

Elements of Family Planning Success Toolkit

What elements are needed to make family planning programs successful? Health care professionals around the world have identified the top 10 essential components that program managers, policy makers, service providers, and others can focus on to make their efforts a success. Some 500 survey respondents from 98 countries made suggestions as to what are the most important and challenging elements of a successful family planning program. Another 280 health care professionals from 60 countries discussed the findings of the survey online. K4Health staff organized the findings into 10 categories.

The 10 elements of family planning success include:

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- [Supportive Policies](#) ^[1]
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 - [Leadership and Management](#) ^[3]
 - [Effective Communication](#) ^[4]
 - [Contraceptive Security](#) ^[5]
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 - [Integrated Services](#) ^[10]

These elements are on the navigation tabs on the right side of this page and throughout the toolkit. Use the tabs to view lists of resources that you can download, adapt, and use in your work.

This toolkit contains more than two dozen audio and video [interviews with family planning experts](#) ^[11], up-to-date background and reference materials, job aids and other tools, PowerPoint presentations, books, manuals, briefs, case studies, fact sheets, newsletters, pamphlets, posters, project reports, reviews, and teaching and training materials. Resources listed are from more than 80 organizations.

If you have an experience to share about family planning programming, we invite you to tell us about it through the [feedback form](#) ^[12], where you can also suggest new resources. To find out if a resource has already been included in this toolkit, type the title in the search box. For more information about this toolkit and other K4Health toolkits, please click on [About](#) ^[13].

Contraceptive Options

To learn more about specific contraceptive methods, please visit K4Health's other family planning toolkits:

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- [Condom Use](#) ^[14]
 - [Emergency Contraception](#) ^[15]
 - [Implants](#) ^[16]
 - [Injectables](#) ^[17]
 - [IUD](#) ^[18]
 - [Lactational Amenorrhea Method](#) ^[19]
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How can I make a comment or give feedback?

What are K4Health Toolkits?

[K4Health Toolkits](#) ^[23] are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

What is the purpose of this toolkit?

K4Health's predecessor (The INFO Project) initiated the Elements of Family Planning Success activity to provide recommendations made **by** program managers and policy makers **to** program managers and policy makers. Health care professionals from around the world identified the top 10 elements essential for the success of family planning programs. The INFO Project and the follow-on K4Health Project then merged this local knowledge with evidence-based information gathered worldwide to develop a package of resources, including this toolkit. (Other resources in the package include a [Population Reports](#) ^[24] issue and [Family Planning Programming -- Elements of Success](#) ^[25] e-learning course.)

Who developed this toolkit?

INFO Project staff surveyed health care professionals around the world on what they felt were the most important elements of successful family planning programs. Survey respondents identified the top 10 elements most important to program success as well as the elements that are the hardest to achieve. Some 500 respondents from 98 countries replied. We followed the survey with a two-week online discussion forum using the [Implementing Best Practices Knowledge Gateway](#) ^[26]. About 280 health care professionals from 60 countries joined the discussion. INFO developed a package of resources based on the survey results, the forum discussion, and a synthesis of evidence-based information. K4Health staff selected the resources in this toolkit and organized them into the 10 categories.

What types of resources are included?

This toolkit provides relevant, reliable, and usable information related to 10 essential elements of successful family planning programs. The resources were selected with health policy makers, program managers, and service providers in mind. For example, the toolkit contains:

- Over two dozen audio and video interviews with family planning experts around the world.
- Up-to-date background and reference materials to design evidence-based, state-of-the art programs.
- Job aids and other tools to increase the effectiveness and quality of program activities and services.
- PowerPoint presentations and other quality information resources that can be downloaded and adapted to better serve local circumstances and languages.
- Various publication formats including books, manuals, briefs, case studies, fact sheets, newsletters, pamphlets, posters, project reports, reviews, teaching and training materials, photos, tools, and job aids.

Who are the intended audiences?

Program managers and others are encouraged to use this toolkit to share their successes and lessons learned, network with people around the world, solve problems, bounce ideas off each other, and ultimately create a better program. Key audiences of this toolkit include policy makers, program managers, service providers, and others who want to strengthen their programs. We invite you to [suggest resources](#) ^[12] or adapt the resources in this toolkit to suit your local circumstances and languages.

How do I get started using this toolkit?

To **browse** the contents of this toolkit, use the navigation to view resources related to the 10 elements of family planning success. You can also use the **search** box if you know what you are looking for or have a specific item in mind.

Resources in this toolkit can be downloaded and adapted for teaching and training, research, advocacy, policymaking, and program management. Some of the tools are readily available in an adaptable format (for example, Microsoft PowerPoint presentations or Word documents). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source.) If you do use these tools or adapt them, we would love to hear from you. [Please e-mail us](#) ^[27]. (To make a comment about the toolkit or suggest a resource, use the [feedback form](#) ^[12].)

How can I suggest a resource to include in this toolkit?

We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in the toolkit, please use the [feedback form](#) ^[12] to suggest them. The toolkit collaborators will review and consider your suggestions.

How can I make a comment or give feedback?

If you have comments about the toolkit, please use the [feedback form](#) ^[12]. Your feedback will help to ensure the toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn from and adapt your experiences.



Related eLearning Courses:

[Family Planning Programming - Elements of Success](#) ^[28]

Supportive Policies



Family planning programs need high-level support to operate successfully. Supportive policies, statutes, and regulations, at both the national and operational level, lay groundwork for family planning service delivery. Operational policies—also known as “service delivery policies”—are the link between national policy and service delivery performance. While national policies often describe what should be done, operational policies often explain how it should be done and establish systems for delivering services. Advocacy efforts with a focus on the benefits of family planning can build political will, support, and commitment to high quality family planning service delivery.

This section of the Toolkit contains both audio and video [interviews with family planning experts](#)^[29] discussing the importance of supportive government policies to the success of family planning programs as well as a range of tools and resources for family planning policy making.

To access a wealth of family planning advocacy materials, please visit the [Family Planning Advocacy Toolkit](#)^[30], which includes a wealth of information on [family planning policy](#)^[31].

Have a suggested resource or comment about this section? Please visit our [feedback form](#)^[12].

Resources:

• **Model List of Essential Medicines (18th edition)**

The Model List of Essential Medicines from the World Health Organization presents a list of minimum medicine needs for a basic health care system and essential medicines for priority diseases. The Model List covers contraceptive methods. The WHO Model Lists of Essential Medicines has been updated every two years since 1977.

For additional editions and languages, please click [here](#)^[32].

• **Policy: Building the foundation for system, services, and supplies**

Policies set the tone for family planning programs. Ministries of Health play a primary role in developing health sector policy, with the aims of improving health system performance and promoting the health of the people. Policies and laws that affect health systems and health outcomes are also developed outside the health system.

This 8-page brief describes various policy levels, the importance of policies for family planning, and tips on supporting and implementing effective policy change.

• **Linking Health Policies with Health Systems and Health Outcomes: A Conceptual Framework**

This conceptual framework is designed to show the flow from health-related policy development to health-related policy and program implementation. The framework has been developed based on an extensive review of health policy and health systems literature and decades of experience in the policy areas related to family planning, reproductive health, HIV/AIDS, and maternal health.

• **The Policy Dimensions of Scaling Up Health Initiatives**

This paper focuses on efforts to scale up interventions in family planning (FP) and reproductive health, and maternal, neonatal, and child health (MNCH) in developing countries. It defines “scale-up” and describes some of the frameworks and approaches to scale-up found in recent health literature and how such approaches address policy.

• **National Guidelines Update Process: Key Steps**

These PowerPoint slides identify guideline components and lead the reader through the best practices for development, update, and dissemination of national guidelines.

• **Evidence-Based Planning for Sustainability of Government RH Services**

This training manual is designed to be used to prepare local government health teams to use evidence-based methods and develop long-term plans to strengthen their reproductive health programs.

• **Spectrum Policy Modeling System, FamPlan**

A program to project family planning requirements in order for consumers and/or nations to reach their goals of contraceptive practice or desired fertility. Event date: 2008

• **Introducing WHO's Sexual and Reproductive Health Guidelines and Tools into National Programmes**

This document provides general principles for a systematic approach to the adaptation and adoption of guidelines developed by WHO to improve sexual and reproductive health. Its purpose is to encourage the implementation of evidence-based interventions identified in various WHO sexual and reproductive health practice guides. The introduction of interventions depends on the circumstances, contextual issues and development stages of programmes.

• **Creating a Supportive Legislative and Regulatory Framework**

This policy brief is intended to give guidance to policy-makers and others engaged in planning and implementing policies and programmes in sexual and reproductive health. It elaborates on one area of action outlined in the WHO Global Reproductive Health Strategy, by explaining what is meant by a supportive legislative and regulatory framework and providing examples of actions that can be undertaken to create such a framework. It covers three aspects of a supportive legislative and regulatory framework: developing national laws and policies that respect human rights, ensuring that national regulations and policies meet international standards, and removing policy and regulatory barriers and restrictions.

• **PolicyMaker 4 Software : Computer-Assisted Political Analysis**

PolicyMaker is a rapid assessment method for analyzing and managing the politics of public policy. Politics affects all aspects of public policy -- what gets on the agenda, who supports an issue, who opposes an issue, whether an issue receives official approval, and whether the official policy is implemented. PolicyMaker is a logical and formal procedure to provide practical advice on how to manage the political aspects of public policy. The method helps decision-makers improve the political feasibility of their policy. Polimap is offering you the opportunity to download a free copy of PolicyMaker Lite. PolicyMaker Lite is an earlier version of PolicyMaker (2.x), without help files or report writing features. Using PolicyMaker Lite you can perform complete analyses of political problems, and use PolicyMaker Lite to improve your policy's chances of success.

Evidence-Based Programming



Successful family planning programs adhere to the latest evidence-based guidance on medical eligibility and service delivery. This section of the Toolkit offers a collection of up-to-date, science-based, international guidance on family planning service delivery from trusted organizations including the World Health Organization.

Family planning programs should also use research, monitoring and evaluation to guide design and implementation. The **M&E tools** ^[33] collected in this section of the Toolkit provide crucial information for deciding wisely how to develop in new directions, solve problems, assess effectiveness and make adjustments.

For country-specific examples of evidence-based programming, please visit the **Country Experiences** ^[34] page.

Have a suggested resource or comment about this section? Please visit our [feedback form](#) ^[12].

Resources:

• Family Planning: A Global Handbook for Providers

The new handbook, *Family Planning: A Global Handbook for Providers*, offers clinic-based health care professionals in developing countries the latest guidance on providing contraceptive methods. Primary features of the handbook include:

- First of its kind—developed through a unique, organized process, in which experts from around the world have come to consensus on practical guidance that reflects the best available scientific evidence.
- Expands and improves on its predecessor, *The Essentials of Contraceptive Technology*, by covering more methods and more related topics and strengthening the evidence base for its guidance.
- Covers more content, but still focuses on the essentials that family planning providers need to provide family planning clients with good-quality care.
- Written in plain terms and organized for quick reference, the book serves as a resource for all levels of health care providers.
- One of the **World Health Organization's (WHO) 4 cornerstones of family planning guidance** Together, the 4 cornerstones support the safe and effective provision and use of family planning methods and can be used to develop national guidelines. As the fourth cornerstone, *Family Planning: A Global Handbook for Providers* offers technical information to help health care providers deliver family planning methods appropriately and effectively.
- Prepared through a unique collaboration among Johns Hopkins Bloomberg School of Public Health, the World Health Organization, the United States Agency for International Development and technical experts from over 30 organizations around the world. These and many more organizations have signed on as supporters of the book.
- Translations are available in seven languages:
 - [Arabic](#) ^[35]
 - [French](#) ^[36]
 - [Farsi](#) ^[37]
 - [Hindi](#) ^[38]
 - [Portuguese](#) ^[39]
 - [Romanian](#) ^[40]
 - [Russian](#) ^[41]
 - [Spanish](#) ^[42]
 - [Swahili](#) ^[43]

- [Tajik](#) ^[44]

• **Medical Eligibility Criteria for Contraceptive Use (4th edition)**

This document reviews the medical eligibility criteria for use of contraception, offering guidance on the safety of use of different methods for women and men with specific characteristics or known medical conditions. The recommendations are based on systematic reviews of available clinical and epidemiological research. It is a companion guideline to Selected practice recommendations for contraceptive use. Together, these documents are intended to be used by policy-makers, programme managers, and the scientific community, to support national programmes in the preparation of service delivery guidelines.

• **Menu of Practices: Practical Guidance for Improving Reproductive Health and Family Planning Policy and Programming**

A large gap still exists between the spheres of research and practice, leading to delays of a decade or longer before widespread use of conclusive evidence. The "Menu of Practices" aims to bridge this gap by ensuring that policy-makers, health practitioners, and other decision-makers are able to quickly and efficiently access, understand, and implement recommendations stemming from new and under-used research findings in reproductive health and family planning. Each of the Menus in this package includes recommendations to improve reproductive health policies and practices, and includes suggested tools and resources to support implementation.

Interviews with Family Planning Experts

This series of video interviews with family planning experts focuses on the importance of monitoring and evaluation and research in family planning programming. Dr. Jane Bertrand, Director of Johns Hopkins Center for Communication Programs, talks about monitoring and evaluation as an important component to successful family planning programs and describes some of her own experiences in monitoring and evaluating family planning programs. Dr. Sian Curtis, Director of USAID's MEASURE Evaluation Program, talks about the purpose and importance of monitoring and evaluation and discusses some of the barriers that are faced in program implementation, such as resources, time and staffing, and the importance of planning ahead when implementing a monitoring and evaluation system.

Additionally, Dr. Joe Speidel of the Bixby Center for Global and Reproductive Health at UCSF talks about his entry into the field of family planning and how relatively quick of an effect family planning has in reducing fertility and population growth once family planning is invested in (examples including the U.S. and many developing countries). Dr. John Townsend, Vice President and Director of the Population Council's Reproductive Health Program, talks about the importance of listening to clients and shaping programs around their needs.

Resources:

• **Video Interview: Dr. Jane Bertrand Talks about M&E, Part 1**

Hear Dr. Jane Bertrand highlight the importance of M&E in a family planning program and provide some advice to program managers when implementing M&E components, including to use existing resources, to start monitoring and evaluation at the beginning of your program and to be practical with your plan and implementation of M&E strategy.

Watch the video on <https://www.youtube.com/v/mpch0tJ1Blg?version=3> ^[45]

• **Video Interview: Dr. Jane Bertrand Talks about M&E, Part 2**

Listen to Jane Bertrand from CCP talk about monitoring and evaluation and its importance, among other successful elements, as a component to family planning programs. She addresses some of the challenges with M&E planning and implementation as well as using her own experiences to lend to advice for successful M&E promotion and strategy.

Watch the video on <https://www.youtube.com/v/Ms4xBww0EPg?version=3> ^[46]

- **Video Interview: Dr. John Townsend Discusses Research**

John Townsend, head of Population Council's Reproductive Health program, emphasizes the importance of listening to clients and shaping programs around their needs. Dr. Townsend also details some new contraceptive technologies in the works for both men and women.

Watch the video on <https://www.youtube.com/v/ECMNPXXXd48?version=3> ^[47]

- **Video Interview: Dr. Sian Curtis Explains the Purpose and Importance of M&E**

In this clip Sian Curtis from MEASURE explains the purpose and importance of monitoring and evaluation in a family planning program, the history of M&E in the field of reproductive health and provides an example of an ideal M&E program in Turkey and the details of this program that made the system so successful.

Watch the video on <https://www.youtube.com/v/dT5a4HtLEFk?version=3> ^[48]

- **Video Interview: Dr. Sian Curtis Talks about M&E and Common Pitfalls**

Listen to Sian Curtis, a M&E expert from MEASURE, detail the importance of monitoring and evaluation systems in family planning programs and some of the barriers that are faced in effective implementation, such as resources, time and staffing, and the importance of planning ahead when implementing an M&E system.

Watch the video on <https://www.youtube.com/v/wB3146r5J5s?version=3> ^[49]

- **Video Interview: Dr. J. Joseph Speidel Provides an Introduction to the Field of Family Planning**

Listen to Sian Curtis, a M&E expert from MEASURE, detail the importance of monitoring and evaluation systems in family planning programs and some of the barriers that are faced in effective implementation, such as resources, time and staffing, and the importance of planning ahead when implementing an M&E system.

Watch the video on <https://www.youtube.com/v/CrjknDrVMec?version=3> ^[50]

Monitoring & Evaluation

Family planning programs should monitor their processes and evaluate their outcomes to determine whether they are effectively reaching clients with the information and services needed to achieve desired health outcomes in their communities. The monitoring and evaluation (M&E) guidance and tools available in this section of the Toolkit offer insight into how to measure the success of a family planning program, from establishing indicators to documenting processes and outcomes to analyzing M&E data and using the results to inform quality improvement efforts.

Resources:

- **Family Planning and Reproductive Health Indicators Database**

This database provides a comprehensive listing of the most widely used indicators for evaluating family planning and reproductive health programs in developing countries. The database contains definitions, data requirements, data sources, purposes, and issues for core indicators along with links to other websites and documents containing additional family planning and reproductive health indicators.

The Indicator Database replaces the *Compendium of Indicators for Evaluating Reproductive Health Programs* (MEASURE Evaluation, 2002) and was developed and is managed by the MEASURE Evaluation Population and Reproductive Health (PRH) project. Although funded by the United States Agency for International Development (USAID), it applies to family planning and reproductive health programs sponsored by a variety of funding agencies, governments, or NGOs worldwide. Specifically, the database provides a menu of indicators to be used selectively as part of the evaluation of national programs, regional programs, and country projects.

This is a dynamic site, being updated as-needed as family planning and reproductive health research and programming changes and evolves. Although all of the core indicators by crosscutting or specific programmatic areas have been identified, not all of the indicator guidance has been developed. The guidance will be uploaded to the database when it becomes available.

- **Reality √: A Planning and Advocacy Tool for Strengthening Family Planning Programs**

Reality √ is a family planning projection tool consisting of a straightforward Excel Workbook that allows one to assess past trends in the contraceptive prevalence rate and test future scenarios for the geographic area in which one's program is operating. The tool also allows users to test and assess whether established goals are reasonable based on the local, specific context. Beneficiaries of the tool would include Ministry of Health planners and administrators at the national, provincial, or district levels, as well as family planning programmers at donor agencies or cooperating agencies.

- **M&E Fundamentals: A Self-Guided Minicourse**

This course is based on the M&E fundamentals Web course created by MEASURE Evaluation for the U.S. Agency for International Development's Global Health Learning Web site at <http://www.globalhealthlearning.org> ^[51]. It follows an interactive version of the course found in MEASURE Evaluation's online training resource Monitoring & Evaluation Network of Training Online Resources (MENTOR), available at <http://www.cpc.unc.edu/measure/publications/ms-07-20> ^[52].

- **Couple Years of Protection (CYP)**

From the U.S. Agency for International Development (USAID), this web page explains what couple years of protection (CYP) is, how it is calculated, and the CYP conversion factors that USAID uses for various contraceptive methods.

