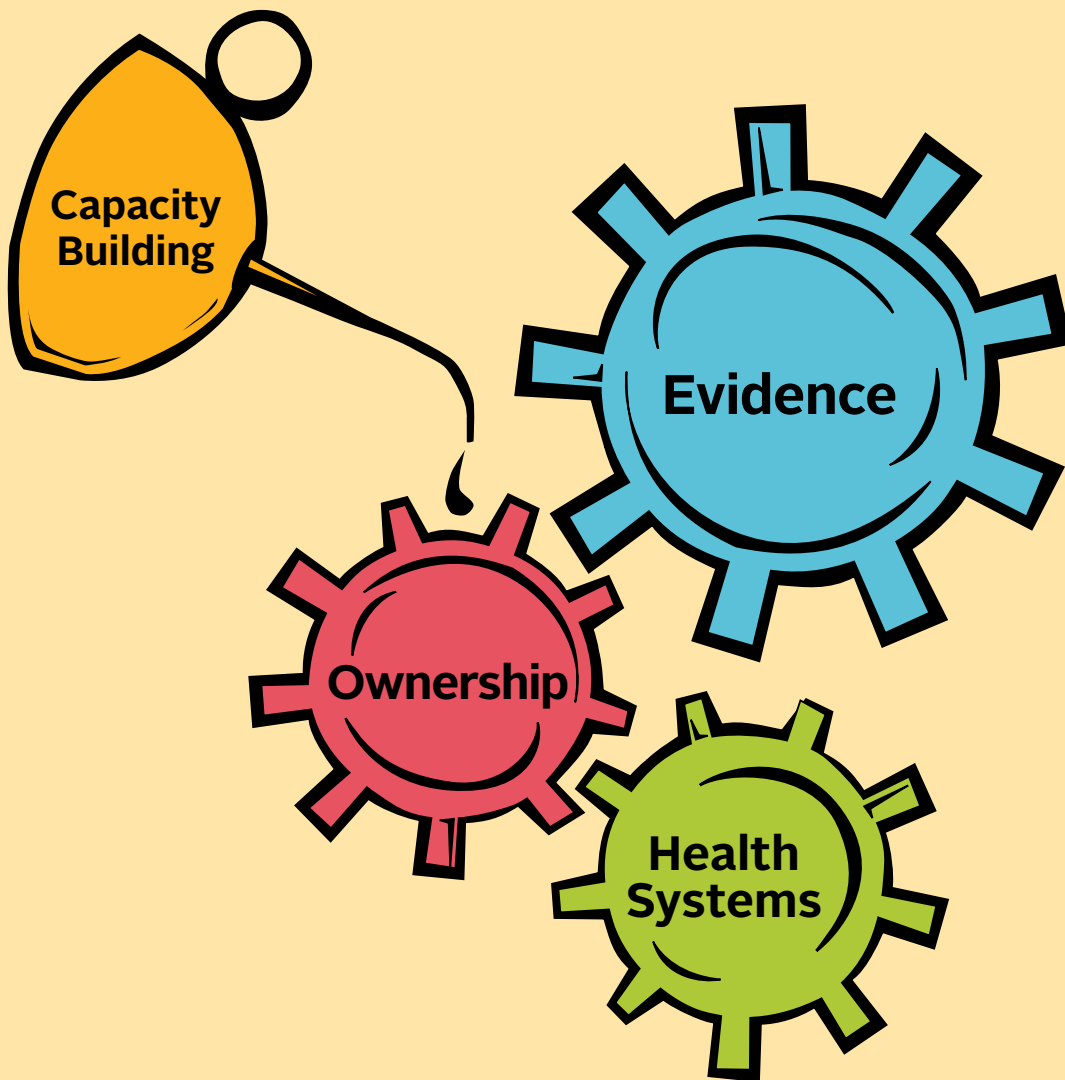


# PROGRESS End-of-Project Report

## *Meeting the Family Planning Needs of Underserved Populations*



Working in seven primary countries and providing global technical leadership, PROGRESS significantly improved access to family planning among underserved populations through research, utilization of existing and new research results, and capacity building. Work under PROGRESS focused on maximizing human resources through task-shifting, expanding service delivery options, and expanding the contraceptive method mix.



The U.S. Agency for International Development (USAID) awarded PROGRESS (Program Research for Strengthening Services) to Family Health International (now FHI 360) in 2008. *PROGRESS End-of-Project Report: Meeting the Family Planning Needs of Underserved Populations* provides an overview of the results and accomplishments of the five-year PROGRESS project.

For additional information on particular activities or technical areas undertaken by PROGRESS, please see the PROGRESS website at [www.fhi360.org/progress](http://www.fhi360.org/progress). Selected publications are listed within this publication and on pages 20 and 21.

A longer final report, which includes a description of each activity undertaken by PROGRESS, is available upon request.

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# PROGRESS: From Vision to Reality

FHI 360’s PROGRESS project sought to improve access to family planning methods and services among underserved populations in developing countries through research, research utilization and capacity building. PROGRESS offered global technical leadership and undertook country-level activities in seven technical areas. FHI 360 implemented the project in collaboration with ministries of health; global, regional, and local partners; and other stakeholders.

In each technical area, PROGRESS conducted research, evaluations, and assessments. Capacity building and research utilization, including an emphasis on supporting scale-up and institutionalizing research results and high-impact practices, were both part of a concerted effort within Legacy Area 4 as well as a cross-cutting effort, reaching all legacy and technical areas.

## Legacy and Technical Areas

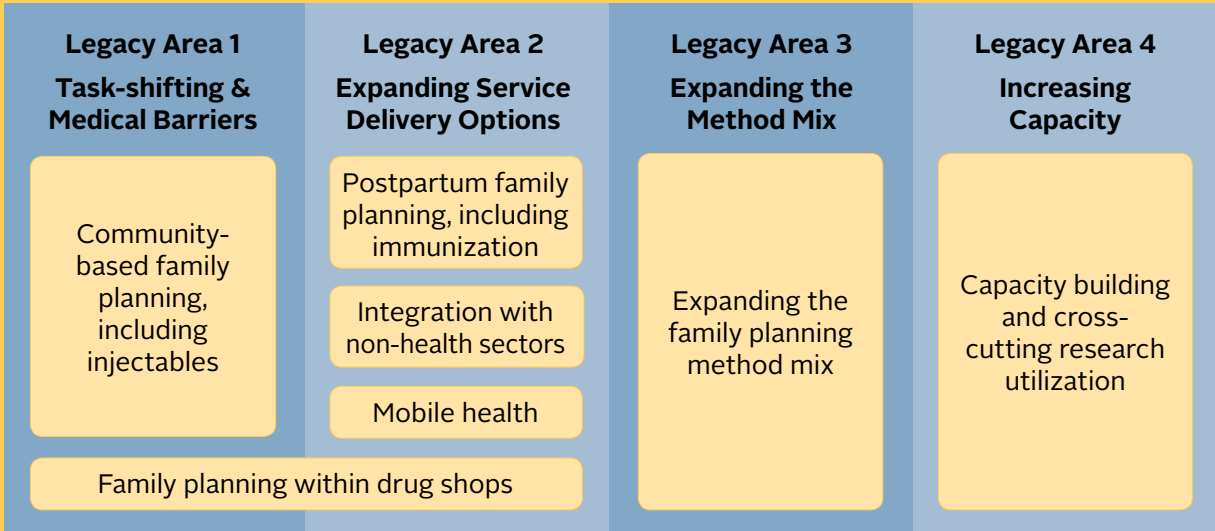
To increase the potential impact of the project, the PROGRESS team made a deliberate effort to focus its work. With the goal of increasing access to family planning, PROGRESS outlined four legacy areas. These are shown in the blue boxes in the figure below. As the project evolved, these legacy areas were further focused into seven technical areas. The technical areas are shown in the tan boxes.

