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# Technical Capacity Assessment

## Family Planning

Facilitator's Copy

**New Partners Initiative Technical Assistance (NuPITA) Project**

**January 2011**

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NuPITA  
John Snow, Inc.  
44 Farnsworth Street  
Boston, MA 02210-1211  
Phone: 617.482.9485  
[www.jsi.com](http://www.jsi.com)

**Goal:**

The goal of this Technical Capacity Assessment (TCA) tool is to assist nongovernmental organizations providing family planning information and/or services in assessing the critical elements for effective program implementation and identifying elements that need strengthening or further development. (Due to the special counseling and informed consent requirements for voluntary permanent methods, such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.)

**Purpose:**

The purpose of this family planning TCA is to assess an organization's ability to implement effective family planning programs by looking at its overall approach, management systems and program components. It builds on the strengths of the HIV and AIDS Organizational Capacity Assessment (OCA), which is designed to measure the overall capacity of organizations.

This TCA is designed to provide organizations with a vision of quality family planning programs in the context of reproductive health, as envisioned in the Programme of Action adopted at the International Conference on Population and Development held in Cairo in 1994 (see below.) It sets criteria to assess current capacity to implement quality programs, identify key areas that need strengthening, and highlights program aspects that can serve as a model for other family planning programs.

**Key Principles Underlying the Provision of Family Planning and Reproductive Health Information and Services:**

- Access to information and choices about family planning is the centerpiece of the human right often referred to as “reproductive rights.”
- It is universally accepted that all family planning programs should be guided by principles of voluntarism and informed choice. Voluntarism implies that people have an opportunity to choose whether or not to use family planning and to choose which method to use from the widest range of contraceptives available. Informed choice highlights a person's ability to freely choose a contraceptive method from a range of options, based on accurate and useful information and an understanding of her/his own needs.
- A key component in reproductive choice is recognizing that different women and couples have different reproductive intentions and different contraceptive needs at different points in

**The World Health Organization's (WHO)  
Four “Family Planning Cornerstones”**

- *Medical Eligibility Criteria for Contraceptive Use* provides guidance regarding “who” can use contraceptive methods safely. (2010 4<sup>th</sup> edition in English; 2004 3<sup>rd</sup> edition in Arabic, French, African Portuguese, Brazilian Portuguese, Russian, Spanish.)
- *Selected Practice Recommendations for Contraceptive Use* provides guidance on “how” to use contraceptive methods safely and effectively. (2004 2<sup>nd</sup> edition in Arabic, English, French, Spanish, Romanian, Russian.)
- *Decision-Making Tool for Family Planning Clients and Providers* is a flip chart for use during counseling. (2005 edition in Chinese, English, French, Spanish.)
- *Family Planning: a Global Handbook for Providers* is a practical reference to improve family planning counseling and service delivery. (2007 edition in Arabic, English, French, Hindi, Portuguese, Romanian, Russian, Spanish.)

The last two tools incorporate the *Medical Eligibility Criteria for Contraceptive Use* and the *Selected Practice Recommendations for Contraceptive Use*.

The “cornerstones” are available at:

[www.who.int/reproductivehealth/publications/family\\_planning](http://www.who.int/reproductivehealth/publications/family_planning)

*“Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.”*

*Programme of Action of the International Conference on Population and Development (ICPD) Cairo 1994 (<http://www.un.org/popin/icpd/conference/offeng/poa.html>)*

- The client should be able to choose a contraceptive method according to his/her needs and preferences.
- Family planning counseling is critical in helping the client make an informed choice of an appropriate method and then use it consistently and correctly.
- For maximum effectiveness, family planning counseling should be integrated into other health care services (antenatal care, postpartum care, well-baby care, care for sexually transmitted infections, HIV-related services, etc.)
- Health care providers should take every opportunity to share information about modern contraception with clients, staff at their health facilities, people in the community and with family and friends.

**Using this Technical Capacity Assessment Tool:**

This TCA tool assesses capacity in five domains, as outlined below. Each domain has several areas, for a total of 25 areas for assessment.

**Domain 1: Organizational Strategy**

1. Program Approach
2. Voluntarism and Informed Choice
3. Community Involvement
4. \*Behavior Change Communication/ Information, Education and Communication\*
5. \*Training\*
6. Policy/Advocacy
7. Quality Improvement

**Domain 2: Program Management**

1. Human Resources Management
2. Planning and Coordination
3. Supervision
4. Leadership
5. Sustainability

**Domain 3: Data Management and Management Information Systems**

1. Data Collection
2. Data Quality Assurance and Improvement
3. Data Use for Decision-Making
4. Feedback and Sharing
5. Management Information Systems

**Domain 4: Provision of Contraceptives in Clinical and/or Community-Based Settings**

1. Guidelines
2. Family Planning Counseling Services
3. \*Family Planning Services for Persons Living with HIV\*
4. Referral Systems
5. Client Records
6. Contraceptive Procurement and Logistics
7. \*Physical Space for Clinical Services\*

**Domain 5: Compliance with USAID Requirements on Family Planning and Abortion**

1. Family Planning and Abortion Compliance

**Instructions:**

- The tools in **Domains 1 - 3** should be used to assess *all* organizations providing family planning information and/or services.
- The tools in **Domain 4** apply only to organizations *providing contraceptives in clinical and/or community-based settings* and should be used in such organizations *in addition* to the tools in Domains 1-3. As noted above, these tools are not designed to assess organizations providing voluntary permanent methods.
- The tools in **Domain 5** are specifically for use in organizations that *receive USAID funding for their family planning programs*, to verify compliance with USAID requirements on family planning and abortion.
- Some areas may not be applicable to all organizations, so the relevant tools should be selected. **The areas that may not be applicable to all organizations are marked with \*asterisks\* in the list of domains and areas above, as well as in the individual tools.**

**USING THE TCA TOOLS**

These Technical Capacity Assessment tools are designed to enable organizational learning, foster team sharing, and encourage reflective self-assessment within organizations.

Recognizing that organizational development is a process, the use of the TCA tool results in concrete action plans to provide organizations with a clear organizational development road map. The TCA can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, and identify new areas in need of strengthening.

The TCA is an interactive self-assessment process that should bring together staff from all departments at implementing organizations, both at headquarters and in the field, for the two- to three-day assessment.

Not intended to be a scientific method, the value of the TCA is in its collaborative, self-assessment process. The framework offers organizations a chance to reflect on their current status against recognized best practices. Lively discussions are also an opportunity for management, administration, and program staff to learn how each functions, strengthening the team and reinforcing the inter-relatedness of the TCA domains and areas.

Each page of this tool examines one area. A range of examples of services available is provided along a continuum, from 1-4.

The methodology is a guided self-assessment that encourages active participation. The facilitator and participants meet and discuss each area to determine where the organization sits along the continuum of implementation. Facilitators ask open-ended, probing questions to encourage group discussion, and take notes on participant responses. These notes are later used for the action planning.

Sample questions which might help the facilitator to probe further into the content areas are presented on each page. The scores that are arrived at are designed to set priorities for the actions and are not used to judge performance. Facilitators use the information from the scoring and rationale sheets to define the issues and actions. The organization reviews or adjusts the problem statement and builds on the suggested actions to define action steps, responsibilities, timeframe, and possible technical assistance needs.

