GF-based health interventions in Cambodia implemented over the last 5 years. Project documents, briefs, reports etc. have been compiled and are being reviewed to gain a better understanding of the landscape of garment interventions in Cambodia
  - Reports from a number of relevant reports from the 14 interventions were reviewed to inform the design of the formative qualitative research on health needs and health related behaviors of garment workers in Cambodia.
- *Qualitative Study of Health Needs and Health Seeking Behaviors of Garment Workers*
  - Commenced activities related to formative qualitative research on health needs and health related behaviors of garment factory workers in Cambodia
  - A formal meeting between Population Council/Evidence team and the Director of National Institute of Public Health (NIPH) was held to discuss partnership for the qualitative data study under WorkerHealth (8<sup>th</sup> September 2015)
  - PC Cambodia/Evidence came to a tentative agreement with NIPH on a potential sub award for the qualitative study.

- A research concept note was drafted by PC Cambodia/Evidence and shared with NIPH, and NIPH is currently reviewing and modifying the concept note as appropriate.
  - NIPH will submit a full proposal for the qualitative study based on the concept note from PC Cambodia/Evidence and develop a full budget and budget narrative, to be submitted on September 22, 2015.
  - Terms and conditions of the Scope of Work and related sub award documents were drafted and internally reviewed. The Scope of Work will be modified and finalized with NIPH after discussions of their proposal and budget and will be sent to USAID and then PC HQ for approval.
  - Research protocol development will commence after receiving NIPH proposal and after review and agreement on the SOW for the research activity.
- *Policy Development/Enabling Environment Start-up*
    - Commenced activities related to development of new policies for garment factory workers at the national level:
      - Engaged in dialogues on and provided input into a TOR for the drafting of new factory health facility guidelines by a coalition including WorkerHealth, Partnering to Save Lives, Better Factories Cambodia, UNFPA, USAID, the Ministry of Labor and Vocational Training (MoLTV), and the Ministry of Health. USAID/WorkerHealth will serve as co-chair with UNFPA of the working group and provide support for the secretariat.
      - Started discussions with the ASSIST project on a collaboration to on its efforts to change policies related to the registration and licensing of health professionals and requirements for continuing medical education. Worker health would focus on aspect of policy changes that would affect factory health professionals.
      - Started outreach to key government (MoLTV), industry (GMAC), and NGO (URC Cambodia) stakeholders involved in the National Social Security Fund’s plan to establish medical insurance. This fund has been stuck in an intra-governmental dispute about jurisdiction over insurance. The NSSF insurance would be funded by contributions from workers and factories, if it is launched, but whether it will cover FP/RH is unknown.
  - *Brand and Industry Stakeholder Engagement*
    - Commenced efforts to develop partnerships with Brands that have significant investments in Cambodia:
      - Gave a presentation in June at USAID/Cambodia to five brands (Adidas, Gap, H&M, Li & Fung, and Marks & Spencers) on WorkerHealth and outlined our goals for partnership with them.
      - Produced a five-page and two-page project briefs for use with Brand outreach.
      - Developed partnership proposals for Gap, H&M and the Nike Foundation, which were submitted to each.
      - Held outreach calls to discuss partnership with C&A and Levi Strauss & Co.
      - Developed a tracking process with a contact matrix and meeting notes format for each company.
      - Met with the UN Foundation on its partnership with Merck for Mothers and Accenture Community Partners (ACP) on collaborating with these companies on WorkerHealth activities in Cambodia. ACP has developed a tool for calculating the return on investment to business from investment in worker FP.
      - Met with USAID/DC labor advisor on brand contacts and coordination strategy to reach key company decision-makers on a WorkerHealth partnership.
      - Began collaboration with the new director of the Solidarity Center, a USAID-funded organization that trains labor unions and institutes cases on labor compliance, to work



together on outreach to workers and ensure inclusion of labor representatives in WorkerHealth policy work and factory interventions.

- Provided input into the scope of work for Better Factories Cambodia that is joining the project as a sub-awardee to MSIC with responsibility for worker-management dialogue.

### **Planned Accomplishments and Products (April 2015 – September 2015)**

1. Obtain approval from USAID on work plan and budget.
2. Complete mapping of garment factory interventions in Cambodia (Product: Mapping Report).
3. Conduct a stakeholder analysis of garment industry stakeholders (Product: Stakeholder Analysis Report)
4. Establish a formal relationship with a national research institution, NIPH to conduct the qualitative study through the awarding of a sub award
5. Complete research protocol for ethical review for qualitative formative study

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

- On the Research (Learning agenda) component and set up of the project, there were time related challenges in office setup and registration at the initial stage of this period. But once Country Representative Ashish Bajracharya officially relocated to Cambodia on August 9th, the process moved much more swiftly. Population Council was able to recruit and hire a full team of four staff members, come into an agreement and lease a space with MSIC for office space, refurbish the two office space, furnish it, equip it with computer and IT equipment, network etc. through rapid procurement and have the office fully functional by September 1. The team anticipates some delays in July1 –September 30 activities (Project's Q1) due to some of these initial delays, but aims to and fully anticipates on being back on track with activities by the end of Q2 of the project (Dec 31, 2015).
- There are some anticipated procedural challenges in engaging NIPH as a sub awardee under the WorkerHealth project, particularly because of their parastatal status. Multiple resources both at the Population Council and USAID have been consulted on engaging NIPH as a partner and indications are that because of their status as a research institution, that a waiver may not be necessary, but that the project AOR will need to be consulted and approval from the AOR will need to be sought. This is likely to result in some time delays in executing the sub award and getting the qualitative work commenced.
- On the Enabling Environment component, in general, the lack of Evidence Project local staff at the onset of the project affected our outreach to stakeholders, subsequent follow-up, and our recruitment of consultants. The Evidence Project had to rely on MSIC staff, which was occupied by non-WorkerHealth duties, for in-country outreach activities. This led to delays in follow-up and production of materials. The recruitment of a consultant to develop stakeholder and situational analyses proved much more difficult than expected. This delay may affect targets for producing the analyses in Q2. However, the hiring of a new senior manager for policy in September will allow the project to make more targeted use of a consultant and move quickly on this work.

## Evaluating the Effectiveness of HERproject in Improving Knowledge and Service Access among Female Garment Workers in Bangladesh

<b>Activity Manager:</b>	Irfan Hossain & Ashish Bajracharya	<b>Country/Countries:</b>	Bangladesh
<b>Activity (Project) Code:</b>	RH0AB	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Workplace Programming

### Summary

The HERproject links multinational companies and their factories with local NGOs who create sustainable programs to improve the general and reproductive health of women employed in Bangladesh’s garment sector. The HERproject, currently implemented by three NGOs, specifically addresses pre- and postnatal care, HIV/AIDS, nutrition, FP, early detection of breast and ovarian cancer, and occupational health and safety. We are working with Business for Social Responsibility (BSR), which funds the HERproject, in testing the model’s effectiveness in improving health outcomes of women working in the factories of 13 companies in seven districts in Bangladesh, as well as improving business outcomes for these companies. This study will fill critical evidence gaps for validating the HERproject model and to support the project’s scale up strategy.

### Objective(s)

1. To evaluate the effectiveness of the HERproject model in improving SRHR knowledge and behaviors of women working in the garment sector in Bangladesh.
2. To identify needs and knowledge gaps of the garment workers in regards to feminine hygiene, nutrition, FP, maternal and reproductive health, STI and HIV/AIDS, and provide them the correct knowledge and access to health products and services.
3. To provide evidence of the HERproject model’s effectiveness in improving knowledge among garment workers and increasing their service uptake from on-site clinics, thereby contributing to improvements in the health and wellbeing of female workers in Bangladesh’s garment sector.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Completed and finalized the study budget and assigned staff members to the study.
2. Established relationships with BSR in Hong Kong and Change Associates, BSR’s implementer in Dhaka to begin work on the project.
3. Developed the research protocol and study tools, including survey questionnaires for factory workers, in depth interview guides, for factory managers and for service providers, and submitted them to the Population Council IRB and the Bangladesh Medical Research Council (BMRC) for ethical review and to USAID for review.
4. Received full approval from Population Council IRB on June 24, 2014.
5. Received Provisional Approval from BMRC.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Receive full approval from BMRC.

2. Work with Change Associates in Bangladesh to identify factories for inclusion in the study.
3. Pre-test study instruments.
4. Conduct baseline survey of female factory workers.
5. Conduct in-depth interviews of factory managers and service providers.
6. Begin conducting Peer Health Educator assessments.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Received final approval from BMRC on February 15, 2015.
- Maintained close relationships with BSR in Hong Kong and Change Associates, BSR’s implementer in Bangladesh, and liaised closely with both during this period.
- Visited a garment factory that runs the HERproject intervention on December 19, 2014 to understand the modalities of the intervention and the factory environment and logistical issues that may arise during data collection.
- Prepared and translated in Bengali (local language) data collection tools which include:
  - Structured survey questionnaires for factory workers
  - In depth interview guides for factory managers
  - In depth interview guides for service providers
- Peer Health Educator knowledge retention assessment tool
- Pre-tested and finalized study tools both in English and Bengali.
- Met with Ms. Nathalie Roberts, Director of HERproject on February 12, 2015 and discussed the goals and objectives of the project and broader alignments between BSR’s mission and the Evidence Project’s and the Population Council’s mission.
- Identified intervention and post-intervention factories for the evaluation in consultation with Change Associates on January 19, 2015. However, one intervention factory had been replaced and this information was received on April 26, 2015.
- The study protocol was updated based on changes and additions noted above and a final revised Research Protocol was submitted to and approved by the Population Council IRB.
- Met with representatives of factory personnel whose factories were involved in HERproject on April 26, 2015 and discussed the goals and objectives of the project, methodology of the baseline survey, their support and tentative schedules.
- Conducted recruitment of female interviewers for baseline data collection and providing training to them about survey tools and specific FP, SRHR issues.
- Successfully collected data for the baseline survey from all 10 factories. Data collection complete as of September 30, 2015.
- Identified and contracted with outside company for baseline survey data entry activities and supervised data entry.

### **Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

An abstract, “Exploring Sexual and Reproductive Health (SRH) Knowledge and Behaviors of Migrant Female Garment Factory Workers in Semi Urban areas of Dhaka” developed.

- This abstract focuses on differences in study outcomes between migrant and non-migrant women that highlight vulnerabilities from migration.
- Submitted to different relevant conferences, including the Second International Conference on Theory and Application of Statistics 2015 scheduled on December 2015, organized by Dhaka University Statistics Department Alumni Association (DUSDAA).

## Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)

- Getting approval from BMRC was time-consuming as the process itself was quite lengthy and dependent on BMRC's own mechanisms and its schedule of review meetings. Reviews and requests for revisions from BMRC were also unrelated to substantive project results but more regarding minor logistical issues, which consumed a great deal of time. Despite the lengthy process, we received full and final approval on February 15, 2015.
- The project faced delays in starting the baseline surveys in the factories. These delays have been both BSR related as well as related to the political situation in Bangladesh. Due to the continuing blockade and strike in Bangladesh, which has been continuing since January, 2015, Change Associates was not able to do their kick-off meetings with the factories on time and we could only engage with factories once the kick-off process had occurred. To find a good solution to these challenges, several options were discussed and negotiated, i.e., doing the kick-off meetings on Fridays and Saturdays (usually blockades are withdrawn on weekends), prioritizing the kick-offs of the selected study factories over other factories that are pipelined for Change Associates etc. Kick offs were rescheduled for April 2015 and completed in May 2015, enabling us to start our baseline survey on May 23<sup>rd</sup>, 2015
- Getting work schedules from the post intervention and intervention factories was one of the key challenges that the survey team faced at the onset of the project. Though, the management personnel from post intervention and intervention factories agreed about providing their support at a meeting held at the Change Associates office on 26<sup>th</sup> April, 2015, they weren't able to provide the requested schedules during the survey. The major reasons were – frequent changes of factory personnel, pressure of production rush, limited working hours due to Ramadan.
- Getting the control factories to participate in our study was the most significant challenge faced in this study so far. The key reason was that control factories, which do not have any BSR intervention or HERproject interventions planned to be implemented in them, had no tangible returns on their investment or any recognizable benefits from participating in this study. The only thing that they perceived was a loss of person-hours of work of their workers, incurring monetary losses. The question was often “what do we gain from this?”. The survey team visited and communicated at least 14 factories on this issue in search of four control factories but success was difficult to attain. Many factories demanded that we provide them responses from their employees or factor specific reports from the survey that could have jeopardized confidentiality of our study participants and we did not entertain these demands. Three control factories were successfully arranged by the Council's own contacts and the survey was completed in these factories. BSR and Change Associates helped to arrange for a final fourth control factory and the survey will be complete in all control factories by September 30.
- Some information related to the exact salary, overtime wages and leave related info were not obtained from 4 factories as the compliance department didn't approve the survey team to ask these questions to their employees. Though the survey team assured that this information would be reported in aggregate form, the factory personnel didn't approve these questions. As a result, this information was not collected from these 4 factories.
- Due to constraints (human resource, logistics, etc.), there were challenges in entering the data in house. As a result, the Council engaged data entry work to an outside company. Through a transparent bidding process, the service has been procured from a capable outside company. The Council provided data entry screens to this company, which accurately reflects the tools used in the baseline survey, and routine monitoring of their data entry work has been conducted to assure quality of data.

## Transitioning to a Broader Contraceptive Method Mix in Low and Middle Income Countries

<b>Activity Manager:</b>	Karen Hardee	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AG	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Method Mix

### Summary

Improving the method mix is critical both for ensuring individual choice and equitable access, and for achieving the ambitious commitments made at the 2012 London Summit on Family Planning. To assist the many countries that are working to expanding their method mix, the Evidence Project has reviewed existing data in order to determine a set of patterns for transitioning to a broader method mix. Our analysis found 15 countries in which the method mix has evolved from a highly imbalanced one to a much better one. Results show many disparate paths to an improved method mix, though with suggestions of certain patterns. Regions differ markedly in their method mix profiles and preferences, raising the question whether resources are best devoted to better provision of the accepted methods, or to deploying neglected ones, or to a combination of both. A new measure, the “average deviation” (AD) from a balanced method mix, is employed to measure the extent of imbalance in the mix and to identify countries with favorable transitions in the mix. Based on our findings we produced a manuscript that was submitted to *Studies in Family Planning*.

### Objective(s)

To review the existing data on modern contraceptives in order to identify countries where notable transitions in the method mix have occurred; disseminate results to appropriate audiences.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Contracted noted demographer, John Ross, to lead the development of the paper.
2. Preliminary analyses were presented at the April 2014 East Africa regional meeting of policymakers and program managers convened by the Advance Family Planning (AFP) Project.
3. Finalized the paper and submitted it to USAID/W and the journal *Studies in Family Planning* for review.
4. Submitted an abstract for presentation at the Population Association of America (PAA) annual meeting in March 2015.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

1.1.1, 1.1.2, 1.1.3

### Products Completed in Year 1 (October 2013 – September 2014)

1. Manuscript submitted to *Studies in Family Planning*
2. Abstract submitted for presentation at PAA 2015 annual meeting

### Year 2 Work Plan

1. The paper will be revised based on comments from USAID and journal reviewers.
2. Presentation of results at PAA, if the abstract is accepted.

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- The paper, “Trends in the Contraceptive Method Mix in Low- and Middle-Income Countries: Analysis Using a New “Average Deviation” Measure,” by John Ross, Jill Keesbury, and Karen Hardee, was published in *Global Health: Science Practice* on February 25, 2015, as an advance access article.
- This paper was accepted as an oral presentation at PAA.

- The paper is being used within the Performance Monitoring and Evidence (PME) working group of FP2020 and by the Bill and Melinda Gates Foundation in its FP strategy.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[1.1.2](#), [2.1.3](#), [3.2.1](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

- **Journal article:** Ross, J., J. Keesbury and K. Hardee. 2015. “Trends in the Contraceptive Method Mix in Low- and Middle-Income Countries: Analysis Using a New “Average Deviation” Measure.” *Global Health: Science Practice* Advance Online Version. February 25.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

None encountered.

## Cochrane Review Initiative

<b>Activity Manager:</b>	Lauren Lopez	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RFOAH	<b>Status:</b>	Completed, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Method Mix

### Summary

FHI 360 is performing systematic reviews and meta-analyses of studies on FP methods and on behavioral interventions to improve use of contraceptive methods. This work is supported through an interagency agreement between NICHD and USAID, with FHI 360 funding through the Evidence Project.

### Objective(s)

To provide evidence to help reduce the risk of unintended pregnancy.

### Main Achievements

- Two new reviews were conducted:
  - Strategies to improve postpartum contraceptive use: evidence from non-randomized studies. Cochrane Database Syst Rev 2014. Submitted the review in September following Population Council and USAID review.
  - Behavioral interventions for improving dual-method contraceptive use. Published in Cochrane Database Syst Rev 2014 (3).
- Three reviews are in progress.
  - Combined hormonal versus nonhormonal versus progestin-only contraception in lactation
  - Immediate post-partum insertion of intrauterine devices
  - Interventions for pain with intrauterine device insertion
- Updated two reviews with new trials and minor text revision. These had been updated in the last 2 to 3 years and hence did not require as much revision as those listed above.
  - Repeated use of postcoital hormonal contraception for prevention of pregnancy. Cochrane Database Syst Rev 2014 (9). Added 1 trial for a new total of 22.
  - Steroidal contraceptives: effect on bone fractures in women. Cochrane Database Syst Rev 2014 (6). Incorporated 3 new trials for a new total of 19.
- Updated four reviews with no new studies; published in Cochrane Database Syst Rev 2014.
  - Steroidal contraceptives: effect on carbohydrate metabolism in women without diabetes; April.
  - Oral contraceptives for functional ovarian cysts; April.
  - Scalpel versus no-scalpel incision for vasectomy; March.
  - Vasectomy occlusion techniques for male sterilization; March.

### Results Achieved in Year 1 (October 2013 – September 2014)

1.1.1, 1.1.2

## Products Completed

- Behavioral interventions for improving dual-method contraceptive use. Published in Cochrane Database Syst Rev 2014 (3).

## Year 2 Work Plan

Continue work on the following reviews:

- Combined hormonal versus nonhormonal versus progestin-only contraception in lactation
- Immediate post-partum insertion of intrauterine devices
- Interventions for pain with intrauterine device insertion
- Funding for this activity under the Evidence Project was completed in March 2015

## Main Achievements for Period 3 (October 2014 – March 2015)

1. Two reviews have been published by Cochrane:
  - Strategies to improve postpartum contraceptive use: evidence from non-randomized studies
    - Published in November: Cochrane Database Syst Rev 2014 (11)
  - Combined hormonal versus nonhormonal versus progestin-only contraception in lactation
    - Submitted to Cochrane on October 2, 2014; re-submitted December 16<sup>th</sup> following peer-reviewed comments
    - Published online March 20, 2015
2. One review is in the process of being reviewed by Cochrane.
  - Immediate post-partum insertion of intrauterine devices-Update to 2010 publication
    - Results, Discussion and Abstract have been drafted
    - Draft was sent to co-authors for review on November 17, 2014
    - Submitted to Cochrane on December 15, 2014
3. Three reviews are in progress:
  - Interventions for pain with intrauterine device insertion-Update to 2009 publication
    - Identified additional 28 new trials to be added to original 4 trials from 2009
    - Checked entry of primary outcome data; began extracting and entering side effect and satisfaction data
    - Began drafting results section by intervention category
  - Education for contraceptive use by women after childbirth-Update to 2012 publication
    - Screened search results and began obtaining full-text articles
  - Hormonal and intrauterine contraception for women aged 25 years and younger-Update to 2012 publication
    - Began mentoring OBGYN fellow on Cochrane methodology
    - Ran search strings and began screening search results
4. Other Activities:
  - Editorial (Cochrane Fertility Regulation Group)
  - Peer reviewed one Cochrane review
  - Manual search of journal Contraception for controlled trials to include in Cochrane CENTRAL database. These were submitted in early November, for Q4, October and November issues of Contraception were screened.



## **Results/Indicators Achieved**

[1.1.1](#), [1.1.2](#), [1.3.1](#)

### **Products Completed**

- Cochrane Reviews published:
  - Strategies to improve postpartum contraceptive use: evidence from non-randomized studies. Cochrane Database Syst Rev 2014 (11)
  - Combined hormonal versus nonhormonal versus progestin-only contraception in lactation. Published online March 20, 2015

### **Challenges Encountered and Solutions**

None encountered.

*Note: Funding for this activity has moved to another project.*

## Standard Days Method Literature Review

<b>Activity Manager:</b>	Kelsey Wright & Karen Hardee	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AG	<b>Status:</b>	Completed, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Method Mix

### Summary

USAID has funded the development and scale up over the past 20 years of the Standard Days Method® (SDM). This fertility awareness method has been shown to have an efficacy rate on par with a number of modern methods, and to be acceptable and feasible to scale. SDM is effective in helping women and their partners understand the reproductive cycle and when during the cycle a woman is fertile. Yet, the method is not consistently considered a modern method and it is still viewed with skepticism by some countries (programs and providers), and donors. Since most work on SDM has been undertaken by the Institute for Reproductive Health at Georgetown University, there is a need for others outside the institution to conduct a rigorous review of the evidence supporting SDM and to develop strategies to expand programming. Further, WHO is questioning if SDM is a modern method of contraception. The Evidence Project has been requested to participate in an expert meeting at WHO on criteria for classifying modern methods of contraception. This is important as WHO undertakes an updating of its Medical Eligibility Criteria (MEC) for contraception.

### Objective(s)

- To synthesize the evidence on SDM using a robust review methodology to contribute to raising its profile.
- To contribute to a USAID-sponsored meeting for its cooperating agencies on SDM in order to develop strategies for integrating SDM in community-based FP programs, raise the profile of SDM within the method mix, and create new linkages to promote SDM.
- To contribute to developing criteria for classifying a contraceptive method as a modern method.

### Main Achievements

1. Initiated a robust review of SDM with a search of the literature and development of a review outline.
2. Participated in the planning committee for the SDM meeting for USAID CAs. The committee has met, developed an agenda and is sending out a questionnaire to relevant organizations and individuals.

### Results Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan

- Complete the robust review of SDM by the USAID CAs meeting scheduled for December 8, 2014.
- Participate in the CAs meeting on SDM.
- Disseminate widely the review on SDM.
- Participate in the meeting at WHO on criteria for classifying modern methods of contraception, planned for late January, 2015.

### **Main Achievements for Period 3 (October 2014 – September 2015)**

- Completed structured review of the evidence for use, implementation and scale up of SDM.
- Presented findings from SDM review at the Standard Days Method in Community Based Family Planning Programs Technical Consultation on December 9th, 2014. This technical consultation was hosted by the Advancing Partners and Communities Project at JSI in Washington D.C.
- Contributed the SDM review as a background paper at the WHO consultation on criteria for classifying modern methods of contraception, held in Geneva in January 2015.
- The SDM review was highlighted on the Evidence Project’s website, the website of IRH, and is currently on the HRH Global Resource Center and on K4Health.

### **Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[2.1.1](#), [2.2.1](#), [3.2.1](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

- **Working paper:** Wright, Kelsey, Hiba Iqteit, and Karen Hardee. 2014. “Standard Days Method® of Contraception: Evidence on Use, Implementation, and Scale-up,” Working Paper. Washington D.C.: Population Council, The Evidence Project.
- **Presentation:** Hardee, Karen, Kelsey Wright, and Hiba Iqteit. “Evidence for Use, Implementation and Scale-Up of the Standard Days Method®.” Standard Days Method® in Community Based Family Planning Programs Technical Consultation, JSI, December 9, 2014.

### **Challenges Encountered and Solutions**

None encountered.

## Updating the Evidence in the Balanced Counseling Strategy (BCS)+ Toolkit

<b>Activity Manager:</b>	Kelsey Wright	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RH0AE	<b>Status:</b>	Completed in Y2
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Method Mix

### Summary

The BCS+ toolkit is an evidence-based, interactive, client-friendly approach to improve FP counseling as well as the prevention, detection, and treatment of sexually transmitted infections (STIs), including HIV. The BCS+ toolkit was adapted from the Balanced Counseling Strategy, originally tested under the INOPAL Project, which was an evidence-based tool that improves contraceptive method counseling by addressing a variety of topics relevant to FP including STIs, postpartum maternal and newborn care, and cervical cancer screening. The BCS+ toolkit requires updating based on 2015 WHO Medical Eligibility Criteria (MEC).

### Objective(s)

To update the BCS+ documents and cards based on the WHO MEC, and to add relevant counseling topics as identified by area technical experts.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

N/A

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Hold an expert meeting of interested participants to discuss what needs to be changed once the new MEC are issued.
2. Revise the BCS+ documents and cards in order to ensure that this widely used tool is updated with the latest evidence (MEC updated criteria).

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- Revision of scope of work; the Evidence Project wants to ensure that the BCS+ tools are updated with the latest evidence-based contraceptive methods and that they align with the newly released MEC updates (April 2015). In order to accomplish this, the Evidence Project will work with other Population Council and Jhpiego staff to complete technical updates and will ask Jhpiego and other BCS+ users to provide funding for printing and disseminating the updates.
- Held a technical workshop on June 24<sup>th</sup>, 2015 with participants from Jhpiego, CARE, IMC and Population Council to review MEC changes and suggest additional counseling cards.
- Contacted technical experts from PATH and Population Council to add two new method cards: Progesterone Vaginal Ring (PVR) and Caya®/Silcs Diaphragm.
- Updated BCS+ cards and algorithm with April 2015 MEC updates, including a number of MEC reclassifications on method use and ARV interactions, and updates on method administration (e.g. added Sayana® Press formulation to progestin-only injectables card).

