Permanent Methods Toolkit

Female sterilization is the most commonly used contraceptive method, used by an estimated 220 million married women worldwide (about 20%). In contrast, male sterilization is the least used modern contraceptive method. An estimated 33 million married women (less than 3%) rely on their partner's vasectomy for contraception.

Female sterilization and vasectomy are appropriate methods for women and men who want a highly effective and permanent method of contraception that does not require re-supply or action at the time of sex. With proper counseling and informed consent, any woman can have female sterilization and any man can have vasectomy safely. No medical conditions prevent women or men from being medically eligible to use female sterilization or vasectomy, respectively.

For couples who do not want more children, these permanent methods are important and relevant options for family planning programs to include in their contraceptive method mix. Family planning programmers, providers, and decision makers can use the information in this Permanent Methods Toolkit to ensure the delivery of quality services with broad access and to promote women and men's informed choice.

Members of the Long-Acting and Permanent Methods (LA/PMs) Community of Practice developed this toolkit, under the leadership of EngenderHealth, the Johns Hopkins' Center for Communication Programs, FHI 360, and the U.S. Agency for International Development. This toolkit is part of the LA/PM Toolkit Series, which includes toolkits on Implants, IUDs, and Permanent Methods.

Share your thoughts on this Toolkit or suggest a resource for inclusion by filling out our feedback form.

What are K4Health Toolkits?

Who developed this toolkit?

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Who are the intended audiences?

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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.

Who developed this toolkit?

Members of the Long-Acting and Permanent Methods (LA/PMs) Community of Practice developed this toolkit, under the leadership of EngenderHealth, the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, FHI 360 and the U.S. Agency for International Development.

What types of resources are included?

This toolkit was created to provide guidance and tools to update, develop, or expand permanent method services in reproductive health programs. It contains:

- Key background and reference materials on female and male sterilization
- Technical guidelines to serve as a basis for programs developing, reviewing or updating their policies and guidelines on sterilization
- Training materials on female and male sterilization for program managers and service providers
- Resources related to procurement, logistics, forecasting and distribution
- Programming information for supervision, cost, M&E and scaling up
- Screening and counseling information to support men and women who are considering permanent methods of contraception
- Communication materials used in permanent method programs across the globe

Who are the intended audiences?

Family planning programmers, providers and decision makers can use the information in this toolkit to ensure the delivery of quality services with broad access and to promote women and men’s informed choice.

How do I get started using this toolkit?
Ensuring delivery of quality services for female and male sterilization requires a holistic approach—including accurate information; up-to-date policies and guidelines; quality training, supervision, and services; effective communication and marketing; and proper logistics. This toolkit provides information on all these elements and contains tools and resources to help you implement a variety of permanent method-related activities.

To browse the contents of this toolkit, use the navigation on the right to view resources related to programmatic topics relevant to family planning programs. Each tab includes a list of a number of high-quality resources and 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 the 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 about this toolkit?

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.

Related eLearning Courses:
LA/PMs - A Smart FP/RH Program Investment
Essential Knowledge

Key Points About Female and Male Sterilization:

**Permanent.** Sterilization is intended to provide life-long, permanent, and very effective protection against pregnancy. Reversal is usually not possible.

**Involves a Surgical Procedure.** Female sterilization involves a physical examination and surgery. The procedure is done by a specifically trained provider. Vasectomy, the primary approach to male sterilization, involves a safe, simple surgical procedure by a trained provider. Vasectomy is not fully effective for 3 months after the procedure.

**No Side Effects.** There are no side-effects associated with female sterilization. There are no common side effects associated with vasectomy. Vasectomy does not affect a man’s sexual performance.

Have a suggested resource or comment about this section of the Toolkit? Please visit our feedback form.
Besides male condoms, vasectomy is the one other male contraceptive method currently available on the market. Vasectomy, a surgical procedure for male sterilization, provides permanent and very effective protection against pregnancy. Vasectomy does not work immediately; there is a three-month delay during which another contraceptive method should be used before relying on vasectomy to protect against pregnancy. Vasectomy and female sterilization are about equally effective. However, vasectomy is quicker, safer, and more cost-effective than female sterilization. It is also suitable to provide vasectomy in more settings than female sterilization, and vasectomy has a faster recovery period than female sterilization. Vasectomy should be considered permanent? reversal is usually not possible in settings with limited resources, and success (pregnancy) cannot be guaranteed.

Resources:

- **More than Partners: Men as Family Planning Users**
  Blog post with resources to help decision-makers and program planners understand and advocate for the advantages of including vasectomy within the method mix.

- **Essential Knowledge about Vasectomy**
  This review summarizes the latest biomedical, social science, and programmatic knowledge about male sterilization as of August 2012.

- **Family Planning: A Global Handbook for Providers**
  This seminal contraceptive handbook offers guidance on 20 contraceptive methods, including female sterilization and vasectomy, and addresses many information needs of service
providers, from contraceptive effectiveness and mechanisms of action to correcting misunderstandings and managing side effects. The book is available in English and in seven other languages (Arabic, French, Hindi, Persian, Portuguese, Romanian, Russian, and Spanish).

- **Vasectomy: Reaching Out to New Users (Population Reports)**

This issue of Population Reports can help managers of family planning and reproductive health programs to: Identify and address the barriers that discourage men from choosing vasectomy; Improve the quality of vasectomy services by adopting the safest and most effective surgical techniques; Select effective communication channels and design persuasive messages to promote vasectomy; Compare and assess different approaches to delivering vasectomy services; Develop training programs for providers who counsel clients on vasectomy and providers who perform the procedure; Plan how to introduce and scale up vasectomy services.

- **Vasectomy: Evidence-Based Practices to Improve Effectiveness**

Techniques such as cautery and fascial interposition can improve the effectiveness of vasectomy, making it one of the safest, least invasive, and most effective forms of permanent contraception. However, clients should always be counseled on the small possibility of vasectomy failure, the importance of using another method of contraception for the entire 12 weeks following surgery, and the permanence of the procedure.

- **Expert Consultations on Vasectomy**

In 2001 and 2003, interagency workshops were held to discuss research findings related to the effectiveness of vasectomy techniques, to prioritize future research related to vas occlusion techniques, and to develop guidelines for vasectomy techniques in diverse health care settings. These reports provide detailed summaries of the workshop presentations.

Note that there are two issues discussed in these reports for which guidance has changed due to more evidence that unfolded after the 2003 expert consultation:

1. Semen analysis and time to azoospermia are discussed in these reports, but never conclude with the current WHO guidance to use a back-up method for 3 months after the vasectomy procedure. Also, WHO currently advises that semen analysis is recommended
at least three months after the vasectomy but it is not a requirement for having a vasectomy.

2. These reports mention the use of clips as an occlusion technique and report on the failure rate of clips versus cautery, with the former statistically and clinically significantly higher. Current recommendations are to use cautery.

Choosing Male Sterilization (Outlook)

This issue of Outlook explores a variety of topics related to vasectomy, including the no-scalpel vasectomy technique; choosing male sterilization as a contraceptive method; affordability, availability, and popularity of vasectomy in developing countries; side effects and complications of the procedure; and reversibility. The issue also provides an overview of additional permanent male contraceptive options.

Vasectomy: Safe, Convenient, Effective—and Underutilized (Global Health Technical Brief)

This brief focuses on the following points:

- Vasectomy is a very safe, convenient, highly effective, and simple surgical form of contraception for men that is provided under local anesthesia in an outpatient setting and is intended to be permanent.
- Although vasectomy is safer, simpler, less expensive, and equally effective as female sterilization, it remains the least known and least used modern contraceptive method.
- Men in every region and cultural, religious, or socioeconomic setting show interest in or use of vasectomy, despite commonly held assumptions about negative male attitudes or societal prohibitions; however, men often lack full access to information and services.
- Thoughtful, male-centered programming has resulted in greater use of vasectomy.
- Effective FP/RH programs should have an active, accessible, vasectomy component that delivers quality services, with wide contraceptive options for the man and his partner, and informed choice.


This guide is a key reference for physicians seeking information about no-scalpel vasectomy. It includes a detailed description of each step of the procedure, complete with illustrations.
Female sterilization provides permanent and very effective protection against pregnancy. Female sterilization generally involves surgery, but most of the time it requires only light sedation and can be provided in an outpatient facility. It can be safely provided during the immediate postpartum or postabortion period or as an interval procedure (28 days or more after last delivery). Newer non-surgical methods of female sterilization, called transcervical approaches, involve reaching the fallopian tubes through the vagina and uterus. In this section of the toolkit you’ll find a compilation of research reviews on female sterilization, and a selection of resources on surgical procedures to female sterilization, transcervical approaches, and non-surgical or chemical approaches to female sterilization.

Resources:

- **Essential Knowledge about Female Sterilization**

  This review summarizes the latest biomedical, social science, and programmatic knowledge about female sterilization as of April 2012.

- **Minilaparotomy for Female Sterilization: An Illustrated Guide for Service Providers**
This guide is a user-friendly reference for service providers who wish to learn about minilaparotomy for female sterilization. A detailed description of the procedure is paired with step-by-step illustrations of the surgical technique for performing a suprapubic or subumbilical minilaparotomy under local anesthesia, with or without sedation. The guide also outlines essential requirements for a safe, effective female sterilization procedure.

- Women's Growing Desire to Limit Births in Sub-Saharan Africa: Meeting the Challenge

Demographic and Health Survey data from 18 countries were analyzed to better understand the characteristics of women wishing to limit childbearing. Demand for limiting (14% of all women) is less than that for spacing (25%) but is still substantial. The mean demand crossover age? (the average age at which demand to limit births begins to exceed demand to space) is generally around age 33, but in some countries it is as low as 23 or 24. Young women often intend to limit their births, contrary to the assumption that only older women do. Large numbers of women have exceeded their desired fertility but do not use family planning, citing fear of side effects and health concerns as barriers. When analysis is restricted to married women, demand for limiting nearly equals that for spacing. Many women who want no more children and who use contraception, especially poor women and those with less education, use less effective temporary contraceptive methods. A sizable number of women in sub-Saharan Africa have demand for limiting future births. Limiting births has a greater impact on fertility rates than spacing births and is a major factor driving the fertility transition. Family planning programs must prepare to meet this demand by addressing supply- and demand-side barriers to use. Meeting the growing needs of sub-Saharan African women who want to limit births is essential, as they are a unique audience that has long been overlooked and underserved. [Abstract]

- Family Planning: A Global Handbook for Providers

This seminal contraceptive handbook offers guidance on 20 contraceptive methods, including female sterilization and vasectomy, and addresses many information needs of service providers, from contraceptive effectiveness and mechanisms of action to correcting misunderstandings and managing side effects. The book is available in English and in seven other languages (Arabic, French, Hindi, Persian, Portuguese, Romanian, Russian, and Spanish).

- Contemporary hysteroscopic methods for female sterilization
ABSTRACT: A permanent contraceptive method that avoids abdominal incisions and general anesthetic should be safer than sterilization by laparoscopy or laparotomy. In theory, the transcervical route ought to be ideal for female sterilization. However, past attempts have not seen widespread success, and contemporary efforts demonstrate that challenges to the creation of an ideal transcervical sterilization technique continue to exist. After 6 years of use, clinical data and real-world experience indicate that the Essure permanent birth control system is a viable option. Efficacy of 99.74% has been demonstrated. Adverse effects and risks are low. Patient satisfaction is high. Successful placement is observed in worldwide marketing. It can be placed in the office setting, which offsets the relatively high cost of the device. Recent data suggest that patients and surgeons are choosing hysteroscopic sterilization over laparoscopic and postpartum sterilization. Adiana emerged in 2009 as a second hysteroscopic sterilization option. Challenges continue to exist for transcervical sterilization. Compliance with post-procedure confirmation imaging is not universal. Real-world contraception failures are seen in a setting of protocol non-compliance. However, extrapolation of the failure rates in real-world use seems to be comparable with other laparoscopic and abdominal sterilization methods.

