



# VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS

*A Systematic Review of Tools*

SEPTEMBER 2013

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# **VOLUNTARY FAMILY PLANNING PROGRAMS THAT RESPECT, PROTECT, AND FULFILL HUMAN RIGHTS**

## **A Systematic Review of Tools**

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**September 2013**



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The search and review of evidence presented in this document sought to inform and support the conceptual framework on voluntary, right-based family planning programs that is found in *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*.<sup>1</sup>

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<sup>1</sup> Hardee, K., K. Newman, L. Bakamjian, J. Kumar, S. Harris, M. Rodriguez, and K. Willson. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*. Washington, DC: Futures Group.

## ABBREVIATIONS

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AIDS	acquired immune deficiency syndrome
ARROW	Asian-Pacific Resource & Research Center for Women
CRR	Center for Reproductive Rights
DFID	UK Department for International Development
DSW	German Foundation for World Population (Deutsche Stiftung Weltbevölkerung)
FP	family planning
HIV	human immunodeficiency virus
HRBA	human rights-based approach
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
NGO	nongovernmental organization
OHCHR	Office of the High Commissioner for Human Rights
RH	reproductive health
SIDA	Swedish International Development Cooperation Agency
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization



# I. INTRODUCTION

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## Background

The principle of voluntarism has been a long-standing cornerstone of international support for family planning (FP); and the need to respect, protect, and fulfill an expanded list of reproductive rights has been articulated, particularly since 1994. Yet, few attempts have been made to link voluntarism and human rights into a comprehensive operational framework to guide FP policies and programs. To fully understand what a voluntary, rights-based FP program should include and how to effectively implement it, a team of staff and consultants from Futures Group, EngenderHealth, and the Bill & Melinda Gates Foundation<sup>2</sup> drafted the **Framework for Voluntary, Family Planning Programs that Respect, Protect, and Fulfill Human Rights** as a way to clearly illustrate how voluntarism and human rights can be mutually reinforcing in FP programs. Specifically, the framework was developed to

- Describe key FP program elements in terms of rights, incorporating public health and human rights principles.
- Offer a practical approach to operationalizing reproductive rights in the development, implementation, and monitoring and evaluation of voluntary FP programs.
- Link program actions, inputs, and activities to public health and human rights outcomes and impact.
- Highlight how countries can invest in and make further progress toward the realization of rights as an inherent part of supporting comprehensive, high-quality FP programming.

The framework (see Figure 1) is designed as a logic model, linking inputs and activities with outputs, outcomes, and impacts. In the course of developing the framework, the team conducted (1) a literature review of current evidence for voluntary rights-based FP to identify practices that promote a rights-based approach to achieving public health and rights outcomes and (2) a review of available tools that could help operationalize a voluntary rights-based approach. Until this work, no systematic review of rights-based FP existed, and as such, there was a need to search for evidence and tools that could support and elaborate the components of the framework. The team synthesized the findings according to the framework's components and four levels (policy, service, community, and individual), helping to identify the key actions or factors for FP programs to implement or consider.

This paper focuses on the review of available tools for use by program planners and managers to assess, design, implement, and evaluate FP programs in line with the framework. For details on the framework and the systematic review of evidence, see the accompanying papers in this series, *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*<sup>3</sup> and *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Systematic Review of Evidence*.<sup>4</sup>

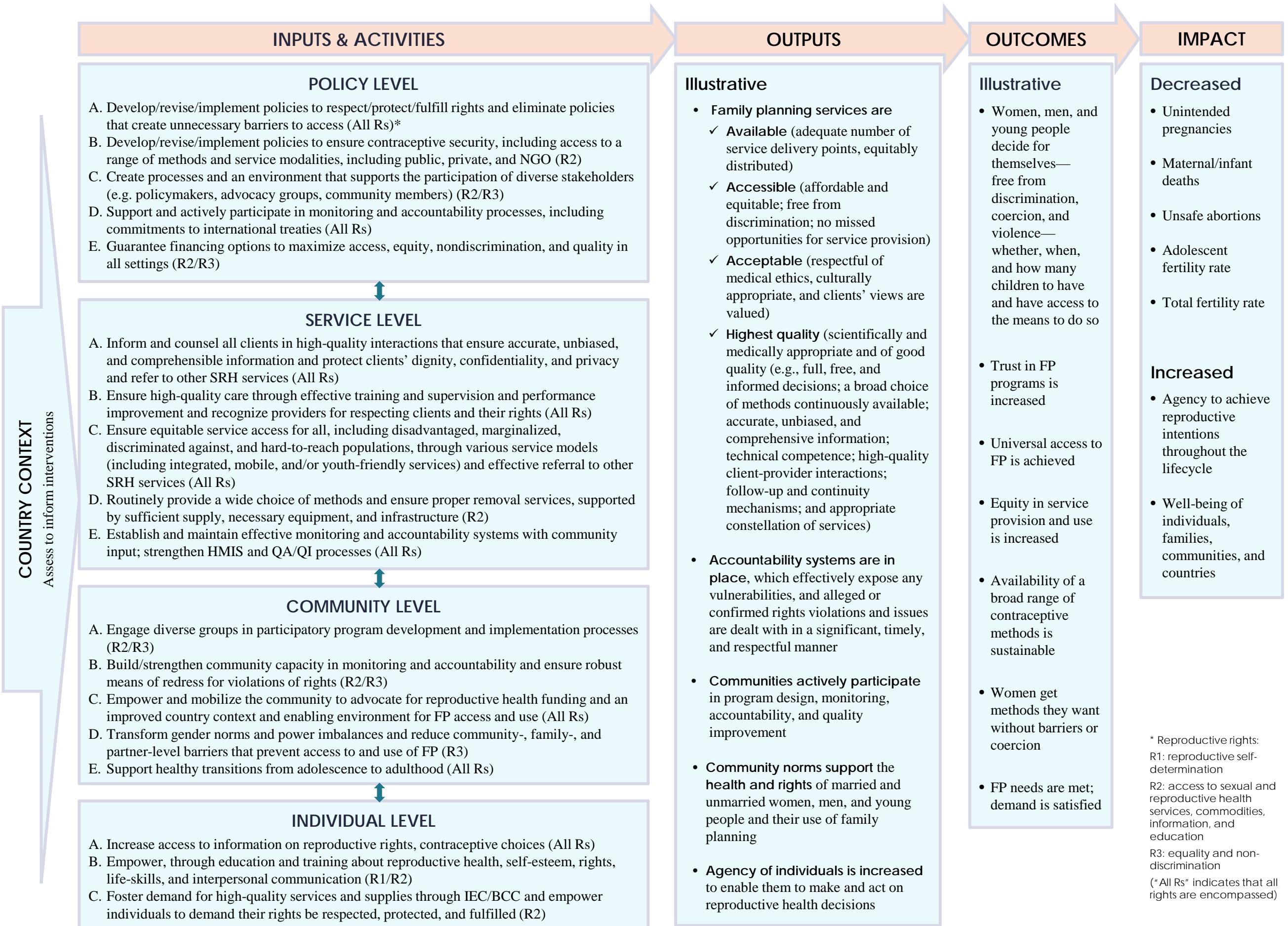
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<sup>2</sup> The team included expertise in global and country family planning programs, policy, monitoring and evaluation, reproductive rights, and gender. The expertise was augmented by reviews from a range of stakeholders at the global, regional, and national levels.

