USAID
FROM THE AMERICAN PEOPLE

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

Annual Report to USAID

Project Year 4

October 2008 - September 2009

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

November 2, 2009

JSI

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

TOGETHER FOR HEALTH IS FUNDED BY THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT AND IMPLEMENTED BY THE JSI RESEARCH AND TRAINING INSTITUTE INC. IN COLLABORATION WITH THE ACADEMY FOR EDUCATIONAL DEVELOPMENT AND HARVARD SCHOOL OF PUBLIC HEALTH

Annual Report to USAID

Project Year 4

October 2008 - September 2009

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

November 2, 2009

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

Це звіт було розроблено завдяки щедрій підтримці американського народу за допомоги Агентства США з міжнародного розвитку. Відповідальність за зміст цього документу несе Інститут Досліджень та Тренінгів Корпорації Джона Сноу; інформація, яка відображена в цьому документі, не завжди поділяє погляди Агентства США з міжнародного розвитку або Уряду Сполучених Штатів.

Acronyms and Abbreviations

ABC	Abstinence, Be faithful and Correct and Consistent Condom use (provisions applicable to USAID HIV-AIDS assistance)
AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
AMS	Academy of Medical Sciences
BCC	Behavior change communications
BSP	Bayer Schering Pharma
CAT	Critically Appraised Topic
CEQ	Client exit questionnaire
COC	Combined oral contraceptive
COP	Chief of Party
CYP	Couple-Year of Protection
DCOP	Deputy Chief of Party
DHS	Demographic and Health Survey
DMPA	Depot medroxyprogesterone (injectable contraceptive)
DV	Dermatovenereology/dermatovenereologist
EBM	Evidence-Based Medicine
EC	Emergency contraception
FAP	*Feldsher-accousherski punkt* (feldsher-midwife points)
FP	Family planning
GOU	Government of Ukraine
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
IUD	Intrauterine device
IPOG	Institute of Pediatrics, Obstetrics and Gynecology
IRH	Institute for Reproductive Health (Georgetown University)
JSI	JSI Research & Training Institute, Inc. or John Snow, Inc.
LAM	Lactation Amenorrhea Method
MCH	Maternal and Child Health
M&E	Monitoring and evaluation
MFYS	Ministry of Family, Youth and Sports
MIHP	Maternal and Infant Health Project
MOES	Ministry of Education and Science
MOH	Ministry of Health
N	Number (in a sample)
NGO	Nongovernmental organization
NMAPE	National Medical Academy for Postgraduate Education
Ob-gyn	Obstetrician-gynecologist
OC	Oral contraceptives
OHD	Oblast health department
PKAP	Provider Knowledge, Attitudes & Practices (survey)
POP	Progestin-only pills
PSP	Private sector partner
RH	Reproductive health
SPRHN	State Program “Reproductive Health of the Nation” up to 2015
SDM	Standard Days Method
SMD	Support for Market Development (pharmacy research company)
STI	Sexually transmitted infection
TfH	Together for Health project
UAH	Ukrainian *hryvnia* (local currency)
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USG	US Government
WHO	World Health Organization
WRA	Women of reproductive age

I. Overview

This report summarizes key accomplishments in Year 4 of the Together for Health (TfH) project toward its goal of reducing the number of abortions and unintended pregnancies and the incidence of sexually transmitted infections (STIs) by improved provision of and access to quality family planning/reproductive health (FP/RH) services through the public and private sectors. As stipulated in the Cooperative Agreement, this report centers on progress toward goals and results by addressing certain indicators. This narrative report incorporates priority USAID indicators and is followed by a Monitoring and Evaluation (M&E) report with detailed results (see Annex 1). Highlights of progress toward the project's goal are as follows:

- Ministry of Health (MOH) statistics show a 3.5% drop in the *abortion rate* for Ukraine, from 17.2 per 1,000 women of reproductive age (WRA) in 2007 to 16.6 in 2008; the abortion rate also fell in nine out of 13 TfH partner oblasts. The *abortion ratio* also declined, from 448.0 abortions per 1,000 live births in 2007 to 399.6 in 2008—a 10.8% drop. The abortion ratio dropped in all 13 TfH oblasts, too.
- MOH statistics indicate an increase of two percent in contraceptive use nationwide—as measured by the number of registered users of IUDs and hormonal methods per 1,000 WRA—from 302.5 in 2007 to 308.4 in 2008. Eight TfH oblasts saw increases in this measure. This trend is confirmed by a 5.3% increase in couple-years of protection (CYPs) nationwide, from 796,900 in 2008 to 839,500 in 2009, with increases in seven out of 13 TfH partner oblasts. CYPs are calculated by the project from contraceptive sales data, government contraceptive procurements and USAID-donated condoms.
- CYPs from condom sales and distribution (pharmacy sales, government procurements and USAID-donations) are the project's measure of STI prevention. There was a 5.5% increase in CYPs from condoms nationwide, from 305,400 to 322,100 between 2008 and 2009. Nine TfH partner oblasts also saw increases.

During the year, the project worked in 13 oblasts with almost 60% of the Ukrainian population, giving TfH broad national reach. The main focus was on expansion to six new oblasts (Cherkasy, Donetsk, Ivano-Frankivsk, Khmelnytsky, Rivne and Zaporizhya) with a core package of interventions with the greatest potential to improve FP/RH. TfH also continued to support seven oblasts where it worked during the first three years of the project (Dnipropetrovsk, Kharkiv, Lviv, Odessa, Poltava, Vinnytsya and Volyn) with a limited package of interventions, while seeking to encourage these oblasts to build on TfH's work using their own resources. TfH also helped the established oblasts support and mentor the new ones in an innovative "twinning" arrangement between more mature oblasts and new oblasts.

Key accomplishments during the year include:

- The number of *new* access points for FP/RH services in the project's 13 partner oblasts increased by 412 during the year, reaching a total of 1,155 over the life of the project. This is in addition to improving services in health facilities where FP/RH was already being provided;
- The project trained a total of 1,855 people on FP/RH during the year, including 1,358 doctors and midlevel health providers, 105 pharmacists, 196 BCC educators/leaders and 196 trainers (72 clinical trainers and 124 faculty members in postgraduate pharmacy education institutions);
- The MOH approved several up-to-date FP/RH training manuals for use in postgraduate education, promoting the sustainability of project interventions: three clinical manuals for obstetrician-gynecologists (ob-gyns) and family doctors; a pharmacy manual for pharmacists; and a management training manual for health managers;
- Family Planning Week was marked in all project oblasts in May, with a range of innovative events reaching hundreds of thousands of people; wide distribution of IEC materials; small educational sessions for priority populations; video screenings; and broad dissemination of accurate information on FP/RH through mass media;
- Behavior change communications (BCC) activities reached a total of over 8.4 million people in 13 oblasts, most of them through mass media, but about 591,700 through large special events, over 236,100 through information, education and communication (IEC) materials and over 9,500 through interpersonal communications;
- Under the *State Program "RH of the Nation" up to 2015* (SPRHN), the central Government reported spending about $97,200 for FP in 2008, including $94,600 for contraceptive procurement, and TfH partner oblasts reported expenditures of almost $1.3 million (including about $226,400 for contraceptive procurements);
- The project leveraged counterpart contributions amounting to an estimated $837,300 from partners—over $613,800 from the public sector and about $223,500 from the private sector.

II. Progress toward the Project Goal

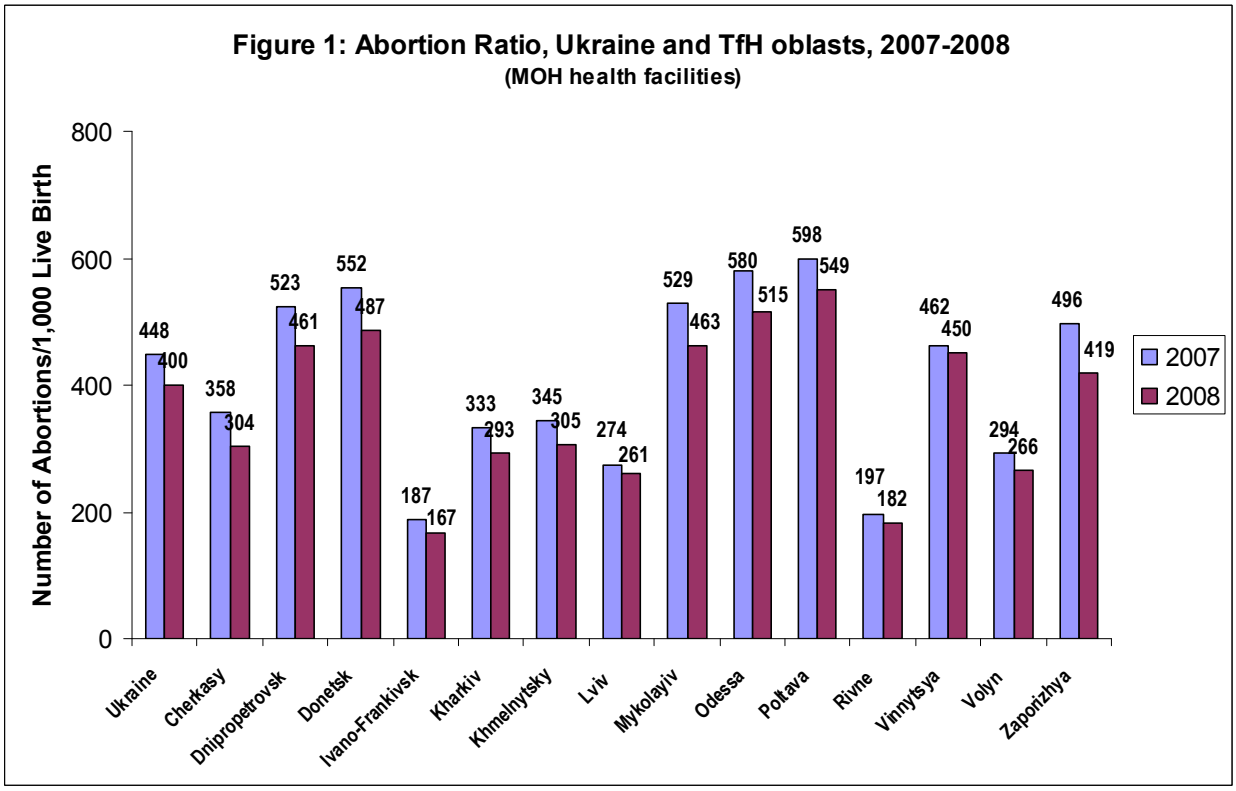
What progress has been made in the past year in reducing abortions and the incidence of STIs, and increasing contraceptive use?

Declines in Abortion

Both the abortion rate and the abortion ratio continued to fall in Ukraine as a whole and in most TfH partner oblasts, according to MOH statistics. The national *abortion rate* fell 3.5% from 17.2 per 1,000 WRA in 2007 to 16.6 in 2008 for MOH health facilities.* Responding to long-standing concerns about under-reporting of abortions, the MOH this year began collecting data on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences (AMS) and the private sector. When the reported 16,326 abortions performed outside the MOH system are added to the 201,087 procedures within the MOH system, there were a total of 217,413 abortions reported nationwide. This yields a total abortion rate for the country of 18.0/1,000 women aged 15-49, according to the MOH. Total abortion rates are not available by oblast. The reported numbers of abortions performed outside of the MOH system are probably still well below actual levels, which are considered by experts to be about one third higher than the number of abortions reported by MOH facilities. Nevertheless, this first step to better capture the number of abortions is important.

The abortion rate fell in nine out of 13 TfH oblasts between 2007 and 2008. And compared with 2005, when the TfH project started, all TfH oblasts have seen declines—mostly quite substantial declines—except for Rivne, a new oblast that entered the project late in 2008. The steepest declines from 2007 to 2008 were in Cherkasy (10.4%), Ivano-Frankivsk (7.1%) and Odessa (5.6%). (See Annex 1, Supplementary Table 1)

The *abortion ratio* for the country as a whole fell by 10.8% from 448.0 abortions per 1,000 live births in 2007 to 399.6 in 2008. It dropped in all 13 TfH oblasts, too (see Figure 1). The steepest declines were in Zaporizhya (15.5%), Cherkasy (15.0%), and Kharkiv (12.0%). (See Annex 1, Supplementary Table 1.)



Similar with the abortion rate, the MOH does not include abortions from non-MOH facilities in its official statistics presenting the abortion ratio. Based on the 217,413 total reported abortions (including MOH and non-MOH facilities) and the total number of 510,589 live births reported by the State Statistics Committee in 2008 (including MOH and non-MOH facilities), TfH calculates an abortion ratio of 425.8/1,000 live births for the country. As noted above, this is probably an underestimate.

* Trends in the abortion rate and ratio, as well at the MOH statistics on contraceptive use, cannot necessarily be fully attributed to TfH, since the project works in thirteen oblasts (out of a total of 27 oblasts) and thus has limited impact on national statistics. However, TfH's TfH's work on policy issues and its partnership with pharmaceutical companies undoubtedly contribute to changes at the national level.

Increases in Contraceptive Use based on MOH Statistics

MOH service statistics indicate an increase of two percent in contraceptive use for Ukraine, from 302.5 registered users of IUDs and hormonal methods per 1,000 WRA in 2007 to 308.4 in 2008. It should be noted that the MOH statistics include only those people going to certain types of government health facilities—and not those going to smaller health facilities, pharmacies or private providers. Moreover, they include only IUDs and hormonal methods (mostly oral contraceptives) and do not include other methods, most significantly condoms. The figures also are only indicative (particularly for hormonals), since they reflect doctors' (formal or informal) prescriptions and, in most cases, not actual provision of a method. Thus the statistics do not constitute a contraceptive prevalence rate, but they are still valuable to assess changes in contraceptive use on a year-to-year basis.

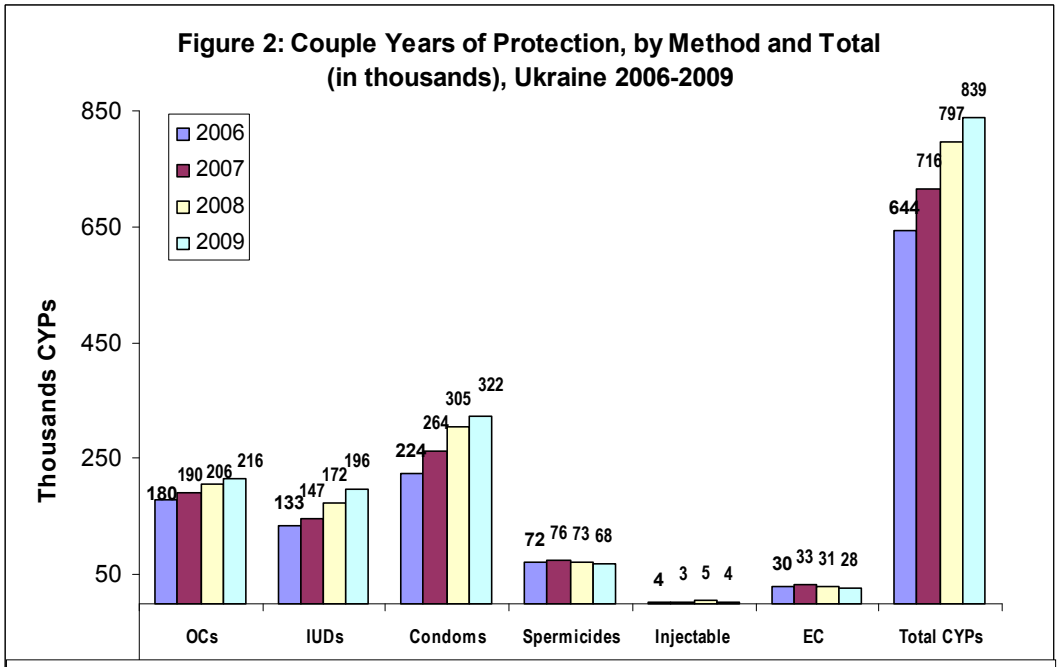
Eight TfH oblasts saw increases in the rates of registered users of IUDs and hormonals, with the largest increases being in Dnipropetrovsk (9.8%), Cherkasy (7.7%) and Donetsk (3.7%). Almost all TfH partner oblasts have reported increases in contraceptive use rates since the project started in 2005. The only exceptions are Khmelnytsky, Rivne and Volyn, but it should be borne in mind that Khmelnytsky and Rivne only joined the project late in 2008. (See Annex 1, Supplementary Table 2.)

Increases in Contraceptive Use, Based on Couple-Years of Protection (CYPs)

Most Ukrainians purchase contraceptives from pharmacies. Thus, contraceptive sales data can provide valuable information about trends in contraceptive use in the private sector. These data are donated to TfH by Support for Market Development (SMD), a pharmacy research firm. Until recently, there were very few free contraceptives available to clients, but during project Year 3, the national and local governments started procuring contraceptives for free distribution to certain vulnerable populations and the project began working with oblast health departments (OHDs) to distribute USAID-donated contraceptives. The project consolidated data on distribution of these free contraceptives with the sales data from SMD and converted the numbers to CYPs as another measure of contraceptive use.

These data show a 5.3% increase in CYPs nationwide, from 796,900 in 2008 to 839,500 in 2009. There were increases for four out of five major modern methods—combined oral contraceptives (COCs), progestin-only pills (POPs), IUDs and condoms—but not for injectables (see Figure 2.) This increase is quite significant, since the vast majority of CYPs come from commercial sales rather than from free contraceptives and there have been large price increases for contraceptives at the same time as the economic crisis has forced people to tighten their belts. The most marked increases were for POPs (+20.3%—although the actual number of CYPs from POPs remains very low); IUDs (+ 13.8%); condoms (+5.5%); and COCs (+5.0%). This indicates that the trends encouraged by TfH—toward a broader method mix and, specifically, a larger role for hormonal methods—may slowly be gaining ground. For reasons that are not clear, CYPs from emergency contraception fell for the second year in a row.

Seven out of TfH's 13 partner oblasts saw increases in CYPs, with Dnipropetrovsk showing the largest gain, at 23.6% (see Annex 1, Supplementary Table 3.)



N.B. OCs includes both COCs and POPs; the patch and the ring are omitted because the CYPs are too low to be visible in the graph.

Increased STI Prevention

To measure the impact of its STI prevention activities, TfH uses CYPs based on condom sales, government procurements and USAID-donated commodities. As noted above, there was a 5.5% increase in CYPs from condoms nationwide, from 305,400 to 322,100 between 2008 and 2009 (See Figure 2 on page 6). Nine TfH partner oblasts also saw increases, with the largest increase in Vinnytsya (40.9%). (See Annex 1, Supplementary Table 3.)

III. Progress Toward Results

TfH's emphasis during Project Year 4 has been on efficiently expanding from seven to 13 oblasts, with priority on working with government counterparts at the oblast level. It also sought to institutionalize and build the sustainability of core interventions, and to leverage support from government and private sector partners (PSPs).

Ensuring Effective Project Implementation in the Oblasts

In the first quarter, TfH completed the process of formally bringing six new oblasts into the project—Cherkasy, Donetsk, Ivano-Frankivsk, Khmelnytsky, Rivne and Zaporizhya—signing Partnership Conventions and holding start-up meetings. This brings the number of participating oblasts to 13, with the potential to expose almost 60% of Ukraine's population to modern FP/RH information and services. The project extended its successful operating model to the new oblasts, with a senior OHD official serving as Oblast Responsible Person for the project and, whenever possible, also as the official responsible for the Oblast RH Program. This model places the locus of leadership on FP/RH issues firmly in the hands of the OHD and increases institutional support for FP/RH.

A new dimension was added to the existing TfH model in the form of "oblast twinning," drawing on established oblasts to support and mentor a neighboring new oblast. Oblast responsible persons from more mature TfH oblasts visited their neighbors to explain TfH's work, share their vision of modern approaches to FP/RH and explain lesson learned in working with TfH. The project's staffing structure supported this approach, with the Oblast Technical Coordinator from an established oblast helping the Oblast Responsible Person in the "twin oblast," too. This "twinning" process helped activities get under way quickly and, as time went by, selected clinical trainers, BCC educators and other experts also travelled to partner oblasts to help them start new activities (see map below).

A particularly valuable early activity was the organization of short study tours for the new oblasts to a partner oblast: Cherkasy to Poltava, Donetsk to Kharkiv, Ivano-Frankivsk to Lviv, Khmelnytsky to Vinnytsya, Rivne to Volyn, and Zaporizhya to Dnipropetrovsk. These visits gave the new oblasts an opportunity to see FP/RH activities in the project's more mature oblasts and understand the lessons learned and potential challenges. The visits were greatly appreciated, allowing the new oblasts to see the synergistic effect of project-trained doctors, BCC activities and free contraceptives. In the words of Tetiana Kosovska, Deputy Director of the Khmelnytsky OHD, "This is the first time in my 15 years of working with the Oblast Health Administration that we have the opportunity to visit, see and learn from a neighboring oblast."