## Operationalizing the Legacy and Technical Areas

The PROGRESS project had three main Intermediate Results, which describe the type of activities undertaken: Research, Research Utilization, and Capacity Building. These were designed to overlap, so that few activities were solely research, but also involved research utilization and/or capacity building aspects as well. This meant that research projects were designed to specifically plan for future utilization and scale-up, *“beginning with the end in mind.”*

This approach to integrated research, research utilization, and capacity

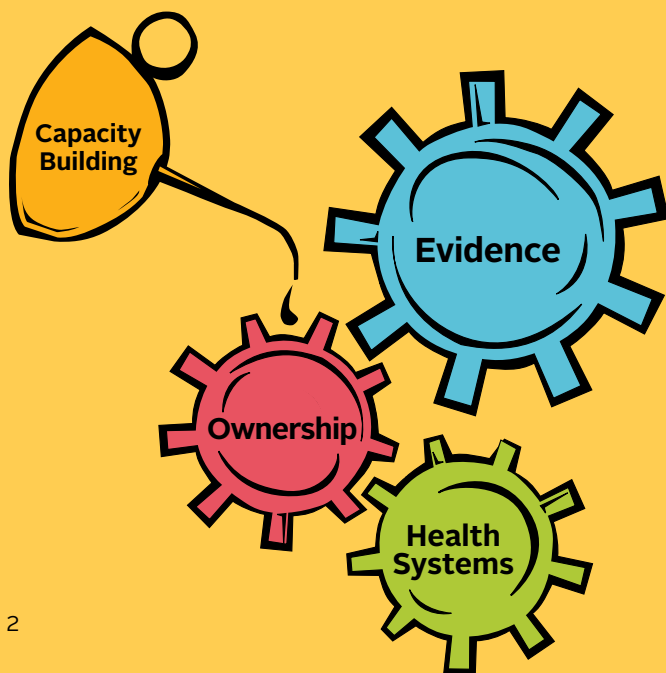
### Technical Areas Organized by Legacy Area



building included specific elements such as having a research utilization specialist on each research team. The research utilization specialist contributed to the research and intervention design, ensured stakeholder engagement from the earliest stages, tracked the implementation of the intervention, disseminated results, and advocated for utilization of results locally and globally.

The graphic below illustrates the integrated approach that PROGRESS used to institutionalize evidence-based practices through its work. The graphic shows three interconnected “cogs”: evidence, ownership, and health systems, as well as capacity building, which is necessary to ensure that the other elements work together smoothly.

**Evidence:** This cog represents the generating, strengthening, and packaging of evidence to meet the needs of the audience. It included PROGRESS research, synthesis of existing research evidence, and knowledge translation. The comparative size of this cog represents the role of PROGRESS as a research project.



**Ownership:** PROGRESS worked to build ownership of evidence through stakeholder engagement, champions, national family planning technical working groups, global and regional networks, and among partners and implementers.

**Health Systems:** PROGRESS engaged with health systems through analysis of and improvements in policy, training, guidelines, monitoring, and financing. Identifying challenges within the health systems also “turned the cogs,” leading stakeholders to request evidence from PROGRESS.

**Capacity Building:** Building capacity was the “oil can” that kept the interlocking cogs working together smoothly. PROGRESS capacity building focused on skills and abilities across the other three elements, depending on the needs of the recipient, to ensure that evidence-based practices were institutionalized.

## Geographic Coverage

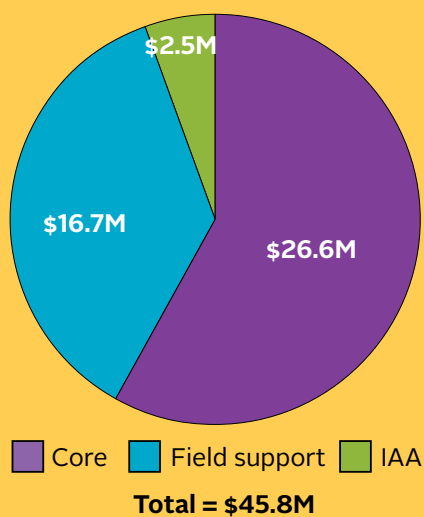
PROGRESS conducted activities at a global technical leadership level and in 13 countries. Seven countries had significant work portfolios, with a combination of core and field support funds: Ethiopia, India, Kenya, Rwanda, Senegal, Tanzania, and Uganda. PROGRESS received field support funds in four additional countries: Ghana, Malawi, Nigeria, and Zambia. These countries also received some core funds, but the overall portfolio and diversity of work was smaller. Finally, individual core-funded research activities occurred in Pakistan and the Dominican Republic.

## Partnerships

Partnerships were central to the PROGRESS approach. To implement PROGRESS, FHI 360 was proud to partner with ministries of health; national family planning technical working groups; local implementing partners, including international and local NGOs; regional bodies; USAID collaborating agencies and projects; and global organizations.

## Funding

With a ceiling of \$50 million, PROGRESS received a total of \$45.8 million in funding, of which approximately \$26.6 million was USAID core funds. An additional \$16.7 million was leveraged from USAID missions in field support. The National Institutes of Child Health and Development contributed \$2.5 million in Interagency Agreement (IAA) funds to the PROGRESS project. This combined funding supported work with 12 USAID missions as well as the Africa Bureau and champions from across the Office of Population and Reproductive Health.



In addition, an associate award from USAID/Ethiopia, for the remaining \$4.2 million under the ceiling, is being discussed.

PROGRESS also leveraged funds in more than 35 instances, including product donations and contributions in time and resources from partners and other donors. Leveraged funds, including cost share, totaled approximately \$6 million.

## Success of the Project

The USAID end-of-project evaluation of PROGRESS was overwhelmingly positive, indicating that PROGRESS was meeting its objectives and making an impact. The evaluation report, by independent consultants, noted:

- “In all cases, Mission staff reported high satisfaction with the services provided by PROGRESS.”
- “Satisfaction with PROGRESS as a useful partner was almost universal.”
- “The most important achievement of PROGRESS has been its focused design on a few basic strategies to achieve the general objective of increasing access to services and methods.”

PROGRESS success can be summarized “by the numbers”:

- 42** Research and evaluation studies
- 47** Major changes in program and policy at the global and country levels
- 13** Capacity building partners, including ministries of health in seven countries
- 202** Publications, including journal articles, reports, research and program briefs, and implementation materials
- 19** Major meetings in Years 4 and 5 at which PROGRESS results were disseminated

More information on specific successes can be found in the following pages, which summarize results by the seven PROGRESS technical areas.

# Community-Based Family Planning, including Injectables



## Where we found it

Community-based family planning (CBFP) brings family planning information and methods to the communities where men and women live rather than requiring them to visit health facilities. Because it uses lower-level community health workers (CHWs), many stakeholders see this, as with other task-sharing approaches, as a solution to the human resource challenges of health care systems around the world.