<sup>3</sup> Hardee, K., K. Newman, L. Bakamjian, J. Kumar, S. Harris, M. Rodriguez, and K. Willson. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*. Washington, DC: Futures Group.

<sup>4</sup> Rodriguez, M., S. Harris, K. Willson, and K. Hardee. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Systematic Review of Evidence*. Washington, DC: Futures Group.

**Figure 1. Framework for Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights**



## Methodology

The review of available FP-related tools concentrated on those that could help operationalize components of a voluntary, rights-based approach to FP. The search strategy focused on experience with or evaluations of the tools. More than 350 resource documents were reviewed and categorized into the same four categories of the framework—policy, service, community, and individual—plus a fifth, cross-cutting (associated with all four levels), and then further categorized by type (see the Categorization section of this paper).

### Search Strategy

To obtain the list of tools, we conducted a search of resource documents related to voluntary FP and rights-based FP programs using search terms in Google and on websites of selected organizations (see Table 1).

**Table 1. Websites and Search Terms to Identify Tools for Family Planning Programs that Respect, Protect, and Fulfill Rights**

Websites	Search Terms
<ul style="list-style-type: none"> <li>• Advocates for Youth</li> <li>• African Union Commission</li> <li>• Asian-Pacific Resource &amp; Research Center for Women (ARROW)</li> <li>• Center for Health and Gender Equity</li> <li>• Center for Global Development</li> <li>• Center for Reproductive Rights (CRR)</li> <li>• USAID's Development Experience Clearinghouse</li> <li>• The Danish Institute for Human Rights</li> <li>• Ministry of Foreign Affairs of Denmark</li> <li>• UK Development for international Development (DFID)</li> <li>• Federal Democratic Republic of Ethiopia Ministry of Health</li> <li>• FHI 360</li> <li>• German Foundation for World Population (DSW)</li> <li>• Global Health mini-universities</li> <li>• IBP Knowledge Gateway</li> <li>• International Centre for Reproductive Health</li> <li>• International Center for Research on Women (ICRW)</li> <li>• INFO Project</li> <li>• International Planned Parenthood Federation (IPPF)</li> <li>• IntraHealth</li> <li>• Inter-Agency Working Group on Reproductive Health in Crisis</li> <li>• Ipas</li> <li>• Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs</li> <li>• K4Health</li> <li>• Maximizing Access and Quality (MAQ)</li> <li>• Marie Stopes International (MSI)</li> <li>• Office of the High Commissioner for Human Rights (OHCHR)</li> <li>• Pathfinder International</li> <li>• Population Council</li> <li>• RTI International</li> <li>• Save the Children</li> <li>• Swedish International Development Cooperation Agency</li> <li>• United Nations Development Programme (UNDP)</li> <li>• United Nations Population Fund (UNFPA)</li> <li>• University Research Corporation (URC)</li> <li>• World Health Organization (WHO)</li> </ul>	<ul style="list-style-type: none"> <li>• Client-centered care</li> <li>• Client-provider interaction</li> <li>• Client satisfaction</li> <li>• Community-defined quality</li> <li>• Community engagement</li> <li>• Contraceptive method mix</li> <li>• Counseling</li> <li>• Couples communication</li> <li>• Couples counseling</li> <li>• Equity framework</li> <li>• Family planning advocacy</li> <li>• Gender</li> <li>• Health equity</li> <li>• Human rights</li> <li>• Informed choice</li> <li>• Informed consent</li> <li>• Maximizing access and quality</li> <li>• Male involvement</li> <li>• Monitoring rights in family planning</li> <li>• Monitoring sexual and reproductive rights</li> <li>• Performance improvement</li> <li>• Quality assurance</li> <li>• Quality improvement</li> <li>• Quality of care</li> <li>• Reproductive justice framework</li> <li>• Reproductive rights advocacy</li> <li>• Rights-based approaches</li> <li>• Rights education</li> <li>• Sex education</li> <li>• Tiaht amendment</li> <li>• Voluntary decision making</li> <li>• Voluntarism abuse (and protocols)</li> </ul>

Several tools identified by the MEDLINE search of approaches conducted by Futures Group were also included.

The parameters for the search included tools or program resources developed since 1994, the year of the International Conference on Population and Development (ICPD). We defined tools as program resources designed to respect, protect, and fulfill rights in voluntary FP programming at the policy, service, and/or community levels and to support one or more phases of the program cycle—assessment, design, implementation, and/or monitoring and evaluation. Many of the resources included sexual and reproductive health (SRH) in the title, with FP included as a component. We included some resources that were designed for broader health or development purposes, if they included aspects of rights programming that would be useful for FP programs. We excluded resources (such as project reports, issue briefs, and clinical guidelines) that did not offer practical, concrete guidance for programming that respects and protects clients' rights. For example, there are a range of clinical guidelines for FP/reproductive health (RH) service delivery that are important for quality of care. These were included only if they contained specific guidance on addressing clients' rights.

The search yielded 350 resource documents that fit the inclusion criteria for a tool. Initial screening eliminated 161, resulting in 186 resources that were reviewed. Of this number, we discarded 36 either because they proved to be supportive evidence for a tool rather than a tool itself or because upon review they were deemed inappropriate for inclusion. In the end, 150 tools were included, although scant documentation on their use was found. See Annex 1 for a complete list of the tools; a link to the tool (if available); a brief overview and purpose of the tool and the intended audience; a description of the tool's content and description of the process for utilizing the tool; and notes about whether evidence was found on the tool's effectiveness or use. Each of the tools in the annex is provided a reference number, which is used when we refer to the tools in the Review Findings section of this paper.

### ***Categorization***

Following the conceptual framework to guide the search, we sorted the resources into five categories: cross-cutting, policy-focused, service-focused, community-focused, and individual-focused. The distribution of the 150 tools was

- Cross-cutting—addressed all levels of the conceptual framework (28 tools or 19%)
- Policy-focused (29 tools or 19%)
- Service-focused (73 tools or 49%)
- Community-focused (14 tools or 9%)
- Individual-focused (6 tools or 4%)

Note that the search for tools did not cover the country context, which is outside the realm of FP.

We grouped the resources into the type of tool:

- **Training tool (T)**, a capacity-building resource that enables users to impart knowledge and/or skills to others
- **Assessment (A)**, or monitoring and/or evaluation tool: a resource that enables users to conduct programmatic assessments or to develop and use indicators or methodologies to track elements, progress, or results of programs
- **Framework (F)**, or conceptual model
- **Methodology (M)**, or process, such as for quality improvement

- **Implementation (I)**, or program guidance: resources such as manuals or handbooks that provide direction for how to carry out a program or program component
- **Job aid (J)**, geared to assist health providers implement a specific task

While most tools relate to FP programming, the majority do not make explicit reference to human rights or reproductive rights: slightly over one-quarter *focus* on rights (29%). That is not to say that the other tools do not support human rights or that they are not consistent with a rights-based approach—just that the tools do not make explicit reference to rights. Half of the tools reviewed (49%) focus on service delivery. Of the remaining tools, almost equal numbers of cross-cutting and policy-related tools were identified (both 19%) followed by tools related to engaging communities (9%) and working with individuals (4%). Table 2 shows the distribution of tools by type of tool and level on the conceptual framework.