- **M&E Fundamentals Course**

This course highlights key program elements that can be monitored, such as supply inventories, number of vaccine doses administered monthly, and patient outcomes. It specifies the requirements for evaluations, such as data collection, control groups, and a well-planned study design. It stresses the importance of M&E to make informed programming decisions, ensure the best use of resources, and objectively assess the extent to which a program is having or has had a desired impact.

Leadership & Management



Leadership and management have been described as

two sides of the same coin: Each is equally essential for any organization to achieve its purpose. Often program managers play the roles of both leader and manager. The vision and innovation of strong leaders and advocates help lay a strong foundation for family planning programs. Leaders use creative thinking and innovation to build an overall vision for their programs, and they inspire others to make the changes needed to realize that vision. Managers deal with day-to-day complexities, such as planning and organizing resources to achieve objectives, implementing activities, problem-solving, and monitoring and evaluating progress.

Strong leadership and good management help programs improve and expand services, scale up best practices, and navigate change. Many tools are available to help managers, supervisors and others organize and run a program to ensure a smooth and efficient operation. These include opportunities for training and professional development, assessment tools and strategies for quality improvement, guidance on organizing programs for maximum effectiveness, and tools for supervision.

To browse a more comprehensive collection of resources relevant to leadership and management, please visit the [Leadership and Management Toolkit](#) [53]. The Leadership and Management Toolkit provides evidence-based guidance and tools to update, expand, or develop leadership and management skills in health managers and service provision programs.

Have a suggested resource or comment about this section? Please visit our [feedback form](#) [12].

Resources:

• **Health Systems in Action: An eHandbook for Leaders and Managers**

This handbook brings together effective practices in leadership, management, and governance from decades of worldwide field experience in public health. It includes effective practices in key management systems that all work together to improve health. In addition, it draws on the practical approaches for leading and managing. The aim is to provide a comprehensive, practical guide and a set of tools and resources that address common issues in leading and managing health services. This book is intended for health care managers and leaders in the public sector and for those working in civil society organizations large and small, including those that are faith-based and community-based. Teachers, trainers, and facilitators can use the materials in this book to design trainings in leadership, management, and organizational development, and to provide orientation materials for new managers.

• **Management and Organizational Sustainability Tool (MOST)**

The Management and Organizational Sustainability Tool (MOST) is a process for improving an organization's management, with the end result of contributing to improved services. This section of the MOST guide explains what MOST is, how it differs from other management assessment processes, how organizations can benefit from using MOST, how the assessment instrument is organized, and how the MOST process works.

• **Human Resource Management (HRM) Rapid Assessment Tool for Health Organizations**

The Human Resource Management (HRM) Rapid Assessment Tool offers a method for assessing an organization's

Human Resource Management system and how well it functions. The HRM Rapid Assessment Tool helps users to develop strategies to improve the human resource management system and make it as effective as possible. It can also serve as a basis for focusing discussions, brainstorming, and strategic planning. It is designed to be used in public and private-sector health organizations.

• **Menu of Indicators on Management and Leadership Capacity Development**

This Menu was originally developed under the Management and Leadership (M&L) Program in 2003. It has been revised to include additional indicators validated during the implementation of the M&L Program and developed to monitor LMS program performance.

• **Creating a Work Climate that Motivates Staff and Improves Performance (Global Health Technical Briefs)**

This brief provides information on how to create a work climate that motivates staff and improves performance. It discusses:

- Good leadership and management
- Three key dimensions of work climate
- Assessment of the climate
- How to take action

• **Workgroup Climate Assessment (WCA) Tool and Guide for Facilitators**

This Guide is for managers, supervisors and others who want to better understand and measure workgroup climate. The first part of the Guide provides an overview of climate and the Workgroup Climate Assessment (WCA) tool and explains how to use the WCA as part of an organizational improvement process. The annexes of the Guide include all the necessary materials for facilitating a short workshop to administer the WCA with a workgroup and analyze the results. Facilitators who will be using the WCA with a workgroup should read the entire Guide to become familiar with the tool, its participatory philosophy, and the steps involved in using it. For any updates to the WCA tool or Guide, users of this Guide should refer to “Workgroup Climate Assessment” in the Leadership Development section of [The Health Manager's Toolkit](#) ^[54].

• **Managers Who Lead: A Handbook for Improving Health Services**

Health program managers everywhere grapple with the same challenges: Tackling complex health problems with limited resources. Defining priorities. Inspiring staff. Initiating change. Demonstrating measurable results.

Managers Who Lead empowers health managers at all levels of an organization to lead teams to face challenges and achieve results. It answers questions such as: How do I create a shared vision of better health and a clear plan for achieving it? What can I do to improve work climate? How can I prepare myself and others for higher levels of responsibility? How do I lead change inside and outside my organization?

Whether you work in the public or private sector, this handbook is essential reading. It offers a wealth of resources, including exercises for managers and facilitators. Real-life examples illustrate how to transform your work groups and organizations into high performers.

• **Leading and Managing Framework**

This 1-page brief highlights key elements for leaders and managers to employ to achieve efficient and successful programs and organizations.

• **The Health Manager's Toolkit**

The toolkit is an electronic compendium of tools designed to assist health professionals in their efforts to provide accessible high-quality and sustainable health services. The tools have been developed by organizations working throughout the world to improve the delivery of health services.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts highlights issues related to leadership and management of family planning programs. The interviewees address the importance of strong and influential leadership; leadership development; and community involvement. For example, Margaret Neuse, Emeritus Director of USAID's Office of Population and Reproductive Health, talks about the importance of training local staff for leadership roles. Bright Ekweremadu, Managing Director of Society for Family Health, and Mike Egboh, a Country Representative for Pathfinder International, both of Nigeria, talk about the importance of community involvement, including community acceptance and input, recognizing the community and religious leaders and cooperating with the community leaders.

Resources:

- **Video Interview: Bright Ekweremadu Talks About Leadership and Community Involvement**

Bright talks about community involvement and how they must accept and support a family planning intervention. Buying confidence of stakeholders and community leaders is an important first step to most of SFH's interventions and this lends greatly to successful FP programs. Bright also discusses partnerships with religious groups and religious leaders in the creation of FP policies and programs.

Watch the video on <https://www.youtube.com/v/rJHalL8clww?version=3> ^[55]

- **Video Interview: Mike Egboh Discusses the Role of Community and Religious Leaders**

Mike Egboh talks about how to consider community's input and the importance of recognizing the community and religious leaders when planning and implementing FP programs. Understanding the functioning and mentality of the community is of utmost importance, conveying appropriate messages to those affected and cooperating with these local leaders is one way to succeed.

Watch the video on <https://www.youtube.com/v/0Z6oOu2I-Aw?version=3> ^[56]

- **Video Interview: Mike Egboh Talks About Leadership Development and Mentors**

Mike Egboh talks about some leaders who played important roles in the formation of his profession and personal success. Egboh also questions leadership development, the importance of visionary leadership in FP programming and required decisions, mentality and mentorship needed for strong leadership development.

Watch the video on <https://www.youtube.com/v/dFXMILfNKeU?version=3> ^[57]

- **Video Interview: Dr. Duff Gillespie Discusses the Challenges of Program Funding**

Dr. Duff Gillespie explains the challenges program managers face when trying to access and secure sufficient funds to run their programs. He discusses approaches to convince policymakers to invest in a program, and what family

planning managers can do to ensure that their mission is fulfilled by matching resources with the programmatic mission.

Watch the video on <https://www.youtube.com/v/63MLUNIVrC0?version=3> ^[58]

- **Video Interview: Dr. Winifride Mwebesa Speaks about Programs Partnering with Islamic Leaders**

In working with the key stakeholders, Dr. Mwebesa explains, programs can overcome obstacles to family planning success. In Mali, Save the Children has partnered with the National Islamic Committee to support family planning from the local level to the regional level. With the understanding that family planning prevents maternal and newborn mortality, imams have become family planning champions.

Watch the video on <https://www.youtube.com/v/J7hf0u9a1ro?version=3> ^[59]

- **Video Interview: Margaret Neuse Talks about the Importance of Leadership**

Listen to Margaret Neuse, Emeritus Director of USAID's Office of Population and Reproductive Health, talk about the importance of leadership, specifically USAID's role in leading global efforts of family planning programming. Neuse stresses the importance of training local staff for leadership.

Watch the video on <https://www.youtube.com/v/jVRz1TkqH04?version=3> ^[60]

- **Video Interview: Dr. Purnima Mane Explains UNFPA's Role in Strong Leadership and Supportive Government**

Purnima Mane from UNFPA explains the relationship between family planning and sustainable development and explains UNFPA's role in providing data to influence advocacy, planning and policy makers. Purnima also details government's role in family planning and the importance of integration of family planning programs into development plans.

Watch the video on <https://www.youtube.com/v/ekWzEFb1Apk?version=3> ^[61]

- **Video Interview: Dr. Purnima Mane Discusses Family Planning Leadership on a Global Scale**

Purnima Mane from UNFPA explains the history and development of family planning as a global health focus, including details of Millennium Development Goals and other global initiatives. She also emphasizes the importance of continuing advocacy and resources for family planning and stresses the continued importance of access.

Watch the video on https://www.youtube.com/v/-LUnvD-J_Dg?version=3 ^[62]

- **Audio Interview: Dr. Mohammad Eslami Talks about Strong Leadership and Supportive Policies**

In this audio clip, Dr. Mohammed Eslami discusses family planning in Iran and the religious factors associated with family planning. He directly addresses Islam's role in Iran's national family planning program and explains how the expected differences in views and interpretations of family planning can be united for a successful national program.

Effective Communication



The highest quality, most accessible health care services are pointless if people do not know about them or want them. Effective behavior change communication (BCC) activities raise awareness about family planning, motivate individuals to seek services, and help them to successfully use their contraceptive method of choice. BCC also helps couples discuss their fertility desires and contraception, encourages behavior change, and helps to make contraceptive use a community norm. Strategic BCC programs use a systematic process to develop and carry out communication activities, drawing on behavioral theory. They also use a mix of mass media, interpersonal, and community-based communication channels.

Please visit the [Family Planning Advocacy Toolkit](#) [30] for resources on effective communication for family planning advocacy. In the [Effective Communication](#) [63] section of the Toolkit, you will find resources for:

- [developing communication skills](#) [64];
- [communication tools](#) [65] that can be used for family planning advocacy;
- and guidance for [communicating with religious and spiritual leaders](#) [66], [working with the media](#) [67], and [engaging champions](#) [68].

Have a suggested resource or comment about this section? Please visit our [feedback form](#) [12].

Resources:

• Social and Behavior Change Communication (SBCC): Capacity Assessment Tool

C-Change developed the Social and Behavior Change Communication Capacity Assessment Tool (SBCC-CAT) in two versions--for use with **organizations** (to assess program and staff capacity in SBCC), and with **donors and networks** (to assess their own capacity and that of the partners they support and manage). Together with a facilitator, organizations can use this tool to determine their competencies in five areas:

1. SBCC Situation Analysis
2. SBCC Strategy Development
3. SBCC Materials Development
4. SBCC Implementation, and
5. SBCC Monitoring and Evaluation (M&E)

The tool follows a participatory three-stage process, ending with a discussion around findings and the development of a capacity strengthening plan. It can be used by any organization interested in improving the design, implementation and M&E of its health and development SBCC programs. By using this tool, donors and program planners can identify the strengths and weaknesses of current programs and define activities to strengthen and refocus programs to improve the overall quality of their SBCC efforts.

• **C-Modules: A Learning Package for Social and Behavior Change Communication**

The C-Change project created this learning package for facilitated, face-to-face workshops on social and behavior change communication (SBCC). The package includes a series of six modules for communication practitioners working in development. A facilitator's guide accompanies each module.

The C-Modules contain the following downloadable documents:

- *Practitioner's Handbook* for each of the six modules (0–5)
- *Facilitator Guide* for each module, with tips and examples, as well as *Facilitator Preparation*
- *Additional Resources*

The Introduction Module, numbered 0, outlines the overall SBCC framework, including the five steps of C-Planning for SBCC (see graphic). Each of the next five modules focuses on one distinct step of the SBCC planning process:

Module 1: Understanding the Situation

Module 2: Focusing & Designing

Module 3: Creating

Module 4: Implementing & Monitoring

Module 5: Evaluating & Replanning

• **Communication for Better Health: How Family Planning Program Managers Can Build Effective Behavior Change Communication Programs (Population Reports)**

This report focuses on helping family planning and reproductive health program managers establish behavior change communication (BCC) programs. To meet their goals, family planning program managers must build behavior BCC into their overall strategies. BCC is a process that motivates people to adopt healthy behaviors and lifestyles. The report reviews the research documenting the influence of BCC programs on people's reproductive health behavior. It also provides a summary of the main steps involved in developing strategic BCC programs and gives guidance on how to plan for the long-term success of BCC.

• **Tools for Behavior Change Communication (INFO Reports)**

Many health and development programs use behavior change communication (BCC) to improve people's health and wellbeing, including family planning and reproductive health, maternal and child health, and prevention of infectious diseases. BCC is a process that motivates people to adopt and sustain healthy behaviors and lifestyles. Sustaining healthy behavior usually requires a continuing investment in BCC as part of an overall health program. The tools in this issue of INFO Reports are meant to help with planning and developing a BCC component in family planning programs. The same tools can be used, however, for any health or development-related BCC program. (excerpt)

• **Entertainment-Education for Better Health (INFO Reports)**

This issue of INFO Reports discusses three aspects of entertainment-education to improve family planning/reproductive health and prevent HIV infection: 1) How E-E works and its potential effects on knowledge, attitudes, and behavior; 2) The best uses of the various E-E formats; and 3) The important steps for managing E-E projects, within the framework of the general process for developing communication programming. Managers of family planning/reproductive health programs and policy makers can use this report to become more knowledgeable advocates for E-E and better prepared to oversee E-E projects. Also, this report can help E-E managers with choosing formats and producing E-E products. For radio or TV dramas, a checklist includes the tasks that are the responsibility of the E-E manager.

• **Health Communication Materials Database**

This searchable database provides access to materials related to health communications. Users can search by country, region, subject, type of material, and language.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts examines the role of communication and behavior change communication in family planning. Interview discussion of behavior change communication in general and the media's role in behavior change are included. Experts talk about the importance of communication programs in successful family planning programs and the importance of behavior change theories in family planning decision-making. Additionally, specific program experiences in communication strategies and campaigns are described.

Ruwaida Salem, Senior Technical Writer at Johns Hopkins Center for Communication Programs, provides a history of family planning communication, reviews communication strategies and methods, and talks about the importance of understanding behavior change theories and the local context for family planning programs to best assist and support family planning decision-making. Ed Scholl, Director of Public Health Programs at FHI, talks about the media's role in behavior change and points to ways the media can help and hinder family planning.

Resources:

- **Video Interview: Dr. Sadauki Emphasizes the Role of Community Involvement and Ownership**

Dr. Sadauki emphasizes the role of the community in family planning program. He addresses the importance of their feeling of ownership and involvement with the program for the success of the program, as well as the sustainability. Dr. Sadauki also provides personal examples from Nigeria's COMPASS program to demonstrate the importance of community's role.

Watch the video on <https://www.youtube.com/v/FGXTNRj8WMI?version=3> ^[69]

- **Video Interview: Bright Ekweremadu Provides an Overview of Communication and Outreach Strategies in Nigeria**

Bright provides an overview of the set-up of successful Nigeria communication and outreach strategies as well as discusses the influences on mass media and mobilization strategies on a large scale and a small scale, community-approach. Take note of some fantastic creative examples of communication and community-involvement activities that he covers!

Watch the video on <https://www.youtube.com/v/n73Hu-nUGnI?version=3> ^[70]

- **Video Interview: Ed Scholl Talks about Media's Role in Behavior Change**

Ed Scholl points to ways the media can help and hinder family planning. He says media campaigns can be the first step in the chain leading to behavior change, for example, helping parents talk to their children about reproductive health issues. He says programs should counter misinformation on reproductive health in the popular media, which often depict sexual activity without commitment, consequences, or condoms.

Watch the video on <https://www.youtube.com/v/RBQTOM3jcVU?version=3> ^[71]

- **Video Interview: Claire Stokes Details Aspects of Creative Management**

In this clip Claire Stokes from PSI details aspects of creative management, providing an example of a unique collaboration with a local Togo media outlet to provide family planning communication and mobilization messages.

Watch the video on <https://www.youtube.com/v/uTPRnim7bE4?version=3> ^[72]

- **Video Interview: Claire Stokes Highlights Two Outreach and Communication Campaigns**

Claire Stokes from PSI highlights two of her favorite outreach and communication campaigns, one emphasizing emergency contraceptive use in India and the second a umbrella campaign in the DRC over-viewing a variety of family planning aspects, including men's role and social influences of family planning.

Watch the video on <https://www.youtube.com/v/6O-aVz-K-eg?version=3> ^[73]

- **Video Interview: Claire Stokes Discusses PSI's Communication and Outreach Strategies**

Claire Stokes explains the great impact PSI has had on family planning programs and overall outcomes and pertinent aspects of family planning communication and outreach strategies to advocate and support family planning services.

Watch the video on https://www.youtube.com/v/3IUhiiR_ebw?version=3 ^[74]

- **Video Interview: Jose Rimon Discusses Behavior Change Communication**

From the Health Communication Project End of Project event, at Washington's National Press Club, came Jose Rimon II's 10 Big Ideas for the Future of Behavior Change Communication.

Watch the video on <https://www.youtube.com/v/xIDVI0I46oc?version=3> ^[75]

- **Audio Interview: Ruwaida Salem Talks about the Active Approach to Meeting Diverse Needs**

Listen to Ruwaida Salem, from CCP, talk about successful family planning programs and the importance of communication programs in their initiatives. She also addresses the importance of the communication message being appropriate for the local context and how it is pertinent to understand the baseline level of FP knowledge and understanding before forming a communication strategy.

- **Audio Interview: Ruwaida Salem Discusses the History of Family Planning Communication**

In this clip, Ruwaida Salem provides a history of family planning communication and how the strategy and approaches to FP communication has changed throughout the decades.

- **Audio Interview: Ruwaida Salem Discusses the Importance of Behavior**

Change Theories in FP Decision-Making

Here, Ruwaida Salem responds to Arvind Singhal's editorial about behavior change in family planning and the complexity of users' decision making. Ruwaida supports the understanding of a broad range of behavior change theories and the importance of exploring many of these theories and understanding the local context, when determining the most ideal FP intervention.

- **Audio Interview: Ruwaida Salem Speaks about Prioritizing Communication Strategies**

Listen to Ruwaida Salem, from CCP, explain the three methods of communication programs: mass media, interpersonal communication and community-based channels, and the importance of combining all channels when creating a communication strategy. Ruwaida also explains details and pros and cons of each of these methods to assist in determining the most ideal method for your program.

- **Audio Interview: Ruwaida Salem Talks about the Importance of Behavior Theories and Stakeholders in FP Communication**

Here, Ruwaida highlights behavior change theories and their role when planning and implementing a communication program. In this clip, Ruwaida also addresses the role of stakeholders when creating a program and provides a great examples and lessons learned from past experience.