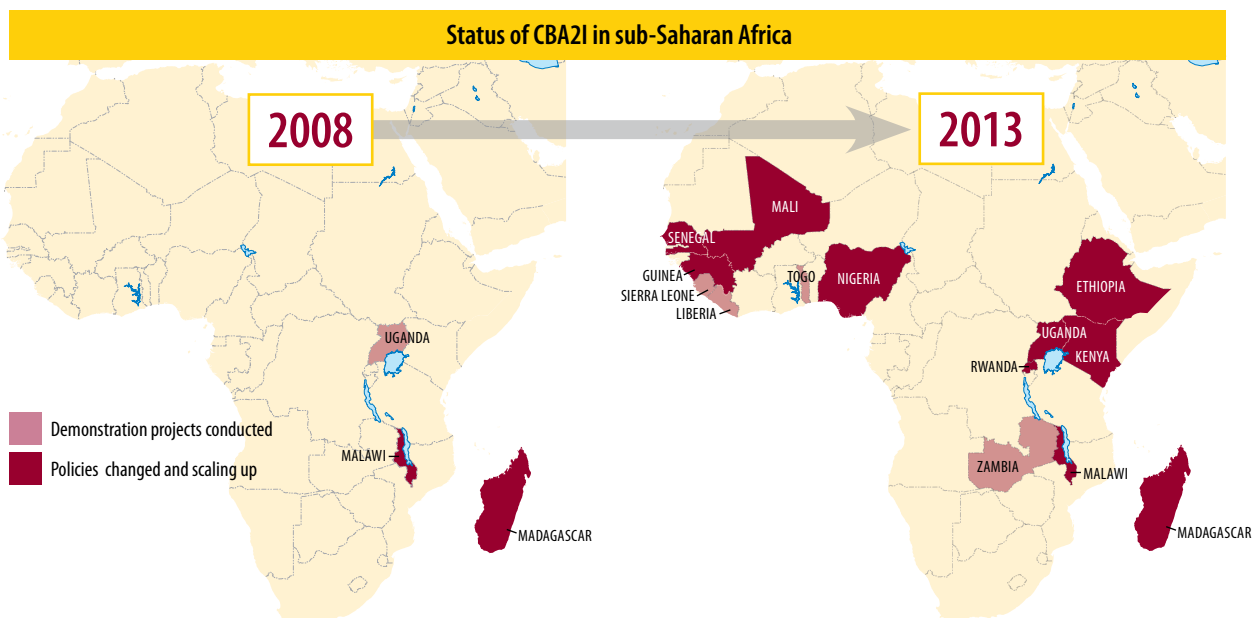
In some countries, CBFP programs are well-established, with CHWs providing family planning information, referrals, condoms, and oral contraceptive pills. As PROGRESS began in 2008, a few countries were also allowing limited provision of injectable contraception by CHWs, as evidence was emerging that showed the practice was safe,

feasible, and effective. In addition, some countries did not have CBFP programs or had only weak programs.

## Where we left it

Through research, country-based leadership and advocacy, and global leadership, PROGRESS worked to support and strengthen CBFP programs and to expand the mix of family planning methods that CHWs can provide. In particular, PROGRESS set a goal under this technical area to make community-based access to injectable contraception (CBA2I) a standard of practice globally.

To ensure this outcome, PROGRESS worked with the World Health Organization (WHO) and USAID to host a technical consultation in 2009, where experts concluded that CBA2I is safe, effective,



and acceptable. Endorsed by major international organizations, the consultation finding was used in country-level advocacy. To further strengthen the evidence for local introduction, PROGRESS worked with ministries of health and implementing partners in four countries to conduct pilots and evaluations of CBA2I programs. By 2013, the number of countries with policies to support CBA2I had increased from two in 2008 to 10, with four additional countries having held demonstration projects (see map). In addition, PROGRESS launched a CBA2I toolkit with more than 150 resources on the Knowledge for Health (K4Health) website, and engaged with more than 50 organizations working to expand CBA2I.

*Zambia is struggling to cope with the human resource crisis. We have done a pilot study looking at community workers providing injectable contraceptives and the results were very promising. We have to really make sure that we move from the pilot to scale up, and we've made commitments to do this.*

– Dr. Christine Kaseba Sata, First Lady of Zambia, at Women Deliver Conference, May 2013

Finally, provision of family planning, including injectables, by CHWs has been included on USAID's High Impact Practices list as a “proven” practice. Recent guidance from WHO for task shifting in maternal and newborn health, to which PROGRESS contributed, recommends provision of injectables by lay health workers with monitoring and evaluation.

PROGRESS research has also addressed the strength and sustainability of CBFP programs, looking at factors affecting the workload and retention of CHWs; the health systems issues related to CBFP programs; and the feasibility and acceptability of CHW provision of Sayana® Press, a subcutaneous formulation of depot medroxyprogesterone acetate (DMPA) in the Uniject device. In Rwanda, PROGRESS found that CHWs providing pills and injectables did not report a heavier, unmanageable workload compared to CHWs not providing them. And in Uganda, CHWs identified transport as a discouraging factor and the main challenge for performing their responsibilities.

## What the future holds

While CBA2I has become an emerging global standard of practice and support continues to grow for CBFP programs, challenges remain. Many countries are still resistant to introducing CBA2I, and for those that have changed policy, the practice is only reaching a small proportion of women. Scale-up of CBA2I and strong, sustainable CBFP programs could be a major opportunity for countries to meet national contraceptive prevalence goals, as well as to contribute toward global goals such as the Family Planning 2020 goal to reach 120 million more women and girls with family planning.

Questions also remain about how to design and strengthen CBFP programs: Should CHWs be paid? How can the higher-trained CHWs be supported to provide contraceptive implants, as in Ethiopia? How do programs find the balance between focusing on expanding CBA2I – injectables are the most popular method in sub-Saharan Africa – while also expanding CBFP programs to offer and refer for a broader method mix? How do we overcome the challenges identified by CHWs in Uganda, such as transport? And findings from recent research under PROGRESS, as well as future research on CBFP programs, must be incorporated into programs and policies. For instance, support should be provided to countries that choose to introduce Sayana Press into the method mix that CHWs provide.

### Key Partners

- Jhpiego
- Advance Family Planning Project
- ChildFund
- Marie Stopes International
- East, Central, and Southern Africa Health Community
- WHO
- Professional nursing associations
- K4Health Project
- PATH

### Countries

- Ethiopia
- India
- Kenya
- Malawi
- Nigeria
- Rwanda
- Senegal
- Tanzania
- Uganda
- Zambia

# Family Planning Provision within Drug Shops



## Where we found it

Drug shops, known in some countries as chemist shops or patent medicine shops, are often the first source of medicine for many rural African communities. They provide promising solutions to the problem of poor access to family planning because they tend to support a sustainable commercial market for health products. However, because oral and injectable contraceptives are classified as prescription drugs in many African countries, their distribution in drug shops is not always permitted. Evidence for the safety, acceptability, and feasibility of this approach was very limited at the beginning of PROGRESS.

## Where we left it

To respond to the lack of evidence about the provision of family planning methods within drug shops,

PROGRESS worked with partners in four countries to pilot and evaluate approaches to expanding access to family planning via drug shops.

In Tanzania, PROGRESS research showed that women can self-screen for contraindications to oral contraceptives as well as trained nurses can.

In Ghana, a pilot project in which DMPA was sold, but not injected, showed significant new uptake of DMPA, as more than 50% of the women who purchased DMPA at drug shops were new family planning users. The study on drug shops in Uganda, where the majority are operated by providers with a medical background, suggested that they are a preferred source of family planning methods, including DMPA.

This work, as well as support for a study in Nigeria, contributed much needed evidence to the field. Family planning provision within drug shops and pharmacies is now included as a USAID “promising” High Impact Practice for Family Planning.

## What the future holds

In September 2013, PROGRESS held a meeting on family planning provision within drug shops, bringing together partners who work on social marketing, human resources, and private sector provision of family planning to discuss next steps for research and research utilization. Significant questions remain, such as how will drug shop workers be trained and supervised? What regulations should be in place to manage their work? Finally, implementation research is needed, and advocacy is needed to convince local stakeholders that family planning provision in drug shops is safe and feasible.

## Key Partners

- WHO
- STRIDES for Family Health Project, Uganda
- University of Ibadan, Nigeria
- National Institute for Medical Research, Tanzania

## Countries

- Ghana
- Nigeria
- Tanzania
- Uganda



# Postpartum Family Planning, including Integration with Immunization Services

## Where we found it

Many postpartum women want to delay or avoid future pregnancies but are not using a modern contraceptive method. Meeting the family planning needs of these women can help ensure healthy timing and spacing of pregnancies and, in turn, improve maternal and child health. Reaching mothers through child immunization services is a promising strategy to address barriers to postpartum family planning use. However, the field has lacked the evidence and experience needed for stakeholders to know how the two services are best linked. In addition, innovative strategies were needed to address barriers to postpartum family planning, for example, ensuring that nonmenstruating women are not denied a method and increasing access to postpartum intrauterine devices (IUD).