**Table 2. Tools for Voluntary Family Planning Programs that Protect, Respect, and Fulfill Rights, by Type of Tool, Level of the Conceptual Framework, and Tool Reference Number**

Type of Tool	Level on the Conceptual Framework					Total
	Cross-Cutting (x)	Policy Level (p)	Service Level (s)	Community Level (c)	Individual Level (i)	
	Reference Number for the Resource in Annex 1					
<b>Training</b>	x-1, x-5, x-8, x-11, x-15, x-22, x-23	p-15	s-1, s-3, s-11, s-12, s-16, s-27, s-31, s-38, s-39, s-46, s-47, s-48, s-49, s-50, s-51, s-52, s-53, s-54, s-56, s-57, s-58, s-59, s-62, s-63, s-70, s-72	c-12, c-14	i-2, i-6	38
<b>Assessment</b>	x-2, x-3, x-4, x-16, x-18, x-26, x-28	p-3, p-4, p-9, p-10, p-12, p-13, p-14, p-18, p-28, p-29	s-13, s-15, s-17, s-18, s-19, s-20, s-21, s-22, s-23, s-24, s-25, s-26, s-64, s-65, s-67, s-68, s-69, s-73	c-4, c-8, c-13	i-3	39
<b>Framework</b>	x-6, x-10, x-13, x-17, x-24	p-1, p-8, p-16, p-17, p-19, p-20, p-21	s-2, s-29	c-2, c-9		16
<b>Methodology</b>			s-34, s-35, s-36, s-37, s-40	c-5, c-6		7
<b>Implementation</b>	x-7, x-9, x-12, x-14, x-19, x-20, x-21, x-25, x-27	p-2, p-5, p-6, p-7, p-11, p-22, p-23, p-24, p-25, p-26, p-27	s-5, s-6, s-7, s-10, s-14, s-28, s-30, s-32, s-33, s-41, s-60, s-61, s-66	c-1, c-3, c-7, c-10, c-11	i-1, i-4, i-5	41
<b>Job Aid</b>			s-4, s-8, s-9, s-42, s-43, s-44, s-45, s-55, s-71			9
<b>Rights-focused</b>	x-1, x-5, x-6, x-7, x-8, x-10, x-11, x-12, x-13, x-16, x-22, x-23, x-24, x-26	p-1, p-7, p-8, p-9, p-12, p-13, p-15, p-17, p-18, p-23, p-24, p-25, p-26, p-27, p-28, p-29	s-1, s-13, s-14, s-27, s-38, s-48	c-3, c-4, c-8, c-11	i-1, i-2, i-3, i-5	44

Type of Tool	Level on the Conceptual Framework					Total
	Cross-Cutting (x)	Policy Level (p)	Service Level (s)	Community Level (c)	Individual Level (i)	
	Reference Number for the Resource in Annex 1					
<b>Program-focused</b>	x-2, x-3, x-4, x-9, x-14, x-15, x-17, x-18, x-19, x-20, x-21, x-25, x-27, x-28	p-2, p-3, p-4, p-5, p-6, p-10, p-11, p-14, p-16, p-19, p-20, p-21, p-22	s-2, s-3, s-4, s-5, s-6, s-7, s-8, s-9, s-10 s-11, s-12, s-15, s-16, s-17, s-18, s-19, s-20, s-21, s-22, s-23, s-24, s-25, s-26, s-28, s-29, s-30, s-31, s-32, s-33, s-34, s-35, s-36, s-37, s-39, s-40, s-41, s-42, s-43, s-44, s-45, s-46, s-47, s-49, s-50, s-51, s-52, s-53, s-54, s-55, s-56, s-57, s-58, s-59, s-60, s-61, s-62, s-63, s-64, s-65, s-66, s-67, s-68, s-69, S-70, s-71, s-72, s-73	c-1, c-2, c-5, c-6, c-7, c-9, c-10, c-12, c-13, c-14	i-4, i-6	106
<b>Total:</b>	28	29	73	14	6	150

## II. REVIEW FINDINGS

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### Cross-Cutting

Cross-cutting tools are those associated with all levels of the conceptual framework. Of the 28 tools identified as cross-cutting, 14 were focused specifically on advancing human rights, generally, or reproductive rights, while 14 were focused on programmatic outcomes. The key audiences for these tools are those charged with the design, implementation, and evaluation of programs, such as UN staff and implementing partners, donors, international nongovernmental organizations (NGOs), and others providing technical assistance in the development field. For example, all of the cross-cutting tools categorized as training resources (x-1, x-5, x-8, x-11, x-15, x-22, and x-23) and several of the implementation guides (x-7, x-12, x-14, and x-27) are geared toward developing the capacity of program managers to apply human rights and gender equity into SRH and development programs. The assessment tools (x-2 and x-3) were more generally focused on programming FP or integrated SRH services and gender (x-4 and x-19) and health system indicators (x-16 and x-26). One tool (x-28) focused specifically on conducting needs assessments for the sexual and reproductive health and rights (SRHR) needs of women displaced by war and armed conflict. The remaining tools provided guidance for SRH strategies (x-6 and x-9); FP costing and planning (x-18); performance-based financing (x-20 and x-21); reproductive control, rights, and justice (x-13 and x-17); and informed and voluntary decision making (x-10).

The search yielded no documentation on the use of the majority of these tools (x-4, x-6, x-8, x-9, x-10, x-11, x-12, x-15, x-16, x-17, x-18, x-19, and x-20). Perhaps because a cross-cutting categorization connotes complex and multiple levels of programming, the evidence found is limited to reports of field tests (x-2, x-3, x-5, x-23, and x-26) or lessons learned from experiences in applying the tools (x-1, x-7, x-14, x-18, and x-21).

#### Box 1. Examples of Tools that Cut Across Levels of the Conceptual Framework

##### **Transforming Health Systems: Gender and Rights in Reproductive Health—A Training Curriculum for Health Managers (x-8)**

This manual is a training resource for trainers for a 3-week course designed to equip participants with analytical tools and skills to operationalize RH policies and programs as envisioned in the International Conference on Population and Development (ICPD) *Program of Action* and based on human rights norms and standards. The manual offers a session- and case-based curriculum on how to promote gender equity and reproductive rights. It is intended for health managers, planners, policymakers, health activists, and others with reproductive health responsibilities; and academic and activist trainers offering courses in research and programming in health, as well as in gender.

##### **Choices in Family Planning: Informed and Voluntary Decision Making (x-10)**

This tool supports a process for policymakers, donors, program managers, service providers, and trainers to understand key concepts of informed and voluntary decision making in sexual and reproductive health (SRH); identify and consider factors that affect decision making; develop strategies and action plans to strengthen decision making in SRH programs; and monitor and assess program quality and progress.