The ability to identify areas to be addressed will strengthen the organization and in subsequent years, enable it to view improvement and note where progress is still needed.

**Objective: To assess the organization's overall approach to family planning.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area I</b>					
<b>Program Approach</b>	The organization has a limited or undefined documented family planning approach/strategy.	The organization has a loosely defined program approach/strategy, but it is not based on a determination of need in the community and is not documented.	The organization has a defined program approach/strategy that responds to a determination of need in the community and addresses at least <i>three</i> of the following: the overall approach to be implemented, priority populations to be reached, services to be provided, geographic coverage to be achieved and mechanisms for community involvement.	The organization follows a well-defined and documented program approach/strategy that responds to a determination of need in the community and addresses the overall approach to be implemented, priority populations to be reached, services to be provided, geographic coverage to be achieved and mechanisms for community involvement.	The organization's program approach to family planning offers a model that can be replicated and can serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Describe your organization's overall approach or strategy to family planning.
  - *[What are you trying to achieve through the family planning program—and how?]*
2. Have you conducted a determination of need (needs assessment) for family planning in the community?
  - *[For example, consultations with community leaders and members; examining the availability of family planning information and services; responding to the results of a survey]*
3. Does your approach/strategy to family planning respond to specific community needs that you have identified?
4. Which priority populations are you trying to reach?
5. What family planning information and/or services do you provide? Are there any new services you are preparing to provide?
  - *[Clinical care, community-based distribution of contraceptives, information and education about family planning, advocacy, etc.]*
6. What is your geographic coverage? Are you preparing to reach into new areas?
7. What mechanisms exist to involve the community in your family planning work?
8. Do you have a documented family planning approach/strategy that describes what you are trying to achieve and how?

**Area I Score:** \_\_\_\_\_

**Objective: To verify that the organization provides family planning information and services based on the principles of voluntarism and informed choice.<sup>#</sup>**

<b>DOMAIN 1: ORGANIZATIONAL STRATEGY</b>					
<b>Area 2</b>					
<b>Voluntarism and Informed Choice</b>	The organization has little or no understanding of the importance of voluntarism and informed choice in family planning.	Conversations with staff and volunteers where applicable make it clear that the receipt of family planning information and services is non-discriminatory and voluntary, but the concept of informed choice is not fully implemented.	The organization has a policy on voluntarism and informed choice and conversations with staff and volunteers where applicable, make it clear that the receipt of family planning information and services is non-discriminatory, voluntary, and based on informed choice. Clients are informed about the benefits and risks of a broad range of family planning methods and are free to choose whether or not to use a method and which method is best for them.	The organization's policies, workplan, clinical guidelines, indicators, and/or other key documents, as well as conversations with staff and volunteers where applicable, make it clear that the receipt of family planning information and services is non-discriminatory, voluntary and based on informed choice. Clients are informed about the benefits and risks of a broad range of family planning methods and are free to choose whether or not to use and which method is best for them. If they want a method, it is provided or they are referred.	The organization's implementation of the principles of voluntarism and informed choice offers a model which can be replicated and can serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

<sup>#</sup> The Programme of Action of the International Conference on Population and Development states, "Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant." (Source: <http://www.un.org/popin/licpd/conference/offeng/poa.html>)

**Probing questions:**

1. Does your organization apply the principles of voluntarism and informed choice in its family planning program?
  - *[Voluntarism means that clients are free to decide whether to use contraception; informed choice means that clients are informed about the contraceptive choices available to them and they choose which method is best for them.]*
2. Is everybody in the community who wishes to participate in your program activities able to do so?
  - *[The organization may not have the resources to serve everybody; the question is whether they provide services without discriminating in favor or against any population groups]*
3. Which contraceptive methods are clients routinely informed about during counseling, community education or in informational/educational materials?
  - What kind of information do you provide to clients or the population about each contraceptive method? *[Do they cover the benefits and risks of each method?]*
4. Has the organization formally endorsed the concepts of voluntarism, informed choice and non-discrimination as a matter of policy?
  - *[This could be in the form of a policy or in clinical guidelines, a workplan or other key documents.]*

**Area 2 Score:** \_\_\_\_\_

**Objective: To determine the extent to which the organization's family planning program reflects community needs and values.**

<b>DOMAIN 1: ORGANIZATIONAL STRATEGY</b>					
<b>Area 3</b>					
<b>Community Involvement</b>	The organization has limited or no opportunities for the community to participate in the organization's family planning activities.	The organization informs the community about its work but has limited or no feedback from the community in shaping program activities.	The organization seeks community involvement and feedback in shaping program activities. It informs the community about its work.	The organization involves community members in setting the organization's program approach, seeks community involvement, and feedback in shaping program activities, and involves volunteers in program activities. It informs the community about its work.	The organization's community involvement activities offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. What opportunities are there for community members to be involved in the organization's work on family planning?
2. Do you inform the community about the organization's work (its services) on family planning?
  - *[For example information and education activities, meetings with community groups, posters or banners, mass media.]*
3. Do you seek community members' involvement and feedback in shaping the organization's program activities?
  - *[For example, through consultative meetings, focus group discussions or interviews with community members, such as village health committees, women's groups, youth groups, patient groups]*
4. Are there volunteers involved in your family planning program activities? (Volunteers are not paid for their work.)
  - *[This refers to volunteer involvement in carrying out activities, such as information and education, advocacy, community outreach, fundraising. Members of the board of directors are not considered volunteers for these purposes.]*
5. Is there community participation in shaping the organization's overall family planning program approach/strategy?
  - *[Core elements of the approach/strategy are: priority populations to be reached, services to be provided and geographic coverage.]*
  - *[At a minimum, the organization should involve its board of directors in developing the program approach/strategy.]*

**Area 3 Score:** \_\_\_\_\_

**Objective: To determine whether behavior change communication (BCC)/information, education, and communication (IEC) # activities, materials, and messages are designed so they improve priority populations' family planning knowledge, attitudes and practices.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 4</b>					
<b>*BCC and IEC*</b>	The organization's family planning BCC/IEC activities are conducted without clearly defined objectives, priority populations, or messages.	The organization's BCC/IEC activities, materials, and messages are consistent with its overall family planning approach. They use accurate, easy-to-understand messages and/or materials that are appropriate for the target audience. Communication channels are appropriate to reach the priority populations.	The organization's BCC/IEC activities, materials, and messages are consistent with its overall family planning approach. They use concise, accurate, easy-to-understand messages and/or materials that have been pre-tested to ensure that they are effective and appropriate for the target audience. Communication channels are appropriate to reach the priority populations and are mutually reinforcing (i.e. whenever possible more than one medium is used.) Activities are periodically evaluated to assess their effectiveness.	The organization's BCC/IEC activities, materials and messages are consistent with its overall family planning approach and support clearly-defined BCC/IEC objectives aimed at priority populations. They use concise, accurate, easy-to-understand messages and/or materials that have been pre-tested to ensure that they are effective and appropriate for the target audience. Communication channels are appropriate to reach the priority populations and are mutually reinforcing (i.e. whenever possible more than one medium is used.) Key messages and materials have been reviewed by community members to ensure their acceptability to the community. Activities are periodically evaluated to assess their effectiveness, with results used to strengthen future BCC/IEC activities.	The organization's BCC/IEC activities offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*#BCC/IEC is sometimes referred to as public education, health education, marketing, or other terms. While IEC, public education, and health education are aimed at informing and educating the population, BCC and marketing go beyond that by seeking to change people's actions or behaviors.*

**Probing questions:**

1. Do your BCC/IEC activities support the organization's overall family planning approach/strategy?
  - o *[Are they designed for the priority populations to be reached? Do messages support the family planning approach/strategy?]*
2. Which priority populations (or audiences) does the organization seek to reach?
  - o *[For example, young people aged \_ to \_; women who recently had a baby and want to postpone the next pregnancy; people living with HIV, husbands who determine whether their wife can go to a clinic, etc.]*
3. What are some of the key messages you are communicating to these audiences?
4. Are messages about family planning integrated into BCC/IEC on other topics, e.g. AIDS, maternal and child health, income generation?
5. Do you have a system to check that the technical content of the information being communicated is accurate?