- U.S. Food and Drug Administration Device Approval and Clearance for Essure

These links provide information related to the FDA's approval to market this product, including its safety, effectiveness, indications for use, and the basis for FDA's approval.

- WHO Interim Statement: The Safety of Quinacrine When Used as a Method of Non-Surgical Sterilization in Women

This statement summarizes the recommendations that emerged from a WHO technical consultation on the relationship between the use of quinacrine for intrauterine administration for non-surgical sterilization in women and cancer risk.

- Transcervical Female Sterilization? In: New Contraceptive Choices Population Reports

This section of the report provides brief summaries of research on Essure, quinacrine, and Adiana. The report describes what these methods of transcervical female sterilization are and discusses effectiveness and side effects of each.
Female Sterilization: The Most Popular Method of Modern Contraception (Global Health Technical Brief)

This brief focuses on the following points:

- Female sterilization is the most widely used modern method in the world, including developing regions and many developed countries such as the United States.
- Female sterilization is a safe, highly effective, relatively simple, surgical means of contraception that can usually be provided in an outpatient setting and is intended to be permanent.
- Effective FP/RH programs should have an active, accessible, voluntary female sterilization component that delivers quality services to women who make a free and informed choice for this method from within a range of contraceptive options.

Policies & Guidelines

Supportive policies lay the groundwork for family planning service delivery. Up-to-date and evidence-based family planning guidelines help programs and providers offer quality services that are free from unnecessary requirements and medical barriers.

All individuals and couples have the basic human right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so. Because female and male sterilization are intended to be permanent, it is especially important to provide careful and thorough counseling to help men, women, and couples make a voluntary and informed decision. Counseling should address the following:

- Sterilization is considered to be permanent and probably cannot be reversed.
- The procedure will prevent the client from ever having any more children, although a small chance of method failure exists.
Other effective and reversible contraceptive methods are available to the client (including reversible long-acting methods).

Sterilization is a surgical procedure and review details of the procedure to be used.

The client can decide against having the procedure at any time before it takes place.

Informed decision-making and informed consent are fundamental to providing good quality health care services and are a fundamental human right. International human rights treaty law protects individuals’ rights to informed decision-making and consent for sexual and reproductive health services, including sterilization. This law is intended to protect the right to decide freely and responsibly on the number and spacing of children by legally obligating health care providers to provide and obtain full informed consent prior to performing a sterilization procedure. Nevertheless, forced and coerced sterilizations have and likely continue to occur around the world. Groups particularly vulnerable to forced and coerced sterilization include adolescents, ethnic and indigenous minorities, disabled women and girls, and women with HIV/AIDS. Many of these violations occur during the provision of health services and are perpetrated by health service personnel.

The World Health Organization has issued and periodically updates global technical guidelines that cover how to provide contraceptive methods and to whom. National family planning and reproductive health programs can use the WHO global recommendations about female and male sterilization and other resources with international guidance, provided in this section of the toolkit, as a basis for developing, reviewing, or updating their own national family planning guidelines on sterilization. Also included in this section of the Permanent Methods Toolkit are examples of national family planning guidelines on sterilization that Ministries of Health and other stakeholders can use as a guide for developing their own national guidelines.

Have a suggested resource or comment about this section? Please visit our feedback form.

Resources:

- Medical Eligibility Criteria for Contraceptive Use, Fifth Edition

This document is part of the process for improving the quality of care in family planning. Medical eligibility criteria for contraceptive use (MEC), the first edition of which was published in 1996, presents current WHO guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. This is the fifth edition of the MEC – the latest in the series of periodic updates.

This edition is divided into two parts. Part I describes how the recommendations were developed and Part II contains the recommendations and describes how to use them. The
recommendations contained within this document are based on the latest clinical and epidemiological data. Several tools and job aids are available from WHO and other sources to help providers use these recommendations in practice.

- **Selected Practice Recommendations for Contraceptive Use**

This guide provides guidance on how to provide contraceptives, with the goals of maximizing effectiveness and managing side effects and other problems. The second edition contains 33 recommendations ranging from when to start a method, how to manage problems women experience using certain methods, how to provide emergency contraception, and what clinical exams to perform before a method can be initiated. For specific guidance on when a man can rely on his vasectomy for contraception, see section 15 of the document.

- **Increasing Access to High-Quality Voluntary Permanent Methods of Contraception in Low-Resource Settings**

This joint statement, developed in 2014 by EngenderHealth and Marie Stopes International under the auspices of the Support for International Family Planning Organizations (SIFPO) project, commits EngenderHealth, Marie Stopes International, IntraHealth International, the International Planned Parenthood Federation, the Population Council, Pathfinder International, Population Services International, Wispivas, the Dhaka Medical College, PROFAM, and PASMO Guatemala to ongoing collaboration to achieve the goal of universal access to a broad range of voluntary family planning methods, including permanent methods, particularly in underserved areas. The document also presents recommendations for increasing access to high-quality permanent methods in low-resource settings.

- **Model List of Essential Medicines (18th Edition)**

The Model List of Essential Medicines from the World Health Organization presents a list of minimum medicine needs for a basic health care system and essential medicines for priority diseases. The Model List covers anesthetics and analgesics commonly used with female sterilization and vasectomy (see Local Anesthetics on page 1 and Analgesics on page 2 of the full-text document). The WHO Model Lists of Essential Medicines has been updated every two years since 1977.

- **Strategies to increase use of long-acting and permanent**
contraception: Policy brief

The most effective methods of contraception are frequently the least available. These long-acting and permanent methods (LAPM) include the intrauterine device (IUD) and the progestogen implant, as well as male and female sterilization. The IUD and progestogen implant are reversible, and may also be referred to as long-acting reversible contraception (LARC). These methods are useful for couples wishing to space pregnancies. Male and female sterilization are permanent methods for couples who have completed childbearing. LAPM is used broadly to refer to all methods.

• National 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). Technical experts from EngenderHealth and FHI who reviewed these and other country guidelines found the Kenya guidelines to be the best model among all reviewed guidelines. The guidelines are presented in a simple and easy-to-read and understand format and have very few and only minor discrepancies with WHO guidance.

• National Guidelines Update Process: Key Steps

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

• Introducing WHO’s Sexual and Reproductive Health Guidelines and Tools into National Programmes
This document provides general principles for a systematic approach to the adaptation and adoption of guidelines developed by WHO to improve sexual and reproductive health. Its purpose is to encourage the implementation of evidence-based interventions identified in various WHO sexual and reproductive health practice guides. The introduction of interventions depends on the circumstances, contextual issues, and development stages of programs.

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

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

Doctors usually perform male and female sterilization. However, under certain conditions, such as when demand for sterilization exceeds the supply of trained doctors, nurses and midwives with surgical experience can be trained to perform the procedure if a country’s laws and regulations permit. When cadres of health care professionals other than doctors perform the procedure, a doctor should be available for consultation in case of surgical difficulties or complications. The guidance in this brief can be applied to these types of situations that call for task shifting for sterilization programs.

- **Male and Female Sterilization Guidelines from India Ministry of Health**

These two manuals from the Government of India form the country’s standard guidelines for service providers performing female and/or male sterilization.

- **Medical and Service Delivery Guidelines for Sexual and Reproductive Health Services**
These guidelines from the International Planned Parenthood Federation (IPPF) are intended to improve the knowledge, skills, and confidence of service providers in the delivery of high-quality sexual and reproductive health services. The Female and Male Sterilization chapter specifically offers a thorough overview of the processes and procedures involved in providing female sterilization and vasectomy.

Family Planning Service Delivery in Pakistan

The Family Planning Service Delivery in Pakistan guide offers a comprehensive resource to help health care providers deliver family planning services. Chapters on counseling and infection prevention are included, followed by a section on medical eligibility criteria for the provision of contraceptive methods. This guide incorporates the 2004 Medical Eligibility Criteria (MEC) from the World Health Organization (WHO) by modeling the MEC guidelines outlined in the 2007 Global Handbook (Family Planning: A Global Handbook for Providers). Information and guidance on providing female sterilization and vasectomy can be found in chapter 11: Voluntary Surgical Contraception (see page 132).

Training

All doctors, including general practitioners, can perform minilaparotomy for female sterilization and vasectomy for male sterilization, provided that they have been properly trained in the techniques. Under certain conditions, other health personnel can also be trained to perform these procedures if a country’s laws and regulations permit.

Training is closely tied with actual service delivery—that is, training must address the knowledge,
skills, and techniques that providers need to apply on the job when they are interacting with and providing services to clients. For example, training often provides guidance on how to use job aids that providers will use during service delivery, such as screening checklists and counseling tools. For access to these types of job aids and tools, please see the Service Delivery section of this Toolkit.

In this section of the Permanent Methods Toolkit, program managers and service providers can access information on:

- Guidelines, curricula, and tools for female sterilization and male sterilization training and education
- General training resources (available on this page)

Have a suggested resource or comment about this section? Please visit our feedback form.

Resources:

- **Infection Prevention: A Reference Booklet for Health Care Providers, 2nd Edition**

  *Infection Prevention: A Reference Booklet for Health Care Providers* is a quick desk reference on important infection prevention (IP) topics: handwashing, gloving, aseptic technique, use and disposal of sharps, instrument processing, housekeeping, and waste disposal. Designed for use by a wide range of health care workers in low-resource settings, this comprehensive booklet introduces the importance of good IP practices and provides step-by-step instructions for performing critical IP procedures.

- **Provider Characteristics Worksheet (Programming for Training: A Resource Package)**

  An excerpt from EngenderHealth’s Programming for Training: A Resource Package for Trainers, Program Managers, and Supervisors of Reproductive Health and Family Planning Programs, the Provider Characteristics Worksheet serves as a tool to help trainers learn about the health providers participating in their workshop. Understanding who their audience is help trainers determine the content and scope of the training, as well as the desired outcomes.

- **Sample Action Plan for Linking Training to Performance**
and Training Follow-Up Form (Programming for Training: A Resource Package)

An excerpt from EngenderHealth's Programming for Training: A Resource Package for Trainers, Program Managers, and Supervisors of Reproductive Health and Family Planning Programs, the Sample Action Plan for Linking Training to Performance serves as a tool to facilitate conducting a training follow up. A training follow up will assess providers' skills post-training and help to evaluate the effectiveness, strengths, and weakness of a training.

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

This resource, intended for use by both program managers and trainers, consists of essential training information and tools for training health care providers in reproductive health and family planning (RH/FP). It draws on the training experience of EngenderHealth and a number of other organizations providing training in RH/FP for improving service delivery. It provides an overall approach to programming for training, as well as information, methods, and tools for designing, developing, planning, implementing, and evaluating training. Also included is a 4-page brief, which provides an overview the ACQUIRE Project's approach to training under the overall ACQUIRE Program Model for FP/RH Service Delivery.

- Training Guide: Decision-Making Tool for Family Planning Clients and Providers

The training guide for the Decision-Making Tool contains three training modules to be used by programme managers and trainers who are introducing the tool into their programmes. The core module introduces the tool to providers and trains them in how to use it. There are 2 supplementary modules that train providers on (1) counselling and communication skills and (2) a contraceptive technology update.


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

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

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

Female Sterilization Training Resources
With the right training, all doctors can perform female sterilization. This section of the Toolkit provides a variety of resources for training providers to perform female sterilization. These include illustrated manuals, training guidelines, instructional videos, gynecological simulators for use in training, and procedural checklists.

