

Community-Based Family Planning Toolkit

The **Community-Based Family Planning Toolkit** is a platform for sharing reliable and relevant information about community-based family planning programs (CBFP) and for strengthening the capacity of agencies and organizations to plan, implement, evaluate, promote, and scale up CBFP programs.

This Toolkit presents a collection of carefully selected resources for health policy makers, program managers, service providers, information officers, and others, and includes experience and tools from dozens of countries. Many items found in the CBFP Toolkit can be adapted or revised for use in specific country contexts and unique program circumstances.

Key sections in this toolkit include:

- **CBFP Approaches**
- **Policy & Advocacy**
- **Program Design & Management**
- **Training**
- **Monitoring & Evaluation**
- **Behavior Change Communication**
- **Country Experiences**

Why Community-Based Family Planning?

CBFP brings family planning (FP) information and contraceptive methods to women and men in the communities where they live using one or more approaches including provision by **community health workers (CHWs), mobile outreach services, and drug shops and the private sector.**

When appropriately designed and implemented, CBFP can increase use of contraception rates, particularly in scenarios when:

- Demand for FP is high but access to services is low

- Demand, access, and use of FP is low
- Demand for and use of FP is low?even though FP services are readily available
- The health infrastructure is weak

CBFP programs implemented by the private sector or non-governmental organizations (NGOs) should be linked to the government's health system so as to not duplicate, replace, or ignore the system. A CBFP program must carefully choose the types of FP methods to be offered based on the ministry of health's policy, community needs, and availability of methods via health facilities. If there is a gap between community needs and what is available, the CBFP program should consider how to fill this gap. CBFP programs need to ensure that quality FP services are available at the referral health facilities and relevant facility needs are addressed in their project plan or through partners' plans.

To learn more about Community-Based Family Planning [take the Global Health eLearning course](#) (registration required).

[For more information about Community-Based Access to Injectables, please visit the Community-Based Access to Injectable Contraceptives Toolkit.](#)

What are K4Health Toolkits?

What is the purpose of this toolkit?

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Who are the intended audiences?

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How can I make a comment or give feedback?

What are K4Health Toolkits?

K4Health Toolkits 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?

This toolkit contains resources to help policy makers, program managers, service providers, and other audiences improve access to and quality of community-based family planning (CBFP) services.

Who developed this toolkit?

The Community-Based Family Planning Toolkit is a collaborative effort among the Johns Hopkins Center for Communication Programs, ICF Macro, FHI, and the U.S. Agency for International Development. Individuals from other organizations also contributed their experience and expertise to review the toolkit and ensure its relevance and usefulness, including:

- Adrienne Allison, from World Vision
- Paige Anderson Bowen, from WellShare International
- Milka Dinev, from the Extending Service Delivery (ESD) Project
- Susan Gallagher, from Population Services International
- John Townsend, from the Population Council

What types of resources are included?

The resources were selected based on a wide search for relevant published and grey literature from around the world, with health policy makers, program managers, and service providers in mind. For example, the toolkit contains:

- 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.
- Various publication formats including books, manuals, briefs, case studies, fact sheets, project reports, reviews, teaching and training materials, tools, and job aids.

Who are the intended audiences?

- **Policymakers** will find research and information to help set national guidelines about CBFP programs and plan for future changes in service delivery.
- **Program managers** will find information and job aids to help them design, plan, and manage CBFP programs.

- **Community health workers** will find tools and job aids to help them provide quality services to their clients.
- **Communication professionals** can use the toolkit resources to explore strategies, media, and messages about CBFP.
- **Trainers** can review the latest curricula for training community health workers on family planning and reproductive health generally and for specific contraceptive methods.

We invite you to suggest resources 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 content of this toolkit, use the navigation tabs above to view resources related to key program topics. Each tab includes a list of a number of high-quality resources selected by the Community-Based Family Planning Toolkit Working Group, further organized by sub-topic. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full resource.

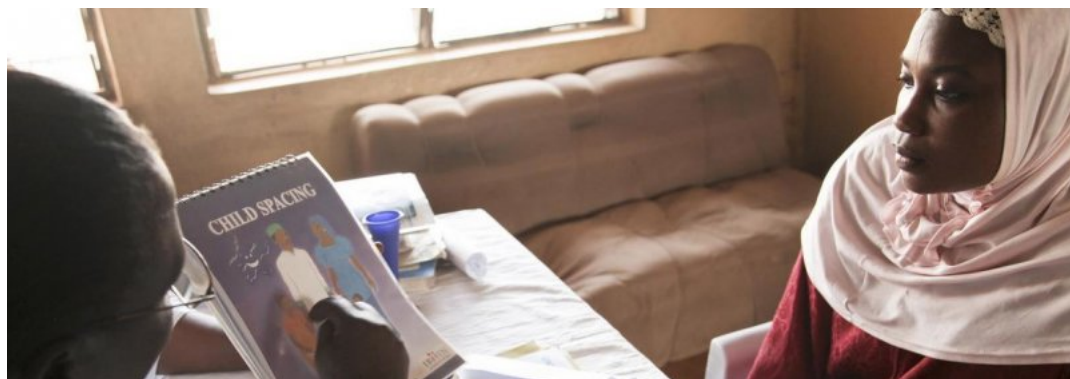
Some of the tools are readily available in an adaptable format (for example, Microsoft Word documents and PowerPoint presentations). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source). If you do use these tools or adapt them, we would love to hear from you. Please e-mail us. (To make a comment about the toolkit or suggest a resource, use the feedback form.)

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 this toolkit, please use the feedback form 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. 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.



CBFP Approaches



Community-based family planning (CBFP) brings family planning information and methods to women and men in the communities where they live rather than require them to visit health facilities. CBFP should be considered as part of a broader community health intervention?known as a total market approach (TMA)?to ensure that the CBFP approaches offer a sustainable solution for meeting the FP needs of the population. CBFP approaches that have been proven to extend services into the community include:

Community health workers (CHWs) or Community-Based Distributors (CBDs) are an effective means to bring FP information and services to women and men in the communities where they live. CHWs have an affinity for and understanding of the clients they serve because they are known in the community, come from the same or a similar cultural background, and as such, can respond to local societal and cultural norms and customs to ensure community acceptance and ownership. This insight allows CHWs to succeed in addressing social, cultural and traditional barriers to FP use. For decades, worldwide experience shows that CHWs can be trained to offer basic health services to their communities. These services include informed-choice counseling and safe provision of pills and condoms. More recently, technical experts concluded that CHWs can safely offer injectables and educate women and couples to use fertility awareness methods, such as the Lactational Amenorrhea Method (LAM) and Standard Days Method (SDM).

Drug shops (e.g., privately accredited drug dispensing outlets) are an effective means to expand the FP method mix, including injectable contraceptives, in underserved communities. Drug shops typically have storefronts, product displays, and a counter. Many have a small room in the back, separated by a curtain or door, for examinations and treatment. Drug shop operators sell a variety of medications including condoms and pills (in countries where pills are available over-the-counter). With training and supervision they could expand their current method mix to include other methods, such as injectable contraception. Clients in rural and hard-to-reach areas often prefer going to drug shops for FP methods where they can also access healthcare advice,

treatments and supplies. The shops are particularly convenient for men and young people who may be less willing or able to go to clinics. They also provide an alternative source of FP methods when there are supply shortages and stock outs in public sector facilities.

Mobile outreach services are when a team of health care providers travels from a health facility to a community (or to a lower-level health facility) to offer FP services and methods to underserved and hard-to-reach groups in locations where FP services are limited or do not exist. Mobile services typically offer clinical, provider-dependent FP methods to communities whose access to a full range of methods, especially long-acting or permanent methods (LAPMs), is limited. This approach can greatly improve method mix in a community

Private sector actors cover a wide range of individuals and entities including private practitioners, clinics, hospitals, laboratories, diagnostic facilities, NGOs, faith-based organizations, shopkeepers, traditional healers, pharmacies, pharmaceutical wholesalers, distributors, and manufacturers. This large and diverse group, comprised of for-profit and not-for-profit entities, lies outside the public health or government sector and increases points of access and meets some consumer. Incorporating these actors are key factors in implementing a TMA for CBFP programs. TMA takes a holistic view of the situation and considers which combination of free, subsidized, and commercial product and public or private sector service delivery method will render a sustainable solution suited to institutional capacities and social contexts.

Have a suggested resource or comment about this section? Please fill out our [feedback form](#). We especially welcome suggestions of resources that provide a succinct overview or lessons learned about community depots, mobile services, and private-sector strategies.

Resources:

- **Exploring the Potential for Private Pharmacies to Provide Family Planning Services in Senegal**

This policy brief explores the potential for task sharing of family planning services to private pharmacies in Senegal.

- **Vouchers: Addressing Inequities in Access to Contraceptive Services**

This HIP brief describes how vouchers can address key challenges for family planning programs, discusses the potential contribution to improving the quality and use of contraceptive services, outlines key issues for planning and implementation, and identifies

knowledge gaps. It describes two basic strategies for distribution of the vouchers - hiring community-based distributors (CBDs) specifically for this task or working with existing community health workers (CHWs).

- **Mobile Outreach Services: Expanding access to a full range of modern contraceptives**

Evidence demonstrates that mobile outreach services can successfully increase contraceptive use, particularly in areas of low contraceptive prevalence, high unmet need for family planning, and limited access to contraceptives, and where geographic, economic, or social barriers limit service uptake. This brief describes the role of mobile outreach programs as a means of reducing inequities in access to family planning services (particularly LARCs and PMs), discusses the potential contribution of these programs, and outlines key issues for planning and implementation.

- **Assessment to Action: A Guide to Conducting Private Health Sector Assessments**

Assessment to Action is an online tool for conducting private health sector assessments in developing countries. Understanding the private health sector's actors and their capabilities is an essential step in engaging the sector to meet public health goals. A private sector assessment can assist key stakeholders in understanding the role the private sector plays in country and identifying areas for partnership and/or programming. By providing key data on the size, scope, and activities of the private sector, these assessments help stakeholders develop strategies, make decisions, and design programs that will maximize private sector contributions to health, and facilitate greater public-private cooperation.

The Assessment to Action guide has four objectives:

1. **Document Our Approach**? Introduce a tested approach to conducting private sector health assessments.
2. **Support Ongoing Learning**? Orient and train novice assessors, and promote knowledge-sharing and continued learning for experienced practitioners.
3. **Advance Practice**? Document effective practices, ensure the success of future assessments, and advance knowledge in the area of private sector engagement.
4. **Galvanize Action**? Ultimately, a private health sector assessment aims to encourage increased private sector involvement in health.

- **Meeting Demand for Modern Contraception: Role of the Private Sector**

Improving access to family planning is critical to improving maternal and child health outcomes, and it requires the engagement of the public and private sectors. In much of the developing world, a large number of clients rely on the private sector as their source of family planning. The private sector includes a wide range of providers who are at the front lines of providing health care to millions. With an introduction by Susan Mitchell, project director, this brief analyzes DHS data over 20 years and shows that global increases in the modern contraceptive prevalence rate are largely due to short-acting methods.

- **Provision of Injectable Contraceptives within Drug Shops: A Promising Approach for Increasing Access and Method Choice**

In sub-Saharan Africa, drug shops, known in some countries as chemist shops or patent medicine vendor shops, are often the most widely used source for health services, information and products, especially in rural areas with few facilities, pharmacies, and community health workers. Drug shops can help meet the growing demand for family planning, specifically injectable contraceptives, in rural and hard-to-reach areas by improving the availability of high quality and reliable services.

- **Mobile Outreach Services: Expanding access to a full range of modern contraceptives**

Evidence demonstrates that mobile outreach services can successfully increase contraceptive use, particularly in areas of low contraceptive prevalence, high unmet need for family planning, and limited access to contraceptives, and where geographic, economic, or social barriers limit service uptake. This brief describes the role of mobile outreach programs as a means of reducing inequities in access to family planning services (particularly LARCs and PMs), discusses the potential contribution of these programs, and outlines key issues for planning and implementation.