Contraceptive Security



To succeed, a family planning program needs an uninterrupted supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Successful programs provide contraceptive security—that is they ensure that people are able to choose, obtain, and use high-quality contraceptives whenever they want them. Offering a full range of contraceptive options is also important. Contraceptive security requires planning and commitment on several levels to ensure that the necessary commodities, equipment, and other supplies are always available.

Several resources are available to help programs understand the local context and ensure contraceptive security. This section of the Toolkit includes tools that can help decision-makers measure a country's level of contraceptive security and tools that help program managers plan optimal procurement and delivery schedules for health commodities as well as monitor their orders throughout the supply chain.

Have a suggested resource or comment about this section? Please visit our [feedback form](#) [12].

Resources:

- **Contraceptive Security Indicators 2013**

The contraceptive security indicators in this tool are the type of information that country governments, policymakers, and advocates may decide to use to monitor and to help foster progress toward contraceptive security. The indicators cover various aspects of contraceptive security, including finance for procurement (capital), commodities,

policies (commitment), coordination and leadership, and the supply chain (capacity).

• **Contraceptive Security Index 2012: A Decade of Monitoring Progress and Measuring Success**

Without a reliable supply of contraceptives, family planning programs cannot provide quality services to clients. Critical to this is contraceptive security (CS)-where every person is able to choose, obtain, and use quality contraceptives. The Contraceptive Security Index measures countries' level of CS through a set of 17 indicators covering five strategic areas for over 60 countries. With new data collected in 2012, this represents a decade of scores since 2003. This decade corresponds to significant efforts by global donors to improve CS throughout the world. Results show global progress toward CS, with the highest component scores in supply chain, but most progress in finance. Notably, countries with the lowest scores in 2003 made the most progress, particularly in sub-Saharan Africa. Despite these achievements, challenges remain. The index can be used to advocate for CS, set priorities, improve resource allocation, and monitor progress toward achieving a secure supply of quality contraceptives.

• **Global Programme to Enhance Reproductive Health Commodity Security: Annual Report 2011**

UNFPA established the Global Programme to Enhance Reproductive Health Commodity Security in 2007 as a framework for assisting countries in planning for their own needs. As this report documents, progress in the five years since the programme was launched has been very significant. The Global Programme has mobilized \$450 million since 2007. While the trend towards greater emphasis on capacity development continues, support to reproductive health commodities through the GPRHCS 2008-2011 includes contraceptives worth 56 million couple-years of protection.

Within UNFPA, the Global Programme worked in collaboration with the Maternal Health Thematic Fund to provide programmatic support to ensure that life-saving maternal health drugs and supplies were available in all facilities. The GPRHCS also worked closely with the HIV/AIDS Branch to increase the availability of contraceptives in countries with high HIV prevalence and among vulnerable populations.

As the report details, since the programme began its work, contraceptive prevalence rates have increased, access to a wider range of appropriate family planning methods has expanded, access to lifesaving medicines for maternal health has widened, and fewer stockouts were reported at service delivery points. Capacity within countries to budget for and manage reproductive health supplies is also improving.

• **Contraceptive Security Brief: Engaging Service Delivery Providers in Contraceptive Security**

Service delivery providers represent an essential link between family planning and reproductive health programs and clients; their role is critical to achieving contraceptive security. The purpose of this brief is to 1) highlight the importance of service providers in contraceptive security; and 2) identify recommended entry points at various levels of the health system to strengthen the role of service providers in contraceptive security.

• **Contraceptive Security: A Toolkit for Policy Audiences**

This set of PRB policy briefs is designed to introduce the key elements of contraceptive security and provide field-based experiences to illustrate policy and programmatic advances. The set of policy briefs is meant to provide policymakers, program managers, advocates, and the media with basic information about achieving contraceptive security. It includes six briefs that address specific topics related to contraceptive security. Each brief includes key messages and supporting information, country-based experiences, and next steps for policy audiences to advance the policy and programmatic issue covered in the brief.

• **Contraceptive Security: Incomplete without LAPMs**

This advocacy brief provides information to health ministers and others about the attributes of long-acting and permanent methods of contraception (LAPMs) and offers practical advice for promoting LAPMs within a developing-country context.

- **Contraceptive Security: Practical Experience in Improving Global, Regional, National, and Local Product Availability**

At the Istanbul Conference in 2001, participants identified strategies for increasing contraceptive security to ensure that clients can choose, obtain, and use the methods they need. Particular emphasis was given to increasing donor funding for contraceptives and to ensure the government's work with the private and nongovernmental (NGO) sectors meets the contraceptive commodity needs of their populations. Since 2001, DELIVER and other cooperating agencies have worked at the global, regional, national and sub-national, and community level to implement the strategies from the Istanbul meeting; and to develop new approaches to improving contraceptive product availability. Five years after Istanbul, this report documents the progress made in improving contraceptive security. It begins by describing the experiences of contraceptive clients in different parts of the world. It describes the experiences countries have had in learning to understand their clients' needs and improve their contraceptive security. The report documents the lessons learned in increasing and diversifying contraceptive finance; understanding and expanding the total market; and working with the public, private, and NGO sectors to improve service delivery and product availability. It also describes different regional initiatives adopted in Latin America, Africa, and Eastern Europe; and it identifies new challenges countries face around procurement and donor coordination and how these challenges have been addressed. The report describes what has been done and defines what remains to be done to improve contraceptive product availability.

- **Media Advocacy for Contraceptive Security: A Tool for Strategy Development**

The Media Advocacy Tool is designed to help interested program managers, communication specialists, and representatives of funding agencies develop media relations strategies that will get reporters and editors interested in covering health issues related to contraceptive security. The drive to develop this tool originates from two recent international meetings on contraceptive security.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts covers issues related to contraceptive security. Dr. Robert Hatcher of Emory University talks about contraceptive method mix and having a broad range of services while Dr. Alan Bornbusch of USAID talks about supply chains and "choke points". Dr. Bornbusch gives examples of national contraceptive success stories in Bangladesh and Zimbabwe as well.

Resources:

- **Video Interview: Dr. Alan Bornbusch Provides Success Stories and Discusses Supply Chains**

Listen to Dr. Alan Bornbusch give examples of national contraceptive success stories, such as Bangladesh and Zimbabwe. Dr. Bornbusch includes an explanation of the role of the supply chains, potential bottlenecks and saving points for national contraceptive provision programs.

Watch the video on <https://www.youtube.com/v/y-iMyimmHnw?version=3> ^[76]

- **Video Interview: Dr. Alan Bornbusch Defines Contraceptive Security**

Dr. Bornbusch defines contraceptive security, presenting a holistic concept including method choice, accessibility, and informed use. "We need choice," he says, "and stockouts are unacceptable.

Watch the video on <https://www.youtube.com/v/Cl6W3-KcdA0?version=3> ^[77]

- **Video Interview: Dr. Alan Bornbusch Discusses Contraceptive "Choke Points" in Supply Chains**

Dr. Bornbusch explains why "choke points" in supply chains exist within countries, and why program managers when faced with low supplies shouldn't just wait for the next delivery. "Set off the fire alarm," says Dr. Bornbusch, "and address the stockout."

Watch the video on <https://www.youtube.com/v/W2zndEUPuow?version=3> ^[78]

- **Audio Interview: Dr. Robert Hatcher Talks about Having a Broad Range of Services**

Dr. Hatcher expresses frustration that even in the United States, it's difficult for women to access a broad range of contraceptives and services.

- **Audio Interview: Dr. Robert Hatcher Discusses Contraceptive Method Mix**

Dr. Robert Hatcher, author of *Contraceptive Technology*, discusses the connection between the status of women and the success of a family planning program. He stresses that preparing women for side effects increases the likelihood of correct and consistent use of new methods.

Forecasting

Resources:

- **Reality $\sqrt{\quad}$: A Planning and Advocacy Tool for Strengthening Family Planning Programs**

Reality $\sqrt{\quad}$ is a family planning projection tool consisting of a straightforward Excel Workbook that allows one to assess past trends in the contraceptive prevalence rate and test future scenarios for the geographic area in which one's program is operating. The tool also allows users to test and assess whether established goals are reasonable based on the local, specific context. Beneficiaries of the tool would include Ministry of Health planners and administrators at the national, provincial, or district levels, as well as family planning programmers at donor agencies or cooperating agencies.

- **The CastCost Contraceptive Projection Tool**

Based on many years of experience providing contraceptive logistics assistance and conducting population-based reproductive health surveys, CDC's Division of Reproductive Health developed a tool for quickly producing projections of a country or program's contraceptive needs. Known as the *Contraceptive Forecast and Cost Estimate Spreadsheet*, or *CastCost*, this tool was developed with support from the U.S. Agency for International Development.

This user-friendly tool provides an estimate of contraceptive quantities that will be needed for the next five years and how much they will cost. It can be used for a country as a whole or for different sectors (public or private) or for providers.

CastCost can also be used to—

- Make budget projections.
- Validate logistics-based contraceptive forecasts.
- Determine contraceptive needs as part of a contraceptive security exercise.

- Test cost and procurement scenarios for different contraceptive method mixes or supply sources (donors or manufacturers).

CastCost is a series of linked Excel spreadsheets. Instructions are embedded in the spreadsheet and provided in a User's Manual. CastCost produces detailed reports for program, policy, and logistics staff, and a summary report for policymakers. It also provides graphs of past trends in contraceptive use for each method to help the user estimate future prevalence.

- **Getting the Numbers Right: A Guide to USAID-Developed Contraceptive Forecasting Tools**

Aims to assist USAID health officers, Cooperating Agencies, and partners in identifying appropriate tools for forecasting contraceptive demand and need. The Guide describes four USAID-funded tools: the FamPlan module of Spectrum, CastCost, Reality \checkmark , and PipeLine. The Guide contains a narrative description of each tool, including the goals, uses and requirements of each tool, a situational analysis section to help determine which tool(s) to use in what situations, and a comprehensive table that allows side-by-side comparison of the features of each tool.

- **Spectrum Policy Modeling System, FamPlan**

A program to project family planning requirements in order for consumers and/or nations to reach their goals of contraceptive practice or desired fertility. Event date: 2008

Procurement

Resources:

- **Procurement Capacity Toolkit: Tools and Resources for Procurement of RH Supplies**

As more developing countries take on responsibility for purchasing health commodities, requisite capabilities -- such as decision-making, planning, and technical skills -- often require strengthening. To address this need, PATH developed the comprehensive *Procurement Capacity Toolkit* for those responsible for and involved in the supply of reproductive health products. A final version of the toolkit will be available in August 2009. The current toolkit is available as one large file or, for faster downloading, 16 smaller files.

- **Public Health Procurement Guide and Product Catalog 2010**

This is an annual publication of current contraceptive and condom ordering procedures for USAID Missions, and a catalog of condoms and contraceptives provided by USAID. It includes USAID contraceptive ordering procedures and guidance on how to use logistics data and forecasts to calculate contraceptive requirements.

- **Quantification of Health Commodities: A Guide to Forecasting and Supply Planning for Procurement**

This guide for quantification of health commodities has been developed to assist technical advisors, program managers, warehouse managers, procurement officers, and service providers in (1) estimating the total commodity needs and costs for successful implementation of national health program strategies and goals, (2) identifying the funding needs and gaps for procurement of the required commodities, and (3) planning procurements and shipment delivery schedules to be able to ensure a sustained and effective supply of health commodities. The step-by-step approach to quantification presented in this guide is complemented by a set of product-specific companion pieces that provide detailed instructions for forecasting consumption of ARV drugs, HIV test kits, antimalarial drugs, and lab supplies.

- **Options for Contraceptive Procurement: Lessons Learned From Latin America and the Caribbean**

In upcoming years, countries in the Latin America and Caribbean Region will see a gradual decline in donations and technical assistance toward ensuring contraceptive security (CS), which is when people are able to choose, obtain, and use high-quality contraceptives whenever they need them. In light of this trend, governments throughout the region are faced with ensuring the provision of family planning services, including a continuous supply of contraceptives. Several countries, including Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru, have begun to explore ways to finance and efficiently procure contraceptives for their target populations. This report analyzes the legal and regulatory framework in each of the nine focus countries that may affect future procurement of contraceptive commodities, as well as the current policy environments of five USAID "graduated" countries that are now procuring contraceptives without foreign assistance (namely, Brazil, Chile, Colombia, Costa Rica, and Mexico). Additionally, this report presents country-specific pricing data for contraceptives, providing a comparative analysis of how different procurement policies affect price as well as the large variation in price found among international suppliers. Next, the report illustrates lessons learned from all 14 countries to help improve procurement processes, streamline regulations, and prepare for the eventual phase-out of donations and technical assistance. Careful consideration of these lessons, especially experiences from the five graduated countries, can help governments prepare to efficiently procure their own contraceptives in the long run. Finally, taking into account analyses presented in this report and the various levels of efficiency and procurement capacity of each of the nine focus countries, the final section presents a series of recommendations and outlines different options that each country may implement to improve access to contraceptives and realize potentially significant cost-savings.

• Pipeline Software Tool

The Pipeline Monitoring and Procurement Planning (PipeLine) system is a software tool that helps program managers plan optimal procurement and delivery schedules for health commodities, and it monitors their orders throughout the supply chain. Policymakers, product suppliers, and donors can generate reports, estimate future project needs, and use the software as a key tool in program planning. This effective tool has been used in more than 40 countries around the world. Developed first for contraceptives, has been expanded to manage a full range of health commodities: antiretrovirals, malaria and tuberculosis drugs, HIV test kits, and laboratory supplies.

• UNFPA Procurement Services

For more than 30 years, UNFPA, the United Nations Population Fund, has been procuring contraceptives and related commodities for the developing world. Through its extensive experience and solid track record, UNFPA is today the largest public sector procurer of these items. Our unique expertise in this area and the significant volume of contraceptives procured annually allows for access to the most favourable international pricing. As the leading procurement agency for contraceptives and related commodities, UNFPA invites partners in development to benefit from our unique knowledge base and market influence.

Strengthening Logistics Systems

Resources:

• The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities

Explains the major aspects of logistics management with an emphasis on contraceptive supplies. Intended to help managers who work with supplies every day, as well as managers who assess and design logistics systems for entire programs. Policymakers may find the text useful in exploring the inputs needed to create an effective logistics system. Key terms and concepts are clearly defined and explained, and the design and implementation of management information systems and inventory control are discussed in detail. Storage and quality control practices are also discussed, and overviews of forecasting and procurement processes are included.

• Supply Chain Integration: Seamlessly Linking the Pieces

Supply chain integration is a performance-improving approach that develops seamless linkages between the various actors, levels, and functions within a supply chain to optimize customer service. The objectives of supply chain integration are to improve efficiency and reduce redundancy while also enhancing product availability. Supply chain integration strives to better connect demand with supply, which can both improve customer service and lower costs. (Excerpt)

• **Logistics System Assessment Tool**

The Logistics System Assessment Tool (LSAT), one of two data-gathering tools (with the Logistics Indicators Assessment Tool) developed by the DELIVER project, is used to assess a logistics system and the system's environment. The LSAT, a diagnostic and monitoring tool, can be used to complete an annual assessment as an integral part of the work planning process. The information collected using the LSAT is analyzed to identify issues and opportunities and, from those, used to outline further assessment and/or appropriate interventions.

• **Planning and Implementing a Logistics System Design Activity**

Public health program managers in resource-limited settings often recognize the importance of a well-designed logistics system after experiencing symptoms of poor logistics system performance, such as stockouts, overstocks, and expires. Based on experience designing logistics systems in many countries for many programs, the USAID | DELIVER PROJECT recommends the use of a system design workshop involving local participants. This method has proven to be highly efficient, with a likelihood of yielding an appropriate system design that is country specific. This document serves as a guide to advisors and in-country partners to understand the process of designing an efficient, secure logistics system to improve product availability to clients and to move toward health commodity security.

• **Lessons in Logistics Management for Health Commodities (online course)**

Lessons in Logistics Management for Health Commodities is a series of five interactive learning sessions which can be accessed on-line or through a CD and allow the user to work at her own pace to learn the basics of logistics management. The sessions include: Introduction to Logistics, Logistics Management Information Systems, Assessing Stock Status, Maximum-Minimum Inventory Controls Systems, and Selecting Maximum-Minimum Inventory Controls Systems.

• **Logistics Indicators Assessment Tool (LIAT)**

A quantitative data collection instrument that assesses health commodity logistics system performance and commodity availability at health facilities. The User's Guide is included and provides detailed instructions on how to use the tool.

Supply Management & Distribution

Resources:

• **Model List of Essential Medicines (18th edition)**

The Model List of Essential Medicines from the World Health Organization presents a list of minimum medicine needs for a basic health care system and essential medicines for priority diseases. The Model List covers contraceptive methods. The WHO Model Lists of Essential Medicines has been updated every two years since 1977.

For additional editions and languages, please [click here](#) ^[32].

• **A Strong Supply Chain Responds to Increased Demand for Contraceptives in Rwanda**

Contraceptive security is achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them. This success story highlights how, during the last 10 years, the many changes made by the Rwandan Ministry of Health and its partners (including the USAID | DELIVER PROJECT) led to an increased demand for family planning at the local level. As a result, Rwanda made impressive gains in its contraceptive prevalence rate (CPR)-a sevenfold increase in the use of modern methods-from 4 percent in 2000, post-conflict, to 27 percent in 2008.

• **Bangladesh Averts a Stock Crisis With Help From the USAID | DELIVER**

PROJECT

This success story details the supply chain assistance the USAID | DELIVER PROJECT, with other partners, gave to the Ministry of Health in Bangladesh to avert a stockout.

• **Ensuring Availability of Reproductive Health Supplies**

This case profile highlights a suite of supply-chain projects in reproductive health that serve as examples of PATH's efforts in strengthening health systems. Key issues related to the availability, affordability, and quality of reproductive health supplies are summarized along with PATH's efforts to improve manufacturing, purchasing, and distribution of reproductive health supplies globally.

• **Contraceptive Fact Sheets**

These fact sheets allow family planning providers to better manage contraceptive supplies by providing information on donor, manufacturer, and brand specifications as well as shelf lives and storage and packaging requirements.

• **Guidelines for the Storage of Essential Medicines and Other Health Commodities**

A practical reference for those managing or involved in setting up a storeroom or warehouse. The guide contains written directions and clear illustrations on receiving and arranging commodities; special storage conditions; tracking commodities; maintaining the quality of the products; constructing and designing a medical store; waste management; and resources. It was written to meet the needs of district-level facilities; however, the guidelines and information it contains apply to any storage facility, of any size, in any type of environment.

• **IPPF Directory of Hormonal Contraceptives**

This database provides information about hormonal contraceptive brands, composition, manufacturers, types, and the countries where they are available.

• **RHInterchange**

The RHInterchange provides access to up-to-date, harmonized data on more than \$1 billion worth of shipments of contraceptive supplies for more than 140 countries around the world. It stores historical information, offers visibility into upcoming shipments, and can be used for pipeline monitoring, commodity management, analysis and planning.