Resources:

- **La Ligature des Trompes sous Anesthésie Locale par Minilaparotomie**

L'acceptabilité de la stérilisation volontaire s'est beaucoup accrue mondialement au cours de cette dernière décennie. Pour assurer la qualité de ces services, le Ministère de la Santé et de l'Hygiène publique de la Guinée a développé des normes et protocoles et des standards de performance pour les services de planification familiale. Les standards abordent les questions du counseling, du consentement éclairé, de la procédure chirurgicale, des activités pré et post-opératoires, du suivi, de la prise en charge des effets secondaires et des complications.

The acceptability of voluntary sterilization has greatly increased worldwide during this last decade. To ensure the quality of these services, the Department of Health and Hygiene public of Guinea has developed standards and protocols and performance standards for family planning services. The standards address issues of counseling, informed consent, the surgical procedure of pre-and post-operative monitoring, the management of side effects and complications.

- **Minilaparotomy for Female Sterilization: An Illustrated**
Guide for Service Providers

This guide is a user-friendly reference for service providers who wish to learn about minilaparotomy for female sterilization. A detailed description of the procedure is paired with step-by-step illustrations of the surgical technique for performing a suprapubic or subumbilical minilaparotomy under local anesthesia, with or without sedation. The guide also outlines essential requirements for a safe, effective female sterilization procedure.

- **Mini-Laparotomy for Tubal Ligation Under Local Anesthesia (Video)**

  This animation demonstrates the surgical technique of mini-laparotomy under local anesthesia for tubal ligation. It consists of nine chapters showing the steps of the procedure.

- **Guidelines for Training in Female Sterilization for Programme Officers, Training Coordinators and Trainers (India)**

  The India Ministry of Health compiled this handbook to ensure standards in training and to guide State and District program officers, trainers, and clinical training centers in effective implementation of training and use of trained service providers.

- **Tubal Ligation (Tubes Tied) Surgery (YouTube)**

  This video provides an animated overview of how sterilization prevents pregnancy and three techniques that can be used for female sterilization: laparoscopy, minilaparotomy, and laparotomy.

- **Essure Procedure Animation (YouTube)**

  This YouTube video provides a demonstration of the transcervical sterilization procedure in which small, flexible micro-inserts are placed into a woman's fallopian tubes through the cervix without incisions. Within three months, the body and the micro-inserts form a natural barrier that prevents sperm from reaching the egg. After three months, a test is performed to
confirm that the micro-inserts are properly placed, and that the fallopian tubes are fully blocked. An alternate form of contraception must be used while the natural barrier is forming.

- **Postpartum Tubal Ligation Minilaparotomy Technique (YouTube)**

  This video demonstrates a very effective and efficient technique for entering the abdomen in a postpartum tubal ligation surgery.

- **Checklists for Minilaparotomy**

  These checklists are intended to assist clinical trainers in assessing the skills of minilaparotomy trainees. The set includes checklists for:
  - minilaparotomy clinical skills for circulating nurses
  - postpartum minilap counseling and clinical skills
  - interval minilap counseling and clinical skills

- **Gynaecological Simulator "Zoe"**

  Zoe is an effective simulator that can be used to train and demonstrate many gynaecological procedures including female sterilization, IUD insertion, and IUD removal. Marie Stopes makes this model available. Please contact the Marie Stopes procurement and logistics team: orders@mariestopes.org.uk

- **Instructions for Repairing the Zoe Gynecologic Stimulator**

  The following step-by-step instructions describe how to repair small tears in the skin of the ZOE gynecologic simulator. Also includes address to order Zoe Repair Kit (from Jhpiego) and address for Zoe manufacturer.

- **Checklists for Laparoscopic Tubal Ligation Counseling and Clinical Skills**
This set of checklists are intended for trainers to certify training participants’ competency in providing laparoscopy services (for example, in pre-operative assessment, infection prevention practices, laparoscopic tubal ligation under local anesthesia, management of complications, and follow-up care). The set includes checklists for surgeons, scrub nurses (assistants), and ground nurses (staff nurses).

Male Sterilization Training Resources

With the right training, all doctors, and, in some cases, other health care providers, can offer vasectomy to their clients. This section of the Toolkit provides a range of resources for training providers in male sterilization. These include instructional videos, training manuals and handbooks, an illustrated procedural guide, and a vasectomy training model.

Resources:

- **Vasectomy (YouTube)**

  This video provides an animation on how vasectomy works to prevent pregnancy and procedures for conducting vasectomy: traditional vasectomy using a scalpel and the no-scalpel vasectomy technique.

To help providers of family planning services learn how to offer high-quality vasectomy services that ensure clients’ voluntary, fully informed, and well-considered decision making in a context that is medically safe, EngenderHealth has produced the No-Scalpel Vasectomy Curriculum: A Training Course for Vasectomy Providers and Assistants, 2nd Edition. This clinical training course presents all of the information that both trained vasectomists and their assistants need to be able to provide safe and effective NSV services. The curriculum has been revised and updated to reflect the latest research findings, global expert opinion, and field experience related to no-scalpel vasectomy (NSV), a refined approach that makes vasectomy simpler for the surgeon to perform and more acceptable to the client.

- **No-Scalpel Vasectomy: An Illustrated Guide for Surgeons, Third Edition**

  This guide is a key reference for physicians seeking information about no-scalpel vasectomy. It includes a detailed description of each step of the procedure, complete with illustrations.

- **Vasectomy Training Model**

  Marie Stopes International has a number of training models available, including a vasectomy simulator model designed to assist the training of providers in the Non Scalpel technique. The positioning of the body is designed to create realism and help providers overcome problems they may face during the surgery. For further information on any of the training aids, contact the Marie Stopes procurement and logistics team: orders@mariestopes.org.uk

- **Vasectomy Occlusion Technique (YouTube)**

  In this video Dr. Michael Labrecque demonstrates two vasectomy occlusion techniques suitable for low resource settings. Using the no-scalpel vasectomy technique to access the vas, Dr. Labrecque first demonstrates a cautery and fascial interposition technique for occluding the vas and then demonstrates cautery alone for occluding the vas.
Logistics

Female and male sterilization are different than other contraceptive methods in that they do not require acquisition of a specific contraceptive commodity. Female and male sterilization do require special clinical training, administration of anesthesia, and use of drugs for pain management. Additionally, these methods require infection prevention equipment and supplies for health worker protection and for decontamination and sterilization of instruments. There are also special considerations required for maintaining quality of service and availability which can be more challenging when forecasting for the equipment and supplies needed to provide these methods.

Supportive program environments that want to ensure an expanded method mix including permanent methods, must consider the financial resources, provider capacity, and logistics systems needed to offer female and male sterilization. Supportive policies and financing mechanisms must be in place to support a national contraceptive security strategy that includes permanent methods.

Supportive policies could include:

- Essential drug and equipment lists that include the equipment and supplies needed for sterilization.
- Advocacy programs that highlight the investments needed for clinical training, commodities, equipment, and supplies needed to provide female and male sterilization as well as the benefits of these investments.
- Health workers should be trained to provide counseling and education to clients so that a client may make an informed contraceptive choice.
- Requirements for these methods to be incorporated into national planning, budgets, purchasing, distribution, and support.

The Logistics section of the Permanent Methods Toolkit discusses logistics of providing female and male sterilization so programs can expand method mix available to clients when and where
they need them.

For general family planning resources related to procurement, logistics and supply chain management, check out our Family Planning Logistics Toolkit.

Have a suggested resource or comment about this section of the Toolkit? Please visit our feedback form.

Resources:

- **Technical Brief: Using Quantification to Support Introduction and Expansion of Long-Acting and Permanent Methods of Contraception**

  This brief describes why quantification—the process of estimating quantities and costs of the products required to provide a specific health service and determining when the products should be delivered—is a critical supply chain management activity for family planning programs. The brief then offers guidance on how to apply the quantification process to family planning programs.

- **Instruments and Expendable Supplies Needed to Provide Long-Acting and Permanent Methods of Contraception**

  This document provides lists of both medical instruments and expendable medical supplies needed to provide the long-acting and permanent methods of contraception: hormonal implants, IUDs, female sterilization via minilaparotomy, and no-scalpel vasectomy.

- **Permanent Methods Logistics Overview**

  This two-page brief provides basic guidance on supply chain considerations when managing the medical equipment, instruments, and expendable medical supplies required to provide male and female sterilization.
Contraceptive Security: Incomplete without Long-Acting and Permanent Methods

This advocacy brief makes the case that contraceptive security activities must include the procurement and management of supplies, equipment, commodities, training, and other components necessary to reliably and equitably provide long-acting and permanent contraceptive methods.

• Marie Stopes Ligation Kit

Good quality instruments are essential for delivering excellent service to clients choosing female sterilization. To help achieve this and ensure high standards, Marie Stopes International has developed a Ligation Kit for the mini-laparotomy female sterilization technique. Each kit comes complete with an auto-clavable pouch for easy transportation and sterilisation of the equipment. The instruments are of the highest standard, CE marked and are used extensively by Marie Stopes centres and outreach teams globally.

• Marie Stopes Vasectomy Kit

Good quality instruments are essential for delivering excellent service to clients choosing vasectomy. To help achieve this and ensure high standards, Marie Stopes International has developed a Marie Stopes Vasectomy Kit for the no-scalpel vasectomy technique. Each kit comes complete with an auto-clavable pouch for easy sterilisation and transportation of the equipment. The instruments are of the highest standard, CE marked and are used extensively by Marie Stopes centres and outreach teams globally.

Program Management

Managing family planning programs, including programs that offer female and/or male sterilization, requires systems-level thinking in which the program manager considers all components of a comprehensive service delivery model. Such components include:

• Developing, maintaining, and updating clinical guidelines for providers
Training and supervision strategies
Logistics arrangements for ensuring availability of the method and related instruments and supplies needed to provide it
Organizing services
Marketing and educational strategies
Procedures for counseling and ensuring informed choice and informed consent
Follow-up plans for clients

In short, the program manager needs to be aware of and involved in all components of the service delivery system that are covered in this toolkit. This particular section of the toolkit includes resources related to the high-level functions that the program manager is primarily responsible for, such as deciding on a programming model, quality considerations, and scale-up of services.

Have a suggested resource or comment about this section? Please visit our feedback form.

Programming Models And Approaches

Family planning programs can take a number of approaches to providing female and male sterilization services. For example, female sterilization can be offered postpartum, postabortion, or during the interval between a birth and another pregnancy. Female sterilization and vasectomy services can be made available in a variety of service delivery settings, including hospitals, clinics, and even mobile clinics. And, in many
cases, task sharing can be employed so that different types of providers can offer services related to sterilization, including counseling.

The publications in this section of the Toolkit offer information on these various service delivery models, provide evidence supporting the practice of task shifting, or task sharing, to expand access to permanent contraceptive methods, and set forth guidance for implementing the delivery of female and male sterilization services.

Resources:

- **Program Models for Permanent Contraceptive Methods**
  
  This brief provides an overview of diverse service delivery models for providing female sterilization and vasectomy services. Various components of a service delivery model are discussed, such as timing of the sterilization procedure (for example, postpartum, postabortion, during the interval between a birth and a subsequent pregnancy), location of service delivery (hospital, fixed clinic, mobile clinic), and type of provider offering services including counseling.

- **Recent Experiences and Lessons Learned in Vasectomy Programming in Low-Resource Settings**
  
  This document review consolidates the evidence supporting the premise that vasectomy uptake is an important component to national FP programs - particularly, in settings where government and family resources are limited - and that with proper planning, technical assistance and political and financial support, an increase in vasectomy use in these areas can be a reality.