Toward the end of the year, USAID asked TfH to prepare to bring the Autonomous Republic of Crimea (AR Crimea) and Sevastopol City into the project, starting in Year 5. TfH staff undertook preparatory work to learn

about AR Crimea and then met with the Crimean Deputy Minister of Health and the head of the MCH department to introduce the project. Discussions were held about key approaches appropriate for the Crimean peninsula and the administrative steps needed to start up project activities as soon as possible in Year 5.

Coordination with other Donors and Projects

Project staff worked with a number of donors and projects on issues of mutual concern. The most significant collaboration was with the World Health Organization (WHO). Following up on its *Strategic Assessment of Family Planning and Abortion Services in Ukraine*, which seeks to identify strategies to prevent unintended pregnancy and abortion, WHO asked TfH to help the nongovernmental organization (NGO), *Women's Health and Family Planning* (WHFP), to identify priorities in postabortion FP. Project staff provided information for WHFP to write a successful proposal to the Swiss Development Cooperation to improve postabortion FP in three oblasts, Donetsk, Kyiv and Vinnytsya. As described on page 10, TfH also partnered with WHO/Europe on a roundtable for opinion-leaders on contraception. In addition, at the request of WHO, TfH recommended one of its strongest collaborators, Svetlana Posohova, Deputy Head of the Odessa Oblast Maternity Hospital, to serve on the global working group updating one of WHO's cornerstone FP/RH publications, *Medical Eligibility Criteria for Contraceptive Use*—and she began to participate in this prestigious group.

TfH also worked closely with the Maternal and Infant Health Project (MIHP) to help the MOH identify working group members to update standards for obstetric and gynecological services (*Prikaz* 503) and issue a *prikaz* designating the working group. Building on ongoing collaboration around postpartum FP, the two projects worked together to prepare for expansion to the AR Crimea, where postpartum FP, especially at MIHP sites, will be a major part of TfH's agenda.

There was also good collaboration with key HIV organizations. TfH continued its close working relationship with HIV-AIDS Alliance, especially on condom procurement and distribution. Meetings were held with the NGO, *Coalition of People Living with HIV/AIDS* (PLWHA), to discuss the preventive health needs of HIV discordant couples and access to FP/RH services. Recommendations on this topic will guide the Coalition's work with local partners, social workers and others.

TfH and UNICEF built on their ongoing collaboration on youth issues to support a roundtable on *Key Aspects of Youth and Adolescent Health in Ukraine*, organized by the MOH at the request of the *Verkhovna Rada's* (Parliament) Health Committee. The main points of discussion were teenage pregnancy and the need for more preventive education programs, STI/HIV/AIDS prevention, and constraints facing school health "cabinets" and youth-friendly clinics.

Monitoring and Evaluating Results

The M&E team started the year working intensively with TfH governmental and nongovernmental partners to compile, analyze and present data for the project's Year 3 annual M&E report, submitted to USAID in November 2008. Throughout the year, the team continued to collect and enter data into the project database, analyzed data for use by staff, counterparts, USAID and others and prepared concise presentations with key data for the use of counterparts, particularly at coordinating committee meetings of oblast RH Programs.

Project staff met with USAID's M&E Specialist, Stella Roudenko, to discuss the revised project M&E plan submitted in September 2008. During these discussions, it was agreed to focus on measuring project *impact* in the first seven oblasts, since there is insufficient time to show impact in the six new oblasts. For subsequent oblasts, TfH will focus on tracking project inputs and use routine MOH statistics and contraceptive sales data from SMD to indicate project impact. After this meeting, the database content and reporting formats were revised and updated to reflect agreements with USAID about indicators for the last two years of the project.

In the second half of the year, the M&E team conducted fieldwork for endline assessments in five oblasts--Dnipropetrovsk, Odessa, Poltava, Vinnytsya and Volyn—and by the end of the year, data entry was well under way. These assessments will produce much of the data needed to assess project impact in TfH's final year. The samples included a total of 110 health facilities, 282 health providers, 275 pharmacies and 1,657 clients. Deirdre Rodgers, TfH's M&E Advisor from JSI/Boston, visited Ukraine to work with the project's new M&E Specialist to finalize the data collection tools, methodology and plan of analysis, to update the training materials for data collectors and to prepare and conduct the assessments in the first two oblasts.

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

The emphasis in TfH's clinical work in Year 4, as agreed with USAID, was to roll out its basic five-day FP/RH training course in the six new oblasts. This course not only reaches ob-gyns in women's health care facilities, who have been the main providers of FP/RH services in Ukraine, but also includes family doctors, internists, dermatovenereologists, midwives and others, with a view to expanding the network of health facilities providing FP/RH and thus improving access to information and services. Coupled with this were two other important areas of work. One was to disseminate evidence-based materials about FP/RH to health workers, in collaboration with oblast-level PSPs, to help improve the level of accurate knowledge on this topic and dispel the most common myths and misinformation. The other was to encourage oblasts to use their own resources to conduct events aimed at spreading up-to-date information on FP/RH to health workers.

Strengthening Providers' FP/RH Skills and Behavior

For the six new partner oblasts, TfH followed the same strategy used in previous oblasts to jump-start clinical training and, at the same time, build a training team in each oblast that can continue to work after the project ends. National trainers from TfH's more mature oblasts conducted TOTs in the new oblasts and then co-trained with the new trainers until they were fully capable of working independently. By spring, each oblast had a team capable of conducting further trainings, seminars and other continuing medical education activities independently. Cherkasy Oblast has seven qualified trainers, Donetsk 15, Ivano-Frankivsk 13, Khmelnytsky 12, Rivne 11 and Zaporizhya 14—a total of 72.

Table 1: Number of Clinical Trainings on FP/RH and Number of Participants, by Oblast, October 2008 – September 2009

	No. of Courses	No. of Participants
Cherkasy	7	161
Dnipropetrovsk	3	62
Donetsk	7	141
Ivano-Frankivsk	7	145
Kharkiv	2	40
Khmelnytsky	7	158
Lviv	2	41
Odessa	4	78
Poltava	3	67
Rivne	7	147
Vinnytsya	4	82
Volyn	3	73
Zaporizhya	7	163
TOTAL	**63**	**1,358**

During the year, 63 five-day courses were conducted in all 13 project oblasts, but mostly in the new oblasts (see Table 1.) There were 1,358 participants, including ob-gyns, family doctors, internists, dermatovenereologists, midwives, feldshers and others. The course covers all major modern methods of contraception, including fertility awareness-based methods, and highlights counseling skills to support clients' decision-making as well as removal of non-evidence-based barriers to contraception, such as unnecessary pelvic examinations, diagnostic tests and specialist referrals. It seeks to dispel myths about the risks associated with modern contraceptive methods, particularly hormonal methods, in order to promote a broader method mix. It also covers STI prevention, risk assessment and diagnosis, teaching patients to do breast self-examination, infection prevention and safe disposal of medical waste.

The Ukrainian "calendar" for the Standard Days Method of Family Planning. *Photo:Lidia Hryva*

The clinical reference manual, which goes hand-in-hand with the basic FP/RH course, was updated during the year and printed. TfH also printed additional copies of the MOH clinical protocols on FP, developed with TfH assistance in the first two years of the project. These two core reference materials are disseminated through clinical trainings, workshops, seminars and conferences.

Following a pilot training conducted by Georgetown University's Institute for Reproductive Health (IRH) in Lviv in 2008 on the Standard Days Method (SDM) of FP, participants and national leaders on FP/RH decided that the SDM beads were not appropriate for Ukraine and that a "calendar" would be more suitable. TfH then supported the group in Lviv in developing and testing a small "calendar" with basic instructions for SDM and, in the first quarter, TfH received approval from IRH both for the calendar and for its branding.

Thereafter, 5,000 copies were printed and distributed to health workers and NGOs in Lviv and Ivano-Frankivisk who had been trained on this method. SDM has now been integrated into TfH's clinical training in these two oblasts, so that all health workers learn about it. The method was also included in the new edition of the clinical manual that was printed during the year.

In Year 3, TfH worked with project-trained Evidence-Based Medicine (EBM) methodologists associated with the EBM center at the National Medical Academy for Postgraduate Education (NMAPE), to develop 20 Critically Appraised Topics (CATs), summarizing the evidence on "hot topics" in contraception. The CATs provide concise, evidence-based information addressing the most common myths and misinformation about contraception for easy distribution to health providers through OHD networks and PSPs. After NMAPE formally approved the 20 CATs in October, 6,000 copies of a compilation of the CATs, in the form of a booklet, were printed. That paved the way for roundtable meetings (at oblast expense) for opinion leaders on FP/RH topics in every TfH oblast to provide an orientation on EBM, present the CATs and explain how to use them. Subsequently, TfH clinical trainers conducted small workshops for large health facilities such as hospitals and polyclinics, as well as medical universities, on various FP topics addressed in the CATs and distributed copies for further dissemination. Reaction varied significantly from one oblast to another, but Khmelnytsky and Vinnytsya were especially interested and asked for (and received) additional copies of the CATs for distribution.

Partner oblasts mobilized local resources to conduct several hundred short seminars—ranging from a couple of hours in length to two days—on FP/RH topics for thousands of health workers not reached directly by TfH. These sessions use project training materials and manuals and draw on the expertise of TfH-trained trainers, national experts, oblast responsible persons and others. All project oblasts held such events during the year--with Dnipropetrovsk, Khmelnytsky, Lviv and Odessa the most active--for a broad range of providers and managers involved in women's health care. These oblast-supported events represent a commitment by TfH partners to disseminate project information, and also bring a significant counterpart contribution, which amounted to over $142,200 during the year. These events played an important role in reinforcing the information and skills presented during clinical trainings–especially for providers trained in previous years–as well as reaching additional providers not covered by the project's training. A number of events were also organized in collaboration with PSPs, helping OHDs bring evidence-based information to providers to counter-balance PSPs' brand-focused messages.

An example of such oblast-financed events followed the publication of the MOH/Ministry of Education and Science manual, *FP for People Living with HIV*, developed with TfH assistance in Year 3. The project encouraged all 13 partner OHDs to organize short workshops on this topic for the staff of women's health care facilities and HIV/AIDS centers. A total of almost 2,000 health professionals participated in these meetings. Other initiatives conducted in the oblasts and related to STIs included a workshop for university teachers on *FP for PLWHA* in Donetsk; two conferences on *FP and Prevention of STIs* organized by Volyn OHD, as well as a roundtable on *Healthy Lifestyles and Prevention of STIs and AIDS*, the latter conducted jointly with the Oblast AIDS Center; Rivne held two conferences on FP and HIV; and Khmelnytsky conducted a conference on barrier methods of contraception and their role in preventing STIs.

Other examples of oblast-initiated events include a seminar for city and rayon ob-gyns in Donetsk Oblast to present TfH's CATs on contraception. The CATS generated enormous interest from the participants who were well aware of the dearth of information on modern contraception. Khmelytsky Oblast involved nurses and midwives, who then went on to integrate postpartum FP counseling into their home visits to women who recently had a baby. And Kharkiv Oblast held a workshop for dermatovenereologists which dispelled many of their myths about contraception. The dermatovenereologists were interested to learn about new hormonal methods and surprised to hear about the effectiveness of the Lactational Amenorrhea Method (LAM). They also appreciated the interactive teaching methodology used and said they would disseminate their new FP/RH information to their—mostly male—patients.

TfH planned a number of events cutting across project components to mark World Contraception Day in September. A particularly important one was a joint roundtable with the MOH and WHO/Europe on *Health Providers' Mission in Family Planning and Contraceptive Use*. The keynote speaker was Prof. Gunta Lazdane, Advisor for RH and Research for WHO/Europe, who spoke passionately about the responsibilities of health providers seeing women of reproductive age to offer FP information and services. She highlighted the importance of counseling to ensure that women and couples are aware of their contraceptive choices and to move from medical models of care to supporting people's rights to make free and informed decisions among the range of safe and effective methods available. The roundtable was attended by 60 participants, including senior MOH officials, heads of scientific research institutes, heads of ob-gyn departments at leading medical academies, head ob-gyns and heads of oblast FP centers from TfH partner oblasts, as well as PSPs. (See related activities on page 18.)

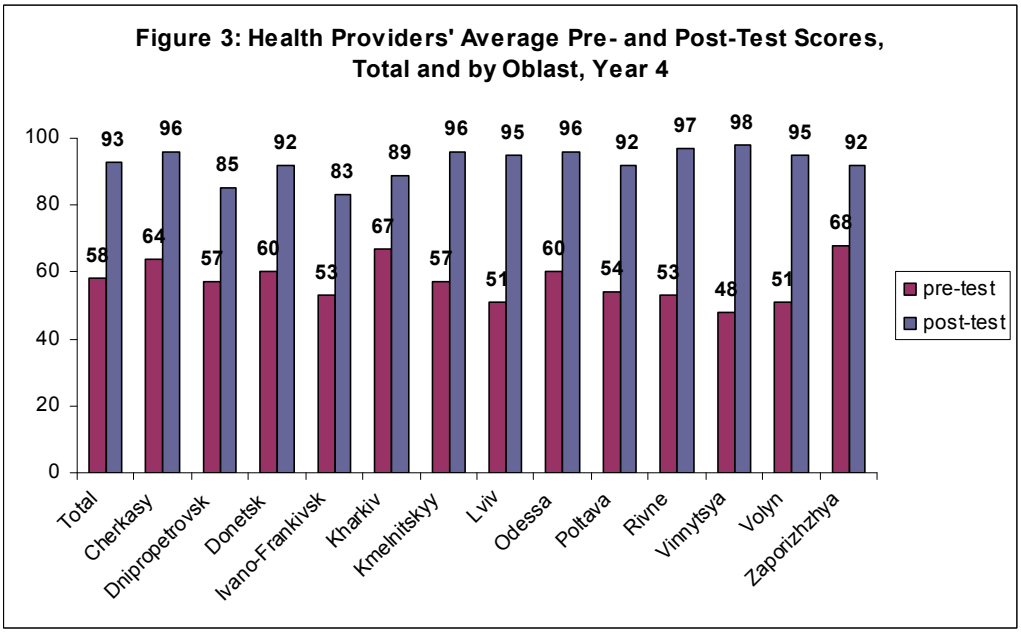
Update the FP/RH Curriculum in Postgraduate Medical Education

Following the establishment by the MOH of working groups for SPRHN implementation in November, TfH staff worked closely with MOH counterparts to organize four working group meetings on the integration of modern FP/RH clinical training material and teaching methodologies into postgraduate medical education for ob-gyns and family doctors. The working group includes representatives from the MOH, NMAPE and leading medical universities. Three instructional programs were developed, all of them drawing heavily on TfH's three MOH-approved clinical manuals. One is on *Modern Aspects of Teaching FP/RH*, a five day program for ob-gyn and family medicine teachers; the second, *The Basics of FP/RH for Ob-gyns and Family Doctors*, is a five day program for health workers going through postgraduate education; and the third, *Relevant FP/RH Issues*, is a ten day program for ob-gyns that includes more in-depth information on modern contraception, including postpartum and postabortion contraception, contraception for PLWHA and prevention of STIs and HIV-AIDS.

The final drafts were peer reviewed and pre-tested by the Institute of Pediatrics, Obstetrics and Gynecology (IPOG) at the Academy of Medical Sciences and leading medical universities in Donetsk, Kharkiv, Kyiv, Odessa and Zaporizhya. After incorporating the results of the review and pre-testing into final program documents, they were submitted to the MOH and oblast-level medical education establishments in Donetsk, Kharkiv, Kyiv, Lviv and Odessa for approval. The courses were approved by the MOH in August and recommended as basic courses for postgraduate medical education and the provosts of higher medical educational establishments recommended their incorporation into various educational curricula through a letter issued by MOH in September. In the coming year, TfH plans to train teachers from leading postgraduate education institutions that train ob-gyns and family doctors to teach the new programs.

Results of TfH Clinical Training

- As a result of TfH's efforts to expand the provision of FP/RH services beyond ob-gyns, the cumulative number of new access points for FP/RH services—i.e. health facilities that did not previously provide these services--increased from 743 in Year 3 to 1,155 in Year 4 (See Annex 1, Indicator Matrix, Result 3.) This is in addition to improving services in health facilities where FP/RH was already being provided;
- TfH trained a total of 72 clinical trainers on FP/RH (85% women, 15% men) in six oblasts and 1,358 health workers (89% women, 11% men) in 13 oblasts during the year (see Annex 1, Supplementary Tables 5.a and 5.b, 6.a and 6b);
- There were substantial improvements in health workers' knowledge after participating in clinical training, as evidenced by an average pre-test score across all trainings of 58% and an average post-test score of 93%. (See Figure 3.) Follow-up visits to trained providers earlier in the project to assess their skills on the job, three to six months after attending TfH training, showed significant improvements in their skills (see Annual Report, Project Year 3, page 11.) It is likely that providers trained during Year 4 also have significantly improved skills.



TfH collected endline data in five oblasts on the attitudes or FP/RH providers toward modern contraceptive methods and results will be available in Year 5.

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

The aim of TfH's BCC activities is to improve public attitudes toward modern FP methods, helping men and women understand that these methods are safe and effective, and also to increase demand for services, particularly in places where TfH has trained health providers and where free contraceptives are available. TfH partner AED continues to lead the project's BCC efforts.

Coordinating a National Family Planning Campaign

The MOH declared May 10-16 as *Family Planning Week* throughout Ukraine, a key annual activity envisioned in the SPRHN that TfH has actively supported since adoption of SPRHN. Preparations at TfH began with the visit of David Windt, AED Program Manager from Washington, in October. Mr. Windt worked with TfH staff and key partners to develop a framework for the campaign, building on the successes and lessons learned from 2008's FP Week campaign, developing innovations and building oblast ownership. In addition to last year's objective of informing the population about FP methods, the results of the 2007 Demographic and Health Survey (DHS) prompted TfH to include a new objective: informing the public about where they can receive FP information, services and supplies—namely at facilities advertising the "FP-friendly" logo—and encouraging them to ask health providers for information. This responded to the DHS finding that almost half of all women not already using contraception and who visit a health facility did not discuss FP/RH.

An important part of preparations for FP Week was working with the new SPRHN BCC working group. TfH worked with this group to conduct two meetings in March and April 2009. The first centered on a review of various organizations' BCC work, ideas to promote BCC activities within the SPRHN. The second focused almost entirely on plans for FP Week and strategies to encourage more active participation of the MOE and the State Committee on Radio and Television. The working group drafted the MOH *prikaz* for FP Week, which was issued in April, and orders went to all oblasts, encouraging them to allocate resources and organize events for the occasion. It also facilitated the Ministry of Family, Youth and Sports issuing a *prikaz* requiring oblast departments of social services to organize events on FP/RH during FP Week and also outlining the Ministry's general role in public education on FP/RH. In a noteworthy development, indicative of growing sophistication about BCC, a majority of TfH oblasts issued orders designating not just a week, but a whole month, for FP activities; providing long and detailed lists of activities, with responsibilities clearly allocated to a variety of partners; and most significantly, linking the events with SPRHN BCC objectives.

During the planning process at the oblast level, a core set of activities and priority audiences were identified to attain the campaign objectives. A package of materials was developed, including a new green envelope with the "FP-friendly" logo and the message "Love is Important. Protect it." The envelopes were stuffed with a brochure on the contraceptive methods, four USAID-donated condoms, a flyer with the "FP-friendly" logo that encouraged readers to seek quality FP/RH services from trained providers displaying the logo, and an address list of health facilities providing FP/RH services printed at oblasts' expense. Some 50,000 envelopes were distributed by volunteers during public events on city squares, in public parks, at universities and elsewhere. In addition, about 150,000 posters, brochures and videos were disseminated.

A tent provides a place for mobile counseling during FP Week in Khmelnytsky Oblast. *Photo Lidia Hryva*

FP Week events drew on last year's experience and existing materials. The TfH video, *Let's Plan our Family Together*, developed for 2008 FP Week, was widely used again this year, with screenings on oblast TV stations, in cinemas and during educational events for university students, adults in the workplace and others. In Dnipropetrovsk, the video was shown regularly for a month in a local transportation company's buses. Building on past years' experience, a special issue of the popular student magazine, *Tobi,* was published for FP Week, with two stories on FP/RH. One is an interview with Prof. Tetyana Tatarchuk, Deputy Director of IPOG/AMS, entitled "Contraception is an Informed Choice about When to have Healthy Children." The other is an interview with the popular singer Lilu, "Taboos about Sex and

Contraception are Hold-Overs from the Past." TfH distributed 10,000 copies of the magazine at youth events in project oblasts and the *Tobi* publishers disseminated another 240,000 copies through universities all over Ukraine. The project also reached agreement with *Teddy Club*, a group that supports new mothers through maternity hospitals, to distribute 10,000 TfH brochures on contraceptive methods to maternity hospitals in 10 project oblasts. An announcement about FP Week also ran in the *Teddy Club* magazine, *Caring About Women* (*Z turbotoy pro zhinky*).