Trained Staff

Many cadres of health professionals, including nurses, auxilliary nurse-midwives, physicians, pharmacists, and community health workers, can be trained to provide family planning services. To offer high-quality, client-centered care, family planning service providers need training on a range of topics, including:

- Screening clients for medical eligibility for contraceptive methods
- Offering client-centered family planning services
- Counseling clients on contraceptive options, correct use of contraceptives, how to handle side effects, and other related issues
- Designing, implementing, and evaluating training for contraceptive service providers



A successful training workshop for family planning providers requires careful planning and preparation. The organizers of the training should invite participants who can then provide cascade training to other contraceptive providers working in clinical and community-based settings. It is important that the planners and facilitators of the training understand the learning needs of the participants and adapt the training materials and methods accordingly. Initial training sessions should be followed up with supportive supervision to ensure quality service provision. Refresher training sessions should also be conducted once the participants have had a chance to apply their new knowledge and skills in their jobs.

Do you have a comment about this section of the toolkit or a new resource or training topic you'd like to suggest? Please share your feedback by sending a message through the [feedback form](#) ^[12].

Resources:

- **The Training Resource Package for Family Planning**

The Training Resource Package for Family Planning (TRP) contains curriculum components and tools needed to **design, implement, and evaluate training**. It offers essential resources for family planning (FP) and reproductive health **trainers, supervisors, and program managers**. The entire package is designed to support **up-to-date training on family planning and reproductive health**.

- **Programming for Training: A Resource Package for Trainers, Program Managers, and Supervisors of Reproductive Health and Family Planning Programs**

This resource package contains essential information and tools for training health care providers in reproductive health and family planning (RH/FP). It is intended for use by: (1) program managers and staff implementing RH/FP programs; and (2) trainers in RH/FP service delivery. It provides an overall approach to programming for training, as well as information, methods, and tools for designing, developing, planning, implementing, and evaluating training. The package also provides tools and information for strengthening training systems.

- **Programming for Training in FP/RH**

This document provides a brief overview of the ACQUIRE Project's approach to training under the overall ACQUIRE Program Model for FP/RH Service Delivery. This model of training reflects a comprehensive and holistic view that considers both the systems in which training and services are provided and the larger social and political context that affects service delivery.

- **Advanced Training of Trainers**

This training manual is designed to prepare trainers who already have skills as reproductive health trainers to proceed to a higher level of training implementation. This module prepares them to conduct a training needs

assessment, develop detailed plans for training, develop and pilot test a training curriculum, conduct training using more advanced training techniques, conduct training follow up and evaluate training.

- **Tips for Trainers**

This document adapted from materials developed by JHPIEGO and presents useful training tips, such as creating a positive training environment and opening activities.

- **A Client-Centered Approach to Reproductive Health: A Trainer's Manual**

The training manual describes the SAHR (Salutation, Assessment, Help, and Reassurance) approach and is meant to facilitate training of reproductive health providers in how to offer client-centered services. The manual is written in generic terms and can be used in any setting or country. Section One, the introduction, is an overview of the contents. Section Two, the trainer's guide, comprises the training modules. Section Three contains support materials to help trainers prepare for the sessions.

- **Global Health eLearning Center: Family Planning Programming: Elements of Success eLearning Course**

This online training course is based on the issue of *Population Reports*, "Elements of Success in Family Planning Programming." It summarizes the core factors contributing to success in family planning programming, as identified by family planning professionals around the world. It highlights program experiences, best practices, and lessons learned. The course includes a section on communication, called "Effective Communication Strategies." Access to the course is free and available to all who are interested. New users must register first. Registration is free. After logging in, select **Courses** from the menu on the left side. Then select **Family Planning Programming -- Elements of Success** from the list of courses.

- **Family Planning Counseling: Client-Centered Care**

The purpose of this training module is to help providers become more aware of the importance of client-provider interactions, especially family planning counseling. Items found on activity pages are suggestions for learning activities and questions for thought. Participating in some or all of these elements can make the information more interactive, thereby enhancing the learning process. This learning module is expected to take one hour if you only review the slides and text. It is expected to take three hours to complete when all of the activities are included. You may want to divide the material into two or more sessions to allow time for review and breaks.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts focuses on training family planning staff. Dr. Irina Jacobson, Assistant Medical Director for FHI, talks about training and motivating staff, and the importance of listening to client's needs and informed choice. Dr. Ricky Lu, Director of Reproductive Health and Family Planning at JHPIEGO, talks about the importance of comprehensive training and the different ways program managers can provide training to family planning service providers.

Resources:

- **Video Interview: Dr. Lu Provides Advice to Program Managers About Training**

Dr. Lu discusses supporting staff with in-service training to continually update their skills. According to Dr. Lu, part of the role of a program manager is to provide support so that when providers are not meeting performance standards they can identify ways to support this provider. He cites Internet Communication Technology as one way training has evolved since he began working as a clinician in the Philippines. ICT is allowing providers to access skill-sharpening coursework at times that do not disrupt service provision.

Watch the video on <https://www.youtube.com/v/NthieoTdvfs?version=3> [79]

- **Video Interview: Dr. Lu Talks About Different Ways of Providing Training to Family Planning Service Providers**

Dr. Lu discusses supporting staff with in-service training to continually update their skills. According to Dr. Lu, part of the role of a program manager is to provide support so that when providers are not meeting performance standards they can identify ways to support this provider. He cites Internet Communication Technology as one way training has evolved since he began working as a clinician in the Philippines. ICT is allowing providers to access skill-sharpening coursework at times that do not disrupt service provision.

Watch the video on <https://www.youtube.com/v/vLshsziD-30?version=3> ^[80]

- **Video Interview: Dr. Ricky Lu Talks About Aspects and Importance of Comprehensive Training for Family Planning Service Providers**

Dr. Lu discusses supporting staff with in-service training to continually update their skills. According to Dr. Lu, part of the role of a program manager is to provide support so that when providers are not meeting performance standards they can identify ways to support this provider. He cites Internet Communication Technology as one way training has evolved since he began working as a clinician in the Philippines. ICT is allowing providers to access skill-sharpening coursework at times that do not disrupt service provision.

Watch the video on <https://www.youtube.com/v/Goat62cn7JE?version=3> ^[81]

- **Audio Interview: Dr. Irina Yacobson Talks about Training Staff and the Importance of Listening to Client's Needs**

Dr. Irina Yacobson, Assistant Medical Director for Family Health International, promotes “informed choice”, in which providers ask their patients what their preferences are for family planning, instead of dictating a method. She also encourages providers to form “support units” to share challenges and successes.

- **Audio Interview: Dr. Irina Yacobson Speaks about Motivating Family Planning Staff**

Dr. Irina Yacobson, Assistant Medical Director for Family Health International, promotes “informed choice”, in which providers ask their patients what their preferences are for family planning, instead of dictating a method. She also encourages providers to form “support units” to share challenges and successes.

Client-Centered Care



When clients receive services that are tailored to their

needs, they are more likely to find a suitable contraceptive method, continue using family planning, and return to a provider when they need help or another method. Client-centered care means that clients' needs guide the planning and implementation of family planning services. It also means that services meet medical standards, which requires providers' commitment and expertise.

Understanding the needs, attitudes and cultures of family planning clients will enable family planning providers to offer better quality services. Good client-provider interaction is key to successful family planning programming. Thorough, high-quality screening and counseling practices enable family planning clients to make informed decisions based on their reproductive goals, individual circumstances, and lifestyles.

This section of the Toolkit offers guidance on providing client-centered care, as well as general family planning **screening and counseling tools** ^[82] to facilitate more effective client-provider interactions. For method-specific job aids and counseling tools, please visit K4Health's contraceptive methods Toolkits. Links to these Toolkits are available in the Contraceptive Options box in the right column of this page.

Have a suggested resource or comment about this section? Please visit our [feedback form](#) ^[12].

Resources:

- **Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana**

Background: Public and private family planning providers face different incentive structures, which may affect overall quality and ultimately the acceptability of family planning for their intended clients. This analysis seeks to quantify differences in the quality of family planning (FP) services at public and private providers in three representative sub-Saharan African countries (Tanzania, Kenya and Ghana), to assess how these quality differentials impact upon FP clients' satisfaction, and to suggest how quality improvements can improve contraceptive continuation rates. Methods: Indices of technical, structural and process measures of quality are constructed from Service Provision Assessments (SPAs) conducted in Tanzania (2006), Kenya (2004) and Ghana (2002) using direct observation of facility attributes and client-provider interactions. Marginal effects from multivariate regressions controlling for client characteristics and the multi-stage cluster sample design assess the relative importance of different measures of structural and process quality at public and private facilities on client satisfaction. Results: Private health facilities appear to be of higher (interpersonal) process quality than public facilities but not necessarily higher technical quality in the three countries, though these differentials are considerably larger at lower level facilities (clinics, health centers, dispensaries) than at hospitals. Family planning client satisfaction, however, appears considerably higher at private facilities - both hospitals and clinics - most likely attributable to both process and structural factors such as shorter waiting times and fewer stockouts of methods and supplies. Conclusions: Because the public sector represents the major source of family planning services in developing countries, governments and Ministries of Health should continue to implement and to encourage incentives, perhaps performance-based, to improve quality at public sector health facilities, as well as to strengthen regulatory and monitoring structures to ensure quality at both public and private facilities. In the meantime, private providers appear to be fulfilling an important gap in the provision of FP services in these countries.

- **Developing a Continuing Client Strategy (Population Reports)**

This resource can be used by family planning providers and programs to understand the need to focus more on continuing clients, adopt a life-stage perspective as the basis for a continuum of care, and develop a continuing-client strategy that supports continuing clients and guides provider counseling and service delivery. It provides case studies and analyzes the stories of several women in relation to their implications for a continuing-client strategy.

• **Measuring Success of a Continuing-Client Strategy (INFO Reports)**

This tool offers program managers a quick reference to measure how well a continuing-client strategy is succeeding. It includes 24 key indicators organized into three areas: program readiness, quality of care, and reproductive health outcomes. By measuring these indicators, managers can track changes in program performance and fine-tune operations as needed to achieve the objectives of a continuing-client strategy.

• **A Client-Centered Approach to Reproductive Health: A Trainer's Manual**

The training manual describes the SAHR (Salutation, Assessment, Help, and Reassurance) approach and is meant to facilitate training of reproductive health providers in how to offer client-centered services. The manual is written in generic terms and can be used in any setting or country. Section One, the introduction, is an overview of the contents. Section Two, the trainer's guide, comprises the training modules. Section Three contains support materials to help trainers prepare for the sessions.

• **Client-Provider Interaction: Key to Successful Family Planning (Global Health Technical Briefs)**

Providers, clients, and programs all have a role to play in ensuring good client-provider interaction. This brief provides an overview of what these three audiences can do to support good client-provider interaction.

• **Family Planning Counseling: Client-Centered Care**

The purpose of this training module is to help providers become more aware of the importance of client-provider interactions, especially family planning counseling. Items found on activity pages are suggestions for learning activities and questions for thought. Participating in some or all of these elements can make the information more interactive, thereby enhancing the learning process. This learning module is expected to take one hour if you only review the slides and text. It is expected to take three hours to complete when all of the activities are included. You may want to divide the material into two or more sessions to allow time for review and breaks.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts focuses on providing client-centered care. Bright Ekweremadu, Managing Director of Society for Family Health in Nigeria, and Dr. Townsend, Vice President and Director of the Population Council's Reproductive Health Program discuss the importance of listening to clients and shaping programs around their needs. Many of the interviews focus on family planning for adolescents. Dr. Robert Blum, Professor at Johns Hopkins Bloomberg School of Public Health, explains the importance of adolescent reproductive health care and talks about the challenges of peer education programs to prevent adolescent pregnancy. Dr. Winifride Mwebesa, Advisor at Save the Children, discusses family planning services for young girls and emphasizes the importance of sensitivity and appropriateness of family planning services tailored for young girls.

Resources:

• **Video Interview: Bright Ekweremadu Discusses Client-Centered Care**

Bright talks about his past experiences in family planning and give examples of successful aspects of client-centered care, such as providing promises to your clients, large variety of choices in contraceptive methods, and involvement of men in family planning programs.

Watch the video on <https://www.youtube.com/v/a9SCXmG-RM8?version=3> ^[83]

- **Video Interview: Ed Scholl Discusses Adolescent Family Planning Needs**

Because of their high levels of unwanted, risky pregnancies, Ed Scholl argues that young people should be priority clients in family planning programs. He points out the potential impact of reaching young people early on: by reaching a 17 year-old client, "you might [offer] thirty years of protection."

Watch the video on <https://www.youtube.com/v/BKQqI67DvmM?version=3> ^[84]

- **Video Interview: Dr. Robert Blum Explains the Importance of Adolescent Reproductive Health Care**

Listen to Robert Blum from Johns Hopkins University explain the importance of family planning programs specific for adolescent population. He addresses some of the barriers of family planning services in developing countries, and the specific aspects of adolescence and social structure that must be considered when implementing family planning and reproductive health services and effectively reach this target population.

Watch the video on <https://www.youtube.com/v/64o4ZZCSTVA?version=3> ^[85]

- **Video Interview: Dr. Robert Blum Explains the Downfalls and Challenges of Peer Education Programs to Prevent Adolescent Pregnancy**

Robert Blum from Johns Hopkins University explains the downfalls and challenges of peer education programs to prevent adolescent pregnancy and highlights the importance of financial investment, adult dedication, and correct identification of the target population, to implement successful peer education programs.

Watch the video on <https://www.youtube.com/v/W4evx9noEaE?version=3> ^[86]

- **Video Interview: Dr. Winifride Mwebesa Discusses Family Planning Services for Young Girls**

Dr. Mwebesa talks about the additional vulnerabilities, risks of pregnancy and negative consequences of birth for young girls. She provides an example of a study conducted in Malawi directed towards husbands of young girls emphasizing family planning strategies, and also emphasizes the importance of sensitivity and appropriateness of FP services tailored for young girls.

Watch the video on <https://www.youtube.com/v/-fB6QoLtp24?version=3> ^[87]

- **Video Interview: Dr. John Townsend Talks about Client-Centered Care**

John Townsend, head of Population Council's Reproductive Health program, emphasizes the importance of listening to clients and shaping programs around their needs. Dr. Townsend also details some new contraceptive technologies in the works for both men and women.

Watch the video on <https://www.youtube.com/v/HMQmMzWj5R4?version=3> ^[88]

• **Audio Interview: Dr. Robert Hatcher Talks about Client-Centered Care**

Dr. Robert Hatcher, author of *Contraceptive Technology*, discusses the connection between the status of women and the success of a family planning program. He stresses that preparing women for side effects increases the likelihood of correct and consistent use of new methods.

Screening and Counseling Tools

Thorough and quality screening and counseling practices enable family planning clients to make well-informed decisions based on their reproductive goals, individual circumstances, and lifestyles. This section of the Toolkit includes resources on screening and counseling family planning clients. You also will find job aids and tools that take a client-centered approach to family planning service delivery. These resources can help providers screen and counsel clients as well as educate clients about family planning methods and involve them in the decision-making process.

Additional screening and counseling resources for family planning methods are included in the following contraceptive method toolkits: [Condom Use](#) [14], [Implants](#) [16], [Injectables](#) [17], [IUD](#) [18], [Lactational Amenorrhea Method \(LAM\)](#) [19], [Oral Contraceptives](#) [20], and [Standard Days Method](#). [21]

Resources:

• **Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use**

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks, and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. The WHO recently revised the criteria in response to recommendations made by an expert working group who met in Geneva, Switzerland, in April 2008. FHI has created a quick reference guide, in the form of a chart, that summarizes the WHO's medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, and copper IUDs. Unlike previous versions of the MEC Quick Reference Chart, the 2009 version includes a complete list of all conditions that the WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

• **Medical Eligibility Criteria Wheel for Contraceptive Use**

This wheel contains the medical eligibility criteria for starting use of contraceptive methods. It is based on the *Medical Eligibility Criteria for Contraceptive Use, 3rd edition and its 2008 Update*. This update of the MEC Wheel contains 25 new recommendations that tell family planning providers whether a woman presenting with a known medical or physical condition is able to use various contraceptive methods safely and effectively. Notable changes include no restrictions on the use of any method for women diagnosed with mild cirrhosis, chronic hepatitis or who are carriers of viral hepatitis. In addition, the updated wheel includes new guidance on drug interactions.

• **Do You Know Your Family Planning Choices? (Wall Chart)**

This wall chart contains method specific information from *Family Planning: A Global Handbook for Providers* [89] that providers can display for their clients.

• **Checklist, Training and Reference Guide for a Screening Checklist to Identify Women Who Are Not Pregnant**

This publication is intended to provide program managers, administrators, trainers, and service providers with:

- a training module on how to use the Pregnancy Checklist;
- an overview of the Pregnancy Checklist and guidance for adapting it for local use;
- information on the most current research regarding the validity, effectiveness and use of the Pregnancy Checklist.

The Pregnancy Checklist contains a series of questions to rule out pregnancy. These questions, based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant, are also included in the COC, DMPA, IUD, and implant checklists.

Although originally developed for use by family planning providers, the Pregnancy Checklist can also be used by other health care providers who need to determine whether a client could be pregnant. For example, pharmacists may use this checklist when prescribing certain medications that should be avoided during pregnancy.

• **The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers**

The Balanced Counseling Strategy (BCS) is a practical, interactive, client-friendly counseling strategy that uses three key job aids (visual memory aids) for counseling clients about family planning. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions.

The BCS approach is easy to adapt to local contexts, and the toolkit includes instructions for adaptation as well as a CD-ROM with electronic copies of the materials. The BCS toolkit is available in English, French, and Spanish upon request from frontiers@popcouncil.org [90]. See also the [The Balanced Counseling Strategy Plus \(BCS+\): A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings](#) [91], a tool to improve the quality of family planning services and to strengthen the integration HIV prevention, detection, and care into family planning, such as the risk assessment of STIs.

• **Key Reminders About Hormonal Contraceptive Methods (Wall Chart)**

The Key Reminders sheet covers five methods—combined oral contraceptives, monthly (combined) injectables, long-acting (progestin-only) injectables, implants, and progestin-only pills. Topics include: when to start, comparing effectiveness, medical eligibility, correcting mistakes, and managing common side effects. The information comes from [Family Planning: A Global Handbook for Providers](#) [89]. The contents reflect the latest WHO guidance. The sheet focuses on technical information that can be hard to remember. It does not cover everything that a provider needs to know to provide these methods; it is not a substitute for training; and it does not describe the counseling process.

• **Contraceptive Myths and Counseling Messages**

The information in this document is compiled from the Contraceptive Myths and Counseling Messages Database. It provides evidence-based information and counseling messages that providers around the world have used to dispel commonly-held contraceptive myths and misperceptions. Health care professionals can use this resource to correct misinformation and support informed decisions by helping clients understand the facts on how contraceptive methods work, on who can use them, their possible side effects, and much more.

The document includes information for the following contraceptive methods:

- Combined Oral Contraceptives (COCs)
- Female Sterilization
- Implants
- Injectables
- Intrauterine Devices (IUDs)
- Male Condoms
- Withdrawal
- Vasectomy

We encourage you to adapt, translate, reprint, or otherwise reproduce this information for the purposes of informing health care providers, their clients, and the general public and improving the quality of sexual and reproductive health care.