- Developed four new counseling cards per recommendations from technical experts at the workshop. New cards include: Post Abortion Care, Adolescent Counseling, Women’s Support and Safety, and Male Services.
- Worked with the Integra Project to procure estimate for printing sample sets of 3<sup>rd</sup> edition cards to take to ICFP meeting in Indonesia (Integra is paying for the printing).
- The updated 3<sup>rd</sup> edition of the BCS+ counseling cards were used in the development of the training manual for Patent Medicine Vendors (PMVs) in Nigeria for screening, initiating and counseling clients on DMPA injectable contraceptives. The cards will also be used in conjunction with the training curriculum as a job aid for the PMVs to provide clients with Depo-IM and Sayana Press injections.
- The 3<sup>rd</sup> edition of the BCS+ is also incorporated into the protocol for the FP/HIV community level intervention study.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[3.1.1.](#), [3.2.1](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

- 3<sup>rd</sup> Edition of BCS+ Counseling Cards
- 3<sup>rd</sup> Edition of BCS+ Algorithm

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The release of the 2015 WHO Medical Eligibility Criteria was delayed from March 2015 to June 2015, which delayed the technical experts meeting on updating the BCS+ (the experts meeting was held in June rather than in April). There was a very enthusiastic response from workshop participants and a call to expand the counseling tool to encompass additional relevant issues, such as adolescent health and counseling for women in conflict zones. These additional content cards required consultations with the participating organizations technical area experts and consensus building on what content to include in the additional cards. The existing BCS+ cards required heavy edits to accommodate significant revisions in the recommendations on FP provision in the context of HIV epidemics and treatments; thus the duration of the revisions has taken longer than anticipated, however, the revised cards and the revised algorithm are on schedule to be completed by the end of Y2 of the Evidence Project, and are on Population Council’s and Jhpiego’s radar to share as a new resource at IFPC in November.

## Support for FP2020 in India

<b>Activity Manager:</b>	Kumudha Aruldas	<b>Country/Countries:</b>	India
<b>Activity (Project) Code:</b>	RF5AB	<b>Status:</b>	New, FS
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Various

### Summary

USAID/India has provided field support to the Evidence Project to provide support to the development partners to help the Government of India to achieve their FP2020 goal. The project received guidance from USAID/Delhi in December 2014 on the scope of the activity, which is anticipated to span three years.

### Objective(s)

To provide support for to the Government of India and the FP2020 partners in India to achieve their FP2020 goals while adhering to voluntary programming that respects human rights.

### Main Achievements

Dr. Khan discussed it with representative of USAID mission and it was suggested that we should wait as the mission is still evaluating a strategy in consultation with MOHFW and other development partners and hence till that time we should wait.

### Results Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan

1. Undertake a scoping trip to determine the scope of the activity.
2. Prepare a concept note on the activity.
3. Prepare a work plan based on the approved concept note.
4. Initiate activities.

### Main Achievements for Period 3 (October 2014 – March 2015)

- Karen Hardee worked with Population Council staff in India in December 2014 to determine the scope of this activity. Potential activities discussed included a synthesis paper on postpartum family planning (PPFP) at the national level and in the six states where USAID provides support, namely Delhi, Haryana, Punjab, Himachal Pradesh, Jharkhand and Uttarakhand; a brief synthesis paper on postabortion care (PAC) at the national level and in the six states where USAID provides support; capacity development to support M&E for a district initiative in Rajasamand, Rajasthan that provides injectables in the public sector; a review of experience with the Standard Days Method (SDM) in India and a consultation on SDM, building on the global consultation December 9, 2014 in Washington DC; a study of use-dynamics of PP IUD; and a pilot study of the cost of providing quality care in FP services in the public sector (e.g. What would it cost for the government to provide the standard of care that is in the norms and guidelines for the FP program?) This latter activity came up after the Chhatisgarh sterilization tragedy. The project submitted a concept note to USAID/India for one year based on four of the activities discussed with the Mission (synthesis papers on PPF and PAC, capacity building for M&E on injectables, and a meeting on SDM).

- Karen Hardee met with Amit Shah, USAID India Mission, in June 2015 to discuss further the scope of proposed activities. Amit Shah mentioned that a study on contraceptive use dynamics and a synthesis paper on rights, accountability and civil-society would be of interest to the Government. Further, he followed up with the government and discussed with Ian Askew, Director, Reproductive Health Research and Services, Population Council, and Population Council India staff in August 2015 to submit two concept notes – (i) study on contraceptive use dynamics and (ii) a roadmap for civil society engagement for FP. The two concept notes have been developed and shared with the Mission for feedback and approval.
- The concept notes were submitted the two concept notes to the Mission in September. These two activities will start in Year 3 and will have workplans separate from this general FP2020 activity.

### **Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

It has been challenging coming to agreement with USAID/India on the scope of activities under this field support. By the end of Year 2, two activities of interest to the Mission and to the MOH had been identified and will proceed in Year 3, each with their own workplan.

## Family Planning Integration in Community-Based HIV Programs

<b>Activity Manager:</b>	Wilson Liambila	<b>Country/Countries:</b>	Kenya
<b>Activity (Project) Code:</b>	RH1AA	<b>Status:</b>	Ongoing, PEPFAR
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Integration

### Summary

The Evidence Project received PEPFAR funds to undertake a study of integration of FP and HIV services at the community level in order to increase FP access for women and couples living with HIV. It is hoped that this study will complement a CDC study that will examine FP/HIV integration in facility-based settings. In discussions with USAID about the activity's scope and location, the study was first envisioned for Tanzania. That country fell through, however, and the study is now being undertaken in Kenya.

### Objective(s)

To explore the value of community service provision and to understand the facility and/or community models that optimize the use of FP services for HIV affected populations. The specific study objectives are:

1. To assess whether training Community Health Volunteers to integrate FP counselling in existing community-level HIV services increases FP utilization among HIV positive people;
2. To assess whether training Community Health Volunteers in business skills & income generation increases their retention and continuation to providing health services;
3. To assess the differences in FP utilization across intervention arms relative to the control arm;
4. To strengthen the community-based health management information system through the use of Jamii-Smart m-Health platform
5. To measure the incremental financial costs of training Community Health Volunteers in FP and in business skills/income generation to inform possible replication and scale-up.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Identified a PI for the study, Charlotte Warren, as well as key study personnel (Timothy Abuya) who will be based in the Population Council Nairobi office.
- The project successfully engaged the USAID Mission in Tanzania to identify the key partners and CAs to engage with to move study development forward. However, Tanzania fell through at the final stages of discussion due to some policy shifts in the country.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Given that the project was informed in the final stages of agreement that Tanzania ceased to be an option for carrying out this study, identify a country location for the study, potentially Kenya.
2. Draft study protocol that will be reviewed by key stakeholders in country TBD and Washington, DC.
3. Complete the IRB review process.
4. Launch the study.



### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- The site for research has shifted to Kenya following discussion with USAID/Washington and USAID/Kenya.
- The PI is now Wilson Liambila (Associate I) based in the Nairobi office (USAID/Kenya requested to have the PI in country). Charlotte Warren who has extensive experience in researching and implementing integrated SRH/HIV services, will continue to provide technical backstop to the project.
- A field visit to Kenya included a meeting with the USAID mission to discuss the proposed study, introduction of implementation research on FP/HIV integration into community based services, and a visit to the Busia County Health Management team.
- The study PI and team drew up a draft study design based on discussions with health authorities in Busia County and with USAID/Kenya.
- Development of the research protocol and study tools and instruments began.
- Research protocol (No.702) approved in August 2015 by the Population Council's IRB
- Research protocol (P573/08/2015) approved in September 2015 by the local IRB (KNH/UoN ERC)

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

Tanzania ceased to be an option for carrying out this study. Kenya was then selected as the study site, and Charlotte Warren, and Wilson Limabila the study PI, carried out a site visit to Busia County in Kenya to meet with local health authorities and to meet with the USAID Kenya representatives. Following this visit the Kenya Population Council staff and Evidence Project staff have worked together to develop a protocol to move forward. The Population Council IRB had significant comments related to the ethical aspects of data collection from HIV positive individuals. A significantly revised protocol was re-submitted to the Population Council IRB to address the scope of the first round of the Population Council IRB comments. While this created some delay due to the required resubmission and review, it led to a stronger protocol which received Population Council IRB approval in August 2015.

## Expanding Integration of Family Planning into Nonhealth Sectors

<b>Activity Manager:</b>	Jason Bremner	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AE	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Method Access & Choice	<b>Sub-Theme:</b>	Integration

### Summary

FP advocates argue that integrating FP into nonhealth-sector development projects can be a win-win for both sectors, leading to increased contraceptive use and improvements in other development indicators. Integrated projects are increasingly collecting data to document implementation and results, but there is a need to pull together project findings to evaluate what we know about integrated projects and where gaps still exist.

This work focuses on Population, Health, and the Environment (PHE), which is a community-based development model that uses integrated approaches to improve access to health services, especially family planning and sexual and reproductive health, while helping communities manage natural resources and conserve the critical ecosystems on which they depend.

In Years 1 and 2, the Evidence Project produced and disseminated a report that synthesized the available research from the latest generation of PHE projects and provided a detailed account of the benefits of integrated projects and existing gaps in the evidence base.

### Objective(s)

1. To examine and synthesize existing research on programs that integrate FP with environment, livelihoods, natural-resource management, and other nonhealth-sector development programs.
2. To document what is being measured by integrated projects, the proven benefits of integration, and gaps in the evidence base.
3. To highlight and discuss best practices and challenges for measuring the impact of integrated FP and nonhealth-sector development projects and ways in which projects can fill current gaps in the evidence.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Completed a systematic review of more than 40 projects, documenting evidence of project successes and challenges along various health, livelihood, and environment outcomes.
2. Developed a framework for synthesizing the analysis and an outline for the report.
3. Contacted the Wilson Center about presenting the results of the paper at a forum in the fall of this year or early in 2015.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2013 – September 2014)

- Complete first draft and circulate to appropriate reviewers within and outside the project for comments.
- Finalize the report and disseminate to key audiences.
- Firm up plans for a dissemination meeting at the Wilson Center or another venue.

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

The working paper, “The Impact of Population, Health, and Environment (PHE) Projects: A Synthesis of the Evidence,” was published in June of 2015. This synthesis report examines and summarizes recent available evidence from integrated PHE projects to document what they are measuring and/or not measuring, assesses the current state of PHE project monitoring and evaluation, and identifies gaps in evaluation and research for current and future PHE projects to improve upon. Forty-five documents from 37 projects were reviewed in conducting this synthesis. The report looks at the evidence surrounding the added value of integrated programming as compared to single sector programming, and suggests ways to improve documentation of the ways that integration provides added value. Finally, this synthesis assesses what evidence could be collected and used to better align projects with emerging fields of interest such as sustainable livelihoods, resilience, and climate change adaptation. This synthesis thus highlights both successes in collecting evidence of the benefits of integrating FP into non-health sectors as well as the challenges of documenting the benefits of integration. Together these successes and challenges point to where stronger evidence is still needed to support the field as a whole.

A communications plan was developed and implemented and included posting the report and a story about the findings on the Evidence Project and PRB websites; announcing it via various listservs, newsletters, and communities of practice; and promoting it through social media. The working paper was submitted and accepted for presentation at several international conferences. Kristen P. Patterson made a presentation titled “The Impact of Population, Health, and Environment (PHE) Projects: A Synthesis of the Evidence” at the Regional Population, Health, Environment Conference held in Kisumu, Kenya in September 9-10, 2015 and organized by the Lake Victoria Basin Commission.. In addition, the synthesis has been accepted for presentation at the International Conference on Family Planning November 9-12, and the Meeting of the Union for African Population Studies November 30-December 4. Finally, the working paper has been submitted to the editor of the journal Population and Environment for review for publication.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[2.1.1](#), [2.1.2](#), [2.2.1](#)

## **Products Completed in Year 2 (October 2014 – September 2015)**

- Working Paper: “The Impact of Population, Health, and Environment (PHE) Projects: A Synthesis of the Evidence”
- Kristen P. Patterson. 2015. “The Impact of Population, Health, and Environment (PHE) Projects: A Synthesis of the Evidence.” Presentation at the Regional Population, Health, Environment Conference, Kisumu, Kenya, September 9-10.

## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

None



## Improving Adolescent Sexual and Reproductive Health (ASRH) Outcomes in Bangladesh

<b>Activity Manager:</b>	Sigma Ainul & Ashish Bajracharya	<b>Country/Countries:</b>	Bangladesh
<b>Activity (Project) Code:</b>	RF5AA	<b>Status:</b>	New, FS
<b>IS Priority Theme:</b>	Improving Program Approaches for Youth	<b>Sub-Theme:</b>	N/A

### Summary

USAID/Bangladesh has provided field support funding through the Evidence Project to undertake activities that include coordination, research and knowledge synthesis, and secondary research aimed at improving ASRH in Bangladesh. The activities aim to contribute to improved ASRH related behaviors and service use, especially for the underserved and emerging target populations (e.g. adolescents living in urban slums), in the areas of adolescent fertility, early marriage, FP, nutrition, gender based violence, and education.

### Objective(s)

To improve ASRH outcomes in Bangladesh by:

- Synthesizing existing evidence on ASRH to identify key interventions.
- Identifying the need for and conducting additional focused research to inform identified interventions.
- Coordinating and providing technical assistance for implementation of identified interventions.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Completed development of the project work plan
2. Completed development of the project budget
3. Submitted work plan and budget to USAID Bangladesh Mission
4. Identified staff to work on the project
5. Attended USAID Bangladesh's Partners Meetings and Work plan Review meetings
6. Attended the first ASRH Networking Meeting organized by the Ministry of Health and Family Welfare (MOHFW), Directorate General for Family Planning (DGFP), Maternal and Child Health (MCH) Unit, which is the network that this project will support to improve coordination among agencies working to improve ASRH.
7. Prepared an 18 month work plan and budget.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Receive approval from USAID on the project work plan and budget.
2. Implement approved work plan including approved coordination activities, systematic reviews, gap analysis and primary research.
3. Conduct comprehensive review of ASRH programs in Bangladesh.
4. Provide technical assistance to the DGFP in coordinating national organizations working in ASRH
5. Support ASRH Networking Forum.

## Main Accomplishments for Year 2 (October 2014 – September 2015)

### Project Inception Related Results/Activities

- Presented the project work plan on November 23, 2014 to USAID Bangladesh OPHNE Team including Ms. Marietou Satin, Health Service Delivery Pillar Lead.
- Finalized the project work plan and project budget and submitted documents to USAID/Bangladesh as well as an official submission to USAID/Washington.
- Received concurrence from USAID Bangladesh and official approval from USAID/Washington Evidence Project AOR on 21<sup>st</sup> January allowing activities to commence.
- Completed recruitment of staff for the project and finalized study team in Bangladesh on February 22, 2015 (Team Leader and PI: Dr. Ashish Bajracharya, Program Officer: Sigma Ainul, Documentation Officer/Assistant Program Officer: Ahmed Hossain Taufiq (new hire), Senior Research Officer: Tahmina Hadi (new hire).
- Attended USAID Bangladesh's partner's meetings where the project was announced to USAID OPHNE-funded partners and at work plan review meetings.

### Workplan Specific Results/Activities

- ASRH Workplan IR1
  - Commenced compiling materials on ASRH programs and interventions operating in Bangladesh through online research and liaising with both national and international organizations working on ASRH in the country.
  - Started populating a mapping grid of ASRH programs and interventions.
  - Identified partner organizations to be included in the Core Group (steering committee) for review and mapping exercise of ASRH programs. These include Plan Bangladesh, Save the Children Bangladesh, ICDDRDB, BRAC, United for Body Rights, UNICEF, UNFPA and the Population Council.
  - Liaised with focal points for adolescent health, development and programming in each of these organizations to finalize criteria for program review and mapping.
  - An inception meeting of the Core Group was conducted on April 6, 2015 in which we finalized criteria for program review and mapping.
  - Preliminary findings from the ASRH review were presented at the International Conference on Urban Health (ICUH) held at Bangabandhu International Conference Center, Dhaka, May 24-27, 2015.
  - On June 24, 2015 the findings from the detailed preliminary analysis of the desk review were shared with key stakeholders and partners including Save the Children, brac, PLAN, CARE, FPAB, USAID, UNFPA. Feedback from the discussion was considered in refining the analysis.
  - A consultant was hired to finalize the synthesis report. We are now working towards a final report of the comprehensive review of ASRH programs in Bangladesh and expect to have a final report by the end of this period.
  - The Evidence Project team has visited several project sites of ASRH programs (GOAL by Brac, “Alor Dhara” by RHSTEP, women-led pharmacy of NHSDP, NHSDP clinic) to supplement the desk review of ASRH programming in Bangladesh.
- ASRH Workplan IR2
  - Based on the findings of IR1, certain research needs have been identified and concept notes for potential research topics have been drafted under this activity. Two distinct pieces of research have been identified that will be conducted in the coming year. They are listed below:
    - Qualitative research to understand programming successes, challenges and gaps in ASRH programming in Bangladesh to supplement the ASRH desk review and mapping.
    - Rapid Assessment of Adolescent Friendly Health Corners at MCWCs and HFWCs that are being run by DGFP.

- Details of these programs are further elaborated in the Work plan for Year 3 below.
- ASRH Workplan IR3
  - Participated in the formation meeting of the National ASRH Networking Forum on September 8, 2014 organized by the MOHFW, DGFP MCH Unit, which is the network that this project will support to improve coordination among agencies working to improve ASRH.
    - Co-organized second ASRH Networking Forum Meeting on Feb 16, 2015 with MOHFW, DGFP, where we announced the new initiative and presented it in detail to the major stakeholders working in the field of ASRH in Bangladesh. Over 20 organizations attended the meeting.
    - Received pledges of support from all organizations that attended the meeting to support the ASRH initiative.
    - Received commitment from key organizations to participate in a Core Technical Group (steering committee) to help map and review ASRH activities.
    - Received the endorsement of Dr. Mohammad Sharif, Director (IEM), DGFP, and Dr. Shimul Koli Hossain, Program Manager (A&RH), MCH Unit, DGFP.
- Commenced technical assistance activities to the MCH Services Unit of the DGFP for the following activities:
  - Development of the National Plan of Action (NoPA) for ASRH in Bangladesh. Attended the first review meeting of Bengali Translation of NPoA for ASRH held on December 18, 2014. Reviewed the draft and provided feedback on the NPoA in the second review meeting held on December 24, 2014.
  - Development of the ToR for National ASRH Networking Forum, as part of the Evidence Project/ASRH Project's support to the networking forum.
- Initiated discussion with Dr. Shimul Koli Hossain, Program Manager (A&RH), MCH Unit, DGFP, to sign a MoU between Population Council and DGFP to formalize collaboration in related ASRH activities. The MoU will be reviewed by USAID Bangladesh before formal signing between the Council and MOHFW/DGFP.
- Continued to work in close consultation with DGFP, Dr. Mohammad Sharif, Director (IEM), DGFP, and Dr. Shimul Koli Hossain, Program Manager (A&RH), MCH Unit, DGFP on the ASRH project.
- Continued to provide technical assistance to the Directorate General of Family Planning in coordinating national organizations working in ASRH.
- Co-organized the third ASRH Networking Forum Meeting on August 12, 2015 with MOHFW, DGFP where preliminary findings from the review and mapping of ASRH programs were shared with stakeholders.
- Shared the preliminary findings from the desk review of ASRH programs with a larger group of stakeholders in the ASRH field.
- Received commitment from partner organizations to visit their adolescent programs to supplement the desk review. .
- Announced the publication of a bi-annual Newsletter in collaboration with DGFP where the latest updates from the government, NGOs and other stakeholders working on ASRH will be disseminated.
- Contributed to the development of an Operational Manual of Adolescent Friendly Health Service (AFHS) centers as a member of the working committee and review committee. .
- An MoU has been drafted between Population Council and DGFP to formalize collaboration related to ASRH activities and soon to be signed.

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Presentation titled “Reviewing programs and interventions addressing sexual and reproductive health of adolescent girls and young women in urban Bangladesh”

- Presentation: “Improving Adolescent Sexual and Reproductive Health in Bangladesh- A Comprehensive Review of Programs Addressing ASRH in Bangladesh”
- “Summary grid of ASRH Programs in Bangladesh”-synthesized document of intervention strategies, beneficiaries, location, duration and evaluation mechanism of the interventions.
- Operational Manual of Adolescent Friendly Health Services (AFHS) – technical assistance provided to MCH Services Unit, DGFP

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

*Delayed start and political unrest:* The start of the project was delayed initially and the project finally commenced in January, 2015. In the initial months of 2015, there was nationwide political unrest which made arrangement of meetings difficult. Despite the political unrest, blockades and strikes in Bangladesh, we launched the project on February 16, 2015, at the second ASRH Networking Meeting co-organized with the DGFP, with excellent participation and attendance of partners. Due to security restrictions and security protocols, however, USAID and US Embassy affiliated partners have not been able to participate in some meetings organized at the DGFP. To counter this, subsequent meetings have been organized within the diplomatic zone to ensure travel restrictions don't affect the attendance of meetings by partners.

*Dependency with DGFP's schedule:* Timeline for IR3 is heavily dependent on DGFP's schedule. Despite this challenge, by maintaining a close communications with Dr. Shimul Koli Hossain, Program Manager (A&RH), MCH Unit, DGFP, we have been able to ensure smooth and timely progress on the project's coordination activities.

*Project Staff relocated to Cambodia:* Activity manager of the project Dr. Ashish Bajracharya has been relocated to Cambodia under the Evidence Project to lead the Population Council's new office in Phnom Penh. The smooth operation of the project has been maintained by his prudent guidance over email and Skype and regular weekly updates with the team in Bangladesh. The responsibilities for managing day-to-day activities of the project and liaising with the donor and DGFP have been taken over by Program Officer, Sigma Ainul.



## Ethiopia Adolescent Programming Studies

<b>Activity Manager:</b>	Aparna Jain	<b>Country/Countries:</b>	Ethiopia
<b>Activity (Project) Code:</b>	RF5AC	<b>Status:</b>	Ongoing, FS
<b>IS Priority Theme:</b>	Improving Program Approaches for Youth	<b>Sub-Theme:</b>	N/A

### Summary

Adolescents aged 10-24 account for approximately 34% of the Ethiopian population, and the number of adolescents is projected to double from 31.6 million in 2014 to 66.9 million by 2050 (US Census Bureau, accessed 9/17/14). With this expected population growth, it is critical to meet adolescents' sexual and reproductive health (ASRH) needs, and ensure that access to a range of high quality preventive and curative services are available. In Ethiopia, significant programmatic attention has been given to improving ASRH services. High rates of child marriage, unmet need for family planning, and adolescent childbearing, however, continue and reduce girls' access to education. In addition, reaching rural adolescents who account for 73% of all adolescents 15-24 years old (Ethiopia DHS, 2011), is a unique challenge given Ethiopia's vastly rural landscape.

The goals of the proposed research studies are to understand the coverage and reach of current ASRH and Youth Friendly Services (YFS) in several rural regions of Ethiopia and to identify effective ways to reach married adolescents with family planning services. The ASRH study will assess adolescents aged 12-24 years old – females and males, unmarried and married, in-school and out-of-school –awareness and perceptions of available ASRH services, service utilization patterns and behaviors, experiences obtaining health services from multiple sources, and reasons for non-use. The knowledge generated from this study will provide evidence to inform future programming on adolescent SRH services in Ethiopia.

The second study will be an evaluation of an intervention designed to increase access to family planning services by married adolescents. This evaluation will generate evidence that informs the potential to scale up successful approaches to reaching married adolescents with family planning. This second study is on hold until funding for the intervention is obtained.

### Objective(s)

The objective of the first study is to survey adolescents to better understand their awareness, perceptions and utilization of YFS facilities, as well as other sources of health care services beyond YFS.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Held discussions with the USAID Mission about their interest in topic areas for utilization of Program, Development and Learning (PDL) funds.
2. Aparna Jain and Laura Reichenbach conducted a country visit to meet with the Mission and relevant stakeholders.
3. Drafted and shared a concept note entitled, "Adolescent SRH health-seeking behaviors in Ethiopia: Implications for programming" with the Mission for their feedback. This will serve as the basis for development of a research protocol.