- **Increasing Family Planning Access and Choice: Key Lessons from Marie Stopes International's Clinical**

Outreach Programmes

Clinical outreach ? the delivery of clinical health services by a mobile team of trained providers through periodic visits to a particular site or from a mobile unit ? is an invaluable service delivery option for governments and service providers that are eager to reach underserved communities. This paper identifies a number of key lessons and emerging practices drawn from outreach programs of Marie Stopes International that can be taken to make clinical outreach programs more robust and effective.

In particular:

- unmet reproductive health and family planning needs require identification. This can be achieved by using the latest Demographic and Health Survey data, health service data, site visits and input from the government's health departments
- appropriate locations for outreach services need to be identified. Clinical outreach sites can equally be located in remote rural communities with no service provider or in urban areas that have several service providers nearby
- the geographical area covered by an outreach program needs to be mapped to identify appropriate outreach sites and to plan the schedule of each outreach team effectively
- sustained awareness-raising activities are required to maintain the effectiveness of many outreach sites
- rigorous clinical protocols, guidelines and procedures are essential to maintain high-quality services. Awareness-raising activities are unlikely to maintain the effectiveness of a clinical outreach site that delivers poor services.

Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services

This primer aims to provide clear lessons and recommendations to help service delivery organizations and program managers establish, implement, and strengthen contracting arrangements. The primer draws on Marie Stopes International's experience of delivering government-contracted services in Bangladesh, India, and South Africa. The lessons and recommendations in this primer are limited to MSI programs that involve formal contracts. This primer serves as a companion to Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services.

Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services

This primer is an update of Contracting-out Reproductive Health and Family Planning Services: Contracting Management and Operations. Focusing on the demand-side (governments and donors) of contracting out with the private sector, the primer describes the concept of contracting out, discusses its rationale and process, and summarizes three cases of contracting out programs. It closes with general conclusions from these experiences and recommendations on how to ensure the effectiveness and sustainability of design and implementation of future contracting out initiatives. Readers are encouraged to learn about the supply side of contracting out with the private sector in the complementary primer Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services.

- **Community Health Workers: Bringing family planning services to where people live and work**

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. This updated eight-page brief describes the importance of community-based family planning programs as a means of reducing inequities in access to services and outlines key issues for planning and implementation.

- **Expanding Contraceptive Choice to the Underserved Through Delivery of Mobile Outreach Services: A Handbook for Program Planners**

This handbook provides general guidance on how to design and implement mobile outreach family planning services, and should be adapted to each country's context. Several examples of country experiences with mobile services are provided in the handbook.

- **Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges**

This slide set includes a rationale for CBFP and panel presentations on the experiences and lessons from Afghanistan, Nepal, and Yemen in expanding community-based access to family planning.

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Community-Based Access to Injectable Contraceptives Toolkit

The Community-Based Access to Injectable Contraceptives Toolkit is a platform for strengthening the capacity of agencies and organizations to plan, implement, evaluate, promote, and scale up community-based access to injectables (CBA2I) programs and to advocate for changes to national policy and service delivery guidelines.

Policy & Advocacy

Conducting advocacy is an essential step for the introduction and scale-up of CBFP activities. CBFP programs require the buy-in of government and local officials and administrators, health program managers and providers, and community members. Additionally, development of supportive CBFP policy and service delivery guidelines contribute to the success of health programs by ensuring that service-delivery practices are understood, supported, and institutionalized throughout the health system.



This section of the CBFP Toolkit contains a range of resources that can be used or adapted to advocate for the introduction of CBFP and develop supportive CBFP policy and service delivery guidelines. Including examples policy and service delivery guidelines from Kenya and Uganda.

There are also several key documents that summarize the evidence for different CBFP approaches. For example, the widely-endorsed brief on the conclusions from the WHO technical consultation and series of High Impact Practices (HIP) briefs on the different CBFP approaches are all powerful advocacy tools for task sharing and CBFP, particularly when engaging high-level decision makers.

The resources in this section focus on community-based FP. To access general family planning

advocacy materials, please visit the [Family Planning Advocacy Toolkit](#).

Resources:

- **Conclusions from a Technical Consultation: Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives**

In June 2009, a technical consultation held at the World Health Organization (WHO) in Geneva concluded that evidence supports the introduction, continuation, and scale-up of community-based provision of progestin-only injectable contraceptives. The group of 30 technical and programme experts reviewed scientific and programmatic experience, which largely focused on the progestin-only injectable, depot-medroxyprogesterone acetate (DMPA). The experts found that community-based provision of progestin-only injectable contraceptives by appropriately trained community health workers (CHWs) is safe, effective, and acceptable. Such services should be part of a family planning programme offering a range of contraceptive methods.

In June 2010, seven new international organizations endorsed the policy brief. The International Confederation of Midwives, International Council of Nurses, and International Federation of Gynecology and Obstetrics (FIGO) – the three medical professional associations related to this topic – endorsed this brief. Also, key international organizations supporting family planning services added their endorsement: International Planned Parenthood Federation, Marie Stopes International, UNFPA, and the World Bank.

- **Family Planning: A Global Handbook for Providers**

This handbook offers clinic-based health care professionals in developing countries the latest guidance on providing contraceptive methods. Through an organized, collaborative process, experts from around the world have come to consensus on this practical guidance that reflects the best available scientific evidence. The World Health Organization (WHO) convened this process. Many major technical assistance and professional organizations have endorsed and adopted this guidance. The book serves as a quick-reference resource for all levels of health care workers.

The Handbook is available in a number of languages, including Arabic, Farsi, French, Hindi, Portuguese, Romanian, Russian, Spanish, Swahili, and Tajik.

- **Community Health Policy Matters**

APC's Community Health Policy Matters video tells the story of fictional characters Winnie and Mary, and how a fragmented health system affects each woman's ability to access family planning services in her respective community. This animated video highlights how policy can improve the health system for women.

- **Guidance for Integrating the Provision of Injectable Contraceptives by Community Health Workers into Family Planning/Sexual and Reproductive Health Policy**

This brief provides guidance about writing policy to enable the provision of injectable contraceptives by non-clinical community health workers (CHWs). This guidance is intended for use by people who make and influence policy and who are interested in changing national policy to support the provision of injectable contraceptives by CHWs.

- **Mobile Outreach Services: Expanding access to a full range of modern contraceptives**

Evidence demonstrates that mobile outreach services can successfully increase contraceptive use, particularly in areas of low contraceptive prevalence, high unmet need for family planning, and limited access to contraceptives, and where geographic, economic, or social barriers limit service uptake. This brief describes the role of mobile outreach programs as a means of reducing inequities in access to family planning services (particularly LARCs and PMs), discusses the potential contribution of these programs, and outlines key issues for planning and implementation.

- **Community Health Worker Provision of Injectable Contraceptives: An Effective CBA2I Strategy**

Countries around the world have demonstrated that allowing trained community health workers (CHWs) to administer injectable contraceptives (injectables) can expand access to a woman's preferred contraceptive method, reduce unmet need for family planning in underserved areas, and address the critical health workforce shortage in many countries. These resources are intended to be used by advocates, program managers, policymakers, donors, ministry of health staff, and other key stakeholders to craft a strategy for building support for CBA2I among key decision makers in country.

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Drug Shops and Pharmacies: Sources for family planning commodities and information

Evidence shows that with appropriate training and support, pharmacy and drug-shop staff can facilitate the use of modern contraception, especially in urban slums and rural areas where the unmet need is high, access is poor, and health-worker shortages and other barriers prevent men, women, and youth from accessing family planning services. This 8-page brief describes the importance of these outlets for distributing commodities and information and outlines key issues for planning and implementing programs to support pharmacy and drugshop staff. Drug shops are emphasized, as they are less familiar to the family planning community as potential outlets for contraception.

- ### **WHO Recommendations: Optimizing health worker roles for maternal and newborn health**

A more rational distribution of tasks and responsibilities among cadres of health workers may improve access to maternal and newborn care. The aim of the WHO recommendations is to help address critical health workforce shortages that slow down progress towards the health-related Millennium Development Goals (MDGs).

- ### **Task Sharing in Family Planning**

Many developing countries face strains in meeting the demands for health services because of shortages of qualified medical personnel, especially in rural areas. The continued "brain drain" of trained medical professionals has exacerbated this situation, as has the increased demand for HIV services. These factors have contributed to a growing interest in the concept of "task shifting," described by WHO as a process of delegation or shifting of some tasks to less-specialized health workers (WHO 2007). "Task sharing," a similar concept, refers to a partnership in which different levels of providers do similar work, rather than having less-credentialed providers take over all provision of a service. (excerpt)

- ### **Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting: WHO recommendations**

These recommendations are intended for health policy-makers, managers and other stakeholders at a regional, national and international level. WHO hopes that countries will adapt and implement them to meet local needs. This website presents the OptimizeMNH recommendations in an interactive format. Users can browse the recommendations by type (for example, whether WHO recommends the intervention, or recommends against the intervention) or by type of intervention (for example, whether the intervention is delivered during pregnancy or delivered after birth). For each recommendation, users can also obtain more information on the justification provided by WHO and can obtain the full text of the recommendation, including the evidence base and implementation considerations.

- **Snapshot: The Process of Changing National Family Planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda**

The insights compiled in this snapshot are drawn from FHI's experience promoting community-based access to Depo Provera (or DMPA) and working with the Ugandan government and other partners to change national family planning policy.

- **Scale-Up of Task-Shifting for Community-Based Provision of Implanon (Ethiopia)**

The Integrated Family Health Program (IFHP) is a five-year USAID-funded program to promote an integrated model for strengthening maternal and child health, family planning (FP), and reproductive health services for rural and underserved populations in Ethiopia. Led by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Associations, IFHP has pursued scale-up of community-based provision of Implanon since 2009. Active in four regions of Ethiopia, IFHP's Implanon scale up efforts support the government in enabling underserved rural communities to access this long-acting family planning (LAFP) method at the village level through task-shifting to Ethiopia's health extension worker (HEW) cadre. In August 2011, the project completed the second year of its four-year timeline. This technical brief presents scale-up progress to date, and recommendations for future efforts.

- **Community Health Workers: Bringing family planning services to where people live and work**

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. This updated eight-page brief describes the importance of community-based family planning programs as a means of reducing inequities in access to services and outlines key issues for planning and implementation.

- **Kenya Family Planning Guidelines for Service Providers**

Produced by the Ministry of Public Health and Sanitation's Division of Reproductive Health in collaboration with a number of organizations and institutions, this updated edition of the Kenya family planning guidelines incorporates the 2009 Medical Eligibility Criteria (MEC) from the World Health Organization (WHO). These guidelines provide the most current and up-to-date information on the methods of contraception currently approved by the Ministry of Public Health and Sanitation and the Ministry of Medical Services. This information covers the advantages and limitations of contraceptive methods, medical eligibility criteria, management of common side effects, and how to obtain contraception services. These guidelines also discuss the scope of family planning service delivery: quality of care; infection prevention; counselling; client assessment; the effectiveness and safety of FP methods; and the integration of services for FP and RH, including HIV/AIDS and cancers of reproductive organs.

- **Community-Based Access to Injectables: An Advocacy Guide**

Injectable contraceptives are popular among women, especially in sub-Saharan Africa. Health officials and providers in a growing number of countries seek to make injectable contraceptives more widely available at the community level through trained paraprofessionals. Studies and field observations have found that community health workers (CHWs) can provide injectables safely and that community access to injectables attracts new contraceptive users. This guide is designed to assist the many health professionals and advocates who are interested in making injectable contraceptives more widely available, especially for women with little or no access to health facilities. It will also be useful to donors, family planning/reproductive health professionals, and others who may not be directly involved in advocacy but need to understand the process and the rationale for community access to injectable contraceptives.

- **Policy Guidelines and Service Delivery Standards for Community-Based Provision of Injectable Contraception**

in Uganda

This landmark 2010 addendum to Uganda's National Policy Guidelines and Service Standards for Sexual and Reproductive Health allows injectable contraception to be integrated into the existing services provided by Village Health Teams.

- **Community-Based Providers in Rural Guatemala Can Provide the Injectable Contraceptive DMPA Safely**

The specific objectives of the study were to assess client satisfaction and competence of community-based providers in providing the three-monthly injectable contraceptive depot-medroxyprogesterone acetate (DMPA).

Program Design & Management



CBFP programs vary greatly in scale and design. Some programs operate at a national scale while others serve small geographical areas or target specific populations.