6. Which communication channels do you use most often to reach your priority populations?
  - *[Communication channels include print materials, educational sessions, radio, TV, educational dramas, text messages, etc.]*
7. Do you pretest materials and messages with the population group (audience) for which they are intended?
8. Are materials and messages reviewed by community members, too, to assess their acceptability in the community?
9. Are the results of these processes incorporated into your BCC/IEC materials/messages?
10. Do you have specific BCC/IEC objectives you are trying to achieve? In other words, which specific aspect(s) of the family planning knowledge, attitudes and practices of priority populations is the organization trying to improve?
  - *[Probe for specific objectives like reducing common myths about hormonal contraception; helping PLWH recognize how family planning can prevent the spread of infection; making students aware of where they can get family planning services; encouraging partner communication about condom-use, etc.]*
11. Does the organization evaluate the effectiveness of its BCC/IEC activities?
12. Are the results of these evaluations used to strengthen future BCC/IEC activities?

**Area 4 Score:** \_\_\_\_\_

**Objective: To assess the relevance and effectiveness of trainings conducted by the organization.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 5</b>					
<b>*Training*</b>	The organization conducts trainings on family planning but there is no process to generate training needs and no documented (or only a vague) curriculum.	The organization's trainings are based on assessed needs and follow training curricula that are evidence-based. They are conducted by trainers with appropriate technical expertise.	The organization's trainings are based on assessed needs and follow training curricula that are evidence-based, competency-based and specify clear learning objectives. They are conducted by trainers with appropriate technical expertise and training skills. Trainees' acquisition of new skills is reinforced after the training.	The organization's trainings are based on assessed needs and follow documented training curricula that are evidence-based, competency-based and specify clear learning objectives. They are conducted by trainers with appropriate technical expertise and training skills. Trainees' acquisition of new skills is reinforced after the training. Trainings are periodically evaluated for their relevance and effectiveness and curricula are updated based on findings.	The organization's training program offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization use standard curriculum/curricula (or training manuals) to guide training workshops/courses?
  - *[Probe to find out if the curriculum/manual is fairly detailed or just vague.]*
2. Is/are the training curriculum/curricula documented?
3. Do you conduct a needs assessment to determine the content of a training course that is being developed?
4. Do you have a system to check that the technical content of the training curriculum/curricula/manual(s) is evidence-based?
  - *[The four WHO "cornerstones" are key resources to check whether information is evidence-based. See page 2]*
5. What is the background and experience of your trainers, both in family planning and in training?
6. Is the training competency-based? In other words, is it designed to ensure that training participants are competent to actually perform the skills taught during the training?
  - *[Do participants actually practice key skills during the training—not only learn about them in theory.]*
7. Does your training have clear learning objectives?
  - *[It is clear what specific knowledge and skills participants should have by the end of the training?]*
8. Is there any follow up after the training to reinforce it?
  - *[For example, follow-up visits to participants, supportive supervision, follow-up meetings.]*
9. Do you evaluate the results of your trainings?
10. Are the results of evaluation used to improve future courses?
  - *[For example, results of pre- and post-tests or results of follow-up visits to training participants are used to update the curriculum; feedback from participants is used to make the course more relevant.]*

**Area 5 Score:** \_\_\_\_\_

**Objective: To assess the extent to which the organization engages with policy makers to advance the family planning needs of the population.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 6</b>					
<b>Policy/ Advocacy</b>	The organization's leadership (staff and/or volunteer) does not engage with policy makers about family planning issues.	The organization's leadership (staff and/or volunteer) informs policy makers about the organization's family planning activities.	The organization's leadership (staff and/or volunteer) informs policy makers about family planning issues and the priority needs of the population.	The organization's leadership (staff and/or volunteer) informs policy makers about family planning issues and the priority needs of the population, encouraging them to adopt/support policies (laws, regulations, budgets, etc.) that advance the family planning needs of the population.	The organization's advocacy for family planning offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization—either staff or volunteers—communicate with policy makers about family planning?
  - *[Policy makers are senior government officials who can influence laws, regulations, government budgets, etc.]*
2. Are these communications about the work of the organization on family planning? Or about family planning in general?
3. Do these communications also concern the family planning needs of the population?
  - *[Examples of the family planning needs of the population might be to register a new contraceptive method in the country; to set up a special youth clinic where young people feel comfortable coming for confidential care; or to allocate budget funds to buy contraceptives for poor or disadvantaged populations.]*
4. Does the organization encourage policy makers to address some of the family planning needs of the population by actually adopting or amending laws, regulations, or policies?

**Area 6 Score:** \_\_\_\_\_

**Objective: To assess the level of the organization's ongoing quality improvement activities.**

<b>DOMAIN I: ORGANIZATIONAL STRATEGY</b>					
<b>Area 7</b>					
<b>Quality Improvement</b>	The organization rarely or never monitors its family planning program and has few or no explicit quality improvement activities.	The organization monitors its family planning program to improve technical performance. It assesses performance against standards and guidelines and addresses any gaps or weaknesses.	The organization monitors its family planning program to improve technical performance and/or make its program more responsive to clients and the community. It assesses performance against standards and guidelines, takes client satisfaction into consideration, includes an analysis of gaps or weaknesses, and has an action planning process to address them.	The organization has an explicit approach to monitoring and improving its family planning program to improve technical performance and/or make its program more responsive to clients and the community. It assesses performance against standards and guidelines, takes client satisfaction into consideration, includes an analysis of gaps or weaknesses, and has an action planning process to address them. Staff and volunteers (where applicable) regularly use this system to assess and improve quality and refine program interventions.	The organization's approach to quality improvement offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization monitor its family planning program to see if services meet expected standards and guidelines?
  - *[Standards and guidelines may be clinical or non-clinical.]*
2. Are any problems, weaknesses or gaps in performance that are identified addressed and solved?
  - *[Problems, weaknesses, or gaps are areas where performance is not up to standard.]*
3. Does the organization solicit feedback from clients and the community, to assess their level of satisfaction with the organization's services/ activities?
4. Are issues or problems identified by clients and the community considered and addressed?
5. Are there processes in place that involve relevant staff, and volunteers where applicable, in identifying the causes of problems, developing and planning solutions, and working on problems until they are solved?
6. Are such processes used in the organization on a regular basis to assess and improve quality?