This year, outreach events on city streets were the heart of the FP Week campaign, organized with support from NGOs and Social Services for Youth. An innovation was to organize teams of volunteers around white tents with the "FP-friendly" logo (see picture on page 12), with the volunteers offering people information about FP methods and where to get FP/RH services. People interested in receiving more in-depth information could go to the tents which functioned as "mobile counseling points" where TfH-trained health workers offered counseling. The tents proved to be a great success, drawing large crowds of passers-by as well as community leaders. One example of a special event comes from Kaminetz-Podilsky in Khmelnytsky Oblast, where TfH collaborated with Social Services to organize a complex of events, including training for volunteers, tents for mobile counseling, screening of TfH videos during educational sessions and in public places. Many activities were financed by the oblast, such as large billboards displaying the "FP-friendly" logo and information about FP/RH providers distributed in TfH's new envelope. Volunteers decided to take advantage of events in busy places to field a questionnaire about modern contraception. A similar event was conducted in Khmelnytsky City, with the added dimension of showing TfH videos in Social Services' mini-vans. All in all, there were some 360 special events tied to FP Week, reaching an estimated half a million people.

As in the past, a range of interpersonal communications activities were also organized. Examples include cooperation with NGOs to conduct educational sessions for youth in universities, technical schools, campuses or orphanages in all project oblasts; short educational events in discos and art contests (in Khmelnytsky and Volyn); and cooperation with other NGOs working on STIs and HIV/AIDS prevention. In Zaporizhya, Social Services was an enthusiastic new partner for TfH and conducted educational sessions in orphanages. In Dnipropetrovsk, a special agreement was reached to collaborate with the *Virtus* charitable foundation and the OHD on a number of FP Week activities to raise public awareness on STIs in five rayons. Activities included free STI counseling and rapid testing, as well as interactive educational sessions for the population (including showing the TfH video, *Let's Plan our Family Together*) and seminars for primary health care providers (family doctors and *feldshers*.) *Virtus* contributed a mobile laboratory and testing systems, supplied by the HIV/AIDS Alliance through a Global Fund grant, TfH provided informational materials and trainers, and the OHD provided the venue and mobilized health workers.

Mass media played an important role in reaching wider audiences with information about FP/RH and FP Week. A series of events were organized to draw mass media attention and coverage. These included press conferences to launch FP Week, press tours of the FP/RH Center in each oblast, and invitations for media representatives to attend various FP Week events. Dnipropetrovsk, Khmelnytsky, Poltava and Volyn oblasts were the champions in winning media coverage, which came at little or no cost to TfH, thanks to the leadership of the OHDs. Analysis of FP/RH mass media coverage showed that TfH and its partners reached more than seven million people during the campaign, through 64 print articles and 97 TV, radio and Internet programs.

Young women in a school for young mothers in Odessa pose with materials on postpartum contraception.
Photo: Valentina Bobrovnvcha

Disseminating IEC/BCC Materials

Distribution of the project's IEC materials—posters, brochures and videos—reached rapidly into the six new oblasts, starting in the first quarter of the year. TfH established systems for distribution of these materials using OHDs, oblast Departments of Education and of Family, Youth and Sports, oblast Social Services for Youth and local NGOs.

A new material, in the form of an envelope, was produced for FP Week (see page 12). In addition,

posters and brochures on postpartum contraception developed in Year 3 went into the design process and were then printed (5,000 posters and 50,000 brochures.) These materials present the likelihood of pregnancy after childbirth, postpartum contraception, the recommended interval between pregnancies, and WHO recommendations about resuming sexual relations after childbirth. They were distributed in maternity homes and women's consultations and most oblasts use them in schools for young mothers (prenatal classes)—see picture on page 13.

After overcoming long-standing equipment problems, the NGO *Family from A to Z* produced copies of the educational FP video "Plan Our Family" for distribution. A viewing guide explaining how to use the video during educational sessions was developed and presented to oblast-level partners. As a result, the video was shown extensively during educational sessions with youth, particularly students. Khmelnytsky Oblast created a new "standard," using the video during educational sessions at schools for young mothers.

Overall during the year, TfH distributed around a quarter of a million IEC materials (posters, brochures, videos, logos and other.) In addition, TfH local counterparts—mainly NGOs and OHDs—facilitated the dissemination of FP messages through 138 print articles and almost 200 TV, radio and Internet programs.

Providing Technical Assistance for Oblast-Initiated BCC Activities

To launch BCC activities in the new oblasts, the BCC team conducted a strategic planning workshop in each oblast. Participants at these workshops included representatives from OHDs, including selected TfH clinical trainers, Social Services for Youth, the Oblast Department of Family, Youth and Sports, key ob-gyn opinion leaders and NGO representatives. During these workshops, BCC partners were identified, systems were established for dissemination of IEC materials, activities were planned for the next six months and key steps to prepare for FP Week were laid out. More mature oblasts played an important role in helping new oblasts get started on BCC. They presented their work during the study tours conducted for the new oblasts, participated in strategic planning workshops for the new oblasts, shared their experiences during preparations for FP Week, presented oblast-developed materials and sent BCC educators to help get interpersonal communication started.

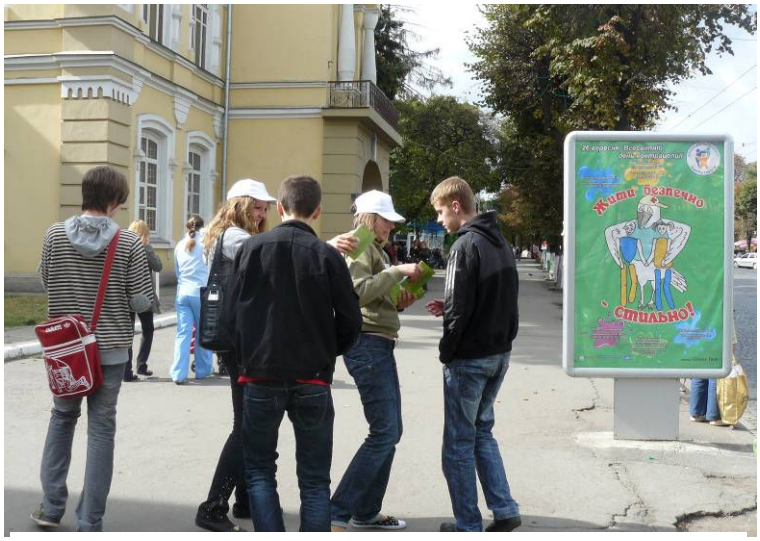
Four trainings of trainers (TOTs) were held in Cherkasy, Ivano-Frankivsk, Khmelnytsky and Zaporizhya on use of the TfH BCC educators' curriculum for peer education sessions in the community. In Zaporizhya, the Oblast Center for Social Services for Youth was the key partner, while in Ivano-Frankivsk, local NGOs took a central role and, in other oblasts, Social Services, NGOs and health providers were all involved. A major criterion for selection of participants for these workshops was that they already have teaching/training experience and already work with the population, building a sustainable mechanism for interpersonal communications for the future and bringing ready-made constituencies for TfH's messages.

Following on these skill-building events, all TfH partner oblasts conducted 703 special events—many of them fully funded by oblast partners—to celebrate Students' Day, World AIDS Day, Valentine's Day, Day of Youth, World Contraception Day, etc. These events were conducted at universities, student health facilities and youth clubs and involved distribution of TfH IEC materials, educational sessions and a range of special events. In Rivne, TfH worked with the NGO, *School for Mothers*, to provide premarital counseling and informational events at marriage registration offices from May to October, which is peak wedding season. And in Odessa, TfH and a youth-friendly clinic joined hands on summer weekends to reach young people at the *Western* discotheque in the heart of the city's busy Arkadia district, where most hotels and sanatoria are located, with IEC materials and condoms and arranging meetings with health providers.

Most new oblasts—particularly Khmelnytsky—were quick to embrace smaller community education sessions as a behavior-change strategy and, over the year, their newly-trained health educators clocked up almost as many such sessions as the established oblasts. About half of the sessions in the new oblasts were held entirely at oblast expense, while, in more mature oblasts, virtually all were funded entirely by the oblasts. Project-trained BCC educators who are male were particularly successful in reaching men through educational sessions in colleges, professional schools, universities, military colleges and organizations with primarily male employees, such as police and fire departments. Some educational sessions featured one of TfH's three videos, followed by a discussion facilitated either by BCC educators or trained health providers. In addition, oblasts initiated many creative activities, such as displaying TfH messages on billboards and "city lights" (illuminated sidewalk advertisements—see picture on page 15) and screening TfH videos on *marshrutkas* (mini-buses) in Dnipropetrovsk and Volyn oblasts.

TfH's capacity-building activities in BCC significantly increased the capacity of local partners to work effectively with a variety of communications channels, reach designated priority audiences, follow the messaging strategy and generate momentum to get a range of partners involved. In addition, all the project's

BCC activities bring significant counterpart contributions in terms of people's time, space to conduct educational activities, printing, free time and space in mass media, etc. It is estimated that these amounted to about $116,000 during the year.



Young people read FP brochures—while standing near a "city lights" advertisement on FP in Vinnytsya Oblast.
Photo: Natalia Antoniuk

Conducting Public Relations for the Project

To promote USAID's support for FP/RH in Ukraine, TfH staff prepared short "success stories" on the integration of FP/RH into primary health care, FP Week activities, FP/RH education in the workplace in Poltava, the Vinnytsya RH Program, cooperation with Sevastopol City Health Department, and FP Week in Dnipropetrovsk and Lviv oblasts. The stories on workplace education and FP/RH in primary health care were published in the USAID/Ukraine newsletter.

The project helped oblasts prepare press releases to announce key events, like project start-up in a new oblast, FP Week, other public actions or the first training workshop in a new city/rayon. TfH activities were also extensively discussed at SPRHN oblast-level coordinating committees, most significantly in the context of how oblast and project resources can complement each other to achieve maximum impact. TfH was also asked to present the results of its work and its partnership with the oblasts to mark FP Week.

TfH staff also made a number of presentations at other events. For example, they were invited to present the project's BCC work at the First Lviv Social Forum organized by the Lviv City Administration; they had a stand at the *Verkhovna Rada's* annual project fair for Parliamentarians; and they presented updated information on FP/RH at pharmacy conferences. At the international level, two TfH staff had a well-received presentation on *Crossing Boundaries to Improve Contraceptive Access in Ukraine* at the Global Health Council conference in Washington, DC, in May.

Results of BCC Activities

- The project trained 196 BCC educators and leaders on FP/RH during the year (78% women, 22% men) who then went on to conduct interpersonal communications sessions for the public (see Annex 1, Supplementary Tables 9.a and 9.b;)
- Approximately 8.4 million people were reached with FP/RH information and behavior change interventions during the year. This includes 9,507 through interpersonal communications (61% women and 39% men), an estimated 591,700 through special events, approximately 236,100 with IEC materials and 7.6 million through mass media (see Annex 1, Supplementary Tables 8.a-d, 10.a and b, 11, 12.a-d and 13.)

TfH collected endline data in five oblasts on the attitudes of FP/RH clients to modern contraceptive methods. Results will be available in Year 5.

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

TfH has two overriding objectives for this result: first, to improve the availability, accessibility and affordability of contraceptives for poor and vulnerable populations through the public sector and, second, to broaden the method mix, which currently relies primarily on condoms and IUDs. To achieve this in line with its Total Market Approach, the project continued to work with Government partners on contraceptive procurement (with Government funds) for certain disadvantaged populations and assisted with USAID contraceptive donations to the public sector. To reach middle-income groups, the project worked with a variety of PSPs to improve the availability of a range of affordable contraceptives in pharmacies and to reach large numbers of doctors and pharmacists with accurate, evidence-based information about contraception.

Improving the Availability of Free Contraceptives for Vulnerable Populations

Following on its successful efforts to advocate for the inclusion of line items for contraceptive procurement in the budgets of the MOH and most partner OHDs earlier in the project, TfH continued to support the process of mobilizing funding for these procurements and actually procuring the contraceptives. The MOH's procurement decisions with 2009 funds were better than the previous year, using limited Government resources to buy a range of methods, more effective methods and lower-priced products. At the oblast level, TfH worked most closely with Cherkasy, Dnipropetrovsk, Lviv, Poltava and Vinnytsya to support effective, fair and transparent procurements to maximize benefits to the population and reduce corruption. Staff provided information about the prices of different brands of chemically identical contraceptives, enabling partners to make informed choices about how best to spend their money. They also encouraged partner oblasts to weigh how many people could be reached with different method-mix scenarios. In the oblasts, too, it was noticeable that the more established oblasts were using their resources more wisely.

Distribution of USAID-donated condoms continued to progress well, with high public demand for the condoms and wide use for BCC activities. The donated products played an important role in supporting advocacy for additional contraceptive procurements with SPRHN and local resources and in clarifying for oblasts that there is a link between FP, STIs and HIV prevention. By the end of 2008, all six new partner oblasts had signed agreements with TfH concerning the condom donation, they received their stock and began distribution. In addition, at the request of OHDs, the project provided USAID-donated condoms to Mykolayiv Oblast and Sevastopol City, on the same conditions as other project oblasts. When delivering condoms to the oblasts, TfH includes posters with information about available contraceptive methods in Ukraine, so clients are aware of the full range of contraceptive choices. TfH also includes flyers to make individual health providers aware that the condoms are a donation from the American people and to remind them of the requirements accompanying the donation.

TfH worked with HIV/AIDS Alliance to develop a simple paper-based reporting system that would meet their needs for reporting to the Government, as well as USAID's and TfH's information needs. This system goes from the rayon level to the oblast and then to TfH—and in the other direction—and includes both condoms and financial reporting. The system shows that, of the 6.36 million condoms donated by USAID, 5.85 million have been distributed to health facilities and 4.51 million were given to end-users by the end of Year 4—youth 18-20, women with high risk pregnancies, women living with HIV and women from low-income families, as specified in the SPRHN—and used for BCC activities.

In April, some Internet sites announced that USAID-donated condoms were for sale. TfH management took immediate measures to identify potential leakages and the oblast technical coordinators conducted a rapid inventory of supplies at the oblast level. After a joint investigation with the HIV/AIDS Alliance, it was determined that the condoms came from some HIV/AIDS Alliance-funded NGOs that had experienced thefts last year. The Internet announcements were tracked and a police investigation was launched.

The process for ordering the *contraceptives* to be donated by USAID was much more complicated. A mis-identified death in 2008 during distribution of a vaccine not registered in Ukraine led the Government to impose drastic restrictions on importing donated medical supplies not already registered in the country. Two of the oral contraceptives proposed for donation (*Lo-Femenal* and *Ovrett*e, both from Wyeth) are not registered in Ukraine. After gathering all the needed documentation on the Ukrainian side in preparation for asking the MOH to waive the contraceptive registration requirement, TfH was informed in February that the Ukraine contraceptive order should be revised, since USAID was shifting its procurements of oral contraceptives from Wyeth to Bayer-Schering Pharma (BSP.) Since the BSP combined oral contraceptive, *Microgynon,* is already registered and sold in Ukraine, this should greatly facilitate the process of importation and donation for this product. BSP's progestin-only pill, *Microlut,* on the other hand, is not yet registered in Ukraine and USAID agreed with BSP representatives in Berlin that they would start the process of registration in the summer—but that process appears to be behind schedule. On the US side, it was agreed that the documentation for importation of the two new products would be finalized early in the fall, as soon as the products are available in the European warehouse in the Netherlands. By the end of the project year, the paperwork from USAID/Washington was progressing well and it is hoped that the contraceptives will arrive early in 2010.

Integrating FP/RH into Postgraduate Pharmacy Education

The 2007 DHS shows that more than 90% of oral contraceptive users in Ukraine and 60% of condom users obtain their method directly from pharmacies, and experts agree that most do so without ever visiting a doctor for a prescription. Thus, it is clear that reaching front-line pharmacists with information on FP is very important and, during the year, the project built on its past training of pharmacists on FP to develop and institutionalize updated teaching on contraception for postgraduate education for pharmacists. Since pharmacists are required to participate in postgraduate pharmacy education every five years, this is a low-cost, highly sustainable approach to reaching large numbers of pharmacists with information that will help them better serve FP clients.

To develop the material, the project convened a pharmacy working group drawn from postgraduate departments of the National Pharmaceutical University in Kharkiv, Lviv National Medical University, NMAPE in Kyiv, Odessa Medical University, Vinnytsya Medical University and Zaporizhya Medical University, which began working in Year 3. This year, the group finalized the reference manual *Pharmaceutical Care for Contraceptive Use* for postgraduate pharmacy education, which drew heavily on TfH's curriculum for one-day trainings for front-line pharmacists, used in Years 2 and 3 of the project. Thereafter, project staff began assisting NMAPE, which took the lead in pushing it through the complex, labor-intensive approval process. During the year, the manual was approved by the expert committee on Obstetrics and Gynecology of the Academy of Medical Sciences and the MOH in June, by the NMAPE Scientific Council in September and is currently under review at the Ministry of Education and Science. That approval will pave the way for its use as an educational manual nationwide. The design of the manual has already been completed, so it is ready for printing right after final approval comes through. At that point, it will be disseminated to academic institutions for use by students and instructors.

The development of the manual was accompanied by a number of supporting activities, including preparation of a PowerPoint presentation for use in the classroom; the revision of existing educational programs in TfH's partner institutions to include FP/RH, with designated study hours devoted to the topic; helping partners write articles and methodological recommendations on contraception; and training faculty members in academic institutions to introduce evidence-based information on modern contraception as well as interactive teaching methodology into the educational process.

Working group members continued the process of incorporating FP/RH into the formal postgraduate educational programs at their own institutions. During the year, the National Pharmaceutical University in Kharkiv, Lviv National Medical University, Odessa State Medical University, Vinnytsya State Medical University and Zaporizhya State Medical University revised their educational programs to include FP/RH, with designated study hours for this topic.

To maintain the momentum gained through the pharmacy working group's curriculum development effort during the long process of curriculum approval, TfH advanced its plans to train faculty from leading postgraduate pharmaceutical education institutions and held four trainings in Kharkiv, Kyiv, Lviv and Zaporizhya for 124 faculty members from pharmaceutical education institutions.[†] The expectation is that these teachers will now include updated information on contraception in their classes for pharmacists participating in required continuing education.

Working group members and national trainers wrote seven articles on COCs, POPs, spermicides, emergency contraception and women's health that appeared in *Provisor, The Practicing Pharmacist (Pharmacevt Praktyk), Drugs for Humans* and the *Zaporizhya Medical Journal.*

While project-funded trainings of pharmacists were discontinued in Year 3, TfH knows of at least 21 one-day trainings on FP conducted by its pharmacy trainers for 305 pharmacists participating in continuing medical education in seven oblasts. The only cost to TfH of these sessions was for manuals for participants.

Implementing the Public-Private Partnership

TfH maintained its collaboration with the private sector with a view to reaching large numbers of doctors and pharmacists with accurate, evidence-based information about contraception at very low cost, helping to combat the myths and misinformation that remain widespread. This Public-Private Partnership is valuable at this time to leverage project resources, but in the longer-term, it can encourage the PSPs to invest in expanding the Ukrainian contraceptive market, which has considerable growth potential. The project continued to work closely

[†] Participants came from AR Crimea, Chernivtsi, Dnipropetrovsk, Donetsk, Kharkiv, Kyiv, Luhansk, Lviv, Odessa, Poltava, Ternopil, Vinnytsya, Volyn and Zaporizhya.

with key PSPs to enhance their important role in modernizing FP/RH practices and expanding the private sector contraceptive market. Partners include Bayer-Schering Pharma (BSP), the leader in Ukraine's contraceptive market; Schering-Plough, which acquired Organon, one of TfH's most important original partners; Sperco, a major spermicide manufacturer; Tespro, the exclusive importer and distributor of *Pregna* Copper-T IUDs in Ukraine; and SMD, a pharmacy market research company.

At the heart of the project's work is familiarizing doctors and pharmacists with evidence-based information about contraception through CATs, one-page summaries of the evidence on topics where misinformation abounds. In Year 3, BSP and TfH held two joint workshops to introduce BSP medical representatives and trainers to the basics of EBM and how to use the CATs in meetings and workshops with doctors to help dispel the many myths around contraception. After the CATs were approved by NMAPE, TfH provided BSP with copies of the 16 CATs on oral contraception (in the form of 48,000 leaflets on the 16 different topics) for discussion with, and distribution to, practicing doctors. While TfH has not yet received formal reports from BSP on how the materials are being used, indications are that many of the company's medical representatives and trainers nationwide have begun using the CATs.

The project's other important partner on EBM and CATs is the market research firm, SMD, which donates contraceptive sales data to TfH from its pharmacy surveys. Two TfH-trained EBM methodologists conducted a two-day workshop for 10 SMD trainers and pharmacy promoters to update their contraceptive knowledge and work with them on effective presentation of CATs and the evidence in the CATs to pharmacists. The expectation is that the trainers and promoters will present this information to pharmacists during SMD's ongoing trainings and pharmacy visits. TfH has sought to build similar partnerships with several of its other PSPs, but so far none of them has been willing to invest resources for this purpose.