### Project Results Achieved in Year 1 (October 2013 – September 2014)

N/A

## **Products Completed in Year 1 (October 2013 – September 2014)**

Draft concept note for assessment of adolescent reproductive health in Ethiopia

## **Year 2 Work Plan (October 2014 – September 2015)**

1. With support from the USAID Mission and Pathfinder International, finalize the concept note, “Adolescent SRH health-seeking behaviors in Ethiopia: Implications for programming.”
2. Draft study protocol based on concept note and submit for IRB approval (Population Council IRB and in-country IRB).
3. Translate informed consent statements and survey instruments
4. Hold technical working group meeting with national & international NGOs, MOH and USAID/Ethiopia to finalize site selection and discuss criteria of promising practices
5. Recruit supervisors, interviewers and data collectors
6. Train supervisors, interviewers and data collectors
7. Finalize survey instruments
8. Data collection – includes household listing, quantitative survey, qualitative IDIs
9. Begin data cleaning, analysis and coding

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- A full-time Program Officer was hired in Ethiopia, Hussein Ismail, as a Co-Investigator of the research study.
- The research protocol was developed along with survey instruments and informed consent statements. It was submitted to the Population Council IRB and received approval in July 2015. The informed consent statements were translated into Amharic, Tigrinya and Oromia. The translated and English versions of the informed consent statements, the English version of the data collection instruments and the protocol were submitted to the Ethiopia Public Health Institute (EPHI), responses to the IRB comments and a revised protocol was resubmitted, and the protocol is now pending approval.
- Field visits were made to five Regional Health Bureaus (in Amhara, Oromiya, Tigray, SNNPR and Benishangal Gumuz) to obtain a list of functional health facilities that offer Youth Friendly Services. The list also provided the location of the facilities and the type of support received (e.g. Pathfinder, FGAE, UNICEF/UNFPA or Ethiopian government).
- Of the eligible YFS, a sample was randomly selected proportionate to population size in each region. Field visits were made to each YFS to identify its location, assess the functionality of the YFS, assess the surrounding area for travel, and to identify control facilities. In several regions, randomly selected YFS sites were replaced either because they were not functioning or they were located in large towns and not rural or peri-urban areas. GPS coordinates of the selected YFS sites and control sites were also registered during these visits.
- A GPS specialist and an Enumeration specialist from the Central Statistics Agency began working on identifying enumeration areas that fell within 5 kilometers of YFS sites, between 5-15 kilometers of YFS sites, and within 5 kilometers of control facilities. Maps were drawn that showed the enumeration areas that fell within the 5 km and 5-15 km from YFS and control centers. From these maps, it became apparent especially in Tigray that there was considerable overlap of enumeration areas between facilities (either between two YFS sites or one YFS site and a control site). Based on these maps and reduce the amount of overlap (which not be completely eliminated), the study team decided to reduce the farthest distance from 15 km to 10 km.
- Planning is underway for the first technical advisory committee meeting. The meeting is tentatively scheduled for October 14, 2015. Technical advisory committee participants include representatives working in YFS from the 5 regional health bureaus, Pathfinder, FGAE, USAID/Ethiopia, Ministry of Women and Child Welfare, and the Federal Ministry of Health.
- The project received funding from GenDev (at USAID) for scale up of the Population Council’s work to prevent child marriage. The second study will be linked to this intervention.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

## **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

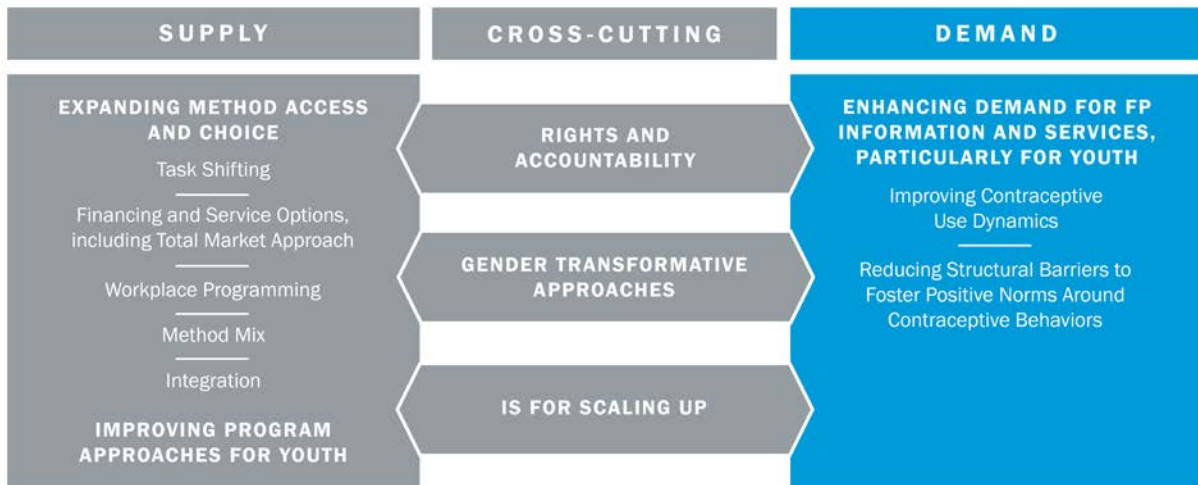
## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

Government elections were held in May 2015 and resulted in a no travel advisory issued by USAID/Ethiopia for expatriates. As a result of this travel advisory, some activities were delayed until travel could be resumed including finalization of study design and study budget.

There were delays in receiving feedback from the local IRB committee at EPHI. A review that typically takes one month took two and half months for this protocol.

The study budget has taken a long time to finalize and share with USAID/Ethiopia. Every time we are ready to share it with the Mission, something new comes up that requires a review of the budget. For example and most recently, the IRB committee informed us that they plan to conduct monitoring visits to the study implementation sites and requested that the study cover the costs of these visits. After discussions with our contact at USAID/Ethiopia, we learned to welcome this oversight and EPHI involvement, and to use study funds to cover their visits. We are now revising the budget to include these study visits, which is also having some implications on the study design.

The IRB committee's comments were technical and there were no comments related to the ethics of the study. The comments suggest that EPHI would like to be more involved in the study on a technical side but it is unclear how that will look, especially since that is not the role of an IRB committee. We need to explore with EPHI their role in the study and if certain individuals are interested in collaborating. This may cause some added delays in study implementation.



## Factors Affecting Contraceptive Choice and Discontinuation among Bangladeshi Women

<b>Activity Manager:</b>	Md Mahabub ul Anwar	<b>Country/Countries:</b>	Bangladesh
<b>Activity (Project) Code:</b>	RF0AL	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Enhancing Demand	<b>Sub-Theme:</b>	Improving Contraceptive Use Dynamics

### Summary

Bangladesh has made remarkable progress in increasing contraceptive use from around 8 percent in 1975 to 61 percent in 2011. Total fertility has declined to almost replacement level at 2.3 births per woman from 6.3 births per woman during the same period. Long-acting and permanent methods (sterilization, implants, and IUD) account for only 13 percent of all contraceptive use, which is a concern for program managers and policy makers since most childbearing is completed by the mid-to late-twenties in Bangladeshi women. These women, who have completed their families, tend to rely on temporary or reversible contraceptive methods for their remaining reproductive years. There is a dearth of information about contraceptive use dynamics in Bangladesh and why women continue to use particular contraceptive methods.

The goal of this qualitative study is to explore the contraceptive use dynamics of married women aged 15-49 in Dhaka, Khulna and Sylhet Divisions in Bangladesh. These three diverse divisions were selected based on health indicators and cultural diversity. The 2011 Bangladesh DHS survey showed that TFR varies across divisions with a high of 3.1 births per woman in Sylhet to a low of 1.9 in Khulna. Data collection methods include focus group discussions (FGDs) with married women aged 15-49 and married men aged 18-49 in addition to in-depth interviews (IDIs) with married women aged 15-29 who are currently using contraception, recent discontinuers of contraception, and recent method switchers

### Objective(s)

1. To identify barriers and facilitating factors that influence contraceptive choice
2. To assess method-specific reasons of discontinuation
3. To understand reasons for switching to a specific method
4. To assess lower acceptance of longer-acting and permanent methods compared to short-acting methods
5. To understand health concerns or side effects that influence discontinuation of contraceptive methods.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

Developed a research protocol

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Finalize research protocol and obtain Population Council
2. Translate and back translate semi-structured interview guides
3. Recruit and train interviewers – includes development of data management SOPs, transcription & translation SOPs, and a training manual

4. Pilot-test and finalize semi-structured interviews
5. Collect and analyze data
6. Prepare manuscripts, presentations, and meetings for widespread dissemination
7. Facilitate workshop to discuss results with key FP stakeholders

### **Main Accomplishments for Period 3 (October 2014 – September 2015)**

- Finalized the study protocol which was first approved by the Population Council IRB on December 1, 2014. Further revised the protocol to reflect comments received from USAID’s internal and external reviews. The amended protocol received Population Council IRB approval on March 26, 2015.
- Drafted and translated into Bengali all semi-structured interview guides.
- Identified male and female interviewers and initiated preparations for their training.
- A total of 13 data collectors were interviewed from April 26-27, and six were selected and trained for 10 days from May 12-26.
- A study visit was made to Bangladesh in May 2015. During this visit, many aspects of the study design, qualitative interview guides, and the study budget were finalized. We learned that the FWA registries provided detailed information about contraceptive user histories so redesigned the sample to be very intentional, meaning that we were able to select women who had switched from a specific method to another method or women who had discontinued a specific method. During this visit we also removed Dhaka from the study and decided to focus on Sylhet and Khulna divisions
- Data collection began May 27, 2015 and ended August 04, 2015. A total of 66 IDIs and 17 FGDs were conducted. Eighty interviews have been transcribed and 60 interviews have been translated into English by September 30, 2015.
- The study team has begun reviewing transcripts.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The primary challenge that has delayed the field work has been the political situation in Bangladesh. Hartals or strikes have been ongoing in Bangladesh since January, 2015. Data collection activities are planned to commence in May 2015.

In Sylhet division, the data collection team encountered several issues. The first issue was identifying 15-19 year old contraceptive users and newly married 20-21 year olds who are currently using any contraceptive method. The second issue was that in Haor region of Sylhet, the landscape is remote in terms of movement to and from the area, movement between houses, and access to services. During the study team’s visit, there were heavy rains and this coupled with the poor transport made it difficult and time consuming to collect data. Furthermore, the patriarchal society was apparent and women’s visibility and mobility outside of the home was rare. In some IDIs, the interviewers were challenged to separate respondents from their family members. Specifically, mothers-in-law and husbands of respondents were reluctant to provide free space to their ‘woman’ with an unknown outsider (interviewer). Though the interviewers are well trained in the ethical procedures and privacy and confidentiality, they struggled to separate respondents from their mothers-in-law and husbands. The team also found it difficult to understand the local language of the respondents.

## Longitudinal Study of Adolescents

<b>Activity Manager:</b>	Laura Reichenbach	<b>Country/Countries:</b>	Burkina Faso
<b>Activity (Project) Code:</b>	RF0AQ	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Enhancing Demand	<b>Sub-Theme:</b>	Reducing Structural Barriers

### Summary

The opportunity to carry out both prospective and retrospective longitudinal research and analyses is a unique opportunity and will be a hallmark of the Evidence Project. Given that INDEPTH Network, which serves as the secretariat for 49 health and demographic surveillance sites (HDSS) throughout the world, is a partner on the Evidence Project, the bulk of our Year 1 activities have been to engage the INDEPTH Network to identify the most appropriate and efficient process for identifying possible HDSS where the project will work. This engagement has included an in person visit to INDEPTH Network offices in Accra, Ghana by several Evidence Project staff. The Evidence Project worked closely with Jacques Emina, Longitudinal Research Advisor, to write a concept note laying out the longitudinal study activities for Year 1 and Year 2. Additional activities were drafting a process for cataloguing the data and interventions currently being carried out in HDSS relevant to the project's objectives. This cataloguing process will inform the identification of the longitudinal site that will follow cohorts of adolescents as well as will help identify opportunities for targeted secondary analyses to inform FP policy and programming in Evidence Project focus countries.

The Evidence Project has also worked with the Dfid-funded STEP UP Project, for which Population Council is the lead, to identify opportunities to collaborative on the development, validation, and roll-out of an HDSS module that measures unintended pregnancy.

### Objective(s)

1. To establish a longitudinal platform to generate evidence from prospective longitudinal research and analysis over the life of the Evidence Project.
2. To leverage and maximize the utilization of existing INDEPTH HDSS data to inform FP policy and programming in Evidence Project focus countries.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Jointly with INDEPTH Network, identified a process to identify HDSS for longitudinal research conducted by the Evidence Project and to identify ongoing or planned interventions or trials in INDEPTH sites that are relevant to the project.
2. Prepared a concept note for Year 1 and Year 2 activities.
3. Drafted a request for information and survey tool to be shared with all HDSS to identify existing data sources relevant to FP/RH policy and programming in Evidence Project focus countries.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

## **Year 2 Work Plan (October 2014 – September 2015)**

1. Carry out analysis of existing HDSS data to identify data gaps and need for additional data collection as well as to identify current understanding of the most vulnerable groups in specific sites.
2. Clean and manage existing data to address specific issues for the Evidence Project.
3. Perform analysis of data from one or more HDSS to provide a clearer picture of FP and contraceptive use dynamics among the most vulnerable groups.
4. Design, carry out, and monitor the quality of baseline data collection once the surveillance site has been selected.
5. After the pilot module on unintended pregnancy is validated in the Ghana site (Dodowa) as part of the STEP UP Project, roll out the data collection approach and analysis to INDEPTH sites in Evidence Project countries.
6. Hold a data analysis workshop on adolescent data from several HDSS in Evidence Project focus countries.

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Sent Request for Information to all INDEPTH HDSS sites on October 27, 2014. Narrowed down sites to four based on project and other criteria. Requested presentation from site leadership.
- Selected Ouagadougou, Burkina Faso to be Evidence Project site.
- Started draft of longitudinal site protocol and baseline data collection instruments.
- Submitted longitudinal study protocol to PC IRB; received IRB comments and revised protocol based on IRB comments.
- Drafted qualitative data instruments.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

## **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The INDEPTH Network requires a participatory and transparent process for selecting and engaging individual sites. While this process is thorough and fair, it did require additional time to complete. We are pleased with the process and feel encouraged that we have selected the site. We will look for ways to streamline the engagement process with the Ouagadougou site moving forward to ensure an efficient process.

During this year, the INDEPTH Network experienced some transition in personnel which seriously affected the implementation of our planned activities for Year 2. Jacques Emina, Longitudinal Research Advisor, for the Evidence Project and staff of INDEPTH Network based in Accra, resigned from the INDEPTH Network in May 2015. This coincided with the finalization of the study protocol for submission and review by PC IRB. His resignation has also had implications for what the role of the INDEPTH Network will be on the study moving forward and has required that we re-visit our relationship and expectations of INDEPTH. As Jacques Emina is a technical specialist who had unique technical knowledge and access to HDSS data, we have had to reassess the scope of our activities as a result of his departure. The replacement individual that the INDEPTH Network suggested does not appear to have the same technical expertise as Jacques Emina. As a result, we have decided to go directly to the Ouagadougou site to administer the study rather than through INDEPTH as had originally been proposed. This has led to some administrative delays as direct negotiations with the Ouagadougou site have taken more time than expected.

The very recent coup and current political situation in Burkina Faso raises serious questions about the ability to carry out the longitudinal study as planned. It is too early to know what the repercussions of the coup will be and how it may affect our planned work. We are currently assessing this situation with our partners on the ground and



will have to make a decision as to how this may affect our work. It may mean that we delay our implementation or it may mean that we adapt our protocol to an alternative HDSS site. Given our process of site selection we have a list of sites that were alternative candidates that we may need to revisit depending on how the situation in Burkina Faso plays out. We will determine a reasonable period of time for assessing the situation in Burkina Faso and making a decision about whether to continue with the work there.

## Addressing Changing Social Dynamics with a Particular Focus on Youth

<b>Activity Manager:</b>	Laura Reichenbach	<b>Country/Countries:</b>	TBD
<b>Activity (Project) Code:</b>	RF0AX	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Enhancing Demand	<b>Sub-Theme:</b>	Various

### Summary

The rapid expansion of youth populations and urbanization in developing countries requires creative responses that take into account fast-changing social norms and expectations, particularly concerning the rights of unmarried and married adolescents. This is particularly the case in communities with persistently high fertility. The Evidence Project provides a unique opportunity to generate needed evidence from longitudinal and other research to identify and evaluate how changing social norms affect contraceptive decision making and behaviors, particularly among urban young people. The project will identify a longitudinal study site to follow cohorts of very young adolescents (10-14 year olds) and older adolescents (15-19 year olds) for the life of the project. This will allow tracking of the ages and stages of adolescents and better understanding of changes in adolescent behavior in the context of social and other dynamics.

This activity is closely mapped to the longitudinal study site activity described elsewhere in the report. Identifying the longitudinal sites for cohort analysis and evaluation of interventions has been an important focus for the project. The process of cataloguing data and recent/ongoing interventions in INDEPTH health and demographic surveillance sites (HDSS) will inform the selection of the longitudinal site for examining changing social dynamics among youth.

### Objective(s)

To establish a longitudinal cohort of youth (including very young adolescents) to be followed throughout the life of the Evidence Project. Following these cohorts of youth will help to identify the ages and stages of adolescence and to unpack the FP/RH programming needs at these different stages.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Jointly with INDEPTH Network, developed a process to identify HDSS longitudinal site(s) and ongoing or planned interventions or trials in INDEPTH sites relevant to the Evidence Project.
2. Drafted a Request for Information (RFI) and survey tool to be shared with all HDSS to identify existing data sources on FP/RH policy and programming in selected countries relevant to the Evidence Project. This tool asks about data collected related to youth as well as recent and ongoing interventions addressing youth (draft RFI for data compilation and cataloguing of all INDEPTH Network HDSS).

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Identify longitudinal site for following adolescent cohorts
2. Design and carry out the baseline data collection for the INDEPTH Evidence Project HDSS once the site has been selected. Oversee the quality of baseline data collection for INDEPTH Evidence Project HDSS sites.

3. In conjunction with what is described in the longitudinal study site activity, will hold data analysis workshop on adolescent data from several HDSS in Evidence Project focus countries.
4. In collaboration with the DFID-funded STEP UP Project, develop data collection instruments and analytical methods for measuring unintended pregnancy.
5. Include validated data collection instruments in longitudinal study site in Ouagadougou.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Sent Request for Information to all INDEPTH HDSS sites on October 27, 2014. Narrowed down sites to 4 based on project and other criteria. Requested presentation from site leadership.
- Selected Ouagadougou, Burkina Faso to be Evidence Project site.
- Started draft of longitudinal site protocol and baseline data collection instruments.
- Participated in technical expert meeting on measuring unintended pregnancy in HDSS sites held in Accra, Ghana June 2-4, 2015.
- Met with Clementine Rossier who leads the INDEPTH Network Technical Working Group on Fertility and Jacques Emina to plan the details of the data analysis workshop on adolescent fertility in selected HDSS sites.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The INDEPTH Network requires a participatory and transparent process for selecting and engaging individual sites. While this process is thorough and fair, it did require additional time to complete. We are pleased with the process and feel encouraged that we have selected the site. We will look for ways to streamline the engagement process with the Ouagadougou site moving forward to ensure an efficient process. During this reporting period, the longitudinal advisor from INDEPTH Network, Dr. Jacques Emina, resigned from INDEPTH. This came as a surprise, and presents a challenge for us as Dr. Emina served as our point person and was closely involved in all of the conceptualization of the longitudinal work for the project. Dr. Emina also brought strong technical and analytical skills to the INDEPTH Network to support all of the longitudinal work proposed. He was also the key point person for the planning of our data analysis workshop on adolescent fertility with several HDSS sites. The leadership of the INDEPTH Network is currently looking for a replacement for Dr. Emina, but this could take some time. A possible solution, especially during the period of time required to replace Dr. Emina, is for us to have more direct contact with the INDEPTH sites participating in the study to better ensure efficiency and timeliness. We are preparing, however, for some delays, especially in the planning and implementation of the data analysis workshop.

With the budget constraints in Year 3 we will have to reduce the amount of money we can spend on the data analysis workshop. Based on telephone discussions with Clementine Rossier and INDEPTH Network we are considering reducing the number of HDSS datasets/sites that will be included in the workshop. We will likely focus on Burkina Faso, Senegal, Ghana and Nigeria although this will not be determined until October 2015 at the earliest.

The STEP UP Project has identified an exciting and ambitious work plan related to measurement of unintended pregnancy. The Evidence Project must determine, based on the resources available for Year 3, what is the most realistic contribution that it can make to the joint collaboration with STEP UP. At a minimum, Evidence will collaborate to include whenever possible common questions and modules as it develops and collects longitudinal data in Burkina Faso.

**Note:** *In Year 3, this activity will be merged with the Longitudinal Study of Adolescents activity.*

## Improving Family Planning Programming Using Unmet Need Measures

<b>Activity Manager:</b>	Aparna Jain	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AY	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Enhancing Demand	<b>Sub-Theme:</b>	Various

### Summary

Unmet need is a common measure that has been used for family planning advocacy and population policies. Most frequently collected through cross-sectional surveys like the Demographic and Health Surveys (DHS), it has been used to assess family planning program success at the regional and national levels. Unmet need is defined as women who are not currently using a contraceptive method but who report not wanting any more children (unmet need to limit) or wanting their next child in more than two years (unmet need to space). The unmet need measure also includes women who are pregnant or amenorrheic due to a birth in the past 24 months and who stated that the birth was wanted then (no need), later (unmet need to space) or not at all (unmet to limit). Women who are not sexually active or infecund (self-defined and derived from multiple measures) are classified as no need.

Testing how the unmet need measure can be used in programs with youth, particularly as they move through different stages of their lives, is a major evidence gap. While 52 percent of unmarried sexually active single women are currently using contraception in developing countries (Casterline, 2014), 22 percent report having an unmet need. These figures, however, include never married and formerly married women; thus they are not limited to youth. Jeejeebhoy et al. (2014) demonstrated that 51 percent of married youth aged 15-24 in India reported a demand for contraception to delay their first birth after marriage. Of those, only 10 percent actually used contraception to delay their first birth. Given that we are currently seeing the largest cohort of youth in history entering into their reproductive years, it is imperative that programmers and policymakers design family planning interventions that will effectively reach youth and reduce unwanted pregnancies and high rates of youth fertility.

### Objective(s)

- To test how the measure of unmet need can be used in programming to increase family planning access and utilization among youth in Burkina Faso.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

N/A

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Develop a concept note
2. Literature review of unmet need measures in programs
3. Identify possible HDSS sites for secondary analysis and/or primary data collection to inform measures of unmet need
4. Develop approaches for implementing unmet need measure in programs
5. Develop a report of literature review findings and approaches
6. Hold a technical consultative meeting to review report and obtain feedback/suggestions

**Main Accomplishments for Year 2 (October 2014 – September 2015)**

Conducted preliminary literature searches to ascertain the potential scope of the literature review. During this study period, a concept note was drafted and finalized. The concept note was shared with senior management at Population Council and submitted to USAID in August 2015. The concept note changed the planned activities for year 2.

In addition, an analysis was completed to assess how unmet need, when taking age and marital status into account, can inform youth family planning programming. The analysis used DHS data from Benin, Burkina Faso, and Cote D'Ivoire. An abstract of the analysis was submitted to the International Conference for Family Planning and accepted as an oral presentation. Since then, the analysis has been expanded to Guinea, Mali, Senegal and Niger. A presentation is being developed for the conference along with a manuscript for submission to a peer-reviewed journal.

**Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

**Products Completed in Year 2 (October 2014 – September 2015)**

- Concept note & activity budget have been finalized

**Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

N/A



## Rights-Based Approaches to Family Planning

<b>Activity Manager:</b>	Karen Hardee & Vicky Boydell	<b>Country/Countries:</b>	Global & Uganda
<b>Activity (Project) Code:</b>	RF0AM	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Rights & Accountability	<b>Sub-Theme:</b>	N/A

### Summary

There has been increased attention to rights-based family planning in recent years, particularly since the London Summit on Family Planning in 2012 that announced the goal of reaching 120 million new FP users by 2020. The need to reach that goal while ensuring that services are voluntary and that they respect, protect and fulfill human rights has become clear. A number of guidelines, frameworks and principles documents have been published on human rights-based family planning, including from WHO and from the FP2020 Rights and Empowerment Working Group. One resource, the conceptual framework for voluntary human rights-based FP (VRBFP), developed with funding from the Gates Foundation, was published in the March 2014 issue of *Studies in Family Planning*. The purpose of the conceptual framework, is intended to guide practical application of human rights in FP programming at the policy, service delivery, community and individual levels. The Evidence Project is partnering with the Sustainable Networks Project (SIFPO II IPPF) to implement and test taking a human rights-based approach (RBA) to family planning in Uganda. Additionally we are collaborating with other organizations undertaking similar work in other countries to ensure use, to the extent possible, of common tools, metrics and indicators to measure the effect of taking a RBA to FP on family planning and reproductive health outcomes.

### Objective(s)

1. To collaborate with global partners to define and operationalize consistently rights-based family planning programming, including measurement of the effects of such rights-based FP programming through validation of rights indicators
2. To test and provide evidence on the implementation of rights-based FP programming in one or more countries
3. To contribute to the currently scant evidence base on the effect of rights-based FP on FP/RH outcomes

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Produced the publication: Hardee, K., Kumar, J., Newman, K., Bakamjian, L. Harris, S., Rodríguez, M., and Brown, W. 2014. Voluntary, Human Rights–Based Family Planning: A Conceptual Framework. *Studies in Family Planning* Volume 45, Issue 1.
2. Participated in a Population Council, EngenderHealth, Population Action International and International Women’s Health Coalition co-sponsored dialogue in Washington, D.C. on human rights-based approaches to strengthen voluntary FP programs.
3. Held discussions with EngenderHealth, Futures Group and SIFPO/IPPF to find a country and platform to implement and conduct implementation science on human rights-based FP.
4. Complied with request from FP2020 to contribute an update on human rights-based FP programming for the second annual FP2020 report.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

## Products Completed in Year 1 (October 2013 – September 2014)

- Hardee, K., Kumar, J., Newman, K., Bakamjian, L. Harris, S., Rodríguez, M., and Brown, W. 2014. “Voluntary, human rights–based family planning: A conceptual framework,” *Studies in Family Planning* Volume 45, Issue 1.

## Year 2 Work Plan (October 2014 – September 2015)

1. Participate in a brown bag lunch at USAID on human rights-based FP, including progress with a user’s guide to the conceptual framework on voluntary, human rights-based FP.
2. Find a project/country in which to conduct implementation research on implementation of rights-based FP (potentially with IPPF/SIFPO).
3. Complete and disseminate the robust review of examples of human rights-based FP programming.