• Comparing Effectiveness of Family Planning Methods

This 1-page chart compares the effectiveness of various family planning methods, including injectables, and has a few key messages on how to make ones method more effective which could be useful to providers and program managers alike.

• Systematic Screening: A Strategy for Determining and Meeting Clients' Reproductive Health Needs (Global Health Technical Briefs)

In a systematic screening strategy, health care providers first identify each client's needs and desires for services using a checklist or brief questionnaire. Then they provide these services -- during the same visit, through a separate appointment at the same health facility, or through referral to another facility. Most women attending health facilities have multiple needs for reproductive and child health services. These may include family planning, well-baby care, nutritional assessments, and screening and treatment for sexually transmitted infections. Conventionally, however, health care providers deliver only the service requested by the client and do not attempt to identify the client's other needs. Also, clients may be unaware that they need additional services or that the services are available. In either case the client often leaves the facility with unmet reproductive health needs, while the provider misses an opportunity to provide services that could improve health.

• Decision Making Tool for Family Planning Clients and Providers

This flip-chart is a tool for family planning clients and providers to use during family planning counseling. It can help clients choose and use the method of family planning that suits them best, give providers the essential information they need to offer high-quality family planning care to their clients, and help providers counsel clients more effectively. The front section, covered by the tabs on the side, helps new clients make decisions about a family planning method and helps meet returning clients' various needs. Counselling usually starts with one of the side tabs. The methods section, with the tabs at the bottom, provides information for providers and their clients on each family planning method. This information can help confirm a client's choice and help the client use a method correctly. Each method section includes information on who can and cannot use each method, side-effects, how to use the method, when to start, and what to remember. The Appendices section, the last side tab, offers more counselling aids that a provider can use as needed and reference pages on sexual and reproductive health topics. The principles of this Decision-Making Tool include the following: the client makes the decisions; the provider helps the client consider and make decisions that best suit the client; the client's wishes are respected whenever possible; the provider responds to the client's statements, questions, and needs; and the provider listens to what the client says in order to know what to do next.

Easy Access



When clients can easily obtain services, they are better able to use family planning. In the broadest sense, a population has good access to services when:

- Service delivery points are conveniently available to everyone
- Everyone knows where to find these services

- Everyone feels welcome
- Services are free of unnecessary administrative and medical barriers
- People can choose from a range of contraceptives

In many settings, access to family planning services is constrained by geographic, physical, financial, medical, administrative, social, or cultural barriers. Offering services through multiple channels, such as clinics, community-based distribution, private practices, mobile or temporary facilities, and retail outlets, helps to increase access.

This section of the Toolkit includes resources for addressing the challenges one might face in trying to obtain family planning services.

For more information about innovative programming models to increase access to family planning, please visit the K4Health Toolkits on:

- [Postpartum Family Planning](#) ^[92]
- [Community-Based Family Planning](#) ^[93]
- [Community-Based Access to Injectable Contraceptives](#) ^[94]

Or take the [Global Health eLearning Course on Community-Based Family Planning](#) ^[95].

Have a suggested resource or comment about this section? Please visit our [feedback form](#) ^[12].

Resources:

• Task Sharing in Family Planning

This commentary explores the use of task sharing to address the severe health worker shortage faced by many countries and ensure access to family planning services for as many people as possible.

• Community Based Family Planning Technical Update No. 7: Reaching Youth Through Community Strategies

This brief discusses community strategies to reach youth and focuses on:

- The importance of investing in youth
- Steps for designing programs for youth in a community setting
- Strategies to reach youth through community members
- Links with larger community mobilization efforts

• Increasing Access to Family Planning

Nearly a fifth of the worldwide burden of illness and premature death and a third of the illness and death among women of reproductive age is attributable to lack of comprehensive and up-to-date reproductive and sexual health care. Programs can increase access to essential reproductive health care by eliminating outdated, medically unjustified policies and practices that pose barriers to use of contraception and by strengthening policies and practices that are necessary for high-quality care.

• Community Based Family Planning Technical Update No. 1: Male involvement

Constructive male engagement is a recommended and commonly used strategy for community-based family planning programs. While documentation of best practices in this area remains limited, there are many examples of strategies, promising practices, resources, and tools for increasing male involvement that are available. This update will provide information on the following: resources and tools for male involvement; examples of strategies to constructively engage men in reproductive health; promising practices for male involvement. (excerpt)

• Make Better Use of Provider Time in Public Health Clinics

This Program Brief focuses on provider time use and how programs can make better use of existing labor resources in clinic programs. The data come from 10 time use studies conducted in nine countries in Asia and the Near East, Latin America and the Caribbean, and sub-Saharan Africa.

• **Task Shifting for a Strategic Skill Mix**

Reorganizing skills among cadres is called task shifting (moving skills from one cadre to another) or task sharing (increasing the number of cadres able to perform a skill). Based on a review of the literature and country examples, the brief describes why task shifting is important and highlights some key steps in planning for, developing, and supporting cadres involved in task shifting.

• **Checklists Reduce Medical Barriers to Contraceptive Use (Global Health Technical Briefs)**

This brief focuses on the following points:

- Medical barriers often prevent clients from using their desired method of family planning.
- The pregnancy, COC, DMPA, and IUD checklists can effectively increase access to family planning while helping ensure client safety.
- Introduction of checklists into service delivery settings should include careful training on how to use the checklists as well as the medical eligibility criteria on which they are based.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts explores ways to promote easy access to family planning services. Dr. John Stanback and Ed Scholl of FHI and Dr. Winifride Mwebesa of Save the Children discuss the importance of a variety of service delivery points to increase access to family planning services. Margaret Neuse, Emeritus Director of USAID's Office of Population and Reproductive Health, talks about the importance of private sector collaboration as a means to providing greater access to services and commodities.

Resources:

• **Video Interview: Ed Scholl Discusses Peer Education and Contraceptive Delivery Points for Young People**

Mr. Scholl explains how programs can reach youth outside clinic walls, for example at soccer matches or with peer educators. He emphasizes the manifold benefits of peer education, especially to the counselors themselves.

Watch the video on https://www.youtube.com/v/XO7YJ_2WUSs?version=3 ^[96]

• **Video Interview: Dr. Winifride Mwebesa Speaks about the Variety of Contraceptive Options and Service Delivery Points**

Dr. Mwebesa talks about contraceptive distribution programs, the effectiveness of available contraceptives and the importance of the appropriateness for specific female populations. Dr. Mwebesa also discusses a community-based program conducted with FHI, and the comparison of delivery services in terms of customer satisfaction, contraceptive use and quality of care.

Watch the video on <https://www.youtube.com/v/7PTcKYggde0?version=3> ^[97]

• **Video Interview: Margaret Neuse Talks about the Importance of Private Sector Collaboration**

Margaret Neuse talks about the importance of private sector collaboration as a means to providing greater access to services and commodities. She talks about how Bangladesh has managed to increase access through community-based distribution and social marketing.

Watch the video on <https://www.youtube.com/v/BV-Sc-M8AN0?version=3> [98]

- **Audio Interview: Dr. John Stanback Talks about Providing a Mix of Service Delivery Points**

Dr. Stanback argues in favor of providing injectable contraception without prescriptions from rural drug shops.

Affordable Services



As the number of contraceptive users increases worldwide, growth is fastest among those least able to pay for services. The decrease in donor funding for many programs challenges programs to keep services affordable for everyone while ensuring that people are able to choose, obtain, and use high-quality contraceptives whenever they want them. Targeting free or subsidized family planning services to low-income users while encouraging people to pay what they can keeps services affordable for all clients. It also contributes to the financial sustainability of programs.

This section of the Elements of Family Planning Success Toolkit includes briefs, primers, and success stories outlining different financing strategies for family planning programs, such as health insurance programs, public-private partnerships, and vouchers.

Have a suggested resource or comment about this section? Please visit our [feedback form](#) [12].

Resources:

- **More Choices for Women: Vouchers for Reproductive Health Services in Kenya and Uganda**

This brief explores the benefits and challenges of reproductive health voucher schemes that have been implemented in Uganda and Kenya.

- **Using Mobile Finance to Reimburse Sexual and Reproductive Health Vouchers in Madagascar**

In October 2010, Marie Stopes Madagascar (MSM) contributed to national maternal health targets by establishing a subsidised voucher program to increase poor people's access to voluntary family planning services. MSM used mobile phone-based short message service (SMS) money transfer systems instead of traditional payment methods to reimburse service providers. This case study presents programmatic lessons to help organisations and program managers to replicate this model of reimbursement. It also describes the implementation process and identifies the

challenges MSM faced and how these challenges were overcome. The case study also highlights modifications planned by MSM to strengthen its use of the SMS money transfers to reimburse subsidised vouchers and concludes with recommendations for the strategic integration of SMS money transfer systems in future voucher programs.

- **Methods for Estimating the Costs of Family Planning: Report of the Expert Group Meeting on Family Planning Costing**

This report addresses issues related to methods of estimating family planning program costs. Such estimates have been used by government officials to plan national and sub-national budgets, by nongovernmental organizations (NGOs) and donors to determine levels of donor support at all levels, and used for advocacy purposes at all levels to highlight shortfalls in funding or to put FP costs into perspective for various audiences. This paper will examine a variety of models and studies that represent this range of audiences and purposes.

- **Fostering Public-Private Partnerships to Improve Access to Family Planning in Rwanda**

The private sector can play an important role in sustaining the success of family planning (FP) in Rwanda. Through public-private partnerships (PPPs), the government can make more efficient use of public resources by targeting and meeting the needs of specific populations and thus help ensure FP services and products will be available to all Rwandans in the long term. This report aims to inform stakeholders working to strengthen family planning through multisectoral partnerships about Rwanda's FP market (clients and providers, as well as products and services) based on analysis conducted by the USAID | Health Policy Initiative, Task Order 1. The project (1) met with key stakeholders and reviewed Rwandan government policies to elucidate the context and environment for private sector involvement in family planning, (2) conducted quantitative analysis to determine the characteristics of Rwanda's FP market, and (3) developed policy options for expanding the private sector's role in delivering FP services.

- **Insights from Innovations: Lessons from Designing and Implementing Family Planning/ Reproductive Health Voucher Programs in Kenya and Uganda**

Voucher programs in health are the latest trend in public health policy. Several developing countries, with international donor support, are considering or in the process of implementing a voucher program (examples include India, Tanzania, Uganda, Kenya and Bangladesh). The insights and practical guidance offered in this report are a first step to better understanding voucher programs strengths and weaknesses.

- **Kenya Voucher Program: An Output Based Aid Initiative**

The Government of Kenya, supported by its German development partners BMZ (Federal Ministry for Economic Cooperation and Development) and KfW Banking Group, is currently piloting a new model to help the poor to access good quality health care in the field of reproductive health care dubbed as 'Output Based Aid' (OBA) or also called 'Vouchers for Health'. OBA is intended to contribute significantly to the Kenyan Government's goal of creating an efficient quality health care system that is accessible, equitable and affordable by every Kenyan household. The voucher concept represents a demand-side approach to financing health care by subsidizing health care clients directly and dispensing money only when services are actually provided. The client is free to choose a service provider which may be public, private or a non-governmental organization (NGO) from a list of approved health facilities. The purpose of this website is to inform about the OBA voucher program in Kenya. The objective of the program is to provide subsidized high quality health care to a population of at least three million poor people. The initial three main target areas of the program are Safe Motherhood, Clinical Family Planning and Gender Violence Recovery Services. A pilot of the program was implemented in three rural districts (Kisumu, Kiambu, and Kitui) and in Nairobi informal settlement areas (Viwandani and Korogocho). As progress is made regional coverage of the program and range of services included will be extended. Event date: 2008

- **Report of the Regional Workshop on Building Public-Private Linkages to Advance Priority Health Services in Africa**

The purpose of this workshop was to develop national capacity to design and manage partnerships with private sector stakeholders and provide an overview of the selected policy instruments commonly available to Ministries of Health (MOHs) and the public-private partnership (PPP) units. The workshop curriculum was based upon a World

Bank Institute course on public policy for the private sector, which was revised for the African context and substantially updated with new information to reflect current trends in private sector provision of health services. Workshop objectives included: developing existing public sector capacity to engage the private sector in the provision of RH / FP and HIV / AIDS-related services in selected Anglophone African countries; creating a network for experiential learning across countries on challenges in strengthening PPPs for RH / FP and HIV / AIDS; strengthening existing relationships and linkages across priority programs within African MOHs to work effectively with the private sector in support of national health goals (in general) and RH / FP (in particular); identifying key actions and important next steps for participant countries to design, develop, and manage PPPs following the workshop. The workshop was designed around three thematic areas: 1. Making the case for why it is important to work with the private health sector as a means to help address health challenges in RH / FP and HIV / AIDS; 2. Offering a concise overview of the policy instruments the public sector can utilize to engage and encourage the private health sector to deliver RH / FP and HIV / AIDS services; 3. Designing a partnering process while, at the same time, stressing the management and leadership skills required to implement and sustain a PPP.

• **Public Policy and Franchising Reproductive Health: Current Evidence and Future Directions (Guidance from a Technical Consultation Meeting)**

This Guidance Note is based on the proceedings of the meeting and offers policymakers and researchers the latest evidence on private-provider networks and franchises, lessons learned in the field, and policy recommendations on how to mobilize private-provider networks and health franchises to help address reproductive health care needs in developing countries.

• **Public Sector Family Planning: How Can We Pay For It? (Global Health Technical Briefs)**

Government and donor funds fail to meet growing demands for reproductive health care in the public sector. Strategies to support such services include:

- Convince governments to invest more in family planning.
- Use market segmentation to direct subsidies to the poor and to direct clients who can afford to pay to the private sector.
- Encourage public-private partnerships to increase use of the private sector.
- Increase the efficiency of service provision in the public sector.
- Plan for the phase-out of donor-provided contraceptives.

• **Primer for Policymakers - Contracting-Out Reproductive Health and Family Planning Services: Contracting Management and Operations**

This primer introduces key aspects of contracting and summarizes key lessons from countries' experiences in contracting-out. In doing so, it is intended to serve the practical needs of contracting practitioners in developing countries that are considering contracting as a way to deliver RH/FP services. Intended users include country-level decision makers, contract operation managers, and mission officers and advisers from donor agencies.

• **Vouchers for Health: A Focus on Reproductive Health and Family Planning Services**

Health care policies in developing countries have traditionally focused on public financing and provision. The provision of health care in the public sector is largely financed through supply-side subsidies. Low-priced or officially free public health care was intended to ensure the entire population's access to care. However, there now is evidence that in many developing countries, people, including many poor, seek better-quality health care in the private sector and pay out of pocket. The extra financial burden this imposes on the poor results in unequal access to care and low utilization of needed services and products, such as reproductive health/family planning (RH/FP) services and products. In response, policymakers are trying various demand-side approaches to financing health care, that is, subsidizing the consumer of health care directly. One approach is the use of vouchers. Vouchers are targeted at identified underserved groups (such as the poor), for specific services (such as RH/FP), and usually are for use in the private sector, as public care is supposed to be free or low cost. (excerpt)

• **Primer for Policymakers: Insurance As a Way to Increase the Utilization of Reproductive Health Services**

Insurance mechanisms -- such as private insurance, social health insurance, and community-based insurance -- are increasingly being created and expanded in developing countries. These new and existing insurance mechanisms can be leveraged to add RH services to benefits packages. However, there are challenges to including RH services -- especially family planning and deliveries -- in health insurance. Since families are unlikely to purchase insurance just to cover RH risks, it will be necessary to incorporate RH benefits into insurance programs with broader benefit packages. The purpose of this primer is to introduce decision makers to the basics of health insurance and outline some key issues related to leveraging insurance programs to include RH services. This primer explains what insurance is, different types of insurance, the challenges to developing viable insurance programs, what is an insurable risk and how that relates to covering RH; it then describes several country examples. These examples demonstrate that, under the right circumstances, insurance programs can cover RH services. Recent experiences show that adding RH services to covered benefits has had a positive impact on the use of some services in some countries, although not in all. (excerpt)

• **Unraveling the Factors Behind the Growth of the Indonesian Family Planning Private Sector**

Increasingly, donors and developing country health practitioners are calling for an expanded private sector role in the delivery of high-quality family planning and reproductive health services, but policy guidance on how to encourage greater private sector participation is scarce. As of the mid-1980s, however, Indonesia has been expanding the private sector's share of the nation's family planning service provision. In 1987, only 15 percent of women obtained contraception from the private sector; by 1997, the share had risen to 42 percent, marking a nearly three-fold increase. This case study documents Indonesia's family planning experience with a view to understanding the factors and conditions that led to the remarkable growth in the private sector's role in delivering family planning services. Indonesia's National Family Planning Coordinating Board (BKKBN) was instrumental in planning for the private sector's growth. It successfully generated nationwide demand for family planning, responded to changing consumer preferences over time, supported a new cadre of private sector service providers, and introduced an affordable line of contraceptive products. While Indonesia's private family planning sector expanded in response to several converging factors, the government's commitment to promoting the private sector as a source of family planning services was clearly prominent among all factors.

• **Private Health Insurance: Implications for Developing Countries**

Private health insurance is playing an increasing role in both high- and low-income countries, yet is poorly understood by researchers and policy-makers. This paper shows that the distinction between private and public health insurance is often exaggerated since well regulated private insurance markets share many features with public insurance systems. It notes that private health insurance preceded many modern social insurance systems in western Europe, allowing these countries to develop the mechanisms, institutions and capacities that subsequently made it possible to provide universal access to health care. We also review international experiences with private insurance, demonstrating that its role is not restricted to any particular region or level of national income. The seven countries that finance more than 20% of their health care via private health insurance are Brazil, Chile, Namibia, South Africa, the United States, Uruguay and Zimbabwe. In each case, private health insurance provides primary financial protection for workers and their families while public health-care funds are targeted to programmes covering poor and vulnerable populations. We make recommendations for policy in developing countries, arguing that private health insurance cannot be ignored. Instead, it can be harnessed to serve the public interest if governments implement effective regulations and focus public funds on programmes for those who are poor and vulnerable. It can also be used as a transitional form of health insurance to develop experience with insurance institutions while the public sector increases its own capacity to manage and finance health-care coverage.

Interviews with Family Planning Experts

These audio interviews with Dr. Robert Hatcher, Professor at Emory University School of Medicine, and Dr. John Stanback, Deputy Director of the PROGRESS project at FHI, explore the provision of family planning services for the poor.

Resources:

[A Primer for Policymakers: Insurance As a Way to Increase the Utilization of Reproductive Health Services](#)

- **Audio Interview: Dr. John Stanback Discusses Services for the Poor**

Dr. John Stanback, Senior Research Associate for Family Health International, emphasizes the importance of offering targeted and free or subsidized services to the poorest of the poor.

- **Audio Interview: Dr. Robert Hatcher Speaks about Free or Inexpensive Services for the Poor**

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According to Dr. Robert Hatcher, clients do not believe free services are of low quality.

Integrated Services



Offering multiple health care services at the same facility or through a community-based program can benefit clients, providers and programs. Integrating services can address a wider range of health needs conveniently for clients. It also can be more efficient for programs and so can serve more people for the same expenditures. Services commonly integrated with family planning include: HIV care and prevention; maternal, newborn, and child health care; child immunization services; and postabortion care services.