The Program Design & Management section of the CBFP Toolkit offers a number of guides and tools for planning, implementing, and managing CBFP programs. Users will find the following sub-sections:

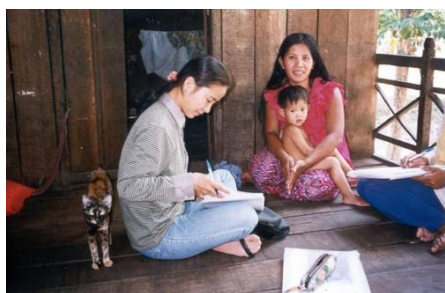
- **Designing for Sustainability**
- **Working with CHWs**
- **Supervision**
- **Contraceptive Security**
- **Program Costs**
- **Integrated Services**
- **Community Mobilization**

- [Programming for Key Populations](#)
- [Scale-Up](#)
- [CBFP Program Challenges](#)

Additional CBFP programming resources are available in the [Training](#), and [Monitoring & Evaluation](#) sections.

To suggest an additional publication or provide feedback about this section of the CBFP Toolkit, please fill out our [feedback form](#).

Designing for Sustainability



Ensuring sustainability of CBFP services, such as CHW and drug shops provision of FP services, requires close collaboration with stakeholders that represent all levels of the local health system as well as the local community. These groups need to have a sense of ‘ownership’ of the service and an understanding of its importance to their community. The process of collaborating with key stakeholders at multiple levels helps ensure that CBFP services continue after a project ends.

The [Family Planning Sustainability Checklist](#) identifies six essential program elements that must be in place to increase the likelihood of continued family planning services at the community level:

1. Reliable supply of contraceptive methods
2. Training
3. Maintaining a network of quality service delivery providers
4. Supervision
5. Demand Creation
6. Reporting and Integration of CBFP program data

The relative importance of each element will vary with the local context, but all of these elements should be considered in project design and during implementation.

The resources in this section of the toolkit provide information, case studies, and tools for harnessing programming components to plan, implement, and maintain sustainable CBFP programs in low-resource settings.

Resources:

- **Community Health Workers: Bringing family planning services to where people live and work**

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. This updated eight-page brief describes the importance of community-based family planning programs as a means of reducing inequities in access to services and outlines key issues for planning and implementation.

- **Family Planning Sustainability Checklist: A Project Assessment Tool for Designing and Monitoring Sustainability of Community-based Family Planning Services**

This document is designed to assist community-based family planning project planners and implementers to identify key elements to incorporate in a community family planning project to increase the likelihood of family planning services continuing beyond the project's end. This guide includes a checklist and an outline for a facilitated workshop for use with project partners to identify strengths and weaknesses in the key systems needed to support continuity of family planning services.

The guide contains a brief introduction; purpose and objectives of the checklist; guidance on several options on how and when to use the Checklist, including how to tailor it for use in different settings; an overview of essential program elements for sustainability; two different formats of the Checklist; an overview of the workshop process and suggested timelines; and a detailed facilitator's guide on the preparation and implementation of a workshop to conduct a group through the assessment, analysis, and action planning phases of the checklist.

- **Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up**

This guide contains 12 recommendations on how to design pilot projects with scaling up in mind, as well as a checklist that provides a quick overview of the scalability of a project that is being planned, proposed, or in the process of implementation. Based on a combination of a comprehensive review of multiple literatures, field experience and a conceptual framework,

the guide is intended for use by researchers, policy-planners, programme managers, technical-assistance providers, donors and others who seek to ensure that pilot or other programmatic research is designed in ways that lead to lasting and larger-scale impact.

- **Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems**

Community health workers (CHWs) have provided primary health services all over the world for several decades, and evidence shows that they can add significantly to the efforts of improving the health of the population, particularly in those settings with the highest shortage of motivated and capable health professionals.

With the aim of identifying CHWs programs with positive impact on Millennium Development Goals (MDGs) related to health or otherwise, a global systematic review was undertaken of such interventions, as well as eight in-depth country case studies in Sub-Saharan Africa (Ethiopia Mozambique and Uganda), South East Asia (Bangladesh, Pakistan and Thailand) and Latin America (Brazil and Haiti). The review focused on key aspects of these programs, encompassing typology of CHWs, selection, training, supervision, standards for evaluation and certification, deployment pat-terns, in-service training, performance, and impact assessment.

- **Nine steps for developing a scaling-up strategy**

The purpose of this document is to outline a concise, step-by-step process for developing a scaling-up strategy. Attention to scaling up requires systematic planning of how pilot-tested innovations can be implemented on a larger scale and achieve broad impact.

Working with CHWs



Often in CBFP programs the service providers are community health workers (CHWs). CHWs are trusted members of the community who are trained to provide family planning services and information about reproductive health in a private and confidential setting. CHWs are linked with community health facilities, district health offices, and in some countries national ministries of health and nongovernmental organizations (NGOs). The provision of CBFP services and methods may take the form of visits to the client's home, visits to the CHW's home, or visits to a community health post. Without these CHWs, women often travel long distances to reach the nearest clinic, or they may simply do without family planning services. Although CBFP programs are traditionally implemented in rural areas, this approach is also used in urban areas where access to FP services is limited.

To ensure high-quality service delivery, CBFP programs must apply clear, stringent selection criteria when recruiting new CHWs and must have strategies in place for motivating agents to excel and retaining them for the long-term. In paid positions, financial compensation is a key tool for motivation and retention. However, many CHWs are volunteers, and non-monetary incentives, such as professional training, supportive supervision, consistent resupply of commodities and the provision of items such as T-shirt, name badge or bicycles can be effective.

This section of the toolkit contains research and guidance on good practices for recruiting, selecting, motivating, and retaining CHWs—an essential consideration for any CBFP program.

Resources:

- **Keeping community health workers in Uganda motivated: key challenges, facilitators, and preferred program inputs**

In the face of global health worker shortages, community health workers (CHWs) are an important health care delivery strategy for underserved populations. In Uganda, community-based programs often use volunteer CHWs to extend services, including family planning, in rural areas. This study examined factors related to CHW motivation and level of activity in 3 family planning programs in Uganda.

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Rwanda: Adding Re-supply of Hormonal Contraceptive Methods to Community Health Worker Tasks Does Not Increase Their Workload

The goal of the assessment was to document CHW activities and to collect evidence regarding CHW workload when re-supply of short-acting hormonal methods were added to the services they were already providing. The primary objectives were to ascertain monthly measures on CHW client contacts ; to describe CHW perceptions of workload and its association with performance; and to obtain client reports of satisfaction with services provided by CHWs.

- ## **Community Health Workers: Exploring Volunteerism as a Sustainability Model Policy Brief**

This brief presents the findings of a qualitative study exploring the potential of non-financial incentives (NFIs) in motivating voluntary Community Health Workers (vCHWs) in four of the largest regions in Ethiopia.

- ## **Factors affecting recruitment and retention of community health workers in a newborn care intervention in Bangladesh**

ABSTRACT: Background: Well-trained and highly motivated community health workers (CHWs) are critical for delivery of many community-based newborn care interventions. High rates of CHW attrition undermine programme effectiveness and potential for implementation at scale. We investigated reasons for high rates of CHW attrition in Sylhet District in northeastern Bangladesh. Methods: Sixty-nine semi-structured questionnaires were administered to CHWs currently working with the project, as well as to those who had left. Process documentation was also carried out to identify project strengths and weaknesses, which included in-depth interviews, focus group discussions, review of project records (i.e. recruitment and resignation), and informal discussion with key project personnel. Results: Motivation for becoming a CHW appeared to stem primarily from the desire for self-development, to improve community health, and for utilization of free time. The most common factors cited for continuing as a CHW were financial incentive, feeling needed by the community, and the value of the CHW position in securing future career advancement. Factors contributing to attrition included heavy workload, night visits, working outside of one's

home area, familial opposition and dissatisfaction with pay. Conclusions: The framework presented illustrates the decision making process women go through when deciding to become, or continue as, a CHW. Factors such as job satisfaction, community valuation of CHW work, and fulfilment of pre-hire expectations all need to be addressed systematically by programs to reduce rates of CHW attrition.

- **Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study**

The Last Ten Kilometers (L10K) project implements community solutions focused toward supporting health extension workers (HEWs) to extend their reach through mobilizing communities, utilizing a geographically diverse network of voluntary Community Health Workers (vCHWs), to spread health messages and practices to families residing in every part of the community or *kebele*. One of the objectives of the L10K project is to ensure the sustained engagement of vCHWs in the HEP through NFIs working to strengthen volunteerism among vCHWs. The NFIs proposed by L10K are mechanisms that recognize vCHWs' work; support from HEWs in the form of ongoing mentoring, training and follow-up, certification, performance reviews, and support by *kebele* and *woreda* (i.e., district) leaders. Successful communities and families are rewarded, celebrations are organized periodically, badges and ID cards are provided in addition to other identification methods like posting their photographs at public places, as well as the provision of refreshments during performance review meetings. This study utilizes in-depth interviews and focus group discussions to explore the potential efficacy of NFIs proposed by the project. The results of the study describe the factors motivating the vCHWs and concur with the NFIs proposed by the project. The study also proposes other NFI mechanisms for consideration and makes programmatic recommendations.

- **Situation Analysis of Community-Based Referrals for Family Planning**

This situation analysis aims to review the evidence on current models of community-to-facility referrals for LARC/PM, to provide recommendations on promising models that should be tested for effectiveness, and to provide an agenda for future research.

- **Nepal's Community-based Health System Model: Structure, Strategies, and Learning**

The community-based health system model briefly identifies and discusses critical health system

inputs and processes that have contributed to the implementation and expansion of community-based service delivery. This brief reviews Nepal's community health model to inform future policy, program design, and implementation in other countries.

Supervision



Good supportive supervision is key component to CBFP programs as it improves the overall quality of FP services as well as supports the retention and motivation of CBFP staff (e.g., CHWs, Drug Shop Operators). Supervision is not only used to assess project performance but also as an opportunity to build CBFP provider skills, address barriers to program success, and brainstorm solutions. Effective supervision facilitates continual improvement of processes and results to achieve program goals.

Programs should also include a plan for regular refresher training of CBFP service providers and on-the-job training as part of regular supervision. A supervisor's task is to help a service provider do their work correctly and effectively by: (1) reviewing reports and record keeping; (2) observing the CBFP counseling skills; (3) giving immediate, tactful feedback to correct errors in information or approach, to praise what the provider did well, and to suggest areas for improvement; and (4) mentoring and encouraging the CBFP service provider, by carrying out activities with her or him and demonstrating the desired practice.

This section of the CBFP Toolkit includes resources to help CBFP programs supervise and support CBFP service providers in order to improve their performance and job satisfaction.

Resources:

- **Community Reproductive Health Worker Monthly Distribution Summary Form**

This form is used by direct supervisors to record the distribution activities of CRHWs on a regular basis. This form can collect data from several CRHWs in one form. The form has four

sections. The first collects data on the amount and type of contraceptive distributed by CRHWs broken down by new versus old clients, as well as the number of educational talks completed by the CRHW per month broken down by sex of the participants. The second section collects information on the number and type of referrals CRHWs make, and whether those referrals were completed, or followed through on by the client. The third section notes the number and type of complications related to injections administered by CRHWs. The fourth section records the number and type of contraceptives provided to the CRHWs by the health unit.

- **Community Reproductive Health Worker Monthly Supervision Summary**

This report is used to record the number of new and returning clients receiving injections, complications experienced, referrals made, and the number of group talks performed broken down by sex of participants. This form will be filled out by the CRHW and presented to his or her direct supervisor at monthly supervision meetings.

- **Directly-Observed Supervision Checklists**

These checklists can be used by any supervisor who is directly observing either 1) the provision of DMPA, 2) the direct counseling of a client, or 3) the facilitation of a group talk. These checklists help assess services during the practicum section of a training, and then thereafter at random intervals. They help assess the quality of services provided, and should help assess which agents need more direct supervision or training. Data from these checklists will not be regularly reported, but should be reviewed periodically by the district team to ensure quality.

- **Learning Objectives for Community Health Worker (CHW) Supervisors**

This document contains a suggested list of learning objectives for CHW supervisors to be addressed during supervisor orientation, prior to starting a pilot project on community-based access to injectables. While the length and format of supervisor orientation will vary by context, the orientation should be planned with these objectives in mind.