## Main Accomplishments for Year 2 (October 2014 – September 2015)

### Uganda Rights-based Approach (RBA) to FP

- Working in collaboration with Sustainable Networks (IPPF’s SIPFO IIProject), the Evidence Project supported implementation of a consultation on rights-based FP in Uganda on March 30-31, 2015. The purpose of the consultation, convened by the Ministry of Health (MOH) of Uganda and Reproductive Health Uganda (RHU), a member association of the International Planned Parenthood Federation (IPPF), was to develop a vision for rights-based FP in the country and to implement and test a rights-based approach to FP programming, as articulated in the country’s FP Costed Implementation Plan (CIP). Participants in the workshop, which included government, NGOs, CSOs, and development partners, were enthusiastic about undertaking a field test of the rights-based approach to FP and about the potential for documenting the approach and measuring both rights and FP outcomes.
- A follow-up event, held in Kampala from May 27-29, 2015, was conducted in two parts. The first day was dedicated to convening and initiating the work of a Working Group, whose role is to advise and coordinate the national, rights-based FP initiative to support the Ugandan CIP. This was followed by a one-and-a-half day, broader stakeholders meeting in which multisectoral actors: were briefed on the outcomes of the March consultation; were briefed on the status of CIP funding and implementation; discussed an analysis of the human rights elements of the CIP; prioritized human rights challenges in the Ugandan FP program to address over an 18-month timeframe; and began drafting an MOH-led action plan to bring about desired changes relative to these challenges in support of the CIP. To maximize success and sustainability of the plan, the group identified existing CIP coordinating bodies and processes to link to and affirmed an explicit intention to embed this rights-based FP action plan within the CIP plan and ongoing MOH coordination mechanisms.
- Drafted a joint workplan with Sustainable Networks for coordinated implementation of RBA for FP work in Uganda.
- Work on indicators, tools and guidance resources noted below contributed to work in Uganda.

### Indicators, Measurement Tools and Guidance Resources

- Produced a review of various frameworks, tools, and principles documents on rights-based FP and posted it on the project website. This is needed because there is confusion about the many documents on human rights-based FP, including their purpose and how and when to use each of them. This review supersedes the review of examples of rights-based FP programming listed in the Y2 work plan.
- Produced a summary of rights indicators proposed by various international organizations, including, among others, FP2020, WHO and Guttmacher Institute. This summary, developed to guide our RBA to FP work in Uganda, is a useful reference to others interested in rights indicators.
- Invited to provide input to a consultant undertaking a review of work on rights indicators for FP2020.
- Invited to participate in a technical group at WHO to develop rights indicators. This group is assembling a list of indicators that get at key human rights issues and working to understand how to expand the current measurement space to include human rights. Ms. Wright provides technical input into the group’s works.



- Initiated the development of a Right-Based Approach to Family Planning (RBF) Index to measure adherence to rights-based family planning at the service delivery level (this metric can be extended to the policy, community and individual levels, but we are starting at the service level). This RBF Index will allow testing of a range of rights-based FP interventions.
- Initiated development of a protocol for a study in Uganda to test the RBF Index. The study activities will begin in Year 3 with pre-testing the RBF Index. The study will use a stepped wedge design using facilities as the main unit of measurement to validate a purpose built RBF Index. This index will measure individual private facilities' readiness to implement a RBF -- including identification of areas where there are potential rights violations or vulnerabilities. This identification of gaps will be used to provide technical assistance to participating facilities to implement small-scale service delivery modifications to address the gaps (the study intervention). The metric will employ the following measurement methods: observations of client-provider interactions, facility audits, provider interviews and client exit interviews
- Invited by the Futures Group (now the Palladium Group) to review draft FP CIPs from Ghana and Malawi to determine the extent to which human rights are reflected in the CIPs. Karen Hardee provided the review.
- Invited by the Gates Foundation to be an external reviewer on the Palladium Group's proposal to implement and test rights-based family planning in Nigeria, using the Conceptual Framework for Voluntary, Human Rights-Based Family Planning as the basis for the work.
- Collaborating with the Palladium Group so that they also use the RBF Index in their Gates-foundation-funded rights-based FP work in Kaduna and Lagos State, Nigeria.

#### Promoting a programmatic approach to Rights-based FP

- A brown bag session on human rights-based family planning took place at USAID on October 22, 2014. USAID expressed interest in further training, although its office move has postponed discussion of timing of the training. The team working on rights-based FP worked with Sandra Jordan at USAID to provide information on rights-based FP to Mission colleagues.
- Karen Hardee and Vicky Boydell participated in a workshop on rights-based FP at IPPF for its staff in November, 2014.
- Karen Hardee made a presentation on Human Rights and Quality of Care at a Population Council meeting funded by the Packard Foundation, December 1, 2014.
- Vicky Boydell participated in a workshop on rights-based FP at the IPPF ARO office on June 2, 2015.
- FP2020's 2013-2014 annual report highlighted the work on the Voluntary Human Rights-based FP Conceptual Framework and related User's Guide (page 149 of the report, "Keeping Rights Alive" <http://progress.familyplanning2020.org/downloads>).
- Submitted two panels to ICFP on rights; one on "Access, Contraceptive Choice and Human Rights: Challenges and Tensions" was accepted and will be presented in collaboration with USAID, WHO, IRH and FHI 360.

#### Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)

[2.1.1](#), [2.1.2](#), [2.1.3](#) and [3.2.1](#)

#### Products Completed in Year 2 (October 2014 – September 2015)

##### Presentations

- Hardee, Karen. 2014. "Human Rights and Quality of Care." Presentation at Measuring and Monitoring Quality of Care Meeting, Population Council, December, 16, 2014.
- Hardee, Karen. 2015. "Rights-based Family Planning and Uganda's FP Costed Implementation Plan." Presentation at the Stakeholder Consultation: Operationalizing and Testing Uganda's Rights-based Approach to Family Planning. Kampala, March 30-31, 2015.
- Hardee, Karen and Kelsey Wright. 2015. "Rights-based Approach to Family Planning: Analysis of the costed Implementation Plan." Presentation at Workshop to Develop an Action Plan for a Rights-based Approach to Uganda's Family Planning Program held in Kampala, Uganda, May 27-29.

## Resource Guide

- Kumar, Jan and Karen Hardee. 2015. Rights-Based Family Planning: 10 Resources to Guide Programming. Population Council: The Evidence Project.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

During the first year of the project, we looked for a country in which to test the implementation of the rights-based approach to FP and were fortunate to engage with Sustainable Networks (IPPF SIPFO II) to implement an activity and that the Ministry of Health and USAID in Uganda were interested in this activity taking place in Uganda. Given how busy counterparts in Uganda are, the progress of implementation has been slower than anticipated, but we have developed a revised implementation plan with Sustainable Networks that the RHU is discussing with the MOH in Uganda. We also had the idea to develop an index to measure adherence to rights-based programming at the service delivery level (incorporating rights and rights principles and the service delivery level of the VRBFP Conceptual Framework) that allows testing of a range of interventions.

## Accountability Mechanisms to Improve Family Planning and Reproductive Health Programs

<b>Activity Manager:</b>	Vicky Boydell	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AJ	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Rights & Accountability	<b>Sub-Theme:</b>	N/A

### Summary

The Evidence Project is conducting a number of activities that contribute to a deeper knowledge of whether and how the implementation of accountability mechanisms in FP/RH programs improves client's access to and quality of services. In year one, the activities focused on building the evidence base through undertaking a synthesis of the literature, hosting an experts meeting, and undertaking a poll of CSOs. We plan to build on the findings and insights from year one activities by documenting ongoing or recently completed interventions to identify “good practices” in FP/RH social accountability. These lessons would then be applied to strengthen ongoing FP/RH accountability interventions, which would be prospectively studied to determine their outcomes and impacts.

### Objective(s)

To gain deeper knowledge of whether and how the implementation of accountability mechanisms in FP/RH programs improves client's access to and quality of services. Specifically, to:

- Build the evidence base through a synthesis of the literature on accountability, an experts meeting, a poll of CSO activity, and better documentation of existing accountability programs.
- Apply the findings and insights to strengthen ongoing FP/RH accountability interventions, which would subsequently be prospectively studied to determine their outcomes and impacts.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Produced a synthesis of the literature on accountability mechanisms: We reviewed the existing literature on social accountability across different sectors, including the health sector, to identify the strengths and shortcomings of current approaches. The review also examined social accountability specifically in the context of FP/RH, looking both at global trends in FP/RH accountability and specific programming examples. Despite the lack of evidence on effectiveness and impact, there are discernable critical elements. Social accountability has become increasingly important in the FP/RH field and holds great promise for improving FP/RH services, but significant evidence gaps remain.
- Conducted an online poll of CSOs to document ongoing FP/RH accountability efforts: The literature review only identified 16 case studies of social accountability applied to FP/RH programs. To get a better idea of what is happening on the ground, we conducted an online poll of CSOs to collect, identify and analyze current FP/RH accountability efforts. The poll generated 180 responses from across the globe, with a high number from Africa. Most said they engage officials and service providers in sharing feedback and discussing how services could be improved. Over 90% empower citizens by providing information about their rights to access FP/RH services. Still, the majority of CSOs do not understand what is meant by ‘accountability’ when directly asked.
- Held an Experts Meeting on Accountability: From July 16-18, we gathered nearly 30 experts for a meeting entitled, “Strengthening the Evidence Base on Social Accountability for Improving Family Planning and Reproductive Health Programs.” Participants included experts on social accountability from diverse fields (governance, maternal health), family planning experts, researchers, implementers and activists. This meeting was hailed as one of the first public discussions that specifically addressed social accountability in the context of FP/RH. Participants deemed the meeting an important step in implementing strong accountability mechanisms, with attention to the unique needs of FP/RH. While there is a lot of interest in social accountability, there is little understanding of what works and why. Discussion helped refine

understanding of the uniqueness of social accountability efforts in the FP/RH sector – that they must take into account voluntarism, confidentiality, risk, and the need to balance public engagement with the very private and often contentious nature of FP/RH. Desired outcomes include both community engagement and improved programs, and there is a need for evidence of effectiveness of social accountability initiatives. Participants noted that rather than studying specific tools (e.g., community scorecards) it would be useful to define the minimum conditions needed for effective social accountability efforts and to conduct implementation research on those minimum conditions. Participants also argued strongly for better documentation of existing accountability programs as a starting point to build the evidence base.

- Drafted a concept note for conducting case studies: We developed a concept note to conduct rigorous retrospective comparative case studies of existing social accountability activities applied to FP/RH programs in two countries over 6 months. The findings from the comparative case studies will inform a theory for testing with more experimental methods in programs. The concept note is currently being revised.

## **Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)**

### 2.1

#### **Products Completed in Year 1 (October 2013 – September 2014)**

- Boydell, Victoria, Jill Keesbury, and Kelsey Wright. 2014. “Strengthening the Evidence Base on Social Accountability for Improving Family Planning and Reproductive Health Programs,” Meeting Report. Washington, DC: Population Council, Evidence Project.
- Boydell, Victoria and Jill Keesbury. 2014. “Social Accountability: What are the Lessons for Improving Family Planning and Reproductive Health Programs? A Review of the Literature,” Working Paper. Washington, DC: Population Council, Evidence Project.

#### **Year 2 Work Plan (October 2014 – September 2015)**

1. Coordinate and present at a joint panel at the Reproductive Health Supplies Coalition General Membership Meeting in Mexico City, October 24, 2014.
2. Present at a EuroNGOs workshop on Accountability for the Post-2015 Development Framework: Untapping Civil Society Potential in Madrid, October 29, 2014.
3. Present at the World Bank’s Global Partnership on Social Accountability Annual Forum in May 12-13, 2015.
4. Development of accountability workstream for RHSC A&AWG
5. Coordinate and present the accountability workstream for RHSC A&AWG
6. Undertake comparative case study in Uganda in order to increase our understanding of the application of accountability in FP/RH programs.

#### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

Disseminated Year One findings:

- Presentation at the RHSC Accountability and Advocacy Working Group meeting. Mexico City, October 22, 2014.
- Joint panel, "The potential of social accountability for improving access to quality FP/RH services" at the Reproductive Health Supplies Coalition. Mexico City, October 23, 2014.
- Presentation at “EuroNGOs Accountability for the post-2015 development framework: untapping civil society potential.” A EuroNGOs workshop co-hosted by Alianza por la Solidaridad and Federación de Planificación Familiar, Madrid, October 29, 2014.
- Presentation, “The potential of social accountability for improving access to quality FP/RH services” at the Brown Bag Session at IPPF CO, London, November 12, 2014.
- Session at the IPPF Africa Regional Office Research Workshop, Nairobi, November 19, 2014.

- Drafted and unsuccessfully submitted an article to Global Health Science and Practice entitled “The Role of Social Accountability in Strengthening Family Planning and Reproductive Health Programs: Special Considerations” in April 2015. Currently being revised to submit to Development Policy Review to reach the wider social accountability audience.

#### Contributed to the global thought leadership and evidence base on Social Accountability

- We have focused on building partnerships with key actors that are setting the agenda in social accountability thinking and influencing trends in research and funding. This includes the World Bank’s Global Partnership on Social Accountability, Overseas Development Institute, who are leading work on sector specific approaches to social accountability and American University (D.C.).
- Evidence Project/IPPF was approached by the World Bank’s Global Partnership of Social Accountability (GPSA) to suggest a case study to represent the health sector at their 2015 Annual Forum, which took place on May 12-13 in Washington, D.C. Evidence/IPPF supported Reproductive Health Uganda (RHU) to present one of the eight case studies at the Forum. Over 300 social accountability experts and implementers from across different sectors came together to identify and build a model for effective social accountability to be endorsed by GPSA. Following the Forum, RHU and Evidence Project/IPPF began working on a paper for submission as a chapter in an edited book. The submission will include all the case studies that were presented at the Forum.
- The Transparency and Accountability Initiative (Open Society Foundation) and American University hosted “Scaling Accountability: Integrated Approaches to Civil Society Monitoring and Advocacy” on June 18-20, 2015, at the Open Government Hub, in Washington D.C.. The three-day workshop we participated in brought together 30 NGOs/CSOs and researchers to explore integrated approaches to civil society monitoring and to learn about the opportunities and challenges of more holistic and integrated citizen-led accountability strategies. The findings will form the basis of a research agenda and a future postgraduate program on social accountability being developed by American University.
- Oversaw a literature review on legal empowerment, an important aspect of accountability. The concept of legal empowerment is increasingly receiving attention among development practitioners. A review of the literature, mostly grey, indicates there is some promise of legal empowerment improving people’s lives at the local level, but this is not leading to systemic changes through the judicial system and public institutions.

#### Retrospective case study on social accountability in Uganda

- Designed the retrospective case study on social accountability for FP programs.
- Identified and received approval from the German Foundation for Population (DSW) Healthy Action (HA) project to be the focus of the retrospective case study. The project began in 2009 and ran until February 2013 in Kenya, Tanzania, and Uganda. The HA Project worked with local civil society to build the capacity of citizens to become meaningful participants in reproductive health policies and services by increasing their advocacy capacity to formulate policy priorities, monitor the implementation of policies and hold national and local government decision-makers accountable for implementing policies. In addition, the project provides a unique natural comparison between districts in the same country and between countries, as the same methodology and training was used.
- Developed the case study protocol and received an Expedited Review Approval from the Population Council Institutional Review Board in March 2015 and from the Ugandan National Council of Science and Technology in August 2015.
- Undertook data collection for the retrospective case study in three districts in Uganda in August 2015, with findings expected in late November. Along with a final report from the retrospective case study, findings will be prepared for publication in a journal and for presentation in key forums, such as the Global Partnership of Social Accountability, brown bag seminars, and a webinar.

## Prospective study of social accountability in Uganda

- The retrospective case study focused on better understanding the types of outcomes from a successful social accountability project. The proposed prospective study focuses on clarifying the implementation process, as this is often described as an ideal linear theory of change, and not based on actual causal chains, core components and/or outcome areas.
- Identified a community engagement/accountability project being implemented by RHU funded by Danish Family Planning Association/DANIDA and by PATH/ USAID Uganda for the potential prospective study in Uganda.
- Collaboratively developed the prospective study protocol with RHU which is currently under review. To better understand the processes through which social accountability mechanisms can strengthen FP/RH programs (including distilling the core components, contextual factors of the implementation processes, drivers, barriers and results), we designed a 24-month study with three parts: 1) The formative research will document key perceptions about expected changes related to the project's social accountability mechanisms; 2) The implementation analysis will document the implementation of the projects, as they are being carried out; and 3) The quantitative component will examine relationships between the implementation of the social accountability mechanisms in the projects and the project-defined outcomes, which will potentially include provider and client perceptions of family planning care and service delivery.

## Research translation and Utilization

- Evidence Project/IPPF has created a Knowledge Platform of resources ('Social Accountability in Family Planning and Reproductive Health (FP/RH) on The Knowledge Gateway and will be launched with an online discussion called a curated conversation jointly implemented with the Reproductive Health Supplies Coalition's Advocacy and Accountability Working Group (RHSC AAWG) in November 2015.
- Evidence Project/IPPF has been working closely with the RHSC AAWG to disseminate findings to foster research utilization. This is a key forum for social accountability because its membership represents a wide range of groups including civil society, foundations, the private sector, academia, think tanks, and multilateral and bilateral institutions. The forum is committed to advocacy and accountability around contraceptive supplies, and uniquely focused on service-related CSOs. We have been laying a foundation for research utilization for the last 12 months, starting with a presentation at the 2014 RHSC AAWG meeting, followed by a survey conducted on social accountability activities of the AAWG membership (completed in May), the development of an accountability work stream and the creation of a task team finalized in August 2015. We are working with the RHSC AAWG Co-Chair, Sarah Shaw, MSI, and Pathfinder to develop a curated conversation on accountability and supply chains to launch the Knowledge Platform ('Social Accountability in Family Planning and Reproductive Health (FP/RH)').
- The Evidence Project has provided TA to support accountability activities under the Gates-funded Joining Voices project, an IPPF advocacy project that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership (namely around FP2020). We created a series of learning activities about social accountability with IPPF ARO in March 2015 based on the Year One literature review and experts meeting. The learning activities were piloted with 10 CSOs in Kenya, Tanzania, Ethiopia, Zambia, and Zimbabwe on June 4, 2015 and were rolled out to other CSOs from Bangladesh, India, Nepal, Pakistan and Sri Lanka and IPPF's South Asia Regional Office on September 3 and 4 in Colombo, Sri Lanka.
- Evidence Project activities on accountability have contributed to a process to institutionalize social accountability at IPPF. IPPF is currently undergoing a review of its Strategic Framework, the document that guides IPPF's and its Members Associations' programming for the next 10 years. In order to influence this process, Evidence Project/IPPF convened an accountability group (with representation from the Central Office, Western Hemisphere Region, European Network and the African Regional office) in February 2015, which met virtually approximately 5 times. The group worked together to prepare an "Accountability Session" at IPPF's Advocacy Focal Point Group meeting July 8, 2015 (an annual meeting of staff in the Secretariat that work on advocacy). This session provided the opportunity to draw on the Secretariat's wide experience and benefit from promising practices. The specific objectives

were: (1) to clarify and align how to understand and use the term accountability; (2) to discuss how accountability is integrated into the Strategic Framework's Implementation Plan and how to further operationalize it in the new Strategic Framework and in advocacy practice (3) to share existing knowledge/tools and identify and urgently address immediate gaps (e.g. linking global and national accountability efforts). The first activity was to survey the Regional Offices on activities and tools currently used and then analyze each Secretariat's Implementation Plan. The survey and analysis informed a presentation given to the group in July, 2015. The session resulted in the creation of an Accountability Committee that will develop a definition, put forward a proposal for revising content of the new Strategic Framework, develop a brief/guide on accountability at IPPF and draft an International Medical Advisory Panel (IMAP) statement (with a focus on client centered services and using political leverage for service improvements and quality assurance etc). Since the creation of the Accountability Committee, a revision to the Strategic Framework Implementation Plan was proposed and adopted – there is now one outcome area dedicated to accountability in IPPF's Strategic Plan, and the IMAP statement on accountability is under final review. These are critical documents because they are guidelines and norms that IPPF's Member Associations use for planning and being measured against. Additionally, they provide technical advice to IPPF on critical issues in SRHR programming.

#### Provided Technical Assistance

- Provided technical assistance to: IPPF Africa Regional Office (ARO) on developing training modules for Member Associations on research and on accountability; the HEPS proposal on stock-out scorecards in Uganda supported by the RHSC Innovation Fund and to FHI360's Sema Nasi project on e-accountability for quality of care in Tanzania.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[2.1.2](#), [2.1.3](#), [2.2.1](#), [3.3.1](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

#### Presentations

1. Boydell, Vicky. 2014. "The Potential of Social Accountability for Improving Access to Quality FP/RH Services." Presentation at the RHSC Accountability and Advocacy Working Group meeting, Mexico City. October 22, 2014.
2. Boydell, Vicky. Joint panel "The potential of social accountability for improving access to quality FP/RH services," at the Reproductive Health Supplies Coalition. Mexico City. October 23, 2014
3. Boydell, Vicky. 2014. "The Potential of Accountability," at workshop: EuroNGOs Accountability for the post-2015 development framework: untapping civil society potential, co-hosted by EuroNGOs and Alianza por la Solidaridad and Federación de Planificación Familiar, Madrid. October 29th 2014.
4. Boydell, Vicky. 2014. "The Potential of Social Accountability for Improving Access to Quality FP/RH Services." Brown Bag Session at IPPF, London, November 12, 2014.
5. Boydell, Vicky. 2014. "The Potential of Social Accountability for Improving Access to Quality FP/RH Services," at the IPPF Africa Regional Office Research Workshop, Nairobi. November 19, 2014.
6. Boydell, Vicky. 2015. Civic Education and Constructive Engagement for Improving Maternal and Reproductive Health, Global Partnership on Social Accountability Annual Forum, Washington DC, May 14, 2015.
7. Boydell, Vicky. 2015. The potential of accountability for Tracking the FP2020 pledges at the Joining Voices, Nairobi, Kenya, June 4, 2015
8. Boydell, Vicky. 2015. "ACCOUNTABILITY AT IPPF" at IPPF's Advocacy Focal Point Group meeting, London, UK, July 8, 2015

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

There is quite a lot of misunderstanding about the term "accountability" – it is used interchangeably with advocacy and community monitoring/participation. In the FP/RH sector, most of the work focuses on CSO/citizen

monitoring with no emphasis on the enforcement/redress aspects. In addition, in the few instances that accountability work for FP is undertaken it tends to focus on measuring policy or budget allocation change as an indication of impact, and no follow through to measure changes and improvements in access and quality of care.

Another issue that has emerged is convincing service/program specialists that social accountability can and will be beneficial to their work. This resistance may be due to demonstrating that often technical barriers around supplies, staffing, quality of care in service delivery are political in nature and require political solutions. Work with the IPPF Africa Regional Office is currently ongoing to develop an orientation methodology as part of the launch of their Hewlett Foundation-funded program. If successful, this will be built into other presentations to ensure it resonates with programmers and not just advocates.

There have been various delays in starting the case study. In Uganda the signing of the Uganda Anti-Homosexuality Act, 2014 by the [President of Uganda](#) led to a political impasse with the US mission and required stopping all activities while this was resolved.

In addition, efforts have been undertaken to ensure this work is institutionalized in IPPF's federated structure and to integrate these activities into IPPF ARO's recent commitment to strengthen the Member Associations' research capacity. Therefore, conversations with the Member Associations were delayed until late November 2014 when they started to develop partnerships with national research institutes. We now have a working relationship with Makerere University to undertake the case study in Uganda.

We had hoped to do work on accountability in Tanzania in addition to Uganda, but USAID/Tanzania did not respond to requests to undertake this work there.



## Addressing Stigma and Social Norms that Inhibit Family Planning Uptake

<b>Activity Manager:</b>	Laura Reichenbach	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RFOAN	<b>Status:</b>	Completed, Core
<b>IS Priority Theme:</b>	Rights & Accountability	<b>Sub-Theme:</b>	N/A

### Summary

In Year 1, the Evidence Project collaborated with the USAID-funded TRAction (Translating Research into Action) Project at URC on their work to define and quantitatively measure the prevalence of disrespect and abuse (D&A) experienced by women during maternity care. As part of their work, TRAction designed a protocol for a systematic review of constructs and measures related to D&A from a range of health areas in order to inform measurement strategies related to D&A during maternity care. This systematic review being implemented by TRAction, includes input from the Evidence Project on the literature related to FP/RH and will explore the measurement of disrespect and/or abuse in research domains similar to respectful maternity care and specifically in the area of FP/RH services. During this reporting period, the Evidence Project held several meetings and telephone discussions with the TRAction Project team, reviewed the literature related to measures of D&A in FP/RH, and analyzed and summarized these findings for the TRAction Project to include in their final report. The Evidence Project also completed a draft manuscript for future submission to a journal and an abstract that was submitted to the Population Association of America conference.

### Objective(s)

To identify the constructs and measures relevant to disrespect and abuse in the family planning literature in order to: 1) examine how FP tools and measures might help to identify gaps or limitations in the D&A constructs; 2) clarify how and where FP tools might add to the broader discussion about respectful maternity care; and 3) identify gaps or needs in FP tools, particularly given FP2020 and other current FP initiatives

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Completed the search of the FP literature to identify existing tools that may measure aspects of D&A.
2. Summarized the findings from the FP literature search in a short summary document to inform the larger systematic review that the TRAction Project is carrying out.
3. Prepared a first draft of a journal manuscript based on the review of the FP/RH literature.
4. Submitted an abstract for the Population Association of America conference.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

NA

### Products Completed in Year 1 (October 2013 – September 2014)

1. Draft summary of FP literature to inform the broader TRAction Project systematic review.
2. Draft abstract and manuscript.