## Where we left it

PROGRESS combined research, synthesis of evidence and experience, and global technical leadership to advance postpartum family planning. Early in the project, PROGRESS teamed with the Maternal and Child Health Integrated Program (MCHIP) to start a family planning and immunization integration working group. Working with this group to raise awareness and support for the practice, PROGRESS compiled a synthesis of global experience and research on family planning and immunization integration activities into an interactive online map.

PROGRESS research on the integration of family planning and immunization included a cluster randomized trial in Rwanda that demonstrated a statistically significant increase in family planning use, with no negative effects on immunization. Research on family planning and immunization integration was also conducted in India, Ghana, and Zambia. An assessment of integrated services in India's Jharkhand state identified recommendations to strengthen this approach. The government of

Jharkhand addressed these recommendations by asking PROGRESS to develop new service delivery guidelines and provider tools. Providers are now being trained on these new resources.

The study in Ghana and Zambia included a supply-side intervention, involving use of free pregnancy tests; in Zambia, nonmenstruating women at the intervention sites were four times less likely to be denied family planning compared to control sites. In Ghana, results were less clear. Pregnancy tests have since been added to the Reproductive Health Supplies Coalition list of new and underutilized reproductive health technologies, and Zambia is planning to scale up their use. Meanwhile, research on expanding access to postpartum IUD services in Rwanda found that most providers achieved competency post-training; however, insertions varied significantly by facility and clients still lack knowledge about the IUD.

## What the future holds

While PROGRESS research and advocacy contributed to the placement of family planning and immunization integration on the USAID High Impact Practices list as a “promising” practice, more research is needed to move this into the “proven” category. Given the very low cost of pregnancy tests and the risks of unintended pregnancy in developing countries, pregnancy tests should be made available free where nonmenstruating clients are still denied service. The Ministry of Health in Rwanda will need support to scale up and maintain the family planning and immunization integration and postpartum IUD interventions that were successfully tested there. Moving forward, messages should target the persistent misperception that postpartum women cannot get pregnant before the return of menses.

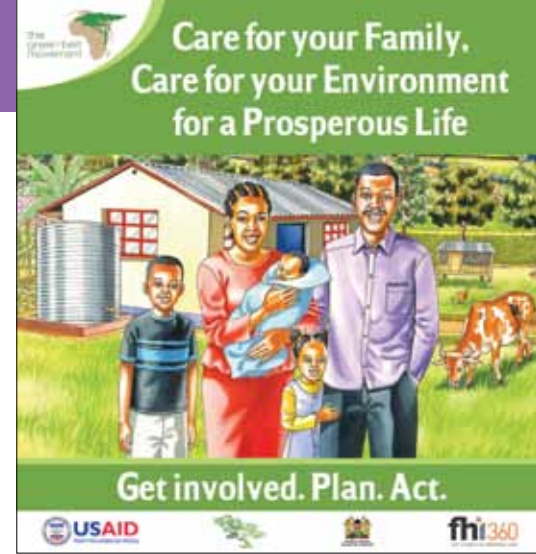
### Key Partners

- MCHIP
- WHO
- Jhpiego
- CARE

### Countries

- Ethiopia
- Ghana
- India
- Rwanda
- Zambia

# Integration of Family Planning with Non-Health Development Sectors



## Where we found it

Though evidence confirms that family planning contributes to broad development goals of poverty reduction, enhanced education, environmental sustainability, and gender equality, improving

access to contraception has remained largely an effort contained within the health sector. However, development programs outside the health sector are increasingly recognizing the connections between improving family planning and reaching their own goals. Yet, sound evidence for the effectiveness of multisectoral approaches such as these is needed to inform decisions about how integrated development approaches succeed and which ones should be replicated and scaled up.

## Where we left it

Working in close collaboration with partners, PROGRESS added to the evidence base on multi-

sectoral integration, providing guidance on how non-health organizations can expand their program model to include family planning services successfully. PROGRESS worked with partners to develop, implement, and evaluate pilot interventions in three settings, and then to synthesize lessons learned and package materials for use in replicating and scaling up these interventions. In these pilots,

family planning information and services were provided (directly or through referrals) via micro-finance, environmental, and agricultural programs. All three of these pilot demonstrations were shown to be feasible, acceptable, and effective (though effectiveness was measured in different ways). And in all three cases, the non-health development organization became committed to offering family planning programming and is hoping to continue and scale up the integrated approach.

Two additional partnerships also offered insights for the implementation of integrated models, particularly by highlighting the need for strong technical and financial capacities within the organizations introducing family planning or other multisectoral approaches.

## What the future holds

The three organizations with which PROGRESS partnered to support pilot introduction of integrated family planning services – Land O'Lakes, the Network of Entrepreneurship and Economic Development (NEED), and the Green Belt Movement – have all expressed interest in continuing to integrate family planning into their programs and scale-up plans have been developed. However, these organizations will need financial support to sustain and scale up the interventions. In addition, the training curriculum, job aids, and other materials from the NEED and Green Belt Movement interventions have been made available online so that other organizations can adapt and replicate these interventions.

## Key Partners

- Green Belt Movement
- Land O'Lakes International Development
- Network of Entrepreneurship and Economic Development
- Conservation Through Public Health
- K-Rep Development Agency

## Countries

- India
- Kenya
- Uganda

# Mobile Technologies for Health

## Where we found it

There are nearly 6 billion mobile phone subscriptions worldwide, and 200,000 text messages are sent every second. Nearly three of four mobile phone users live in developing countries. Given mobile phones' wide use, they provide a new means of reaching people in developing countries where access to health information and services is limited. Mobile phones can be used as a channel for information, education, and communication efforts; to support service delivery; and to conduct research and evaluation. While there is growing interest in mHealth, there have been few evaluations of mHealth programs targeting reproductive health.

## Where we left it

Mobile for Reproductive Health, or m4RH, is PROGRESS's flagship mHealth application, developed by FHI 360 staff in the first two years of PROGRESS. The opt-in text messaging service for family planning information was pilot-tested in Kenya and Tanzania, with multiple partners helping to promote the service. In the pilot study, the approach was feasible, used by a wide range of people including men and youth, and influenced contraceptive behavior. Interest in m4RH was strong. PROGRESS received additional funds to expand the message content in Tanzania, to introduce youth-focused m4RH messages in Rwanda, and to support the service in Kenya. After the end of PROGRESS, m4RH will continue in all three countries with the support of the local ministry of health and partners. In Tanzania and Rwanda, m4RH successfully transitioned to USAID-funded bilateral projects for institutionalization. m4RH earned multiple recognitions, being named one of the 50 most inspiring ideas to help women and girls by Women Deliver in 2012 and a 2013 African Development Bank e-Health award recipient.



In other activities, PROGRESS worked with partners in Tanzania to develop and pilot test a mobile-phone-based job aid for CHWs, which supports counseling, screening, and provision of family planning and other services. At the global level, collaborating with the K4Health project, FHI 360 staff used their experience under PROGRESS to develop three resources on mHealth for family planning, including an mHealth implementation guide, a USAID High Impact Practice brief on mHealth, and an e-learning course. Finally, the m4RH team at FHI 360 collaborated with the Mobile Alliance for Maternal Action (MAMA) to add postpartum family planning messages to the collection of text messages available through the MAMA website.

## What the future holds

m4RH is ready to be introduced and scaled up in new settings, and materials have been made available online to support replication. The mobile job aid for CHWs can be scaled up rapidly within Tanzania and to support CBFP programs more widely.