##### **Marginalised Minorities in Development Programming: A UNDP Resource Guide and Toolkit (x-27)**

The Resource Guide articulates the importance of fulfilling the rights of minority groups and stresses the need to develop policies that reach minorities, especially in relation to achieving the Millennium Development Goals (MDGs) by explicitly linking minority rights with the MDGs. The toolkit also covers governance issues and provides selected tools to integrate minorities into development programming and conflict prevention efforts. The tools include checklists, questionnaires, and survey techniques developed by United Nations Development Programme (UNDP) country offices, United Nation (UN) agencies, and other actors.

## Policy Level

Our search identified 29 policy-level tools in total: ten are assessment tools (p-3, p-4, p-9, p-10, p-12, p-13, p-14, p-18, p-28, and p-29); seven are conceptual frameworks (p-1, p-8, p-16, p-17, p-19, p-20, and p-21); eleven are implementation guides (p-2, p-5, p-6, p-7, p-11, p-22, p-23, p-24, p-25, p-26, and p-27); and one is a training resource (p-15). Sixteen are focused specifically on rights and 13 are focused on FP/RH policy and program development.

Of the programmatic policy tools, four are focused on priority setting and advocacy for contraceptive security and introduction (p-2, p-3, p-4, and p-5) and the rest are designed to support FP, RH, and/or gender; policy analysis, development, and implementation (p-6, p-10, p-11, p-14, p-16, p-19, p-20, and p-21); and advocacy for supporting the healthy transition from youth to adulthood (p-22). The rights-focused tools are primarily frameworks to set forth basic definitions, principles, and rationales to support law and policy reform for reproductive rights (p-1 and p-17) or for adolescent rights and empowerment (p-8); or assessment guides to support the analysis and monitoring of human rights laws, policies, regulations and commitments for health (including SRH) and rights (p-9, p-12, p-13, p-18, p-25, p-28, and p-29). Of the remaining rights-focused policy tools, three are designed to support the development of advocacy strategies and campaigns for SRHR for women and girls (p-7, p-26, and p-27), and one is a training resource for building capacity of UN personnel in rights-based policy and program development (p-15). Two describe the Danish Ministry of Foreign Affairs' human rights-based approach to development programming and how to apply this framework in practice (p-23 and 24). While specific to Denmark, they may be useful to programs elsewhere that are interested in adopting a human-rights based approach.

Two of the policy tools, *Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessment, Planning and Implementation* (p-5) and *Making Decisions about Contraceptive Introduction: A Guide to Conducting Assessments to Broaden Choice and Improve Quality of Care* (p-3), have extensive documentation about field-testing and use of the tools in multiple countries and settings. The World Health Organization (WHO) tool, *Sexual and Reproductive Health and Human Rights* (p-13), is currently being tested in four countries; in addition, there is published documentation about lessons learned through application of the tool in an additional six countries. One tool, *Making a Difference: Improving Women's Sexual and Reproductive Health and Rights in South Asia—A Resource Book for Advocates* (p-27), includes examples and case studies of how principles were applied in practice, but provides no evidence of the tool's effectiveness. There was little or no evidence found regarding the field testing or use of the remaining tools in this category.

### Box 2. Examples of Policy-Level Tools

#### **Gaining Ground: A Tool for Advancing Reproductive Rights Law Reform (p-1)**

This tool is a resource for advocates, policymakers, planners, and educators to support law and policy reform at the national level for reproductive rights. It provides a definition, framework, and rationale for reproductive rights and reviews channels for reform (constitutional protections, legislation, regulatory frameworks, policies, and using the courts), as well as the challenges in making reforms happen. It provides chapters and examples of successful reform on specific issues such as safe pregnancy and childbirth, contraception, abortion, harmful practices, HIV/AIDS, marriage rights, violence against women, population policies, and adolescent rights.

#### **Sexual and Reproductive Health and Human Rights: A Tool for Examining Laws, Regulations, and Policies (p-13)**

This sexual and reproductive health and human rights tool allows country stakeholders to use a human rights framework to examine the legal, policy, and regulatory environment; identify barriers and gaps; and make recommendations to support an enabling environment that fosters the enjoyment of rights and supports sexual and reproductive health.

## Box 2. Examples of Policy-Level Tools (continued)

### **EQUITY Framework for Health (p-21)**

The framework aims to help policymakers and advocates engage the poor throughout the policy-making process and integrate pro-poor strategies into health policies and plans. The six components of the framework are E—engage the poor, Q—quantify the level of inequalities, U—understand barriers to access, I—integrate equity, T—target resources and efforts to the poor, and Y—yield public-private partnerships for equity. Additional briefs in this series focus on how stakeholders can use each component to help design policies, programs, and financing mechanisms to better meet the needs of the poor and other underserved groups.

### **Making a Difference: Improving Women's Sexual and Reproductive Health and Rights in South Asia—A Resource Book for Advocates (p-27)**

This resource book provides a how-to guide for organizations seeking to effectively advocate for women's sexual and reproductive health and rights. It is intended to support advocacy for the promotion of sexual and reproductive health and rights as human rights and to increase the resources allocated for fulfilling these rights.

## Service Level

Of the 73 service-related tools reviewed in our search, the vast majority focus on programs rather than on rights (67 of 73, or 92%). More than a third of the tools identified (26, or 36%) are training materials. There is an abundance of counseling training resources. Ten counseling curricula (s-3, s-39, s-46, s-47, s-49, s-50, s-51, s-53, s-54, and s-56) and two online courses (s-62 and s-63) were reviewed. Several training resources are designed to develop healthcare professionals' awareness of, and skills needed to meet, the FP and other reproductive health needs of particular client populations, such as HIV-positive clients (s-11, s-15, and s-44), youth (s-12, s-22, and s-52), postabortion care clients (s-47), men (s-50), and fistula clients (s-56). One of the training tools reviewed focuses specifically on making services client-centered (s-57), and others are designed to develop program staff's capacity to promote gender equity and rights (s-1, s-27, s-38, and s-48.). The remaining training resources are designed to develop service providers' knowledge and skills related to a range of issues required for high-quality sexual and reproductive health services and ongoing quality improvement (s-16, s-31, s-58, s-59, and s-72). Two training tools focus on service integration to expand access (s-15 and s-48), and one focuses on training staff in US government policy and legal requirements related to protecting informed choice and voluntarism in FP programs (s-70).

The next largest group of service-related tools that we found relate to assessing, monitoring, or evaluating programs and the availability and quality of reproductive health and FP services, including counseling. Eighteen such resources were reviewed, comprising 25 percent of all of the service-related tools covered in this paper. They include four tools for assessing and measuring quality in service programs (s-21, s-23, s-67, and s-68); a specific methodology for assessing programs (*Situation Analysis*, s-20); one tool for monitoring services (e.g., use of mystery clients (s-8)); and specific instruments, for example, the *Quick Investigation of Quality* indicators (s-24 and s-25), a counseling assessment instrument (s-17), and client exit interview questionnaires (s-23 and s-26). One manual focuses specifically on evaluating quality of care from a gender perspective (s-13). Three were designed to enable users to assess and improve FP/RH services for youth (s-22, s-26, and s-70). Two tools provide a methodology and/or guidance for assessing the feasibility of integrating FP and other RH services (*Self-Assessment Checklist: Getting Closer – Linking HIV and Sexual and Reproductive Health*, s-15 and *Assessing Integration Methodology—AIM*, s-19) and one is for monitoring social marketing delivery systems and product and/or service availability (s-64). We also included an index that measures to what extent women achieve their reproductive intentions and avoid reproductive health problems (s-65), and a tool to estimate program impact (s-73).