**Area 7 Score:** \_\_\_\_\_

**Total Domain I points :** \_\_\_\_\_

**Domain I Score (Total Points/Number of Applicable Points) :** \_\_\_\_\_

**Objective: To assess whether the organization's staff and volunteers are qualified to carry out the program approach.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area I</b>					
<b>Human Resources</b>	The organization has limited or no procedures in place to ensure that staff and volunteers who provide family planning information and services are qualified for their work.	The organization has documents (manuals, job descriptions, job advertisements, or others) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions.	The organization has documents (manuals, job descriptions, job advertisements, or others) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions. There is a system to periodically monitor the performance of staff and volunteers and address any issues noted.	The organization has documents (manuals, job descriptions, job advertisements, etc.) specifying appropriate qualifications (education, training, experience) for each position and procedures to train or orient staff and volunteers to new positions. There is a system to periodically monitor the performance of staff and volunteers and address any issues noted. There is a mechanism to provide periodic continuing education/training to staff and volunteers to ensure that they are up-to-date with the latest evidence.	The organization's approach to ensuring qualified staff and volunteers offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. How does the organization ensure that staff who conduct program activities are qualified to do their jobs?
  - *["Qualified" refers to education, training and experience.]*
  - *[If the organization provides clinical services, be sure to ask about the qualifications and experience of clinicians.]*
2. How about volunteers? Are there qualifications to determine if they are suited to the tasks you want them to undertake?
3. Are these qualifications for different positions documented?
4. What procedures are in place to train or orient staff to new positions?
5. Are there procedures to orient volunteers?
6. Are there procedures to periodically monitor the performance of all staff members?
7. Are any issues/problems identified during such monitoring usually addressed?
  - *[Probe to see if they are addressed in ways that support staff members in improving their performance—rather than in negative, punitive ways.]*
8. Does this same monitoring system extend to volunteers, too?
9. Is there a mechanism to help staff, and volunteers where applicable, stay up-to-date with the latest evidence/information to do their jobs effectively?
  - *[For example, through professional journals, short in-house trainings, outside conferences, or training courses]*

**Area I Score:** \_\_\_\_\_

**Objective: To assess the organization's systems to implement the program approach effectively.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>						
<b>Area 2</b>						
<b>Planning and Coordination</b>	The organization operates informally with little or no clear linkage between activities and the overall family planning program approach, between activities and budget, or between different program components.	The organization has an annual workplan that lists key activities for all program areas. There is a budget to support the workplan.	The organization has an annual workplan that supports its overall approach to family planning and lists key activities for all program areas, timelines for each activity and the individuals/ teams/departments responsible for them. There is a budget to support the workplan. The workplan and budget are developed with involvement of relevant program staff.	The organization has an annual workplan that supports its overall approach to family planning and lists key activities for all program areas, timelines for each activity and the individuals/teams/ departments responsible for them. There is a budget to support the workplan. The workplan and budget are developed with involvement of relevant program staff. There are mechanisms to ensure communication and coordination between staff responsible for different program activities.	The organization's approach to planning and coordination offers a model that can be replicated and serve as a resource for other programs.	
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have an annual workplan that lists the major activities to be conducted during the year?
2. Does the workplan specify when during the year each activity will be conducted? Is it clear who (which individuals/teams/departments) is responsible for each activity?
3. Are there clear links between the content of the annual workplan and achieving the organization's overall program approach/strategy on family planning?
4. Does the organization have a detailed annual budget?
5. Which staff are involved in developing the workplan and budget?
  - o *[Staff who actually lead and implement program activities should play the major role. Management should support them, but not actually develop the plan and budget.]*
6. Are there mechanisms to ensure communication and coordination between staff responsible for different program areas (e.g. clinical care, BCC, and training)?

**Area 2 Score:** \_\_\_\_\_

**Objective: To establish the effectiveness of the supervision structure.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 3</b>					
<b>Supportive Supervision</b>	The organization has a limited or no supervision plan/system in place for the family planning program.	Supervision is carried out from time to time using supervision tools, but it is not always supportive and there is no documentation or follow-up.	A plan exists for supportive supervision, including tools and supervisory responsibilities. Most or all supervisors are trained. Most supervision is supportive.	A clear plan exists for supportive supervision, including tools and supervisory responsibilities. Most or all supervisors are trained. Findings are documented, discussed with supervisees and management, and followed-up. Supervision is supportive and almost always is carried out according to established timelines and other guidelines.	The organization's supervision system offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Is there a supervision plan or system in place for family planning activities?
2. Is it clear who is responsible for supervising whom?
3. How often is supervision carried out? Is there a schedule that is followed?
4. Are there supervision tools (e.g. checklists with clear performance expectations) to guide the supervisor?
5. Is feedback given to supervisees after the supervision visit?
  - *[If feedback in given, probe to find out if it is supportive—see below.]*
  - *[Supportive supervision involves a discussion between the supervisor and supervisee, rather than a lecture from the supervisor about how to do things right. It doesn't criticize or blame the supervisee. It results in a clear and specific plan to improve the supervisee's performance.]*
6. Have all supervisors been trained in how to use the supervision tools and how to conduct supportive supervision?
7. Is the organization's management informed of the results of the supervision?
8. Are the results of supervisory visits documented?
9. Do supervisors usually follow-up with supervisees to assess progress on plans made to improve performance?

**Area 3 Score:** \_\_\_\_\_

**Objective: To determine the capacity of the organization's management to lead in the area of family planning.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 4</b>					
<b>Leadership</b>	The organization has no identified or committed leadership for its family planning program.	The organization has identified leadership with a commitment to family planning issues. The leadership is engaged in <i>two</i> of the following: strengthening and expanding the organization's family planning program; coaching and mentoring staff and volunteers where applicable; using data to inform decision-making in the organization; and/or advocating for family planning in the community.	The organization has strong and committed leadership with sufficient understanding of family planning issues to provide strategic thinking and direction. The leadership is engaged in <i>three</i> of the following: strengthening and expanding the organization's family planning program; coaching and mentoring staff and volunteers; using data to inform decision-making in the organization; and/or advocating strongly for family planning in the community.	The organization has strong and committed leadership with sufficient understanding of family planning issues to provide strategic thinking and direction. The leadership is engaged in strengthening and expanding the organization's family planning program; coaching and mentoring staff and volunteers; using data to inform decision-making in the organization; and advocating for family planning in the community.	The organization's leadership offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Who leads the organization's family planning program?
  - *[This can be one person or a small leadership team.]*
2. How committed is the leader(ship) to family planning issues?
3. What expertise and experience on family planning does the leader(ship) bring to the organization?
4. Does the leader(ship) provide strategic direction on family planning for the organization?
  - *[Strategic leadership involves helping the organization define an overall program approach/strategy for its family planning program and develop realistic plans to use its resources to achieve the program approach/strategy.]*
5. Is the leadership involved in strengthening and expanding the organization's family planning program?
6. Is it involved in coaching and mentoring staff and volunteers to improve their performance?
7. Does the leader(ship) use data to inform decision-making in the organization?
  - *[For example, using data to look at progress relative to the workplan to evaluate the effectiveness of program activities, determine new program directions.]*
8. Is the leader(ship) engaged in strengthening and expanding family planning information and services outside the organization?
  - *[For example, sitting on coordination/leadership bodies, making presentations at conferences, communicating with journalists, policy makers, and community leaders.]*