- **How to Create Successful Vasectomy Programs (English)**
  
  The purpose of this brief is to help advocates, program planners, policymakers and Ministries of Health establish policies, allocate resources, and advocate for successful vasectomy programs. The Supply-Enabling Environment-Demand (SEED) Programming Model has been established as a useful global framework for sexual and reproductive health programming. The following three components must be mutually reinforced in order to create and sustain successful vasectomy programs: 1) creating, increasing, and sustaining demand for vasectomy services, 2) increasing supply of vasectomy services, and 3) creating an enabling environment for vasectomy programs.
How to Create Successful Vasectomy Programs (French)

The purpose of this brief is to help advocates, program planners, policymakers and Ministries of Health establish policies, allocate resources, and advocate for successful vasectomy programs. The Supply-Enabling Environment-Demand (SEED) Programming Model has been established as a useful global framework for sexual and reproductive health programming. The following three components must be mutually reinforced in order to create and sustain successful vasectomy programs: 1) creating, increasing, and sustaining demand for vasectomy services, 2) increasing supply of vasectomy services, and 3) creating an enabling environment for vasectomy programs.

A Matter of Fact, a Matter of Choice: The Case for Investing in Permanent Contraceptive Methods

This report provides data on use of permanent methods, analyzes challenges to their wider availability, and describes programming approaches that have resulted in widespread, equitable provision of permanent methods at a national scale in Malawi and Tanzania. The paper argues that making permanent methods widely available and equitably accessible as a voluntarily chosen method option in low-resource countries is not only feasible, cost-effective, and popular with clients; it is an ethical imperative.

Task sharing: Safety and acceptability of tubal ligation provision by trained clinical officers in rural Uganda

Marie Stopes International successfully provides and increases access to long-acting reversible contraceptives and permanent methods of family planning through task sharing to lower level providers in Uganda and in other country programmes. Task sharing is now widely acknowledged as a key strategy for addressing the critical shortage of health providers that affects healthcare in many low income and rural areas.

No-Scalpel Vasectomy: Scale-up Approach in Rwanda Shows Promise
This series of resources discusses a promising scale-up approach to no-scalpel vasectomy in Rwanda.

- **Who Can Provide Permanent Methods of Contraception?**

  This 1-page brief provides a brief overview of the types of providers qualified to perform female sterilization and vasectomy. All doctors, including general practitioners, can perform minilaparotomy or vasectomy if they have been properly trained. Under certain conditions, other types of health personnel can be trained to perform the procedures if a country's laws and regulations permit.

- **Organizing Work to Provide Permanent Methods**

  Program managers and staff at service sites should be empowered to plan and adjust work flow in order to best serve their clients. Two common problems are: (1) reluctance to change a work flow just because we have always done it that way, and (2) planning a work flow that is almost entirely for the providers' convenience. This brief discusses some issues to consider in developing a work flow for provision of female sterilization and/or vasectomy.

- **Community-Based Family Planning Technical Update No. 8: Mobile Outreach Service Delivery**

  This brief provides an overview of the importance of mobile outreach service delivery, describes what this service delivery model entails, and gives guidance on how to plan and implement mobile family planning services, especially for long-acting and permanent methods.

- **Increasing Access to Family Planning: The Case for Task-Shifting Female Surgical Contraceptive Services**

  Task-shifting (also known as task-sharing) is a process of delegating tasks to less-specialized health workers, to reorganize work and use human resources more efficiently. Task-shifting of surgical procedures to mid-level cadres has improved access to lifesaving interventions and has been ranked as a cost-effective way to address shortages of highly skilled medical professionals and improve access to services. This brief reports on Tanzania's experience
task-shifting minilaparotomy services to clinical officers.

- **Standard Operating Procedures for Sterilization Services in Camps**

This manual on Standard Operating Procedures (SOP) addresses important programming issues when setting up mobile services for female sterilization, such as planning for a camp, logistics and manpower provision, infection prevention measures, and monitoring quality of services provided. The India Ministry of Health prepared this resource to help ensure quality services in such camps.

- **ACQUIRE Project's Program Model for FP/RH Service Delivery (Supply-Demand-Advocacy)**

This holistic model for family planning and reproductive health (FP/RH) service delivery was developed by the ACQUIRE Project for use in national-, regional-, and district-level programs. The model applies to both FP/RH services in general and to clinical FP/RH services.

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

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

Doctors usually perform male and female sterilization. However, under certain conditions, such as when demand for sterilization exceeds the supply of trained doctors, nurses and midwives with surgical experience can be trained to perform the procedure if a country’s laws and regulations permit. When cadres of health care professionals other than doctors perform the procedure, a doctor should be available for consultation in case of surgical difficulties or complications. The guidance in this brief can be applied to these types of situations that call for task shifting for sterilization programs.

- **Organizing Work Better (Population Reports)**
Family planning and other health care organizations in developing countries increasingly must do more with the same resources, and sometimes with fewer. Reorganizing work processes offers one common-sense way to help staff members at all levels cope with growing demands. Whether you are a clinic manager, front-line provider, program supervisor, or district-level manager, you can improve how work is organized and performed. Often, simple changes enable organizations to serve clients better, offer more satisfying work to the staff, operate more effectively, cut waste, and even reduce or recover costs. (excerpt)

Organizing a Public-Sector Vasectomy Program in Brazil

Although models of high-quality FP services for men exist in Latin America, few if any have been organized within the complex and resource-constrained national public health systems. This study provides evidence from the Santa Barbara project in southern Brazil showing how vasectomy was introduced into the municipal health system. It demonstrates that once the necessary operational and quality-of-care improvements were in place, and sufficient political and technical support existed to proceed, it was possible to establish low-cost, well-used, and sustainable vasectomy services free of charge. Careful attention to the development of strong technical competence and an informed choice process resulted in high user satisfaction. Focus-group discussions with men who underwent vasectomy indicate that they had no objection to being served in the context of a women’s health center and that they act as opinion leaders who draw an increasing clientele to the service.

Female sterilization in Nepal: A Comparison of Two Types of Service Delivery

This article examines the differences in the social and demographic characteristics and quality of care between permanent and seasonal or mobile service delivery sterilization sites in Nepal.

A Successful National Program for Expanding Vasectomy Services: The Experience of the Instituto Mexicano del Seguro Social

This paper describes the innovative strategies adapted by IMSS to improve the availability and use of vasectomy. These strategies included: introducing and adopting no-scalpel vasectomy as the program’s standard technique; conducting training at the service sites for all personnel involved with vasectomy services using a novel “site training” approach;
removing barriers by providing access to vasectomy at the primary-care level; and providing ongoing supervision and technical support to the local service delivery sites.

- **No-Scalpel Vasectomy: Expanding Options for Male Involvement in Family Planning. A guide for Local Government Units**

This module documents the process in setting up NSV services based on the experiences of local government units that have successfully set them up. It also compiles existing local materials that may be used by interested LGUs in orienting prospective clients.

**Quality Considerations**

There are many ways family planning programs can work to not only maintain but also continually improve the quality of the female and male sterilization services they offer. Effective training, including periodic refresher training; supportive supervision; monitoring and evaluation; and good communication among administrative staff, providers, and clients are just a few means of quality improvement. The resources in this section of the Toolkit offer guidance and tools for quality improvement, including handbooks, eLearning courses, indicators, interview guides, and more.

**Resources:**

The SEED? Assessment Guide for Family Planning Programming is a comprehensive, easy-to-use tool to help program managers and staff determine strengths and weaknesses in family planning programs by identifying programmatic gaps that require further investment or more in-depth assessment prior to (re)designing programmatic interventions. The guide is primarily intended for use by high- or mid-level family planning program staff in technical organizations, ministries of health, or donor agencies, though others working in the area of sexual and reproductive health could also find it useful.

- **Sample Provider and Supervisor Interview Guides (Programming for Training: A Resource Package)**

This resource provides sample interview guides for a health provider and another for someone in a supervision role. The sample guide for a health provider includes interview questions about family planning services and integration of family planning with other services. The sample guide for a supervisor contains interview questions regarding experience, knowledge and skills about supervision and management, specifically of family planning health providers.

- **Improving Provision of Vasectomy**

Efforts to improve access to and use of vasectomy need to include creating demand and improving services. Practices: Improve counseling; Connect men considering vasectomy with men who have already chosen vasectomy; Use the no-scalpel technique.

- **Population Reports: Elements of Success in Family Planning Programming**

This issue of Population Reports highlights 10 important elements that program managers can incorporate into family planning programs to increase the programs’ chances of success. Examples are making services affordable, offering client-centered care, securing an adequate budget, and basing decisions on evidence.

- **Standards-Based Management and Recognition (SBM-R): A Field Guide**
This field guide provides a framework and methodology to guide program managers and health facility staff in adapting and implementing similar programs tailored to their own settings. The aim of this field guide is to present a step-by-step process, practical tools and other resources for improving performance and quality of health services using the standards-based management and recognition approach (JHPIEGO's practical approach for performance and quality improvement). This field guide is designed for managers and frontline providers of service delivery organizations in both the public and private sectors. The guide has also been developed for use by central, provincial/regional or district health managers who want to improve the services for which they are directly responsible. Other potential users of this material include advocacy groups that represent the health interests of clients and communities, and organizations that provide technical assistance for performance and quality improvement.

- **Vasectomy Brief No. 6: Attention to the Needs of Men**

This brief concentrates on the needs and wants of men in terms of vasectomy counseling and provision. It compares male-only clinics to integrated services for men within existing clinical services and explains that although male-only clinics are effective, they are also quite expensive. Lastly, it discusses how to make reproductive health services more 'male-friendly' to attract more men to the facility.

- **COPE Handbook: A Process for Improving Quality in Health Services, Revised Edition**

This handbook reflects on the lessons learned by EngenderHealth and its counterparts in more than 45 countries in developing, applying, evaluating, and adapting COPE. COPE, which stands for "client-oriented, provider efficient" services, is a process that helps health care staff continuously improve the quality and efficiency of services provided at their facility and make services more responsive to clients' needs.

- **COPE® for Reproductive Health Services: A Toolbook to Accompany the COPE® Handbook**

COPE® is an ongoing quality improvement (QI) process used by health care staff to assess and improve the quality of care they provide. This COPE® toolbook describes the COPE® process which has four tools--Self Assessment Guides, a Client-Interview Guide, Client-Flow Analysis, and the Action Plan. These tools enable supervisors and their staff to discuss the
quality of their services, identify problems that interfere with the delivery of quality of services, identify the root cause of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems.

- **Partnership-Defined Quality: A Tool Book for Community and Health Provider Collaboration for Quality Improvement**

  Partnership Defined Quality (PDQ) is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. Partnership Defined Quality links quality assessment and improvement with community mobilization. This manual offers tools that can be used by project managers, health service managers, or facilitating agencies. It can also be used by health workers or community advocates, who would like to work to make a difference in the quality of health services available in their area. The tools in this manual can help the users to plan programs that will mobilize both health workers, and communities to work toward better service quality and availability.

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

  This site 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.

- **Family Planning Programming: Elements of Success eLearning Course**

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

**Sustainability & Scale Up**

The addition of permanent contraceptive methods to any family planning program should be planned and implemented with sustainability and the potential for scale-up in mind. To gauge whether a program should be scaled up, it is important to understand the program costs, and cost-effectiveness; to have sustainable funding sources; to ensure there is enough of a demand for services to continue providing them; and to have buy in from key stakeholders, including the Ministry of Health, the communities in which the program will be available, and the health workforce. This section of the Toolkit provides resources to assist with incorporating sustainability measures into your program and planning for scale-up from the beginning of the implementation process. These include costing tools, assessments, and guides for scaling up family planning programs.

**Resources:**

- **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, program 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.

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

The aim of this guide is to facilitate systematic planning for scaling up. It is intended for program managers, researchers and technical support agencies who are seeking to scale-up health service innovations that have been tested in pilot projects or other field tests and proven successful.

