

***Technical Session:  
Elements of  
Community-based Family  
Planning Programs***

RFA Conference Technical Session  
Child Survival Health Grants Program (GH/HIDN)  
(GH/HIDN)  
September 8, 2003

# Session Presenters

- *Susan Wright* — Private Sector Team Leader for GH/PRH/SDI
- *Victoria Graham* — Sr. PVO/NGO Technical Advisor
- *Virginia Lamprecht* — PVO/NGO Technical Advisor

All presenters are members of USAID's *Service Improvement Division* (SDI) in the Office of Population and Reproductive Health (GH/SDI/PRH)

# Session Content

- USAID priorities for FP
- Informed Choice
- ‘Quality of Care’ in FP programs
- Illustrative Results Framework
- Assessments to conduct during design phase
- Sharing experiences:
  - Maintaining contraceptive supply
  - Providing adequate supervision
- Questions and Answers/ Discussion

# USAID FP/RH Priorities

- Assist couples to meet their reproductive goals through the use of FP methods
- Meet the FP needs of women/couples throughout their reproductive years
- Assure informed choice and high quality services
- Encourage involvement of all members of society, including 'special' populations (e.g. men, youth, disabled, refugees, marginalized)

# Informed Choice

- Basis for individual decision-making process by which clients obtain or decline services and products, whether to seek follow-up or referral, or consider future options
- Fundamental right of the client(s)
- Key element in FP delivery

# Why is Informed Choice critical?

- Clients who make voluntary choices are more likely to be satisfied with their chosen method
- They are more likely to continue using their chosen method

Informed decision-making requires the provider to:

- Respect the individual's choice and autonomy
- Provide information about a broad range of methods, services, services, and chosen method
- Allow the client sufficient time for to consider options and the the right to reconsider at any time

# Quality of Care in FP Programs: Six Elements

- Incorporation of FP into an appropriate constellation of FP/RH services available
- Interpersonal skills of providers
- Choice of methods available
- Completeness and accuracy of information provided to clients
- Technical competence of providers
- Continuity and follow-up by providers

# Why is providing and maintaining Contraceptive Supply critical?

Four conditions required to ensure contraceptive security:

- Good estimates of current and future requirements
- Secure and continual funding to purchase contraceptives (or alternative)
- Adequate procurement policies, processes and practices (selection, storage, tracking, transportation)
- Consistent and timely delivery to service delivery points

# 'Modern' Methods of Family Planning

- Pills
- Condoms (male and female)
- Other barrier methods (diaphragms, cervical caps)
- Injections (Depo-Provera) and implants (Norplant)
- Intrauterine devices (IUDs)
- Surgical sterilization
- Lactation Amenorrhea Method (LAM)
- Other tested and proven natural family planning methods such as the Standard Days Method (SDM)

# ‘Dual Protection’

- ‘Dual protection’ means protection from pregnancy and STIs at the same time.
- All modern methods are highly effective at preventing pregnancy when used correctly *and* consistently.
- Besides using condoms, there are other ways to achieve dual protection:
  - abstaining from sex or delaying the age of sexual debut,
  - practicing mutual monogamy and using another effective family planning method, or
  - using condoms along with another family planning method.

# Illustrative Results Framework

SO: Increased use of Family Planning  
Planning and FP/RH Services

IR1

Increased  
knowledge and  
interest relating  
to FP/RH

IR2

Increased access  
to FP services

IR3

Improved quality  
of services in  
facilities and  
communities

Sustainability: policies and processes in place, functioning HIS,  
HIS, contraceptives continually available, providers continually  
continually supervised at all levels

# Design Phase: Assessment

## Organizational/Stakeholder/Partner Commitment to Family Planning

- For the PVO, review organizational mission and goals, board policies, strategic plans, etc. relating to FP
- For stakeholders (MOH, local NGOs and CBOs) review MOH and organizational policies, and conduct key informant interviews to assess commitment to FP and to providing quality services (including finding feasible and sustainable solutions to ensuring consistent contraceptive supply)

# Design Phase of FP program: Needs Assessment/Status Analysis

- Needs assessment: Review existing data (both quantitative and qualitative)
  - Surveys and reports (DHS, CDC, MOH, UNAIDs, CAs, other PVOs in the region, etc) for data related to FP status and practices (contraceptive prevalence, unmet need for FP, behaviors and practices)
- Review national and local FP policies and practices (standards, guidelines, protocols, provider job descriptions, etc.)
- Working with stakeholders, identify existing FP services and programs in the proposed target area—consider ‘mapping’ by type of organization and service provided—later on conduct a Health Facility Assessment (HFA).

# Design Phase of FP program: Select Strategies for Providing FP Services

- Where will be the focus of efforts?
- Health facilities?
  - Health centers and posts
  - Private clinics
- Community-based Distribution?
  - Kiosks/pharmacies
  - Community-based distribution agents
- Mobilizing communities?
- How will referrals and linkages between communities and facilities be managed?
- Health Information System (HIS): how will local data be handled and shared among stakeholders and what will it be used for?

# Improving Contraceptive Supply: PVO Experiences

Supervision of FP Providers in Low-  
Resource Settings:  
PVO Experiences

# Questions and Answers/ Discussion