**Area I Score:** \_\_\_\_\_

**Objective: To assess whether the organization's family planning program is sustainable.**

<b>DOMAIN 2: PROGRAM MANAGEMENT</b>					
<b>Area 5</b>					
<b>Sustainability</b>	The organization is taking little or no action to ensure support for its family planning work in the future.	The organization has a general idea about how it could support its work as current funding streams change or end.	The organization has begun to define at least two clear approaches to support its work as current funding streams change or end.	The organization is implementing a well-defined plan to support its work as current funding streams change or end.	The organization's approach to sustainability offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have some ideas about funding sources that could potentially support its work in the future?
  - *[For example, ideas to extend current funding, about new donors, government grants or contracts, charging fees for the organization's services, support from business, a community fundraising event.]*
2. Have you explored any ideas in some detail? Is there a clear plan you could implement quickly to seek support for the organization's work in the future?
  - *[Having a clear plan means knowing which specific source(s) of funding will be pursued, having a good understanding of the funding source(s)' requirements, knowing which aspects of the organization's program will be presented for funding, and having discussed these plans with the board of directors.]*
  - *[There should be at least two potential funding sources.]*
3. Are you already implementing a plan to extend current funding or get new funding? Or maybe you recently obtained new or additional funding?

**Area 5 Score:** \_\_\_\_\_

**Total Domain 2 points** \_\_\_\_\_

**Domain 2 Score (Total Points/5)** \_\_\_\_\_

**Objective: To assess organizational capacity to collect and manage data accurately.**

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area I</b>					
<b>Data Collection</b>	The organization has limited or no documented procedures to guide data collection at the various levels# and service delivery points.	The organization has basic procedures to guide data collection at the various levels and service delivery points, including appropriate forms. Some information the organization collects is not used for either donor reporting or to inform program implementation. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client.	The organization has documented procedures to guide data collection at the various levels and service delivery points, including appropriate forms. Data collection tools are standardized across service delivery points. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client. Staff and volunteers involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data.	The organization has well-documented and fully functional procedures to guide data collection at the various levels and service delivery points, including appropriate forms. Data collection tools are standardized across service delivery points. Data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client. Staff and volunteers involved in data collection have been adequately trained and supervised in the use of the tools. The organization collects only relevant data and uses it to inform program implementation as well as for donor reporting.	The organization's data collection approach offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

# 'Various levels' refers to household, community, sub-county, district, regional, and head office level.

**Probing questions:**

1. Does the organization have documented procedures, including appropriate forms, to collect data at the various levels and service delivery points?
2. Has the organization standardized the forms across service delivery points?
3. Do the data collection procedures adhere to concerns for confidentiality and protecting the personal information of the client?
4. Is all the information collected used in some way (for example, for donor reporting or to inform program implementation)?
5. Has the staff been trained in use of the forms and are they supervised?

**Area I Score:** \_\_\_\_\_

**Objective: To assess the capacity of the organization to maintain quality of collected data.**

**DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS**

<b>Area 2</b>					
<b>Data Quality Assurance and Improvement</b>	The organization has limited or no data quality assurance and improvement process in place.	The organization has a basic data quality assurance and improvement process in place but it is not consistently applied.	The organization has a documented data quality assurance and improvement process in place that is consistently applied and includes a mechanism for explicitly addressing gaps in data.	The organization has a well-documented and fully functional data quality assurance and improvement process in place that is consistently applied and includes a mechanism for explicitly addressing gaps in data. The organization has the capacity for data management tasks. The organization has a feedback mechanism and a system to routinely assess quality in critical areas of service delivery. The feedback mechanism is known by relevant project staff.	The organization's data quality assurance and improvement process offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have a documented data quality assurance and improvement process?
2. Is there an explicit mechanism for addressing gaps in data?
  - *[Gaps refer to inadequate data or the missing link between data and decisions to be taken e.g. decision to procure contraceptives.]*
3. Does the organization have the capacity for data management tasks?
  - *[Such as Excel format conversions, data cleaning, data aggregation and analysis.]*
4. Has the organization identified a feedback mechanism and a system to routinely assess quality in critical areas of service delivery?
5. Are all relevant staff aware of this mechanism?

**Area 2 Score:** \_\_\_\_\_

**Objective: To assess the capacity of the organization to use data for decision making.**

<b>DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS</b>					
<b>Area 3</b>					
<b>Data Use for Decision Making</b>	The organization has limited or no historical or baseline data against which current data can be compared to help in decision making. Workplan progress is not monitored and not monitored against the budget.	The organization has a process for the comparison of achievement against goals and past progress that can result in plans to modify strategies, actions, approaches, and tools, but it is not consistently applied. Workplan progress is rarely monitored and rarely or never monitored against the budget.	The organization has a process for the comparison of achievement against goals and past progress that can result in plans to modify strategies, actions, approaches, and tools. Management and staff follow a procedure of time-bound corrective action and track achievements against plans in all areas. Workplan progress is occasionally monitored and occasionally monitored against the budget.	The organization has a process for the comparison of achievement against goals and past progress that results in plans to modify strategies, actions, approaches, and tools that is consistently applied. Management and staff follow a procedure of time-bound corrective action and track achievements against plans in all areas. The organization's current approach to program implementation (for example referral systems or training activities) reflects greater effectiveness and ongoing program improvements arising from data used for decision making. Workplan progress is monitored and monitored against the budget at regular, defined intervals. Management reviews the cost effectiveness of activities from time to time.	The organization's process for using data for decision making offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have historical (or baseline) data against which current data can be compared to help in decision making?
2. Is workplan progress regularly monitored? Is it also monitored against the budget?
3. Does the organization have a process for the comparison of achievement against goals and past progress that could result in plans to modify strategies, actions, approaches, and tools?
  - o *[There should be a mechanism of triangulation of data sources for comparison.]*
4. Do the organization's management and staff follow a procedure of time-bound corrective action and track achievements against plans in all areas?
5. Does the organization's current approach to implementation (for example referral systems or training activities) reflect greater effectiveness and ongoing program improvements arising from data used for decision making?
6. Is there an occasional review of progress toward achieving the organization's overall strategies and goals?
7. Does management review the cost of activities from time to time to see if funds are being used effectively?

**Area 3 Score:** \_\_\_\_\_

**Objective: To determine whether the organization networks and shares information with relevant stakeholders.**

<b>DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS</b>					
<b>Area 4</b>					
<b>Feedback and Sharing</b>	The organization does not have an explicit process for sharing data and reports with relevant staff and stakeholders, or it does share data and reports intermittently but not according to an explicit plan or process.	The organization has an explicit process for sharing data and reports with relevant staff and stakeholders, but it is not consistently applied.	The organization has an explicit process for sharing data and reports with relevant staff and stakeholders and does so consistently. The organization solicits feedback from staff and stakeholders.	The organization has an explicit process for sharing data and reports with relevant staff and stakeholders and does so consistently. The organization solicits feedback from staff and stakeholders and shares this feedback widely. Best practices and lessons learned are shared with other practitioners. Examples exist of external organizations referring to or referencing the organization's data and reports, and/or changing their implementation plans due to information shared by the organization.	The organization's process for sharing data and reports with relevant staff and stakeholders offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Probing questions:**

1. Does the organization have a process for sharing data and reports with relevant staff and stakeholders?
2. Does the organization solicit feedback from staff and stakeholders?
3. What is done with the feedback?
4. Are best practices and lessons learned shared with other practitioners?
5. Does the organization have examples of external organizations referring to or referencing the organization's data and reports and/or changing their implementation plans as a result of information shared by the organization?