As with any emerging field, many questions remain about how to best implement mHealth programs. One of the most challenging questions is that of financial sustainability. How can economic incentives be integrated to encourage private sector support for m4RH and other mHealth approaches? Also, how can potential users with low literacy benefit from text messaging services? Answering these and other questions will be essential to seeing the potential of mHealth programs realized.

## Key Partners

- Text to Change
- Johns Hopkins University Center for Communication Programs (JHU/CCP)
- Abt Associates
- PSI
- Marie Stopes International
- K4Health Project
- Pathfinder
- D-Tree International
- UNFPA

## Countries

- Kenya
- Rwanda
- Tanzania

# Expanding the Family Planning Method Mix



## Where we found it

As new contraceptive methods such as Depo-subQ in Uniject and Sino-implant (II) are developed, there is a need to better understand whether these improvements and innovations are acceptable and feasible, both from the user and provider perspectives. This includes learning more about personal factors, cultural beliefs, and perceptions that affect

whether and how the methods will be used.

In addition, many existing methods of contraception, such as implants, IUDs, and sterilization, are underutilized in developing countries. This under-representation in the method mix is often related to issues of client access, availability, cost, training of providers, perceptions of safety, side effects, and bias.

## Where we left it

Studies on three new methods — Depo-subQ in Uniject, now known as Sayana Press; the LNG-IUS; and Sino-implant (II) — were central to PROGRESS's work on expanding the method mix. Each of these methods offers the potential for significant improvements in the provision

of family planning, in terms of ease of provision, cost, acceptability, and side effects. PROGRESS

research found Sayana Press to be acceptable to clients, facility-based providers, and CHWs. Sino-implant (II) postmarketing studies showed the method was safe, effective, and acceptable. And the LNG-IUS was selected by 16% of postpartum women when offered in a public-sector study.

PROGRESS also worked to promote underutilized methods of contraception, including supporting the Rwanda Ministry of Health to scale up and monitor the expansion of vasectomy services to all 30 districts. In India, research results were used to guide the introduction of the Multiload-375 IUD into public sector use. And in Ethiopia, PROGRESS supported the Ministry of Health's efforts to expand use of Implanon and the IUD through capacity building for monitoring and evaluation and research, including a situation analysis, from which results were used to strengthen programming.

## What the future holds

More evidence, advocacy, training, and support will be needed to sustain an expanded family planning method mix in countries, both to introduce new methods and to expand the availability of existing methods. For instance, more research is needed on how Sayana Press can be used, such as for home injection. Lessons learned from no-scalpel vasectomy scale-up in Rwanda should be adapted in other countries and for other methods. LNG-IUS availability may change drastically in the next 10 years; new efforts are needed to guide the process. Results from the Sino-implant (II) postmarketing studies should be used to inform advocacy efforts for registration and procurement.

## Key Partners

- Bill and Melinda Gates Foundation (BMGF)
- PATH
- Pfizer
- International Contraceptive Access Foundation
- Marie Stopes International

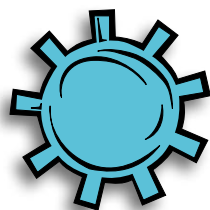
## Countries

- Ethiopia
- India
- Kenya
- Pakistan
- Rwanda
- Senegal
- Uganda

# Capacity Building and Cross-Cutting Research Utilization

The final technical area, capacity building and cross-cutting research utilization, differs from the other six technical areas. In this area, PROGRESS focused on capacity building efforts and pursued research utilization opportunities that went beyond specific technical areas. This flexibility allowed PROGRESS to work with partners on topics of joint interest that complemented project goals.

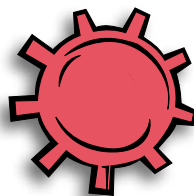
The cogs graphic, discussed earlier, illustrates the integrated approach that guided PROGRESS in working to institutionalize evidence-based practices through evidence, ownership, health systems, and capacity building. While these elements guided the overall PROGRESS approach, they also offered a framework for activities within this technical area.



## Evidence

- With funding from USAID and the National Institutes of Child Health and Development (NICHD) under PROGRESS, FHI 360 staff contributed to numerous Cochrane Reviews on contraceptive methods. This included updating reviews on the safety of hormonal and intrauterine contraception for young women.
- PROGRESS worked with the USAID/Africa Bureau on knowledge translation to share evidence among countries and partners. This included hosting study tours, supporting regional meetings on family planning topics, and developing a report on the success of Ethiopia, Rwanda, and Malawi in increasing their national contraceptive prevalence rates.
- PROGRESS, with USAID and NICHD funds, also provided both financial and technical support to the WHO's Continuous Identification of Research Evidence (CIRE) system. The CIRE system ensures

that WHO Medical Eligibility Criteria and Selected Practice Recommendations for family planning are evidence-based and up to date.



## Ownership

- In nearly all of the countries where PROGRESS worked, collaboration with the national family planning technical working groups (FPTWGs) was a crucial element for success. The FPTWGs bring together many of the stakeholders for family planning in the country, so they offer a mechanism for building ownership of research and existing evidence-based practices. PROGRESS introduced studies to these groups from the outset, eliciting advice on intervention design and support for data collection, and then sharing results for interpretation and determining recommendations. This engagement contributed to FPTWG endorsement of multiple results, notably, CBA2I in Zambia and Senegal, and m4RH in Tanzania, Rwanda, and Kenya.

- In Kenya and Rwanda, PROGRESS conducted assessments on adolescent and youth sexual and reproductive health (AYSRH), working with the local FPTWGs and AYSRH TWGs, with the aim of informing strategy and policy. In Kenya, the assessment mapped AYSRH programs implemented by all partners across the country. As a next step, the TWGs ranked the

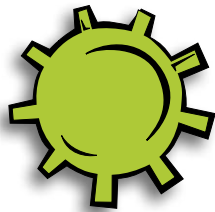
## Key Partners

- Family planning technical working groups
- WHO and Implementing Best Practices Initiative
- National Institute for Medical Research, Tanzania
- USAID Africa Bureau and East Africa Regional Mission

## Countries

- Ethiopia
- India
- Kenya
- Nigeria
- Rwanda
- Senegal
- Tanzania
- Uganda

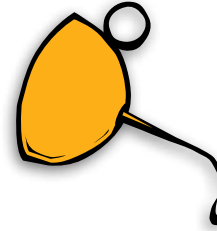
interventions by a set of criteria as evidence-based, promising, and other. The evidence-based interventions were then summarized in a report that is being shared throughout the country as a guide for addressing AYSRH.



### Health Systems

- A costed implementation plan (CIP) is a planning and management tool – including cost estimations for multi-year action plans – for achieving the goals of a family planning program. PROGRESS supported the development of CIPs in Tanzania, Kenya, Senegal, and Nigeria's Gombe State and has shared lessons learned across these countries in a report for global stakeholders. In Tanzania, the CIP has led to the addition of a line item for family planning commodities to the government's budget and vastly increased funding for the family planning program. In Kenya, the CIP is being integrated into a wider Reproductive Health Business Plan, while in Senegal, the CIP is being used to advocate for funding in the context of Family Planning 2020. In Gombe State, the CIP is supporting scale-up of CBA2I as well as other family planning services.
- Through its work with the national FPTWGs, PROGRESS supported the incorporation of a wide range of evidence-based practices and global recommendations within revised and updated national family planning guidelines, policies, and norms in Ethiopia, Rwanda, Senegal, and Tanzania. Changes included aligning guidelines to the WHO Medical Eligibility Criteria and Selected Practice Recommendations for Contraceptive Use.
- PROGRESS supported the Kenya Division of Reproductive Health to conduct a quality improvement and management approach, Standards-Based Management and Recognition (SBMR), in five hospitals. Implementation of the approach, originally developed by Jhpiego, led to improved adherence

to the standards, with facilities reaching an average of 82% adherence to the 122 quality standards.