• **Assessing the Commercial Viability of Long-Acting and Permanent Contraceptive Methods**

This report looks at two key questions relevant to increasing availability of long-acting and permanent methods (LA/PMs) worldwide: (1) How can LA/PMs, which require trained providers and clinical settings for administration, be made more widely accessible even in rural or other low-resource settings? and (2) How can sustainable LA/PM provision be achieved? Costs of providing IUDs compared with other methods are provided from a number of countries.

• **Looking Forward: Costing for Scale-Up**

This presentation provides an overview of three different types of scale-up and explores the differences between an incremental cost analysis and a full cost analysis. The slides also highlight reasons why scale-up costs differ from the costs of pilot projects and explain how to use costing data from a pilot project to understand the cost of scaling up.

• **Expanding Access to Contraception: The Role of the Commercial Sector in Providing Long-Acting and Permanent Methods of Contraception**
Strengthening the role of the commercial sector in contraceptive provision is an important strategy for reducing costs to donors and to local governments. Attention has focused on increasing the commercial market for short-acting methods of contraception like pills and condoms; less attention has been paid to commercial sector provision of long-acting and permanent methods (LAPMs): IUDs, implants, and female and male sterilization. This brief is based on a Private Sector Partnerships-One technical report, ?The Commercial Sector?s Role in Providing Long-Acting and Permanent Methods.? It provides data on the use and source of LAPMs, which are useful in designing and evaluating interventions to increase the commercial sector?s role.

• The WHO Strategic Approach to Strengthening Sexual and Reproductive Health Policies and Programmes

This Strategic Approach has been demonstrated to be a successful method for strengthening policies and programs for a range of sexual and reproductive health issues. The Strategic Approach includes:

- a staged implementation process that links assessment, pilot-testing, and scaling up;
- a systems framework to highlight the relevant factors for decision-making about appropriate services;
- a reproductive health philosophy of reproductive rights, gender equity, and empowerment;
- a focus on improving equitable access to and quality of care so that services are client-centered and responsive to community needs;
- a participatory process to consider the concerns of all relevant stakeholders; and
- country ownership of the process and the results.

Service Delivery

When family planning clients receive services that are tailored to their individual needs, they are more likely to find a suitable method and to continue using family planning. Providers play a critical role in providing such client-centered care.

- They can set the stage with the client for an open counseling session that is tailored to the client's individual needs and can help put the client at ease by being friendly, respectful, and empathic.
• Providers should actively listen to the client and encourage the client to ask questions.

• Most importantly, providers should enable clients to make their own informed contraceptive decisions by helping them to consider how different methods might meet their reproductive goals and needs.

Because female and male sterilization are permanent contraceptive methods, it is especially important for providers to give careful and thorough counseling to clients to help them make voluntary and informed decisions about the use of these methods.

This section of the Permanent Methods Toolkit provides resources to help providers with screening, counseling, and supporting men and women who are considering or have chosen to use permanent contraceptive methods.

Have a suggested resource or comment about this section of the Toolkit? Please visit our feedback form.

Resources:

• **Cue Cards for Counseling Adults on Contraception**

The set of cue cards is designed to help a range of community- and facility-based providers to counsel adults on their contraceptive options. The cue cards address: Implants, Male Sterilization, Female Sterilization, Intrauterine Device (IUD), Lactational Amenorrhea Method (LAM), DMPA (injectables), Combined Oral Contraceptives (COCs), Progestin-Only Pills (POPs), Standard Days Method (SDM), Male Condom, Female Condom, and Emergency Contraceptive Pills (ECPs). The provider can use the front side of the cards to give information about all available options and, after the client chooses a method, the provider turns to the back side to give specific instruction on use.

• **Ensuring Human Rights within Contraceptive Service Delivery: Implementation Guide**

This implementation guide sets out core minimum actions that can be taken at different levels...
of the health system, and provides examples of implementation of the recommendations in the WHO guidelines.

- **Checkpoints for Choice: A New Orientation and Resource Package for Ensuring Voluntary Family Planning Programs**

This resource package offers practical guidance on how program planners and managers, policymakers, donors, service providers, and community leaders can strengthen clients’ ability to make full, free, and informed contraceptive choices within a rights-based context.

- **How To Be Reasonably Sure a Client is Not Pregnant**

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, eliminating the need to use two separate 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.

- **Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations**

These WHO guidelines provide recommendations for programs as to how they can ensure that human rights are respected, protected and fulfilled, while services are scaled up to reduce unmet need for contraception. Both health data and international human rights laws and treaties were incorporated into the guidance.

- **Follow-Up for Sterilization Users**
This 2-page brief explains that it is recommended for female sterilization users to have one routine follow-up visit within 7 days after the procedure to check the incision site, look for signs of infection, and remove any stitches. No routine follow-up visit is required after a vasectomy. The brief also outlines situations when a female sterilization or vasectomy client should return to the clinic.

- **Addressing Side Effects and Managing Complications of Permanent Methods of Contraception**

Women and men who have had sterilization experience no side effects. There are some complications associated with the female sterilization and vasectomy procedures, but they are uncommon to extremely rare. Counseling men and women to let them know there are no side effects associated with permanent methods, addressing misconceptions with correct information, and encouraging men and women to return to the clinic whenever they have questions or concerns will lead to satisfied users. This brief provides guidance to providers on how to address misconceptions about side effects with clients and to manage any complications that might arise post-surgical procedure. Information is extracted and adapted from *Family Planning: A Global Handbook for Providers*.

- **Who Can Use Permanent Methods?**

This 2-page brief provides an overview of who can use female sterilization and vasectomy. With proper counseling and informed consent, any woman can have female sterilization and any man can have vasectomy safely. In some cases, the provider should take extra care when counseling the client to make sure the client will not regret his/her decision. The brief also explains that the only medical examination that is considered essential and mandatory is a pelvic/genital exam. Female sterilization users also require a blood pressure check.

- **Infection Prevention: A Reference Booklet for Health Care Providers, 2nd Edition**
Infection Prevention: A Reference Booklet for Health Care Providers is a quick desk reference on important infection prevention (IP) topics: handwashing, gloving, aseptic technique, use and disposal of sharps, instrument processing, housekeeping, and waste disposal. Designed for use by a wide range of health care workers in low-resource settings, this comprehensive booklet introduces the importance of good IP practices and provides step-by-step instructions for performing critical IP procedures.

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

This seminal contraceptive handbook offers guidance on 20 contraceptive methods, including female sterilization and vasectomy, and addresses many information needs of service providers, from contraceptive effectiveness and mechanisms of action to correcting misunderstandings and managing side effects. The book is available in English and in seven other languages (Arabic, French, Hindi, Persian, Portuguese, Romanian, Russian, and Spanish).

**Do You Know Your Family Planning Choices: Wall Chart**

*Do You Know Your Family Planning Choices*, also called the Family Planning Wall Chart, was adapted from the *Global Handbook* and contains key information for clients about contraceptive methods and options. The wall chart is intended for healthcare providers to use as a reminder for themselves and as an education tool for their clients.

**Vasectomy: Tools for Providers (INFO Reports)**

Designed for FP providers, this report includes tables and checklists to be used when counseling clients about vasectomy.

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

The Balanced Counseling Strategy (BCS) is an interactive, client-friendly counseling strategy that uses three key job aids to guide comprehensive and high-quality family planning counseling to clients. The BCS toolkit includes:

1. An algorithm that summarizes the 11 steps needed to implement the strategy;
2. Counseling cards with basic information about 15 family planning methods, plus a card
with the checklist to be reasonably sure a woman is not pregnant; and
3. Brochures on each of the methods for the client to take once a method is chosen.

• **Vasectomy Tools for Providers (INFO Report)**

Includes checklists and tables that providers can use to counsel clients about vasectomy; respond to common myths; MEC checklist, etc.

• **Explaining Self Care for Female Sterilization and Vasectomy (Family Planning: A Global Handbook)**

The Self Care sections for vasectomy and female sterilization explain:

- what a man/woman should do prior to the procedure
- what a man/woman should do after the procedure
- what a man/woman should do if common problems occur
- when to schedule follow-up visits

• **Closing the Effectiveness Gap (INFO Reports)**

This issue of INFO Reports focuses on counseling strategies that can help achieve contraceptive effectiveness. The target audience for this publication is family planning service providers. The issue offers job aids and case studies that can help this audience counsel clients on the consistent and correct use of family planning methods.

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**Contraceptive Myths and Counseling Messages**

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

- **Pain Management for Female Sterilization by Minilaparotomy**

  This document addresses considerations of pain management for female sterilization by minilaparotomy in EngenderHealth’s service delivery programs. Female sterilization by minilaparotomy is an ambulatory surgical procedure usually performed under local anesthesia with appropriate sedation and analgesia by a skilled clinical services provider.

- **Decision Making Tool for Family Planning Clients and Providers**

  This is a multipurpose decision-making aid for clients: a decision-making aid for clients, a job-aid and reference manual for providers; a training resource. Its format allows easy interaction with clients? one page faces the client (with simple information on key issues for the client to consider) and a corresponding page faces the provider (with key points and detailed reference information). Health-care providers can use it step-by-step to help clients make informed choices that suit their needs.

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

  This brief focuses on the following points:

  - Tailor interaction to the individual. Clients fall into four categories with different needs:
    - New clients who know what method they want,
- New clients who need help choosing a method,
- Satisfied method users returning for supplies or routine follow-up,
- Clients returning with problems or concerns.

- It takes two. Both the client and the provider need to communicate effectively.
- Providers should listen actively, assess and meet clients’ needs for information and support, respect their decisions, and facilitate method use.
- Clients should participate actively in a dynamic interaction, providing essential information, asking questions, expressing preferences and concerns.
- Programs should support and reward good CPI as a clear expectation.

- **LTPM Counseling Tools: Vasectomy Cue Cards**
  A diagram of male reproductive system before and after vasectomy.

- **Sterilization for Women: Tools for Creating Choices**
  This package of materials contains communication tools and job aids to support women in female sterilization.

- **Sterilization for Men: Tools for Creating Choice**
  This package of materials contains communication tools and job aids to support men in male sterilization.

**Communication**

Often people learn about female and male sterilization directly from other people?friends, neighbors, relatives, or co-workers. Thus, satisfied sterilization clients w
will help inform others of the benefits of these methods.

Additionally, information in the mass media can be an effective way to reach many potential users of vasectomy, delivering accurate information on the procedures, mechanism of action, and side effects.

Family planning providers also play an important role in communicating accurate information about permanent contraceptive methods to communities during the client-provider interaction and outreach activities.

This section of the Permanent Methods Toolkit includes communication materials, such as brochures and posters used in many countries, including Bolivia, India, Uganda, and Zambia, that other programs can use as samples to help develop their own materials. This page contains general communication resources and guides to give family planning programmers a better understanding of how to develop and implement strategic communication programs. Also included in this section of the Toolkit are advocacy materials that emphasize the benefits of long-acting and permanent methods.

To access general family planning advocacy materials, please visit the Family Planning Advocacy Toolkit.

Have a suggested resource or comment about this section? Please visit our feedback form.

Resources:

- **The P-Process: Five Steps to Strategic Communication**

  The P-Process is a framework designed to guide communication professionals as they develop strategic communication programs. This step-by-step road map leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

  The P-Process is used to develop communication programs addressing a wide range of topics such as encouraging safer sexual behavior to prevent HIV transmission, promoting
child survival, reducing maternal mortality, increasing contraceptive prevalence, preventing infectious diseases, or promoting environmental health.

Used successfully around the world to design health communication programs since 1982, the original P-Process has now been revised to reflect the overall evolution in the field of strategic communication in the past decade.