The search yielded a number of tools related to quality of care in service programs. Two conceptual models or frameworks specific to quality of care were identified and reviewed: the foundational Judith Bruce *Quality of Care Framework* (s-2) for FP services and the *Performance Improvement Framework* (s-29). Five methodologies and processes for improving service quality were also reviewed: the *Improvement Collaborative* (s-34), *COPE* (s-35 and s-36), *Optimizing Performance and Quality* (s-37), *Standards-Based Management and Recognition* (s-40), and the “*Smart Patient*” counseling/coaching methodology (s-8).

The remaining service-related tools provide assistance in implementing programs and services. Thirteen implementation and program guides were found covering how to operationalize quality assurance (s-28) and quality improvement (s-33); adhere to the requirements set by the US government to ensure the voluntary nature of FP services under the Tiahrt amendment (s-5, s-6, and s-7); strengthen RH services for youth (s-10, s-60, and s-61); implement gender-sensitive reproductive health services (s-14); conduct facilitative supervision (s-30); improve interpersonal communication (s-32 and s-66); and guide the introduction of systematic screening (s-41). In addition, the search found a number of job aids—most of which are to help service providers effectively counsel clients (s-4, s-8, s-42, s-43, s-45, s-55, and s-71). One job aid reviewed assists with client screening (s-9).

Evidence regarding the effectiveness of most of these tools is scant. Evaluation data were found for less than 20 percent of the service-related tools. For many tools, documentation exists about field-testing, where the tool has been used, and lessons learned. Some evaluation data were found for 14 of the service-related tools (s-8, s-18, s-24, s-25, s-28, s-30, s-32, s-33, s-35, s-36, s-40, s-41, s-42, s-43, s-55, s-57, and s-59), but it sheds limited light beyond stating that the tools were found to be useful, practical, or effective or that they added some value.

### Box 3. Examples of Service-Level Tools

#### **Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Healthcare Providers (Module 3: Quality Care I: Quality in Human Relation and Technical Quality (s-1)**

This training package, originally developed for Bolivia, promotes gender-sensitive, high-quality care in sexual and reproductive health services, with the goal of contributing to sustained improvements in health. A gender perspective is applied to help participants better understand diversity and to respond to differentiated groups of users and dynamics between them.

#### **Self-Assessment Checklist: Getting Closer—Linking HIV and Sexual and Reproductive Health (s-15)**

This checklist provides a set of questions to help users facilitate the implementation of an organization’s policies and services related to HIV and sexual and reproductive health (SRH) integration. The tool can assist organizations to assess the extent to which SRH has been linked in their policies, programs, and outreach services and to develop and action plans and other mechanisms to improve linkages.

#### **Provide: Strengthening Youth-Friendly Services (s-26)**

This tool is designed to support service providers in rethinking the services they provide for young people. It provides a road map that leads to high-quality service delivery. It is part of a resource package that supports rights-based, comprehensive sexual and reproductive health programming for young people.

#### **Gender and Rights: A Strategy to Improve the Quality of Care—Training Manual for Reproductive Health Care Providers (s-27)**

This manual details a five-day training workshop to assist providers in understanding and using gender and rights perspectives as strategies to improve the quality of sexual and reproductive healthcare services in policies, programs, and action plans. The training is intended to transform participants’ attitudes, behavior, and knowledge to support gender equality within the sexual and reproductive health service setting.

### Box 3. Examples of Service-Level Tools (continued)

#### **COPE<sup>®</sup> Handbook: A Process for Improving Quality in Health Services (s-36)**

COPE<sup>®</sup> was developed as a means to enable staff to assess their own work and identify problems, needs, and local solutions. COPE<sup>®</sup> helps staff become more aware of clients' needs and become aware of what is needed to provide the highest possible level of care. A toolbox, consisting of four tools (Self-Assessment Guides, a Client-Interview Guide, Client Flow Analysis, and Action Plan), accompanies the handbook. They enable staff to identify problems that interfere with the delivery of high-quality services, identify root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure problem resolution.

#### **Human Rights for Health Workers (s-38)**

This online training manual comprising 7 modules is designed to train health workers in health and human rights issues. It aims to bridge the gap between the legal conceptualization of the right to health and the daily practice of health workers.

#### **Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers (s-42)**

The Balanced Counseling Strategy is an interactive, client-friendly counseling strategy that uses three key job aids to guide comprehensive and high-quality family planning counseling. The toolkit consists of a Users' Guide, Trainers' Guide, Counseling Cards, and an Algorithm.

#### **A Guide to Family Planning for Community Health Workers and their Client (s-71)**

This flipchart is a job aid for community health workers to use during FP counseling or in group sessions with clients.

## Community Level

Our search identified 14 community-level tools: four focused on rights and ten focused on programming. Five were designed to provide implementation guidance (c-1, c-3, c-7, c-10, and c-11); three were assessments (c-4, c-8, and c-13); two were process methodologies for community-defined quality (c-5 and c-6); two were frameworks for community engagement (c-2 and c-9); and two were training manuals (c-12 and c-14). The implementation guidance relates to mobilizing communities to support quality improvement (c-1), advocating for the rights of youth (c-3) and people living with HIV (c-10); and integrating social analysis and action on the determinants of health for programs that work with communities (c-7). Of note is a best practice model aimed at guiding community members to document the existence of coercive practices based on the instances of sterilization abuse of HIV-positive women in Namibia (c-11).

One of the assessment tools is a measurement scale, *The Gender Equitable Men Scale* (c-8), which measures community gender norms across different settings and cultures; it has documentation regarding its validation and use in peer-reviewed literature. Another assessment tool is the *Community Score Card* (c-5), a community-based monitoring and evaluation tool that enables citizens to assess the quality of health services and be informed about their entitlements, with documented use in three countries. Finally, a unique resource is the *Toolkit for Community-based Monitoring of Health Services*, developed by the Advisory Group for Community Action of the National Rural Health Mission in India. This toolkit includes a range of useful materials including a program managers' guide and an implementing handbook to support healthcare as a right (c-13).

For most of the community-level tools, we found mention of either field-testing or use in multiple countries, but there was little documentation to support claims of effectiveness.

#### Box 4. Examples of Community-Level Tools

##### **Mobilizing Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers and an Advocacy Training Guide (c-3)**

This toolkit is designed to assist program planners and managers to design, conduct, and evaluate advocacy campaigns to advance the implementation of existing policies, with a specific focus on young people's sexual and reproductive health and rights (SRHR). It is intended for use with community-based organizations, youth groups, and other grassroots partners interested in improving access to SRHR information and services for youth.

##### **Partnership-defined Quality: A Toolkit for Community and Health Provider Collaboration for Quality Improvement (Facilitation Guide) (c-5)**

Partnership-defined quality is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. It links quality assessment and improvement with community mobilization and is intended to be used by project managers, health service managers, school administrators, or facilitating agencies.