Collaboration with BSP also expanded into a new direction during the past year. The company decided to work with TfH to hold two large conferences and for a roundtable with key opinion leaders in honor of World Contraception Day in September. Plans were put in place for conferences in Kyiv and Donetsk for almost 1,000 health professionals and a roundtable in Kyiv. The events would position FP and the provision of contraceptives as a "mission" for health professionals and use practical examples to demonstrate why FP counseling is beneficial for both health workers and their clients. BSP agreed to support the bulk of the costs of organizing the events, but asked TfH to facilitate the presence of two international speakers, Prof. Gunta Lazdane, Regional Advisor on Reproductive Health and Research for WHO/Europe, and Prof. Carrie Cwiak, Director of the FP Division at Emory University School of Medicine. Plans were also made for the clinical conferences to go hand-in-hand with field events aimed at encouraging clients of health facilities to ask specifically for FP information and services. The community events, centered on the message "Ask the Doctor about FP Methods," were designed to be implemented in and around health facilities with TfH-trained providers. Unfortunately, two weeks beforehand, BSP informed TfH that it would no longer be able to support these events, due to budget cuts. The conferences were cancelled, but the roundtable was maintained, with participants mostly drawn from the public sector and the academic community, rather than from BSP's network, and the "Ask the Doctor" community events took place as planned. (See page 10 for information about the roundtable.)

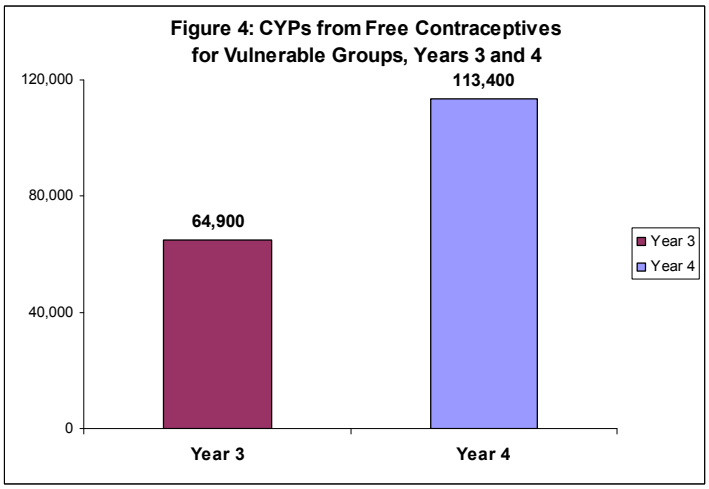
Discussions with Schering-Plough early in the year resulted in their continuing their Organon's (their predecessor's) 2006 agreement to maintain substantially reduced prices for the POP, *Exluton*, and the COC, *Marvelon*. They did, however, increase the prices of these two products by about 5% to partially compensate for the inflation rate. All other collaboration was put on hold, however, due to acquisition of the company by Merck, Inc. and uncertainty about the future of the contraceptive line under Merck.

In December, the project reached agreement with a new PSP, Sperco, a manufacturer of spermicides. The company was interested in taking over the pharmacy trainings previously conducted by TfH. It went on to support eight pharmacy trainings conducted by TfH trainers with the project's curriculum, for more than 95 participants in Kharkiv and Lviv oblasts. Sperco covered all the costs of these trainings, except for materials, which were provided by TfH. Unfortunately, however, by the end of the project year, Sperco had to drop these trainings due to financial problems, but it plans to resume them when its financial situation improves.

In addition to national-level collaboration with contraceptive manufacturers and distributors, the project also works with PSPs at the local level. Vinnytsya Oblast has developed a particularly successful collaboration with Richter-Gideon for eight seminars covering a range of contraceptive methods, STIs and other FP/RH topics for ob-gyns in the oblast, using the MOH/TfH training curriculum and providing an opportunity not only to convey information but also to practice skills. Richter-Gideon also supported a conference on the non-contraceptive benefits of COCs and a seminar for pharmacy employees from major pharmacy chains in the oblast. Vinnytsya also worked with BSP to support a series of radio programs on a various FP/RH topics.

Results on improving contraceptive availability, accessibility and affordability

- TfH trained 124 faculty members in postgraduate pharmacy education institutions on FP/RH (74% women, 26% men), enabling them to pass on this information, with help from the project's instructional manual, to thousands of front-line pharmacists attending required postgraduate education every five years (see Annex 1, Supplementary Tables 14.a and 14.b;)
- As reported in the section on Progress toward the Project Goal (page 6), there was a 5.3% increase in CYPs nationwide between 2008 and 2009, along with increases in seven out of the 13 TfH partner oblasts. There was also an increase of 5.5% in CYPs from condoms, which is the project's measure of its work on STIs. Nine TfH partner oblasts also achieved increases in this measure. (See Annex 1, Supplementary Table 3.) CYPs from free contraceptives—both those procured by government partners and those donated by USAID, almost doubled over the year (from 64,900 to 113,400—see Figure 4.)



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

The main focus of project activities in this result area has been to support effective implementation of the SPRHN, which has the potential to bring Government investment in FP/RH at the national and oblast levels until 2015 and, equally important, to strengthen systems to manage and improve these services at the national and oblast levels. TfH seeks to use the process of Program implementation to strengthen policy makers' and program managers' capabilities to identify and respond to FP/RH needs, using a public health approach. It envisions the Program serving as a policy and program dissemination platform for FP/RH interventions and reinforcing the importance of FP as an essential element of the Government's MCH/RH agenda at the national and oblast levels. This can have enormous benefits for the future of FP/RH in Ukraine and, at the same time, promote better governance so that Government funds meet the needs of the population and resources are used effectively and accountably.

Facilitating Implementation of SPRHN's FP/RH Objectives at the National Level

Throughout the year, TfH continued to monitor funding for the SPRHN and to support the MOH in mobilizing funding for FP/RH activities under SPRHN, including for contraceptive procurement. In 2008, the first year of real Program implementation, a total of $7,333,600 was spent for the Program at the central level, of which $97,200 was for family planning, including $94,600 for contraceptive procurement. For 2009, the Ministry of Finance approved an SPRHN budget of almost $3.3 million for 2009—substantially below 2008 levels, due to the economic crisis. This includes about $178,800 for procurement and distribution of contraceptives but no other funding for FP. Almost $959,000 are budgeted for procurement of STI laboratory tests for pregnant women and newborns.

The SPRHN National Coordination Committee and oblast-level coordinating committees have great potential to keep the Program moving forward, ensure accountability and strengthen management and coordination of FP/RH services at the national level. The MOH organized the second meeting of the SPRHN National Coordination Committee in May, which was attended by representatives of various national institutions, Kyiv-based experts, OHD representatives and others. The meeting reviewed Program results for 2008, along with the latest trends in maternal and child health. It was noted that the MOH had started to collect statistics about abortion from other ministries' health systems (e.g. internal affairs, transportation and the army), the AMS and the private sector. And it was also pointed out that the 2009 SPRHN budget was reduced by about 35%, due to overall budget constraints. And the MOH noted that it wanted to develop an M&E system for SPRHN that would highlight field accomplishments--and not just expenditures.

Following discussions with the MOH, TfH and other counterparts about the structure and role of the SPRHN working groups, in November, the MOH established nine working groups, each tasked with one or more SPRHN activities. TfH agreed to assist three groups: one to develop materials on healthy lifestyles, another to

update the regulatory documents on FP to bring them into line with WHO recommendations, and a third to develop postgraduate courses on FP/RH for health providers and mid-level staff. TfH assisted MOH counterparts to conduct 12 meetings of these working groups during the year (four on clinical issues—see page 11; two on BCC—see page 12; and six on policy—see below).

The policy working group includes MOH and OHD representatives, academics, donors, representatives of the private sector and others. The group reviewed a number of laws and regulations and, at the end of June, provided a written review and recommendations to various MOH departments (Legal, Maternal and Child Health, etc.) to change or adopt the following legal documents: Cabinet of Ministers' Decree No. 1303/08.1998 that includes conditions for free provision of contraceptives; Article 22 of Ukraine's Family Code, establishing the age of marriage for young men and women; MOH Order No. 25/1997 which lists estrogen-containing medications as presenting a risk of liver cancer; and a first draft of standards/protocols for voluntary surgical sterilization.

The SPRHN requires significant management support, which the MOH decided to vest in a Technical Assistance Group. In anticipation of the formal establishment of that group, a small group including representatives of the MOH's MCH and Program Management departments, IPOG/AMS, NMAPO and other institutions, met twice during the year to embark on their work. (This group was formally established by *prikaz* in September 2009.) They set as a priority the establishment of a system to monitor the Program at the national, oblast and, if possible, local levels, ideally using an electronic system.

In response to this, TfH worked with the MOH to develop an electronic reporting tool that can provide a broad picture of SPRHN activities and results at the national and local levels. The draft monitoring tools were tested in gathering information for the 2008 annual SPRHN report. The final tool allows uniform data collection from the oblasts about Program activities, funding and indicators at the oblast level and below. It also simplifies data aggregation for the MOH in Kyiv and facilitates the production of reports, by oblast or by SPRHN Program objective. The monitoring tool was formally adopted by the MOH in September 2009 and was introduced to oblasts at a joint MOH-TfH national conference on SPRHN held in Kyiv that month to identify Program accomplishments in 2008 and the first six months of 2009 and to begin planning activities and budgets for 2010. TfH plans to assist partner oblasts in using the Program monitoring tool for their reports in Year 5.

Facilitating Implementation of SPRHN's FP/RH Objectives at the Local Level

TfH's efforts to support partner oblasts in mobilizing funding for FP/RH activities and promoting effective use of these funds contributed to modest expenditures in absolute terms in 2008—but nevertheless significant as a starting point in a strongly pronatalist country and as a proportion of overall RH Program expenditures. Out of total expenditures of $12.8 million for local RH Programs in the project's 13 partner oblasts[‡] in 2008, $1.3 million (over 10%) was devoted to FP. About $226,400 went for contraceptive procurement, with very limited funding for clinical training and BCC—less than $1,500 and $27,500 respectively. Significant funds also went for renovations and procurement of information technology equipment, particularly in Khmelnytsky and Kharkiv. The oblasts making the largest investments in FP were Khmelnytsky ($882,500), Kharkiv ($35,200) and Lviv ($27,600) and those with the largest investments in contraceptive procurement were Poltava ($41,100), Dnipropetrovsk ($35,800), Donetsk ($33,000) and Cherkasy ($32,900.) Eight partner oblasts spent funds for BCC related to FP, while only Cherkasy, Ivano-Frankivsk and Vinnytsya spent funds for FP training.

All TfH partner oblasts except Donetsk[§] and Rivne have approved budgets for their RH Programs for 2009. Of a total of $3.9 million for the Programs overall, about $333,200 is budgeted for FP, including $277,400 for contraceptive procurement (more than was spent in 2008), $12,500 for training and $21,700 for BCC. Regrettably, the economic situation is taking its toll on oblasts' ability to invest in the Program.

TfH worked closely with the new oblasts to establish coordinating committees for their RH Programs and encouraged Donetsk, which has no oblast program, to also set up a committee to coordinate TfH's work and that of other FP/RH programs and projects. By the end of the project year, all partner oblasts had committees in place. Project staff provided technical assistance for oblast RH Program coordinating committee meetings in nine oblasts, with the Dnipropetrovsk committee being the most active, with three meetings during the year. These meetings brought together representatives of cities and rayons that participate in program implementation, as well as representatives from NGOs and oblast departments other than OHDs. TfH encourages oblasts to use these meetings to plan advocacy for Program funding, to determine Program priorities, review accomplishments to date and plan future activities, as well as to discuss important issues. The meetings are valuable mechanisms to assess the status of the Program plan and coordinate activities and identify issues and gaps that need to be

[‡] Donetsk has no oblast RH Program, but provides funding for FP/RH/MCH activities as part of its regular health budget

addressed. They also help promote more transparent government and decision-making about public funds. TfH partner oblasts—including the new ones—used these meetings to discuss TfH project roll-out strategies, to plan for major FP/RH events, such as FP Week or World Contraception Day, and to develop operational plans that have already enhanced coordination and contributed to the success of the events. The meetings also often consider how to coordinate resources—including inputs from TfH—so as to maximize the impact of available funds. Among the new oblasts, Cherkasy, Donetsk, Rivne and Zaporizhya have been particularly successful in conducting effective coordinating committee meetings, while all the established oblasts are now conducting periodic and effective meetings.

Building Modern Public Health Management Approaches

Culminating two years of work, faculty members from NMAPE, led by the Rector himself, Prof. Yuri Voronenko, finalized a public health-oriented, FP/RH-focused health care management curriculum for health workers, entitled *New Approaches to Teaching Health Management*, and comprising seven modules. Prof. Marc Mitchell of Harvard School of Public Health worked closely with the NMAPE faculty from the beginning to develop the curriculum. During a visit to Ukraine in October, Prof. Mitchell helped pilot-teach modules from the curriculum and then continued working from the US with NMAPE faculty to finalize the document based on that experience. In April, the MOH endorsed the manual for health managers taking postgraduate education courses and it then went into the design process and was sent to the printer. It will be disseminated in the coming year.

NMAPE faculty facilitating an interactive training session on FP/RH program management, using modern case-based methods.
Photo: Rachel Criswell

The NMAPE faculty who developed the curriculum, have already incorporated some of the modules into their training courses for other professors, disseminating the RH information and the case-based teaching technique to other NMAPE faculty. The modular format of the curriculum allows instructors to use modules and case studies independently and incorporate relevant information into their existing training materials. In addition, the use of cases written about Ukraine provides a way for health managers to see effective management in action. The fact that these cases are based on real events and decisions suggests to students that they can make a difference even within a system laden with bureaucracy. Furthermore, since the curriculum focuses on FP/RH issues it is familiarizing managers who do not regularly work in FP/RH with some key issues and concerns of FP/RH programs. Given that all health managers in Ukraine undergo training and re-certification at NMAPE, this activity has the potential to influence the success of FP/RH and other health programs for many years to come.

Other

TfH helped the centrally-funded Europe and Eurasia Regional Family Planning Activity (EERFPA) finalize an advocacy document entitled *The Rationale for Family Planning in the Former Soviet Union: Evidence from Europe, Eurasia, and the US*. This publication is based the Advocacy Package completed by TfH in Year 3, and is designed to educate policy makers around the Former Soviet Union about the importance of family planning as a health and human rights measure, particularly in countries with pronatalist policies.

TfH partner, Harvard School of Public Health, which prepared TfH's Advocacy Package, shared key information and data from the publication, as well as the project's experience using it as a tool to win Government funding for FP, with a group of senior Russian MCH officials during a study tour to the US funded by USAID/Russia. In addition, TfH helped colleagues at JSI headquarters prepare a presentation on the Ukraine Public-Private Partnership for the Russian group. Both presentations were very well received and generated significant discussion on FP choices, use of various contraceptive methods in Russia, EBM and public funding for FP/RH in the Russian Federation.

Mobilizing Counterpart Contributions

From the beginning of the project, TfH has encouraged its public and private sector counterparts to invest in FP/RH. In Year 4, the project mobilized an estimated $837,300 in counterpart contributions, with approximately $613,800 coming from Government counterparts—almost 10% more than in Year 3 in US dollars, despite the sharp drop in the value of the Ukrainian *hryvna* relative to the dollar—and about $223,500 from the private sector. The private sector contribution was lower than in Year 3 because of the dollar-*hryvna* exchange rate, the discontinuation of pharmacy training and the NGO grants program, among other factors. Contributions from the public sector included funds used for contraceptive procurements; workshops, roundtables and training workshops on FP/RH conducted at oblast expense; mass media time and space; the time of OHD officials, other FP/RH managers, health workers, BCC educators and other government personnel; office space and utilities for offices where TfH oblast staff work; venues for TfH-supported meetings, trainings, BCC events; and other items. Private sector contributions came from reductions in contraceptive prices by two PSPs; contraceptive samples donated by PSPs for training and BCC activities; mass media time and space in private media; SMD's donation of contraceptive sales data; the time of PSP staff in Kyiv and in the oblasts, and other items.

Results on Policy:

- TfH supported policy seminars, workshops and roundtables for 555 policy-makers and key opinion leaders, most of them involved in SPRHN coordinating committees and/or working groups at the national and local levels (see Annex 1, Supplementary Tables 4.a and b;)
- The central Government adopted 16 important policy documents related to TfH's work during the year. These include approvals by the MOH for clinical, pharmacy and management training manuals developed with TfH assistance, for use in postgraduate education; key policies related to implementation of SPRHN; and an order for FP Week. At the oblast level, an additional seven *prikazes* of policy significance related to FP Week were adopted (see Annex 1, Supplementary Table 17;)
- TfH's public sector partners, including the MOH, OHDs, local health facilities, and others made counterpart contributions to FP/RH estimated at $613,800 (see Annex 1, Supplementary Table 18;)
- The project's PSPs (pharmaceutical manufacturers and distributors, SMD, private mass media, etc.) made counterpart contributions estimated at $223,500 (see Annex 1, Supplementary Table 18.)

IV. Project Management

The main challenge of Year 4 was the rapid roll-out of activities to six new oblasts, at the same time as supporting the established oblasts in mentoring new ones and mobilizing local resources to build on TfH's past investments with workshops, seminars, BCC activities, etc. In summer TfH was informed that there would be additional funding available for AR Crimea and this became a major focus in the final quarter. In August, JSI submitted a concise proposal to conduct intensive activities reaching at least half the rayons in AR Crimea as well as 3-4 big cities, including Sevastopol City, in the final year of the project. At the end of the Project Year, JSI received a modification to its Cooperative Agreement adding $500,000 for AR Crimea, bringing total project funding to $10.25 million.

In response to a request from NMAPE, TfH prepared and submitted to USAID a two-page concept paper for a potential Global Development Alliance project to develop and implement a distance education model to reach family doctors and ob-gyns working in towns and cities in oblasts where TfH is not currently working. The expected result of this approach would be the development, pilot-testing, implementation and evaluation of a model distance education FP/RH course. Two meetings were held with NMAPE, USAID and TfH to discuss potential partnerships with Microsoft and CISCO, but the outcome is not yet clear.

The depreciation of the Ukrainian *hryvna* relative to the dollar during much of this project year eased the constraints of a significantly reduced budget, relative to prior years. Also, despite the low *hryvna,* TfH was successful in increasing partner oblasts' own investments in project approaches, and this, too, helped TfH conduct more program activities than originally envisioned, while remaining consistent with program directions in the approved workplan and staying within the planned budget for the year. TfH ended the project year with $200,000 in savings which have been budgeted for program activities in Year 5.

In February, TfH submitted to USAID a realigned budget responding to the project's new management structure and oblast implementation priorities, and this was approved. The realigned budget formalized an increase of

almost $1 million in funding for program activities, made possible largely by reducing subcontracting costs and expenditures at headquarters.

In terms of project staffing, in late November, Dr. Laurentiu Mihail Stan assumed the position of Chief of Party (COP) after the project's first COP, Asta-Maria Kenney, left to return to the US. At the same time, two senior Ukrainian staff were promoted to Deputy Chiefs of Party (DCOPs): Dr. Nadhezda Salo, previously Director of Clinical Services, and Natalia Karbowska, previously BCC Director. At about the same time, a new M&E Coordinator, Tetiana Goriacha, joined the staff and, as the project's pharmacy activities were being wrapped up in the spring, the Pharmacy Coordinator, Olena Trubachova, left the project.

In November, Christine Claypoole, JSI's Senior Advisor for TfH visited Ukraine to support the transition in project management and to assist in identifying the technical, administrative and financial needs for the two final years of the project. In April, Allen Gallant, TfH's new Project Coordinator in the JSI Boston office, visited the project to monitor and support financial and administrative matters and expansion to new oblasts.

Compliance with USAID Family Planning, Abortion and HIV Requirements

As new oblasts and new staff came into the project, they were oriented to the USAID family planning, abortion and HIV requirements. These oblasts also signed agreements formalizing their willingness to comply with USAID voluntarism, informed choice and abortion requirements, as well as with the "ABC" provisions applicable to USAID-donated condoms, and to disseminate these provisions through an oblast-level order to health facilities receiving donated condoms (see also page 16.)

To monitor compliance with the family planning and abortion requirements—as well as review project activities overall—USAID and TfH conducted joint visits to Dnipropetrovsk, Vinnytsya and Zaporizhya oblasts. No evidence of violations was found. Rather, the project is strengthening the principles of voluntarism which are already embodied in Ukrainian law and policy as well as the Government's policy of reducing reliance on abortion. Overall during the year, TfH monitored 45 clinical trainings and 16 BCC events to assure that the USAID requirements were being followed.

Compliance with USAID Environmental Provisions

Following a rapid assessment of TfH's compliance with USAID environmental requirements undertaken by the E&E Bureau's Environmental Officer undertaken in Year 3, the Mission advised TfH to formalize its procedures on this topic. TfH management developed guidelines on the subject concerning information to be communicated to health workers participating in clinical trainings, ensuring compliance and reporting as wall as a formal monitoring tool that addresses storage, use and disposal of medical supplies. All clinical staff and oblast technical coordinators were oriented to the guidelines and monitoring tool and staff monitored 30 facilities in nine oblasts for compliance during the year. USAID and TfH jointly monitored compliance with the environmental provisions during the monitoring visits mentioned under *Compliance with USAID Family Planning and Abortion Requirements.* No problems were identified.