### Capacity Building

- Capacity building efforts were undertaken with the ministries of health in nearly all of the PROGRESS focus countries, but were particularly strong in Ethiopia and Senegal. In Ethiopia, the focus was on capacity building for monitoring and evaluation of the Federal Ministry of Health's Implanon and IUD service promotion. PROGRESS worked with the Federal Ministry of Health to conduct training evaluations, special studies, and data extractions, and mentored the Federal Ministry of Health staff in the process. As a result, the Federal Ministry of Health made constructive changes to the health management information system, implemented recommendations emerging from the studies, and emphasized a problem-solving, data-focused mentality.
- In Senegal, a staff member was seconded to the Ministry of Health to provide capacity building in planning, coordination, management, monitoring and evaluation, and use of evidence-based practices. This agreement supported the revision of national family planning policies, norms, and procedures; the development of the costed National Action Plan for family planning; and led to the creation of a Ministry of Health-led FPTWG.
- PROGRESS established a capacity-building partnership with the Tanzania National Institute for Medical Research – Muhimbili Medical Research Centre (NIMR-MMRC) for operations research on family planning. NIMR-MMRC received formal and applied capacity building, including a mentoring program, and was supported in submitting four proposals for family planning program research in Tanzania, of which one was funded and successfully implemented.

## Selected PROGRESS Research Results and Impact

The following pages summarize results of selected PROGRESS research studies, along with utilization of these results in programs and policies, and resulting tools and publications. The matrix reads left to right, with each row focusing on a single study. The study title, in the first column, is followed by the key findings and results. The third column shows how the findings and results have been utilized as well as possible next steps to further utilize and institutionalize the findings into programs and policy. The final column lists many of the tools and publications developed to disseminate the findings, including journal articles, research briefs, and reports, and to support replication, including intervention materials such as curriculum and job aids. Studies are organized by the seven technical areas. This matrix does not include results of PROGRESS work to support the utilization of existing evidence-based practices.

The tools, materials, briefs, and reports included in the following pages are available from the PROGRESS website at [www.fhi360.org/progress](http://www.fhi360.org/progress).

## Community-Based Family Planning (CBFP), including Injectables

Research Study	Key Findings	Utilization	Tools and Publications
Community-Based Distribution of DMPA: A Pilot Study with the ChildFund CBFP program in Zambia	The provision of DMPA by community-based distribution agents was found to be feasible, safe, and acceptable. DMPA uptake increased among FP clients, including clinic-based users of DMPA and those who switched from condoms and pills.	The FPTWG recommended continuing CBA2I in the pilot sites and undertaking phased scale-up using USAID/Zambia funds. PROGRESS worked with the Ministry of Health to develop a roadmap for scale-up, to advocate for policy change, and to support ChildFund in expanding CBA2I.  <b>Next Steps:</b> Continued advocacy is needed for policy change and scale-up of CBA2I.	<b>Journal Article:</b> Building on Safety, Feasibility, and Acceptability: The Impact and Cost of Community Health Worker Provision of Injectable Contraception, in <i>Global Health: Science and Practice</i> .  <b>Research Brief:</b> Preliminary Results: Provision of DMPA by ChildFund Zambia Community-Based Distribution.  <b>Training Curriculum:</b> Training for Community-Based Delivery of Injectable Contraceptives.
Evaluation of the “Contraceptives at the Doorstep” Initiative for Provision by Accredited Social Health Activists (ASHAs) in India	The majority of the ASHAs interviewed (86%) thought the initiative would have long-term success, and 75% of the female clients interviewed said they were completely satisfied.	The Ministry of Health and Family Welfare approved nationwide expansion of the initiative, utilizing recommendations from the evaluation.  <b>Next Steps:</b> The Ministry has begun working with partners to change the packaging of the contraceptives to distinguish those available under the initiative from those available at facilities.	<b>Research Brief:</b> Contraceptives to Doorsteps in India: Rapid Evaluation Provides Recommendations for National Scale-up.  <b>Report:</b> An Evaluation of the Government of India’s Initiative on Contraceptives at the Doorstep by ASHAs.
Assessing the Feasibility of Intramuscular (IM) Injection of DMPA by Community Health Workers and Matrones in Senegal	The provision of IM DMPA by CHWs and matrones was found to be feasible and acceptable. Among DMPA clients of CHWs and matrones in the pilot period, 65% were first-time family planning users.	National policy in Senegal now allows for DMPA provision by CHWs and matrones.  <b>Next Steps:</b> Scale-up of CBA2I has been approved and is likely to be supported by the USAID bilateral Community Health Project.	<b>Research Brief:</b> Senegal: Community Health Workers Successfully Provide Intramuscular Injectable Contraception.  <b>Video:</b> Offering Hormonal Contraceptives at the Community Level: The Challenge of Scale-Up. (French only).



## Family Planning Provision within Drug Shops

Research Study	Key Findings	Utilization	Tools and Publications
Increasing Family Planning Access and Reported Uptake Through DMPA Sales at Licensed Chemical Shops in Ghana	Licensed chemical sellers (LCS) can be trained to safely sell DMPA and refer clients to a health facility for counseling and injection. Many of the women who purchased DMPA from an LCS were new FP users (56%).	<p>LCS in the two study districts have been allowed to continue to sell DMPA after the completion of the study.</p> <p><b>Next Steps:</b> A successful study tour to Bangladesh led to the opening of a dialogue with Ghana officials about changing the policy to allow all LCS country-wide to sell and inject DMPA.</p>	<p><b>Journal Article:</b> DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities (forthcoming).</p> <p><b>Research Brief:</b> DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities.</p>
Assessing Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills within Accredited Drug Dispensing Outlets (ADDOs) in Tanzania	Female ADDO clients can self-screen for contraindications to combined oral contraceptive pills nearly as well as nurses can.	<p>PROGRESS collaborated with social marketing, private sector, and other organizations to raise awareness of the potential for provision of hormonal contraception at ADDOs.</p> <p><b>Next Steps:</b> Continued advocacy is needed to change policy and support self-screening and the provision of hormonal contraception at ADDOs and to utilize the self-screening approach in other countries.</p>	<p><b>Journal Article:</b> Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills in Tanzanian Drug Shops, in <i>International Journal of Gynecology and Obstetrics</i>.</p> <p><b>Research Brief:</b> Women's Ability to Self-Screen for COCs Compared to a Nurse's Assessment: Drug Shops in Rural and Peri-Urban Tanzania.</p> <p><b>Implementation Material:</b> Contraindications to Combined Oral Contraceptive Pills Self-Screening Poster.</p>