- **CBA2I/Sayana Press Client Satisfaction Assessment Tool**

This document is a tool to help evaluate client satisfaction for clients of CBFP-trained VHTs, who are past or current users of FP who have received services from the VHT.

- ## CHW Directly-Observed Supervision Checklists

These supervision checklists, adapted from FHI360, include checklists for counseling for RH services, conducting a group talk, provision of Depo IM injection, FP compliance, provision of Sayana Press injection, provision of emergency contraception, provision of standard days method, provision of lactational amenorrhea method.

- ## Supervision of Community Health Workers

Supportive supervision is a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality care service. The supervisory process permits supervisors and supervisees the opportunity to work as a team to meet common goals and objectives.

Contraceptive Security



An effective logistics system must be in place in order to ensure a steady flow of contraceptives from the manufacturer to the family planning client. An effective logistics system must get the RIGHT goods in the RIGHT quantity in the RIGHT condition to the RIGHT place at the RIGHT time and for the RIGHT cost. Many communities struggle with stock-outs of contraceptives; if CBFP programs are being considered, they must be fully integrated into the cycle of forecasting, procurement, reporting through the logistics management information system (LMIS), and distribution.

The ultimate goal of a logistics management system is to minimize losses due to overstock, waste, expiry, damage, pilferage, and inefficiency while avoiding stock outs. This requires recording consumption/utilization data, recording the movement of supplies, and maintaining an inventory of stocked supplies.

The materials available in this section of the toolkit provide information on how to design and manage an effective logistics system to ensure that CBFP programs can reliably deliver contraceptives to the communities they serve.

Resources:

- **Getting Contraceptives to Health Facilities: 10 Questions for Community-Based Groups to Consider**

This guide is designed to help organizations obtain a secure and steady supply of family planning commodities. Many couples in the developing world want to space their children because they know that adequate time between pregnancies is healthy for mothers and children. This guide will help organizations plan and implement the process of ensuring a consistent supply of family planning commodities for service delivery sites, field sites and health workers, a process which requires careful planning and coordination and overall management, and will most likely involve a range of partner organizations.

- **Supply Chain Management: Investing in contraceptive security and strengthening health systems**

Supply chain management (SCM) of contraceptives and related products, such as the equipment, instruments, and supplies required to provide long-acting and permanent methods (LA/PMs), is critical to the effective operation of family planning programs and to their overall success. This eight-page brief describes the importance and impact of strengthening SCM and provides examples of critical implementation elements.

- **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.

- **K4Health Contraceptive Security Toolkit**

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. 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.

- **Supply Chain Models and Considerations for Community-Based Distribution Programs: A Program Manager's Guide**

This document provides guidance in the design of systems for community-based distribution (CBD) programs. The guide aims to assist program managers and other stakeholders in designing and implementing stronger and more sustainable supply chains for their CBD programs. The guide is intended to serve as a resource of tools that can be modified and adapted for use by any public sector government or organization that implements CBD programs.

Program Costs



The costs of executing and sustaining a CBFP program are an important consideration when planning for implementation. Research indicates that the cost per unit of output for CHW CBFP program is consistently lower than for clinic-based service delivery approaches. CBD incurs high initial costs, but cost-effectiveness improves with time.^[1] Nearly 30 years of data show that contraceptive prevalence increases with each additional family planning method that becomes

available to most of the population. CBFP programs expand access to more of the population, thereby contributing to this effect.[2]

Program managers should gather data to assess the costs of each phase of implementation including engaging stakeholders and planning the intervention, preparing for service delivery, implementing, and evaluating the new program.

This section of the toolkit provides tools to help program managers collect, synthesize, and analyze costing data so that it can be shared with stakeholders to inform scaling up. Costing information can also be used to educate decision makers about investing in this family planning strategy.

[1] Service Sustainability Strategies in Sexual and Reproductive Health: Community Based Distribution, DFID/JSI

[2] Ross, John and John Stover. 2013. "Use of modern contraception increases when more methods become available: Analysis of evidence from 1982-2009," Global Health: Science and Practice 1(2): 203-212.

Resources:

- **Uganda Family Planning Costed Implementation Plan, 2015-2020**

The Ministry of Health (MOH), in collaboration with partners, developed the Uganda Family Planning Costed Implementation Plan, 2015-2020 (FP-CIP) as an overarching document to provide national guidance for increased knowledge of and access to family planning interventions. This, therefore, is the plan of action that government, partners, and civil society must follow to achieve our desired goals of carrying forward the Government of Uganda's commitments to family planning.

- **Costed Implementation Plans: Guidance and Lessons Learned**

A costed implementation plan (CIP) is a planning and management tool including cost

estimations for multi-year action plans ? for achieving the goals of a family planning program. Governments and partners can use a CIP to determine a program?s priority goals, define targets for the programmatic inputs required to meet those goals, specify interventions and activities to meet the goals, determine the costs associated with the interventions and activities, advocate for resources for the plan, and monitor the activities specified in the plan.

A CIP is also a valuable tool in the context of Family Planning 2020 ? the effort designed to sustain momentum from the 2012 London Summit on Family Planning. Working with ministries of health and other partners, PROGRESS helped lead the development of CIPs in Kenya, Nigeria (Gombe State), Senegal and Tanzania.

This booklet provides guidance on developing a CIP and discusses lessons learned from our experiences.

- **The National Family Planning Costed Implementation Program 2010-2015**

In 2010, the Ministry of Health and Social Welfare (MoHSW) launched the National Family Planning Costed Implementation Program (NFPCIP) based on the goal of the One Plan to increase the contraceptive prevalence rate to a target of 60 percent by the year 2015. The Government of Tanzania continues to be strongly committed to the successful implementation of the NFPCIP through its conclusion in 2015. All stakeholders have an obligation to continue working together to reposition and reinvigorate access to and use of family planning services in Tanzania.

- **National Family Planning Action Plan 2012-2015**

In order to reach the Millennium Development Goals, the government of Senegal has undertaken various projects in the health sector. It has implemented a National Plan for Health and Social Development (NPHSD) 2009-2018, one of the four fundamental goals of which is to reduce maternal, infant and child mortality. Our principal goal is to offer equal access to quality FP services to all the women of Senegal.

- **Methods for Estimating the Costs of Family Planning**

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.

- **Evaluate the Potential Costs (Community-Based Access to Injectable Contraceptives Toolkit)**

This section of the Community-Based Access to Injectable Contraceptives (CBA2I) Toolkit provides tools to help program managers synthesize and analyze the costing data from CBA2I programs so that it can be shared with stakeholders to inform scaling up. Costing information can also be used to educate decision makers about implementing CBA2I and investing in this family planning strategy.

- **Costed Implementation Plan Resource Kit: Tools and Guidance to Develop and Execute Multi-Year Family Planning Plans**

The CIP Resource Kit features tools for developing and executing a robust, actionable and resourced family planning strategy. Specifically, the kit includes guidance documents and tools necessary for program planners, ministry representatives and technical assistance providers to go through the CIP process.

Integrated Services



Offering multiple health care services 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 post

abortion care services. Alternatively, FP can be integrated into non-health program such as environmental protection, water and sanitation, or micro-enterprise. FP integration with health and non-health sector programs offers an opportunity to enhance the work of other activities and interventions. It also capitalizes on existing programs and expands service delivery into underserved geographical areas.

When considering whether to integrate FP into a program you should:

- Identify a service entry point that will reach the appropriate target audience with a minimum of effort and will benefit both interventions, not just one.
- Identify training, management support, and commodities that are needed at all levels to ensure quality service delivery
- Calculate the costs and determine all resources needed to provide the additional service.
- Determine the impact of the new intervention on the existing program.

The documents in this section of the toolkit offer key information on integrating family planning into other health services. For a more comprehensive treatment of the topic of integrating family planning with other services, please also see the [K4Health Family Planning and HIV Services Integration Toolkit](#), the [FP and Immunization Integration Toolkit](#) and the [Maternal Infant Young Child Nutrition - Family Planning \(MIYCN-FP\) Integration Toolkit](#).

Resources:

- **Family Planning and HIV Services Integration Toolkit**

This Toolkit for policy makers, program managers, service providers, advocates, and others provides information on the rationale for integration and resources for research, policy, training, service delivery, program management, communication & advocacy, and country experiences.

- **Family Planning & Immunization Integration Toolkit**

The objectives of the toolkit are to provide a repository of information on integrated family planning and immunization service delivery; to make evidence-based information and tools accessible for health professionals and others around the world; and to identify gaps in existing resources and provide new resources and tools as needed to fill gaps.

- **Maternal Infant and Young Child Nutrition and Family Planning (MIYCN-FP) Integration Toolkit**

Maternal, infant, and young child nutrition (MIYCN) and family planning (FP) programs and services are often perceived as distinct, yet integration of these interventions can be mutually beneficial for mothers and their children. The intersection of nutrition and family planning is not limited to outcomes. Synergies exist in terms of interventions as well, especially within the context of the reproductive life course.

- **Family Planning + Environment section of the Population Health & Environment Toolkit**

The intended audience is practitioners, program managers and health, conservation and development professionals interested in projects and policies that integrate community development activities with a focus on environment and health interventions. These integrated approaches may include components such as family planning and reproductive health (FP/RH), basic health services, education and outreach, sustainable livelihoods, coastal and natural resources management and biodiversity conservation.

- **Delivery of integrated family planning and HIV testing and counseling services by Village Health Teams**

The object of this document is to assess a community-based integrated family planning and HIV testing and counseling strategy for expanding access to and use of HIV testing and counseling.

- **Better Together: Linking Family Planning and Community Health for Health Equity and Impact**

Integrating family planning with existing health interventions at the community level broadens access and equity, improves substantive understanding of the importance of family planning to the the health of women, children and the family, and reduces unintended pregnancies and abortions. With the endorsement of WHO, USAID and other policymaking bodies, integrated services, including family planning, represent the future of community and primary health care.

- **Postabortion Family Planning: Strengthening the family planning component of postabortion care**

Providing family planning counseling and services at the same time and location where women receive treatment for complications related to spontaneous or induced abortion improves maternal and child health and contributes to national family planning programs. This eight-page brief explains the importance of this HIP and provides tips on how to implement the practice.

- **Integrating HIV Services in Local Family Planning: The Expanded Community-Based Distribution Model and Zimbabwe Experience (Extending Service Delivery Project: Best Practice Brief # 1)**

This brief provides a best practice model for improving the quality and accessibility of family planning and HIV services in rural communities in Zimbabwe.

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

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.

- **Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health**

Both immunization and family planning save lives. Through family planning, couples can achieve healthy timing and spacing of pregnancies. At the same time, immunizations are one of the most effective and well utilized child-health promotion strategies globally.

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Strategic Considerations for Strengthening the Linkages Between Family Planning and HIV/AIDS Policies, Programs and Services

The document places four questions at the center of FP/HIV integration policy:

- What type of service integration, if any, is needed?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success and inform program/service delivery improvement, replication, and/or scale-up?

The document guides readers through the process of finding answers to these questions that are appropriate to their countries' circumstances. Where integration appears to be the right course of action, the document helps readers identify action steps to establish or enhance integrated FP/HIV services. It also provides links to resources that will support the implementation of those action steps, such as facility assessment tools, training curricula, and job aids.

• Maximizing Synergies Between Maternal, Infant, and Young Child Nutrition and Family Planning

This technical brief outlines the rationale for aligning MIYCN and FP interventions, summarizes evidence on the relationship between these two areas, and provides an overview of opportunities to identify linkages and better integrate counseling and services across multiple interventions.

Community Mobilization



Community mobilization and demand generation activities are a critical component of CBFP programs. Community mobilization forges a connection to local stakeholders and beneficiaries,

generates demand, and most importantly educates the community with accurate information on family planning and the services CHWs can and cannot provide. Such activities also ensure that men, local leaders and youth are engaged and part of health activities in their own communities. Community involvement can lead to programs that are more:

- relevant because community members participate in problem identification and prioritization and decision-making around the design and implementation of approaches
- cost-effective because community resources supplement CBFP program resources
- gender equitable because the process challenges the notion that FP is a ?woman?s issue? and instead treats it as a community development issue
- socially equitable because the process deliberately seeks to include marginalized groups such as youth, and the extremely poor.