Several K4Health Toolkits focus on integrating family planning with other health services:

[Family Planning & Immunization Integration Toolkit](#) ^[99]

[Family Planning & HIV Services Integration Toolkit](#) ^[100]

[Health & Development Programming Integration Toolkit](#) ^[101]

[Maternal Infant and Young Child Nutrition and Family Planning \(MIYCN-FP\) Integration Toolkit](#) ^[102]

Have a suggested resource or comment about this section? Please visit our [feedback form](#) ^[12].

Resources:

- **Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time**

This PRB policy brief outlines the benefits of integrating FP and MCH services as a way to better meet women's need for contraception, and examines some of the challenges that must be met in doing so. It highlights examples of countries that have successfully integrated FP and MCH services and offers recommendations for committed policymakers.

- **Assessing Integration Methodology (AIM)**

The Assessing Integration Methodology (AIM) was developed by the Population Council to guide decisions regarding the feasibility, quality, and effectiveness of specific service combinations. The AIM handbook covers integration of family planning with the following services: HIV counseling and testing, Postabortion care, Antenatal care, Detection and management of sexually transmitted infections, Postpartum care. Decisionmakers can use the AIM handbook to assess the feasibility of linking services, identify programmatic or structural barriers to integration, pilot-test approaches to integrating services, evaluate the effect of linked or integrated services, and assess and evaluate the costs of models to integrate services. The handbook includes data-collecting forms to support and evaluate integration efforts, including forms for client and provider interviews, service and equipment inventory, and other documentation forms.

- **Healthy People, Healthy Ecosystems: A Manual on Integrating Health and Family Planning into Conservation Projects**

This manual outlines the population-health-environment (PHE) approach where conservation organizations partner with the health sector to integrate health and voluntary family planning into conservation projects. Taking advantage of synergies between human and ecosystem health, the approach improves maternal and child health; enables couples to have the number of children they want, when they want them; reduces unsustainable pressures on the environment; and promotes sustainable ecosystem services such as reliable water supplies. It often also improves community food security and livelihoods. The manual draws on the experiences, successes and lessons from last five years of PHE work in WWF and other organizations. Its main target audience is conservation field project practitioners, aiming to help them develop new PHE projects and refine existing ones.

- **A Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs**

This document provides a strategic framework for youth reproductive health (YRH) and family planning (FP) and its integration into youth development programs. This framework can be adapted to the local context of any program.

Interviews with Family Planning Experts

This series of audio and video interviews with family planning experts speaks to the importance of integrating family planning with other reproductive and child health services. Interviewees highlight both the benefits and challenges to integrating services, as well as the importance of offering organized and comprehensive family planning and reproductive health services due to the difficulties patients encounter when seeking out services.

For example, Dr. Heidi Reynolds, a Senior Research Associate for FHI, talks about the integration of family planning services with HIV services. Dr. Duff Gillespie of Johns Hopkins Bloomberg School of Public Health also addresses integration with HIV/AIDS services and discusses the difficulties of achieving appropriate HIV/AIDS integrated service programs, such as voluntary testing with family planning, due to lack of evidence and documentation. Dr. Habib Sadauki, Senior Reproductive Health and Family Planning Advisor at Pathfinder International, provides examples of opportune times to integrate health and education services and the multiple benefits that come with program integration within the community setting.

Resources:

- **Video Interview: Dr. Habib Sadauki Discusses Integration of Services**

Habib talks about the overlap between health and education and the importance of incorporating the two initiatives in programs. Habib provides some examples of opportune times to integrate the two services and the multiple benefits that come with program integration within the community setting.

Watch the video on https://www.youtube.com/v/ux4ty9_Ne_8?version=3 ^[103]

- **Video Interview: Dr. Duff Gillespie Talks About HIV/AIDS Integrated Service Programs**

Dr. Duff Gillespie discusses the difficulties of achieving appropriate HIV/AIDS integrated service programs, such as voluntary testing with family planning, due to lack of evidence and documentation. He explains that providing HIV positive women with the services they need is a no brainer that requires access to family planning in all clinics and catering to the client profile.

Watch the video on https://www.youtube.com/v/Wm_2UbHIG-4?version=3 [104]

- **Video Interview: Claire Stokes Explains PSI's Systematic Approach of Integrating Family Planning and HIV Services**

Claire Stokes explains PSI's systematic approach of integrating HIV and family planning services within the organization's programming and also highlights some of the benefits associated with this integration.

Watch the video on <https://www.youtube.com/v/dCLMK1vtGL8?version=3> [105]

- **Audio Interview: Dr. Heidi Reynolds Talks about Some Difficulties Encountered in Integration of Services**

Dr. Heidi Reynolds, a senior research associate for Family Health International, speaks to the importance of integrating family planning with other reproductive and child health services. Offering “one-stop shop” services is favorable since getting clients in for non-critical services, like family planning or HIV testing can be a challenge.

- **Audio Interview: Dr. Heidi Reynolds Speaks about What it Means to have Integrated Services**

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- **Audio Interview: Dr. Heidi Reynolds Discusses Integration of Services, Specifically with HIV Services**

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- **Audio Interview: Dr. Jonathan Ndzi Talks about Integration of Services**

In this audio clip, Dr. Jonathan Ndzi explains some of the struggles that patients face when attempting to receive family planning services in developing countries, and the importance of an organized family planning service to ensure patients receive appropriate and desired services. Dr. Ndzi also explains the struggles with integrating family planning with other health services.

Country Experiences



Family planning program managers and planners can

learn from each other's experiences. Sharing knowledge strengthens programs efficiently, helps avoid costly, time-consuming trial-and-error, helps growing programs to succeed more quickly and successful programs to improve further.

The Country Experiences section of the Elements of Family Planning Success Toolkit includes documents that describe the program- and country-specific experiences related to the 10 elements of family planning program success. The experiences and lessons presented can help program managers, donor agency staff, policymakers, and other family planning professionals to plan new programs, improve existing programs, and prepare for future developments and challenges.

Africa

Resources:

- **More Choices for Women: Vouchers for Reproductive Health Services in Kenya and Uganda**

This brief explores the benefits and challenges of reproductive health voucher schemes that have been implemented in Uganda and Kenya.

- **Using Mobile Finance to Reimburse Sexual and Reproductive Health Vouchers in Madagascar**

In October 2010, Marie Stopes Madagascar (MSM) contributed to national maternal health targets by establishing a subsidised voucher program to increase poor people's access to voluntary family planning services. MSM used mobile phone-based short message service (SMS) money transfer systems instead of traditional payment methods to reimburse service providers. This case study presents programmatic lessons to help organisations and program managers to replicate this model of reimbursement. It also describes the implementation process and identifies the challenges MSM faced and how these challenges were overcome. The case study also highlights modifications planned by MSM to strengthen its use of the SMS money transfers to reimburse subsidised vouchers and concludes with recommendations for the strategic integration of SMS money transfer systems in future voucher programs.

- **Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana**

Background: Public and private family planning providers face different incentive structures, which may affect overall quality and ultimately the acceptability of family planning for their intended clients. This analysis seeks to quantify differences in the quality of family planning (FP) services at public and private providers in three representative sub-Saharan African countries (Tanzania, Kenya and Ghana), to assess how these quality differentials impact upon FP clients' satisfaction, and to suggest how quality improvements can improve contraceptive continuation rates. Methods: Indices of technical, structural and process measures of quality are constructed from Service Provision Assessments (SPAs) conducted in Tanzania (2006), Kenya (2004) and Ghana (2002) using direct observation of facility attributes and client-provider interactions. Marginal effects from multivariate regressions

controlling for client characteristics and the multi-stage cluster sample design assess the relative importance of different measures of structural and process quality at public and private facilities on client satisfaction. Results: Private health facilities appear to be of higher (interpersonal) process quality than public facilities but not necessarily higher technical quality in the three countries, though these differentials are considerably larger at lower level facilities (clinics, health centers, dispensaries) than at hospitals. Family planning client satisfaction, however, appears considerably higher at private facilities - both hospitals and clinics - most likely attributable to both process and structural factors such as shorter waiting times and fewer stockouts of methods and supplies. Conclusions: Because the public sector represents the major source of family planning services in developing countries, governments and Ministries of Health should continue to implement and to encourage incentives, perhaps performance-based, to improve quality at public sector health facilities, as well as to strengthen regulatory and monitoring structures to ensure quality at both public and private facilities. In the meantime, private providers appear to be fulfilling an important gap in the provision of FP services in these countries.

- **Study of Family Planning and HIV Integrated Services in Five Countries: Final Report**

This study was undertaken to provide a “snapshot” of early integration efforts, in order to provide the U.S. Agency for International Development (USAID) and national programs with information needed to improve integrated services. Three models of integrated HIV and FP services were included in this study: family planning in counseling and HIV testing (FP-CT), family planning in HIV care and treatment services (FP-C&Tx), and HIV services (particularly counseling and testing) into family planning (HIV-FP).

- **The Case for Integrating Family Planning and HIV/AIDS Services: Evidence, Policy Support, and Programmatic Experience**

Family planning has an important role to play in curbing the HIV/AIDS epidemic. This set of briefs summarizes the current state of integration between the family planning (FP) and HIV/AIDS fields. The briefs highlight recent developments in FP/HIV integration, including changes in the policy environment, new programmatic examples, and the latest operations research results. This user-friendly package of information will help guide policymakers, program managers, donors, and researchers in strengthening FP/HIV integration policies and programs. The package contains the following eight briefs:

- **Scaling Up Proven Public Health Interventions Through a Locally Owned and Sustained Leadership Development Programme in Rural Upper Egypt**

In 2002, the Ministry, with funding from the United States Agency for International Development and assistance from Management Sciences for Health, introduced a Leadership Development Programme (LDP) in Aswan Governorate. The programme aimed to improve health services in three districts by increasing managers’ ability to create high performing teams and lead them to achieve results. The programme introduced leadership and management practices and a methodology for identifying and addressing service delivery challenges. Ten teams of health workers participated.

- **Fostering Public-Private Partnerships to Improve Access to Family Planning in Rwanda**

The private sector can play an important role in sustaining the success of family planning (FP) in Rwanda. Through public-private partnerships (PPPs), the government can make more efficient use of public resources by targeting and meeting the needs of specific populations and thus help ensure FP services and products will be available to all Rwandans in the long term. This report aims to inform stakeholders working to strengthen family planning through multisectoral partnerships about Rwanda’s FP market (clients and providers, as well as products and services) based on analysis conducted by the USAID | Health Policy Initiative, Task Order 1. The project (1) met with key stakeholders and reviewed Rwandan government policies to elucidate the context and environment for private sector involvement in family planning, (2) conducted quantitative analysis to determine the characteristics of Rwanda’s FP market, and (3) developed policy options for expanding the private sector’s role in delivering FP services.

- **Improving Health Facility-Based Services in Nyanza Province, Kenya:**

The APHIA II Nyanza Project

The central strategy of the APHIA II Nyanza health facility-based services component is to build the capacity of the Ministry of Health to increase access to and quality of health services, as well as to integrate services. The two main objectives of APHIA II Nyanza health facility-based activities are to: Expand the availability of HIV and AIDS prevention, care, and treatment services, including tuberculosis and male circumcision services [and] Expand the availability of reproductive health / family planning and maternal and child services, integrated with HIV and AIDS services.

- **Integrating Youth Reproductive Health and Family Planning into HIV/AIDS Education**

This brief presents the International Youth Foundation's (IYF) experiences and lessons learned in Tanzania. There, IYF's Planning for Life program integrated youth reproductive health education and family planning services into its HIV/AIDS prevention activities and trained local youth service providers to offer youth-friendly reproductive health services.

- **Success Story: A Strong Supply Chain Responds to Increased Demand for Contraceptives in Rwanda**

The account highlights how, during the last 10 years, the many changes made by the Rwandan Ministry of Health and its partners (including the USAID | DELIVER PROJECT) led to an increased demand for family planning at the local level. As a result, Rwanda made impressive gains in its contraceptive prevalence rate, which would not have been possible without a parallel increase in availability of the commodities needed to provide these services.

- **A Strong Supply Chain Responds to Increased Demand for Contraceptives in Rwanda**

Contraceptive security is achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them. This success story highlights how, during the last 10 years, the many changes made by the Rwandan Ministry of Health and its partners (including the USAID | DELIVER PROJECT) led to an increased demand for family planning at the local level. As a result, Rwanda made impressive gains in its contraceptive prevalence rate (CPR)-a sevenfold increase in the use of modern methods-from 4 percent in 2000, post-conflict, to 27 percent in 2008.

- **Insights from Innovations: Lessons from Designing and Implementing Family Planning/ Reproductive Health Voucher Programs in Kenya and Uganda**

Voucher programs in health are the latest trend in public health policy. Several developing countries, with international donor support, are considering or in the process of implementing a voucher program (examples include India, Tanzania, Uganda, Kenya and Bangladesh). The insights and practical guidance offered in this report are a first step to better understanding voucher programs strengths and weaknesses.

- **Linking Sexual and Reproductive Health and HIV/AIDS. Gateways to Integration: A Case Study From Kenya. Antiretroviral Delivery Within a Sexual and Reproductive Health Setting: Transition From Traditional to Pioneering Role.**

The case studies featured in this series have been chosen to demonstrate this two-way flow and to reflect the diversity of integration models. While these case studies focus primarily on service delivery components, structures, systems and policy issues are also important elements of successful integration.

- **Drawing on Data: Effective Decision-Making for the Health Workforce**

The Capacity Project has been helping to strengthen human resources information systems (HRIS) in several African countries, and many of the systems are now able to produce useful reports about the health workforce. In February 2008, a three-day workshop in Ezulwini Valley, Swaziland, helped 28 managers to understand information available from their HRIS and apply tools for making evidence-based decisions. This document describes the event and reports feedback from participants.

• **Report of the Regional Workshop on Building Public-Private Linkages to Advance Priority Health Services in Africa**

The purpose of this workshop was to develop national capacity to design and manage partnerships with private sector stakeholders and provide an overview of the selected policy instruments commonly available to Ministries of Health (MOHs) and the public-private partnership (PPP) units. The workshop curriculum was based upon a World Bank Institute course on public policy for the private sector, which was revised for the African context and substantially updated with new information to reflect current trends in private sector provision of health services. Workshop objectives included: developing existing public sector capacity to engage the private sector in the provision of RH / FP and HIV / AIDS-related services in selected Anglophone African countries; creating a network for experiential learning across countries on challenges in strengthening PPPs for RH / FP and HIV / AIDS; strengthening existing relationships and linkages across priority programs within African MOHs to work effectively with the private sector in support of national health goals (in general) and RH / FP (in particular); identifying key actions and important next steps for participant countries to design, develop, and manage PPPs following the workshop. The workshop was designed around three thematic areas: 1. Making the case for why it is important to work with the private health sector as a means to help address health challenges in RH / FP and HIV / AIDS; 2. Offering a concise overview of the policy instruments the public sector can utilize to engage and encourage the private health sector to deliver RH / FP and HIV / AIDS services; 3. Designing a partnering process while, at the same time, stressing the management and leadership skills required to implement and sustain a PPP.

• **Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences From Sierra Leone**

This study investigates barriers affecting access to family planning in conflict-affected settings and provides policy recommendations. Because of the severe social instability that they experience, refugee/IDP women are likely to have irregular access to family planning and little control over their sexual encounters. These factors place women in conflict situations at an increased risk for unintended pregnancies, poorly spaced or high-risk pregnancies, and sexually transmitted infections (STIs)/HIV. Furthermore, adolescents are at a heightened risk of being sexually abused and exploited—increasing their need for a range of complementary services. Recognizing the importance of a sound policy environment and the operational guidelines necessary for putting policies into practice, the USAID | Health Policy Initiative, Task Order 1, conducted a study in Sierra Leone in 2007 to: (1) explore refugee/IDP family planning needs before, during, and after conflict; (2) determine the root causes of the barriers to quality, accessible services; (3) build capacity of local groups to analyze operational barriers to services; and (4) devise policy actions and recommendations for overcoming barriers—that are applicable both in-country and in other conflict-affected countries.

• **Evaluation of a Family Planning and Antiretroviral Therapy Integration Pilot in Mbale, Uganda**

ACQUIRE conducted a retrospective evaluation using a case study methodology to assess its FP-ART integration pilot, including its effect on the program processes and family planning method mix and uptake. This report presents the findings from this case study and provides recommendations for replication and scale-up.

• **Analysis of the Operational Policy Barriers to Financing and Procuring Contraceptives in Malawi**

Contraceptive security exists when every person can choose, obtain, and use high-quality contraceptives whenever they need them. Two of the most important factors in achieving contraceptive security are adequate financing and efficient contraceptive procurement mechanisms. The USAID | Health Policy Initiative and USAID | DELIVER Project are working together to develop a methodology for identifying operational policy barriers in the financing and procurement of family planning (FP) products. The goal is to help national governments, donors, and other key stakeholders improve the policy environment for contraceptive security. This report presents the findings from a pilot

study the two projects conducted in Malawi to test this methodology.

- **Looking to the Future: Improving Family Planning Access and Quality in Rwanda**

This resource looks at The Capacity Project's work in Rwanda, including assessing its needs for family planning, improving access, ensuring contraceptive security, and training of providers.

- **Going the Extra Mile to Provide and Sustain Family Planning Services in Remote Madagascar**

This case study documents CARE's Extra Mile Initiative that brought education and family planning services to remote communes in Madagascar located in conservation zones that were threatened by the growing population.

- **Kenya Voucher Program: An Output Based Aid Initiative**

The Government of Kenya, supported by its German development partners BMZ (Federal Ministry for Economic Cooperation and Development) and KfW Banking Group, is currently piloting a new model to help the poor to access good quality health care in the field of reproductive health care dubbed as 'Output Based Aid' (OBA) or also called 'Vouchers for Health'. OBA is intended to contribute significantly to the Kenyan Government's goal of creating an efficient quality health care system that is accessible, equitable and affordable by every Kenyan household. The voucher concept represents a demand-side approach to financing health care by subsidizing health care clients directly and dispensing money only when services are actually provided. The client is free to choose a service provider which may be public, private or a non-governmental organization (NGO) from a list of approved health facilities. The purpose of this website is to inform about the OBA voucher program in Kenya. The objective of the program is to provide subsidized high quality health care to a population of at least three million poor people. The initial three main target areas of the program are Safe Motherhood, Clinical Family Planning and Gender Violence Recovery Services. A pilot of the program was implemented in three rural districts (Kisumu, Kiambu, and Kitui) and in Nairobi informal settlement areas (Viwandani and Korogocho). As progress is made regional coverage of the program and range of services included will be extended. Event date: 2008

- **Extending Prevention of Mother-To-Child Transmission Through Postpartum Family Planning in Lesotho.**

This project is designed to address the rapid rise in HIV incidence among antenatal clients. The intervention, to be implemented with the USAID-supported Partnership for Family-Centered HIV Programs, will test the feasibility and effect of a strengthened postpartum care program. The study will introduce a postpartum care package including syphilis screening and management; HIV testing, counseling, and PMTCT; discussion of postpartum family planning choices; and discussion of prevention of sexually transmitted infections, including HIV. In addition, the approach will include three postpartum visits—at 24 hours, one week, and six weeks. The program will be tested at Mafeteng Hospital, a major hospital that already is providing PMTCT services.