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

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

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

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

C-Modules: A Learning Package for Social and Behavior Change Communication
The C-Change project created this learning package for facilitated, face-to-face workshops on social and behavior change communication (SBCC). The package includes a series of six modules for communication practitioners working in development. A facilitator’s guide accompanies each module. The C-Modules contain the following downloadable documents:

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

The Introduction Module, numbered 0, outlines the overall SBCC framework, including the five steps of C-Planning for SBCC (see graphic). Each of the next five modules focuses on one distinct step of the SBCC planning process: Module 1: Understanding the Situation Module 2: Focusing & Designing Module 3: Creating Module 4: Implementing & Monitoring Module 5: Evaluating & Replanning

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

Population Reports is designed to provide an accurate and authoritative overview of important developments in family planning and related health issues. This issue looks at how managers of family planning (FP) programs can build effective behavior change communication (BCC) programs.

• Tools for Behavior Change Communication (INFO Reports)

The tools in this issue of INFO Reports are meant to help with planning and developing a BCC component in family planning programs. The same tools can be used, however, for any health or development-related BCC program. This report is part of a set of publications on behavior change communication. Other publications in the set are Population Reports, Communication for Better Health, and INFO Reports, Entertainment-Education for Better Health.

• Mobile for Reproductive Health (M4RH) Project
m4RH uses text messages to deliver evidence-based information on family planning. A demonstration is included. This source about a developing country is currently not peer-reviewed.

Communication Materials on Permanent Methods

This section of the Toolkit provides a variety of communication materials for female and male sterilization, such as brochures, leaflets, and posters used in many countries, including Bolivia, India, Uganda, and Zambia. Other programs can use materials as samples to help develop their own materials.

Counseling tools and other provider job aids can be accessed in the Service Delivery section of the Toolkit.

Resources:

- Health Education Materials for the Workplace Toolkit
This toolkit contains three types of materials to provide family planning messaging specifically for workplaces, including mini-posters, handouts, and supplemental materials.

• **Permanent Methods Posters - India (Hindi)**

These posters were developed in Hindi as part of the RESPOND LA/PM private sector activity in Uttar Pradesh (UP) focused in Kanpur. They cover vasectomy and tubal ligation respectively. English translation is provided below.

**NSV Poster**

Headline ? Make a Smart Decision?

Body copy ? I am still enjoying my married life after accepting NSV. NSV does not affect my sexual performance or ejaculation.

Call to action ? For this smart decision contact the health coordinator of your company today.

**TL Poster**

Headline ? Make a Smart Decision?

Body copy ? We chose tubectomy since we are happy with our family size. Now I don’t have to worry about getting pregnant, and my husband and I enjoy tension-free married life.

Call to action ? For this smart decision contact the health coordinator of your company today.

• **The Right Decision at the Right Time: Dispelling Myths around NSV in India**

This film is meant to expand awareness and acceptance of NSV as part of a series of behavior change communication (BCC) materials that focus on couples who have completed their families. It uses the results of an earlier research study, *Factors Affecting Acceptance of Vasectomy in Uttar Pradesh: Insights from Community-Based, Participatory Qualitative Research*, which was conducted to understand the reasons for the low prevalence of vasectomy and develop an approach for increasing demand for the procedure.

Specifically the film seeks to:

- Establish NSV as a simple and painless family planning option that does not affect sexual
performance
○ Address negative attitudes toward vasectomy (e.g., impact on sexual performance and physical weakness that limits a man's ability to provide for his family).
○ Provide insights into the potential benefits of NSV through positive testimonials from Indian men and women from different walks of life.
○ Provide accurate information about the procedure and motivate men/couples to consider this permanent method.

NSV Informational Brochure and Poster (Hindi)

TEXT FOR THE NSV POSTER

The NSV procedure takes 10 - 20 minutes.

A man can walk home in an hour after the procedure.

There is minimal/hardly any pain (na ke barabar dard) during the NSV procedure.

Erection and ejaculation remain the same after the procedure.

TEXT FOR BROCHURE

1. What is NSV?
   ○ NSV is a permanent method of contraception for men.
   ○ It takes 10?20 minutes to complete the NSV procedure.
   ○ A man can walk home on his own an hour after the procedure.

2. Does NSV reduce sexual ability and ejaculation?

   Sexual ability and ejaculation continue to be the same after a man accepts NSV. As shown in the diagram, seminal fluid and sperm are produced in different glands. During the NSV procedure, the vessel that carries sperm is blocked, whereas the vessels that produce seminal fluid remain intact. Hence, ejaculation remains the same after NSV. The nerves and vessels that control erection are not tampered with during NSV. Hence, after NSV, the beneficiary has a normal erection.

3. Does NSV cause physical weakness?

   In NSV, an incision is not done. In this procedure, a small puncture is made in the scrotum; this causes almost no blood loss. After the procedure, an adhesive bandage is used at the puncture site. Hence, due to almost no blood loss, NSV does not cause physical weakness.

4. What are the main aspects that make NSV effective?
   ○ After NSV, a couple can have sex as they desire after two to three days. But it is
necessary to use a condom or some other contraceptive for three months after the procedure.
- After taking two days rest, the beneficiary can start normal work. However, he should not start cycling or using spade until after seven days. To compensate for the wage loss, the Government of India is paying Rs. 1100 to the beneficiary.

5. Where and when should one go for NSV?
- If you are satisfied with your family size, then you can go for NSV now, because your wife could conceive tonight.
- NSV services are available free of cost at district hospital and community health centers.

• Do You Know Your Family Planning Choices: Wall Chart

*Do You Know Your Family Planning Choices*, also called the Family Planning Wall Chart, was adapted from the *Global Handbook* and contains key information for clients about contraceptive methods and options. The wall chart is intended for healthcare providers to use as a reminder for themselves and as an education tool for their clients.

• Balanced Counseling Strategy - Permanent Methods Brochures

The Balanced Counseling Strategy (BCS) is a practical, interactive, client-friendly counseling strategy that uses three key job aids (visual memory aids) for counseling clients about family planning. The BCS toolkit incorporates the latest international family planning norms and guidance as recommended by the World Health Organization, including the 2004 Medical Eligibility Criteria for Contraceptive Use and the 2007 *Family Planning Global Handbook*. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions.

The BCS toolkit is available in English, French, and Spanish upon request from publications@popcouncil.org

• TV spot: No Scalpel Vasectomy (India)

Phase Two of the Innovations in Family Planning Services Project (IFPS II) led by Futures Group is a six-year project funded by USAID that addresses reproductive and child health activities at the national level and in three states in northern India (Uttar Pradesh, Uttarakhand and Jharkhand). The IFPS II project focuses on developing, documenting, and
leveraging public-private partnerships to provide high quality family planning and maternal and child health services.

• 'Why is this man smiling?' Vasectomy Promotion Campaign

In 2003, the Ghana Health Service, the U.S. Agency for International Development (USAID) Mission in Ghana, and EngenderHealth (under its former cooperative agreement) collaborated on a pilot program in Accra and Kumasi metropolitan areas to explore whether vasectomy is a viable contraceptive choice when site interventions that focus on issues of quality and access are coupled with effective and strategic interventions aimed at public awareness. The aim was to make this method available and put the choice into the hands of Ghanaian couples. The ACQUIRE Project later joined the initiative by providing technical assistance to design and carry out the communications campaign and community outreach and to evaluate the results of the project and the supply-demand approach.

To stimulate demand for services, marketing/communications approaches were combined with community mobilization activities. A communications strategy was developed, based on results from qualitative research conducted by EngenderHealth in 2001 on clients' perceptions of vasectomy. Among the key findings from the assessment were:

(1) Users of vasectomy were very satisfied with the method.

(2) Nonusers had very negative attitudes toward vasectomy.

(3) Men who were aware of vasectomy frequently had incomplete or incorrect information about the procedure.

(4) The primary misconception was that vasectomy is ?castration.?

Based on these findings, a campaign was designed to:

- Create awareness of and a positive image for vasectomy

- Provide correct information on vasectomy?NSV in particular?and educate both men and women about its benefits

- Increase awareness of the names and locations of sites where NSV services are available

Encourage acceptance of vasectomy by using testimonials from satisfied clients.

The campaign included print materials as well as a television campaign to provide correct information on no scalpel vasectomy (NSV) and to educate both men and women on its benefits. The commercials sought to create a positive image for NSV, and to encourage acceptance of NSV by using a "testimonial approach" featuring satisfied users. Two different commercials were produced and aired. Both commercials shared the same communications objective and featured the campaign theme line of...."Why is this man smiling? Vasectomy:
Give yourself a permanent smile.

- "I've got all the children I want" - Long-term and permanent family planning poster
  This poster focuses on long-term and permanent family planning methods - tubal ligation, IUD and Jadelle implant.

- Marie Stopes Ligation: Your guide to permanent contraception brochure
  This brochure focuses on the Marie Stopes Ligation (MSL), which is a method of female voluntary surgical contraception performed under local anaesthetic in Marie Stopes International (MSI) centers.

- Salud de la Comunidad de Marketing trabajador / Materiales de promoción [Community Health Worker Marketing/Promotional Materials]
  Estos materiales de marketing / promoción son para su uso por los trabajadores comunitarios de salud en Bolivia. [These marketing/promotional materials are for use by community health workers in Bolivia.]

- Sterilization for Women: Tools for Creating Choices
  This package of materials contains communication tools and job aids to support women in female sterilization.

- Sterilization for Men: Tools for Creating Choice
  This package of materials contains communication tools and job aids to support men in male sterilization.
Voluntary Surgical Contraception - Leaflet and Poster

A leaflet and poster on voluntary surgical contraception from Pakistan in Urdu. (English translation forthcoming.)

• MSI Permanent Contraception Brochures

A pair of brochures on tubal ligation and no-scalpel vasectomy from Marie Stoped International covering points of information including effectiveness, advantages, side effects, complications and risks, as well as a description of the procedure and post-op recommendations.

• Ligadura de Trompas [Tubal Ligation]

El material de comunicación se centra en la ligadura de trompas y los cuidados necesarios después de este procedimiento. [This communication material focuses on tubal ligation and the necessary care after this procedure.]

• Métodos Anticonceptivos [Contraceptive Methods]

Esto pone de relieve los materiales de comunicación: la anatomía masculina y femenina y la fisiología, de cuello uterino y el cáncer de mama, los métodos anticonceptivos hormonales, los métodos de barrera, métodos intrauterinos, la ligadura de trompas y la vasectomía. [This communication material highlights: male and female anatomy and physiology, cervical and breast cancer, hormonal contraceptive methods, barrier methods, intrauterine methods, tubal ligation, and vasectomy.]

• Colección de Materiales de Comunicación para la Salud [Collection of Health Communication Materials]

Esta colección de materiales de salud se incluye información para la comunicación en: los
Effective Sterilization Communication Activities

Female and male sterilization are safe, highly effective methods of contraception. Yet in some parts of the world, myths and misconceptions about sterilization prevent acceptance and wider adoption of this method. This section of the Toolkit sheds light on ways to effectively communicate with the public about female and male sterilization in order to increase knowledge and acceptance of this family planning option.

Resources:

- Factors Affecting Acceptance of Vasectomy in Uttar Pradesh: Insights from Community-Based Participatory Research
The RESPOND Project partners EngenderHealth and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU?CCP) are providing technical assistance to the Government of Uttar Pradesh (GoUP) to expand awareness of, acceptance of, and access to no-scalpel vasectomy (NSV) services.[1] A participatory ethnographic evaluation research (PEER) study was commissioned to understand the reasons for the low prevalence of vasectomy in Uttar Pradesh and to contribute to developing an approach for increasing demand for the procedure. Specific study objectives included:

1. Identifying levels of knowledge about, attitudes toward, and perceptions of NSV by various groups
2. Identifying how men who have undergone vasectomy and their partners are perceived by other community members
3. Understanding quality of care issues in private and public facilities and the role that financial reimbursements play in influencing a client to accept NSV
4. Assessing the nature of spousal communication around the decision to use family planning, and NSV in particular
5. Providing information that will enable the project to tailor messages to promote NSV in terms of the benefits of the method and the ways in which it can improve couples? lives

The PEER method is a qualitative anthropological approach based on the idea that trust with a community is essential for researching social life. Community members, therefore, are trained to carry out in-depth interviews with three friends and/or other peers selected by them. All questions are asked in the third person, in terms of what others like them say or do but never about themselves directly, so that respondents will feel free to speak about what they hear or know about others within their social network. The method allows for information to be collected over a short period of time and provides insights into how people understand and negotiate behaviour. The method tends to reveal contradictions between social norms and actual experiences.