## Postpartum Family Planning, including Integration with Immunization Services

Research Study	Key Findings	Utilization	Tools and Publications
Examining the Feasibility and Acceptability of Postpartum IUD Services at Public Sector District Hospitals and Health Centers in Rwanda	Postpartum IUD service provision can be incorporated into routine services at public sector district hospitals and health centers, including provision by nurses.	The FPTWG endorsed the intervention and recommended scale-up.  <b>Next Steps:</b> Nationwide scale-up was recommended to the FPTWG for incorporation into the Ministry of Health work plan.	<b>Journal Article:</b> Examining the Feasibility and Acceptability of Postpartum IUD Services in Rwanda (forthcoming).  <b>Research Brief:</b> Assessing the Feasibility of Postpartum IUD Provision in Rwanda.  <b>Report:</b> Postpartum Family Planning: New Research Findings and Program Implications.
Improving Access to and Uptake of Postpartum Family Planning through Enhanced Family Planning in Immunization Services in Rwanda	Integrating family planning information, screening, and same-day service provision into public-sector child immunization services led to a statistically significant increase in use of family planning methods in the study sites, with no detrimental effect on immunization services.	The FPTWG endorsed the intervention and recommended scale-up.  <b>Next Steps:</b> Nationwide scale-up was recommended to the FPTWG for incorporation into the Ministry of Health work plan.	<b>Journal Articles:</b> Reducing Unmet Contraceptive Need among Postpartum Women through Immunization Services (forthcoming); Understanding Unmet Contraceptive Need among Postpartum Women in Rwanda: Application of the Health Belief Model (forthcoming).  <b>Research Brief:</b> Research Findings: Integration of Postpartum Family Planning with Child Immunization Services in Rwanda.  <b>Report:</b> Postpartum Family Planning: New Research Findings and Program Implications.
Integration of Family Planning Services into Immunization Programs in Jharkhand State, India: A Quality Assessment	Integrated service delivery is hampered by factors such as inadequate infrastructure at the service delivery site; weak record-keeping and reporting systems; insufficient provider training on integration; lack of information, education, and communication (IEC) materials; and existing myths and misconceptions held by providers and the women they care for, along with their husbands and mothers-in-law.	PROGRESS helped develop standard operating procedures (SOPs) and IEC and interpersonal communication (IPC) materials, which were included in the Jharkhand State Programme Implementation Plan. In May 2013, Jharkhand began training trainers on the SOPs.  <b>Next Steps:</b> Statewide roll-out of training is now underway.	<b>Research Brief:</b> Integrating Family Planning into Immunization Services in India: Assessment Provides Recommendations for Addressing Unmet Needs of Postpartum Women.  <b>Implementation Materials:</b> Integrated Family Planning Immunization Services Standard Operating Procedures; IEC/IPC table calendar, flyer, care planner for auxiliary nurse midwives, and game.

## Integration of Family Planning with Non-Health Development Sectors

Research Study	Key Findings	Utilization	Tools and Publications
Microfinance Programs as a Means for Delivering Family Planning Information and Service in India: An Assessment of Feasibility and Effectiveness	Family planning use, both over-all and among modern methods, increased significantly. Clients and the village health guides both reported favorable opinions about the usefulness of the intervention.	<p>NEED, the implementation partner, plans to scale up the intervention across its geographic reach.</p> <p><b>Next Steps:</b> PROGRESS helped NEED develop a concept paper for raising the necessary financial support for scale-up. The intervention materials are available online for expanded use.</p>	<p><b>Journal Article:</b> Microfinance Programs as a Means for Delivering Family Planning Information and Services in India (forthcoming).</p> <p><b>Research Brief:</b> Delivering Family Planning Information and Services through a Microfinance Program: Lessons from Uttar Pradesh, India.</p> <p><b>Implementation Materials:</b> Fact sheets of contraceptive methods; Flip chart on family planning; Manual for village health guides.</p> <p><b>Video:</b> A Healthy Investment: Linking Family Planning and Microfinance.</p>
A Pilot Study of the Feasibility of Providing Family Planning Services through Dairy Cooperatives Supported by Land O'Lakes in Kenya	Health services offered during farmer field days provided a convenient and free channel for current contraceptive users to resupply their methods. More than 80% of field day attendees used at least one of the health services offered, and 18% received family planning services.	<p>The Ministry of Health, Land O' Lakes, and the dairy cooperatives have expressed interest in expanding this approach, with one dairy cooperative already supported to do so. Another cooperative now pays health insurance fund fees and hospital bills for its farmers through milk deductions.</p> <p><b>Next Steps:</b> Additional support and funding will be needed to sustain the integrated model.</p>	<p><b>Journal Article:</b> Leveraging Farmer Field Days to Provide Family Planning and Other Health Services in Rural Kenya, in <i>Journal of Biology, Agriculture and Healthcare</i>.</p> <p><b>Research Brief:</b> Feasibility of Providing Family Planning Services through an Agricultural Cooperative Field Day: Lessons from Rural Kenya.</p>
Assessing the Feasibility of Integration of Family Planning Messages and Referrals into the Green Belt Movement (GBM) in Kenya	The integration of family planning messages into routine environmental activities was found to be feasible, acceptable, and appreciated by community members. There was some evidence of improved knowledge, attitudes, and behaviors related to contraceptive use.	<p>GBM is committed to scaling up the intervention. Findings and experiences are being used by the BALANCED Project in a global curriculum on population, health, and environment interventions.</p> <p><b>Next Steps:</b> PROGRESS helped GBM develop a concept paper for raising the necessary financial support for scale-up. The intervention materials are available online for expanded use.</p>	<p><b>Journal Article:</b> A Mixed Methods Examination of the Benefits and Cost of Integrating Family Planning Promotion into the Work of Environmental Volunteers in Kenya (forthcoming).</p> <p><b>Research Brief:</b> Integration of Family Planning Messages and Referrals into the Green Belt Movement Program.</p> <p><b>Implementation Materials:</b> Booklet on contraceptive methods; Poster and flipbook on population, health, and environment messages; Trainer's guide.</p> <p><b>Video:</b> Linking Population, Environment and Health: The GBM Experience.</p>

## Mobile Technologies for Health

Research Study	Key Findings	Utilization	Tools and Publications
Mobile Phone Interventions for Reproductive Health (m4RH) in Kenya and Tanzania	m4RH is an effective strategy for influencing contraceptive behavior and reaching the general public, including young people and men, about specific contraceptive methods.	<p>In Tanzania, a USAID bilateral project is supporting institutionalization of m4RH and mass media promotion (reaching more than 100,000 users in 2012). In Kenya, the SHOPS project is supporting m4RH as it undertakes further evaluation.</p> <p>m4RH collaborated with the Mobile Alliance for Maternal Action (MAMA) to add postpartum family planning messages to MAMA's text message collection.</p> <p>m4RH worked with K4Health to develop an mHealth implementation guide and e-learning course.</p> <p>m4RH was selected as a "Women Deliver 50" in 2012 and a 2013 African Development Bank e-Health award recipient.</p> <p>Independent adaptations of m4RH are underway in Mozambique and Nicaragua.</p> <p><b>Next Steps:</b> m4RH is working with partners to expand content and geographic reach.</p>	<p><b>Journal Articles:</b> Evaluating Feasibility, Reach and Potential Impact of a Text Message Family Planning Information Service in Tanzania, in <i>Contraception</i>; "There Are Some Questions You May Not Ask in a Clinic": Providing Contraception Information to Young People in Kenya Using SMS, in <i>International Journal of Gynecology and Obstetrics</i>; Spatial Analysis of Mobile Phone Data Demonstrating Urban and Rural Reach of a Scaled-Up Family Planning Information Service in Tanzania (forthcoming).</p> <p><b>Research Brief:</b> Assessing the Feasibility of Providing Family Planning Information via Mobile Phones in Kenya and Tanzania.</p> <p><b>Program/Technical Briefs:</b> m4Rh Project: Kenya; m4RH Project: Tanzania.</p> <p><b>Online Resources:</b> Inside m4RH: A Collection of Resources. <a href="http://m4rh.fhi360.org">http://m4rh.fhi360.org</a></p>
m4RH for Young People in Rwanda	Young people could use m4RH and stated that the content was complementary to the health content they are learning from other venues.	<p>Funding for implementation and scale-up of m4Rh for youth has been secured from USAID and UNFPA, to be led by the USAID Rwanda bilateral Family Health Project, with additional financial support from UNFPA.</p> <p><b>Next Steps:</b> The Family Health Project will oversee scale-up of m4RH for youth in Rwanda.</p>	<p><b>Journal Article:</b> Adaptation of an Evidence-Based Mobile Phone Program for Young People in Rwanda (forthcoming).</p> <p><b>Program/Technical Briefs:</b> m4Rh Project: Rwanda.</p>