- **Kenya Integration: Integrating Services for FP and HIV Improves Quality and HIV Testing**

Two models of integrating counseling and testing for HIV into family planning services were feasible and acceptable to Kenyan clients and providers. Both models resulted in significant improvements in quality of care and in HIV prevention behaviors at an affordable cost. The integration strategy, including the two models, is being scaled up nationwide.

- **Taking Community Empowerment to Scale -- Lessons from Three Successful Experiences**

The question of scale is often the first concern raised by donors and cooperating agencies when discussing the merits of community empowering approaches. Donors and cooperating agencies want to invest their limited resources in those projects with the greatest potential for widespread health improvement. While some may perceive community-based approaches—specifically empowering approaches—as intensive efforts that reach relatively small

populations, successful widespread impact is possible. "Taking Community Empowerment to Scale: Lessons from Three Successful Experiences" describes three USAID-funded programs that used community empowering approaches to achieve public health impact at scale in three different settings—Africa, Asia, and the Middle East. It also identifies the success factors common to all three programs. Each case study is a descriptive account of the program's evolution, its stages, and the strategies used for successful scale-up. The brief review of current conceptualizations of empowerment and scale-up presented below illustrates the complexity of the issues at stake and sets the stage for the presentation of the case studies. The analyses of the case studies, however, relied on interviews with program staff and existing documentation to unveil inductively and with as few preconceptions as possible—the lessons learned. Comparing the findings from these inductive analyses with current theoretical frameworks was beyond the scope of this report. We encourage readers to use both existing theoretical frameworks as well as lessons learned from practice to refine the design of community empowerment programs at scale. (excerpt)

• Tanzania Baseline Survey 2004—2005: Technical Report

A baseline study was conducted in 2004–2005 to measure the situation of RH/FP services in 10 regions of Tanzania where ACQUIRE intends to focus its interventions. The survey used a random probability sample of hospitals, health centers, and dispensaries in the focus regions. The results will be used to measure the contributions of the ACQUIRE Project toward increasing the availability of quality RH services. A pretest-posttest study design will assess facilities' capacity to provide FP and postabortion care (PAC); the extent to which providers received up-to-date training in clinical FP and PAC procedures; and clients' experiences with and perceptions of the quality of care offered. The baseline study collected data through four survey instruments— facility audits, provider interviews, client-provider interaction checklists, and client exit interviews. This report presents data from 325 visited sites across the 10 regions of the project.

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Kenya has been a leader in family planning (FP) in Africa. It was the first Sub-Saharan African country to adopt a national FP program. From the mid-1970s to 1998, Kenya's total fertility rate fell from 8.1 to 4.7 lifetime births per woman—a decrease of 42% in 20 years. Between 1978 and 2003, the use of modern FP rose from 4% to 31% among married women. Yet, there is still a large unmet need for FP in Kenya, and long-acting and permanent methods like the IUD are underutilized. While the percentage of Kenyan women using any modern method has more than tripled in the past 20 years, the IUD has virtually disappeared from the mix of modern FP methods. In 1984, nearly one in three Kenyan women using contraception were using the IUD, but by 2004, this figure had dropped to fewer than one in 10. (excerpt)

• Accelerating Reproductive and Child Health Programme Impact With Community-Based Services: The Navrongo Experiment in Ghana

Objective To determine the demographic and health impact of deploying health service nurses and volunteers to village locations with a view to scaling up results. **Methods** A four-celled plausibility trial was used for testing the impact of aligning community health services with the traditional social institutions that organize village life. Data from the Navrongo Demographic Surveillance System that tracks fertility and mortality events over time were used to estimate impact on fertility and mortality. **Results** Assigning nurses to community locations reduced childhood mortality rates by over half in 3 years and accelerated the time taken for attainment of the child survival Millennium Development Goal (MDG) in the study areas to 8 years. Fertility was also reduced by 15%, representing a decline of one birth in the total fertility rate. Programme costs added US\$ 1.92 per capita to the US\$ 6.80 per capita primary health care budget. **Conclusion** Assigning nurses to community locations where they provide basic curative and preventive care substantially reduces childhood mortality and accelerates progress towards attainment of the child survival MDG. Approaches using community volunteers, however, have no impact on mortality. The results also demonstrate that increasing access to contraceptive supplies alone fails to address the social costs of fertility regulation. Effective deployment of volunteers and community mobilization strategies offsets the social constraints on the adoption of contraception. The research in Navrongo thus demonstrates that affordable and sustainable means of combining nurse services with volunteer action can accelerate attainment of both the International Conference on Population and Development agenda and the MDGs.

Asia & Pacific

Resources:

- **The Case for Integrating Family Planning and HIV/AIDS Services: Evidence, Policy Support, and Programmatic Experience**

Family planning has an important role to play in curbing the HIV/AIDS epidemic. This set of briefs summarizes the current state of integration between the family planning (FP) and HIV/AIDS fields. The briefs highlight recent developments in FP/HIV integration, including changes in the policy environment, new programmatic examples, and the latest operations research results. This user-friendly package of information will help guide policymakers, program managers, donors, and researchers in strengthening FP/HIV integration policies and programs. The package contains the following eight briefs:

- **Bangladesh Averts a Stock Crisis With Help From the USAID | DELIVER PROJECT**

This success story details the supply chain assistance the USAID | DELIVER PROJECT, with other partners, gave to the Ministry of Health in Bangladesh to avert a stockout.

- **The Right Messages—To the Right People—At the Right Time**

A World Vision child survival project called Pragati in three Uttar Pradesh districts strove to improve health outcomes and change behaviors related to women's and children's health, and to ensure that pregnant women and new mothers had ready access to information about and methods of birth spacing and family planning. With USAID resources, World Vision expanded its audience for family planning to include most couples in the project zone.

- **Taking Community Empowerment to Scale -- Lessons from Three Successful Experiences**

The question of scale is often the first concern raised by donors and cooperating agencies when discussing the merits of community empowering approaches. Donors and cooperating agencies want to invest their limited resources in those projects with the greatest potential for widespread health improvement. While some may perceive community-based approaches—specifically empowering approaches—as intensive efforts that reach relatively small populations, successful widespread impact is possible. "Taking Community Empowerment to Scale: Lessons from Three Successful Experiences" describes three USAID-funded programs that used community empowering approaches to achieve public health impact at scale in three different settings—Africa, Asia, and the Middle East. It also identifies the success factors common to all three programs. Each case study is a descriptive account of the program's evolution, its stages, and the strategies used for successful scale-up. The brief review of current conceptualizations of empowerment and scale-up presented below illustrates the complexity of the issues at stake and sets the stage for the presentation of the case studies. The analyses of the case studies, however, relied on interviews with program staff and existing documentation to unveil inductively and with as few preconceptions as possible—the lessons learned. Comparing the findings from these inductive analyses with current theoretical frameworks was beyond the scope of this report. We encourage readers to use both existing theoretical frameworks as well as lessons learned from practice to refine the design of community empowerment programs at scale. (excerpt)

- **FamPlan Hotline: Making Family Planning Information Just a Text Away to Filipinos Nationwide**

In order to expand the provision of correct information on family planning in an interactive and confidential manner, TSAP-FP supported the establishment and operation of a Family Planning Hotline (FamPlan Hotline). The hotline was sponsored by the Department of Health (DOH) and launched by the Secretary of Health in a press conference on August 13, 2004. The Family Planning Hotline was designed to be accessed by text, voice and email in order to reach as many potential clients nationwide. It was intended to be an information and referral rather than a counseling hotline. Text was expected to be the most accessed facility, given the Filipinos' high usage of cellular phones and the economy of using text. Moreover, text is anonymous and users of the hotline can ask sensitive questions that they will hesitate to ask in a face-to-face setting.

- **Assessment of the USAID/Bangladesh Component of DELIVER Project**

The DELIVER Project, a technical assistance project funded by the U.S. Agency for International Development

(USAID), is focused on strengthening the supply chains of health and family planning programs in developing countries to ensure the availability of essential health supplies at service delivery points. USAID/Bangladesh (USAID/B) has provided total funding to DELIVER of about \$10.6 million. DELIVER/Bangladesh (DELIVER/B) has worked primarily in logistics management, procurement, contraceptive security, and institutional strengthening and local capacity building. At the request of USAID/B, a three-person team conducted an end-of-project assessment of DELIVER/B. It included a retrospective assessment of project accomplishments and a prospective assessment of future technical assistance needs in logistics and contraceptive security. The team reviewed pertinent documents and conducted interviews and meetings with stakeholders in the U.S. and Bangladesh, including field visits to sites in Dhaka, Chittagong, and Rajshahi Divisions.

• **Unraveling the Factors Behind the Growth of the Indonesian Family Planning Private Sector**

Increasingly, donors and developing country health practitioners are calling for an expanded private sector role in the delivery of high-quality family planning and reproductive health services, but policy guidance on how to encourage greater private sector participation is scarce. As of the mid-1980s, however, Indonesia has been expanding the private sector's share of the nation's family planning service provision. In 1987, only 15 percent of women obtained contraception from the private sector; by 1997, the share had risen to 42 percent, marking a nearly three-fold increase. This case study documents Indonesia's family planning experience with a view to understanding the factors and conditions that led to the remarkable growth in the private sector's role in delivering family planning services. Indonesia's National Family Planning Coordinating Board (BKKBN) was instrumental in planning for the private sector's growth. It successfully generated nationwide demand for family planning, responded to changing consumer preferences over time, supported a new cadre of private sector service providers, and introduced an affordable line of contraceptive products. While Indonesia's private family planning sector expanded in response to several converging factors, the government's commitment to promoting the private sector as a source of family planning services was clearly prominent among all factors.

• **Nepal Community Involvement: Support Communication to Enhance Young Mothers' Reproductive Health**

Communication-based support to mothers' groups and newly formed youth communication groups improved reproductive health knowledge and behavior among young married women in Nepal.

• **Introducing Client-Centered Reproductive Health Services in a Pakistani Setting**

Pakistan is a high-fertility country with elevated levels of maternal mortality and unmet need for family planning. The authors designed an intervention to address some of these issues and implemented it on a quasi-experimental basis in Bhalwal Tehsil of the Sargodha district of Punjab. It introduced the concept of SAHR, to inculcate a client-centered approach to care that acknowledges explicitly and addresses a client's gender and power relations within her family and household. The changes provide demonstrable evidence that the public sector can shift toward client-centered services in reproductive health care in a challenging setting.

Latin America & Caribbean

Resources:

• **Safeguarding Contraceptive Security in Latin America and the Caribbean**

This brief describes HPI's contributions to the work of USAID's Regional Initiative on Contraceptive Security in Latin America and the Caribbean. It highlights key approaches and activities and provides a list of resources.

• **Using GIS Tools to Address Disparities in Access to Family Planning Services and Commodities in LAC and the Caribbean**

This paper demonstrates a methodology that Latin America and the Caribbean (LAC) ministries of health can use to

geographically identify and target scarce resources to improve access to family planning. Guatemala was chosen as a case study for implementing the methodology, in large part because of the disparities that exist between its different subpopulations. The results highlight the potential for applying this methodology in other countries in the LAC region.

- **Situation Analysis of the Integration of Family Planning Services in Postpartum, Postabortion and Prevention of Mother to Child Transmission Programs in Haiti**

There is a substantial unmet need for family planning services among postpartum women and many missed opportunities to provide these services during the pregnancy-extended postpartum period continuum. Practically all of the women interviewed wanted to space their next pregnancy for at least two years and 80 percent of those interviewed before discharge following a hospital delivery said that they would like to start using contraception in the following six months (with 54% wanting to start immediately).

- **Increasing Access to Family Planning Among the Poor in Peru: Building On and Strengthening Financing Mechanisms for the Poor**

This report describes the two-step process the USAID | Health Policy Initiative (HPI) implemented to address low levels of family planning (FP) use and to respond to the FP/reproductive health (RH) needs of poor women in the region of Junin, Peru. HPI first identified the barriers that affect poor women's access to and use of FP services, and then designed interventions to address barriers related to existing financing mechanisms to ensure a sustainable and replicable response. The report includes the background and rationale for the interventions, a review of existing literature on reaching the poor through targeted policies and programs, and a diagnosis of the Junin region that reveals barriers to access and use of FP services and financing mechanisms. The report also details how HPI selected the barriers to address and the process of implementing the selected strategies. The conclusion presents lessons learned and requirements for scaling up the strategies.

- **Gateways to Integration: A Case Study from Haiti**

The process of linking sexual and reproductive health and HIV/AIDS needs to work in both directions: traditional sexual and reproductive health services need to integrate HIV/AIDS interventions, and programmes set up to address the AIDS epidemic need to integrate more general services for sexual and reproductive health. The case studies featured in this series have been chosen to demonstrate this two-way flow and to reflect the diversity of integration models. While these case studies focus primarily on service delivery components, structures, systems and policy issues are also important elements of successful integration.

- **Contraceptive Security Committees: Their Role in Latin America and the Caribbean**

Contraceptive security exists when all individuals are able to choose, obtain, and use high-quality contraceptives when they need them. This report summarizes case studies on the innovative regional strategies that LAC countries have been implementing since 2003 to achieve contraceptive security. In numerous countries, locally formed contraceptive security committees have been spearheading and coordinating CS efforts, generally operating at a technical level. The objective of this study was to analyze the experience of committees and assess their role in working to achieve contraceptive security. The study focused on the activities of CS committees in Bolivia, the Dominican Republic, El Salvador, Honduras, Nicaragua, and Paraguay from 2003 to early 2007. According to the results of the analysis, the committees played a key role in making progress toward contraceptive security.

- **Getting Results Used: Evidence from Reproductive Health Programmatic Research in Guatemala**

This article reviews 44 operations research projects aiming to improve reproductive health services in Guatemala, conducted by the Population Council from 1988 to 2001. It documents the experience of the research programme, traces the extent to which research results are identifiable in existing programmes, and analyses factors influencing utilization. Utilization of research results occurs as a gradual process of information sharing, where researchers influence decision-makers through a continual stream of information rather than a single set of findings. Utilization depends on leadership, collaborative planning and implementation, close monitoring, and feasible research designs,

among other factors. To influence policy formulation, organizations should form enduring links among institutions and develop critical research skills among personnel who collaborate with or manage service programmes. To understand how operations research affects policy and programme change, one must consider not just individual projects, but rather the synergistic impact of multiple projects on a broad range of themes over time.

- **Guaranteeing Widespread Access to a Broad Choice of Contraceptives**

This brief describes the history, process, and challenges of increasing access to a wide range of contraceptives in Paraguay.

- **Options for Contraceptive Procurement: Lessons Learned From Latin America and the Caribbean**

In upcoming years, countries in the Latin America and Caribbean Region will see a gradual decline in donations and technical assistance toward ensuring contraceptive security (CS), which is when people are able to choose, obtain, and use high-quality contraceptives whenever they need them. In light of this trend, governments throughout the region are faced with ensuring the provision of family planning services, including a continuous supply of contraceptives. Several countries, including Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru, have begun to explore ways to finance and efficiently procure contraceptives for their target populations. This report analyzes the legal and regulatory framework in each of the nine focus countries that may affect future procurement of contraceptive commodities, as well as the current policy environments of five USAID "graduated" countries that are now procuring contraceptives without foreign assistance (namely, Brazil, Chile, Colombia, Costa Rica, and Mexico). Additionally, this report presents country-specific pricing data for contraceptives, providing a comparative analysis of how different procurement policies affect price as well as the large variation in price found among international suppliers. Next, the report illustrates lessons learned from all 14 countries to help improve procurement processes, streamline regulations, and prepare for the eventual phase-out of donations and technical assistance. Careful consideration of these lessons, especially experiences from the five graduated countries, can help governments prepare to efficiently procure their own contraceptives in the long run. Finally, taking into account analyses presented in this report and the various levels of efficiency and procurement capacity of each of the nine focus countries, the final section presents a series of recommendations and outlines different options that each country may implement to improve access to contraceptives and realize potentially significant cost-savings.

- **Securing Essential Contraceptive Supplies for All Who Need Them**

This brief describes the history, process, and challenges of increasing access to a wide range of contraceptives in El Salvador.

- **Facilitating Access to Reproductive Health Services through Mobile Health Units in Bolivia**

This informational sheet describes the positive health outcomes that were achieved in remote indigenous communities in Bolivia through the provision of education and services through mobile health units.

Supportive Policies

Supportive policies help ensure that family planning has a prominent place on the national agenda, that adequate financial resources are allocated, and that family planning services are affordable and accessible. In this section of the Toolkit you'll find resources that review the history and evolution of family planning policies as well as country specific examples describing how family planning policies have influenced programs, access and service delivery.

Resources:

- **Family Planning and Economic Well-Being: New Evidence from Bangladesh**

This new policy brief from the Population Reference Bureau looks at the effects of long-term investment in an integrated family planning and maternal and child health program. Drawing on research and data that spans more than 30 years, the evidence reinforces the importance of sustained investment in reproductive health programs, showing that families in communities where the program was implemented became wealthier and healthier than families who lived in other, similar communities.

- **Achieving Uttar Pradesh's Population Policy Goals Through Demand-Based Family Planning Programs: Taking Stock at the Mid-Point**

This report describes progress in achieving the goals of the Uttar Pradesh (UP) Population Policy adopted in 2000, the implications of alternative fertility and mortality trends during the next decade, and strategies and program initiatives recommended by national and state policymakers and other experts.

- **Family Planning Policies and Their Impact on the Poor: Peru's Experience**

This paper examines the policies that Peru's Ministry of Health has developed and implemented to promote access to family planning for all, and how these policies have affected contraceptive use and access to services in particular amongst poor people. The paper finds that poor people are particularly vulnerable to unanticipated policy outcomes: providing universal coverage which, although conceptualised as a strategy to reach the poor, ended up serving a considerable proportion of people who can afford to pay for care and restricted access among those people who can least afford it.

Increasing service availability and providing free contraceptives through the Ministry of Health increased contraceptive use for all women in the short-term, but likely reduced the role of the commercial sector and shifted some wealthier clients towards using public sector services. The paper concludes that these problems highlight the need for well-designed policies and significant thought about both implementation and short- and long-term consequences. Moreover, as the experience of Peru demonstrates, policy makers should monitor and evaluate how policies are being implemented and be willing to make adjustments when it is clear that the policy is not achieving its desired outcomes.

- **Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences From Sierra Leone**

This study investigates barriers affecting access to family planning in conflict-affected settings and provides policy recommendations. Because of the severe social instability that they experience, refugee/IDP women are likely to have irregular access to family planning and little control over their sexual encounters. These factors place women in conflict situations at an increased risk for unintended pregnancies, poorly spaced or high-risk pregnancies, and sexually transmitted infections (STIs)/HIV. Furthermore, adolescents are at a heightened risk of being sexually abused and exploited—increasing their need for a range of complementary services. Recognizing the importance of a sound policy environment and the operational guidelines necessary for putting policies into practice, the USAID | Health Policy Initiative, Task Order 1, conducted a study in Sierra Leone in 2007 to: (1) explore refugee/IDP family planning needs before, during, and after conflict; (2) determine the root causes of the barriers to quality, accessible services; (3) build capacity of local groups to analyze operational barriers to services; and (4) devise policy actions and recommendations for overcoming barriers—that are applicable both in-country and in other conflict-affected countries.