The study was carried out in rural Kanpur, Uttar Pradesh, India, where 25 community members (13 women and 12 men) were trained in the PEER process. Following the training, they returned to their villages, and all 13 women and 10 of the men interviewed three of their friends (conducting 68 interviews in all), using interview guidelines developed during the training. Each peer researcher was to meet with his or her peers three times to discuss:

1. Family and family size
2. Family planning and family planning methods
3. Male sterilisation

[1] NSV is a refined approach for isolating and delivering the vas for male sterilisation. The technique uses vasal block anesthesia and specially developed instruments to access the vas without the need for either a scalpel to incise the scrotum or sutures to close an incision. NSV results in fewer complications, causes less pain than conventional vasectomy approaches, and allows quicker return to sexual activity.

- **Revitalizing Underutilized FP Methods: Using Communication and Community Engagement to Stimulate Vasectomy Demand**

  This series of briefs looks at ACQUIRE's integrated demand efforts (community and communications) for vasectomy in three countries - Honduras, Bangladesh and Ghana.

- **Promoting Vasectomy in Honduras**

  A PowerPoint presentation about an NSV promotion initiative in Honduras.

- **E&R Study #5 Factors Affecting Vasectomy Acceptability in the Kigoma Region of Tanzania**

  This study, a collaboration between the ACQUIRE Project and Family Health International, explores factors contributing to vasectomy use in the region, to refine existing vasectomy programs and to replicate and scale up best practices and lessons learned from the study sites to areas of low vasectomy acceptance. The qualitative research focused on client perspectives could be useful for other communication campaigns.

- **Impact of a Mass Media Vasectomy Promotion Campaign in Brazil**
This article focuses on a mass media campaign that promoted vasectomy in three Brazilian cities, São Paulo, Fortaleza and Salvador. The campaign consisted of prime-time television and radio spots, the distribution of flyers, and electronic billboard and public relations activities.

LA/PM Advocacy Tools

The materials in this section of the Toolkit make the case for female and male sterilization as safe and highly effective permanent methods of contraception. These tools for forecasting family planning trends and ready-to-use informational briefs can be used by advocates, program managers, decision makers, and others to inform donors, policy makers, and other key stakeholders about the benefits of offering these permanent methods.

Resources:

•  

  A Matter of Fact, a Matter of Choice: The Case for Investing in Permanent Contraceptive Methods

  This report provides data on use of permanent methods, analyzes challenges to their wider availability, and describes programming approaches that have resulted in widespread, equitable provision of permanent methods at a national scale in Malawi and Tanzania. The paper argues that making permanent methods widely available and equitably accessible as a voluntarily chosen method option in low-resource countries is not only feasible, cost-effective, and popular with clients?it is an ethical imperative.

•  

Strategies to increase use of long-acting and permanent contraception: Policy brief

The most effective methods of contraception are frequently the least available. These long-acting and permanent methods (LAPM) include the intrauterine device (IUD) and the progestogen implant, as well as male and female sterilization. The IUD and progestogen implant are reversible, and may also be referred to as long-acting reversible contraception (LARC). These methods are useful for couples wishing to space pregnancies. Male and female sterilization are permanent methods for couples who have completed childbearing. LAPM is used broadly to refer to all methods.


This guide seeks to enhance family planning professionals? ability to forecast family planning trends, to set realistic targets, and to quantify the numbers of clients and commodities required to reach these targets, through the use of Reality ?. This guide is based on experiences and lessons learned during Reality ? trainings conducted by EngenderHealth in Bangladesh, Ghana, Malawi, New York, Tanzania, and Uganda.

Before beginning the training, it is important that the trainers read the entire guide to understand how it is organized and what it contains. To fully prepare training participants to use Reality ? independently, the trainers should conduct all activities (unless an activity is indicated as optional). This Trainer?s Guide is designed to accompany the Reality ? User?s Guide (RESPOND Project, 2010), which provides detailed information about the tool itself.

Reality ?: A planning and advocacy tool for strengthening family planning programs: User's Guide

The tool was also designed to be a stand-alone product that could be used in low-resource settings, where high-capacity Internet connections or high-level programming skills may not be available. Anyone with basic Excel skills will be able to use the tool. Beneficiaries of the tool could include planners and administrators from Ministries of Health and other key agencies at the national, provincial, or district levels, as well as family planning programmers
Quality data are critical for advocating for funding to meet family planning program needs, setting program goals, and identifying the human and material resources necessary to meet those goals. Projecting contraceptive use is essential for setting realistic yet ambitious family planning service goals and planning for the resources a program will require in the future. Sound programming requires data so that the goals and activities selected are appropriate and evidence-based. But family planning program designers, managers, and implementers are often not equipped with the data or tools needed to make realistic programming decisions.

Reality ? is an easy-to-use Excel-based tool developed by The ACQUIRE Project and EngenderHealth that can be used to generate data for evidence-based advocacy and strategic planning. The tool can be used to set realistic family planning goals, plan for service expansion to meet program objectives, and evaluate alternative methods for achieving specific goals. The Reality ? tool helps users plan based on informed estimates of contraceptive need, and thus it can be used as an important advocacy tool for illustrating both unmet need as well as the inputs required to achieve set goals. A key feature of the tool is that it enables users to quickly test future scenarios for a program, including whether current goals are achievable or feasible. It can help managers better understand the costs of continuing to rely on a particular method in a program, as well as the potential benefits of expanding the method mix to promote use of more effective contraception.

Vasectomy Advocacy Package: Safe, Cost-Effective and Underutilized

Vasectomy is safer, simpler, and less expensive than female sterilization?and is just as effective?yet it remains one of the least known and least used methods. Worldwide, an estimated 43 million couples rely on vasectomy; by comparison, nearly 210 million women rely on female sterilization. In this brief, the ACQUIRE Project looks at what is behind this relative neglect of vasectomy, the rationale for programs to pay attention to vasectomy, strategies for improving awareness and correct information about the method, and the need to create male-friendly services.

Long-Acting and Permanent Methods of Contraception:
Without Them, A Country's Development Will Be Low and Slow

No, the job is not done yet?far from it: Although a number of Sub-Saharan African countries have made good progress in family planning (FP), success is fragile. Today, fewer than one of every seven Sub-Saharan African women (14%) use any modern method of contraception (PRB, 2006), while in almost every country there is still a large unmet need for FP, both for delaying the next birth for two or more years and for limiting further births.

• Long-Acting and Permanent Methods: Addressing Unmet Need for Family Planning in Africa

All individuals and couples have a basic human right to decide freely and responsibly the number, spacing, and timing of their children. Fulfilling this right is an important intervention for improving maternal and child health, preventing HIV infections, and improving the overall well-being of entire families. Yet, only a small proportion of women in Africa who want to space or limit their pregnancies are using any form of family planning. Among those who are using contraception, most are using short-acting methods, such as oral contraceptives and injectables.

Women and couples who want safe and effective protection against pregnancy would benefit from access to more contraceptive choices, including long-acting and permanent methods (LAPMs). LAPMs are convenient for users and effectively prevent pregnancy. They are also cost-effective for programs over time, can result in substantial cost savings for governments, and contribute directly to reaching national and international health goals. Despite these advantages, LAPMs remain a relatively small, and sometimes missing, component of many national reproductive health and family planning programs.

• Save Lives, Alleviate Poverty, Spur Development: Invest in Long-Acting and Permanent Methods of Contraception

This advocacy brief looks at the continued need for effective, modern family planning, specifically long-acting and permanent methods of contraception (LAPMs), within the context of individual health and well-being as well as international development. It presents LAPMs as vital options for clients and programs and outlines key actions that can be taken by national policy makers and public health personnel in developing countries, along with leaders in the international donor and multilateral communities to invest in and sustain support for FP in general and for LAPMs in particular.
Contraceptive Security: Incomplete without Long-Acting and Permanent Methods

This advocacy brief makes the case that contraceptive security activities must include the procurement and management of supplies, equipment, commodities, training, and other components necessary to reliably and equitably provide long-acting and permanent contraceptive methods.

Vasectomy: The Unfinished Agenda

This paper is meant to inform programming for vasectomy as well as to advocate for greater attention to vasectomy services within family planning programs. We consider the status of vasectomy today and situate vasectomy within the context of the need for repositioning family planning. This presentation offers important lessons learned over the past several decades about effective vasectomy services, as well as what causes the widespread barriers to vasectomy’s greater availability and use and how best they can be removed. A better understanding of these barriers and lessons learned, coupled with sustained commitment of attention and resources, can result in greater use of vasectomy.

Long-Acting and Permanent Methods of Contraception: Meeting Clients’ Needs

This Issue Brief looks at Long-acting and Permanent methods:

Intrauterine devices (IUDs), implants, female sterilization, and vasectomy. IUDs and implants are long-acting temporary methods; when removed, return to fertility is prompt. Copper-containing IUDs, the ones generally available in African Ministry of Health (MOH) family planning programs, are effective for at least 12 years, although they are labeled for 10 years. Implants, depending on the type, last for up to three to seven years. Female sterilization, or tubal ligation, and vasectomy are permanent methods.

Ensuring LA/P methods are available is important to meeting people’s needs. Experience in countries where LA/P methods are available shows that they are highly popular:

- Female sterilization is the most widely used method of contraception worldwide, accounting for approximately 20 percent of all contraception.
- The second most popular method is the IUD, used by 150 million women.
Vasectomy is the fourth most popular method, after oral contraceptives, and is simpler and safer than female sterilization.

One reason these methods are so popular is that they are highly effective; another is that they do not require daily use or repeated visits to obtain resupply.

- **Sterilization for Men: Tools for Creating Choice**

This package of materials contains communication tools and job aids to support men in male sterilization.

- **Sterilization for Women: Tools for Creating Choices**

This package of materials contains communication tools and job aids to support women in female sterilization.

## Country Experiences

Family planning programs that offer permanent methods can learn from each other's experiences to help set up new programs, strengthen existing programs, and avoid potential costly pitfalls. This section of the Permanent Methods Toolkit compiles a number of country and program experiences with:

- Introducing and implementing family planning programs that include sterilization in the method mix using a number of different service delivery models,
- Using communication strategies to stimulate demand for these methods, and
- Selecting different approaches to training.
Experiences With Introducing & Implementing Sterilization

This section of the Toolkit shares the experiences of family planning programs around the world that have implemented male and female sterilization programs. The resources available here highlight different service delivery models and approaches, share the results of program impact assessments, and offer valuable lessons learned.

Resources:

- **Promoting Vasectomy Services in Burundi (French)**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Burundi.

- **Promoting Vasectomy Services in Haiti (French)**
These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Haiti.

- **Promoting Vasectomy Services in Ethiopia**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Ethiopia.

- **Promoting Vasectomy Services in Malawi**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Malawi.

- **Promoting Vasectomy Services in the Philippines**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from the Philippines.

- **Promoting Vasectomy Services in Rwanda**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Rwanda.

- **Promoting Vasectomy Services in Uganda**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Uganda.
No-Scalpel Vasectomy: Scale-up Approach in Rwanda Shows Promise

This series of resources discusses a promising scale-up approach to no-scalpel vasectomy in Rwanda.