**Area 4 Score: \_\_\_\_\_**

**Objective: To assess if the organization has a functional management information system (MIS).**

<b>DOMAIN 3: DATA MANAGEMENT AND MANAGEMENT INFORMATION SYSTEMS</b>					
<b>Area 5</b>					
<b>Management Information Systems (MISs)#</b>	The organization has a very limited or no MIS to track project/program data, including clients/beneficiaries.	The organization has an MIS to track project/program data, including clients/beneficiaries, with built-in data quality and validation checks.	The organization has an MIS to track project/program data, including clients/beneficiaries, with built-in data quality and validation checks, and the capacity for most specialized data retrievals.	The organization has a fully functioning MIS to track project/program data, including clients/beneficiaries, with built-in data quality and validation checks, and the capacity for most specialized data retrievals. The system has a documented and functional back-up procedure and there is an adequate system for preventing unauthorized access.	The functional MIS offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

# Management information systems (MIS) refers to planned systems of collecting, processing, storing, and disseminating data in the form of information needed to carry out the functions of management. In a way it is a documented report of the activities that were planned and executed. It also incorporates data quality assurance mechanisms, and should be utilized to provide data for decision making.

**Probing questions:**

1. Does the organization have a MIS to track project/program data, including clients/beneficiaries?
2. Does the system have built-in data quality and validation<sup>1</sup> checks (manual and electronic)?
3. Does the system have the capacity for most specialized data retrievals?
4. Does the organization have a system for preventing unauthorized access?
5. Does the organization have a documented and functional back-up procedure (computerized or manual)?
6. Can the MIS produce reports?

**Area 5 Score:** \_\_\_\_\_

**Total Domain 3 points :** \_\_\_\_\_

**Domain 3 Score (Total Points/5) :** \_\_\_\_\_

<sup>1</sup> There are quality controls in place for when data from paper-based forms are entered into a computer (e.g., double entry, post-data entry verification). At all intermediate levels at which data are aggregated, mechanisms/procedures are in place to reconcile discrepancies in reports. All reporting forms used for aggregating or analysis are available for auditing purposes at all levels at which data is being reported.

**Objective: To determine the availability and use of up-to-date family planning service guidelines.**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

Area I					
<b>Guidelines</b>	The organization has no manual of family planning services guidelines for clinical and/or community-based settings, or uses a manual that is out-of-date and/or is not up to international evidence-based standards.	There is an up-to-date manual of family planning service guidelines that is consistent to the extent possible with international evidence-based standards. The manual is readily available to service providers at all service sites.	There is an up-to-date manual of family planning service guidelines that is consistent to the extent possible with international evidence-based standards. The manual is readily available to service providers at all service sites. Service providers, including volunteers, have been thoroughly oriented to the guidelines and there is a system to update their knowledge and skills on a regular basis.	There is an up-to-date manual of family planning service guidelines for clinical and/or community-based settings that is consistent to the extent possible with international evidence-based standards. The manual is readily available to service providers at all service sites. Service providers, including volunteers, have been thoroughly oriented to the guidelines and there is a system to update their knowledge and skills on a regular basis. A supportive supervision system exists to verify providers' compliance with the guidelines and to provide targeted on-site knowledge and skill updates as needed. Monitoring reports document the level of compliance and specify planned actions for improvement, if indicated.	The organization's manual of family planning guidelines and its implementation of these guidelines offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*N.B. Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.*

**Probing questions:**

1. Does the organization have a manual of family planning service guidelines?
2. Is the organization's manual of guidelines up-to-date and based on international evidence-based standards?
  - o *[The four WHO cornerstone documents listed on page 2 are the international standard for evidence-based family planning information.]*
3. Is the manual of guidelines readily available to service providers at all sites?
4. How have the service providers, including volunteers, been oriented to the guidelines?
  - o *[For example, group trainings, buddy system, self-administered checklists.]*
5. Does the organization have a system to refresh and update knowledge and skills on a regular basis?
6. Is there a supportive supervision system to verify providers' compliance with the guidelines and to provide targeted on-site knowledge and skill updates as needed?
7. Are there monitoring reports that document the level of compliance and specify planned actions for improvement, if indicated?

**Area I Score:** \_\_\_\_\_

**Objective: To determine that the organization provides quality family planning counseling to clients**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

Area 2					
Family Planning Counseling Services	The organization has no staff or volunteers trained to provide counseling regarding the selection and use of a method of family planning.	The organization has some staff and/or volunteers trained to provide family planning counseling but they are not always available or do not present accurate information. Little attention is given to client confidentiality.	The organization has sufficient staff and/or volunteers trained to provide family planning counseling that is client-centered, confidential, presents accurate information about a broad range of family planning choices, and helps clients make free and voluntary decisions about the available contraceptive options.	The organization has sufficient staff and/or volunteers trained to provide family planning counseling that is client-centered, confidential, presents accurate information about a broad range of family planning choices, and helps clients make free and voluntary decisions about the available contraceptive options. The counselors use visual aids (flipchart, brochures, contraceptive samples, etc.) where available. A supportive supervision system exists to verify providers' compliance with guidelines and to provide targeted on-site knowledge and skill updates as needed.	The organization's counseling capability offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*N.B. Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.*

**Probing questions:**

1. Does the organization have staff and/or volunteers trained to provide counseling regarding the selection and use of a broad range of family planning methods?
  - *[Are the counselors trained in communication skills as well as technical knowledge?]*
  - *[Do the counselors cover only those methods the organization provides or do they also cover methods that require a referral?]*
  - *[Are they trained to follow a systematic counseling system?]*
2. Are the staff and/or volunteers trained to provide counseling always available when clients are present?
3. Is their knowledge up-to-date?
  - *[The four WHO "cornerstone" documents are the international standard for evidence-based family planning information. See page 2.]*
4. Is there a process for keeping counselors up-to-date technically?
5. How is client confidentiality assured?
6. Are visual aids used as part of the counseling process?
  - *[The third WHO "cornerstone" document, Decision-Making Tool for Family Planning Clients and Providers, is a flipchart designed for use when counseling. See page 2.]*
7. Is there a supportive supervision system to verify providers' compliance with guidelines and provide targeted on-site knowledge and skill updates as needed?