- **Analysis of the Operational Policy Barriers to Financing and Procuring Contraceptives in Malawi**

Contraceptive security exists when every person can choose, obtain, and use high-quality contraceptives whenever they need them. Two of the most important factors in achieving contraceptive security are adequate financing and efficient contraceptive procurement mechanisms. The USAID | Health Policy Initiative and USAID | DELIVER Project are working together to develop a methodology for identifying operational policy barriers in the financing and procurement of family planning (FP) products. The goal is to help national governments, donors, and other key stakeholders improve the policy environment for contraceptive security. This report presents the findings from a pilot study the two projects conducted in Malawi to test this methodology.

- **Looking to the Future: Improving Family Planning Access and Quality in**

Rwanda

This resource looks at The Capacity Project's work in Rwanda, including assessing its needs for family planning, improving access, ensuring contraceptive security, and training of providers.

- **The Global Family Planning Revolution: Three Decades of Population Policies and Programmes**

Using case studies from 23 countries, this book chronicles the history of family planning in the second half of the twentieth century, more specifically between the 1950s and the 1980s. The authors of these case studies are pioneers who share their experience, often first hand, in establishing family planning programmes. The enthusiasm of the initial approaches, the disappointments and challenges which led to the evolution of successful programmes are covered well. What emerges is that there is no single global strategy for success: multiple approaches are required for successful programme implementation.

- **Achieving the MDGs: The Contribution of Family Planning (MDG Briefs)**

To draw attention to the significant contribution of family planning to the achievement of the Millennium Development Goals (MDGs), the USAID | Health Policy Initiative, Task Order 1, has completed and updated analyses for more than 30 countries. The analyses demonstrate how family planning can help countries achieve the MDGs by improving health outcomes (e.g., fewer maternal and child deaths) and by reducing costs for meeting the goals (by reducing the size of the target populations in need of services). For each country, the project has also created briefs and PowerPoint presentations to share the findings in a compelling, user-friendly manner. The FP-MDG analyses are influential advocacy tools because they use country-specific goals, data, and trends; provide evidence-based analyses to complement advocacy efforts; can be tailored to various issues of interest; and bolster appeals to both economic and public health concerns.

Evidence-Based Programming

Successful family planning programs use research to help tailor programs to their context and use monitoring and evaluation to inform and strengthen program planning and management. This section of the Toolkit includes resources describing country and program experiences in using research to understand family planning need and effective service delivery strategies, as well as resources describing how programs have implemented best practices and evidence-based practices into family planning programs.

Resources:

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Leadership & Management

Strong leadership coupled with good management helps programs improve and expand services, scale up best practices, and navigate change. Here you will find resources on how family planning program managers and service delivery providers have benefited from learning and using good leadership and management skills.

Resources:

• Scaling Up Proven Public Health Interventions Through a Locally Owned and Sustained Leadership Development Programme in Rural Upper Egypt

In 2002, the Ministry, with funding from the United States Agency for International Development and assistance from Management Sciences for Health, introduced a Leadership Development Programme (LDP) in Aswan Governorate. The programme aimed to improve health services in three districts by increasing managers' ability to create high performing teams and lead them to achieve results. The programme introduced leadership and management practices and a methodology for identifying and addressing service delivery challenges. Ten teams of health workers participated.

• Drawing on Data: Effective Decision-Making for the Health Workforce

The Capacity Project has been helping to strengthen human resources information systems (HRIS) in several

African countries, and many of the systems are now able to produce useful reports about the health workforce. In February 2008, a three-day workshop in Ezulwini Valley, Swaziland, helped 28 managers to understand information available from their HRIS and apply tools for making evidence-based decisions. This document describes the event and reports feedback from participants.

Effective Communication

Communication grounded in behavior theory and sensitive to local norms motivates clients to seek services and helps them make good family planning choices. The resources included in this section of the Toolkit provide examples on how communication efforts, using various strategies, have influenced knowledge and attitudes on family planning as well as the reach of programs and services.

Resources:

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A World Vision child survival project called Pragati in three Uttar Pradesh districts strove to improve health outcomes and change behaviors related to women's and children's health, and to ensure that pregnant women and new mothers had ready access to information about and methods of birth spacing and family planning. With USAID resources, World Vision expanded its audience for family planning to include most couples in the project zone.

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A strong logistics system and a long-term plan for contraceptive security ensure that a variety of methods, and the supplies and equipment to provide them, are always available. This section of the Toolkit includes briefs and reports on country and program experiences in achieving or making progress towards contraceptive security by ensuring contraceptive options and availability.

Resources:

- **Success Story: A Strong Supply Chain Responds to Increased Demand for Contraceptives in Rwanda**

The account highlights how, during the last 10 years, the many changes made by the Rwandan Ministry of Health and its partners (including the USAID | DELIVER PROJECT) led to an increased demand for family planning at the local level. As a result, Rwanda made impressive gains in its contraceptive prevalence rate, which would not have been possible without a parallel increase in availability of the commodities needed to provide these services.

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This brief describes the history, process, and challenges of increasing access to a wide range of contraceptives in Paraguay.

- **Options for Contraceptive Procurement: Lessons Learned From Latin America and the Caribbean**

In upcoming years, countries in the Latin America and Caribbean Region will see a gradual decline in donations and technical assistance toward ensuring contraceptive security (CS), which is when people are able to choose, obtain, and use high-quality contraceptives whenever they need them. In light of this trend, governments throughout the region are faced with ensuring the provision of family planning services, including a continuous supply of contraceptives. Several countries, including Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru, have begun to explore ways to finance and efficiently procure contraceptives for their target populations. This report analyzes the legal and regulatory framework in each of the nine focus countries that may affect future procurement of contraceptive commodities, as well as the current policy environments of five USAID "graduated" countries that are now procuring contraceptives without foreign assistance (namely, Brazil, Chile, Colombia, Costa Rica, and Mexico). Additionally, this report presents country-specific pricing data for contraceptives, providing a comparative analysis of how different procurement policies affect price as well as the large variation in price found among international suppliers. Next, the report illustrates lessons learned from all 14 countries to help improve procurement processes, streamline regulations, and prepare for the eventual phase-out of donations and technical assistance. Careful consideration of these lessons, especially experiences from the

five graduated countries, can help governments prepare to efficiently procure their own contraceptives in the long run. Finally, taking into account analyses presented in this report and the various levels of efficiency and procurement capacity of each of the nine focus countries, the final section presents a series of recommendations and outlines different options that each country may implement to improve access to contraceptives and realize potentially significant cost-savings.

• **Assessment of the USAID/Bangladesh Component of DELIVER Project**

The DELIVER Project, a technical assistance project funded by the U.S. Agency for International Development (USAID), is focused on strengthening the supply chains of health and family planning programs in developing countries to ensure the availability of essential health supplies at service delivery points. USAID/Bangladesh (USAID/B) has provided total funding to DELIVER of about \$10.6 million. DELIVER/Bangladesh (DELIVER/B) has worked primarily in logistics management, procurement, contraceptive security, and institutional strengthening and local capacity building. At the request of USAID/B, a three-person team conducted an end-of-project assessment of DELIVER/B. It included a retrospective assessment of project accomplishments and a prospective assessment of future technical assistance needs in logistics and contraceptive security. The team reviewed pertinent documents and conducted interviews and meetings with stakeholders in the U.S. and Bangladesh, including field visits to sites in Dhaka, Chittagong, and Rajshahi Divisions.

• **Securing Essential Contraceptive Supplies for All Who Need Them**

This brief describes the history, process, and challenges of increasing access to a wide range of contraceptives in El Salvador.

Client-Centered Care

Planning and providing services with the clients in mind help to make sure their needs are met and their preferences are honored. The resources included in this section describe program experiences in implementing client-centered care.

Resources:

• **Measuring client satisfaction and the quality of family planning services: A comparative analysis of public and private health facilities in Tanzania, Kenya and Ghana**

Background: Public and private family planning providers face different incentive structures, which may affect overall quality and ultimately the acceptability of family planning for their intended clients. This analysis seeks to quantify differences in the quality of family planning (FP) services at public and private providers in three representative sub-Saharan African countries (Tanzania, Kenya and Ghana), to assess how these quality differentials impact upon FP clients' satisfaction, and to suggest how quality improvements can improve contraceptive continuation rates. Methods: Indices of technical, structural and process measures of quality are constructed from Service Provision Assessments (SPAs) conducted in Tanzania (2006), Kenya (2004) and Ghana (2002) using direct observation of facility attributes and client-provider interactions. Marginal effects from multivariate regressions controlling for client characteristics and the multi-stage cluster sample design assess the relative importance of different measures of structural and process quality at public and private facilities on client satisfaction. Results: Private health facilities appear to be of higher (interpersonal) process quality than public facilities but not necessarily higher technical quality in the three countries, though these differentials are considerably larger at lower level facilities (clinics, health centers, dispensaries) than at hospitals. Family planning client satisfaction, however, appears considerably higher at private facilities - both hospitals and clinics - most likely attributable to both process and structural factors such as shorter waiting times and fewer stockouts of methods and supplies. Conclusions: Because the public sector represents the major source of family planning services in developing countries, governments and Ministries of Health should continue to implement and to encourage incentives, perhaps performance-based, to improve quality at public sector health facilities, as well as to strengthen regulatory and monitoring structures to ensure quality at both public and private facilities. In the meantime, private providers appear to be fulfilling an important gap in the provision of FP services in these countries.

• **Introducing Client-Centered Reproductive Health Services in a Pakistani Setting**

Pakistan is a high-fertility country with elevated levels of maternal mortality and unmet need for family planning. The authors designed an intervention to address some of these issues and implemented it on a quasi-experimental basis in Bhalwal Tehsil of the Sargodha district of Punjab. It introduced the concept of SAHR, to inculcate a client-centered approach to care that acknowledges explicitly and addresses a client's gender and power relations within her family and household. The changes provide demonstrable evidence that the public sector can shift toward client-centered services in reproductive health care in a challenging setting.

Easy Access

Offering family planning services through a variety of delivery points helps clients obtain services easily and makes methods available to more potential users. Here you will find resources on how community-based distribution and other strategies have been used to increase provision of contraceptives. For more country experiences on community-based family planning you can go to the [Country Experiences](#) ^[106] section of the [Community-Based Family Planning Toolkit](#). ^[93]

Resources:

- **Going the Extra Mile to Provide and Sustain Family Planning Services in Remote Madagascar**

This case study documents CARE's Extra Mile Initiative that brought education and family planning services to remote communes in Madagascar located in conservation zones that were threatened by the growing population.

- **Facilitating Access to Reproductive Health Services through Mobile Health Units in Bolivia**

This informational sheet describes the positive health outcomes that were achieved in remote indigenous communities in Bolivia through the provision of education and services through mobile health units.

- **Country Experiences: Community-Based Access to Injectable Contraceptives Toolkit**

In some countries or regions community-based access to injectables (CBA2I) is routine, while in other areas CBA2I is a new alternative for family planning services to address unmet need and hard-to-reach communities. This section of the toolkit offers experiences from a number of countries and regions implementing CBA2I programs. These country experiences are intended to inform health policy makers, program managers, and service providers of the strategies, challenges, successes and lessons learned from CBA2I activities.

Affordable Services

Services that are not affordable can pose a major barrier to women and couples seeking out family planning. This section of the toolkit includes resources on how programs have addressed financial barriers to accessing family planning services. Specifically, resources on tapping into the private sector and use vouchers are included here.

Resources:

- **Increasing Access to Family Planning Among the Poor in Peru: Building On and Strengthening Financing Mechanisms for the Poor**

This report describes the two-step process the USAID | Health Policy Initiative (HPI) implemented to address low levels of family planning (FP) use and to respond to the FP/reproductive health (RH) needs of poor women in the region of Junin, Peru. HPI first identified the barriers that affect poor women's access to and use of FP services, and then designed interventions to address barriers related to existing financing mechanisms to ensure a sustainable and replicable response. The report includes the background and rationale for the interventions, a review of existing literature on reaching the poor through targeted policies and programs, and a diagnosis of the Junin region that reveals barriers to access and use of FP services and financing mechanisms. The report also details how HPI selected the barriers to address and the process of implementing the selected strategies. The conclusion presents lessons learned and requirements for scaling up the strategies.

• Kenya Voucher Program: An Output Based Aid Initiative

The Government of Kenya, supported by its German development partners BMZ (Federal Ministry for Economic Cooperation and Development) and KfW Banking Group, is currently piloting a new model to help the poor to access good quality health care in the field of reproductive health care dubbed as 'Output Based Aid' (OBA) or also called 'Vouchers for Health'. OBA is intended to contribute significantly to the Kenyan Government's goal of creating an efficient quality health care system that is accessible, equitable and affordable by every Kenyan household. The voucher concept represents a demand-side approach to financing health care by subsidizing health care clients directly and dispensing money only when services are actually provided. The client is free to choose a service provider which may be public, private or a non-governmental organization (NGO) from a list of approved health facilities. The purpose of this website is to inform about the OBA voucher program in Kenya. The objective of the program is to provide subsidized high quality health care to a population of at least three million poor people. The initial three main target areas of the program are Safe Motherhood, Clinical Family Planning and Gender Violence Recovery Services. A pilot of the program was implemented in three rural districts (Kisumu, Kiambu, and Kitui) and in Nairobi informal settlement areas (Viwandani and Korogocho). As progress is made regional coverage of the program and range of services included will be extended. Event date: 2008

• Unraveling the Factors Behind the Growth of the Indonesian Family Planning Private Sector

Increasingly, donors and developing country health practitioners are calling for an expanded private sector role in the delivery of high-quality family planning and reproductive health services, but policy guidance on how to encourage greater private sector participation is scarce. As of the mid-1980s, however, Indonesia has been expanding the private sector's share of the nation's family planning service provision. In 1987, only 15 percent of women obtained contraception from the private sector; by 1997, the share had risen to 42 percent, marking a nearly three-fold increase. This case study documents Indonesia's family planning experience with a view to understanding the factors and conditions that led to the remarkable growth in the private sector's role in delivering family planning services. Indonesia's National Family Planning Coordinating Board (BKKBN) was instrumental in planning for the private sector's growth. It successfully generated nationwide demand for family planning, responded to changing consumer preferences over time, supported a new cadre of private sector service providers, and introduced an affordable line of contraceptive products. While Indonesia's private family planning sector expanded in response to several converging factors, the government's commitment to promoting the private sector as a source of family planning services was clearly prominent among all factors.

Integrated Services

Programs can address a wider range of health needs by integrating services where appropriate and offering referrals where it is not. In this section of the Toolkit many resources are included on integrating family planning services. Resources on specific program experiences are found here as well as reports on the evidence and policies supporting integration of services.

Resources:

• Study of Family Planning and HIV Integrated Services in Five Countries: Final Report

This study was undertaken to provide a "snapshot" of early integration efforts, in order to provide the U.S. Agency for International Development (USAID) and national programs with information needed to improve integrated services. Three models of integrated HIV and FP services were included in this study: family planning in counseling and HIV testing (FP-CT), family planning in HIV care and treatment services (FP-C&Tx), and HIV services (particularly counseling and testing) into family planning (HIV-FP).

• The Case for Integrating Family Planning and HIV/AIDS Services: Evidence, Policy Support, and Programmatic Experience

Family planning has an important role to play in curbing the HIV/AIDS epidemic. This set of briefs summarizes the current state of integration between the family planning (FP) and HIV/AIDS fields. The briefs highlight recent developments in FP/HIV integration, including changes in the policy environment, new programmatic examples, and

the latest operations research results. This user-friendly package of information will help guide policymakers, program managers, donors, and researchers in strengthening FP/HIV integration policies and programs. The package contains the following eight briefs:

- **Improving Health Facility-Based Services in Nyanza Province, Kenya: The APHIA II Nyanza Project**

The central strategy of the APHIA II Nyanza health facility-based services component is to build the capacity of the Ministry of Health to increase access to and quality of health services, as well as to integrate services. The two main objectives of APHIA II Nyanza health facility-based activities are to: Expand the availability of HIV and AIDS prevention, care, and treatment services, including tuberculosis and male circumcision services [and] Expand the availability of reproductive health / family planning and maternal and child services, integrated with HIV and AIDS services.

- **Integrating Youth Reproductive Health and Family Planning into HIV/AIDS Education**

This brief presents the International Youth Foundation's (IYF) experiences and lessons learned in Tanzania. There, IYF's Planning for Life program integrated youth reproductive health education and family planning services into its HIV/AIDS prevention activities and trained local youth service providers to offer youth-friendly reproductive health services.

- **Extending Prevention of Mother-To-Child Transmission Through Postpartum Family Planning in Lesotho.**

This project is designed to address the rapid rise in HIV incidence among antenatal clients. The intervention, to be implemented with the USAID-supported Partnership for Family-Centered HIV Programs, will test the feasibility and effect of a strengthened postpartum care program. The study will introduce a postpartum care package including syphilis screening and management; HIV testing, counseling, and PMTCT; discussion of postpartum family planning choices; and discussion of prevention of sexually transmitted infections, including HIV. In addition, the approach will include three postpartum visits—at 24 hours, one week, and six weeks. The program will be tested at Mafeteng Hospital, a major hospital that already is providing PMTCT services.

- **Kenya Integration: Integrating Services for FP and HIV Improves Quality and HIV Testing**

Two models of integrating counseling and testing for HIV into family planning services were feasible and acceptable to Kenyan clients and providers. Both models resulted in significant improvements in quality of care and in HIV prevention behaviors at an affordable cost. The integration strategy, including the two models, is being scaled up nationwide.

- **Linking Sexual and Reproductive Health and HIV/AIDS. Gateways to Integration: A Case Study From Kenya. Antiretroviral Delivery Within a Sexual and Reproductive Health Setting: Transition From Traditional to Pioneering Role.**

The case studies featured in this series have been chosen to demonstrate this two-way flow and to reflect the diversity of integration models. While these case studies focus primarily on service delivery components, structures, systems and policy issues are also important elements of successful integration.

- **Gateways to Integration: A Case Study from Haiti**

The process of linking sexual and reproductive health and HIV/AIDS needs to work in both directions: traditional sexual and reproductive health services need to integrate HIV/AIDS interventions, and programmes set up to address the AIDS epidemic need to integrate more general services for sexual and reproductive health. The case studies featured in this series have been chosen to demonstrate this two-way flow and to reflect the diversity of

integration models. While these case studies focus primarily on service delivery components, structures, systems and policy issues are also important elements of successful integration.

• Evaluation of a Family Planning and Antiretroviral Therapy Integration Pilot in Mbale, Uganda

ACQUIRE conducted a retrospective evaluation using a case study methodology to assess its FP-ART integration pilot, including its effect on the program processes and family planning method mix and uptake. This report presents the findings from this case study and provides recommendations for replication and scale-up.

Source URL: <https://www.k4health.org/toolkits/fpsuccess>

Links

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