V. Constraints

The sharp economic downturn in Ukraine affected the project, particularly in its efforts to mobilize funding for FP/RH from public and private sector partners, all of which have suffered substantial budget cuts. Even within the health sector, it has been particularly difficult for the project to compete against compelling needs such as immunization, TB, HIV and oncology.

While MOH staffing has remained stable in the past year, there has been a high turn-over rate in staff counterparts at the project's PSPs—Janssen-Cillag, MedCom and Schering-Plough—making progress in collaborating with them extremely slow and difficult.

Annex 1

Together for Health M&E Results

Project Year 4

October 2008 – September 2009

Table of Contents

Highlights of Year 4 Results **26**

Notes on Data in this Report **28**

Together for Health Indicator Matrix (October 2005 – September 2009) **29**

Supplementary Tables:

Table 1: Abortion Rate and Ratio 35

Table 2: Registered IUD and Hormonal Contraception Use Rate 36

Table 3: Couple-Years of Protection 38

Table 4: Number of People Trained on FP/RH with USG Funds 42

Table 5: Number of Clinical Trainers Trained 44

Table 6: Number of Health Providers Trained 46

Table 7: Average Pre- and Post-Test Scores of Trained Health Providers 48

Table 8: Number of IEC Materials Distributed 49

Table 9: Number of BCC Community Educators and Leaders Trained 51

Table 10: Number of Participants in Educational Sessions 52

Table 11: Number of BCC Special Events and Approximate Number of Participants 53

Table 12: Number of Mass Media Articles/Spots/Programs Distributed 54

Table 13: Number of People Reached by BCC on FP/RH 56

Table 14: Number of Pharmacy Trainers/Instructors Trained 57

Table 15: Number of Pharmacy Staff Trained 58

Table 16: Major Coordination/Dissemination/Policy Events Supported by TfH 59

Table 17: Legal/Policy Documents on FP/RH Adopted by the Government of Ukraine 60

Table 18: Estimated Counterpart Contributions to TfH 61

Highlights of Year 4 Results

Progress toward the Project Goal

- Ministry of Health (MOH) statistics* show a 3.5% drop in the *abortion rate* for Ukraine, from 17.2 per 1,000 women of reproductive age (WRA) in 2007 to 16.6 in 2008, based on data from MOH health facilities. The abortion rate also fell in nine out of 13 TfH partner oblasts (see Supplementary Table 1 for detail by oblast.) Responding to long-standing concerns about under-reporting of abortions, the MOH this year began collecting data from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences (AMS) and the private sector. This yields a *total* abortion rate for the country of 18.0/1,000 women aged 15-49, according to the MOH. Total abortion rates are not available by oblast.
- MOH statistics* show that the *abortion ratio* for Ukraine also declined, based on data from MOH health facilities. It fell from 448.0 abortions per 1,000 live births in 2007 to 399.6 in 2008—a 10.8% drop. The abortion ratio dropped in all 13 TfH oblasts, too (see Supplementary Table 1 for detail by oblast.) The MOH does not include the *total* abortion ratio—including abortions from non-MOH facilities—in its official statistics. *Together for Health* (TfH) calculates an abortion ratio of 425.8/1,000 for the country as a whole.
- MOH statistics* indicate an increase of 2.0% in the *registered IUD and hormonal contraceptive use rate* nationwide, from 302.5 in 2007 to 308.4 in 2008. Eight TfH oblasts saw increases in this measure (see Supplementary Table 2 for detail by oblast.)

Progress toward Result 1: Improved service provider skills and behaviors related to FP/RH

- The project *trained a total of 1,855 people on FP/RH* during the year, including 1,358 doctors and midlevel health providers, 196 BCC educators/leaders, 105 pharmacists, and 196 trainers (72 clinical trainers and 124 faculty members in postgraduate pharmacy education institutions. (See further detail in Supplementary Tables 4.a and b;)
- The *average pre- and post-test scores of trained health providers* increased from 58% at pre-test to 93% at post-test, across all clinical trainings during the year. (See Indicator Matrix, Result 1, for details by oblast.)
- There are no new data this year on the *percent of FP/RH providers with positive attitudes to modern contraceptive methods*. Endline surveys of providers were conducted in five oblasts in Year 4 and results will be available in Year 5.

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

- The project's behavior change communications (BCC) activities reached a total of over 8.4 million people in 13 oblasts: 7.5 million through mass media, about 591,700 through large special events, over 236,100 through information, education and communication (IEC) materials and over 9,500 through interpersonal communications (See further detail in Supplementary Table 13;)
- There are no new data this year on the *percent of FP/RH clients with positive attitudes to modern contraceptive methods*. Endline client surveys were conducted in five oblasts in Year 4 and results will be available in Year 5.

* Please see *Notes on Data in this Report*, page 28, for a concise explanation of data limitations.

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

- There was a 5.3% increase in *couple-years of protection* (CYPs)[†] nationwide, from 796,900 in 2008 to 839,500 in 2009, with increases in seven out of 13 TfH partner oblasts (see Supplementary Table 3 for detail by oblast;)
- There was a 5.5% increase in *CYPs from condoms*[†], from 64,900 to 113,400, for the country (see Supplementary Table 3 for detail by oblast;)
- The cumulative number of new access points for FP/RH services in the project's 13 partner oblasts increased by 412 during the year, reaching a total of 1,155 over the life of the project (See Indicator Matrix, Result 3, for details by oblast.). This is in addition to improving services in health facilities where FP/RH was already being provided.

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

- TfH supported policy seminars, workshops and roundtables for 555 policy-makers and key opinion leaders, most of them involved in SPRHN coordinating committees and/or working groups at the national and local levels (see Annex 1, Supplementary Tables 4.a and b;)
- The *Government of Ukraine adopted 16 important policy documents* related to TfH's work during the year. These include approvals by the MOH for clinical, pharmacy and management training manuals developed with TfH assistance for use in postgraduate education; key policies related to implementation of SPRHN; and an order for FP Week. At the *oblast level*, *prikazes* of policy significance related to FP Week were adopted (see Supplementary Table 17;)
- TfH's *public sector partners*, including the MOH, OHDs, local health facilities and others made *counterpart contributions* to FP/RH in cash or in kind estimated at $613,800 (see Supplementary Table 18;)
- The project's *private sector partners* (PSPs, including pharmaceutical manufacturers and distributors, SMD pharmacy research company, private mass media, etc.) made *counterpart contributions* in cash or in kind estimated at $223,500 (see Supplementary Table 18.)

[†] Please see *Notes on Data in this Report*, page 28, for a concise explanation of Couple-Years of Protection (CYPs.)

Notes on Data in this Report

Time Periods

The time periods covered by the data in this report vary. The time period covered by each data source is as follows:

- **Ministry of Health (MOH) statistics**: Calendar years;
- **SMD contraceptive sales** data and **Couple-Years of Protection (CYPs)** based on that data: years running from August 1 to July 31 (e.g. 2009 = August 1, 2008 to July 31, 2009;)
- **TfH project activities**: Project Year 4 (i.e. October 1, 2008 – September 30, 2009.)

Ministry of Health Statistics

MOH abortion statistics are well-known to be underestimated because they do not take into account abortions performed by private providers or under ministries other than the MOH (ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences). In an effort to address this concern, the MOH this year began collecting data from all the sources mentioned above, which increased the *total* number of reported abortions by 8.1%, from 201,087 procedures in the MOH system to a total of 217,413. While the total numbers are closer to reality than in the past, they are still thought to be underestimates.

For purposes of comparability with past years, TfH has used abortion data for MOH health facilities only for project indicators. For completeness; however, total abortion data are also referenced.

MOH statistics on contraceptive use cover only registered users of IUDs and hormonals (mostly oral contraceptives) in certain public sector health facilities. Since large numbers of women using contraception do not go to these public facilities, and others are protected by methods other than hormonal contraceptives and IUDs, this figure is thought to significantly underestimate actual users. Moreover, the numbers reflect doctors' formal or informal prescriptions and, in most cases, not actual provision of a method.

Despite some problems, MOH statistics are useful for monitoring trends in contraceptive use, since they are available on an annual basis and by oblast. The data are for calendar years.

Contraceptive Sales Data and Couple-Years of Protection (CYPs)

Data about contraceptive sales in pharmacies are donated to the project by SMD, a market research company specializing in pharmaceutical sales data. When calculating CYPs, in addition to data on contraceptive sales, TfH includes data about contraceptives procured by the MOH and oblast partners and distribution of USAID-donated commodities. These data cover one-year periods running from August 1 to July 31. Thus:

2006 = August 1, 2005, to July 31, 2006
2007 = August 1, 2006, to July 31, 2007
2008 = August 1, 2007, to July 31, 2008
2009 = August 1, 2008, to July 31, 2009

These data are used to calculate CYPs for the same time periods, using the following conversion factors:

Oral Contraceptives (OCs)	13
IUDs	3.5
Condoms	120
Spermicides	120
Injectable	4
Patch	13
NuvaRing	13
Emergency Contraception (EC)	20

Data for Prior Project Years

There are some small differences in the numbers reported here and in prior annual reports, due to late receipt of some reports for Year 3 and also to database cleaning.

Together for Health Indicator Matrix (October 2005 – September 2009)					
USAID Strategic Objective 5: Improved Social Conditions and Health Status **USAID Intermediate Result 5.1: Changed behaviors and systems to improve health**					
Project Goal: Reduce the number of abortions and unintended pregnancies and incidence of sexually transmitted infections by improved provision of and access to quality RH/FP services through the public and private sectors.					
Baseline	**Project Year 1/FY 2006**	**Project Year 2/FY 2007**	**Project Year 3/FY 2008**	**Project Year 4/FY 2009**	**Comments:**
Abortion rate (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 women aged 15-49 *Source:* MOH statistics		
Calendar Year 2005: **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5 Dnipropetrovsk - 22.6 Odessa - 26.4 Poltava - 21.5 Vinnytsya - 22.2 Volyn - 17.8 Cherkasy - 14.4 Donetsk - 22.2 Ivano-Frankivsk - 9.2 Khmelnytsky - 13.8 Rivne - 10.0 Zaporizhya - 21.5	*Calendar Year 2005:* **Ukraine - 19.5** Kharkiv - 14.2 Lviv - 13.5	*Calendar Year 2006:* **Ukraine - 18.6** Kharkiv - 12.8 Lviv - 13.3 Dnipropetrovsk - 21.3 Odessa - 25.4 Poltava - 20.0 Vinnytsya - 20.4 Volyn - 16.3	*Calendar Year 2007:* **Ukraine - 17.2** Kharkiv - 10.8 Lviv - 11.2 Dnipropetrovsk - 19.4 Odessa - 24.9 Poltava - 20.5 Vinnytsya - 18.4 Volyn - 15.5 Cherkasy - 12.5 Donetsk - 18.8 Ivano-Frankivsk - 8.4 Khmelnytsky - 13.9 Rivne - 10.2 Zaporizhya - 18.2	*Calendar Year 2008:* **Ukraine – 16.6** Kharkiv – 10.3 Lviv – 11.2 Dnipropetrovsk – 18.8 Odessa – 23.5 Poltava – 20.8 Vinnytsya – 19.2 Volyn – 15.4 Cherkasy – 11.2 Donetsk – 18.3 Ivano-Frankivsk – 7.8 Khmelnytsky – 13.2 Rivne – 10.2 Zaporizhya – 16.4	- Data reported here are based on MOH facilities only. - The MOH reports a *total* abortion rate for Ukraine, including other ministries and the private sector, of 18.0 in 2008, but this is probably an underestimate. *See Notes on Data in this Report (page 28)*
Abortion ratio (for Ukraine & TfH oblasts)			*Definition:* Number of induced abortions per 1,000 live births *Source:* MOH statistics		
Calendar Year 2005: **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9 Dnipropetrovsk - 723.2 Odessa - 712.1 Poltava - 737.1 Vinnytsya - 641.1 Volyn - 379.7 Cherkasy - 475.5 Donetsk - 766.0 Ivano-Frankivsk - 226.0 Khmelnytsky - 407.1 Rivne - 226.7 Zaporizhya - 648.4	*Calendar Year 2005:* **Ukraine - 587.2** Kharkiv - 513.2 Lviv - 354.9	*Calendar Year 2006:* **Ukraine - 503.0** Kharkiv - 419.2 Lviv - 329.8 Dnipropetrovsk - 595.1 Odessa - 637.8 Poltava - 572.1 Vinnytsya - 527.5 Volyn - 314.4	*Calendar Year 2007:* **Ukraine - 448.0** Kharkiv - 332.8 Lviv - 274.1 Dnipropetrovsk - 523.1 Odessa - 579.6 Poltava - 598.0 Vinnytsya - 461.9 Volyn - 293.9 Cherkasy - 357.6 Donetsk - 551.9 Ivano-Frankivsk - 186.7 Khmelnytsky - 344.8 Rivne - 197.3 Zaporizhya - 495.5	*Calendar Year 2008:* **Ukraine – 399.6** Kharkiv - 292.8 Lviv - 261.1 Dnipropetrovsk - 461.4 Odessa - 515.3 Poltava - 549.3 Vinnytsya - 450.3 Volyn - 266.4 Cherkasy – 303.9 Donetsk - 487.2 Ivano-Frankivsk - 166.8 Khmelnytsky - 305.1 Rivne - 181.8 Zaporizhya - 418.8	Data reported here are based on MOH facilities only. TfH estimates a total abortion ratio for Ukraine, including other ministries and the private sector, of 425.8 in 2008, but this is probably an underestimate. *See Notes on Data in this Report (page 28)*

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Comments:
Registered IUD and hormonal contraception rate (for Ukraine & TfH oblasts)			*Definition:* Number of women 15-49 registered as users of IUDs or hormonal contraceptives per 1,000 women 15-49 *Source:* MOH statistics		
Calendar Year 2005: **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4 Dnipropetrovsk - 251.4 Odessa - 330.6 Poltava - 297.7 Vinnytsya - 305.1 Volyn - 270.7 Cherkasy - 176.1 Donetsk - 341.6 Ivano-Frankivsk - 328.4 Khmelnytsky - 400.1 Rivne - 265.7 Zaporizhya - 387.1	*Calendar Year 2005:* **Ukraine - 289.5** Kharkiv - 310.5 Lviv - 272.4	*Calendar Year 2006:* **Ukraine - 297.2** Kharkiv - 328.0 Lviv - 282.7 Dnipropetrovsk - 268.5 Odessa - 335.2 Poltava - 295.3 Vinnytsya - 303.9 Volyn - 249.5	*Calendar Year 2007:* **Ukraine – 302.5** Kharkiv – 362.0 Lviv – 279.8 Dnipropetrovsk – 280.5 Odessa – 341.6 Poltava – 296.7 Vinnytsya – 301.7 Volyn – 229.0 Cherkasy – 182.2 Donetsk – 353.2 Ivano-Frankivsk – 387.1 Khmelnytsky – 390.9 Rivne – 253.9 Zaporizhya – 383.5	*Calendar Year 2008:* **Ukraine - 308.4** Kharkiv - 355.4 Lviv - 286.7 Dnipropetrovsk - 308.1 Odessa - 331.4 Poltava - 302.0 Vinnytsya - 284.8 Volyn - 234.3 Cherkasy - 196.2 Donetsk - 366.3 Ivano-Frankivsk – 369.1 Khmelnytsky - 400.3 Rivne - 248.6 Zaporizhya - 394.1	
Result 1: Improved service provider skills and behaviors related to FP/RH					
Number of people trained on FP/RH during the year with USG funds, disaggregated by type of participant			*Definition:* N/A *Source:* TfH training data **(Includes ALL clinical and pharmacy trainers, health providers, pharmacists, BCC educators, health care managers and opinion leaders)**		
0	**Total: 51** Kharkiv - 2 Lviv - 3 Dnipropetrovsk - 3 Odessa - 1 Vinnytsa - 1 Donetsk – 4 Zaporizhya – 1 Ivano-Frankisk - 1 Kyiv, other - 35	**Total: 2,974** Kharkiv - 1,267 Lviv - 1,005 Dnipropetrovsk - 126 Odessa - 0 Poltava - 201 Vinnytsa - 144 Volyn - 124 Kyiv, other - 107	**Total - 3,147** Kharkiv - 597 Lviv - 496 Dnipropetrovsk - 462 Odessa - 292 Poltava - 445 Vinnytsya - 452 Volyn - 397 Kyiv, other – 6	**Total – 2,520** Kharkiv – 187 Lviv – 143 Dnipropetrovsk – 102 Odessa – 88 Poltava – 158 Vinnytsya – 123 Volyn – 143 Cherkasy – 204 Donetsk – 194 Ivano-Frankivsk – 262 Khmelnytsky – 211 Rivne – 209 Zaporizhya – 271 Kyiv, other – 225	See Supplementary Table 4.b for data by gender.

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Comments:
Percent (%) of FP/RH providers with positive attitudes to modern contraceptive methods			*Definition:* "Positive attitude" means that the provider rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera, POPs. *Source:* TfH assessments (Provider Knowledge, Attitudes and Practices)		
N/A	N/A	N/A	*Baseline in Dnipro-petrovsk, Odessa, Poltava, Vinnytsya, Volyn:* **59%**	N/A	- No data are available for Project Years 1 and 2, since the Provider Knowledge, Attitudes and Practices survey was only introduced toward the end of Year 2. - Data for the endline assessments in 5 oblasts were collected in Year 4 and will be reported in Year 5.
Average pre- and post-test scores of trained health providers (by TfH oblast, %)			*Definition:* N/A *Source:* TfH training data		
N/A	N/A	**Total – 59/91** Kharkiv - 48/87 Lviv - 56/89 Dnipropetrovsk – 59/90 Poltava – 68/98 Vinnytsya – 73/93 Volyn – 68/99	**Total – 56/93** Kharkiv – 54/91 Lviv – 57/95 Dnipropetrovsk – 60/89 Poltava – 59/92 Vinnytsya – 49/98 Volyn – 53/95 Odessa – 59/91	**Total – 58/93** Kharkiv – 67/89 Lviv – 51/95 Dnipropetrovsk – 57/85 Odessa – 60/96 Poltava – 54/92 Vinnytsya – 48/98 Volyn – 51/95 Cherkasy – 64/96 Donetsk – 60/92 Ivano-Frankivsk – 53/83 Khmelnytsky – 57/96 Rivne – 53/97 Zaporizhya – 68/92	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Comments:
Result 2: Improved client knowledge, attitudes and use of appropriate FP/RH services and products					
Number of people reached by BCC			*Definition:* Includes people reached through education sessions, interpersonal communications, special events, mass media and IEC materials during the year *Source:* Project documents		
N/A	**55**	**2,024,397**	**3,829,974**	**8,416,213**	
Percent (%) of RH clients with positive attitudes to modern contraceptive methods			*Definition:* "Positive attitude" means that the provider rated the method as "good" or "very good;" modern contraceptive methods means condoms, IUDs, COCs, LAM, EC, female sterilization, male sterilization, patch, ring, depo-provera, POPs. *Source:* TfH assessments (Client Exit Questionnaire)		
	Baseline in Kharkiv and Lviv: **29%**	*Endline in Kharkiv and Lviv:* **43%**	*Baseline in Dnipro-petrovsk, Odessa, Poltava, Vinnytsya, Volyn* **29%**	N/A	Data for the endline assessments in 5 oblasts were collected in Year 4 and will be reported in Year 5.
Result 3: Increased availability, accessibility and affordability of contraceptives					
Couple-Years of Protection (CYPs) in USG-supported oblasts (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations		
August 2004 – July 2005 **Ukraine - 485,655** Kharkiv – 30,874 Lviv – 28,979	*August 2005– July 2006* **Ukraine - 643,836** Kharkiv – 57,731 Lviv – 35,263 *Baseline:* Dnipropetrovsk – 61,251 Odessa – 22,696 Poltava – 39,966 Vinnytsya – 13,392 Volyn – 12,648	*August 2006 – July 2007* **Ukraine - 716,013** Kharkiv – 52,507 Lviv – 37,475 Dnipropetrovsk – 67,030 Odessa – 33,568 Poltava – 44,455 Vinnytsya – 14,128 Volyn – 15,752 *Baseline:* Cherkasy – 22,894 Donetsk – 44,723 Ivano-Frankivsk – 19,45 Khmelnytsky – 16,299 Rivne – 16,502 Zaporizhya – 34,037	*August 2007– July 2008* **Ukraine – 796,889** Kharkiv – 56,205 Lviv – 43,075 Dnipropetrovsk – 85,929 Odessa – 36,518 Poltava – 44,697 Vinnytsya – 18,047 Volyn – 18,790 Cherkasy – 21,173 Donetsk – 43,011 Ivano-Frankivsk – 9,433 Khmelnytsky – 17,977 Rivne – 14,831 Zaporizhya – 29,914	*August 2008– July 2009* **Ukraine – 839,470** Kharkiv – 51,678 Lviv – 29,143 Dnipropetrovsk– 106,236 Odessa – 39,446 Poltava – 30,593 Vinnytsya – 20,296 Volyn – 19,628 Cherkasy – 18,642 Donetsk – 40,706 Ivano-Frankivsk – 13,878 Khmelnytsky – 22,678 Rivne – 14,244 Zaporizhya – 33,991	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Comments:
Couple-Years of Protection (CYPs) in USG-supported oblasts from condoms (for Ukraine & TfH oblasts)			*Definition: See Notes on Data in this Report (page 28)* *Source:* Private sector data on contraceptive sales from SMD; public sector data on contraceptive procurements from MOH and partner oblasts plus project data on USAID donations		
August 2004 – July 2005 **Ukraine - 155,377** Kharkiv – 7,833 Lviv – 14,612	*August 2005– July 2006* **Ukraine - 224,360** Kharkiv – 20,036 Lviv – 18,281 *Baseline:* Dnipropetrovsk – 24,095 Odessa – 10,756 Poltava – 12,709 Vinnytsya – 4,224 Volyn – 3,447	*August 2006 – July 2007* **Ukraine - 263,568** Kharkiv – 25,791 Lviv – 20,413 Dnipropetrovsk – 28,182 Odessa – 15,306 Poltava – 15,177 Vinnytsya – 4,605 Volyn – 5,204 *Baseline:* Cherkasy – 6,586 Donetsk – 16,547 Ivano-Frankivsk – 4,553 Khmelnytsky – 3,928 Rivne – 4,850 Zaporizhya – 14,211	*August 2007– July 2008* **Ukraine - 305,384** Kharkiv – 26,258 Lviv – 22,623 Dnipropetrovsk – 37,756 Odessa – 16,622 Poltava – 16,595 Vinnytsya – 5,216 Volyn – 5,953 Cherkasy – 5,982 Donetsk – 16,652 Ivano-Frankivsk – 4,440 Khmelnytsky – 6,504 Rivne – 5,877 Zaporizhya – 14,047	*August 2008– July 2009* **Ukraine – 322,078** Kharkiv – 22,982 Lviv – 14,859 Dnipropetrovsk – 37,259 Odessa – 16,634 Poltava – 15,005 Vinnytsya – 7,348 Volyn – 6,915 Cherkasy – 8,265 Donetsk – 16,910 Ivano-Frankivsk – 8,433 Khmelnytsky – 11,447 Rivne – 8,249 Zaporizhya – 19,178	
Cumulative number of new access points for FP/RH services with at least one health provider trained by TfH (TfH oblasts)			*Definition:* These are cumulative numbers. *Source:* Project documents		
0	N/A	**Total - 343** Kharkiv - 139 Lviv - 159 Dnipropetrovsk - 7 Poltava - 19 Vinnytsa - 6 Volyn - 13	**Total – 743** Kharkiv - 196 Lviv – 211 Dnipropetrovsk – 53 Odessa – 20 Poltava – 87 Vinnytsya – 92 Volyn – 79	**Total - 1,155** Kharkiv – 211 Lviv – 234 Dnipropetrovsk – 84 Odessa – 50 Poltava – 122 Vinnytsya – 117 Volyn – 107 Cherkasy – 35 Donetsk – 17 Ivano-Frankivsk – 29 Khmelnytsky – 48 Rivne – 61 Zaporizhya – 40	