**Area 2 Score:** \_\_\_\_\_

**Objective: To determine that the organization offers family planning services on an equal basis to persons living with HIV and persons not living with HIV**

<b>DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL* OR COMMUNITY-BASED SETTINGS</b>					
<b>Area 3</b>					
<b>*Services for Persons Living with HIV*</b>	Clients living with HIV are not offered family planning services. The organization has no staff or volunteers trained to provide family planning services* to persons living with HIV. If the organization offers both services, no attempt is made to integrate them.	Clients living with HIV are offered family planning services. The organization has some staff and/or volunteers trained to provide family planning services* to persons living with HIV but they are not always available or do not present accurate information. If the organization offers both services, some attempt is made to integrate them.	Clients living with HIV are offered to seek family planning services. The organization has sufficient staff and/or volunteers trained to provide family planning services* to persons living with HIV. If the organization offers both services, a serious attempt is made to integrate them.	Clients living with HIV are offered family planning services. The organization has sufficient staff and/or volunteers trained to provide family planning services* to persons living with HIV. If the organization offers both services, a serious attempt is made to integrate them.	The organization's services for persons living with HIV offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*\*The four WHO "cornerstone" documents outline special considerations in providing family planning services to people living with HIV/AIDS. See page 2.*

*N.B. Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.*

**Probing questions:**

1. Does the organization explicitly recognize that people living with HIV have an equal right as people not living with HIV to the information and services needed to plan wanted pregnancies and avoid unwanted pregnancies?
2. Are clients living with HIV offered family planning services?
3. Are there staff and/or volunteers trained specifically to provide family planning services to persons living with HIV?
4. Are these staff and/or volunteers always available when clients are present?
5. If the organization provides both HIV and family planning services, are the services integrated to any extent?
6. Are there any BCC/IEC materials available that are designed explicitly for persons living with HIV?

**Area 3 Score:** \_\_\_\_\_

**Objective: To assess the organization's ability to ensure provision of comprehensive family planning and reproductive health services# to clients through effective referral systems.**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

Area 4					
<b>Referral Systems</b>	The organization has a limited or no referral system.	The organization has an explicit system that connects clients to some services not offered by the organization. It maintains a basic list of referral points.	The organization has an explicit system that connects clients to a broad range of family planning and reproductive health# services not offered by the organization. It maintains a reasonably comprehensive list of referral points. Staff and volunteers, where applicable, have been trained on how to make effective referrals.	The organization has an explicit system that connects clients to a broad range of family planning and reproductive health services not offered by the organization. It maintains a comprehensive list of referral points. Staff and volunteers have been trained on how to make effective referrals. A mechanism exists to verify that services were received and to collect any feedback from clients. The organization periodically evaluates the extent to which the referral network is achieving its intended objectives and meeting clients' needs.	The organization's referral system offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

# In addition to family planning, reproductive health services include prenatal care; safe delivery and postnatal care; treatment of reproductive tract infections; sexually transmitted diseases; HIV and other reproductive health conditions; prevention and appropriate treatment of infertility; early diagnosis and treatment of breast and cervical cancers; abortion-related services (see Domain 4: Compliance with USAID Requirements on Family Planning and Abortion); discouragement of harmful practices such as female genital mutilation, domestic violence, and human trafficking.  
 N.B. Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.

**Probing questions:**

1. Does the organization have an explicit referral system for reproductive health services not provided by the organization directly?
2. Is there a standardized referral form?
3. Does the organization maintain a list of referral points?
  - o [Does the list contain contact information, addresses, phone numbers, hours of service, costs, etc.??]
4. Have referrals been made to other providers for services not provided by this organization?
  - o [Are there records of referrals, referral notes, client return forms, etc. that show the existence of a referral relationship??]
5. Is there a mechanism whereby the organization verifies that services were received and collects feedback from clients?
  - o [Is there some sort of feedback loop??]
6. Has the staff been trained on how to carry out effective referrals?
7. Does the organization monitor and evaluate the extent to which the referral network is achieving its intended objectives and meeting clients' needs?

**Area 4 Score:** \_\_\_\_\_

**Objective: To determine that the organization keeps adequate, confidential records for family planning clients.**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

Area 5					
<b>Client Records</b>	The organization does not maintain individual records for family planning clients, or maintains records that are not standardized.	A standard written or electronic record format exists for clinical and/or community-based services as appropriate, and a record is maintained for each client.	A standard written record or electronic format exists for clinical and/or community-based services as appropriate, and a record is maintained for each client. The records at the various service delivery points are adequately completed and kept in a secure location that protects clients' confidentiality.	A standard written or electronic record format exists for clinical and/or community-based services, as appropriate, and a record is maintained for each client. The records at the various service delivery points are adequately completed and kept in a secure location that protects clients' confidentiality. The records are organized so that any needed record is quickly accessible.	The organization's client record system offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

\* Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.

**Probing questions:**

1. Does the organization maintain individual records for family planning clients?
  - o [In both clinical and community-based settings?]
2. Is the record system standardized?
  - o [If the organization provides both clinical and community-based services, the record systems may be different from each other.]
3. How does the organization assure that records are adequately completed?
4. What is done to assure that the records are kept in a secure location that protects clients' confidentiality?
5. Are the records organized so that a needed record can be easily found when needed?

**Area 5 Score:** \_\_\_\_\_

**Objective: To determine that the organization follows effective procurement and logistics procedures that enable it to assure that the right contraceptives and commodities, in the right quantities, in the right condition, are delivered to the right places, at the right time, for the right cost.**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

Area 6					
<b>Contraceptive Procurement and Logistics</b>	The organization has a basic or no system for procuring, storing, and distributing contraceptives.	The organization has an established procurement plan for contraceptives. All products procured meet stringent regulatory authority (SRA)** or WHO standards. Contraceptive supplies are stored in safe, secure places, protected from excessive heat, cold, and humidity. A functioning inventory system exists that records all incoming and outgoing stock.	A contraceptive procurement and logistics management system that adequately plans for and forecasts current and future commodity needs is in place. There is an established procurement plan for all contraceptives. All products procured meet SRA** or WHO standards. To ensure best value among available sources, a competitive selection system is used. Contraceptive supplies are stored in safe, secure places, protected from excessive heat, cold, and humidity. A functioning inventory system that records all incoming and outgoing stock exists. The inventory system assures that older stock is used before newer stock (first in, first out), and that expired stock is promptly removed and appropriately discarded.	A contraceptive procurement and logistics management system that adequately plans for and forecasts current and future contraceptive needs is in place. There is an established procurement plan for all contraceptives. All products procured meet SRA** or WHO standards. To ensure best value among available sources, a competitive selection system is used. Contraceptive supplies are stored in safe, secure places, protected from excessive heat, cold, and humidity. A functioning inventory system that records all incoming and outgoing stock exists. The inventory system assures that older stock is used before newer stock (first in, first out), and that expired stock is promptly removed and appropriately discarded. A system exists to keep all service delivery points adequately supplied before stock-outs occur.	The organization's contraceptive procurement and logistics system offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*N.B. Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.*

*\*\* By definition, the member countries of the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) are recognized as stringent regulatory authorities (SRA). This is a mechanism for assuring the quality of drugs.*

**Probing questions:**

1. Does the organization have a system for procuring, storing, and distributing contraceptives?
2. Does the organization have a procurement plan to meet planned program needs ?
  - o [The plan should detail what, when, and how the items are to be procured during the workplan period so as to meet client and project needs.]