Encouraging community ownership includes working with leaders, stakeholders, and community members to identify challenges and priorities for improving FP, and subsequently involving them in identifying and implementing strategies and activities to address any concerns. These groups include women of reproductive age, partners, in-laws, traditional and religious leaders, politicians, health representatives, community health workers, representatives of special interest groups, community organizations, and local NGOs. Community involvement can result in better CBFP outcomes including:

- increased community demand for FP
- increased ownership, support, and responsibility for implementing activities
- an enabling environment that helps people adopt and sustain new behaviors; people are more likely to sustain and improve health-related activities if they are active contributors.

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

Resources:

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Strategies for Community Mobilization

This presentation from the "Basics of Community-Based Family Planning" training curriculum outlines the benefits of community participation in family planning programs, defines what community mobilization is, and gives an overview of the key steps involved in mobilizing communities.

Programming for Key Populations



The needs of family planning clients vary depending on their age; health status; sex; geographical location; social, cultural, and physical environment; and many other factors. CBFP programs need to be mindful that CHWs, drug shop operators and mobile outreach services are going to be encountering different populations groups that should be taken into consideration when designing their program and trainings for these CBFP staff. While many family planning programs are focused on women, some additional groups that should be considered in CBFP programs include:

Engaging Men

Traditional FP programs focused almost exclusively on women, failing to recognize that men play a significant role in reproductive health decision-making. Research has shown that men ARE willing to change their attitudes, beliefs, and behaviors relating to reproductive health when they are given the information and support to do so. Involving men in FP can happen in their roles as clients, as supportive partners, or as agents of change around community norms. The appropriate information and education on the benefits of FP can encourage a man to support his partner in achieving FP success and allow him to be an active participant in planning the number and spacing of his children.

Men's roles as clients themselves can contribute to FP by encouraging the use of male methods, such as vasectomy and condoms. While vasectomy is currently poorly accepted due largely to misconceptions, it is the simplest, safest, and least expensive of the permanent methods.

Engaging Youth

More than 1 billion young people are entering their reproductive years, with another 2 billion to follow, yet many young people lack basic information about and access to services for reproductive and sexual health.

The majority of adolescent pregnancies actually occur within marriage. Girls under 18 who become pregnant are twice as likely to die of pregnancy-related complications than young women aged 20-24, and girls under age 15 may be five times as likely to die. Age is not a contraindication for any method of contraception, although methods such as sterilization are in most cases inappropriate. However, adolescents often have high rates of discontinuation of FP methods, in part due to concerns about side effects or lack of understanding of how to use the method correctly. Judgmental attitudes, locations of health centers, and inconvenient hours of services often make it difficult for youth to get the health services they need.

Youth-friendly FP as well as the prevention and management of STIs/HIV are central components of health services for youth. These services should also include age-appropriate education and counseling on responsible sexual behavior, FP, STI/HIV prevention, and pregnancy care, as well as counseling on and referral for gender-based violence and sexual abuse, for both young men and women. The active involvement of youth as partners in the planning and implementation programs can help ensure that the program is relevant to their needs, increases ownership, and takes advantage of young people's expertise and energy in developing strategies and messages for effectively reaching their peers.

Engaging Faith Leaders

The role of faith in FP is critical in achieving successful outcomes related to maternal and child health. Faith communities, organizations, and leaders can be important facilitators to educate communities, create demand for FP services, act as agents of change, and create synergies with organizations and institutions that provide the elements needed to carry out robust programs.

Religious leaders are often important gatekeepers in disseminating reproductive health messages and influencing positive behavior change within communities. Research has shown that not only is FP accepted by many religious leaders and faith communities around the world, they are already engaged in FP activities within their communities. Religious leaders have the potential to actively influence shifts in gender norms and attitudes about FP and optimal child-spacing. An important entry-point into these discussions can be HTSP and fertility awareness-based FP methods because they are directly linked to fertility concepts, which are strong cultural forces in many societies.

Resources:

- **Our future: a Lancet commission on adolescent health and wellbeing**

During adolescence, an individual acquires the physical, cognitive, emotional, social, and economic resources that are the foundation for later life health and wellbeing. These same resources define trajectories into the next generation. Investments in adolescent health and wellbeing bring benefits today.

- **Men as Contraceptive Users: Programs, Outcomes and Recommendations**

Organized family planning efforts focus primarily on women, with less attention to men. Efforts to expand the vision for constructive male engagement are evolving from encouraging men to be supportive partners of women's reproductive health to also focus on meeting men's own reproductive health needs and engaging men as contraceptive users and agents of change in families and communities.

- **Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents**

This report presents comprehensive global and regional analyses of the need for sexual and reproductive health services among adolescents in the developing world, the costs of providing those services, and the potential benefits of investments in these essential services for adolescents' lives.

- **Improving Sexual and Reproductive Health of Young People: A Strategic Planning Guide**

This document is intended to lead program managers, planners, and decision-makers through a strategic process to identify the most effective and efficient investments for improving the sexual and reproductive health of young people. It was developed as part of a review and technical consultation on adolescent sexual and reproductive health and reflects the deliberation of experts.

- **Faith Matters: A Christian Approach to Engaging Youth in Family Planning**

One serious cause of suffering is unsafe pregnancies and births—a leading cause of death for women and girls in many parts of the world. For this and other reasons, family planning and maternal and child health are inexorably linked. Although implementing family planning programs, services, and support for young people can be complicated and controversial, there are many reasons to engage in this important, lifesaving work. Young people deserve a chance to survive and thrive.^{ad}

- **Educating Girls: Creating a foundation for positive sexual and reproductive health behaviors**

The purpose of this brief is to describe the relationship of girls' education on family planning and reproductive health and behaviors; highlight evidence-based practices that increase girls' enrollment, retention, and participation in school; and provide recommendations for how the health sector can support keeping girls in school.

- **Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services**

This brief focuses on the elements of AFCS that are typically implemented within a service delivery setting. It describes how mainstreaming AFCS can address key challenges for contraceptive programs, discusses the existing evidence of adolescent-friendly elements, outlines key issues for planning and implementation, and identifies knowledge gaps.

- **Integrating Reproductive Health into Youth Development Programs Toolkit**

This toolkit was developed as part of the International Youth Foundation (IYF)'s Planning for Life program. IYF invests in the extraordinary potential of young people. IYF hopes this toolkit can serve as a resource for both strengthening existing youth programs and developing new programs for youth that incorporate reproductive and sexual health education and empowerment. The toolkit is organized into five categories: Strategic Framework, Project Development & Design, Curricula and Lessons Learned.

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

The document, based upon an initial 'Planning for Life' Project Launch and Technical Workshop that took place in New Delhi, India in September 2007, provides a strategic framework for youth reproductive health (YRH) and family planning (FP) and its integration into youth development

programs. We hope this strategic framework, which is based on existing best practices in youth reproductive health and family planning, will assist IYF partners and others to integrate YRH and FP into ongoing or new programs targeting youth.

- **WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries**

WHO guidelines on preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries aims to improve adolescent morbidity and mortality by reducing the chances of early pregnancy and its resulting poor health outcomes. The publication's two main objectives are to identify effective interventions to prevent early pregnancy by influencing factors such as early marriage, coerced sex, unsafe abortion, access to contraceptives and access to maternal health services by adolescents; and provide an analytical framework for policy-makers and programme managers to use when selecting evidence-based interventions that are most appropriate for the needs of their countries and contexts.

- **Global Consensus Statement: Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception**

Global efforts to prevent unintended pregnancies and improve pregnancy spacing among adolescents and youth will reduce maternal and infant morbidity and mortality, decrease rates of unsafe abortion, decrease HIV/STI incidence, improve nutritional status, keep girls in school, improve economic opportunities, and contribute toward reaching the Sustainable Development Goals. We recognize and commit ourselves and call upon all programs promoting the sexual and reproductive health and rights of adolescents and youth to ensure full and informed choice of contraceptives.

Scale-Up



The broad term scale-up encompasses several different paths to expansion of a successful

innovation to reach more people in more areas. There is vertical scale-up: what is needed to address the situation at the health system level, as well as horizontal scale-up: what is needed to address the situation from a service delivery level. Scaling up is more likely to succeed when it is part of the project's goals and activities from the beginning and stakeholders have been consistently engaged and involved. For both types of scale-up it is important to develop a systematic scale-up plan in collaboration with key stakeholders.

Horizontal scale-up plans should include:

- Stakeholder engagement at all levels, from the ministry of health to local leaders.
- A focus on the regions with the greatest need, the most support, and the necessary infrastructure. It is likely not possible, nor appropriate, to scale up to all regions of the country at the same time.
- Identification of what characteristics of the demonstration phase are critical to successful scale up. There may be more limited resources, and as the scale of implementation expands the need to streamline and simplify ? while not compromising the program ? will be important to address. You will need to adapt your program model over time, yet it is important not to lose the essential characteristics of the model in this process. Consider

A scale up plan must also address these critical components:

- Timeline and scope of scale up
- Costs, financing, and resource mobilization
- Advocacy and information dissemination
- Monitoring and evaluation plan with indicators
- Roles of various partners
- Role of the ministry of health
- Supervision
- Training
- Logistics management
- Selection criteria for CBFP service providers

This section of the toolkit provides information, tools, and resources to guide policymakers, program planners, and technical assistance providers through the process of horizontal scale-up to broaden the reach of CBFP programs in an effective, sustainable manner. For resources to support vertical scale-up, go to the **Policy & Advocacy section**.

Resources:

- **Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policy Makers**

This Guide, intended for in-country use by national-level policy makers and program planners and implementers, provides a framework for addressing key issues and questions when planning and implementing large-scale community health worker (CHW) programs.

- **Guide to Fostering Change to Scale Up Effective Health Services Toolkit**

This guide links effective change practices with proven clinical and programmatic practices to achieve results by: describing principles fundamental to effective change; increasing awareness of proven approaches to effective change; providing ?how-to? steps for successful change including scale-up; describing key challenges of scaling up and recommending strategies, tools or approaches for meeting those challenges; and offering cases that show how the steps have been implemented in real-life situations.

- **A Guide for Fostering Change to Scale Up Effective Health Services**

This guide provides a clear pathway that links proven change practices to ?how to? steps for successful change. In addition, the authors identified key managerial tools produced by partners of the Implementing Best Practices Consortium that will support the implementation of the change process.

- **Scale-Up of Task-Shifting for Community-Based Provision of Implanon (Ethiopia)**

The Integrated Family Health Program (IFHP) is a five-year USAID-funded program to promote an integrated model for strengthening maternal and child health, family planning (FP), and reproductive health services for rural and underserved populations in Ethiopia. Led by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Associations, IFHP has pursued scale-up of community-based provision of Implanon since 2009. Active in four regions of Ethiopia, IFHP?s Implanon scale up efforts support the government in enabling underserved rural communities to access this long-acting family planning (LAFP) method at the village level through task-shifting to Ethiopia?s health extension worker (HEW) cadre. In August 2011, the project completed the second year of its four-year timeline. This technical brief presents scale-up progress to date, and recommendations for future efforts.

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Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up

Pilot projects and other programmatic interventions in which health innovations are tested on a small scale often show impressive results. However, their influence tends to remain confined to the original target areas and their results are often not sustainable. One of the reasons for this failure is that the requirements of large-scale implementation are rarely taken into account at the time of pilot- or field-testing.

- ## **Nine Steps for Developing a Scaling-Up Strategy**

This nine-step guide is designed to assist program managers, technical assistance personnel, researchers and policy makers with the process of developing a scaling-up strategy. This document has been used in a facilitated process of strategy development with program/project managers from a range of countries including China, Guatemala, Kyrgyzstan, Madagascar, Mali, Peru and Sierra Leone.

The guide has been used together with a set of facilitator worksheets in a participatory process of strategy development with key stakeholders. The worksheets contain a range of detailed questions related to the steps of the strategy development process.

Recommendations that arise from answering these questions provide the broad outlines of the scaling-up strategy.

- ## **Scale Up (Community-Based Access to Injectable Contraceptives Toolkit)**

Scaling up community-based access to injectables (CBA2I) and other community-based family planning services is a promising approach to expanding access to contraceptive care on a large scale. The Scale Up section of the CBA2I toolkit provides CBA2I-specific information, tools, and resources to guide policymakers, program planners, and technical assistance providers through the process of scale-up to broaden the reach of programs in an effective, sustainable manner.