### Year 2 Work Plan (October 2014 – September 2015)

1. Complete manuscript and share for internal and USAID review and revision before submission to a peer-reviewed journal.
2. If abstract submission is successful, present the results from the literature review at the Population Association of America meeting.
3. Continue to engage with the TRAction Project team as they finalize the larger systematic review and on an as needed basis.

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

1. The abstract submission to the Population Association of America meeting was accepted for a poster presentation scheduled for May 2, 2015.
2. Significantly revised the manuscript draft and shared it with experts within the Population Council for their review and feedback. Title: “Measuring and monitoring quality of care in family planning programs: Are we ignoring negative experiences?” Submitted to *Health Policy and Planning*.
3. Continued to engage with the TRAction Project and provide inputs and feedback as needed as they finalize the larger systematic review.

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[1.1.2](#), [1.1.3](#).

## **Products Completed in Year 2 (October 2014 – September 2015)**

A poster presentation entitled “Measuring and monitoring quality of care in family planning programs: Are we ignoring negative experiences?” was presented on May 2, 2015 at the Population Association of America meeting held in San Diego, California.

The manuscript was revised based on internal Population Council feedback as well as feedback from the poster presentation at the PAA meeting. It was submitted for publication in a special issue of *Health Policy and Planning*. This special issue on integration is due to be published in June 2016. We are still waiting for feedback from the journal editors.

## **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

The TRAction Project has moved at a different pace than we have as they finalize the larger systematic review. This has meant that our engagement with them will go on for longer than we had planned. However, our engagement requires minimal time and effort so we do not see this as a big issue.

Identifying an appropriate journal to publish the manuscript has been a challenge because the content of the manuscript draws on an analytic framework from the maternal health field while the content of the paper focuses solely on family planning. As many journals are highly specialized in their thematic focus we have been determining the most likely journal that would be interested in publishing this manuscript. We are hopeful that the manuscript will be published in the planned special issue of *Health Policy and Planning* which would be ideal for reaching a broad audience, including program implementers and policy makers interested in both family planning and maternal health.



## Case Study of FALAH's Male Involvement Component

<b>Activity Manager:</b>	Zeba Sathar	<b>Country/Countries:</b>	Pakistan
<b>Activity (Project) Code:</b>	RF0AK	<b>Status:</b>	Completed in Y2, Core
<b>IS Priority Theme:</b>	Gender Transformative Approaches	<b>Sub-Theme:</b>	N/A

### Summary

The need to engage men as equal partners with women in FP is widely recognized. While programming to constructively engage men has grown over the past two decades, most of these programs remain small in scale. To foster scale up of these initiatives, it is important to understand how and why these programs achieved positive outcomes related to FP, RH, and gender dynamics. Engaging men on a large scale is especially relevant in a country like Pakistan where the total fertility rate remains high due to such as factors as unequal gender norms and men's dominant role in contraceptive decision-making. Between 2007 and 2012, the [Family Advancement for Life and Health \(FALAH\) Project](#), a USAID-funded project implemented by the Population Council, included a strong male engagement component to reach its aim of increasing adoption of birth spacing behavior and practices. The results of the FALAH Project showed some positive changes in fertility related behavior among men.

The Evidence Project is conducting a case study to provide greater detail about how the interventions were implemented, what challenges were faced and how they were addressed, and how the interventions led to positive outcomes in contraceptive use and other areas. Documenting and analyzing such a large and successful male engagement initiative like FALAH will help inform and spur efforts by the FP and gender communities to take to scale smaller yet effective programs.

### Objective(s)

1. Provide details of the interventions for men under the FALAH Project and link the interventions to the outcomes measured through the baseline and end line surveys and to informal interviews with stakeholders to assess qualitatively the effects of FALAH.
2. Link the FALAH outcomes with analysis of 2012-13 PDHS data.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Reviewed key documents, including an analysis of PDHS 2013 data, and results from the FALAH project as well as from a Population Council study in Punjab on men's participation in family planning.
- Interviewed key stakeholders from health and population departments, including the Secretaries of these departments.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- A policy brief entitled "Engaging the Missing Link: Evidence from FALAH for Involving Men in Family Planning in Pakistan" has been finalized, printed, and disseminated.

- A policy paper entitled “Family Planning through the Lens of Men: Readiness, Preferences, and Challenges” has been finalized, printed, and disseminated.
- A high level consultative meeting entitled “Engaging the Missing Link: Involving Men in Family Planning in Pakistan” was organized in Islamabad on June 16, 2015. It was attended by more than 60 provincial and federal government representatives as well as NGO and development partners and political representatives. The discussion brought forward concrete recommendations for involving men as part of the country’s accelerated efforts to meet its FP2020 goal of a CPR of 55 percent.
- We have begun engaging possible stakeholders (Family Planning Association of Pakistan, Marie Stopes Society, HANDS, etc.) and donors (USAID, UNFPA, DIFID, World Bank) undertaking work on RH and FP in Pakistan, to promote policies and programming to engage men in family planning. We plan to take this to a further level of importance at the National Population Summit to be held in November 2015.
- Both documents; the policy brief and the policy paper have been widely disseminated among all relevant stakeholders.
- The Policy Brief and the Policy Paper have been uploaded on the Evidence project’s website and promoted through listservs for wider dissemination at regional and global level.

**Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[1.1.1.](#), [1.1.2.](#), [2.2.1](#)

**Products Completed in Year 2 (October 2014 – September 2015)**

- Policy Brief: “Engaging the Missing Link: Evidence from FALAH for Involving Men in Family Planning in Pakistan”
- Policy Paper: Family Planning through the Lens of Men: Readiness, Preferences, and Challenges”

**Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

None. The activities went smoothly and successfully.

## Modeling and Literature Review on Vasectomy Programming

<b>Activity Manager:</b>	Karen Hardee	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AW	<b>Status:</b>	New, Core
<b>IS Priority Theme:</b>	Gender Transformative Approaches	<b>Sub-Theme:</b>	N/A

### Summary

This activity includes two separate, but interconnected sets of activities that will bolster support for the inclusion of vasectomy in country method mixes to expand access to a range of contraceptive methods, particularly as countries work toward their FP2020 goals. First, a synthesis of the existing documentation on previous vasectomy projects and scale-up activities will contextualize factors that facilitate successful vasectomy integration. Second, a “portfolio of evidence” supporting the inclusion of vasectomy into country-specific family planning agendas will be developed. Targeting donors and policy makers, the portfolio would include: presentations, brief reports, and relevant graphics to make the case for vasectomy inclusion. These tools would provide support for those programmatic elements that ensure high quality supply of methods, increase demand, and facilitate an enabling environment. Activities will be guided through a clear dissemination plan, with the final materials developed for easy integration into a webpage, as appropriate.

### Objective(s)

1. Synthesize documentation on implementing vasectomy programs and describe variations in programmatic implementation
2. Develop an “advocacy portfolio” of resources on vasectomy that includes related costs, models, reproductive health benefits, and provides suggested steps toward integrating vasectomy into family planning agendas

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- FHI 360 submitted a concept note for the vasectomy modeling; the project is in discussion with them about the scope and budget.
- Synthesis document of vasectomy research and programs completed.
- Country-specific brief for Ethiopia’s advocacy portfolio designed and used as an example for portfolios of the other seven countries in the activity.

### Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)

N/A

### Products Completed in Year 2 (October 2014 – September 2015)

Draft literature review on vasectomy research and programming.

## Men as Family Planning Users

<b>Activity Manager:</b>	Karen Hardee & Melanie Croce-galis	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AV	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Gender Transformative Approaches	<b>Sub-Theme:</b>	N/A

### Summary

This activity seeks to add to the knowledge base of the role of men as users of family planning through a review of recent and current activities, programs and evidence, including those that address gender norms that affect men's use of male-controlled family planning methods. This review will inform needed programming and implementation research as well as identify gaps in the evidence base. This mapping and synthesis of current work, along with recommendations for further operations research will enhance family planning programming and policymaking efforts by highlighting the need to engage men as family planning users in addition to efforts to address gender-based norms and behavior that hinder family planning use.

### Objective(s)

1. Map which organizations/institutions are conducting programming and research in the area of men as users of contraceptive methods: vasectomy, condoms for dual protection, SDM and withdrawal.
2. Synthesize documentation of interventions focused on men as users of family planning in low- and middle-income countries and describe variations in programmatic approaches with successful FP and gender outcomes
3. Develop recommendations for programming, and implementation research to address knowledge gaps

### Year 2 Work Plan

- Map which organizations/institutions are conducting programming and research in the area of men as users of contraceptive methods: vasectomy, condoms for dual protection, SDM and withdrawal.
- Synthesize documentation of interventions focused on men as users of family planning in low- and middle-income countries and describe variations in programmatic approaches with successful FP and gender outcomes
- Develop recommendations for programming, and implementation research to address knowledge gaps

### Year 2 Accomplishments (October 2014-September 2015)

- The scope of this activity - focusing on men as users of family planning rather than the original broader topic of male engagement programming, was agreed with the gender team at USAID.
- Literature searches on the topic were undertaken by a knowledge management specialist.
- Reviewing the literature for the synthesis of interventions was started.
- A list of organizations to contact for the mapping was generated and discussed with the gender team at USAID.

### Results Achieved in Year 2 (October 2014-September 2015)

N/A

### Products Completed in Year 2 (October 2014-September 2015)

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014-September 2015)**

It has been somewhat slow getting agreement with USAID on the scope of the men as users part of this activity, but clarity has been reached and the activity is underway.



## Metrics to Measure Change in Gender Norms

<b>Activity Manager:</b>	Nicole Haberland	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AT	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Gender Transformative Approaches	<b>Sub-Theme:</b>	N/A

### Summary

A number of tools and indicators have been used to measure changes in gender norms in research on FP, RH, HIV/AIDS, and maternal health, among other health areas. These tools have not been well synthesized.

### Objective(s)

- To review and synthesize the range of indicators that have been developed to measure gender norm changes, and assess strengths and gaps in the existing metrics.
- To inform the efforts of the broader community working on gender-related programming through an expert meeting and dissemination of the synthesis.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

- Developed a scope of work for the review

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

- Meet with USAID to confirm the scope of the review of indicators, methods, and tools to measure gender norms.
- Produce the review.
- Convene an expert consultation to identify strategies for improving measurement of gender norm change in various settings, and document the outcomes in order to inform the efforts of the broader community.
- Work with the IGWG to disseminate the findings from the review.

### Main Accomplishments for Year 2 (October 2014 – September 2015)

- Worked with our USAID advisors on the concept note, obtaining approval in mid-April. Jointly agreed, given the extensive scope, to divide the review into two phases. The first would look at the kinds of indicators used and their psychometric properties. The second phase would look at their predictive ability, etc.
- Developed, in consultation with our USAID advisors, the parameters of the review. Specifically, preliminary searches on key data bases to assess the scope of citations we would retrieve with different search strings; finalized search strings; identified databases to use; and other search parameters such as publication dates.
- Conducted the literature search (14,196 references identified)
- Created sub-libraries for phase 1 of the review – narrowed to 6,111 references (as of Sept 17, about half are ready for title/abstract review and half need to be ‘cleaned’)

- Began cleaning and screening of the references.

### **Project Results/Indicators Achieved in Year 2 (October 2014-September 2015)**

N/A

### **Products Completed in Year 2 (October 2014-September 2015)**

- Initial EndNote libraries generated with 7,068 references from search of PubMed and 7,128 references from EconLit, SocINDEX, Women's Studies International, Popline and hand searches

### **Challenges Encountered and Solutions in Year 2 (October 2014-September 2015)**

It has been a challenge to balance, on the one hand, our own and USAID's ambitions for being as comprehensive and inclusive as possible, and, on the other hand, the need to have a (relatively!) manageable set of articles to review. We have done so by putting aside some subsets (e.g., LGBTQ literature), and by conducting somewhat less intensive searches for earlier publication dates. Even so, we had a large number -- over 14,000 -- citations to screen.

## What Works for Women and Girls

<b>Activity Manager:</b>	Karen Hardee	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF1AA	<b>Status:</b>	Ongoing, PEPFAR
<b>IS Priority Theme:</b>	Gender Transformative Approaches	<b>Sub-Theme:</b>	N/A

### Summary

What Works for Women and Girls: Evidence for HIV/AIDS ([www.whatworksforwomen.org](http://www.whatworksforwomen.org)), owned and managed by the What Works Association, is funded by PEPFAR and previously through the Open Society Foundation. It is a critical resource in the fight against HIV/AIDS. A comprehensive synthesis of the evidence base of successful outcomes gives policymakers, programmers, and donors the foundation with which to prioritize, develop, evaluate and fund HIV programming for women and girls. This searchable website synthesizes the vast research literature on program interventions to provide clear evidence of what works and promising interventions for women and girls that improve a range of HIV outcomes.

What Works was highlighted in PEPFAR's Blueprint for Creating an AIDS-free Generation as a critical evidence-based tool in improving the health of women and girls and improving gender equality. The website was the recipient of the Gold Award for Electronic Publications from the Council on Foundations' 2011 Wilmer Shields Rich Awards for Excellence in Communications. What Works is also listed as a resource in the 2014 UNAIDS Gender Assessment Tool and The Global Fund's Gender Equality Gender Equality Information Note. What Works has been widely used to inform programming around the world. What Works has been accessed from more than 100 countries and territory, with an average of nearly 3,000 visits per month. Evidence based on What Works has been successfully incorporated into National Strategic Plans and Global Fund Concept Notes of numerous countries.

What Works is fully updated through early 2012. PEPFAR is funding selective updating through the Evidence Project.

### Objective(s)

The objective of What Works is to provide policy makers and program implementers easy access to the most up to date gender responsive evidence on HIV. What Works has been adopted as a key resource by PEPFAR, UNAIDS, UNDP, Global Fund and others. The intended policy impacts are greater implementation of policies, strategies and programs that are based on the evidence.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

N/A

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

N/A

### Year 2 Work Plan (October 2014 – September 2015)

1. Revise and update the selected evidence based upon new data, studies, and findings presented at IAC 2014

2. Revise and update treatment section and associated brief based upon a review of all new data, studies and findings.
3. Translate and layout briefs for wider dissemination to non-English-speaking audiences.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- The website has been updated to reflect new data, studies and findings presented at the IAC.
- The [treatment section](#) has been updated on the website.
- The Kiswahili version of the brief, “[Scaling Up Evidence-Informed HIV Prevention for Adolescent Girls and Young Women](#),” has been published on the website.
- The technical brief, [Gender Considerations Along the HIV Treatment Cascade: An Evidence Review with Priority Actions](#), has been published and is posted on [www.whatworksforwomen.org](http://www.whatworksforwomen.org) and on the Evidence Project website.
- A briefing for PEPFAR on the updated treatment chapter and technical brief was held on September 21, 2015.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

- [Kiswahili version](#) of the brief on Scaling UP Evidence-Informed HIV Prevention for Adolescent Girls and Young Women
- Revised [treatment section](#) on [www.whatworksforwomen.org](http://www.whatworksforwomen.org).
- **Technical brief, [Gender Considerations Along the HIV Treatment Cascade: An Evidence Review with Priority Actions](#),**

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

None encountered. We have worked closely with the Gender Working Group at PEPFAR (Amelia Peltz and Diana Prieto) on this activity.



## Support to the FP HIP Initiative

<b>Activity Manager:</b>	Karen Hardee	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RF0AB	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	IS for Scaling Up/Various	<b>Sub-Theme:</b>	N/A

### Summary

The FP High Impact Practice (HIP) Initiative, a multi-organization initiative, is a priority for USAID’s Office of Population and Reproductive Health. “HIPs are promising or evidence-based practices that, when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy” (<https://www.fphighimpactpractices.org/>). With its focus on practices that are supported by evidence, and on scaling up, the HIP Initiative is closely aligned with the goal and results of the Evidence Project, which are to generate, translate and use evidence to improve access to high quality FP/RH services to reduce unintended pregnancy. The Evidence Project is supporting the FP HIP Initiative in a number of ways.

### Objective(s)

To contribute to the success of the FP HIP Initiative through participation on the TAG and the IBP (Implementing Best Practices) HIP Working Group; development and review of HIP briefs; standards of evidence review and dissemination; and relevant country work, including HIP case studies; and liaison with other partners to promote evidence-based practices.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Participated in the HIP TAG and contributed to two TAG working groups through helping to draft short pieces for the TAG on equity and sustainability.
2. Participated in the IBP HIP Implementation Working Group, including discussions on potential case studies on HIP implementation at the country level, in coordination with similar IBP work,
3. Drafted HIP brief on Vouchers.
4. Conducted robust literature review on services and products for HIP Brief on adolescents. Participated in multi-organization group to define HIPs for adolescents on information, services and the enabling environment.
5. Participated with the STEP-UP Project in planning for the third in a series of meetings on standards of evidence. The topic of the third meeting is “using evidence” for policies, programs and practices.
6. Made a presentation on standards of evidence for the annual IBP meeting (December 2013).
7. Participated on the steering committee and in a meeting organized by the Advancing Family Planning (AFP) Project on expanding method access and choice held in Kenya in April, 2014.
8. Organized a satellite session at the Third Symposium on Health Systems Research (September 29, 2014), titled Improving Recommendations for policies and practices to strengthen people-centered health systems: Is the State of Evidence Sufficient? The session, with presenters from the Evidence Project/Population Council, USAID, the Alliance for Health Policy and Systems Research (AHPSR) and the Ghana Health Service, was attended by nearly 30 participants.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

2.1.2., 3.2.1

## **Products Completed in Year 1 (October 2013 – September 2014)**

- Askew, Ian. 2014. “Contraceptive choice in context—why does it matter, where is need greatest, how do countries compare?” Presentation at the Meeting: Accelerating Contraceptive Choice. Expanding Options through Country Leadership in Sub-Saharan Africa. Nairobi, Kenya, April 2-4.
- Askew, Ian. 2014. “Summarizing bodies of evidence on the implementation and effectiveness of FP/RH interventions.” Presentation at Satellite Session on: Improving recommendations for policies and practices to strengthen people-centered health systems: Is the State of Evidence sufficient? Third Global Symposium on Health Systems Research. Capetown, South Africa, September 29.
- Hardee, Karen. 2013. “Strength of Evidence and the HIP briefs.” Presentation at an Implementing Best Practices (IBP) Meeting. Washington, DC, December 11.
- Hardee, Karen. 2014. “The Role of Evidence in Policies, Programs & Practices.” Presentation at Satellite Session on: Improving recommendations for policies and practices to strengthen people-centered health systems: Is the State of Evidence sufficient? Third Global Symposium on Health Systems Research. Capetown, South Africa, September 29.

## **Year 2 Work Plan (October 2014 – September 2015)**

- Complete HIP Briefs on adolescents and vouchers.
- Participate in and contribute to the HIP TAG, HIP partner's meetings, IBP and its HIP Implementation Working Group.
- Review new and revised HIP briefs (this is part of being a member of the HIP Initiative).
- Conduct a HIP Country Case Study (Country TBD) (cancelled).
- Conduct a webinar on standards of evidence and write a piece (format TBD) on standards of evidence.
- Contribute to planning, supporting and participating in the third meeting on standards of evidence in collaboration with the STEP UP Project.
- Support the IBP Consortium Mapping of High Impact Practices (HIPs) exercise in Latin America and the Caribbean region and review the region's experience in bringing HIPs to scale (cancelled).

## **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Project staff participated in various HIP meetings, including TAC and partners meetings and in the IBP initiative, including the steering committee and in the HIP working group of the IBP initiative.
- The Voucher HIP brief was completed and posted on the FP HIP Website.
- The Adolescent Friendly Contraceptive Services (AFCS) HIP brief was completed and will be posted on the HIP website in October 2015.
- A draft of the AFCS HIP brief was included as background information for a session on adolescents at the FP2020 Focal Point Meeting that took place in Istanbul at the end of March, 2015.
- Working with other partners, led the completion of a second draft of the pieces on 1) Considerations on Sustainability for the HIP Initiative, and 2) “Reaching the Underserved: Guidance for Evaluating Evidence for Inclusion in HIP Briefs.” These pieces will be completed during the next project year.
- In collaboration with IBP and the Alliance for Policy and Health Systems Research, conducted the standards of evidence webinar in July 2015.
- Received confirmation from Bellagio to conduct the 3rd meeting on standards of evidence (to be held in February 2016).
- Completed two working papers on evidence use and posted them on the project's website (see list of products). Made five presentations on this work (see list of presentations below).

## **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

[2.1.1](#), [2.1.2](#)

## **Products Completed in Year 2 (October 2014 – September 2015)**

Working Papers

- Hardee, Karen and Kelsey Wright. 2015. “Expanding the Role of Evidence in Family Planning, Program, and Practice Decisionmaking,” Working Paper. Washington, DC: Population Council, The Evidence Project.
- Hardee, Karen, Kelsey Wright, and Joanne Spicandler. 2015. “Family Planning Policy, Program, and Practice Decisionmaking: The Role of Research Evidence and Other Factors,” Working Paper. Washington, DC: Population Council, The Evidence Project.

#### Briefs

- Voucher HIP brief: Vouchers: Addressing inequities in access to contraceptive services  
<https://www.fphighimpactpractices.org/resources/vouchers-addressing-inequities-access-contraceptive-services>

#### Presentations

- Hardee, Karen. 2014. “Role of Evidence in Policies, Programs and Practices.” IBP Semi-annual Meeting: Implementation Science. December 10.
- Hardee, Karen. 2015. “Finding Common Ground between Researchers and Implementers.” Stakeholder Consultation: Operationalizing and Testing Uganda’s Rights-based Approach to FP.” March 30-31.
- Hardee, Karen. 2015. “Evidence to Action: Evidence Use in Policies, Programs and Practices.” Seminar, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health. April 10.
- Hardee, Karen. 2015. “Evidence to Action: Evidence Use in Policies, Programs and Practices.” Oral presentation in Session 119, The Origins of Policies Influencing Fertility, Family Planning and Sexual Health. Population Association of America Meeting. May 1.
- Hardee, Karen. 2015. “Role of Evidence in Policies, Programs & Practices.” Intensive Course on Implementation Science for Family Planning and Reproductive Health. August 3-14.

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

Developing the Adolescent Friendly Contraceptive Services HIP brief took more time and resources than anticipated, but given the HIP Initiative’s highly participatory review process, could not be avoided. Gaining a common understanding with USAID of the project’s role in supporting the HIP Initiative has been an ongoing conversation.



## Using IS to Accelerate Efficient and Sustainable Scale Up of Proven FP Practices

<b>Activity Manager:</b>	Luigi Jaramillo	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RFOAC	<b>Status:</b>	Closed, Core
<b>IS Priority Theme:</b>	IS for Scaling Up	<b>Sub-Theme:</b>	N/A

### Summary

The Evidence Project is using implementation science (IS) to strengthen the scale-up process. This work includes implementation research on improving the efficiency of scaling up innovations, linking implementation research with monitoring and evaluation systems, and identifying appropriate metrics for measuring scale-up. Our work also focuses on the translation and use of evidence on scale up, including through retrospective studies and relevant syntheses, to better understand the factors that facilitate scale up and the key systems elements and resources needed for a successful and sustainable scale-up process.

### Objective(s)

1. To identify and pursue opportunities to apply IS to accelerate efficient and sustainable scale up
2. To document and draw lessons learned from successful scale up experiences to support the scale up of evidenced-informed practices in family planning and reproductive health.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Highlighted that there is need for research, linked with M&E, throughout the process of scale up.
2. Generated much interest in identifying what the core components of successful scale up are while recognizing that scale up will be widely context specific.
3. Noted that more attention needs to be paid to vertical scale up – or institutionalization of the intervention, and the need to build a better understanding of the time dimension and pace of scale up.
4. Co-hosted a meeting on research gaps in scale up. Generated a consensus on priority areas to support scale up and on key priority research questions.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

2.2.1

### Products Completed in Year 1 (October 2013 – September 2014)

- Evidence Project, E2A, HPP and MEASURE Evaluation. 2014. “Research Gaps in the Scale up of Family Planning and Reproductive Health Programming,” Meeting Report. Washington, DC: Population Council, Evidence Project

### Year 2 Work Plan (October 2014 – September 2015)

The meeting raised the need to better document the scale up process and for strong M&E systems linked with IS related to scale up. Based on participants’ priorities and the meeting’s recommendations, the Evidence Project will:

- Participate in the CoP on scale up, with particular attention to the M&E of scale up.
- Host a meeting of experts on M&E of scale up to identify research gaps around M&E of scale up and potential partnerships for research (cancelled).
- Conduct retrospective research to assess how have stakeholders’ in-country systematically monitored successful scale-up efforts. Potential partnerships include the Scaling Up Family Planning (SUFFP) project in Zambia and the Accredited Drug Dispensing Outlets (ADDOs) project in Tanzania.
- Conduct a literature review and develop a synthesis of evidence on private/commercial sector experiences in scaling up services with emphasis on M&E of the scale up process (cancelled).

- Coordinate with MSH’s LMG and the IBP Consortium to identify an in-country platform in which to compare several frameworks for scale-up, including ExpandNet and the Guide for Fostering Change to Scale Up Effective Health Services (cancelled).