Baseline	Project Year 1/FY 2006	Project Year 2/FY 2007	Project Year 3/FY 2008	Project Year 4/FY 2009	Comments:
Result 4: Increased capacity and commitment of the public and private sectors to support policies and systems for improved reproductive health					
Number of documents adopted by GOU (at national and local levels) that demonstrate commitment to FP/RH.			*Definition:* Includes legal/policy documents as well as FP/RH manuals/curricula/ guidelines/protocols developed/updated and approved by relevant government institution *Source:* Project documents		
0	**2**	**5**	**25**	**16**	
Estimated contribution of *public* sector partners (MOH, OHDs, local health facilities, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents		
$0	**$9,934**	**$162,062**	**$560,521**	**$613,815**	
Estimated contribution of *private* sector partners (pharmaceutical manufacturers and distributors, SMD, NGOs, mass media, etc.) to FP/RH in cash or in-kind			*Definition:* N/A *Source:* Project documents		
$0	**$29,398**	**$250,551**	**$428,609**	**$223,487**	

Supplementary Tables

Table 1: Abortion Rate and Ratio, Ukraine and TfH Oblasts, 2005 – 2008

	Abortion Rate				Abortion Ratio			
	2005	2006	2007	2008	2005	2006	2007	2008
Ukraine	**19.5**	**18.6**	**17.2**	**16.6**	**586.7**	**503.0**	**448.0**	**399.6**
Cherkasy	14.4	12.9	12.5	11.2	322.5	382.0	357.6	303.9
Dnipropetrovsk	22.6	21.3	19.4	18.8	723.2	595.1	523.1	461.4
Donetsk	22.0	19.8	18.8	18.3	766.0	608.3	551.9	487.2
Ivano-Frankivsk	9.2	8.5	8.4	7.8	227.1	195.2	186.7	166.8
Kharkiv	14.2	12.8	10.8	10.3	513.2	419.2	332.8	292.8
Khmelnytsky	13.8	14.3	13.9	13.2	291.0	360.9	344.8	305.1
Lviv	13.5	13.3	11.2	11.2	354.9	329.8	274.1	261.1
Odessa	26.4	25.4	24.9	23.5	714.5	637.8	579.6	515.3
Poltava	21.5	20.0	20.5	20.8	739.0	572.1	598.0	549.3
Rivne	10.1	11.5	10.2	10.2	227.3	222.1	197.3	181.8
Vinnytsya	22.2	20.4	18.4	19.2	641.1	527.5	461.9	450.3
Volyn	17.8	16.3	15.5	15.4	379.7	314.4	293.9	266.4
Zaporizhya	21.5	21.9	18.2	16.4	699.9	624.7	495.5	418.8

Source: MOH of Ukraine

N.B. The MOH this year began collecting statistics on abortions from the ministries of defense, internal affairs, transportation and communications and other ministries, as well as from the Academy for Medical Sciences and the private sector. For purposes of comparison with past years, TfH has included abortion and live births data *for the MOH system only* in the above table.

However, the project also calculates the abortion rate and ratios as follows:

- When the reported 16,326 abortions performed outside the MOH system are added to the 201,087 procedures within the MOH system, there were a total of 217,413 abortions reported nationwide. This yields a **total abortion rate for the country of 18.0/1,000 women aged 15-49**.
- Based on the 217,413 total reported abortions (including MOH and non-MOH facilities) and the total number of 510,589 live births reported by the State Statistics Committee in 2008 (including MOH and non-MOH facilities), TfH calculates **an abortion ratio of 425.8/1,000 live births** for the country.

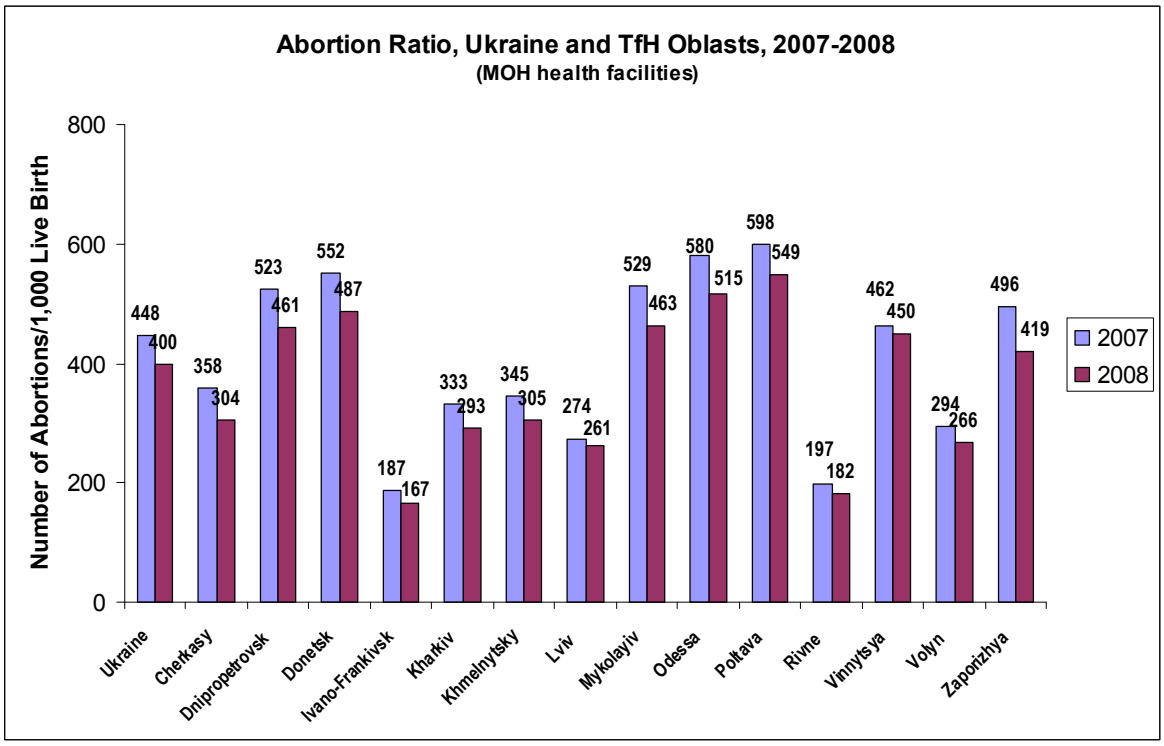


Table 2: Registered IUD and Hormonal Contraception Use Rate (per 1,000 WRA), Ukraine and TfH Oblasts, 2005 – 2008

	Hormonal methods				IUDs				TOTAL			
	2005	2006	2007	2008	2005	2006	2007	2008	2005	2006	2007	2008
Ukraine	**148.6**	**158.8**	**166.3**	**174.3**	**140.9**	**138.4**	**136.2**	**134.1**	**289.5**	**297.2**	**302.5**	**308.4**
Cherkasy	79.1	79.3	88.6	107.8	97.0	95.5	93.6	88.4	176.1	174.8	182.2	196.2
Dnipropetrovsk	104.8	117.0	126.2	147.0	144.7	151.5	154.3	161.2	249.4	268.6	280.5	308.1
Donetsk	186.2	207.4	209.6	226.6	155.4	146.8	143.6	139.7	341.6	354.2	353.2	366.3
Ivano-Frankivsk	148.0	174.4	187.0	175.1	180.4	189.4	200.1	194.0	328.4	363.8	387.1	369.1
Kharkiv	166.3	181.3	205.6	202.7	144.2	146.6	156.4	152.7	310.5	328.0	362.0	355.4
Khmelnytsky	203.0	199.2	212.5	211.6	197.9	194.0	178.4	188.8	400.9	393.2	390.9	400.3
Lviv	190.6	199.3	196.1	198.7	81.8	83.4	83.7	88.1	272.4	282.7	279.8	286.7
Odessa	148.4	156.3	168.5	171.0	182.2	178.9	173.1	160.4	330.6	335.2	341.6	331.4
Poltava	125.5	128.1	132.9	136.7	172.2	167.3	163.8	165.3	297.7	295.3	296.7	302.0
Rivne	126.7	135.7	131.9	133.0	139.1	133.6	122.0	115.6	265.7	269.3	253.9	248.6
Vinnytsya	153.4	161.0	164.4	158.0	151.7	142.9	137.3	126.9	305.1	303.9	301.7	284.8
Volyn	116.0	119.2	121.7	130.3	154.7	130.3	107.3	104.1	270.7	249.4	229.0	234.3
Zaporizhya	213.5	209.7	210.3	218.9	173.7	174.2	173.2	175.2	387.1	383.9	383.5	394.1

Source: MOH of Ukraine

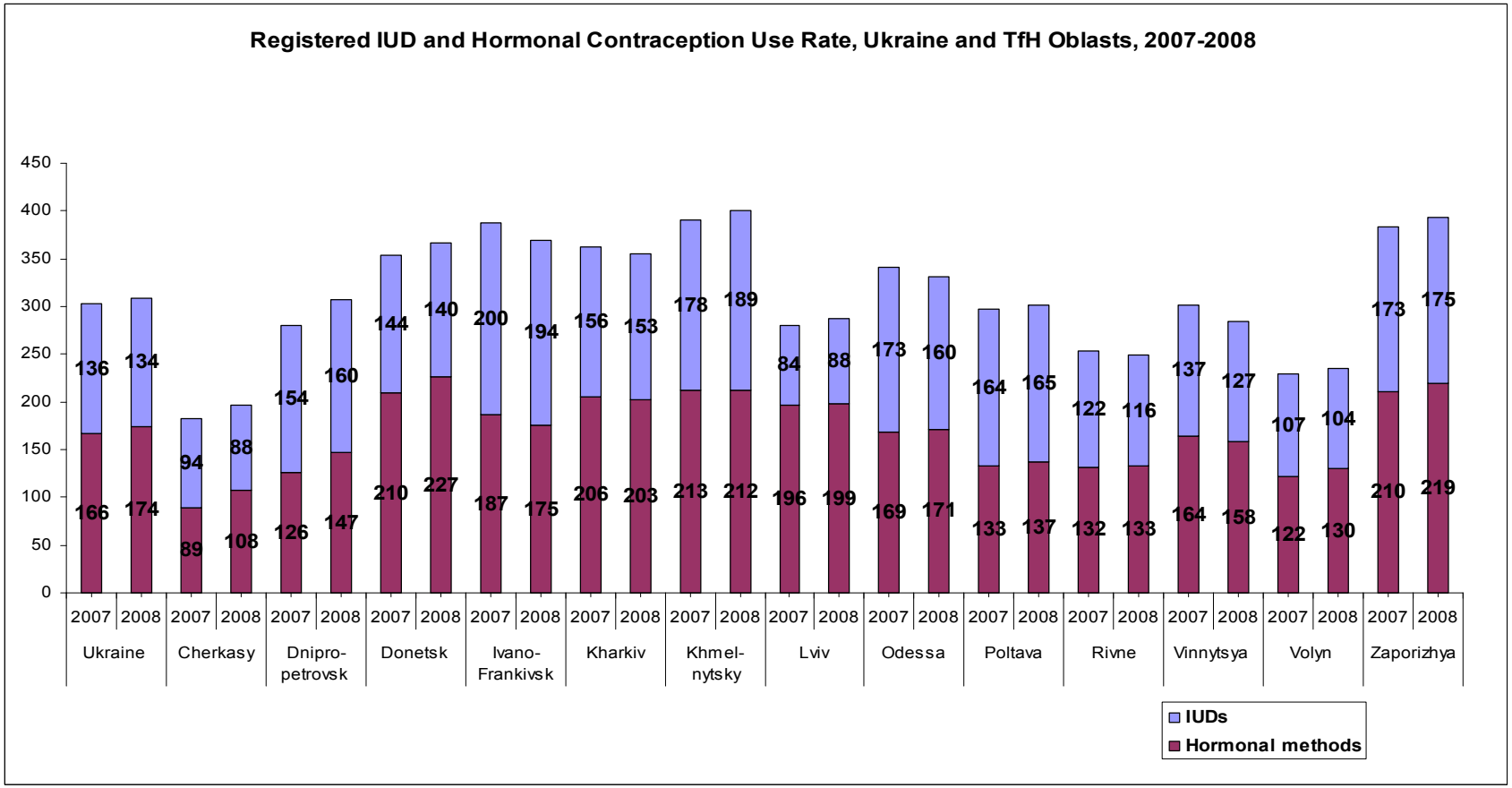

Registered IUD and Hormonal Contraception Use Rate, Ukraine and TfH Oblasts, 2007-2008
450
400
350
300
250
200
150
100
50
0
136
134
166
174
94
88
89
108
154
160
126
147
144
140
210
227
200
194
187
175
156
153
206
203
178
189
213
212
84
88
196
199
173
160
169
171
164
165
133
137
122
116
132
133
137
127
164
158
107
104
122
130
173
175
210
219
2007
2008
Ukraine
Cherkasy
Dnipro-petrovsk
Donetsk
Ivano-Frankivsk
Kharkiv
Khmel-nytsky
Lviv
Odessa
Poltava
Rivne
Vinnytsya
Volyn
Zaporizhya
IUDs
Hormonal methods

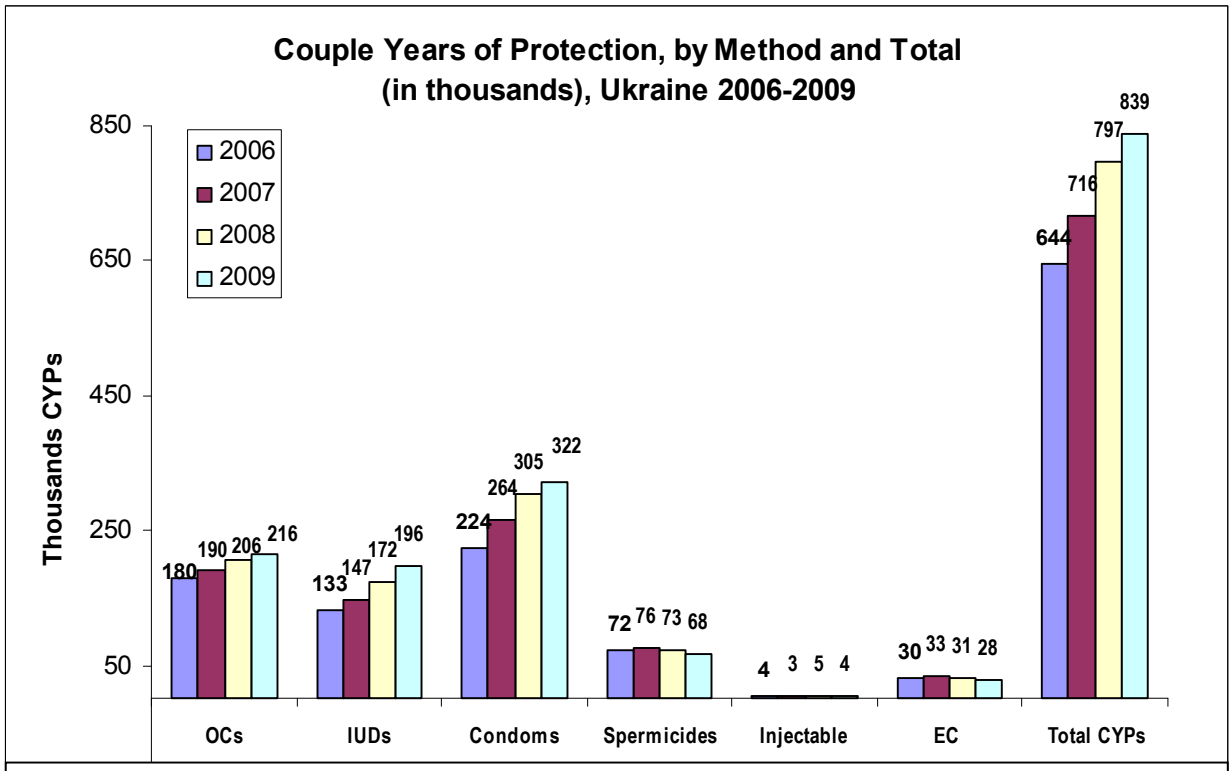
Table 3: Couple-Years of Protection (CYPs), Ukraine & TfH Oblasts, by Method, 2005 - 2009