CBFP Program Challenges

Successful CBFP programs increase people's access to FP services, increase knowledge about

FP, ensure quality FP services and address the social and political environment. However, there are settings where CBFP is not an appropriate strategy. For example, when FP awareness and knowledge are high, contraceptive prevalence is relatively high, and a sufficient number of fixed health facilities are accessible and offer a range of methods. There are also examples where the need for CBFP services has naturally decreased as the demand for FP and the quality and access to the health services and facilities increased. In this case, CBFP, and CHW provision of FP in particular, can be seen as an interim strategy to raise demand and access, recognizing that once this is accomplished, the expense for services at the community level may no longer be necessary.

If you are implementing one or more CBFP approach, experience from around the world reveals special considerations to address for operating an effective, sustainable CBFP program. The following represent some of the most common lessons and challenges:

- Maintaining a cadre of motivated and well-trained CHWs that will remain in place after a project ends requires creativity and planning.
- Supervising, mentoring, and supporting CHWs and drug shops that are geographically scattered can be complex and costly, yet these components are essential for maintaining the quality of the program.
- Establishing and maintaining links to health facilities that provide other methods is an ongoing task.
- CHWs, drug shops and mobile outreaches have limits in the range of methods they can distribute, and thus clients may still need to travel to a health facility for their method of choice.

CBFP programs (especially those working with CHWs) should take into account the following:[1]

- **Logistics and supplies** : A CBFP program depends on having a reliable source of commodities and supplies. This is often through the local health center, although it may also be through the local social marketing distribution system. Products are typically procured with money obtained through cost recovery, and/or may be subsidized by the government or donor. CHWs must know the procedures for replenishing their FP commodities and other supplies, know who is responsible for resupplying, and have a system to maintain good communication with their supplier.
- **Training and supervision** : A CBFP program should develop criteria to identify and select women and men to serve as effective CHWs. This should be done in consultation with community members. Upon selection, training for CHWs takes place, usually lasting at least two weeks. Programs should also include a plan for regular refresher training of CHWs and on-the-job training as part of regular supervision. For supervision and support, CHWs should be linked to the local health center and a government health worker. Good supportive supervision improves the quality of FP services, retention, and motivation of CHWs. Proper supervision is important to ensure the quality of CHW counseling skills, provide feedback to CHWs, encourage and support CHWs, and identify areas for improvement.
- **Referral system**: A CBFP program will need to create or strengthen the referral systems for the health facility to increase client access to LAPMs. Facility workers can also refer clients back to CHWs, who can monitor FP clients for side effects and answer clients' questions about methods they obtained at the facility.
- **Volunteer management and motivation**: CBFP programs exist with both paid and volunteer

CHWs. Volunteer CHWs typically receive modest incentives, such as supplies and increased status in the community. Retaining volunteer CHWs can sometimes be addressed by expanding the ?portfolio? of the CBFP program to include other socially marketed products such as insecticide-treated bed nets, and/or expanded health roles, which increase their credibility, status, and access to training allowances.

- **Scale and sustainability plan:** CHW programs may be implemented on a relatively small scale due to the level of training and support required. Ownership at the ministry of health is essential for finding long-term support for supervision and refresher training to sustain CHW programs.

[1] USAID/Global Health e-Learning Center. *Community Based Family Planning eLearning Course*. Washington, D.C: USAID. <https://www.globalhealthlearning.org/>. Accessed September 2012.

Training



Quality CBFP services require competent and well-prepared staff and volunteers who can safely provide family planning methods and help clients make informed choices. . CBFP providers must possess a range of knowledge and skills to effectively meet each client?s needs including the ability to screen and counsel clients, safely provide CBFP methods, including injections, and manage medical waste.

Ensuring CBFP providers have strong counseling skills is a critical part of the training process. Research suggests that clients who understand the nature of their needs and who believe the provider respects them and is concerned about their well-being, show greater satisfaction with the care they receive and are more likely to continue using FP. In addition, clients who get the method they thought they wanted are also more likely to be satisfied and continue using that method. Fears and concerns regarding side effects are a common reason for discontinuation of FP methods. Ensuring that health care workers are trained to counsel clients on potential side effects, as well as to address clients concerns on side effects when they arise, are a key component of quality FP counseling. Good counseling also depends upon good interpersonal skills, maintaining confidentiality and privacy, tailoring the interaction to the client?s needs, and providing enough information while avoiding overload. Ultimately, counseling needs to help

clients assess their own needs, make their own voluntary and informed decisions, and ensure their ability to follow through with those decisions.

This section of the CBFP toolkit contains curricula and job aides that cover screening, counseling, method provision, and waste management. . These resources can be used for training program managers and supervisors, as well as resources for CHWs, which can also be adapted to train drug shop operators in family planning.

Program Managers and Supervisors

To successfully design, implement, and manage a CBFP program, program managers must understand the essential elements of CBFP and be familiar with key family planning and reproductive health concepts. Several training materials available in this section of the Toolkit will strengthen the ability of managers and supervisors to plan, implement, and evaluate strong CBFP programs.

Community Health Workers and Drug Shop Operators

Curricula and job aids play an important role in helping to prepare CBFP providers (e.g., CHWs, Drug Shop Operators) to counsel clients and provide contraceptive methods. These lay health worker trainings should include a theoretical, or classroom instruction component, followed by a practicum emphasizing quality counseling and service provision (i.e., safe injection technique). Often the practicum takes place in a clinic or hospital where client load is high so they are able to practice on a number of clients in a short time span, and/or in the health centers in their home area. In both examples, the supervisors of the trained CHW or drug shop operator need to be involved.

Clinicians

For resources on training clinicians in FP who are involved in mobile outreach services, please see K4Health's package of method-specific Toolkits, including Toolkits on [Emergency Contraception](#), [Injectables](#), [Implants](#), [IUD](#), [Oral Contraceptives](#), [Condoms](#), and the [Standard Days Method](#).

Resources:

- **Quick Reference Chart for the Medical Eligibility Criteria of the WHO for Initiating and Continuing the Use of Combined Oral Contraceptives, Noristerat, Depo-Provera, and Copper IUDs**

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. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

- ## **Groundbreaking Family Planning Checklists Now Available as Apps**

Too often, women in developing countries face financial, cultural, social and legal obstacles that prevent them from accessing pregnancy tests, contraception and other sexual and reproductive health resources and services. To solve this problem, FHI 360 developed a set of five checklists as easy-to-use job aids for health care providers and community health workers to determine a client's eligibility for initiating a family planning method.

- ## **Checklist, Training and Reference Guide for a Screening Checklist to Initiate Use of COCs**

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

- a training module on how to use the COC Checklist;
 - an overview of the COC Checklist and guidance for adapting it for local use;
 - information on the most current research regarding the validity, effectiveness and use of the COC Checklist;
 - current, essential, evidence-based information on COCs.
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Family Planning for Frontline Health Workers

This module targets community health workers and other frontline health care workers who educate and counsel about family planning and provide short-acting family planning methods and refer for longer-term methods. It is based on the new global training resource package for family planning and provides a chance to practice counseling 3 different clients using the materials and counseling approach described in that package. Designed for a low-literacy audience, it can still be used by any health worker.

- ## Sayana® Press Training Materials

These training materials focus on the administration of the injectable contraceptive Sayana® Press for facility- and community-based providers and were developed as part of the Sayana® Press pilot introduction project.

- ## Facts for Family Planning

Facts for Family Planning presents a comprehensive collection of key information and messages that anyone can use who communicates to others about family planning. Although a variety of individuals and groups can use Facts for Family Planning, it is primarily designed for those who communicate with men and women who are seeking information about family planning and help in selecting a family planning method. The booklet can be ordered and/or downloaded in English or French from the website.

- ## Provision of Injectable Contraception Services through Community-Based Distribution in Zambia

This handbook, adapted and revised from the December 2010 edition, describes how to introduce injectable contraceptives to family planning services offered in an existing community-based distribution (CBD) program. The approach is based on the experiences of three pilot projects -- Zambia, Uganda and Madagascar. These countries are highlighted because of a persistent need for family planning services, the existence of established CBD programs, and the willingness of their governments to adopt this method of providing injectable contraceptives.

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A guide to family planning for community health workers and their clients

This flip-chart is a tool to use during family planning counselling or in group sessions with clients. It can help your clients choose and use the method of family planning that suits them best; give you the information you need for high-quality and effective family planning counseling and care; and help you know who may need referral.

- **Postpartum Family Planning for Community Health Workers Trainer and Participant Manuals**

This resource contains two documents for Postpartum Family Planning for Community Health Workers, one for trainers and one for participants. These manuals were created within the ACCESS-FP program, which focuses on meeting the family planning and reproductive health needs of women in the postpartum periods.

- **Checklist, Training and Reference Guide for a Screening Checklist to Initiate Use of DMPA (or NET-EN)**

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

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

- **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.

- **Sample Community Health Worker Training Curriculum for Community-Based Delivery of Injectable Contraceptives**

This curriculum from Zambia to train community health workers to provide injectable contraceptives can be used as a sample curriculum that other programs can adapt to suit their own needs.

- **Infection Prevention Guidelines Reference Manual**

This manual is a reference guide to infection prevention thinking and practices in hospitals and healthcare facilities where resources are limited, and in some countries (e.g., Nepal, Nigeria, Mozambique, Rwanda and Somalia) actually decreasing. It reflects what we (the authors) have learned from countless healthcare workers throughout the world who abstracted, translated, taught and used the simple, practical procedures and practices contained in that manual.

- **Infection Prevention A Reference Booklet for Health Care Providers**

Health care personnel are on the front line of protecting themselves and their clients from infectious diseases. Fortunately, health care staff can perform safe and simple procedures to minimize risk and the spread of infections. These practices can be integrated at minimal cost into the routine workday at clinics and hospitals around the world.

- **Service delivery tools and job aids for family planning providers**

FHI 360 has developed and published service delivery tools and job aids for health care providers ? practical materials to use when serving clients in clinical or community-based settings. The tools reflect the latest international recommendations from the World Health Organization (WHO). This page includes a section of mobile apps for family planning services screening checklists.

- **The Training Resource Package on 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**.

- **Drug Shop Operators Training Materials**

This is the curriculum for a 2-day training to equip drug shop operators with knowledge and skills to provide short-term family planning methods, including the injectable contraception DMPA. It was developed by FHI 360 with the support of Save the Children as a part of a pilot project funded by USAID to train and monitor drug shop operators provision of intramuscular injectable contraception in Uganda. The curriculum was based upon the Uganda Ministry of Health's FP training curriculum for drug shop operators and private clinic owners. Other implementers can adapt this resource to suit their country's specific needs. The curriculum includes five sessions: introduction, update of family planning methods, counselling for informed choice, screening clients and initiating on DMPA.

Monitoring & Evaluation



Monitoring and evaluation (M&E) are key aspects of any project and together they serve to support informed decisions, the best use of resources, and an objective assessment of the extent to which an organization's activities have led to a desired result.

What is different about M&E of FP programs compared with M&E of other programs? In many ways, the answer is "not much." The fundamental M&E principles (i.e., frameworks, indicators, data sources) apply to FP programs. However, FP programs have a few specific features. First, the outcomes are relatively well-defined, focused, and measurable, unlike in some other health program areas, including wider reproductive health. There is also a long history of data collection on FP outcomes through global survey programs such as the Demographic Health Surveys. This means that data collection methods and indicators have been well-tested and are fairly standard now and that we have extensive documentation of global trends in these indicators going back to the 1970s and 1980s. Also, given historical population debates, there have been several attempts to demonstrate that FP programs work, giving rise to a relatively rich literature on FP program impact evaluation and associated methods.

Outputs for FP programs cover the different functional areas and are also similar to other programs. For example:

- Functional area of training include people trained in FP activities, their performance, and the cost per person trained.
- Service outputs for FP program M&E include things like service delivery points providing FP services, the quality of FP services, and the cost of increasing access and quality of FP services.
- Service utilization outputs are closer to the population outcomes and impact and include measures of the volume and cost of services provided, such as new FP acceptors, couple-years of protection (the length of protection from pregnancy provided by different methods), returning clients, and the cost of increasing these various service utilization outputs.
- Intermediate and long-term outcomes and impacts for FP programs typically include the contraceptive prevalence rate, unmet need, and fertility rates, particularly unintended fertility rates.