- Adapting an Employer-Based Approach to Support Increased Access to and Use of LA/PMs

This brief describes how The RESPOND Project implemented an employer-based approach to introduce family planning and LA/PMs to companies in the large industrial sector in Kanpur, Uttar Pradesh, India.

- Expanding Long-Acting and Permanent Contraceptive Use in Sub-Saharan Africa to Meet FP2020 Goals

Short-term family planning methods have traditionally been used here, and long-acting reversible contraceptives and permanent contraceptive methods (LARC/PM) have been under-utilised despite their effectiveness and low cost. To increase women’s contraceptive choice and address the unmet need in sub-Saharan Africa, Marie Stopes International (MSI) has implemented a cross-country LARC/PM expansion programme. This study evaluated the effectiveness of the programme in expanding access to a range of LARC/PM and addressing the unmet need in 11 sub-Saharan African countries between 2008 and 2012.

- Kenyan Family Planning Providers Leverage Local Resources to Train Their Peers on Long-Acting and Permanent Methods

This project brief describes an innovative approach designed to quickly and sustainably increase the number of providers prepared to offer LA/PMs, while fostering ownership and sustainability by leveraging local resources for training.

- Marie Stopes Vasectomy: Expanding Access in
Bangladesh

This publication focuses on an innovative outreach program to deliver vasectomy and other family planning services to underserved urban and rural areas of Bangladesh. It discusses how MSI’s successful expansion of vasectomy services in Bangladesh provides a useful example of how male contraceptive use can be increased through better access to high-quality services.

Increasing Access to Family Planning: The Case for Task-Shifting Female Surgical Contraceptive Services

Task-shifting (also known as task-sharing) is a process of delegating tasks to less-specialized health workers, to reorganize work and use human resources more efficiently. Task-shifting of surgical procedures to mid-level cadres has improved access to lifesaving interventions and has been ranked as a cost-effective way to address shortages of highly skilled medical professionals and improve access to services. This brief reports on Tanzania’s experience task-shifting minilaparotomy services to clinical officers.

Revitalizing Underutilized Family Planning Methods: Assessing the Impact of an Integrated Supply-Demand Vasectomy Initiative in Ghana

In 2003, the Ghana Health Service, the U.S. Agency for International Development (USAID) Mission in Ghana, and EngenderHealth collaborated on an initiative in the Accra and Kumasi metropolitan areas to improve acceptance of vasectomy by coupling site interventions that focus on quality and access (supply-side interventions) with effective and strategic interventions aimed at increasing public awareness (demand-side interventions). This document describes that initiative and discusses the impact and the lessons learned.

Introducing Sustainable Vasectomy Services in Guatemala

This article discusses the use of vasectomies as a birth control method in Guatemala. It describes the benefits of vasectomies as opposed to female sterilization which include: cost, less postoperative complications and faster recovery time. In addition, it analyzes how couples became aware of the vasectomy option and how they decided whether or not to seek
Increasing Male Involvement in Family Planning Through No-Scalpel Vasectomy

This resource focuses on a program that sought to increase male involvement in family planning through no-scalpel vasectomy (NSV). It explains the rationale for promoting NSV and the strategies that were adopted to implement the NSV program in the Philippines.

Organizing a Public-Sector Vasectomy Program in Brazil

Although models of high-quality FP services for men exist in Latin America, few if any have been organized within the complex and resource-constrained national public health systems. This study provides evidence from the Santa Barbara project in southern Brazil showing how vasectomy was introduced into the municipal health system. It demonstrates that once the necessary operational and quality-of-care improvements were in place, and sufficient political and technical support existed to proceed, it was possible to establish low-cost, well-used, and sustainable vasectomy services free of charge. Careful attention to the development of strong technical competence and an informed choice process resulted in high user satisfaction. Focus-group discussions with men who underwent vasectomy indicate that they had no objection to being served in the context of a women’s health center and that they act as opinion leaders who draw an increasing clientele to the service.

Female sterilization in Nepal: A Comparison of Two Types of Service Delivery

This article examines the differences in the social and demographic characteristics and quality of care between permanent and seasonal or mobile service delivery sterilization sites in Nepal.

Operations Research on Promoting Vasectomy in Three Latin American Countries

This article discusses data from six operations research projects in Brazil, Colombia and Mexico suggest that potential vasectomy clients come from a well-defined population of
relatively young, well-educated men who have small families and are already practicing contraception. It explains that promoting vasectomy through mass media campaigns can be particularly effective in urban centers that have high-quality, accessible services.

- **A Successful National Program for Expanding Vasectomy Services: The Experience of the Instituto Mexicano del Seguro Social**

  This paper describes the innovative strategies adapted by IMSS to improve the availability and use of vasectomy. These strategies included: introducing and adopting no-scalpel vasectomy as the program's standard technique; conducting training at the service sites for all personnel involved with vasectomy services using a novel "site training" approach; removing barriers by providing access to vasectomy at the primary-care level; and providing ongoing supervision and technical support to the local service delivery sites.

- **Promoting Vasectomy Services in Kenya**

  These resources, produced with support from the Evidence Project, can help advocates, program managers, service providers and policymakers to promote the evidence-based practice of vasectomy. Includes vasectomy evidence from Kenya.

- **Vasectomy and National Family Planning Programs in Asia and Latin America**

  This paper concentrates on the different patterns of vasectomy provision and use in two regions - Asia and Latin America. It discusses the many reasons for the differences including: availability of technology, access to health care, and the interaction between maternal and child health and family planning in each region.

- **Tajikistan: Choosing Long-Term Contraception**

  This article discusses the option of voluntary surgical contraception (VSC) for women in Tajikistan.
Addressing Awareness & Acceptability

The publications in this section of the Toolkit share the experiences of a range of countries with assessing and increasing awareness and acceptability of female and male sterilization. The strategies, approaches, and lessons learned shared here can inform health communication and community sensitization activities related to female and male sterilization around the world.

Resources:

- **Family Planning in Haiti: Not Just Women's Responsibility**

  This success story shares a story of a man that selected a vasectomy after fathering two children in Haiti.

- **Views on Family Planning and Long-Acting and Permanent Methods: Insights from Cambodia**

  In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. These countries were chosen because they are USAID priority countries and because they represent not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports the results of the research in Cambodia and reviews some recommendations that the Cambodian government and nongovernmental organizations working in Cambodia should consider to meet the challenges inherent in attaining MDG No.
5.

- **Views on Family Planning and Long-Acting and Permanent Methods: Insights from Malawi**

In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. These countries were chosen because they are USAID priority countries and because they represent not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports the results of the research in Malawi and reviews some recommendations that the Malawian government and nongovernmental organizations working in Malawi should consider to meet the challenges inherent in attaining MDG No. 5.

- **Views on Family Planning and Long-Acting and Permanent Methods: Insights from Nigeria**

In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. These countries were chosen because they are USAID priority countries and because they represent not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports the results of the research in Nigeria and reviews some recommendations that the Nigerian government and nongovernmental organizations working in Nigeria should consider to meet the challenges inherent in attaining MDG No. 5.

- **Revitalizing Underutilized Family Planning Methods: Using Communication and Community Engagement to Stimulate Demand for Vasectomy in Honduras**

In 2003, ACQUIRE began a collaboration with the MOH to develop public-sector capacity in no-scalpel vasectomy (NSV) service delivery and, ultimately, to increase NSV service use and prevalence. As vasectomy services were virtually nonexistent in the public sector, their introduction was a significant advance in FP efforts. The ACQUIRE Project introduced its Supply-Demand-Advocacy (SDA) Program Model for FP / RH Service Delivery to coordinate and synchronize mutually reinforcing components -- supply, demand, and advocacy -- that affect the acceptance of FP services. This publication addresses ACQUIRE's country-level
work on SDA in promoting NSV in Honduras, focusing particularly on communications for demand creation and advocacy. Lessons learned were that most significant increases in demand for vasectomy correspond to campaign periods where multiple communication channels are used, that supply-side readiness determines whether demand can be met, and that communications efforts need to be sustained over time. Minimal investment and periodic media bursts should be considered to maintain demand for services.

- **Vasectomy in Tanzania (Family Health Research: Long-Acting and Permanent Methods)**

  This article focuses on a study that examines the acceptability of vasectomy among men and women in Tanzania. It discusses the number of reasons vasectomy is chosen as well as highlights the barriers to acceptance of vasectomy.

- **Factors Affecting Vasectomy Acceptability in the Kigoma Region of Tanzania**

  This study, a collaboration between the ACQUIRE Project and Family Health International, explores factors contributing to vasectomy use in the region, to refine existing vasectomy programs and to replicate and scale up best practices and lessons learned from the study sites to areas of low vasectomy acceptance.

- **Community Awareness of and Attitudes toward Long-Acting and Permanent Contraception in Guinea**

  Little recent literature exists to explain the low prevalence of family planning in Guinea. To learn more about demand and supply issues around family planning in Guinea, the ACQUIRE Project, with technical assistance from FHI 360, undertook a research project to identify community awareness of and barriers to the use of long-acting and permanent methods of family planning.

- **Increasing Awareness and Access to Long-Term and Permanent Methods Through Clinic Franchising & Health Fairs in Nepal**
In 2003, PSI/Nepal created the Sun Quality Health Network (SQH) to enhance the quality of family planning services in the private sector, and increase access to a range of methods, including IUDs. This case study describes the marketing and social franchise model that has offered providers with opportunities for extensive training and on-going support and supervision in IUD provision.

'Get a Permanent Smile' -- Increasing Awareness Of, Access To, and Utilization of Vasectomy Services in Ghana

In 2003, the Ghana Health Service, the U.S. Agency for International Development (USAID) Mission in Ghana, and EngenderHealth (under its former cooperative agreement) collaborated on a pilot program in Accra and Kumasi metropolitan areas to explore whether vasectomy is a viable contraceptive choice when site interventions that focus on issues of quality and access are coupled with effective and strategic interventions aimed at public awareness. The aim was to make this method available and put the choice into the hands of Ghanaian couples. This publication describes the program and its approach and strategies, the results, and lessons learned.

Training Approaches

The materials in this section of the Toolkit share the training approaches used by family planning programs implementing male and female sterilization services in several parts of the world. These training methods, and the lessons learned shared in these reports, can inform the development of training curricula and strategies for other family planning programs that plan to offer permanent contraceptive methods.

Resources:
The Female Sterilization Standardization Plus Initiative: Building Capacity for Providing Minilaparotomy in Four Countries

While a large number of couples in developing countries have an unmet need to limit future births, many of these countries lack easy access to female and male sterilization services. RESPOND undertook an activity to increase service providers’ capacity to deliver high-quality female sterilization services in four countries in Africa. Its objective was to standardize the skills of minilaparotomy trainers in Ethiopia, Ghana, Kenya, and Malawi, who would then conduct cascade trainings with additional providers in their home countries.

• Repositioning Family Planning: Rwanda's No-Scalpel Vasectomy Program

This brief discusses the Capacity Project's development of a vasectomy in-service training program at district hospitals in Rwanda. It touches on many of the details of the program including:

- the role of vasectomy in Rwanda’s family planning (FP) program
- building human resources for health (HRH) capacity to increase FP service delivery access
- sensitizing local stakeholders and communities to vasectomy
- successes in meeting No-Scalpel Vasectomy (NSV) demand
- client satisfaction
- increasing male involvement in FP
- cost of capacity building
- key successes and recommendations

• Service Delivery-Based Training for Long-Acting Family Planning Methods: Pathfinder International in Ethiopia
This paper describes Pathfinder's unique method of recruiting potential long-acting family planning (LAFP) clients through community health workers and mobilizing them to attend training sessions. Through this method, Pathfinder has been able to provide 47,637 clients with IUCDs and implants and trained 1,158 providers in these methods.

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