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Coordinated with SUFP project staff in Zambia in the development of a research protocol (note: the initial development of the SUFP study in Zambia was undertaken through this activity; subsequent work was shifted to the SUFP activity with its own activity code).
- The Evidence Project was invited to participate in the Scale up Community of Practices (CoP) meeting on Systematic Approaches to Scale Up held on December 5, 2014. Luigi Jaramillo presented results of the June 2014 Expert Meeting on “Research Gaps in Scale Up of Family Planning and Reproductive Health Programming,” highlighting the priority research questions identified during the meeting and inviting participants to identify opportunities for research to address these priority research questions. The meeting report was shared among participants.
- Karen Hardee met with Annabel Erulkar of the Population Council and IRH on March 25, 2015, to discuss measuring scale up in relation to the Ethiopia preventing child marriage intervention to be funded by GenDev.
- The Evidence Project was invited to participate in a panel at the Hands on for Scaling Up Family Planning and Reproductive Health Best Practices: Experiences and Challenges for Africa meeting held June 15, 2015 in Addis Ababa, Ethiopia, and hosted by the E2A project and the IBP Initiative. Ben Bellows made a presentation about the Scaling Up Family Planning costing and implementation study in Zambia (see SUFP activity update).

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

#### [2.1.2](#)

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Jaramillo, Luigi. 2014. “Research Gaps in Scale up of Family Planning and Reproductive Health Programming.” Presentation at the Scale Up Community of Practice’s Systematic Approaches to Scale Up Meeting. Washington, DC, December 5.

### **Challenges Encountered and Solutions**

Examples of successful scale up are slowly emerging. We have continued to search and identify opportunities to apply IS to build more evidence around scale up, including how to integrate scale up of proven and promising practices into health systems, and how to monitor scale up to ensure sustained implementation of the practices.

- Due to funding constraints, most sub-activities under this activity have been cancelled. These include the implementation of a meeting of experts on M&E for scale up, designed to bring experts from several sectors, including the health, education, and private sector industry to share experiences in applying M&E tools and metrics for scale up and a synthesis review on M&E for scale up of evidence-based interventions in family planning. A proposed sub-activity to conduct a literature review and develop a synthesis of evidence on private/commercial sector experiences in scaling up services with emphasis on M&E of the scale up process was also cancelled as was a sub-activity to coordinate with MSH’s LMG and the IBP Consortium to identify an in-country platform in which to compare several frameworks for scale-up, including ExpandNet and the Guide for Fostering Change to Scale Up Effective Health Services.
- This activity is being closed moving forward with the project as we will look for opportunities for engagement on scale up through other activities on the project. We will continue to be members of the CoP on scale up and to work with the IBP through the HIP Initiative.

## Capacity Building for IS

## Short Course in Implementation Science for Family Planning/Reproductive Health

<b>Activity Manager:</b>	Judy Wasserheit & Laura Reichenbach	<b>Country/Countries:</b>	N/A
<b>Activity (Project) Code:</b>	RT0AA	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	Building Capacity in IS	<b>Sub-Theme:</b>	N/A

### Summary

The field of implementation science (IS) is growing rapidly and an increasing number of projects and organizations are specifically adopting IS approaches in their work. Training policymakers, program managers, and researchers in IS methods and their application to FP/RH provides them with essential skills for designing and implementing large scale FP/RH programs. In Year 1, the Evidence Project worked closely with the University of Washington (UW), a partner engaged through the University Resource Network, to modify its semester-long IS course into a two-week intensive course on IS for FP/RH that provided participants an introduction to IS, with a specific focus on FP/RH. The course was held on the UW campus in Seattle in August of 2014 and 2015. The course included an introduction to an IS conceptual framework and to nine analytical methods and their application to improving implementation; case studies that apply IS to FP/RH; and participant development of an IR protocol, with inputs from mentors to ensure application of course material, which addresses a specific programmatic barrier in their country setting.

### Objective(s)

To increase the capacity of policymakers, program managers, and researchers from Evidence Project focus countries in IS applied to RH, with a focus on FP, to promote the integration of research findings and evidence-based interventions into health care policy and practice.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Developed a state of the art intensive course in applied IS for FP/RH.
2. Trained 13 participants in the fundamentals of IS for FP/RH. Participants from nine countries attended; nine were affiliated with the Evidence Project and four were researchers sponsored by UW.
3. Developed or refined by course participants 11 implementation research protocols.
4. Fostered networks and active linkages among participants during the course including with key staff of PATH and the Bill and Melinda Gates Foundation.
5. Conducted an evaluation of the course by participants.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

3.4

### Products Completed in Year 1 (October 2013 – September 2014)

- Course syllabus and related teaching aids on IS for FP/RH

### Year 2 Work Plan (October 2014 – September 2015)

1. Based on course reviews, discuss with UW the refinement of the course syllabus for future course(s).
2. Share and promote the course experience to generate interest from future participants and from alternative donors (e.g., Gates Foundation) for future course(s).
3. As Evidence Project focus countries and their activities become clarified, pursue the possibility of holding well-placed regional courses in Year 2 or Year 3.
4. Continue discussions (e.g., quarterly) with UW to identify opportunities for holding the course in Year 2.

5. Announce and promote course participation for summer course and to generate interest in self-financing participants; select course participants.
6. Hold course and write course report, including course evaluation results.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Revised course syllabus for course offering in Seattle in August 2015.
- Developed course announcement and application materials; posted course announcement on UW course website and Evidence Project website.
- Identified potential course participants in Evidence Project countries (e.g., Uganda and Ghana).
- Worked with UW to discuss the option for a field-based course offering in Year 3 in Kenya based on their pre-existing and close collaboration with the University of Nairobi.
- Selected and trained 25 participants from nine countries in the fundamentals of IS for FP/RH in August 2015.
- Developed or refined by course participants 15 implementation research protocols.
- Fostered networks and active linkages among participants during the course including with key staff of the Bill and Melinda Gates Foundation.
- Conducted an evaluation of the course by participants.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

- Course syllabus and related teaching aids on IS for FP/RH for August 2015 course
- Course announcement materials and application for August 2015 course

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

While the Evidence project would have preferred to continue with this course in Year 3 of the project by moving it to the field, funding constraints precluded this. The protocols developed in the course during the first two years of its implementation and the training received by staff and country colleagues have been highly beneficial for the project. The course was highly rated by participants in both years of its operation.

## Technical Assistance to USAID's Child Survival and Health Grants Program

<b>Activity Manager:</b>	Ellen Weiss	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RS2AA	<b>Status:</b>	Completed, HIDN
<b>IS Priority Theme:</b>	Building Capacity in IS	<b>Sub-Theme:</b>	N/A

### Summary

Since 2008, USAID's Child Survival and Health Grants Program (CSHGP) has supported 30 operations research projects implemented by 19 international NGOs, in partnership with academia, ministries of health, and other local partners in 23 countries (Afghanistan, Bangladesh, Benin, Burundi, Cambodia, East Timor, Ecuador, Ghana, Guatemala, Honduras, India, Indonesia, Kenya, Liberia, Malawi, Nepal, Nicaragua, Niger, Pakistan, Rwanda, Sierra Leone, Southern Sudan, and Zambia). The projects are implementing and testing innovative approaches to overcoming persistent challenges to maternal, neonatal, and child health.

The Evidence Project is providing technical support to 27 of the 30 CSHGP grantees to strengthen their reporting on the implementation process and their writing and dissemination of products that include final reports and interim and final research briefs. The Evidence Project is also developing a range of capacity-building tools to support current and future CSHGP grantees in the drafting of research briefs and the preparation of final reports.

### Objective(s)

1. To improve capturing and reporting on implementation process, improved writing and dissemination of high quality dissemination products, and improved quality of final OR reports.
2. To improve the quality of OR briefs that have been submitted to date.
3. To improve OR reports and OR briefs for selected ongoing projects.

### Main Achievements

- Reviewed and revised final reports and briefs submitted by five grantees that concluded their projects in FY2013. TA included multiple rounds of review and revision of final reports.
- Provided TA to all 11 of the grantees who are completing their projects in FY 2014. This TA has consisted of individualized guidance and support on data analysis, data presentation, and overall report-writing. To date, five of these grantees have submitted drafts of their final OR report for review and comment; several have received multiple reviews. At the request of USAID, we agreed to provide TA to one additional project, increasing the number of grantees from 10 to 11.
- Created a new design template for briefs, and used it to produce one final brief and three interim briefs for dissemination by USAID and the respective grantees. Review of interim and final briefs for grantees has been extensive, and in some cases project staff rewrote grantees' briefs.
- Produced a guidance package for CHSGP grantees, "How to Write an Operations Research Report" to assist grantees in the preparation of their final OR reports. The package consists of an illustrated outline of the OR Report, supported by three additional sections that are included as appendices. USAID disseminated the package to all current grantees, and it is also expected to be used by future rounds of grantees and other organizations providing TA to the implementers.
- Conducted a one-hour webinar entitled "How to Write an Effective Operations Research Brief," on April 24th, in which 27 individuals participated. The vast majority of participants were CSHGP grantees. The feedback was very positive and requests were received from CSHGP grantees for the link to the archived webinar and for the webinar slides.
- As a follow-on to the webinar, produced a guidance package "Writing an Effective Research Brief on Interim Findings: The 'Why' and the 'How to.'" The package was designed to help grantees think through

the process of whether they should write a brief on interim findings and if so, how best to communicate their findings.

- Conducted a capacity building workshop May 12-13 entitled “From Research to Action—Communicating Research Findings to Policy Audiences.” Developed specifically for CSHGP grantees, the two-day skill-building workshop was attended by 22 participants representing child survival grantees, USAID cooperating organizations (e.g. Futures Group, EngenderHealth, FHI360), and USAID staff. The training focused on communication tips and techniques that would enable participants to increase the use of research results to improve policies and programs. The PRB team designed the sessions to help participants understand the research to policy process, identify the policy implications of their research, plan strategically for communicating to target audiences, and communicate research findings in simple and compelling formats. The participants generally gave high marks to the training curricula and the overall quality of the workshop.

## Results Achieved

N/A

## Products Completed

Webinar

- “How to Write an Effective Operations Research Brief”

Guidance Packages

- “Writing an Effective Research Brief on Interim Findings: The ‘Why’ and the ‘How to’”
- “How to Write an Operations Research Report”

Briefs

- “How well do Health Surveillance Assistants (HSAs) — Malawi’s cadre of community health workers — deliver integrated services?”
- “Empowering Urban Communities in Sierra Leone to Improve Maternal and Child Health through Greater Access to Health Information”
- “Can Low-literacy Mothers Deliver Essential and Life-saving Care to Young Children in Rural Niger?”
- “Shifting the management of a community volunteer system (Care Groups) from NGO staff to Ministry of Health staff in Burundi”

## Year 2 Work Plan

- Continue to review and strengthen the OR reports and briefs from the FY14 cohort.
- Conduct a 4-day capacity-building workshop in writing an OR final report and brief

## Main Achievements for Period 3 (October 2014 – September 2015)

- Provided TA to all 9 grantees that are completing their projects in FY 2014. This TA consisted of individualized guidance and support on data analysis, data presentation, and overall report-writing. In addition the Evidence Project conducted at least two reviews of the draft final reports from 7 grantees who submitted during the reporting period. We also reviewed research briefs from 6 grantees who submitted briefs during the reporting period. Only 1 OR brief was finalized and formatted by the Evidence Project; the remainder had problems with the quality of the research or the analysis and were not deemed to be good candidates for a brief.
- Conducted a 4-day capacity building workshop in writing an OR final report and brief on December 2-5, 2014. The workshop was held at PRB and was attended by 23 participants representing CSHGP grantees (15), USAID (3), and the Maternal and Child Survival Program (5) which will be taking over in providing technical assistance to CSHGP grantees in 2015. The Evidence Project distributed evaluations that CSHGP participants filled out at the end of the workshop. We received 13 responses. Average ratings from respondents were very high, with most ranging from 8 out of 10 to 9.5 out of 10. In general, most

participants reported that the different sessions contained new and valuable information. In particular, participants valued presenting and discussing their own OR abstracts. All participants received a flash drive that included the workshop presentations and exercises.

### **Results/Indicators Achieved**

N/A

### **Products Completed**

Brief

- “Can the addition of a quality improvement collaborative improve performance and retention of community health workers in Benin?”

### **Challenges Encountered and Solutions**

None



## Other

## Support to the Office of Population and Reproductive Health (OPRH)

<b>Activity Manager:</b>	Karen Hardee & Laura Reichenbach	<b>Country/Countries:</b>	Global
<b>Activity (Project) Code:</b>	RT0AB	<b>Status:</b>	Ongoing, Core
<b>IS Priority Theme:</b>	N/A	<b>Sub-Theme:</b>	N/A

### Summary

USAID's OPRH supports research across its division and portfolio. OPRH and its Research Division are interested in having a more coordinated effort on its research, including on the research questions asked across divisions and projects, the quality of research conducted, and the dissemination of the research. OPRH has identified the Evidence Project to support this effort.

### Objective(s)

To support the OPRH and its Research Division on research-related activities.

### Main Accomplishments for Year 1 (October 2013 – September 2014)

1. Participated in the Research Division CAs meeting, including review of initial research inventory.
2. Discussed the needs of OPRH in supporting its CAs and how that relates to a community of practice (CoP) on implementation science.
3. Presented at an FHI360-sponsored meeting on implementation science (September, 2014).
4. Presented at an FHI360 meeting on new evidence and resources generated under USAID-funded projects including the Interagency Youth Working Group (IYWG), Preventive Technologies Agreement (PTA), and others.
5. Contributed to a series of meetings on Implementation Research and Dissemination Science (IRDS), sponsored by USAID, The World Bank, and WHO Alliance for Health Policy and Systems Research. These meetings will culminate in a statement on IRDS to be released at the Third Symposium on Health Systems Research in October, 2014.

### Project Results/Indicators Achieved in Year 1 (October 2013 – September 2014)

N/A

### Products Completed in Year 1 (October 2013 – September 2014)

- Reichenbach, Laura. 2014. "Implementation Science and Family Planning and Reproductive Health: Challenges and Opportunities." Presentation at the meeting, Implementation Science in Global Health: Maximizing Impact in an Imperfect World. Washington, DC, September 4.
- Reichenbach, Laura. 2014. "The Evidence Project: Youth Family Planning and Reproductive Health." Presentation at the meeting, Looking Back to Look Forward. Washington, DC, June 25.
- Keesbury, Jill. 2014. "Taking Advantage of Routine Data and Decision-making Processes for More Relevant and Higher Quality IRDS. Presentation at the meeting, Implementation Research and Dissemination Science. Accra, Ghana, July 31.

### Year 2 Work Plan (October 2014 – September 2015)

- Support the OPRH and Research Division in establishing a list of research questions across the office and in coordinating research.
- Convene a meeting of research point people in OPRH CAs with active FP/RH projects to discuss research and research needs and to establish "lateral" support mechanisms.

- Establish CoP on implementation science.
- Develop a list of organizations working on FP implementation science, in collaboration with the FP2020 Country Engagement Group
- Participate in Research Division CAs meetings.

### **Main Accomplishments for Year 2 (October 2014 – September 2015)**

- Participated in the Research Division CAs meeting. The project contributed to a panel discussion on research needs related to scale up.
- Ongoing engagement with SIFPO/MSI partners to identify areas of collaboration and co-funding for future IS activities, particularly around Sayana Press and injectables.
- Participated in a meeting to discuss communication strategies following up from the FHI 360/PATH/USAID/WHO meeting on Drug Shops and Pharmacies.
- Held discussions with Jim Rice of MSH (formerly the director of the LMG Project) and with Jim Sherry, director of the TRAction Project, on areas for collaboration on IS.
- Engagement and participation in the recently convened Task Sharing Working Group.
- Held telephone discussions with FHI360, URC TRAction Project, and Innovations for Poverty Action on respective implementation science approaches and areas for collaboration.
- Designed agenda for auxiliary event “Implementation Science Approaches to FP and RH: Experiential learning and sharing for implementers, policy makers, advocates and researchers” to be held on November 8, 2015 at the ICFP conference. This has been done in conjunction with FHI360; URC TRAction Project and Innovations for Poverty Action.
- Began planning a meeting with USAID/Washington that we will facilitate on research and evidence gaps related to Sayana Press.
- Held a retreat on research utilization that included OPRH staff and Evidence Project staff.

### **Project Results/Indicators Achieved in Year 2 (October 2014 – September 2015)**

N/A

### **Products Completed in Year 2 (October 2014 – September 2015)**

N/A

### **Challenges Encountered and Solutions in Year 2 (October 2014 – September 2015)**

During this period, the OPRH has been finalizing their research questions. Once these research questions are circulated, we will be in a better position to convene meetings of research point people and to use the OPRH questions as a frame for those discussions.

Due to a longer than anticipated staff recruitment process and a significant investment of research staff time on protocol development and study implementation, we were not able to convene the meeting of research point people from CAs in this year. We look forward to working with USAID OPRH to identify from their perspective the largest area of need and to design a targeted meeting that will best meet the needs of OPRH.

## III. Project Updates

### III.A PARTNER ENGAGEMENT

Recognizing that our work will be most useful to improve FP/RH programming if it is conducted in collaboration and coordination with other organizations and decisionmakers, we have continued to actively engage with a wide range of stakeholders in countries and globally. All of our activities under the Evidence Project include working with partners. In many cases this engagement reflects implementation of our research utilization plan described in study protocols. In Nigeria we are closely engaged with the Federal Ministry of Health (FMoH) Reproductive Health Technical Working Group membership. This started with the discussion of our original study protocol on the role of PMVs in the provision of injectable contraceptives. This engagement with the FMoH at this early phase of study development resulted in their request to adapt the protocol to include the training of PMVs to actually administer injectable contraceptives. The project has continued to engage stakeholders in making this refinement to the protocol and training materials and to ensure their support in implementing the study findings. Our work in Bangladesh includes coordination of ASRH activities among stakeholders, in support of the MOHFW. As part of the implementation of our study on health insurance in India, the study team has formed and engaged a Technical Advisory Committee, which includes key government officials, donors, and local implementers.

In other countries, such as Ghana, Evidence Project in-country staff are making a concerted effort to reach out to cooperating and implementing agencies that may be relevant to our work. This has included discussions with FHI360, MSI, and the USAID-funded bilateral project, Systems for Health, implemented by URC, to maximize the potential for leveraging Evidence Project investments and to enhance the utilization of evidence for the next cycle of country programming. In Ghana we are also collaborating with a range of national and implementing partner stakeholders to scale up the task shifting policy on Community Health Nurse provision of implants. Stakeholders for that activity range from the Ghana Nursing and Midwifery Council and the Ghana Health Service to Jhpiego, UNFPA, and USAID, among others. Our engagement with USAID/Ghana has increased in Year 2 with new staff in the Mission.

We have had discussions with MSI to coordinate work on Sayana® Press. We are communicating closely with BMGF and University of California San Francisco around our study on Sayana Press and DMPA in Nigeria to ensure collaboration related to our respective work in Nigeria. Members of the Evidence Project team also share project updates as part of their participation in the Task Sharing Technical Working Group.

Our global workplace policy and program work involves engagement with global brands and their source factories in low income countries. In Cambodia, our work on an initiative to improve the reproductive health of garment workers is based on close collaboration with SIFPO/MSI, a partner in the initiative, as well as with the government (ministries of health and labor) and stakeholders that represent workers and employers.

We are working to ensure that work on rights-based family planning is coordinated and complementary. We are also working with SIFPO/IPPF to implement and test a rights-based approach to family planning in Uganda and we are collaborating with the Palladium Group on similar work they are carrying out in Nigeria with funding from the Gates Foundation. We have also been approached by colleagues at EngenderHealth, who will be implementing something similar in West Africa with funding from the Hewlett Foundation. We were invited to participate on a WHO expert group developing rights-based indicators. Our work on social accountability for family planning also engages a wide range of partners.

We serve on the leadership group of the Advance Family Planning Project (AFP) and engage with them on evidence-based advocacy. We are members on the E2A and IBP Community of Practice on Scale Up. We are collaborating with FHI360, the TRAction Project and the Innovations for Poverty Action (IPA) to organize a satellite session on Implementation Science Approaches for FP/RH: Experiential Learning for Implementers, Policy Makers, and Researchers at the International Family Planning Conference, given the strong interest in the

community on how to conduct IS. We collaborated with the IBP Initiative to reach stakeholders around the world with a webinar on standards of evidence. With the DfID-funded STEP-UP project we are planning the third in a series of meetings on standards of evidence that will focus on evidence use.

### III.B MONITORING & EVALUATION

During the second year, the Evidence Project focused on the development of the project's web-based management information system. After a careful review of several vendors to assess their background and capabilities for developing a system that meets the needs of the project, a contract was awarded to Green River Inc. The M&E team worked closely with the vendor in the design of the system, including the design of the relational database structure and on the user interface. During this period, weekly meetings were held in order to assess the development process, to provide feedback and recommendations for the development of an intuitive user interface, and to ensure that development was taking place according to plan. During the development stage, testing of the system functionalities was an ongoing effort and bugs were identified and immediately removed.

As part of the system's rollout plan, a training curricula and a user's guide were developed as materials to support the training of activity managers in the results reporting procedures and in the use of the system. Both the curricula and the user's guide provide examples of good reporting practices and step-by-step instructions on how to report results using the online system.

The system was rolled out during the months of August and September 2015, with 38 activity managers trained around the world via skype. In addition, historical data has been entered into the system so the system now serves as a central repository for all PMP indicators and allows activity managers to report results in real time, on-line from anywhere in the world where there is an internet connection. For this current reporting period, activity managers had a chance to report using the online system for the first time. The experience has been very positive and in the process activity managers provided positive feedback on the system's user friendliness and some even made suggestions for some minor fine tuning. From this point forward, activity managers will be able to report results as they occur and will no longer have to wait to submit results only during reporting time every six months.

### III.C COMMUNICATIONS

The project's website was launched the first week of February 2015. To promote the use of the site as a highly leveraged resource, we contacted each of the project's partners to establish links between our website and theirs, added a tagline about the website to staff's e-mail signature, and included a feature about the website in the Population Council's e-newsletter "Ideas that Matter" which goes out to more than 18,000 subscribers. In addition the Population Council and our partners released 15 tweets about the website to their networks. The website's landing page includes three rotating features and two static features. For the launch, these features highlighted our recent publications on social accountability and scaling up, financing options as one of our technical areas and corresponding activities, and a Q&A with the Project Director on implementation science. Periodically we have refreshed the home page with features on the RAISE/Health initiative, a national policy meeting we convened in Pakistan to promote involving men in family planning, our efforts to operationalize the rights language in Uganda's CIP, the Standards of Evidence for Reproductive Health Decisionmaking webinar, our two working papers on evidence use, and more. To date, the website has had 173,130 views from 30,441 unique visitors. The 24 published resources have been downloaded by 5,147 visitors.

During this year, we expanded or updated our line of project materials, which includes an Evidence Project brochure, folder, and flyer, and PowerPoint, report, and poster templates. We also developed a one-page, double sided Activity Brief for Activity Managers to use in introducing their study to stakeholders. To support the Communications Team the project hired a Communications Associate, seconded from PRB, with strong skills in graphic design.

In Year 2, we developed communications plans for each activity that guide the development, review, and dissemination of communication products, including working papers, research reports, case studies, policy briefs, guidance documents, and manuscripts. We also identified a standard set of dissemination outlets for our products that includes our staff and partners, Technical Advisory Committee, USAID AOR Team, HIPNet, IBP, IGWG, and K4H. These are supplemented by additional outlets and groups that are more specific to the product's theme(s). Additionally, for each product we send photos and/or text to our partners for posting on social media.

We have begun planning a series of webinars to feature our work. The first will be “The Impact of Population, Health, and Environment Projects: A Synthesis of the Evidence,” October 14, 2015. This will be followed by one in December on implementation science that will draw on the presentations and discussion from our satellite meeting at ICFP in November, 2015.

A list of products produced by the project is found in Appendix 4.

### III.D PROJECT MANAGEMENT

The Population Council leads the Evidence Project consortium of INDEPTH, IPFF, MSH, PATH and PRB, along with a University Research Network. In addition, the Meridian Group has staff seconded to the Population Council office, and the project has entered into subawards with FHI 360 and the What Works Association for specified activities. During this year, the composition of the leadership team changed from a director and three deputies, to a director and two-deputy structure. The Senior Leadership Team of the project comprises the Director, the Technical Deputy, the Deputy for Administration, and the VP for Reproductive Health, the Director for Reproductive Health Services and Research and the Deputy for the Reproductive Health Program of the Population Council.

Key management accomplishments for the reporting period include the following:

#### **Hired Additional Project Staff**

The Deputy Director of Administration position was filled during this reporting period, and the Communications Associate, a PRB position, joined the team. In addition, the Research Utilization Specialist position seconded by PATH was filled in July.

In terms of local positions in our international offices, an Ethiopian-based Program Officer was hired to lead project activities in-country. In Bangladesh, a Project Officer was hired to coordinate the Workplace Program Effectiveness (HER Project) activity as the previous Program Officer was transferred to the Bangladesh Analyzing Contraceptive Choice activity. The Country Representative moved to Cambodia and initiated start-up of the Evidence-funded activity, Meeting the FP and RH Needs of Female Factory Workers in Cambodia. In addition, the Cambodia office is fully staffed with an Office Manager/Finance Officer, a Program Officer and a Policy Advisor. In Kenya, Wilson Liambila transitioned to Associate to lead the FP/HIV Integration in Community-Based HIV Programs study as Principal Investigator. Finally, Kumudha Aruldas is leading the India studies as M.E. Khan retired. See Appendix 5 for a complete list of the Evidence Project Staff.

#### **Participated in the Management Review for the Project**

The project participated in a management review and a follow up, both undertaken by a consultant hired by USAID. In addition to responding to written questions from USAID, project leadership, partners and staff, along with the leadership of the Population Council's RH Program, participated in interviews conducted by a consultant hired by USAID. The project found both rounds of the management review, including the interviews and subsequent discussions with the consultant and with USAID, to be very helpful in identifying solutions to management issues on the project. The project and the Council's RH Program are implementing recommendations from the management review, most notably to extend the Senior Leadership Team of the project to include the VP and Deputy of RH Programs and the Director of RH Services and Research.