##### **Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health (Social Analysis and Action) (c-7)**

This manual describes an approach called Social Analysis and Action to identify and address the social, economic, and cultural factors that influence reproductive health by working with communities through regularly recurring dialogue designed to address how their social conditions perpetuate their health challenges. The manual includes a description of the process, case studies, tools, and reflections.

##### **How to Reach Young Adolescents: A Toolkit for Educating 10–14 Year Olds on Sexual and Reproductive Health (c-14)**

This tool responds to the need for adolescents to receive sexuality education prior to engaging in sexual activity and the need for creating an environment that allows them to access information and services. It provides approaches and implementation steps, based on program experience, for developing education programs that involve the community and engages multiple audiences: pupils, community members, teachers, parents, and health workers.

## Individual Level

Individuals are referred to in numerous cross-cutting and service-related tools; however, we found only three tools that are aimed directly at individuals outside of the service delivery context. All are rights-focused and aim to empower individuals. These include a tool to help HIV-positive women advocate for access to care, treatment, and support and SRHR (i-1); a guide for young people living with HIV to help them understand their sexual rights and achieve sexual well-being (i-2); and a tool to measure power within sexual relationships (i-3).

#### Box 5. Examples of Individual-Level Tools

##### **Positive Women Monitoring Change (i-1)**

This tool created by and for HIV-positive women supports advocacy and monitoring on access to care, treatment, and support; sexual and reproductive health and rights; and violence against women. It consists of an advocacy framework, questionnaires, a training curriculum, and supporting information and forms.

##### **Working with Young Women: Empowerment, Rights and Health (i-5)**

This tool provides educators, volunteers, teachers, and others a series of group educational activities to promote awareness about gender inequities, rights, and health among young women ages 15–24 years and to develop their skills so that they can feel more capable of acting in empowered ways in different spheres of their lives.

### III. SUMMARY AND RECOMMENDATIONS

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Of the total documents reviewed, 29 percent focus explicitly on human rights or reproductive rights; however, this does not mean the remaining documents showed a lack of support for human or reproductive rights (references were sometimes implicit). Even though more than three-quarters of the tools reviewed have an FP program focus and were not explicitly designed to protect and fulfill rights, they contain elements that support rights at all levels of action described in the conceptual framework. The review showed that

- **More evaluation is needed to determine a tool's potential or comparative effectiveness as a tool for operationalizing FP programs that respect, protect, and fulfill rights.** The search yielded little evidence to determine which of the identified tools are proven or promising for respecting, protecting, and fulfilling rights. Evaluation data are lacking for most, rendering it impossible to draw conclusions about the tools' ease of use, their effectiveness in enabling users to achieve their intended purpose, how they compare to similar tools, nor any sense of associated costs. For example, the search found numerous counseling curricula and counseling-related job aids but no documentation that would permit a comparative analysis to determine which one is better to use in certain circumstances. There is a need to invest more in evaluating and documenting existing tools, including collecting cost information related to their application.
- **There is a shortage of tools and indicators to monitor and ensure accountability.** The search identified a limited number of tools and indicators to specifically monitor and ensure accountability regarding rights in FP, especially at the service delivery level.
- **Most tools focus more broadly on quality of care and not specifically on empowerment or client rights.** Many tools related to individual rights and empowerment were designed to protect the rights of HIV-positive individuals and to support youth empowerment and gender equity. The search found little that is specific to empowering and/or protecting clients' rights in FP programs beyond tools more broadly focused on quality of care.

Note that those tools reviewed and found to have an explicit focus on rights came up in searches of material from more recent years, indicating an emerging trend in the development of such tools for programming. To build on this trend, the authors propose greater rigor in two key areas. First, before any resources are committed to creating a new tool, the need for the tool should be well researched and clearly articulated to ensure that there is not already an existing tool available that can be applied or adapted. Second, if a new tool is desired, whenever possible, the development process should include a strong evaluation component that documents the process of using the tool and assesses whether its use leads to the intended results. Without such documentation, it is difficult to ensure that users in other settings will be able to replicate the use of the tool in their own programs. And, in the absence of evidence, there is no way to know whether a tool is effective.

## ANNEX 1. LIST OF TOOLS

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## Cross-Cutting

### [A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials](#)

X-1

Publication Date: 2010

**Type:** Training / **Focus:** Rights

#### Organization(s)

United Nations Population Fund (UNFPA) Gender, Rights and Culture Branch of the Technical Division (GHRCB); and Harvard School of Public Health Program on International Health and Human Rights (PIHHR)

#### Overview/Purpose/Intended Audience

*Description and Purpose:* The manual provides a step-by-step approach on how to apply a culturally sensitive, gender-responsive, human rights-based approach to programming in the following areas: population and development, reproductive health and gender, and emergency response. It is intended to provide the knowledge and tools needed to support building national capacity to implement a human rights-based approach in programming and policies at all levels from a perspective informed by the International Conference on Population and Development (ICPD).

*Intended Audience/Users:* UNFPA country staff and implementing partners

#### Content

The manual covers the basics on human rights, a description of what constitutes a human rights-based approach, and modules on how to apply a human rights-based approach to population and development, reproductive health, gender equality, and emergency response. Materials are provided for use in training on each module, including a facilitator's manual and PowerPoint presentations. Information cards and worksheets are also provided for use by trainees/users of the manual.

#### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The manual walks users through each stage of national program development: the situation assessment and analysis; program planning and design; program implementation; and monitoring and evaluation. It then illustrates how program planning can systematically integrate core human rights principles as part of policy dialogue and program work. Each module provides an overview of UNFPA's program in the area, along with checklists of questions and case studies for applying a human rights-based approach to programming. The manual can be used as a stand-alone reference or as background reading for a workshop. The manual includes facilitation guidance and training materials for a three-day workshop on the human rights-based approach.

#### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence is identified regarding use of the tool by UNFPA programs. Lessons learned from application of a human rights-based approach are found in a [UNESCO report](#), but none of the case studies relate to family planning or reproductive issues.

**Type:** Assessment / **Focus:** Programming**Organization(s)**

EngenderHealth

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This is an assessment tool to help program managers and staff determine strengths and weaknesses in family planning (FP) programs by identifying programmatic gaps that require further investment or more in-depth assessment prior to the (re)design of programmatic interventions. The guide is primarily intended for use by high- or mid-level FP program staff in technical ministries of health or donor agencies, though others working in the area of sexual and reproductive health could also find it useful.

The SEED™ Assessment Guide is grounded in EngenderHealth's Supply–Enabling Environment–Demand (SEED) Programming Model, a holistic programming framework based on the principle that sexual and reproductive health programs will be more successful, sustainable, and accountable to the communities they serve if they comprehensively address the three interdependent and mutually supportive components of such programs: *supply*; the *enabling environment*; and *demand*.

*Intended Audience/Users:* Program managers, policymakers, donors, service providers

**Content**

Topics related to informed choice and rights—*Supply:* varied service modalities, comprehensive method mix, quality of care, counseling, well-trained staff; *Enabling Environment:* supportive policy environment; contraceptive security, human and financial resources, public/private partnerships, social/gender norms impacting FP; *Demand:* financial barriers to FP, access to information and education, community engagement, commercial/social marketing to increase access.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement:* Form assessment team of 3–5 people (including representatives from partners and stakeholders positioned to address or implement assessment findings). This guide suggests a four-phase approach: Phase I: Desk review; Phase II: Key informant interviews; Phase III: Analysis and write-up of the final report; and Phase IV: Discussion of findings with key stakeholders/partners.