## Expanding the Family Planning Method Mix

Research Study	Key Findings	Utilization	Tools and Publications
Monitoring the Scale Up of No-Scalpel Vasectomy (NSV) with Cautery and Fascial Interposition in Rwanda	The scale-up approach successfully raised awareness of NSV, generated demand among clients, and met need through the trained providers at 38 district hospitals.	As of December 2012, 38 district hospitals are providing NSV, and 64 physicians and 103 nurses have been trained. Between 2010 and 2012, a total of 2,523 NSVs were completed in Rwanda. The national vasectomy program is sustained by funding from multiple sources.  <b>Next Steps:</b> Lessons learned can be used to guide continued scale-up activities in Rwanda and new approaches in other countries.	<b>Journal Articles:</b> Who Chooses Vasectomy in Rwanda? Survey Data from Couples Who Choose Vasectomy 2010 – 2012 (forthcoming); Perspectives of Vasectomy Couples in Rwanda and Barriers to Uptake (forthcoming).  <b>Research Brief:</b> No-Scalpel Vasectomy: Scale-up Approach in Rwanda Shows Promise.  <b>Program Briefs:</b> NSV Scale-Up Approach in Rwanda Shows Promise: Client Dossier, Review and Analysis; Clients and Wives, Survey Review and Analysis; Community Health Workers Survey, Review and Analysis; Provider Team Survey, Review and Analysis.
Assessing the Acceptability of Subcutaneous DMPA in Uniject, now called Sayana Press, through Facility-Based and Community-Based Provision in Uganda and Senegal	Trained CHWs can safely administer Sayana Press. Additionally, most clinic-based providers, CHWs, and DMPA clients prefer Sayana Press over intramuscular DMPA.	Results are currently being used by USAID, PATH, and the Gates Foundation for development of the Sayana Press roll-out plan.  <b>Next Steps:</b> Alongside initial roll-out, additional research is needed on the possibility of self-injection, as well as on use among youth, new contraceptive users, and private sector clients. Cost-effectiveness should also be studied.	<b>Journal Articles:</b> Observational Study of the Acceptability of Sayana Press among Intramuscular DMPA Users in Uganda and Senegal (forthcoming); Provider Acceptability of Sayana Press: Results from Community Health Workers and Clinic-Based Providers in Uganda and Senegal (forthcoming).  <b>Research Brief:</b> Acceptability of Depo-subQ in Uniject, Now Called “Sayana Press.”
Assessing the Introduction of Multiload-375 IUD into the Indian National Family Planning Program	Providers with experience inserting Copper T 380A IUDs successfully counseled women on the Multiload-375 IUD and inserted the device with limited reports of clinical complications or other problems.	The India Ministry of Health and Family Welfare approved the roll-out of the Multiload-375 IUD. Recommendations adopted include nationwide roll-out of the IUD client card, mass media and mid-level media promotion, and expanded use of provider training materials.  <b>Next Steps:</b> Nationwide roll-out of the Multiload-375 IUD should continue with ongoing monitoring.	<b>Research Brief:</b> Introduction of the Intrauterine Contraceptive Device 375 in India: Positive Assessment Findings Help Guide National Scale Up.  <b>Report:</b> Program Assessment of the Introduction of the Multiload-375 IUD in the Family Welfare Program of the Government of India.  <b>Implementation Material:</b> Multiload-375 National Family Planning Program IUD Client Card.

PROGRESS supported the development of 202 publications from its inception in 2008 through 2013, including journal articles, research briefs, reports, and online resources.

- 58** Journal Articles
- 23** Research Briefs
- 27** Program and Technical Briefs
- 53** Reports
- 32** Implementation Materials
- 9** Online Resources

FHI 360 is an author on many of these; on others PROGRESS provided significant financial and/or technical support.

A selection of key journal articles, briefs, and reports is included on these pages.

## Key Journal Articles Published Under PROGRESS

Chin-Quee D., Ngadaya E., et al. Women's Ability to Self-Screen for Contraindications to Combined Oral Contraceptive Pills in Tanzanian Drug Shops. *International Journal of Gynecology and Obstetrics*, 2013.

Hubacher D., Masaba R., et al. Uptake of the levonorgestrel intrauterine system among recent postpartum women in Kenya: factors associated with decision-making. *Contraception*, 2013.

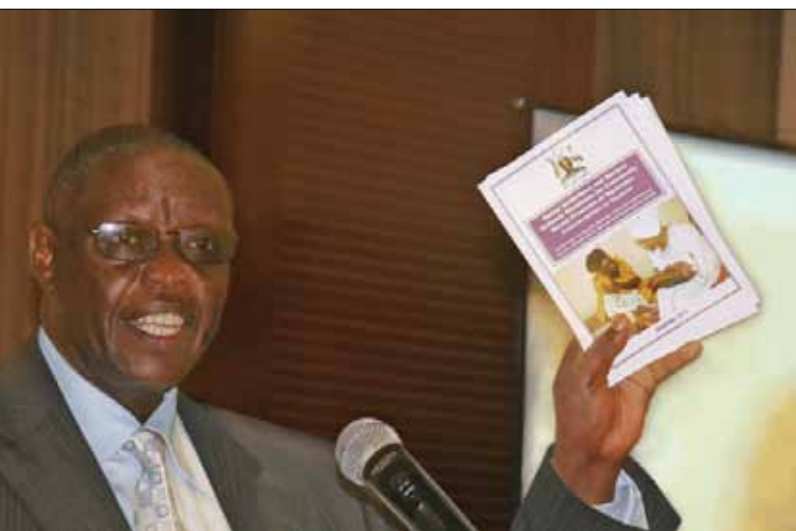
L'Engle K.L., Vahdat H.L., et al. Evaluating Feasibility, Reach and Potential Impact of a Text Message Family Planning Information Service in Tanzania. *Contraception*, 2013.

Malarcher S., Meirik O., et al. Provision of DMPA by Community Health Workers: What the Evidence Shows. *Contraception*, 2011.

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Stanback J., Spieler J., et al. Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation. *Contraception*, 2010.

Vance G., Janowitz B., et al. Integrating Family Planning Messages into Immunization Services: A Cluster-Randomized Trial in Ghana and Zambia. *Health Policy and Planning*, 2013.



## Key Briefs and Reports Published Under PROGRESS

Acceptability of Depo-subQ in Uniject, Now Called “Sayana Press,” 2013. Available at: <http://www.fhi360.org/sites/default/files/media/documents/uniject-acceptability-uganda-senegal.pdf>

Community-Based Access to Injectable Contraception: An Emerging Standard of Practice, 2008–2013. Available at: [http://www.fhi360.org/sites/default/files/media/documents/cba2i-and-progress-impact-summary\\_1.pdf](http://www.fhi360.org/sites/default/files/media/documents/cba2i-and-progress-impact-summary_1.pdf)

Costed Implementation Plans: Guidance and Lessons Learned, 2013. Available at: <http://www.fhi360.org/sites/default/files/media/documents/costed-implementation-plans-guidance-lessons-learned.pdf>

DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities, 2013. Available at: <http://www.fhi360.org/sites/default/files/media/documents/ghana-dmpa-chemical-shops.pdf>

Free Pregnancy Testing Could Reduce Denial of Contraceptive Services: Findings from Zambia and Ghana, 2012. Available at: <http://www.fhi360.org/sites/default/files/media/documents/pregnancy-testing-brief2012.pdf>

Integrating Family Planning into Other Development Sectors, 2013. Available at: <http://www.fhi360.org/sites/default/files/media/documents/integrating-family-planning-development-sectors.pdf>

No-Scalpel Vasectomy: Scale-up Approach in Rwanda Shows Promise, 2013. Available at: <http://www.fhi360.org/sites/default/files/media/documents/non-scalpel-vasectomy-rwanda-clients-wives-survey.pdf>

Postpartum Family Planning: New Research Findings and Program Implications, 2012. Available at: <http://www.fhi360.org/sites/default/files/media/documents/Postpartum%20Family%20Planning.pdf>





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FHI 360

P.O. Box 13950

Research Triangle Park, NC 27709 USA

Tel: 1.919.544.7040 Fax: 1.919.544.7261

Website: [www.fhi360.org](http://www.fhi360.org)