## **Prepared Annual Report and Y2 Work Plan**

On November 20, 2015, the Evidence Project submitted the first annual report for the period of October 2013 – September 2014. The Year 2 work plan was also included in this report.

## **Prepared Y3 Budget Request**

Working in close collaboration with USAID and partners, the Council prepared and submitted its Y3 budget request on March 27, 2015. In preparing the Y3 budget request, the Population Council and its partners worked to reduce costs for ongoing activities and eliminated, canceled, or delayed new activities based on available resources and based on priorities articulated by the USAID AOR team.

## **Managed Finances**

The Council submitted its baseline report to USAID on November 5, 2014, and April 15, 2015, and estimated accruals report on December 11, 2014, March 11, 2015, June 10, 2015, and September 10, 2015. Quarterly financial reports were submitted on November 12, 2014 (for the period July 1 through September 30, 2014), February 27, 2015 (for the period October 1 through December 31, 2014), May 15, 2015 (for the period January 1 – March 31, 2015), and August 13, 2015 (for the period April 1 – June 30, 2015). Project expenditures are reviewed on a monthly basis.

The Evidence Project implemented a new system whereby reports are submitted to Principal Investigators and Office Managers on a monthly basis to report back on expenditures in order to better manage expenditures and accurately gauge the pipeline, and convened the first Quarterly Office Managers meeting to provide tools for project management including a Monthly Expense Report and an LOE tracking tool.

## **Executed Modification to our Cooperative Agreement**

On May 22<sup>nd</sup>, 2015, the Evidence Project cooperative agreement was modified to provide incremental funding of \$3,127,538, which includes \$50,000 from USAID/Senegal to support the implementation of the Assessment of the 3D Approach activity, as well as the Assessment of Pharmacist Provision of Contraceptives activity, \$2,000,000 from the office of Gender Equality/Women's Empowerment (GEWE) to support the Scaling Up Preventing Child Marriage Programming in Ethiopia, and \$1,077,538 from USAID/Cambodia for the implementation of Meeting the Family Planning and Reproductive Health Needs of Female Factory Workers in Cambodia, increasing the total obligation to \$13,321,604. A second modification was issued on September 28, 2015 to provide incremental funding of \$4,475,969, which includes \$4,200,000 for Core activities, \$90,000 from the Office of HIV/AIDS for the gender-responsive evidence on HIV work, and \$185,969 from USAID/Egypt for the implementation of Situational Analysis of the Private Sector in the Delivery of Family Planning Services activity, increasing the total obligation to \$20,925,111.

## **Executed Subawards**

The Council extended the subawards with the Project's five main partners, INDEPTH, IPPF, MSH, PATH, and PRB. The project also received USAID approval for and subsequently issued a subaward with the Meridian Group for activities that began in Year 2 and secondment of two Meridian staff members to work out of the Council office. Additionally USAID approved subawards to be granted to FHI360 as well as What Works Association and the University of Washington.

## **Obtained International Travel Approvals and Submitted Trip Reports**

In accordance with the terms of the agreement, the Council has sought and received AOR approval for all international travel conducted under the award, and submitted trip reports, documenting key activities, opportunities, and next steps. The project shares these reports with our AOR team. Appendix 6 summarizes completed international travel during the reporting period.

## **Facilitated Compliance with U.S. Government Law and Policies on Family Planning**

The Project leadership continues to ask other project staff, including Activity Managers, to complete the e-learning course through the K4H portal, with certificates of completion kept on file, to document our good faith efforts in ensuring compliance.

## **Negotiated Field Support**

The Evidence Project finalized a work plan and budget for a USAID/Cambodia-supported activity titled, Meeting the FP and RH Needs of Female Factory Workers in Cambodia. In addition, the Project Director travelled to India to discuss field support for an FP 2020 activity. During the reporting period, the Project received \$50,000 from USAID/Senegal, \$1,077,538 from USAID/Cambodia, and \$185,969 from USAID/Egypt. In addition, the Mission in Uganda expressed interest in the project undertaking an evaluation of an initiative they are funding to provide dedicated workers to support family planning workers in the public sector. Additionally, the project discussed work with USAID/India that could require additional field support to complete.

## **Developed a SharePoint for the Project**

The M&E team has implemented a SharePoint site for the project. The site is an internal resource for Population Council and Partner staff working on the Evidence Project to access important information, such as announcements, standard operating procedures (SOPs), templates, and other materials to facilitate the project's work in a virtual environment.

## **Technical Advisory Committee**

We kept the TAC informed of project activities, but due to the construction in the Population Council offices in Washington, DC, and due to budget uncertainties, we did not convene a TAC meeting in Year 2. We invited Dr. Eliya Zulu, Executive Director of Africa Institute for Development Policy, and an expert on evidence-based policy advocacy, to be part of the TAC.



## IV. Challenges and Solutions

We appreciate the support of USAID, including through the management review and follow up that took place in Year 2 and look forward to continued support in Year 3 of the project and beyond. The following have been challenges in Year 2.

### Funding

From the beginning of the project, we have been encouraged by our USAID/Washington colleagues to get the project up and running as quickly as reasonable and to accordingly and appropriately spend against core funding obligations. We have moved forward with an ambitious portfolio of activities; however, in light of evolving and competing priorities within USAID/Washington and funding cuts going into Year 3, the project is experiencing funding constraints. In response, we have prioritized and reduced the scope of our activities and staffing, so as to enable the Evidence Project to continue to implement a balanced portfolio of global and country work to advance our achievement across all of our results. One partner, MSH, will be leaving the project in Year 3.

### Project Staffing

The project began Year 2 with two important staff positions vacant. The project was hampered by the length of time it took to identify and hire the Deputy Director for Administration (DD/A). During this time, the role was played on a part time basis by Joanne Gleason, Deputy Director of the Council's RH Program. The DD/A position was filled in late February by Julia Adams, a strong manager with experience working on a similar global USAID-funded implementation science project as well as other relevant experience. The DD/A was very beneficial in the budget request process, the process of updating Year 3 budgets based on updated pipeline information and determining subsequent cuts to activity budgets. She has worked with Maria Linden to develop a budget monitoring system that updates Activity Managers and country finance officers monthly on activity budgets. She has contributed significantly to management of the project overall.

The project spent much of Year 2 searching for a Research Utilization (RU) Specialist (a seconded PATH position). The position was first posted for placement in Ghana to be closer to the field, but was later reclassified as a headquarters position based in Washington DC. We identified a qualified candidate who subsequently withdrew her application for personal reasons. Robin Keeley joined the project at the end of July and has worked closely with the team on the RU Retreat held in September and on drafting RU strategies for key technical themes. She will continue to work closely with project staff on integration of the project's RU work with protocol development and implementation in the coming reporting period, as well as on RU activities that go beyond the project's research.

### The Project's Research Utilization Portfolio

Funding on the project's three results was anticipated to be roughly 50% for result 1 (evidence generation), 20% for result 2 (evidence translation and synthesis) and 30% on result 3 (TA for evidence use). USAID expressed a concern during the Year 3 budget request process that the project was not focusing sufficiently on result 3, particularly getting neglected practices scaled up in countries, and indicated that funding for the project for Year 3 was reduced partially for this reason. We developed our country work based on priorities that emerged during country visits in the first year of the project and on subsequent and continued engagement with stakeholders, so the concern that the project was not focusing sufficiently on neglected practices came as a surprise. We held an RU retreat in September 2015, with participation of USAID staff and project and Council staff, and as a result began to develop RU strategies for key technical topics. The RU retreat did not specifically address or resolve the question of the degree to which RU for the project should also include the scale up of neglected practices. We look forward to continued discussion with the AOR team to resolve the issue of the scope of RU activities on the project. We are committed to promoting evidence use - both of the studies we are undertaking and of existing evidence, and look forward to working with USAID to strengthen our RU portfolio in Years 3-5 of the project.

## **Reaching Missions and Obtaining Field Support**

The project has been successful in attracting field support from five countries. At the same time, we have had less success in Africa, including in our focus countries (Ghana, Uganda, Senegal and Burkina Faso). Continued engagement with Missions, with assistance from our AOR team, is crucial for the success of the project, even more so in light of the current constraints on core funds, but it is also time consuming and unpredictable as many Mission staff seem to have less appetite for engaging with Global projects or for funding research. Some Missions have been difficult to engage because they are in procurement phases or in between strategies. We look forward to continued discussions with our AOR team to find solutions to communicating with Missions. We greatly appreciate our AOR team's assistance in organizing meetings with Mission staff, who we know are overburdened.

## **Shifting List of Focus Countries**

USAID has wisely encouraged the project to focus core funding in a few countries and to develop country plans. We agree with this strategy, yet have faced challenges in settling on the list of focus countries. We had selected Pakistan in Asia, given the huge need to strengthen FP programming in that country and the strong position of the Council's office in Pakistan to influence policy and programming through evidence translation and use. We have contributed to important successes for FP in Pakistan. We learned during Year 2 that the Mission will not fund the project nor can we use any additional core funding in the country. We had also selected Ghana and have engaged with the Mission and with the URC-implemented bilateral project to identify work in that country. We have the strong support of the Ghana Health Service. We are hopeful with new staffing in the Mission that field support funding will be forthcoming. Likewise, in Senegal we face differences in understanding between the Mission and USAID/Washington about what will be funded with core funds. We have approached Mission staff in Uganda on a few occasions to discuss potential field support for activities started with core; however staff shortages in that Mission have made it difficult to get the attention of Mission staff. We have settled on four focus countries (Ghana, Senegal, Burkina Faso and Uganda) but we are not completely confident that we will get field support for all of these countries. We look forward to continued engagement with our AOR team on this issue and appreciate USAID's understanding of the challenges the project faces in settling on the focus countries, effectively engaging Missions and other development partners, and developing country plans.

## Appendix 1 | Table of Activities – Year 2

ACTIVITY NAME	IS THEME	IS SUB-THEME	PRIMARY RESULTS FOR YEAR 2	COUNTRY	FUNDING SOURCE	PAGE
<b>SUPPLY</b>						
Nigeria PMVs and Injectable Contraception	Method Access & Choice	Task Shifting	1	Nigeria	Core Pop	
Sayana Press and Standard Days Method Study in Ghana	Method Access and Choice	Task Shifting	NA	Ghana	Core Pop	
Assessment of Pharmacist Provision of Contraceptives in Senegal	Method Access & Choice	Task Sharing	2	Senegal	Field Support	
TA to Operationalize New Policy on Implant Service Provision in Ghana	Method Access & Choice	Task Shifting	3	Ghana	Core Pop	
Strengthening Utilization of National Health Insurance Scheme for FP/RH in India	Method Access & Choice	Financing Options	1	India	Core Pop	
Evidence Syntheses on Financing Mechanisms (WHO)	Method Access & Choice	Financing Options	2	Global	Core Pop	
Pakistan FP2020	Method Access & Choice	Service Options	2, 3	Pakistan	Core Pop	
Lessons Learned from SUFP Program Scale Up in Zambia	Method Access and Choice	Service Options and Using IS for Scale Up	1	Zambia	Core Pop	
Assessment of the 3D Approach in Senegal	Method Access and Choice	Service Options and Using IS for Scale Up	1	Senegal	Field & Core Support	
Private Sector Assessment in Egypt	Method Access and Choice	Service Options	1	Egypt	Field Support	
Strengthening Total Market Approaches	Method Access & Choice	TMA	1, 3	Uganda	Core Pop	
Meeting the FP and RH Needs of Female Factory Workers	Method Access & Choice	Workplace Programming	1,3	Cambodia	Field Support	
Workplace Program Effectiveness	Method Access & Choice	Workplace Programming	1	Bangladesh	Core Pop	
Transitioning to a Broader Method Mix	Method Access & Choice	Method Mix	1,3	Global	Core Pop	
FHI 360 Cochrane Reviews	Method Access & Choice	Method Mix	2	Global	Core Pop	
Standard Days Method Review	Method Access & Choice	Method Mix	2, 3	Global	Core Pop	
Balanced Counseling Strategy (BCS)	Method Access & Choice	Method Mix	1, 2, 3	Global	Core Pop	
India FP2020	Method Access & Choice	Various	TBD	India	Field Support	

FP/HIV Integration in Community-Based HIV Programs	Method Access & Choice	Integration	1	TBD	Core HIV	
Expanding Integration of FP into Non-Health Sectors	Method Access & Choice	Integration	2	Global	Core Pop	
Improving Adolescent SRH Outcomes in Bangladesh	FP Approaches for Youth	N/A	2, 3	Bangladesh	Field Support	
Ethiopia Adolescent Programming Studies	FP Approaches for Youth	N/A	1	Ethiopia	Field Support	

## DEMAND

	Enhancing Demand	Contraceptive Use Dynamics	1	Bangladesh	Core Pop	
Longitudinal Study of Adolescents	Enhancing Demand	Reducing Structural Barriers	1	Burkina Faso	Core Pop	
Addressing Changing Social Dynamics with a Particular Focus on Youth	Enhancing Demand	Reducing Structural Barriers	1	Burkina Faso	Core Pop	
Improving FP Programming Using Unmet Need Measures	Enhancing Demand	Reducing Structural Barriers	1	TBD, with longitudinal study	Core Pop	

## CROSS-CUTTING

Rights-Based Approaches to FP	Rights-Based Programming & Accountability	N/A	1, 2, 3	Global, Country TBD	Core Pop	
Accountability Mechanisms to Improve FP/RH Programs	Rights-Based Programming & Accountability	N/A	1, 2, 3	Global, Uganda and Tanzania	Core Pop	
Addressing Stigma and Social Norms that Inhibit FP Uptake	Rights-Based Programming & Accountability	N/A	1, 2	Global	Core Pop	
Case Study of Male Involvement Component of FALAH	Promoting Gender-Transformative Approaches	N/A	1, 2, 3	Pakistan	Core Pop	
Promoting Engagement in FP/RH, Including Modeling and Literature Review on Vasectomy Programming	Promoting Gender-Transformative Approaches	N/A	2	Global	Core Pop	
Men as Family Planning Users	Promoting Gender-Transformative Approaches	N/A	2	Global	Core Pop	
Metrics to Measure Changes in Gender Norms	Promoting Gender-Transformative Approaches	N/A	2	Global	Core Pop	
What Works for Women and Girls	Promoting Gender-Transformative Approaches	N/A	2, 3	Global	PEPFAR	
Support to the HIP Initiative	Using IS for Scale Up	N/A	2, 3	Global	Core Pop	
M&E of Scale Up	Using IS for Scale Up	N/A	2	Global	Core Pop	

Short Course in IS for FP/RH	Building Capacity in IS	N/A	1	Global	Core Pop	
TA to USAID's child Survival and Health Grantees	Building Capacity in IS	N/A	2	Various	Core HIDN	
<b>OTHER</b>						
Support the Office of PRH	Building Capacity in IS	N/A	NA	Global	Core Pop	

# Appendix 2 | PMP Indicators

## **RESULT 1** EVIDENCE GENERATED TO INCREASE EFFECTIVENESS OF FP/RH PROGRAMMING

- IR 1.1 Increased evidence for more effective FP/RH programming
  - IR 1.1.1 Instances of FP/RH implementation research, including secondary analysis conducted by the Evidence Project on identified gaps or emerging issues in FP/RH programming
  - IR 1.1.2 Instances of implementation research papers or manuscripts submitted for publication by the Evidence Project
  - IR 1.1.3 Instances of presentations of Evidence Project supported implementation research including secondary analyses to key stakeholder audiences
  - IR 1.1.4 Instances of citations of Evidence produced Implementation Research
  
- IR 1.2 Increased methodologies & indicators for measuring and evaluating scale-up of FP/RH practices & services
  - IR 1.2.1 Instances of methodologies and/or indicators to monitor/measure scale-up developed, validated and disseminated
  
- IR 1.3 Improved quality of implementation research for evidence-informed FP/RH programming globally, regionally and nationally
  - IR 1.3.1 Instances of Evidence Project's supported capacity development activities, including technical assistance, to improve the quality of implementation research

## **RESULT 2** NEW AND EXISTING EVIDENCE TO ACCELERATE SCALE-UP OF EVIDENCE-INFORMED FP/RH PROGRAMMING SYNTHESIZED AND SHARED

- IR 2.1 Increased analysis and documentation of evidence-informed FP/RH programming
  - IR 2.1.1 Instances of synthesis, case studies, landscapes analyses and expert meetings reports on key technical priority areas completed and made publicly available
  - IR 2.1.2 Instances of presentations of Evidence Project-produced synthesis, landscape analysis, case studies and expert meeting reports to key stakeholder audiences
  - IR 2.1.3 Instances of citations of Evidence-produced syntheses, landscape analyses, case studies and expert meeting reports
  
- IR 2.2 Increased dissemination of evidence to improve FP/RH programming in appropriate formats through KM platforms, partnerships, and advocacy
  - IR 2.2.1 Instances of Evidence Project products disseminated in appropriate formats through established KM outlets, electronic listservs, and global, regional and country partners
  - IR 2.2.2 Number of hits to the Evidence Project Website



## RESULT 3

EVIDENCE USE INCREASED TO IMPROVE FP/RH PROGRAMMING

**IR 3.1** Incorporation of evidence-informed practices into policies, norms, guidelines, and standards and programming

**IR 3.1.1** Instances of policies, norms, guidelines, standards, and/or programming at the global regional and/or country level changed with contribution from the Evidence Project activities

**IR 3.2** Use of evidence from implementation research for evidence-informed FP/RH programming increased globally, regionally and nationally

**IR 3.2.1** Instances of global, regional, or national collaboration to use evidence from implementation research, including secondary analysis and synthesis/case studies, and other relevant activities, including expert meetings, to improve FP/RH programming

**IR 3.3** Increased use of implementation science to inform scale-up of evidence-informed practices

**IR 3.3.1** Instances of Evidence Project's technical assistance provided for improving and strengthening the scale up process of evidence-based practices

**IR 3.4** Increased capacity to use evidence for policies and programs

**IR 3.4.1** Instances of Evidence Project-supported capacity development activities conducted to improve use of evidence from implementation research to improve FP/RH programming

## Appendix 3 | Research Protocol Status

	STUDY PROTOCOL TITLE	THEME	STATUS	PROGRESS IN Y2
1	Evaluation of the Effectiveness of the HERproject Model in Improving Sexual and Reproductive Health and Rights Knowledge and Service Access among Female Garment Workers in Bangladesh (PI: Ashish Bajracharya)	Expanding Method Access and Choice (Workplace Programming)	Under implementation	<ul style="list-style-type: none"> <li>Local IRB approval</li> <li>Completed 3/4 of baseline data collection</li> <li>Preliminary descriptive data analysis started</li> </ul>
2	Examining and Strengthening the Role of Patent Medicine Vendors in the Provision of Injectable Contraception in Nigeria (PI: Professor Ajuwon Ademola)	Expanding Method Access and Choice (Task Shifting)	Implementation to start November 2015	<ul style="list-style-type: none"> <li>Revised and resubmitted protocol</li> <li>Population Council IRB approval</li> <li>Local IRB approval</li> <li>USAID/W approval</li> <li>Held TAC meeting</li> <li>Drafted PMV training curriculum</li> </ul>
3	Utilization of the National Health Insurance Scheme by the Urban Poor for Family Planning and Reproductive Health Services in Uttar Pradesh, India(PI: Kumudha Aruldas)	Financing and Service Options, including Total Market Approach	Under implementation	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>USAID/W approval</li> <li>Held TAC meeting</li> <li>Data collection ongoing</li> </ul>
4	Understanding Factors that Influence Contraceptive Choice, Discontinuation, and Switching among Bangladeshi Women (PI: Mahabub Anwar)	Enhancing Demand for FP Information and Services (Improving Contraceptive Use Dynamics and Reducing Structural Barriers to Foster Positive Norms around Contraceptive Behaviors)	Under implementation	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>USAID/W approval</li> <li>Data collection completed</li> </ul>
5	Social Accountability for Family Planning: Case Study of the Healthy Action Project in Uganda (PI: Victoria Boydell)	Rights and Accountability	Under implementation	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>Local IRB approval</li> <li>USAID/W approval</li> <li>Data collection ongoing</li> </ul>
6	Assessment of the Costs and Dimensions of the Scaling Up Family Planning (SUFPP) “Camping Approach” in Zambia (PI: Ben Bellows)	IS for Scaling Up Proven Practices	Under implementation	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>Local IRB approval</li> <li>USAID/W approval</li> <li>Data collection completed</li> </ul>
7	A Mixed-method Study to Understand Adolescent and Youth sexual and reproductive health-seeking behaviors in Ethiopia: Implications for Youth Friendly Service Programming (PI: Aparna Jain)	Improving program approaches for youth	Pending local IRB approval	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>USAID/W approval</li> </ul>



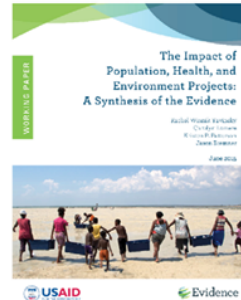
8	Assessment of the Implementation and Achievements of the 3D Approach within the National Family Planning Actions Plan (NFPAP) in Senegal (PI: Nafissatou Diop)	IS for scaling up proven practices	Under implementation	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>Local IRB approval</li> <li>USAID/W approval</li> <li>Data collection ongoing</li> </ul>
9	Strengthening the Integration of FP-HIV services at the Community Level in Kenya (PI: Wilson Liambila)	Integration	Pending USAID/W approval	<ul style="list-style-type: none"> <li>Revised and resubmitted protocol to IRB</li> <li>Population Council IRB approval</li> <li>Local IRB approval</li> <li>Submitted to USAID/W for review</li> </ul>
10	Child Marriage Prevention and Support Project, Ethiopia (PI: Annabel Erulkar)	Enhancing Demand for FP Information and Services (Reducing Structural Barriers to Foster Positive Norms around Contraceptive Behaviors)	Pending IRB and USAID/W approvals	<ul style="list-style-type: none"> <li>Submitted to Population Council IRB</li> </ul>
11	Longitudinal Study of Adolescent Girls (10-19 years) in Ouagadougou, Burkina Faso: Adolescent Transitions in Fertility and Unintended Pregnancy (PI: Laura Reichenbach)	Enhancing demand for FP information and services, particularly among youth (Reducing Structural Barriers to Foster Positive Norms around Contraceptive Behaviors)	Pending IRB and USAID/W approvals	<ul style="list-style-type: none"> <li>Submitted to Population Council IRB</li> <li>Revised protocol based on budgetary changes</li> </ul>
12	Exploration of the Potential Role of Private Pharmacies in the Provision of FP Services in Senegal (PI: Nafissatou Diop)	Task shifting	Pending local IRB approval	<ul style="list-style-type: none"> <li>Population Council IRB exemption received</li> <li>Submission to local IRB</li> </ul>
13	A Study of How Social Accountability Mechanisms Influences FP/RH Programs in Uganda (PI: Victoria Boydell)	Rights and accountability	Pending local IRB	<ul style="list-style-type: none"> <li>Population Council IRB approval</li> <li>Submitted to local IRB for review</li> </ul>
14	Situational Analysis of the Private Sector in the Delivery of Family Planning Services in Egypt: Current status and Potential for Increased Involvement (PI: Nahla Tawab)	Financing and Service Options, including Total Market Approach	Pending Population Council and local IRB approval	<ul style="list-style-type: none"> <li>Submitted to Population Council IRB</li> <li>Convened TAC meeting</li> <li>USAID/W approval</li> </ul>

# Appendix 4 | List of Products

## WORKING PAPERS



Wright, Kelsey, Hiba Iqteit, and Karen Hardee. 2015. "Standard Days Method of Contraception: Evidence on Use, Implementation, and Scale-up." Working Paper. Washington D.C.: Population Council, The Evidence Project.



Yavinsky, Rachel Winnik, Carolyn Lamere, Kristen P. Patterson, and Jason Bremner. 2015. "The Impact of Population, Health, and Environment Projects: A Synthesis of Evidence," Working Paper. Washington, DC: Population Council, The Evidence Project.



Hardee, Karen and Kelsey Wright. 2015. "Expanding the Role of Evidence in Family Planning, Program, and Practice Decisionmaking," Working Paper. Washington, DC: Population Council, The Evidence Project.



Hardee, Karen, Kelsey Wright, and Joanne Spicemandler. 2015. "Family Planning Policy, Program, and Practice Decisionmaking: The Role of Research Evidence and Other Factors," Working Paper. Washington, DC: Population Council, The Evidence Project.

## POLICY BRIEFS



Sathar, Zeba A., Maqsood Sadiq, and Seemin Ashfaq. "Reducing maternal and child mortality in Balochistan: The untapped potential of family planning," Policy Brief. Islamabad, Pakistan. 2015.



Sathar, Zeba A., Maqsood Sadiq, and Seemin Ashfaq. "Reducing maternal and child mortality in KP: The untapped potential of family planning," Policy Brief. Islamabad, Pakistan. 2015.



Sathar, Zeba A., Maqsood Sadiq, and Seemin Ashfaq. "Reducing maternal and child mortality in Punjab: The untapped potential of family planning," Policy Brief. Islamabad, Pakistan. 2015.



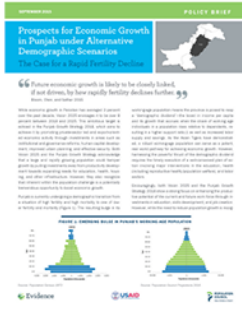
Sathar, Zeba A., Maqsood Sadiq, and Seemin Ashfaq. "Reducing maternal and child mortality in Sindh: The untapped potential of family planning," Policy Brief. Islamabad, Pakistan. 2015.