*Resources Needed to Implement:* Financial and staffing resources needed for a 4–6 week review, including in-country travel for the assessment team

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Field-tested in Tanzania; used for annual EngenderHealth work planning in India and Bangladesh. The SEED™ Model was adopted by the International Planned Parenthood Federation (IPPF) Member Association in Benin to use as an organizing framework for proposal development.

X-3	<p><a href="#">Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide</a>          Publication Date: 2009</p>
	<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b>          International Planned Parenthood Federation (IPPF), United Nations Population Fund (UNFPA), World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Network of People Living with HIV (GNP+), International Community of Women with HIV/AIDS (ICW), and Young Positives</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The objective of this adaptable tool is to assess bidirectional linkages relating HIV and sexual and reproductive health at the policy, systems, and service delivery levels. It is intended also to identify gaps and ultimately to contribute to the development of country-specific action plans to forge and strengthen these linkages. While this tool focuses primarily on the health sector, it can be adapted to cover other sectors (education, social services, and labor).</p> <p><i>Intended Audience/Users:</i> Policymakers, program managers, service providers, clients, donors</p> <p><b>Content</b>          This tool covers a broad range of linkages issues, such as policy, systems, and services.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Countries are encouraged to review the questions and the scope of the assessment and modify them according to the local situation.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> To date, some 16 countries have rolled out the tool, gathering and generating information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages, including <a href="#">Belize</a>, <a href="#">Benin</a>, <a href="#">Botswana</a>, <a href="#">Burkina Faso</a>, <a href="#">Cote d'Ivoire</a>, <a href="#">Kyrgyz Republic</a>, <a href="#">Lebanon</a>, <a href="#">Malawi</a>, <a href="#">Morocco</a>, <a href="#">Pakistan</a>, <a href="#">Russia</a>, <a href="#">Tanzania</a>, and <a href="#">Tunisia</a>.</p>	

X-4	<p><a href="#"><u>A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming</u></a>          Publication Date: 2002</p>
	<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p> <p><b>Organization(s)</b>          U.S. Agency for International Development (USAID)/MEASURE Evaluation</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This framework offers a way of thinking about gender that makes it relevant for population, health, and nutrition (PHN) programming and evaluation. It outlines a thought process for developing indicators to measure the success of gender-related activities, but it does not provide a comprehensive or definitive list of gender indicators.</p> <p><i>Intended Audience/Users:</i> Program designers</p> <p><b>Content</b>          This document articulates a rationale for including gender in PHN programs, defines gender in ways that make it easier to include in PHN programs, suggests a framework for identifying and addressing constraints, and identifies generally applicable gender themes.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Using the framework is a three-step process: (1) identify gender-related obstacles to and opportunities for achieving a particular PHN objective; (2) include/modify activities aimed at reducing obstacles; and (3) add (process) indicators to monitoring and evaluation plans to measure success in reducing gender-related obstacles.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>

X-5

**It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education ([Volume 1](#); [Volume 2](#))**

Publication Date: 2009

**Type:** Training / **Focus:** Rights

**Organization(s)**

Population Council (in collaboration with CREA [an Indian nongovernmental organization], Girls Power Initiative, International Planned Parenthood Federation [IPPF], IPPF/Western Hemisphere Region, International Women's Health Coalition, and Mexfam)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This two-volume curriculum provides the key elements for developing a rights-based, gender-sensitive, and participatory sexuality education program, taking a comprehensive, integrated approach. The goal of the curriculum is to develop the capacity of young people to enjoy (and advocate for their rights to) dignity, equality, and responsible, satisfying, and healthy sexual lives.

*Intended Audience/Users:* Policymakers (health and education), curriculum developers, and educators

**Content**

The introduction includes an evidence-based policy argument, seven content units (each with Learning Objectives, Key Content, and Points for Reflection), a "final project" unit to support advocacy and apply lessons learned, and 22 fact sheets. "Activities" includes effective teaching methods, 54 sample activities, and further resources. Topics covered include sexual health and well-being and human rights, gender, sexuality, interpersonal relationships, communication and decision-making skills, the body, puberty, and reproduction, sexuality and reproductive health, and sexual health advocacy, rights, and gender equity.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This curriculum may be adapted to design curricula to be taught in schools, after-school classes/educational programs in community settings, or for adult education curricula. Other adaptations can include (1) develop/modify a comprehensive sexuality education program; (2) facilitate a discussion on a topic such as HIV, gender and media, or decision making about sex; (3) train staff on using a rights-based, gender-sensitive approach to sexuality education; and (4) raise awareness about youth's sexual and reproductive rights. Facilitation is required.

*Resources Needed to Implement Tool:* Financial, logistical, and staffing resources needed for facilitated training sessions(s); internet access suggested for some activities

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The curriculum's activities were field-tested in Belize, Bosnia, Brazil, Costa Rica, Lesotho, Mexico, Nigeria, and Pakistan.

- *RH Reality Check* named this curriculum's editors among its 2010 "*Fighting for Justice*" heroines and heroes, for providing educators with guidelines and activities for a unified approach to sexuality, gender, and human rights education.
- The curriculum was approved and recommended by the San Francisco Unified School District.
- The curriculum was rated as "Highly Recommended" by the Minnesota Sexuality Education Resource Review Panel.

<b>X-6</b>	<p><a href="#"><u>Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework</u></a>          Publication Date: 2008</p>
<b>Type:</b> Framework / <b>Focus:</b> Rights	
<p><b>Organization(s)</b>          United Nations Population Fund (UNFPA)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This framework provides overall guidance and a cohesive response for implementing the reproductive health and rights elements of the UNFPA Strategic Plan 2008–2011.</p> <p><i>Intended Audience/Users:</i> UNFPA staff and stakeholders</p> <p><b>Content</b>          Part 1 provides a snapshot of progress/challenges since the 1994 International Conference on Population Development (ICPD) and sets four thematic priorities: (1) delivery of sexual and reproductive health (SRH) services at the primary care level; (2) integration of HIV prevention, care, and management in SRH services; (3) gender-sensitive life-skills–based SRH education for youth; and (4) SRH in emergencies and humanitarian crises. Part 2 reviews proposed outcomes: (1) promoting demand for reproductive rights and SRH and strengthening of the essential package of SRH services; (2) increasing access to and use of maternal health services; (3) increasing access to and use of high-quality family planning services; (4) increasing demand for, access to, and use of high-quality HIV and sexually transmitted infection services, especially for women and vulnerable groups; and (5) increasing access of young people to services and education for SRH, HIV, and gender-based violence. For each outcome program priorities, key activities and indicators are proposed. The framework provides a list of key indicators and a menu for additional indicators to consider for each of the five proposed outcomes.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