For country specific M&E Tools please see the [Country Experiences page](#).

Resources:

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

The Family Planning and Reproductive Health Indicators 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.

- **M&E Fundamentals**

Monitoring and evaluation (M&E) is an essential component of any intervention, project, or program. This mini-course covers the basics of program monitoring and evaluation in the context of population, health, and nutrition programs. It also defines common terms and discusses why M&E is essential for program management.

At the end of this course, you will be able to:

- identify the basic purposes and scope of M&E;
- differentiate between monitoring functions and evaluation functions;
- describe the functions of an M&E plan;

- identify the main components of an M&E plan;
- identify and differentiate between conceptual frameworks, results frameworks and logic models;
- describe how frameworks are used for M&E planning;
- identify criteria for the selection of indicators;
- describe how indicators are linked to frameworks;
- identify types of data sources; and
- describe how information can be used for decision-making.

This course takes approximately two hours to complete.

Data Demand and Use: An Introduction to Concepts and Tools

Significant human and financial resources have been invested worldwide in the collection of population, facility, and community-based data. However, this information often is not used by key stakeholders to effectively inform policy and programmatic decision making. As a result, many health programs fail to fully link evidence to decisions and suffer from a decreased ability to respond to the priority needs of the populations they serve. Many possible factors undermine evidence-based decision making. Some relate to how information flows to decision makers, and how they make their decisions; others to the context in which information is collected and decisions are made; and yet others to the organizational infrastructure and technical capacity of those that generate and use data.

This course aims to provide the conceptual basis for data-informed decision making within an organization or program, or at the national, state, or district levels of government. Also included in the course are introductions to several tools created by MEASURE Evaluation to facilitate the use of data in decision making.

M&E Technical Reference Materials

This module of the Technical Reference Materials describes basic M&E concepts and a six-step process for developing an M&E plan linked to the project design.

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M&E of Family Planning Programs Module

This module is designed and intended to be used as a three-hour training session that is delivered as part of a larger M&E workshop on population, health, and nutrition topics, including HIV. This training module includes a PowerPoint presentation, readings, and class exercises.

Social and Behavior Change Communication



Decisions about whether to access FP services and select a contraceptive method are often deeply influenced by social factors, such as social norms around sexual activity and use of FP services, religious beliefs, social support, cultural traditions, myths and rumors, local or national policies, and the role of women in reproductive health decision-making. Social and behavior change communication (SBCC) uses communications to promote and support recommended FP practices among women, their partners and family members, and health providers; addresses changes in related socio-cultural norms; and builds a supportive environment for recommended FP practices.

SBCC activities may include providing families with information about available FP services and benefits of using FP, holding group-based discussions to address myths and misconceptions about FP, and engaging community leaders to build support for FP. Development of an SBCC strategy (or communication strategy) can help ensure that all messages and materials are appropriate and designed to strategically address key barriers and enablers for the target audiences.

To suggest an additional publication or provide feedback about this section of the CBFP Toolkit, please fill out our [feedback form](#).

Resources:

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Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff

These lessons seek to build the skills of community-level workers, such as community development agents, community health workers, and agriculture extension agents, so that they can be more effective behavior change promoters in their communities. The lessons are not sector specific, but are tried and true generic skills, such as communication and storytelling, that can help a development worker in any sector become more effective as an agent of behavior change.

- ## **Social and Behavior Change for Family Planning: How to Develop Behavior Change Strategies for Integrating Family Planning into Maternal and Child Health Programs**

Many maternal and child health programs want to add family planning (counseling, referrals or even services) into their programs. One way to get started is through social and behavior change. That means learning about the community's family planning knowledge, attitudes and practices, and then creating strategies based on what is learned. Many health program and government staff would like to get the skills needed for this process?but time and resources are not available for a week(s) long training.

This curriculum can share these useful skills without requiring a lot of time or resources. It is designed to be used "off-the-shelf"?which means it is not necessary to bring in an outside trainer. A local staffperson or team can use this guide to run a 2.5 day training course that teaches the basics of "designing for behavior change." This can serve as an energizing starting point for addressing family planning by building skills and helping staff get started in social and behavior change. The concepts and tools can actually be applied to other topics as well, including maternal and child health, nutrition, infectious disease care and control, sanitation, and more.

- ## **The Use of Information and Communications Technology in Family Planning, Reproductive Health, and Other Health Programs**

This paper examines the current use of ICTs to advance family planning, reproductive health, and other health programs, and identifies the enabling conditions for further scale-up. Examples from Ethiopia, Kenya, Rwanda, Senegal, Tanzania, Malawi and Uganda are

examined, complemented by a review of efforts in Bangladesh and India as well as several virtual global programs. The paper also takes a look at how digital platforms and mobile technology are being integrated into the overall health systems strengthening approach. Also included is a significant list of ICT resources and research studies.

- **Clear Communication: A Family Planning Provider's Guide for Developing Easy-to-Read Materials (JSI, 2008)**

Plain language is extremely valuable to family planning. This toolkit was primarily designed for family planning staff who develop patient information and educational materials, be it prescription directions or basic clinic information. However, all staff who directly communicate with clients will find this information useful in their interactions.

- **Mobile 4 Reproductive Health Toolkit**

The Mobile for Reproductive Health (m4RH) service is an award-winning automated, interactive, and on-demand short message service (SMS, or text message) system that provides simple, accurate and globally relevant information on reproductive health. m4RH has expanded its content and reach and has been adopted and adapted by organizations around the world.

- **A Guide for Developing Messages for Women in the First Year Postpartum**

This Guide was written by ACCESS-FP to help program managers create postpartum family planning (PPFP) messages to be used in family planning, maternal, newborn, child and other health programs. The Guide includes eight key PPFP behaviors for postpartum women, their families and communities to prevent unplanned pregnancies during the first year after a birth. The content is based on findings from the most recent PPFP research; discussions with PPFP experts, program managers and workers; and field experiences from ACCESS-FP country programs.

Country Experiences



In some countries or regions community-based family planning (CBFP) is routine, while in other areas CBFP is a new alternative for family planning services to address unmet need and increase access to family planning services in hard-to-reach communities. This section of the Toolkit offers examples of CBFP programming experiences from a number of regions, including [Africa](#), [Asia](#), [Latin America & the Caribbean](#) and [Middle East, North Africa & Europe](#). These experiences are intended to inform health policy makers, program managers, and service providers of the strategies, challenges, successes and lessons learned from CBFP activities.

Use the navigation menu on the right side of the page to browse publications by region. Have a suggested resource or comment about this section? Please fill out our [feedback form](#).

Africa



This section of the Community-Based Family

Planning Toolkit contains country experiences, program assessments, case studies, lessons learned, and other country-specific CBFP materials from African nations.

Resources:

- **Strengthening Community-based Family Planning Systems through Collaborative Improvement in Busia District, Uganda**

Uganda's first learning site for community-based family planning (CBFP) ? established in Busia District by the Advancing Partners and Communities (APC) project in partnership with the Ministry of Health (MOH) ? aims to increase uptake and sustained use of family planning services among women of reproductive age. In this second issue of the APC Quality Improvement Brief, we describe the progress to date in systematic efforts to improve the quality of CBFP in Busia District and plans to scale up these efforts in two other districts in Uganda.

- **Delivery of Injectable Contraception by Drug Shop Operators in Uganda: Research and Recommendations**

At the London Family Planning Summit in 2012, the Government of Uganda committed to providing universal access to family planning and reducing unmet need for family planning from the current 40 percent to 10 percent by 2022. To meet this ambitious goal, all potential means of increasing accessibility to family planning must be explored. The Ministry of Health (MOH) is committed to supporting alternative distribution channels for the private sector and to scaling up innovative approaches such as community-based distribution, outreach, social marketing, social franchising, and youth-friendly service provision. The country's numerous registered and unregistered drug shops are a prime example of alternative distribution channels that could help Uganda reach its family planning goal.

- **Benin's Community-Based Access to Injectable Contraceptives Pilot Project**

Global research evidence on community-based access to injectable contraceptives (CBA2I) shows that trained community health workers (CHWs) can safely, acceptably, and effectively provide injectable contraceptive services in their communities. In addition, recent international technical guidance promotes the introduction, continuation, and scale-up of this service delivery model. Advocacy efforts in Benin began in 2012 to gain key stakeholder support for launching a pilot project for community-based provision of injectables through the Aides-Soignantes cadre.

- **Community-Based Distribution of DMPA in Montepuez**

and Chiure Districts of Mozambique

This is a program brief on the CBA2I pilot study conducted in the Montepuez and Chiure districts of northern Mozambique conducted from February 2014 through April 2015.

For more on this pilot project:

[Safety and Acceptability of Community-Based Distribution of Injectable Contraceptives: A Pilot Project in Mozambique](#)

Trained community health workers, including traditional birth attendants (TBAs), safely and effectively administered injectables in northern Mozambique; two-thirds of the women choosing injectables had never used contraception before. Including TBAs in the Ministry of Health's recent task sharing strategy can improve rural women's access to injectables and help meet women's demand for contraception.

- ### **Injectable Contraceptive Sales at Licensed Chemical Seller Shops in Ghana: Access and Reported Use in Rural and Periurban Communities**

Most women in Ghana obtain oral contraceptives and condoms from shops run by licensed chemical sellers, but such shops are not legally permitted to sell the country's most widely used method, the injectable. Allowing shops to sell the injectable could increase access to and use of the method.

- ### **Delivery of Integrated Family Planning and HIV Testing and Counseling Services by Village Health Teams**

The objective of this document is to assess a community-based integrated family planning and HIV testing and counseling strategy for expanding access to and use of HIV testing and counseling.

- ### **The Evolution of Community-Based Distribution of Family Planning in Kenya**

This fact sheet discusses how the recent modifications to the governance structure of the

community health worker (CHW) program in Kenya has improved with the establishment of standards and tools. These improvements affect the recruitment, training and allocation of CHWs, community advocacy and mobilization for the CHW program, and data captured in the national health information system.

- **A Holistic & Coordinated Approach to Community-Based Family Planning Across Projects in Mozambique**

This resource provides a concise overview of salient, shared project components of community-based family planning projects in Mozambique that bolster both supply and demand for CBFP.

- **DMPA Sales at Licensed Chemical Shops in Ghana: Increasing Access and Reported Use in Rural and Peri-Urban Communities**

The objective of this document is to demonstrate if the sale of depot-medroxyprogesterone acetate (DMPA) at licensed chemical shops in Ghana is feasible and if it can increase access to family planning.

- **Provision of Injectable Contraception Services through Community-Based Distribution in Zambia**

This handbook, adapted and revised from the December 2010 edition, describes how to introduce injectable contraceptives to family planning services offered in an existing community-based distribution (CBD) program. The approach is based on the experiences of three pilot projects -- Zambia, Uganda and Madagascar. These countries are highlighted because of a persistent need for family planning services, the existence of established CBD programs, and the willingness of their governments to adopt this method of providing injectable contraceptives.

- **Rwanda: Adding Re-supply of Hormonal Contraceptive Methods to Community Health Worker Tasks Does Not Increase Their Workload**

This brief describes a study that assessed the community health worker (CHW) workload in four districts in Rwanda. The goal of the assessment was to document CHW activities and to collect evidence regarding CHW workload when re-supply of short-acting hormonal methods were added to the services they were already providing.

- **No-Scalpel Vasectomy: Scale-up Approach in Rwanda Shows Promise ? Community Health Workers Survey, Review and Analysis**

This brief describes a study that aimed to understand the institutional, structural, and individual factors influencing the choice of vasectomy in Rwanda and to improve the quality and efficiency of the nationwide program.

- **Integrating HIV Services in Local Family Planning: The Expanded Community-Based Distribution Model and Zimbabwe Experience (Extending Service Delivery Project: Best Practice Brief # 1)**

This brief provides a best practice model for improving the quality and accessibility of family planning and HIV services in rural communities in Zimbabwe.

