



## **COUNTRY PROJECT**

# **TECHNICAL PROGRESS REPORT FORM**

Revised May 2009

- 1. Donation Recipient:** Recipient institution and address
- 2. Contact Person(s):** Include author of this report and contact information. Also include the Principal Contact for project, and names and contact information for all other pertinent associates as well
- 3. Date of Report Submission and Time Period Covered within this Report:**
- 4. Goal and Objectives of the Project:**

Briefly state the overall goal and objectives of the Project, including total number of LNG-IUSs requested, and list all collaborating partners (from abroad and within country). Also list the selection criteria used for choosing clients who will be offered the LNG-IUS.

### **5. Project Achievements to Date:**

- 5.1 List the number of LNG-IUS supplied to date by the ICA Foundation and the dates they were received. Mention any difficulties experienced in receiving the product from the Foundation.
- 5.2 List any meetings and/or training sessions that were held for management purposes, service provider knowledge and skill building purposes, or to ensure efficient delivery of the LNG-IUS product and associated project activities.
- 5.3 Please complete Table 1, presented below. List the number of sites/centers where the LNG IUS is being inserted, the number of devices inserted at each site and the total number available at the time of the Progress Report.

*Also in paragraph form*, please describe the supply status of the donation, where the product is stored, amount of stock available, and any issues with expiration of the LNG-IUS. Comments about individual sites can also be included in table 1.

- 5.4 Provide information on the cost of the product to the client, and any costs for insertion or removal, including clients who will be offered the product free of charge, and how the pricing decisions were made.
- 5.5 Provide some commentary on the performance of the different sites/centers, referring to the table, especially if some sites/centers are inserting significantly

more or less LNG-IUS than others. Please include any known details that sites may be facing to account for such differences.

- 5.6 Please provide an overview of the general reasons for the insertions, e.g. for contraception (interval, post-abortion, post-partum) or menorrhagia in the table. Also, include numbers and reasons for LNG-IUS removals that have occurred.

## **6. Challenges and Solutions:**

Please list all of the challenges faced in implementing the project and solutions tried or help needed from the ICA Foundation or others. Include any problem in receiving the LNG-IUS from the Foundation, in storing or transporting the products, and any issues faced in distributing them to individual service delivery sites.

## **7. Future Activities/Plans:**

Please list the planned activities for the next 6 months or longer and any assistance needed from the ICA Foundation. Please include projected dates and itemized activities.

## **8. Other methods available in contraceptive method mix**

Please give a brief description of the other methods of contraception that are available and distributed within the program's different sites/centers. Please mention if Copper-T IUDs are available and distributed. Include this information in paragraph form.