Bloom, David, Zeba A. Sathar, and Maqsood Sadiq. "Prospects for Economic Growth in Balochistan under Alternative Demographic Scenarios: The Case for a Rapid Fertility Decline," Policy Brief. Islamabad, Pakistan. 2015.



Bloom, David, Zeba A. Sathar, and Maqsood Sadiq. "Prospects for Economic Growth in KP under Alternative Demographic Scenarios: The Case for a Rapid Fertility Decline," Policy Brief. Islamabad, Pakistan. 2015.



Bloom, David, Zeba A. Sathar, and Maqsood Sadiq. "Prospects for Economic Growth in Punjab under Alternative Demographic Scenarios: The Case for a Rapid Fertility Decline," Policy Brief. Islamabad, Pakistan. 2015.



Bloom, David, Zeba A. Sathar, and Maqsood Sadiq. "Prospects for Economic Growth in Sindh under Alternative Demographic Scenarios: The Case for a Rapid Fertility Decline," Policy Brief. Islamabad, Pakistan. 2015.

## ACTIVITY BRIEFS



RAISE Health Initiative for Workers, Companies, and Communities. May 2015.



Utilization of National Health Insurance for Family Planning and Reproductive Health Services by the Urban poor in Uttar Pradesh, India. June 2015.



Strengthening the Role of Patent Medicine Vendors in the Provision of Injectable Contraception in Nigeria. June 2015.



Social Accountability for Family Planning: A Case of the Healthy Action Project in Uganda. July 2015.



**Understanding Youth Sexual and Reproductive Behaviors in Ethiopia.**  
August 2015.

## BLOG POSTS



[Migrant Workers' Right to Health: A Global Advocacy Agenda.](#)  
Published on Insitute for Human Rights and Business Blog.  
Written by David Wofford and Carolyn Rodehau  
July 10, 2015

## TECHNICAL BRIEFS

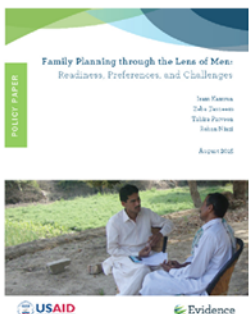


Croce-Galis, M.; K. Hardee, and J. Gay. 2014. "Scaling Up Evidence-Informed HIV Prevention for Adolescent Girls and Young Women." Washington DC: Futures Group, Health Policy Project. [www.whatworksforwomen.org](http://www.whatworksforwomen.org).



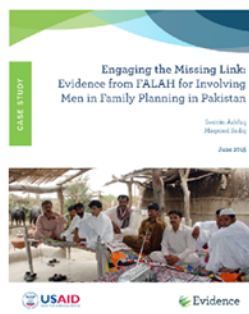
Croce-Galis M, J. Gay and K. Hardee. 2015. Gender Considerations Along the HIV Treatment Cascade: An Evidence Review with Priority Actions. Washington DC: Population Council and What Works Association, Inc.

## POLICY PAPERS



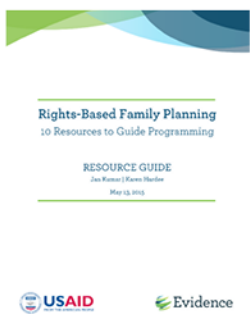
Kamran, Iram, Zeba Tasneem, Tahira Parveen, and Rehan Niazi. 2015. "Family Planning through the Lens of Men: Readiness, Preferenes, and Challenges." Policy Paper. Washington, DC: Population Council, The Evidence

## MEETING REPORTS



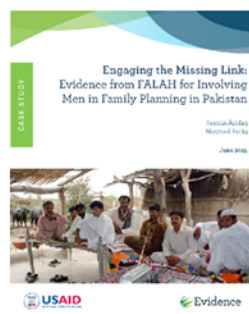
Kamran, Iram, Zeba Tasneem, Tahira Parveen, and Rehan Niazi. 2015. "Family Planning through the Lens of Men: Readiness, Preferenes, and Challenges." Policy Paper. Washington, DC: Population Council, The Evidence

## RESOURCE GUIDES



Kumar, Jane and Karen Hardee. 2015. "Rights-Based Family Planning: 10 Resources to Guide Programming," Resource Guide. Washington, DC: Population Council, The Evidence Project.

## CASE STUDIES



Ashfaq, Seemin and Maqsood Sadiq. 2015. "Engaging the Missing Link: Evidence from FALAH for Involving Men in Family Planning in Pakistan," Case Study. Washington, DC: Population Council, The Evidence Project.

## POSTERS



Presented by Aparna Jain at PAA.  
April 30, 2015



Presented by Laura Reichenbach at PAA.  
April 30, 2015

## TOOLKITS



Writing an Operations Research Final Report and Brief: A Workshop for CSHGP Grantees.  
December 2-5, 2014.

Operational Manual of Adolescent Friendly Health Services (AFHS) - technical assistance provided to MCH Services Unit, DGFP.  
March 1, 2015

## JOURNAL ARTICLES



Ross J, Keesbury J, Hardee K. Trends in the contraceptive method mix in low- and middle-income countries: analysis using a new "average deviation" measure. *Glob Health Sci Pract.* 2015;3(1):34-55.  
<http://dx.doi.org/10.9745/GHSP-D-14-00199>.



Strategies to improve postpartum contraceptive use: evidence from non-randomized studies. *Cochrane Database Syst Rev* 2014 (11).



Combined hormonal versus nonhormonal versus progestin-only contraception in lactation. Published online March 20, 2015

## WEBSITE



[evidneceproject.popcouncil.org](http://evidneceproject.popcouncil.org)

## PRESENTATIONS

**HUMAN RIGHTS AND  
QUALITY OF CARE**

**Karen Hardee, PhD**

Measuring and Monitoring Quality of Care Meeting

Population Council,  
December, 16, 2014



**THE POTENTIAL OF ACCOUNTABILITY**

Vicky Boydell, Rights and Accountability Specialist,  
Evidence Project/IPPF

Presentation at EuroNGOs Workshop



October 29<sup>th</sup>, 2014



**ENSURING ACCOUNTABILITY**

Dr. Ali Mir, Population Council

Meeting, Health Department of the Government of Punjab  
Lahore, January 13, 2015





**PUBLIC FINANCING OF  
POPULATION SERVICES IN  
PAKISTAN**

Population Council, Islamabad

High Level Consultative Meeting

December 19, 2014



**ROLE OF EVIDENCE IN  
POLICIES, PROGRAMS &  
PRACTICES**

Karen Hardee, Project Director

IBP Semi-annual Meeting: Implementation Science



December, 10, 2014



**Public Financing of Population  
Services in Pakistan**

Dr. Ali Mir, Population Council

Meeting with Health Department, Government of Punjab  
Lahore, Pakistan  
January 13, 2015




**STRENGTHENING TOTAL  
MARKET APPROACHES FOR  
FAMILY PLANNING IN UGANDA:  
TMA LANDSCAPING STUDY**

Christopher Brady, PATH Market  
Dynamics Specialist

Stakeholders' Dissemination Meeting, Kampala

March 10, 2015



**FINDING COMMON GROUND  
BETWEEN RESEARCHERS  
AND IMPLEMENTERS**

Karen Hardee, Director

Stakeholder Consultation: Operationalizing and Testing  
Uganda's Rights-based Approach to FP

Kampala, March 30-31, 2015



## RIGHTS-BASED FAMILY PLANNING AND UGANDA'S FAMILY PLANNING COSTED IMPLEMENTATION PLAN

Karen Hardee, Director

Stakeholder Consultation: Operationalizing and Testing Uganda's Rights-based Approach to FP

Kampala, March 30-31, 2015



## EVIDENCE TO ACTION: EVIDENCE USE IN POLICIES, PROGRAMS AND PRACTICES

Karen Hardee, Evidence Project/Population Council

Seminar, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

April 10, 2015



## EVIDENCE TO ACTION: Evidence Use in Policies, Programs and Practices

Karen Hardee, Evidence Project/Population Council

Session 119, The Origins of Policies Influencing Fertility, Family Planning and Sexual Health. Population Association of America Meeting.

May 1, 2015



USAID  
LEADERSHIP FOR  
SOCIAL  
PROGRESS (LSP)

Steps of the  
3000000 USAID

Civic Education and Constructive  
Engagement for Improving Maternal  
and Reproductive Health

CASE STUDY  
Presented by Priti Mahapatra  
Pranali, for Youth Services for Evidence Project

At the  
GLOBAL PARTNERS 2015 FORUM  
May 7-8  
Wash, D.C.

## RIGHTS-BASED APPROACH TO FAMILY PLANNING: ANALYSIS OF THE COSTED IMPLEMENTATION PLAN

Karen Hardee, Evidence Project/Population Council  
Kelsey Wright, Evidence Project/Population Council

Workshop to Develop an Action Plan for a Rights-based Approach to Uganda's Family Planning Program

Kampala, May 27-29, 2015



## REVIEWING PROGRAMS AND INTERVENTIONS ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENT GIRLS AND YOUNG WOMEN IN URBAN BANGLADESH

Sigma Ainul, Ashish Bajracharya, Ubaidur Rob,  
Carly Comins

12<sup>th</sup> International Conference on Urban Health (ICUH)  
May 26<sup>th</sup>, 2015

Venue: Bangabandhu International Conference Center (BICC)



## THE POTENTIAL OF ACCOUNTABILITY FOR TRACKING THE FP2020 PLEDGES

Vicky Boydell, Rights and Accountability Specialist,  
Evidence Project/IPPF

Joining Voices Meeting

4<sup>th</sup> - 5<sup>th</sup> June 2015



## THE POTENTIAL OF SOCIAL ACCOUNTABILITY FOR IMPROVING ACCESS TO QUALITY FP/RH SERVICES

Vicky Boydell, Rights and Accountability Specialist,  
Evidence Project/IPPF

Brown Bag Presentation, IPPF Central Office

November 12<sup>th</sup>, 2014



**COST CONSIDERATIONS FOR SCALE UP OF EVIDENCE-BASED PRACTICES IN FAMILY PLANNING**

**A CASE STUDY FROM ZAMBIA**

**Ben Bellows, PhD**

Hands on for Scaling Up Family Planning Best Practices: Experience and Challenges for Africa

June 15, 2015



**IMPROVING ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN BANGLADESH**

**A COMPREHENSIVE REVIEW OF PROGRAMS ADDRESSING ASRH IN BANGLADESH**

**Second Core Group Meeting**  
**POPULATION COUNCIL/ EVIDENCE PROJECT**

24<sup>th</sup> June 2015  
Dhaka, Bangladesh



**ROLE OF EVIDENCE IN POLICIES, PROGRAMS & PRACTICES**

**Karen Hardee, Project Director**

Intensive Course on Implementation Science for Family Planning and Reproductive Health  
UW, Seattle WA  
August 3-14, 2015



**USAID Evidence PRB**

**The Impact of Population, Health, and Environment Projects: A Synthesis of the Evidence**



**Karen Hardee**  
Senior Associate and Project Director, The Evidence Project at the Population Council

**Clive Mubunga**  
Technical Adviser, Population, Environment, and Development, USAID Bureau for Global Health

**Kristen P. Paterson**  
Senior Policy Analyst, Population Reference Bureau

**THE POTENTIAL OF ACCOUNTABILITY**

**Vicky Boydell, Rights and Accountability Specialist, Evidence Project/IPPF**

Presentation at EuroNGOs Workshop

October 29<sup>th</sup>, 2014



**ROLE OF EVIDENCE IN POLICIES, PROGRAMS & PRACTICES**

**Karen Hardee, Project Director**

IBP Semi-annual Meeting: Implementation Science

December, 10, 2014



**HUMAN RIGHTS AND QUALITY OF CARE**

**Karen Hardee, PhD**

Measuring and Monitoring Quality of Care Meeting

Population Council, December, 16, 2014




**PUBLIC FINANCING OF POPULATION SERVICES IN PAKISTAN**

**Population Council, Islamabad**

High Level Consultative Meeting

December 19, 2014





## Appendix 5 | Table of Evidence Project Staff

AS OF SEPTEMBER 30, 2015

NAME	TITLE	HOME ORGANIZATION	LOCATION
Sigma Ainul	Program Officer	Population Council	Bangladesh
Iqbal Ehsan	Assistant Program Officer(Core)	Population Council	Bangladesh
Ashish Bajracharya	Associate I	Population Council	Bangladesh (moved to Cambodia towards the end of Year 2)
Ubaidur Rob	Senior Associate & Country Director	Population Council	Bangladesh
Mahabub un Anwar	M&E Advisor	Population Council	Bangladesh
Hossain Ahmed Taufiq	Communications Officer	Population Council	Bangladesh
Irfan Hossein	Program Officer	Population Council	Bangladesh
Tahmina Hadi	Sr. Research Officer	Population Council	Bangladesh
Abdullah Al Mahmud	Sr. Research Officer	Population Council	Bangladesh
Kamrun Naher	Financial Manager	Population Council	Bangladesh
Ismail Hussein	Program Officer	Population Council	Ethiopia
Jacques Emina	Longitudinal Research Advisor	INDEPTH	Ghana
Dela Kusi-Appouh	Staff Associate	Population Council	Ghana
Placide Tapsoba	Senior Associate & Country Director	Population Council	Ghana
Selina Esanti	Senior Program Officer	Population Council	Ghana
Victoria Osei-Agyeman	Finance Manager	Population Council	Ghana
Emmanuel Osei Kuffour	Staff Associate	Population Council	Ghana
M.E Khan	Senior Associate	Population Council	India

<b>Kumudha Aruldas</b>	Associate I	Population Council	India
<b>Arupendra Mozumdar</b>	Program Officer	Population Council	India
<b>Syed Shabbir Ali</b>	Project Administrator	Population Council	India
<b>Negeria Lemi</b>	Research Coordinator	Population Council	India
<b>Ian Askew</b>	Director, Reproductive Health Services and Research	Population Council	Kenya
<b>Wilson Liambila</b>	Associate 1	Population Council	Kenya
<b>James Kimani</b>	Program Officer 3	Population Council	Kenya
<b>Brian Mdawida</b>	Data Manager	Population Council	Kenya
<b>Joyce Ombeva</b>	Program Coordinator	Population Council	Kenya
<b>Margaret Josiah</b>	Finance Officer	Population Council	Kenya
<b>Faizah Ibrahim</b>	Program Officer	Population Council	Nigeria
<b>Salisu Ishaku</b>	Senior Program Manager	Population Council	Nigeria
<b>Ali Muhammad Mir</b>	Associate I	Population Council	Pakistan
<b>Zeba Sathar</b>	Senior Associate & Country Director	Population Council	Pakistan
<b>Seemin Ashfaq</b>	Deputy Director Programs	Population Council	Pakistan
<b>Asif Wazir</b>	Demographic Analyst	Population Council	Pakistan
<b>Nafi Diop</b>	Associate II & Country Director Senegal	Population Council	Senegal
<b>Fatou Bintou Mbow</b>	Senegal Program Officer	Population Council	Senegal
<b>Victoria Boydell</b>	Accountability and Rights Advisor	IPPF	UK
<b>Karen Hardee</b>	Project Director	Population Council	US
<b>Julia Adams</b>	Deputy Director, Administration	Population Council	US

<b>Laura Reichenbach</b>	Deputy Director, Research	Population Council	US
<b>Robin Keeley</b>	Research Utilization Specialist	PATH, seconded to Population Council	US
<b>Maria Linden</b>	Administrative and Financial Coordinator	Population Council	US
<b>Aparna Jain</b>	Associate I	Population Council	US
<b>Joanne Gleason</b>	Associate Director, RH	Population Council	US
<b>Kelsey Wright</b>	Staff Associate	Population Council	US
<b>Vicky Paloukis</b>	Subaward Coordinator	Population Council	US
<b>Charlotte Warren</b>	Senior Associate	Population Council	US
<b>Katharine McCarthy</b>	Research & Fellowship Coordinator	Population Council	US
<b>Luigi Jaramillo</b>	Senior M&E Advisor	MSH, seconded to Population Council	US
<b>Anneka Van Scoyoc</b>	Communications Associate	PRB, seconded to Population Council	US
<b>Ellen Weiss</b>	Senior Communications Specialist	PRB, seconded to Population Council	US
<b>David Wofford</b>	Senior Advisor	Meridian, seconded to Population Council	US
<b>Carolyn Rodehau</b>	Program Associate	Meridian, seconded to Population Council	US
<b>Chris Brady</b>	TMA Advisor	PATH	US
<b>Ben Bellows</b>	Associate II	Population Council	Zambia
<b>Mardieh Dennis</b>	Program Officer	Population Council	Zambia
<b>Drosin Mulenga</b>	Program Officer	Population Council	Zambia

\*This list is limited to staff working at least 10% on the Evidence Project. In addition, numerous staff from both the Council and partners are partially funded by the project at varying levels of effort to work on a specific activity or activities.

# Appendix 6 | Completed International Travel

FOR THE PERIOD OF OCTOBER 1, 2014 - SEPTEMBER 30, 2015

NAME	TITLE/ORGANIZATION	ORIGIN	DESTINATION	DATES	
Ashish Bajracharya	Associate/Population Council	Dhaka, Bangladesh	Washington, DC	10/5/14	10/10/14
M.E Khan	Senior Associate/Population Council	New Delhi, India	Washington, DC	10/6/14	10/10/14
Placide Tapsoba	Country Director, the Evidence Project/Population Council	Accra, Ghana	Detroit, MI Washington, DC	10/7/14	10/19/14
Vicky Boydell	Rights and Accountability Advisor/IPPF	London, UK	Mexico City, Mexico	10/18/14	10/24/14
Jill Keesbury	Deputy Director, KTU/PATH	Washington, DC	Mexico City, Mexico	10/20/14	10/24/14
Luigi Jaramillo	Senior M&E Advisor/Population Council	Washington, DC	Lusaka, Zambia	10/26/14	11/1/14
Ben Bellows	Associate II/Population Council	Nairobi, Kenya	Lusaka, Zambia	10/26/14	11/1/14
Vicky Boydell	Rights and Accountability Advisor/IPPF	London, UK	Madrid, Spain	10/28/14	10/29/14
Karen Hardee	Director, the Evidence Project/Population Council	Washington, DC	London, UK	11/1/14	11/5/14
Karen Hardee	Director, the Evidence Project/Population Council	Washington, DC	Phnom Penh, Cambodia	11/14/14	11/22/14
Laura Reichenbach	Deputy Director, Research/Population Council	Washington, DC	Phnom Penh, Cambodia	11/14/14	11/22/14
David Wofford	Senior Advisor/Meridian	Washington, DC	Phnom Penh, Cambodia	11/14/14	11/22/14
Ashish Bajracharya	Associate/Population Council	New York, NY	Phnom Penh, Cambodia	11/14/14	11/22/14
Vicky Boydell	Rights and Accountability Advisor/IPPF	London, UK	Nairobi, Kenya	11/18/14	11/22/14
Ben Bellows	Associate II/Population Council	Nairobi, Kenya	Kampala, Uganda/Lusaka Zambia	11/23/14	11/28/14
Karen Hardee	Director, the Evidence Project/Population Council	Washington, DC	New Delhi, India	11/30/14	12/5/14
Placide Tapsoba	Country Director/Population Council	Accra, Ghana	Ouagadougou, Burkina Faso	12/5/14	12/14/14
David Wofford	Senior Advisor/Meridian	Washington, DC	Phnom Penh, Cambodia	1/6/15	1/16/15
Ashish Bajracharya	Associate/Population Council	Dhaka, Bdes	Phnom Penh, Cambodia	1/6/15	1/16/15
Christopher Brady	Market Dynamics Officer/PATH	Santa Barbara, CA	Kampala, Uganda	1/10/15	1/23/15

<b>Ian Askew</b>	Director, Reproductive Health Services and Research/Population Council	Nairobi, Kenya	Washington, DC	1/11/15	1/19/15
<b>Karen Hardee</b>	Director, the Evidence Project/Population Council	Washington, DC	Geneva, Phnom Penh	1/18/15	1/30/15
<b>Laura Reichenbach</b>	Deputy Director, the Evidence Project/Population Council	Washington, DC	Accra, Ghana Ouagadougou, Burkina Faso	1/19/15	1/26/15
<b>Aparna Jain</b>	Associate I/Population Council	Washington, DC	Accra, Ghana Ouagadougou, Burkina Faso	1/19/15	1/26/15
<b>Dela Kusi-Appouh</b>	Staff Associate/ Population Council	Accra, Ghana	Ouagadougou, Burkina Faso	1/21/15	1/23/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Washington, DC	1/22/15	1/28/15
<b>Charlotte Warren</b>	Senior Associate/Population Council	Washington, DC	Nairobi, Kenya	2/1/15	2/7/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Kampala, Uganda	2/22/15	2/28/15
<b>Christopher Brady</b>	Market Dynamics Officer/PATH	Santa Barbara, CA	Kampala, Uganda	3/7/15	3/11/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Kampala, Nairobi, Dar es Salaam	3/22/15	4/1/15
<b>Karen Hardee</b>	Director, the Evidence Project/Population Council	Washington, DC	Kenya, Uganda	3/28/15	4/2/15
<b>Angella Langat</b>	Knowledge Management Advisor/IPPF ARO	Nairobi, Kenya	Kampala, Uganda	3/31/15	4/2/5
<b>David Collins</b>	Senior Principal Technical Advisor/MSH	Boston, MA	Lusaka, Zambia	4/16/15	5/9/15
<b>Colin Martin</b>	Technical Officer/MSH	Washington, DC	Lusaka, Zambia	4/16/15	5/9/15
<b>Ian Askew</b>	Director, Reproductive Health Services and Research/Population Council	Nairobi, Kenya	Washington, DC	4/18/15	4/27/15
<b>Laura Reichenbach</b>	Deputy Director, Research/Population Council	Washington, DC	Dhaka, Bangladesh	5/3/15	5/13/15
<b>Aparna Jain</b>	Associate I/Population Council	Washington, DC	Dhaka, Bangladesh	5/3/15	5/13/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Washington, DC	5/9/15	5/15/15
<b>Ashish Bajracharya</b>	Associate/Population Council	Dhaka, Bangladesh	Phnom Penh, Cambodia	5/18/15	5/29/15
<b>Karen Hardee</b>	Director, the Evidence Project/Population Council	Washington, DC	Kenya, Uganda, Ghana	5/20/15	6/5/15
<b>Kelsey Wright</b>	Staff Associate/Population Council	Washington, DC	Kampala, Uganda	5/23/15	5/30/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Kampala, Uganda	5/23/15	5/30/15
<b>David Wofford</b>	Senior Advisor/Meridian	Washington, DC	Phnom Penh, Cambodia	5/25/15	6/6/15

<b>Jacques Emina</b>	Consultant	Belgium, Brussels	Accra, Ghana	5/31/15	6/5/15
<b>Soura Adramane</b>	Site Leader/HDSS site in Ouagadougou	Ouagadougou, Burkina Faso	Accra, Ghana	5/31/15	6/5/15
<b>Yacouba Compaore</b>	Data Manager/HDSS site in Ouagadougou	Ouagadougou, Burkina Faso	Accra, Ghana	5/31/15	6/5/15
<b>Aparna Jain</b>	Associate I/Population Council	Washington, DC	Addis Ababa, Ethiopia	6/7/15	6/13/15
<b>Ben Bellows</b>	Associate II/Population Council	Lusaka, Zambia	Addis Ababa, Ethiopia	6/14/15	6/19/15
<b>Karen Hardee</b>	Director, the Evidence Project/Population Council	Washington, DC	Cambodia, India, Switzerland	6/16/15	6/26/15
<b>Ashish Bajracharya</b>	Associate/Population Council	Dhaka, Bangladesh	Phnom Penh, Cambodia	6/26/15	7/17/15
<b>Ian Askew</b>	Director, Reproductive Health Services and Research/Population Council	Nairobi, Kenya	New York, NY	6/29/15	7/2/15
<b>Dela Kusi-Appouh</b>	Staff Associate/ Population Council	Accra, Ghana	Ouagadougou, Burkina Faso	6/30/15	7/8/15
<b>Patrick Kuma-Aboagye</b>	Director, Family Health Division/Ghana Health Service	Accra, Ghana	Seattle, WA	7/30/15	8/17/15
<b>Kenneth Mugumya</b>	National Coordinator/Uganda Family Planning Consortium	Kampala, Uganda	Seattle, WA	7/30/15	8/17/15
<b>Ashish Bajracharya</b>	Associate/Population Council	Bangkok, Thailand	Phnom Penh, Cambodia	8/9/15	10/31/15
<b>David Collins</b>	Senior Principal Technical Advisor/MSH	Boston, MA	Lusaka, Zambia	8/10/15	8/23/15
<b>Vicky Boydell</b>	Rights and Accountability Advisor/IPPF	London, UK	Kampala, Uganda	8/16/15	8/28/15
<b>Laura Reichenbach</b>	Deputy Director, Research/Population Council	Washington, DC	Abuja, Nigeria	9/9/15	9/17/15
<b>David Wofford</b>	Senior Advisor/Meridian	Washington, DC	Phnom Penh, Cambodia	9/12/15	9/26/15
<b>Aparna Jain</b>	Associate I/Population Council	Washington, DC	New Delhi, India	9/24/15	10/4/15

## **The Evidence Project**

Population Council  
4301 Connecticut Avenue, NW, Suite 280  
Washington, DC 20008 USA  
tel +1 202 237 9400

[evidenceproject.popcouncil.org](http://evidenceproject.popcouncil.org)