- **Snapshot: The Process of Changing National Family Planning Policy to Support Community-based Access to Injectables (CBA2I) in Uganda**

The insights compiled in this snapshot are drawn from FHI's experience promoting community-based access to Depo Provera (or DMPA) and working with the Ugandan government and other partners to change national family planning policy.

- **Introducing Community-Based Distribution (CBD) of Injectable Contraceptives: Experiences and outcomes from a pilot project in Tharaka District, Eastern Province**

of Kenya

This report, which documents the community-based distribution (CBD) of DMPA (Depot-medroxyprogesterone acetate) pilot process, highlights lessons learned from introducing this service delivery model in Kenya, provides analysis of both CBD and service delivery statistics collected during the 12 months of the pilot, and recommends ways forward given these positive outcomes.

- **Community-based Family Planning Best Practices Manual**

This manual reflects the combined lessons learned and best practices achieved during implementation of the Uganda Child Spacing Program. This manual seeks to be a practical implementation guide for community-based family planning programs in Uganda and elsewhere.

- **Scale-Up of Task-Shifting for Community-Based Provision of Implanon (Ethiopia)**

The Integrated Family Health Program (IFHP) is a five-year USAID-funded program to promote an integrated model for strengthening maternal and child health, family planning (FP), and reproductive health services for rural and underserved populations in Ethiopia. Led by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Associations, IFHP has pursued scale-up of community-based provision of Implanon since 2009. Active in four regions of Ethiopia, IFHP's Implanon scale up efforts support the government in enabling underserved rural communities to access this long-acting family planning (LAFP) method at the village level through task-shifting to Ethiopia's health extension worker (HEW) cadre. In August 2011, the project completed the second year of its four-year timeline. This technical brief presents scale-up progress to date, and recommendations for future efforts.

- **Injected with Controversy: Sales and Administration of Injectable Contraceptives in Drug Shops in Uganda**

Abstract: Informal drug shops are the first line of health care in many poor countries. In Uganda, these facilities commonly sell and administer the injectable contraceptive depot medroxyprogesterone acetate (DMPA), even though they are prohibited by law from selling any injectable drugs. It is important to understand drug shop operators' current practices and

their potential to provide DMPA to hard-to-reach populations.

- **Scaling Up Community-Based Service Delivery of Implanon: The Integrated Family Health Program's Experience Training Health Extension Workers (Ethiopia)**

Health extension workers in Ethiopia were trained to insert Implanon implants using a service-delivery based model developed by Pathfinder. This initiative provides quality long-acting family planning methods at the community level to thousands of women who previously would not have had access to these services. This document provides an overview of how the training was conducted and outlines the initiative's successful results.

- **Evidence-Based Practices in Zambia: Expanding Access to Family Planning Services through Community-Based Provision of Injectable Contraceptives**

This presentation outlines the pilot conducted to evaluate the safety, acceptability, cost, and impact of adding provision of Depo-Provera by community based distributors to an existing community-based family planning program in Mumbwa and Luangwa districts of Zambia.

- **Making Injectables Available in Malawi**

In 2008, Malawi's Ministry of Health approved community-based distribution of injectable contraceptives by Health Surveillance Assistants. This presentation details how strong family planning champions and evidence-based advocacy, combined with demand in communities, contributed to this policy change. Various USAID-funded projects have supported the development of operational guidelines and an initial pilot test in 8 districts. The policy change and pilot test help set the stage for the potential nationwide scale-up of community-based distribution.

- **The Effectiveness of Community-Based Access to Injectable Contraceptives in Nigeria: A Technical Report**

This report documents Nigeria's community-based access to injectables pilot, highlights

lessons learned, and recommends the way forward given the positive outcomes.

- **Community-Based Distribution of Injectable Contraceptives in Rwanda: An Intervention to Reverse Rural Disadvantage**

This report presents findings on the international and local evidence for making contraceptives, injectable contraceptives in particular, widely available through a CBD approach. During 2009, the USAID | Health Policy Initiative, Task Order 1, completed a literature review, conducted stakeholder interviews, and developed guidelines and a costed implementation plan to support the Rwanda Ministry of Health's (MOH) 2008 and 2009 decisions to allow specially trained community health workers (CHWs) to provide injectable contraceptives.

- **Community-Based Distribution of Injectable Contraceptives in Malawi**

This report summarizes research findings and policy dialogue regarding the feasibility of making contraceptives widely available through community-based distribution (CBD). The Health Policy Initiative conducted this research, which in part influenced the ministry's decision in 2008 to allow paraprofessionals to provide injectable contraceptives at the community level. In collaboration with the project, the MOH Reproductive Health Unit organized a stakeholders meeting to disseminate the research findings and encourage dialogue among national family planning experts to build consensus for paraprofessional provision of injectable contraceptives.

- **Exploring the Potential for Private Pharmacies to Provide Family Planning Services in Senegal**

In Senegal, the National Action Plan for Family Planning (NAPFP) 2012-2015 and the National Strategic Framework for Family Planning 2016-2020 adopted a multi-sectoral approach to broaden access to family planning (FP) services and to reach 45% modern contraceptive prevalence (mCPR) by 2020 (NAPFP, 2012). The private sector and community actors are key partners with the public sector in implementing this approach. However, private pharmacies have not been actively involved in the provision of FP services due to legal and nonlegal barriers that limit their role to selling contraceptives and providing method-specific advice. As Senegal seeks to involve the private sector in improving access to FP, this study found that the country is in an optimal position to increase the role of private pharmacies in FP, which could contribute to the country reaching its mCPR goals.

This package of two briefs and three reports is expected to interest policymakers in Senegal and in the countries of the Ouagadougou Partnership, the West African Health Organization (WAHO) and the Non Governmental Organizations (NGOs) working to increase the role of the private sector in family planning in Senegal, as well as policy makers and program designers around the world who are exploring the process of task delegation for FP services.

Asia



This section of the Community-Based Family

Planning Toolkit contains country experiences, program assessments, case studies, lessons learned, and other country-specific CBFP materials from a range of Asian countries.

Resources:

- **Nepal's Community-based Health System Model: Structure, Strategies, and Learning**

The community-based health system model briefs identify and discuss critical health system inputs and processes that have contributed to the implementation and expansion of community-based service delivery. This brief reviews Nepal's community health model to inform future policy, program design, and implementation in other countries.

- **Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges**

This slide set includes a rationale for CBFP and panel presentations on the experiences and lessons from Afghanistan, Nepal, and Yemen in expanding community-based access to family planning.

- **Factors affecting recruitment and retention of community health workers in a newborn care intervention in Bangladesh**

ABSTRACT: Background: Well-trained and highly motivated community health workers (CHWs) are critical for delivery of many community-based newborn care interventions. High rates of CHW attrition undermine programme effectiveness and potential for implementation at scale. We investigated reasons for high rates of CHW attrition in Sylhet District in northeastern Bangladesh. Methods: Sixty-nine semi-structured questionnaires were administered to CHWs currently working with the project, as well as to those who had left. Process documentation was also carried out to identify project strengths and weaknesses, which included in-depth interviews, focus group discussions, review of project records (i.e. recruitment and resignation), and informal discussion with key project personnel. Results: Motivation for becoming a CHW appeared to stem primarily from the desire for self-development, to improve community health, and for utilization of free time. The most common factors cited for continuing as a CHW were financial incentive, feeling needed by the community, and the value of the CHW position in securing future career advancement. Factors contributing to attrition included heavy workload, night visits, working outside of one's home area, familial opposition and dissatisfaction with pay. Conclusions: The framework presented illustrates the decision making process women go through when deciding to become, or continue as, a CHW. Factors such as job satisfaction, community valuation of CHW work, and fulfilment of pre-hire expectations all need to be addressed systematically by programs to reduce rates of CHW attrition.

- **Creating Healthy Families in Nepal: Sustaining Family**

Planning Practices Among Marginalized Groups

This case study documents the sustainable activities and interventions of a USAID Flexible Fund Program, Valued Behavior for Healthy Families?A Model for Social Inclusion, that was implemented by the Johns Hopkins Bloomberg School of Public Health, Center for Communications Programs through Save the Children/US in Nepal. Sustainable activities are defined here as those activities or practices that have been continued or improved after the project ended.

The Valued Behavior project aimed to help women and couples from disadvantaged groups in Nepal realize their reproductive intentions through: a) increased knowledge and interest in family planning services through NGO involvement; b) improved quality of family planning (FP) services delivered by providers in selected facilities and the community; c) increased community access to FP services; and d) improved social and policy environment for FP and reproductive health services and behavior.

- ## Community-based Distribution of DMPA: The Matlab Project, Bangladesh

Effective CBD of contraceptives, including injectables, in Bangladesh, focused on the needs of the individual client. Such programs were integrated into comprehensive reproductive health programs. Injectable contraception has become extremely popular in Bangladesh, accounting for nearly half of all contraceptive use in some areas. Surveys found better client satisfaction, better accessibility to services, more privacy, and better counseling in regions where CBD of injectable contraceptives was available than in control areas where it was not.

- ## Nepal: Reaching the Urban Poor with Family Planning/HTSP Messages

This case study documents how the Nepali Technical Assistance Group (NTAG) applied a multifaceted, community-based approach providing information and education on Healthy Timing and Spacing of Pregnancy (HTSP) to a marginalized, urban poor population in Kathmandu, Nepal. It also reports on preliminary outcomes of this intervention, designed to improve the community's knowledge of and attitudes toward HTSP and family planning with special focus on increasing the use of postpartum family planning.

- ## Operations Research to Add Postpartum Family Planning

to Maternal and Neonatal Health to Improve Birth Spacing in Sylhet District, Bangladesh

Short birth intervals are associated with increased risk of adverse maternal and neonatal health (MNH) outcomes. This quasi-experimental study integrated family planning, including the Lactational Amenorrhea Method, into community-based maternal and newborn health care and encouraged transition to other modern methods after 6 months to increase birth-to-pregnancy intervals. Community-based distribution of pills, condoms, and injectables, and referral for clinical methods, was added to meet women's demand.

Latin American & The Caribbean



This section of the Community-Based Family

Planning Toolkit contains country experiences, program assessments, case studies, lessons learned, and other country-specific CBFP materials from Bolivia, Guatemala, and Mexico.

Resources:

- **Community-Based Providers in Rural Guatemala Can Provide the Injectable Contraceptive DMPA Safely**

In Guatemala, the use of modern contraceptives is the second lowest in Latin America. In 2000, the Government of Guatemala launched a programme to expand health-care services to rural areas through community-based health-care providers. Along with other health-care activities, the community-based providers were entrusted with the distribution of oral contraceptive pills and condoms to the people.

Middle East, North Africa & Europe



This section of the Community-Based Family

Planning Toolkit contains country experiences, program assessments, case studies, lessons learned, and other country-specific CBFP materials from the Middle East, North Africa, and Europe.

Resources:

- **ESD Country Brief: Yemen**

This ESD Project brief focuses upon the challenge of delivering adequate health services in Yemen. It discusses the key program objectives, major ESD activities and concurrent activities involved with infrastructure, mobile teams, and community mobilization. In addition, it provides insight on the country moving forward and the major accomplishments that have been attained so far.

- **Afghanistan Community-Based Postpartum Family**

Planning Program Description

Afghanistan's constellation of poor national health indicators in maternal, child, and reproductive health, the need to bring services closer to the community to expand accessibility and the evidence demonstrating the benefits of FP on improving maternal and child health outcomes, suggest that the country would benefit from the expansion of community-based FP services. Addressing unmet need in the postpartum period is imperative to improve maternal and child survival.

- ### **Afghanistan Community-Based Postpartum Family Planning Program Description**

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- ### **Increasing Community-Based Access to Family Planning: Innovative Models, Successes, and Challenges**

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- ### **Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: A Best Practice**

This paper shows how the ESD Project partnered with the Basic Health Services (BHS) Project in Yemen to engage Muslim religious leaders as champions of reproductive health and family planning, and partners in fostering social change and development.

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Improving Health through Postpartum Home Visits, Family Planning Counseling Scaling-Up Best Practices in Egypt

This paper shows how the ESD Project helped Save the Children/Egypt improve maternal and newborn health in Egypt's Kaliobia Governorate by scaling-up the government's postpartum care package in 13 villages, and training community health workers and nurses to put the package into practice.

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