3. Is the procurement plan consistent with annual and quarterly work plans?
4. Do all products procured meet stringent regulatory authority (SRA) or WHO standards?
5. Is there a mechanism for forecasting current and future commodity needs?
6. To ensure best value among available sources, does the organization use a competitive selection system?
7. Does the organization have a designated storage area for contraceptive supplies?
  - *[Is it adequate to protect supplies from heat, cold, dirt, humidity, rodents and insects, unauthorized access?]*
8. Is there an inventory system?
9. Does the system ensure that older stock is used before newer stock (first in, first out) and that expired stock is promptly removed and appropriately discarded?
10. Is there a supply chain system in place to keep all service delivery points adequately supplied before stock-outs occur?

**Area 6 Score:** \_\_\_\_\_

**Objective: To assess whether there is designated physical space that is appropriate and sufficient for the delivery of family planning services\* at each clinical service delivery point.**

**DOMAIN 4: PROVISION OF CONTRACEPTIVES IN CLINICAL\* OR COMMUNITY-BASED SETTINGS**

<b>Area 7</b>					
<b>*Physical Space*</b>	The organization has extremely limited or no designated space for the delivery of family planning services.	Counseling and exam spaces provide sufficient privacy and confidentiality. Infection prevention and control procedures are in place and closely monitored. Basic equipment is present and in functional condition.	Counseling and exam spaces provide sufficient privacy and confidentiality. Infection prevention and control procedures are in place and closely monitored. Adequate equipment is present and in functional condition.	The physical spaces used for the delivery of family planning counseling and clinical services are adequate in size and condition to make clients feel welcome and at ease. Counseling and exam spaces provide sufficient privacy and confidentiality. Infection prevention and control procedures are in place and closely monitored. Adequate equipment is present and in good condition.	The organization's physical space for clinical services offers a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

*\*Due to the special counseling and informed consent requirements for voluntary permanent methods such as male vasectomy and female tubal ligation, this assessment is not designed to address the direct provision of voluntary permanent methods.*

**Probing questions:**

1. Does the organization have designated space for the delivery of family planning services?
  - *[Physical space includes confidential space for examinations and counseling. For services provided in a home setting, the service provider needs to work with the family to create an enabling environment for the clients to receive services. This may include scheduling visits when the other members of the household are not at home, or could “excuse” themselves and leave the space for the client, as necessary. Other important space needs as program develops includes space for staff (work, office, meeting) and space to accommodate integrated services.]*
2. Are there infection control procedures in place and is compliance monitored?
  - *[WHO’s Family Planning: a Global Handbook for Providers is a good basic reference. See page 2.]*
3. Is adequate equipment available or is more/different equipment needed?
4. Is the available equipment in good—or just functional—condition?

**Area 7 Score:** \_\_\_\_\_

**Total Domain 4 points :** \_\_\_\_\_

**Domain 4 Score (Total Points/7) :** \_\_\_\_\_

**Objective: To verify compliance with key USAID requirements on family planning and abortion if the organization receives USAID funding for its family planning activities.\***

**DOMAIN 5: COMPLIANCE WITH USAID REQUIREMENTS ON FAMILY PLANNING AND ABORTION**

Area I					
<b>Family Planning and Abortion Compliance</b>	The organization is unaware of or does not comply with USAID requirements# on family planning and abortion.	The organization complies with USAID requirements# on family planning and abortion but there are no documented procedures in place.	The organization complies with USAID requirements# on family planning and abortion and has documented procedures in place. There is a monitoring system that is used periodically.	The organization complies with USAID requirements # on family planning and abortion and has documented procedures in place. There is a monitoring system that is used periodically and compliance is documented.	The organization's procedures for compliance offer a model that can be replicated and serve as a resource for other programs.
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

\*These provisions change from time to time and there are some differences in the language between different types of USAID contracts/agreements. It is important to check the version in the organization's agreement with USAID, including any modifications to the agreement. Current provisions may also be found on the USAID website at [http://www.usaid.gov/our\\_work/global\\_health/pop/index.html](http://www.usaid.gov/our_work/global_health/pop/index.html) Since this assessment does not cover voluntary permanent methods, USAID requirements for such methods are not fully covered here.

# These requirements are presented in probing questions 3–15 below.

**Probing questions:**

1. Does the organization receive USAID funding for its family planning program? (If not, there is no need to discuss this area.)
2. Does the organization fund any sub-grantees/sub-awards/sub-contractors as part of the USAID project?
  - [If yes, the following questions address not only the organization itself, but also all of its sub-grantees/sub-awards/sub-contractors. It may be necessary to probe after some (or all) questions to find out about the practices of sub-grantees/sub-awards/sub-contractors.]
3. Does the organization use USAID funds to pay for the performance of involuntary sterilization as a method of family planning?
4. Does the organization use USAID funds to coerce or provide any financial incentive to any individual to practice sterilization?
5. Does the organization use USAID funds to finance, support, or attribute to the following activities:
  - (i) Procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning?
  - (ii) Special fees or incentives to any person to coerce or motivate them to have abortions?
    - [The term “motivate,” as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.]
  - (iii) Payments to persons to perform abortions or to solicit persons to undergo abortions?
  - (iv) Information, education, training, or communication programs that seek to promote abortion as a method of family planning?
  - (v) Lobbying for or against abortion?
    - [Lobbying means to seek to influence the decisions of government officials about public policy.]

6. Does the organization use USAID funds to pay for any biomedical research that relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning?
  - *[Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.]*
7. Does the organization use USAID funds to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs?
8. Does the organization conduct its activities in a manner that safeguards the rights, health, and welfare of all individuals who partake of the program?
9. Does the organization provide a broad range of family planning methods and services available in the country or provide information to such individuals regarding where such methods and services may be obtained?
10. Does the organization ensure that service providers and referral agents in the project do not implement or are not subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning?
  - *[Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.]*
11. Does the organization ensure that the project does not include the payment of incentives, bribes, gratuities, or financial rewards to:
  - (i) Any individual in exchange for becoming a family planning acceptor?
  - (ii) Any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception?
    - *[This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.]*
12. Does the organization ensure that no person is denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project?
13. Does the organization provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method?
  - *[This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.]*
  - *[The wall chart/poster, Do you Know Your Family Planning Choices? serves as a tool to comply with this provision. It is available at <http://info.k4health.org/pubs/WallChart/Wallchart.shtml> in Chichewa, English, French, Portuguese, Spanish, Swahili, Tajik, and Russian.]*
14. Does the organization ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits?
15. Does the organization comply with the following, if applicable? "With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no sub-contract or grant under this contract, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements above while using such commodities or receiving such services."
16. Does the organization have procedures in place to ensure that it complies with USAID requirements on family planning and abortion? Are these procedures documented?
17. Have staff and volunteers, where applicable, been informed of the requirements?

- 18. Is there a monitoring system in place to verify that the requirements are being implemented?
- 19. Is compliance documented?

**Note that the organization is required to notify USAID when it learns about an alleged violation, and the contractor shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of Item 9 above and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project. The contractor shall provide USAID such additional information about violations as USAID may request.**

**Area 1 Score: \_\_\_\_\_**

**Total Domain 5 points : \_\_\_\_\_**

**Domain 5 Score Total Points/I : \_\_\_\_\_**