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs
Ukraine					
COCs	140,359	179,832	190,346	206,038	216,279
POP (Exluton)	620	430	438	617	742
IUDs	108,626	132,598	146,969	172,022	195,776
Condoms	155,377	224,360	263,568	305,384	322,078
Spermicides	54,743	71,884	75,805	72,502	68,045
Injectable	2,728	3,560	3,264	4,635	3,842
Patch	24	434	797	1,923	1,989
NuvaRing	0	535	1,573	2,473	2,904
EC (Postinor)	23,178	30,202	33,253	31,296	27,816
Total CYPs	**485,655**	**643,836**	**716,013**	**796,889**	**839,470**
Kharkiv					
COCs	7,818	9,771	9,230	10,640	11,251
POP (Exluton)	28	26	19	24	139
IUDs	9,198	19,145	9,034	11,634	10,448
Condoms	7,833	20,036	25,791	26,258	22,982
Spermicides	4,030	6,139	5,890	4,791	4,550
Injectable	279	166	44	89	52
Patch	5	62	74	543	314
NuvaRing	0	15	27	57	77
EC (Postinor)	1,683	2,371	2,399	2,169	1,865
Total CYPs	**30,874**	**57,731**	**52,507**	**56,205**	**51 678**
Lviv					
COCs	5,301	6,177	6,670	5,821	5,238
POP (Exluton)	18	3	12	16	5
IUDs	5,072	6,146	5,530	10,546	5,817
Condoms	14,612	18,281	20,413	22,623	14,859
Spermicides	2,482	2,875	2,777	2,202	1,783
Injectable	102	158	147	211	122
Patch	1	15	8	24	33
NuvaRing	0	19	104	49	65
EC (Postinor)	1,392	1,588	1,814	1,583	1,220
Total CYPs	**28,979**	**35,263**	**37,475**	**43,075**	**29,143**
Dnipropetrovsk					
COCs	6,513	17,210	17,952	19,402	21,741
POP (Exluton)	12	23	31	57	108
IUDs	9,989	9,170	8,810	17,042	17,819
Condoms	13,144	24,095	28,182	37,756	37,259
Spermicides	2,974	7,379	7,813	7,407	25,467
Injectable	96	301	301	373	414
Patch	2	139	194	294	356
NuvaRing	0	84	271	372	421
EC (Postinor)	976	2,850	3,477	3,227	2,651
Total CYPs	**33,706**	**61,251**	**67,030**	**85,929**	**106,236**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs
Odessa					
COCs	4,511	5,054	7,776	11,332	13,820
POP (Exluton)	13	9	12	38	37
IUDs	2,121	2,898	5,992	2,926	1,649
Condoms	13,882	10,756	15,306	16,622	16,634
Spermicides	2,461	2,754	2,830	3,349	4,542
Injectable	69	150	114	89	92
Patch	2	26	76	170	288
NuvaRing	0	33	105	179	251
EC (Postinor)	1,092	1,015	1,357	1,813	2,134
Total CYPs	**24,152**	**22,696**	**33,568**	**36,518**	**39,446**
Poltava					
COCs	5,768	9,718	10,955	8,866	6,913
POP (Exluton)	4	18	12	16	11
IUDs	8,271	11,855	11,743	14,791	5,562
Condoms	8,294	12,709	15,177	16,595	15,005
Spermicides	2,324	4,167	4,933	3,280	2,318
Injectable	28	341	165	143	33
Patch	0	0	9	53	99
NuvaRing	0	0	4	4	11
EC (Postinor)	695	1,157	1,459	949	643
Total CYPs	**25,383**	**39,966**	**44,455**	**44,697**	**30,593**
Vinnytsya					
COCs	3,503	4,737	4,647	5,595	5,484
POP (Exluton)	18	9	10	20	5
IUDs	2,695	1,600	1,964	3,843	4,568
Condoms	3,683	4,224	4,605	5,216	7,348
Spermicides	1,723	2,159	2,182	2,404	2,167
Injectable	24	49	13	180	93
Patch	0	0	5	59	75
NuvaRing	0	3	12	52	96
EC (Postinor)	473	610	690	679	461
Total CYPs	**12,118**	**13,392**	**14,128**	**18,047**	**20,296**
Volyn					
COCs	3,355	4,484	4,583	4,674	3,677
POP (Exluton)	7	15	9	20	14
IUDs	2,790	2,202	3,206	5,481	7,350
Condoms	3,314	3,447	5,204	5,953	6,915
Spermicides	1,248	1,544	1,675	1,538	1,018
Injectable	69	152	107	147	87
Patch	0	0	0	0	0
NuvaRing	0	0	0	0	0
EC (Postinor)	782	805	968	977	568
Total CYPs	**11,566**	**12,648**	**15,752**	**18,790**	**19,628**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs
Cherkasy					
COCs	3,716	5,690	6,781	5,969	4,908
POP (Exluton)	11	6	3	1	5
IUDs	2,727	3,042	5,079	5,173	2,366
Condoms	4,282	5,385	6,586	5,982	8,265
Spermicides	1,805	2,833	3,312	3,030	2,312
Injectable	40	33	31	28	26
Patch	0	0	0	13	14
NuvaRing	0	0	16	21	27
EC (Postinor)	643	1,029	1,085	955	718
Total CYPs	**13,223**	**18,018**	**22,894**	**21,173**	**18,642**
Donetsk					
COCs	15,036	18,221	15,603	13,927	13,897
POP (Exluton)	67	52	42	89	61
IUDs	3,203	6,192	5,950	6,370	4,494
Condoms	10,635	16,591	16,547	16,652	16,910
Spermicides	4,704	5,212	4,532	4,064	3,531
Injectable	206	203	85	118	194
Patch	9	37	62	83	78
NuvaRing	0	14	4	79	100
EC (Postinor)	1,836	2,016	1,898	1,627	1,442
Total CYPs	**35,696**	**48,538**	**44,723**	**43,011**	**40,706**
Ivano-Frankivsk					
COCs	3,518	4,401	3,349	2,181	2,058
POP (Exluton)	14	0	1	2	0
IUDs	8,358	5,397	9,741	1,442	2,037
Condoms	7,300	6,796	4,553	4,440	8,433
Spermicides	1,328	1,557	1,051	764	730
Injectable	121	34	72	136	128
Patch	0	1	4	9	6
NuvaRing	0	1	1	2	2
EC (Postinor)	792	912	684	457	483
Total CYPs	**21,431**	**19,099**	**19,454**	**9,433**	**13,878**
Khmelnytsky					
COCs	4,638	3,761	4,084	3,686	3,735
POP (Exluton)	0	0	0	2	0
IUDs	1,456	956	6,531	6,052	5,856
Condoms	2,105	2,009	3,928	6,504	11,447
Spermicides	997	910	1,185	1,112	1,091
Injectable	83	28	17	28	26
Patch	0	0	1	3	3
NuvaRing	0	0	0	4	7
EC (Postinor)	456	376	553	587	514
Total CYPs	**9,733**	**8,039**	**16,299**	**17,977**	**22,678**

Contraceptive Method	2005 CYPs	2006 CYPs	2007 CYPs	2008 CYPs	2009 CYPs
Rivne					
COCs	2,958	2,733	2,726	2,999	2,762
POP (Exluton)	4	0	0	0	0
IUDs	2,842	4,309	6,545	3,080	1,460
Condoms	2,385	4,341	4,850	5,877	8,249
Spermicides	1,409	1,443	1,591	1,927	1,236
Injectable	40	22	17	47	20
Patch	0	0	0	0	0
NuvaRing	0	0	0	0	0
EC (Postinor)	556	729	773	901	517
Total CYPs	**10,195**	**13,577**	**16,502**	**14,831**	**14,244**
Zaporizhya					
COCs	5,678	6,726	11,207	8,525	8,446
POP (Exluton)	15	0	6	24	28
IUDs	2,160	3,031	3,024	2,608	2,013
Condoms	3,495	9,619	14,211	14,047	19,178
Spermicides	1,928	2,470	3,635	3,178	2,805
Injectable	287	385	198	131	61
Patch	0	11	36	41	100
NuvaRing	0	38	122	132	121
EC (Postinor)	660	918	1,598	1,230	1,239
Total CYPs	**14,222**	**23,197**	**34,037**	**29,914**	**33,991**



N.B. OCs includes both COCs and POPs; the patch and the ring are omitted because the CYPs are too low to be visible in the graphs.

Table 4.a: Number of People Trained on FP/RH in Project Year 4 with USG Funds, TfH Oblasts and Total, by Type of Training

	TOTAL	Trainings of Trainers			Trainings/Seminars					
		Total (TOT)	Clinical	Pharmacy	Total (Trainings/ Seminars)	Clinical	BCC Educators/ Leaders	Pharmacists	Policy	Other*
Cherkasy	**204**	7	7	0	197	161	24	0	0	12
Dnipropetrovsk	**102**	0	0	0	102	62	0	0	40	0
Donetsk	**194**	15	15	0	179	141	5	0	33	0
Ivano-Frankivsk	**262**	13	13	0	249	145	56	0	28	20
Kharkiv	**187**	25	0	25	162	40	0	68	44	10
Khmelnytsky	**211**	12	12	0	199	158	31	0	0	10
Kyiv[#]	**225**	32	0	32	193	0	0	10	149	34
Lviv	**143**	33	0	33	110	41	0	27	42	0
Odessa	**88**	0	0	0	88	78	0	0	10	0
Poltava	**158**	0	0	0	158	67	30	0	61	0
Rivne	**209**	0	0	0	198	147	11	0	23	17
Vinnytsya	**123**	11	11	0	123	82	0	0	41	0
Volyn	**143**	0	0	0	143	73	0	0	70	0
Zaporizhya	**271**	48	14	34	223	163	39	0	14	7
TOTAL	**2,520**	**196**	**72**	**124**	**2,324**	**1,358**	**196**	**105**	**555**	**110**

* Other trainings include: oblast study tours, project strategic planning meeting, working meetings with oblast technical coordinators

[#] The events in Kyiv were for participants from, or working in, Kyiv and other oblasts

Table 4.b: Number of People Trained on FP/RH in Project Year 4 with USG Funds, by Oblast and Gender, Project Year 4

	Total		Trainings of Trainers		Trainings/Seminars*	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Cherkasy	24	180	1	6	23	174
Dnipropetrovsk	8	54	0	0	8	54
Donetsk	10	156	3	12	7	144
Ivano-Frankivsk	41	193	2	11	39	182
Kharkiv	16	127	6	19	10	108
Khmelnytsky	32	179	2	10	30	169
Kyiv/National	15	61	6	26	9	35
Lviv	18	83	8	25	10	55
Odessa	7	71	0	0	7	71
Poltava	20	77	0	0	20	77
Rivne	21	165	1	10	20	155
Vinnytsya	7	75	0	0	7	75
Volyn	7	66	0	0	7	66
Zaporizhya	40	217	12	36	28	181
TOTAL (Number & %)	**266 (13.5%)**	**1,701 (86.5%)**	**41 (20.9%)**	**155 (79.1%)**	**225 (12.7%)**	**1,546 (87.3%)**

* Doesn't include policy trainings/events

Note: Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 5.a: Number of Clinical Trainers Trained in FP/RH, by Oblast and Total, Project Years 2 – 4 and to Date

	Year 2	Year 3	Year 4	To Date
Cherkasy	0	0	7	7
Dnipropetrovsk	12	0	0	12
Donetsk	0	0	15	15
Ivano-Frankivsk	0	0	13	13
Kharkiv	38	0	0	38
Khmelnytsky	0	0	12	12
Lviv	29	0	0	29
Odessa	0	15	0	15
Poltava	16	0	0	16
Rivne	0	0	11	11
Vinnytsya	14	0	0	14
Volyn	11	0	0	11
Zaporizhya	0	0	14	14
Total	**120**	**15**	**72**	**207**

Table 5.b: Number of Clinical Trainers Trained in FP/RH, by Oblast and Gender, Project Year 4 and to Date

	Year 4		To Date	
	Male	Female	Male	Female
Cherkasy	1	6	1	6
Dnipropetrovsk	0	0	1	11
Donetsk	3	12	3	12
Ivano-Frankivsk	2	11	2	11
Kharkiv	0	0	8	30
Khmelnytsky	2	10	2	10
Lviv	0	0	3	26
Odessa	0	0	0	15
Poltava	0	0	2	14
Rivne	1	10	1	10
Vinnytsya	0	0	1	13
Volyn	0	0	0	11
Zaporizhya	2	12	2	12
Total	**11**	**61**	**26**	**181**

Table 6.a: Number of Health Providers Trained in FP/RH, by Oblast, Project Years 2-4 and to Date

	Year 2	Year 3	Year 4	To Date
Cherkasy	0	0	161	161
Dnipropetrovsk	35	220	62	317
Donetsk	0	0	141	141
Ivano-Frankivsk	0	0	145	145
Kharkiv	744	281	40	1,065
Khmelnytsky	0	0	158	158
Lviv	716	279	41	1,036
Odessa	0	162	78	240
Poltava	62	235	67	364
Rivne	0	0	147	147
Vinnytsya	21	220	82	323
Volyn	58	229	73	360
Zaporizhya	0	0	163	163
Total	**1,636**	**1,626**	**1,358**	**4,620**

Table 6.b: Number of Health Providers Trained in FP/RH, by Oblast and Gender, Project Year 4 and to Date

	Year 4		To Date	
	Male	Female	Male	Female
Cherkasy	16	145	20	159
Dnipropetrovsk	8	54	36	255
Donetsk	6	135	6	135
Ivano-Frankivsk	21	124	21	124
Kharkiv	2	38	92	884
Khmelnytsky	23	135	23	135
Kyiv	0	0	0	15
Lviv	8	33	126	813
Odessa	7	71	13	206
Poltava	12	55	37	279
Rivne	12	135	12	135
Vinnytsya	7	75	32	254
Volyn	7	66	32	286
Zaporizhya	18	145	18	145
Total	**147**	**1,211**	**468**	**3,810**

Note: Breakdowns by gender may not always add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 6.c: Number of Health Providers Trained in FP/RH, by Oblast and Type of Provider, Project Year 4 and to Date

	Ob-Gyns	Family doctors/ Internists	Midwives	Feldshers	Nurses	Pediatricians/ Neonatologists	Dermato – venereologists	Other	Total
Year 4									
Cherkasy	61	0	61	0	10	0	1	4	161
Dnipropetrovsk	20	14	25	0	1	1	0	1	62
Donetsk	48	9	41	1	22	0	0	20	141
Ivano-Frankivsk	24	18	15	8	5	1	3	48	145
Kharkiv	6	8	14	0	11	1	0	0	40
Khmelnytsky	54	27	44	13	19	0	0	1	158
Lviv	8	4	13	9	2	0	2	3	41
Odessa	18	5	44	4	3	0	0	4	78
Poltava	10	22	10	4	3	1	0	17	67
Rivne	41	12	50	10	18	0	2	14	147
Vinnytsya	17	9	34	5	11	3	0	3	82
Volyn	11	9	27	3	13	4	0	6	73
Zaporizhya	83	23	46	0	4	1	0	6	163
Total Year 4	**401**	**160**	**424**	**57**	**122**	**12**	**8**	**127**	**1,358**
To Date									
Cherkasy	61	0	61	0	10	0	1	4	161
Dnipropetrovsk	153	26	102	5	15	3	2	11	317
Donetsk	48	9	41	1	22	0	0	20	141
Ivano-Frankivsk	24	18	15	8	5	1	3	48	145
Kharkiv	219	164	176	109	322	49	1	25	1,065
Khmelnytsky	54	27	44	13	19	0	0	1	158
Kyiv	19	1	2	2	0	0	2	0	26
Lviv	385	121	256	93	106	20	19	36	1,036
Odessa	119	16	88	6	7	0	0	4	240
Poltava	142	66	77	16	37	1	1	24	364
Rivne	41	12	50	10	18	0	2	14	147
Vinnytsya	86	60	100	10	56	5	0	6	323
Volyn	108	42	107	41	38	4	2	18	360
Zaporizhya	83	23	46	0	4	1	0	33	190
Total to Date	**1,542**	**585**	**1,165**	**314**	**659**	**84**	**33**	**244**	**4,673**

Note: The totals in this table may not add to the same number as the total number of people trained because of incomplete reporting, e,g, participants not providing their specialty

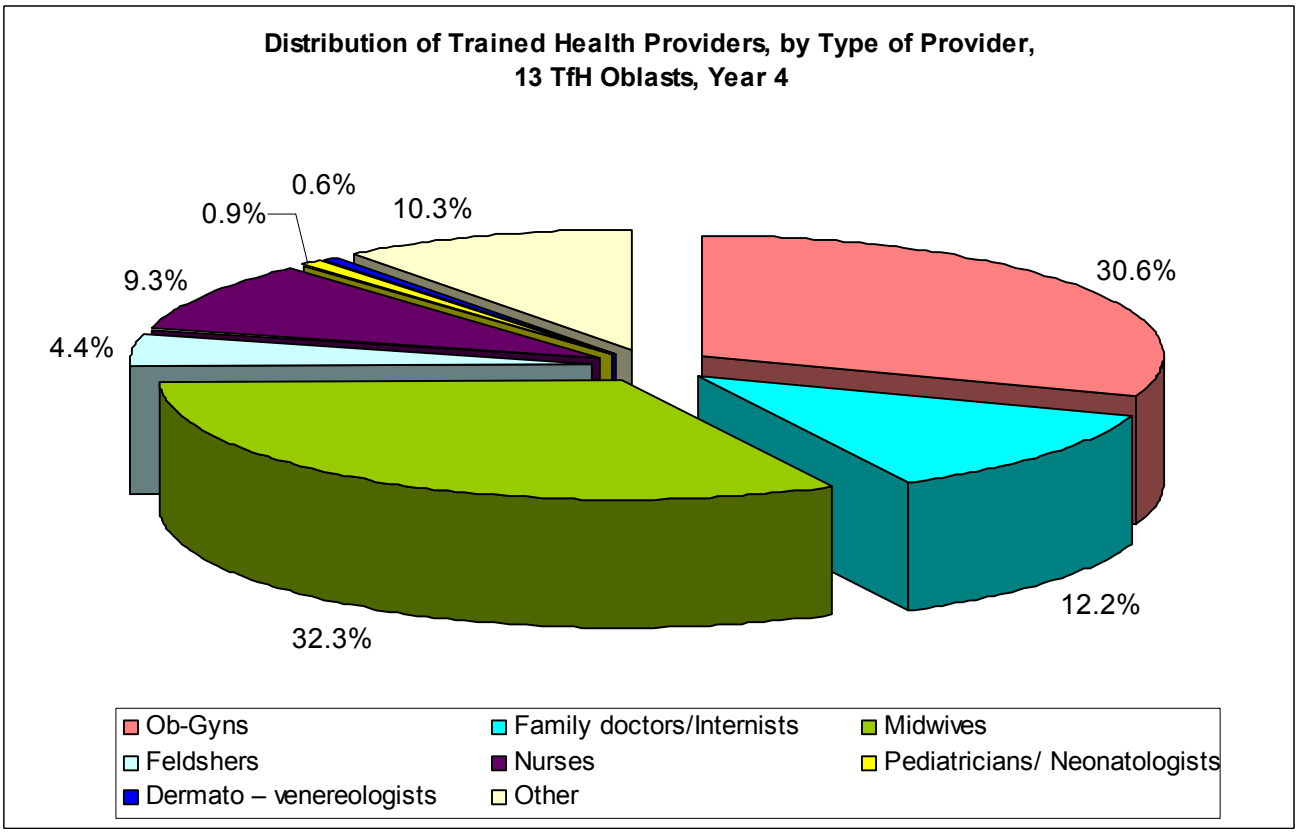

Distribution of Trained Health Providers, by Type of Provider,
13 TfH Oblasts, Year 4
0.6%
0.9%
10.3%
9.3%
30.6%
4.4%
12.2%
32.3%
Ob-Gyns
Family doctors/Internists
Midwives
Feldshers
Nurses
Pediatricians/ Neonatologists
Dermato – venereologists
Other

Table 7: Average Pre- and Post-Test Scores of Trained Health Providers, by Oblast, Project Year 4

	Pre-test Score (%)	Post-test Score (%)
Cherkasy	64	96
Dnipropetrovsk	57	85
Donetsk	60	92
Ivano-Frankivsk	53	83
Kharkiv	67	89
Khmelnytsky	57	96
Lviv	51	95
Odessa	60	96
Poltava	54	92
Rivne	53	97
Vinnytsya	48	98
Volyn	51	95
Zaporizhya	68	92
Total	**58**	**93**

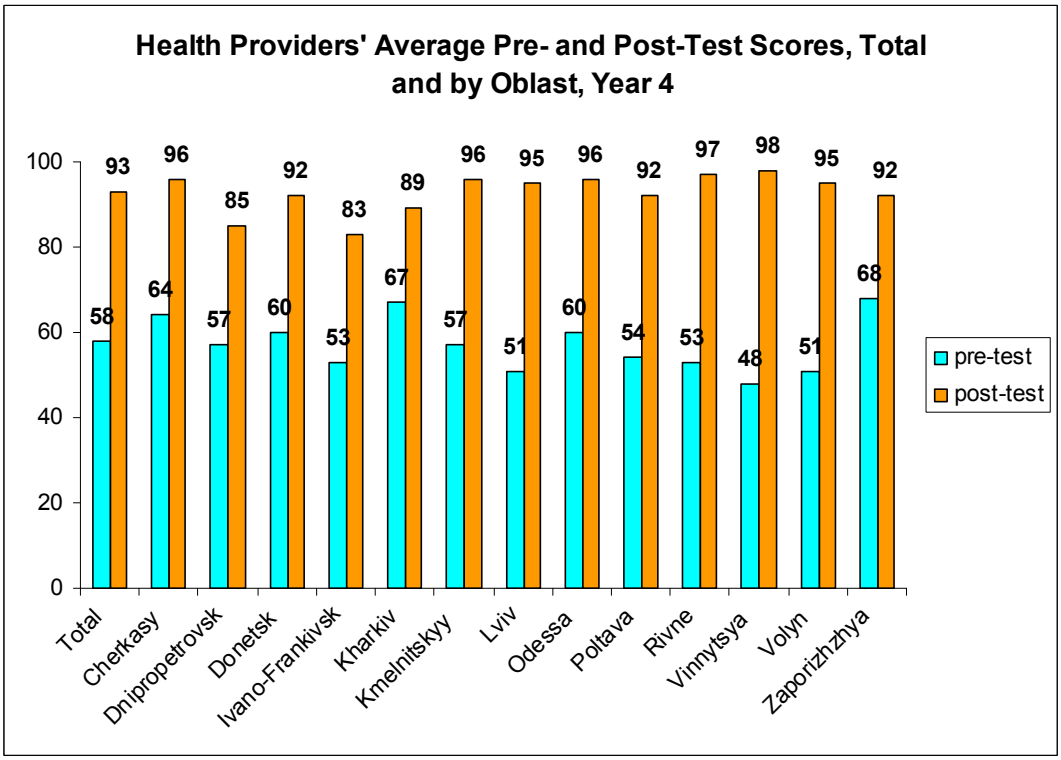


Table 8.a: Number of TfH IEC Brochures Distributed, Project Years 2 - 4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	11,016	11,016
Dnipropetrovsk	4,805	16,570	23,920	45,295
Donetsk	N/A	N/A	12,820	12,820
Ivano-Frankivsk	N/A	N/A	9,412	9,412
Kharkiv	36,945	38,555	32,570	108,070
Khmelnytsky	N/A	N/A	17,947	17,947
Kyiv*	2,765	1,232	0	3,997
Lviv	17,575	17,640	8,750	43,965
Odessa	0	10,990	10,480	21,470
Poltava	23,070	16,075	15,210	54,355
Rivne	N/A	N/A	24,400	24,400
Vinnytsya	1,180	8,772	21,996	31,948
Volyn	5,219	16,652	31,416	53,287
Zaporizhya	N/A	N/A	16,200	16,200
NGOs	1,000	560	0	1,560
Total	**92,559**	**127,046**	**236,137**	**455,742**

* Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads

Table 8.b: Number of TfH Posters distributed, Project Years 2 - 4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	96	96
Dnipropetrovsk	212	361	0	573
Donetsk	N/A	N/A	654	654
Ivano-Frankivsk	N/A	N/A	150	150
Kharkiv	2,620	1,391	400	4,411
Khmelnytsky	N/A	N/A	448	448
Kyiv*	599	586	0	1,185
Lviv	2,155	753	360	3,268
Odessa	0	644	451	1,095
Poltava	1,023	857	146	2,026
Rivne	N/A	N/A	592	592
Vinnytsya	144	450	287	881
Volyn	366	816	280	1,462
Zaporizhya	N/A	N/A	40	40
Total	**7,119**	**5,858**	**3,904**	**16,881**

* Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads

Table 8.c: Number of TfH Videos Distributed, Project Years 2 - 4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	386	386
Dnipropetrovsk	4	73	59	136
Donetsk	N/A	N/A	48	48
Ivano-Frankivsk	N/A	N/A	162	162
Kharkiv	173	38	47	258
Khmelnytsky	N/A	N/A	10	10
Kyiv*	192	71	0	263
Lviv	28	0	125	153
Odessa	0	0	30	30
Poltava	42	10	30	82
Rivne	N/A	N/A	0	0
Vinnytsya	0	0	0	0
Volyn	2	10	0	12
Zaporizhya	N/A	N/A	54	54
Total	**441**	**202**	**951**	**1,594**

* Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.

Table 8.d: Number of "FP-friendly" Logos Distributed, Project Years 2 - 4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	252	252
Dnipropetrovsk	158	529	25	712
Donetsk	N/A	N/A	239	239
Ivano-Frankivsk	N/A	N/A	208	208
Kharkiv	1616	1,244	168	3,028
Khmelnytsky	N/A	N/A	48	48
Kyiv*	348	934	0	1,282
Lviv	0 †	869	140	1,009
Odessa	0	1,110	236	347
Poltava	408	794	111	1,313
Rivne	N/A	N/A	292	292
Vinnytsya	98	860	76	1,034
Volyn	408	1,386	144	1,938
Zaporizhya	N/A	N/A	27	27
Total	**3,036**	**7,726**	**1,966**	**12,728**

* Materials distributed in Kyiv were distributed by the TfH office to various audiences for various purposes, and include distribution through the S.W. Railroads.

† Did not report quantities of logos distributed.

Table 9.a: Number of BCC Community Educators and Leaders Trained on FP/RH, Project Years 2-4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Alushta†	0	24	0	0	24
Cherkasy	N/A	N/A	N/A	24	24
Dnipropetrovsk	0	11	0	0	11
Donetsk	N/A	N/A	N/A	5	5
Ivano-Frankivsk	N/A	N/A	N/A	56	56
Kharkiv	0	23	0	0	23
Khmelnytsky	N/A	N/A	N/A	31	31
Kyiv*	15	0	0	0	15
Lviv	0	31	0	0	31
Odessa	0	0	10	0	10
Poltava	0	9	0	30	39
Rivne	N/A	N/A	N/A	11	11
Vinnytsya	0	0	22	0	22
Volyn	0	0	10	0	10
Zaporizhya	N/A	N/A	N/A	39	39
Total	**15**	**98**	**42**	**196**	**351**

† The Alushta workshop included participants from several oblasts.
* The Kyiv workshop was for the S.W. Railroads.

Table 9.b: Number of BCC Community Educators and Leaders Trained on FP/RH, by Oblast and Gender, Project Year 4 and to Date

	Year 4		To Date	
	Male	Female	Male	Female
Alushta	0	0	8	16
Cherkasy	5	19	5	19
Dnipropetrovsk	0	0	0	11
Donetsk	0	5	0	0
Ivano-Frankivsk	13	43	13	43
Kharkiv	0	0	1	22
Khmelnytsky	3	28	3	28
Kyiv	0	0	15	0
Lviv	0	0	11	20
Odessa	0	0	1	9
Poltava	8	22	9	30
Rivne	5	6	5	6
Vinnytsya	0	0	3	19
Volyn	0	0	2	8
Zaporizhya	10	29	10	29
Total	**44**	**152**	**86**	**260**

Table 10.a: Number of Participants in Educational Sessions on FP/RH, Project Years 1-4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Cherkasy	0	0	0	54	54
Dnipropetrovsk	0	0	3,909	305	4,214
Donetsk	0	0	0	0	0
Ivano-Frankivsk	0	0	0	158	158
Kharkiv	15	2,418	4,387	437	7,257
Khmelnytsky	0	0	0	4,801	4,801
Kyiv*	12	2,055	0	0	2,067
Lviv	0	4,676	2,174	138	6,988
Odessa	0	0	0	25	25
Poltava	0	0	967	29	996
Rivne	0	0	0	38	38
Vinnytsya	0	20	5,032	1,470	6,522
Volyn	0	0	2,794	1,893	4,687
Zaporizhya	0	0	0	159	159
Total	**27**	**9,169**	**19,263**	**9,507**	**37,966**

* Kyiv includes people reached through the S.W. Railroads.

Table 10.b: Number of Participants in Educational Sessions on FP/RH, by Oblast and Gender, Project Year 4 and to Date

	Year 4		To Date	
	Male	Female	Male	Female
Cherkasy	4	50	4	50
Dnipropetrovsk	120	185	1,392	2,822
Donetsk	0	0	0	0
Ivano-Frankivsk	22	136	22	136
Kharkiv	108	329	3,091	4,168
Khmelnytsky	1,998	2,803	1,998	2,803
Kyiv/Railroads	0	0	1,043	1,024
Lviv	63	75	2,416	4,537
Odessa	7	18	7	18
Poltava	6	23	434	557
Rivne	8	30	8	30
Vinnytsya	601	869	1,183	3,081
Volyn	738	1,155	2,398	4,423
Zaporizhya	58	101	58	101
Total (Number & %)	**3,733 (39.3%)**	**5,774 (60.7%)**	**14,054 (37.2%)**	**23,750 62.8%)**

Note: Breakdowns by gender may not always add to the same number as the total number of participants in educational sessions because of incomplete reporting, e.g. participants not providing their full name.

Table 11: Number of BCC Special Events and Approximate Numbers of Participants in these Events, Project Years 2-4 and to Date, by Oblast

	Year 2		Year 3		Year 4		To Date	
	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants	# of Events	Approx # of Participants
Cherkasy	N/A	N/A	N/A	N/A	30	4,437	30	4,437
Dnipropetrovsk	2	234	7	1,890	69	386,583	78	388,707
Donetsk	N/A	N/A	N/A	N/A	34	7,312	34	7,312
Ivano-Frankivsk	N/A	N/A	N/A	N/A	24	2,288	24	2,288
Kharkiv	23	23199	18	46,730	36	28,439	77	98,368
Khmelnytsky	N/A	N/A	N/A	N/A	131	15,267	131	15,267
Kyiv*	4	850	0	0	0	0	4	850
Lviv	6	5,042	9	7,550	19	3,469	34	16,061
Odessa	1	10,000	4	375	33	5,840	38	16,215
Poltava	2	8,000	6	9,030	20	10,245	28	27,275
Rivne	N/A	N/A	N/A	N/A	41	16,007	41	16,007
Vinnytsya	4	520	30	5,369	100	57,413	134	63,302
Volyn	N/A	N/A	31	24,458	105	37,523	136	61,981
Zaporizhya	N/A	N/A	N/A	N/A	61	16,869	61	16,869
NGOs	3	8,070	79	5,772	0	0	82	13,842
Total	**45**	**55,915**	**184**	**101,174**	**703**	**591,692**	**932**	**748,781**

Note: Special events are mass public actions to mark special occasions, such as Valentine's Day, HIV/AIDS Day, Family Planning Week, etc.

* Kyiv includes people reached through the S.W. Railroads and national events.

Table 12.a: Number of Print Articles Distributed, Project Years 1 - 4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Cherkasy	0	0	3	0	3
Dnipropetrovsk	0	0	30	38	68
Donetsk	0	0	0	3	3
Ivano-Frankivsk	0	0	0	6	6
Kharkiv	0	16	8	4	28
Khmelnytsky	0	0	0	27	27
Kyiv*	0	12	7	1	20
Lviv	1	3	6	1	11
Odessa	0	0	5	0	5
Poltava	0	14	18	14	46
Rivne	0	0	0	13	13
Vinnytsya	0	3	20	17	40
Volyn	0	4	15	14	33
Zaporizhya	0	0	0	0	0
NGOs	0	0	2	0	2
Total	**1**	**52**	**114**	**138**	**305**

* Kyiv includes distribution through the S.W. Railroads and national press

Table 12.b: Number of TV Spots/Programs Distributed, Project Years 1 - 4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	1	2	3
Dnipropetrovsk	0	0	15	13	28
Donetsk	N/A	N/A	0	8	8
Ivano-Frankivsk	N/A	N/A	0	11	11
Kharkiv	0	32	43	22	97
Khmelnytsky	N/A	N/A	0	10	10
Kyiv*	0	2	2	0	4
Lviv	6	2	3	9	20
Odessa	0	0	2	1	3
Poltava	0	6	16	19	41
Rivne	N/A	N/A	1	4	5
Vinnytsya	0	1	12	4	17
Volyn	0	2	12	14	28
Zaporizhya	N/A	N/A	0	11	11
NGOs	0	0	3	0	3
Total	**6**	**45**	**110**	**128**	**289**

Note: Kyiv includes distribution through the S.W. Railroads and national media

Table 12.c: Number of Radio Spots/Programs Disseminated, Project Years 1 - 4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	0	0	0
Dnipropetrovsk	0	0	3	1	4
Donetsk	N/A	N/A	0	2	2
Ivano-Frankivsk	N/A	N/A	0	2	2
Kharkiv	0	2	7	1	10
Khmelnytsky	N/A	N/A	0	10	10
Lviv	4	4	7	4	19
Odessa	0	0	0	0	0
Poltava	0	1	4	9	14
Rivne	N/A	N/A	0	1	1
Vinnytsya	0	4	16	10	30
Volyn	0	4	15	13	32
Zaporizhya	N/A	N/A	0	3	3
NGOs	0	0	4	0	4
Total	**4**	**15**	**56**	**56**	**131**

Table 12.d: Number of Internet Articles Disseminated, Project Years 2 - 4 and to Date, by Oblast

	Year 1	Year 2	Year 3	Year 4	To Date
Cherkasy	0	0	2	5	7
Dnipropetrovsk	0	0	1	0	1
Donetsk	0	0	0	0	0
Ivano-Frankivsk	0	0	0	1	1
Kharkiv	0	5	20	3	28
Khmelnytsky	0	0	0	0	0
Kyiv*	0	2	0	0	2
Lviv	1	5	0	0	6
Odessa	0	0	1	0	1
Poltava	0	0	1	1	2
Rivne	0	0	0	1	1
Vinnytsya	0	0	0	0	0
Volyn	0	2	3	2	7
Zaporizhya	0	0	0	0	0
Total	**1**	**14**	**28**	**13**	**56**

* Kyiv includes distribution through the S.W. Railroads

Table 13: Number of People Reached by BCC on FP/RH, Project Year 4, by Oblast and Type of Media

	Interpersonal Communication	Special Events	Brochures	Mass Media	Total
Cherkasy	54	4,437	11,016	174,116	189,623
Dnipropetrovsk	305	3,469	23,920	593,688	621,382
Donetsk	0	16,007	12,820	2,734,700	2,763,527
Ivano-Frankivsk	158	10,245	9,412	226,200	246,015
Kharkiv	437	28,439	32,570	585,916	647,362
Khmelnytsky	4,801	5,840	17,947	182,700	211,288
Lviv	138	7,312	8,750	307,400	323,600
Odessa	25	2,288	10,480	580,000	592,793
Poltava	29	57,413	15,210	293,480	366,132
Rivne	38	37,523	24,400	507,500	569,461
Vinnytsya	1,470	15,267	21,996	311,460	350,193
Volyn	1,893	386,583	31,416	501,717	921,609
Zaporizhya	159	16,869	16,200	580,000	613,228
Total	**9,507**	**591,692**	**236,137**	**7,578,877**	**8,416,213**

Table 14.a: Number of Pharmacy Trainers/Instructors Trained, Years 2 - 4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	0	0
Dnipropetrovsk	13		0	13
Donetsk	N/A	N/A	0	0
Ivano-Frankivsk	N/A	N/A	0	0
Kharkiv	0	10	25	35
Khmelnytsky	N/A	N/A	0	0
Kyiv*	17	0	32	49
Lviv	0	9	33	42
Odessa	0	8	0	8
Poltava	0	11	0	11
Rivne	N/A	N/A	0	0
Vinnytsya	0	12	0	12
Volyn	13	0	0	13
Zaporizhya	N/A	N/A	34	34
Total	**43**	**50**	**124**	**217**

* The Kyiv workshop in Year 1 was for trainers from Kharkiv and Lviv; in Year 4 it was for faculty from postgraduate pharmacy education institutions.

Table 14.b: Number of Pharmacy Trainers/Instructors Trained, by Oblast and Gender, Project Year 4 and to date

	Year 4		To Date	
	Female	Male	Female	Male
Cherkasy	0	0	0	0
Dnipropetrovsk	0	0	11	2
Donetsk	0	0	0	0
Ivano-Frankivsk	0	0	0	0
Kharkiv	19	6	28	7
Khmelnytsky	0	0	0	0
Kyiv	26	6	36	13
Lviv	25	8	34	8
Odessa	0	0	6	2
Poltava	0	0	10	1
Rivne	0	0	0	0
Vinnytsya	0	0	8	4
Volyn	0	0	10	3
Zaporizhya	24	10	24	10
Total	**94**	**30**	**167**	**50**

Note: Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 15.a: Number of Pharmacy Staff Trained in FP/RH, Project Years 2-4 and to Date, by Oblast

	Year 2	Year 3	Year 4	To Date
Cherkasy	N/A	N/A	0	0
Dnipropetrovsk	46	242	0	288
Donetsk	N/A	N/A	0	0
Ivano-Frankivsk	N/A	N/A	0	0
Kharkiv	464	309	68	841
Khmelnytsky	N/A	N/A	0	0
Kyiv*	6	0	10	16
Lviv	229	212	27	468
Odessa	0	97	0	97
Poltava	123	200	0	323
Rivne	N/A	N/A	0	0
Vinnytsya	42	198	0	240
Volyn	109	160	0	269
Zaporizhya	N/A	N/A	0	0
Total	**1,019**	**1,418**	**105**	**2,542**

* The workshop in Kyiv in Year 2 was for staff from TfH partner SMD who were being prepared to conduct follow-up visits to pharmacies; in Year 4, it was for pharmacy trainers/monitors from SMD.

Table 15.b: Number of Pharmacy Staff Trained in FP/RH, by Oblast and Gender, Project Year 4 and to Date

	Year 4		To Date	
	Female	Male	Female	Male
Cherkasy	0	0	0	0
Dnipropetrovsk	0	0	273	13
Donetsk	0	0	0	0
Ivano-Frankivsk	0	0	0	0
Kharkiv	62	6	804	36
Khmelnytsky	0	0	0	0
Kyiv	6	4	11	5
Lviv	25	2	427	30
Odessa	0	0	92	5
Poltava	0	0	300	13
Rivne	0	0	0	0
Vinnytsya	0	0	205	34
Volyn	0	0	253	11
Zaporizhya	0	0	0	0
Total	**93**	**12**	**2,365**	**147**

Note: Breakdowns by gender may not add to the same number as the total number of people trained because of incomplete reporting, e.g. participants not providing their full name

Table 16: Major Coordination/Dissemination/Policy Events Supported by TfH, Including National and Local SPRHN Events, and Numbers of Participants, Project Year 4

Event	No. of Events	No. of Participants
SPRHN National Coordinating Committee meeting	1	44
SPRHN National M&E conference	1	48
Oblast coordinating committee meetings	16	406
Roundtable, *Health Providers' Mission in FP and Contraceptive Use*	1	57
Oblast-to oblast study tours	6	76
Project strategic planning meeting	1	20
Working meetings for regional coordinators	2	14

Table 17: Legal/Policy Documents on FP/RH adopted by the Government of Ukraine, Project Year 4

Government Entity	Title of Law/Policy	Number	Date Adopted
MOH	On Establishment of Working Groups on Implementation of the *State Program "Reproductive Health of the Nation" up to 2015*	Prikaz # 690	November 27, 2008
MOH	Recommendation of *New Approaches to Teaching Health Management* as the manual for health students studying in postgraduate establishments	Letter 08.01-47/600	April 9, 2009
MOH	On Conducting Family Planning Week in Ukraine	Admin #137	April 21, 2009
MFYS	On Organizing Events to Protect the Reproductive Health of the Nation in 2009	Prikaz #228	April 30, 2009
MOH and NMAPE Scientific Council	Letters of approval of the manual, *Pharmaceutical Care for Contraceptives*	MOH Protocol #3; NMAPE Protocol #7	June 19, 2009 (MOH); September 16, 2009 (NMAPE)
MOH	*Program for Postgraduate Education, Modern Aspects of Teaching Reproductive Health/Family Planning**	Stamp of approval—no number	August 12, 2009
MOH	*Program for Postgraduate Education, Basics of Reproductive Health/Family Planning**	Stamp of approval—no number	August 12, 2009
MOH	*Program for Postgraduate Education, Relevant Reproductive Health/Family Planning Issues**	Stamp of approval—no number	August 12, 2009
MOH	On Establishment of a Technical Assistance Group on Implementation of the *State Program "Reproductive Health of the Nation" up to 2015* and Monitoring and Evaluation	Prikaz #671	September 11, 2009
Oblast Level			
Dnipropetrovsk OHD	On Conducting FP Month #	Prikaz #203	April 8, 2009
Zaporizhya OHD	On Conducting Oblast FP Month #	Prikaz #229	April 23, 2009
Khmelnytsky OHD	On Conducting FP Month #	Prikaz #124	April 24, 2009
Vinnitsya OHD	On Conducting FP Month #	Prikaz #396	April 28, 2009
Poltava OHD	On Conducting FP Month #	Prikaz #409	April 30, 2009
Rivne OHD	On Conducting FP Month #	Prikaz #114	May 6, 2009
Volyn OHD	On Conducting FP Month #	Prikaz #131	May 8, 2009

* *The MOH issued Letter #04.02.22-08-784 on Implementation of Programs for Postgraduate Education, dated September 2, 2009, on implementation of these three programs.*

\# *These orders for BCC events are included as policy documents because they go beyond the usual administrative orders for events. They designate a whole month—rather than a week, as instructed in the MOH order—for FP activities and support a complex array of activities aimed at achieving specified SPRHN goals.*

Table 18. Estimated Counterpart Contributions to TfH, Project Year 4, by Oblast, Public and Private Sector Contributions and Total (US Dollars)

Oblast	Total	Public Sector	Private Sector
National/Cross-cutting	**$221,791**	$119,560	$102,230
Cherkasy	**$33,184**	$32,037	$1,147
Dnipropetrovsk	**$64,977**	$37,844	$27,133
Donetsk	**$64,978**	$54,077	$10,901
Ivano-Frankivsk	**$20,103**	$17,507	$2,595
Kharkiv	**$76,171**	$54,633	$21,538
Khmelnytsky	**$48,187**	$44,688	$3,498
Lviv	**$53,174**	$45,165	$8,009
Odessa	**$46,555**	$21,665	$24,890
Poltava	**$52,235**	$47,538	$4,696
Rivne	**$22,641**	$21,194	$1,447
Vinnytsya	**$54,656**	$51,195	$3,461
Volyn	**$50,930**	$46,468	$4,462
Zaporizhya	**$27,722**	$20,241	$7,480
TOTAL	**$837,302**	**$613,815**	**$223,487**

Together for Health
46-v (46-в) T. Shevchenko Boulevard, Office 15, Kyiv 01032, Ukraine
Tel: (+38 044) 581-1520, Fax: (+38 044) 581-1521, e-mail: info@fprh-jsi.org.ua

Разом до Здоров'я
бул. Т. Шевченко, 46-в, офіс 15, Київ 01032, Україна
тел: (+38 044) 581-1520, факс: (+38 044) 581-1521, e-mail: info@fprh-jsi.org.ua