<b>X-7</b>	<p><a href="#"><u>Doing Gender the “Rights” Way: A Guide to Promoting Gender Equity in Sexual and Reproductive Health Programs</u></a></p> <p>Publication Date: 2008</p>
<b>Type:</b> Implementation / <b>Focus:</b> Rights	
<p><b>Organization(s)</b> Margaret Sanger Center International (MSCI) at Planned Parenthood of New York City (PPNYC)</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> The purpose of the guide is to facilitate the process of integrating gender equity promotion into programs at various stages of program development (assessment, setting goals and objectives, designing interventions, and monitoring and evaluation).</p> <p><i>Intended Audience/Users:</i> Planners for sexual and reproductive health and rights (SRHR) programs (education, advocacy, health services, media)</p> <p><b>Content</b> This manual provides a framework to conceptualize the role of gender in a SRHR program to understand the impact of gender on SRHR and how to practically implement gender equity promotion in the design and evaluation of SHRH programs. The monitoring and evaluation chapter describes indicators at the various levels of individuals, family/couples, community, and institutions. Appendix H provides examples of results frameworks that include resources/inputs, activities, outputs, outcomes and intermediate outcomes for objectives, and goals for a variety of interventions.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The manual suggests assembling a gender team (including those who understand gender, program planning, local perspectives, and monitoring and evaluation) to lead the process of examining the program’s current and desired approach to integrating gender into SRHR activities and where/how to make changes and evaluate progress along the way.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> The tool was successfully used to integrate gender equity and prevention of gender-based violence into youth-focused HIV prevention services in five countries in Southern Africa and the Caribbean. (F. Castaño, et al. <a href="#"><u>Youth-focused HIV prevention: doing gender the “rights” way</u></a>. Poster discussion: AIDS 2006 - XVI International AIDS Conference, abstract no. TUPDE05.) The development of the tool was based on the experience of MSCI staff and workshops conducted in the Dominican Republic, Mexico, Nepal, Namibia, South Africa, and Venezuela.</p>	

X-8	<p><a href="#"><u>Transforming Health Systems: Gender and Rights in Reproductive Health—A Training Manual for Health Managers</u></a>          Publication Date: 2001</p>
	<p><b>Type:</b> Training / <b>Focus:</b> Rights</p> <p><b>Organization(s)</b>          World Health Organization (WHO), Department of Reproductive Health and Research</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This manual is a training resource for trainers for a three-week course designed to equip participants with analytical tools and skills to operationalize reproductive health policies and programs, as envisioned in the 1994 International Conference on Population and Development (ICPD) Programme of Action and based on human rights norms and standards. The manual offers a session-based and case-based curriculum on how to promote gender equity and reproductive rights.</p> <p><i>Intended Audience/Users:</i> Health managers, planners, policymakers, and others with reproductive health responsibilities; academic and activist reproductive health and gender trainers</p> <p><b>Content</b>          The curriculum has three “Foundation Modules” on gender, social determinants of reproductive health, and rights, as well as three “Application Modules” on evidence, policy, and health systems. It is designed to foster integration, as no module deals with one particular reproductive health topic; rather, specific aspects of reproductive health are used throughout in case studies. The reproductive health issues addressed include reproductive tract infections and cancers; contraception; pregnancy and childbirth; adolescent health; abortion; and sexual violence. Module 4 trains participants to develop indicators that capture the gender and rights dimensions of a health issue or problem. (One of the case studies is on the issue of quality of care in family planning services.)</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> The course requires a high-level facilitation team of 3–4 people, both women and men, from a mix of disciplines who have considerable experience in reproductive health, an understanding of gender and rights, and a willingness to use participatory methods. Although designed as a stand-alone course, it can be used as a module in graduate programs, professional programs, or university curricula on health systems, rights, or gender.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified regarding the use of the curriculum other than in a pilot test.</p>

X-9

[Choices for women: planned pregnancies, safe births and healthy newborns—The UK's Framework for Results for improving reproductive, maternal and newborn health in the developing world](#)

Publication Date: 2010

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

UK Department for International Development (DFID)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This document sets forth the strategy to guide its sexual and reproductive health programs through 2015. It provides the vision and rationale, a framework for results, and the means for implementing those results.

*Intended Audience/Users:* DFID implementing partners and stakeholders

**Content**

The strategy sets forth four results areas (program pillars) that support preventing unwanted pregnancies and promoting safe pregnancy and childbirth: (1) empowering women and girls to make healthy reproductive choices; (2) removing barriers that prevent access to services, particularly for the poor and vulnerable; (3) expanding the supply of high-quality services; and (4) enhancing accountability for results at all levels. For each pillar, a set of priority areas is described. The strategy provides a core set of results and recommended indicators to measure progress.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

X-10

## Choices in Family Planning: Informed and Voluntary Decision Making

Publication Date: 2003

**Type:** Framework / **Focus:** Rights

### Organization(s)

EngenderHealth

### Overview/Purpose/Intended Audience

*Description and Purpose:* This tool supports a process to understand key concepts of informed and voluntary decision making; identify and consider factors that affect informed and voluntary decision making (IVDM) in sexual and reproductive health; develop strategies and action plans to strengthen IVDM in sexual and reproductive health programs; and monitor and assess program quality and progress.

*Intended Audience/Users:* Policymakers, donors, program managers, service providers, trainers, and providers of technical assistance

### Content

This toolkit is based on a conceptual framework for IVDM in sexual and reproductive health that includes the following elements: (1) service options are available; (2) the decision-making process is voluntary; (3) individuals have appropriate information; (4) good client-provider interaction, including counseling, is ensured; and (5) the social and rights context support autonomous decision making.

The tool contains three main guides: a discussion guide to facilitate broad discussion of the concepts and elements that underpin IVDM; an assessment guide that outlines what to strive for in each of the five elements in the framework (i.e., what needs to be in place) and what factors to consider and discuss at the individual/community, service delivery, and policy levels; and a next-steps guide for action planning and follow-up.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The toolkit is intended for use by groups of stakeholders in a facilitated workshop of 2–3 days. The individual tools can be used separately or together, depending on need and time available.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

X-11	<p><a href="#"><u>Gender and Rights in Reproductive and Maternal Health: Manual for a Learning Workshop</u></a>          Publication Date: 2005</p>
	<p><b>Type:</b> Training / <b>Focus:</b> Rights</p>
<p><b>Organization(s)</b>          World Health Organization (WHO) Western Pacific Region</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This manual is adapted from the three-week curriculum described in X-8 above and serves as a resource for a six-day regional workshop, with the objectives of acquainting participants with the underlying social determinants of reproductive health, gaining conceptual clarity on rights-based and gender-sensitive approaches to policies and programs in maternal health, and developing strategies to address rights and gender issues in their own settings.</p> <p><i>Intended Audience/Users:</i> Health managers, policymakers, and others with responsibilities in reproductive health and those working on advocacy and policy and program change in reproductive health</p> <p><b>Content</b>          The manual is focused on maternal health. (Family planning is included as one of the case studies.) Twelve session modules walk the participant through the dimensions of the problem in maternal health; the determinants of maternal health (including the gender and poverty dimensions underlying medical causes); a rights-based approach to making pregnancy safer, engendering indicators, and applying a rights and gender perspective to a functioning health center; health service delivery issues; financing; policy assessment from a gender and rights perspective; and how to make change happen. Module 6 is on “Engendering Indicators”—viewing indicators to determine whether they reflect gender and rights.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Although designed as a stand-alone course, it could be integrated with a pre-service or in-service program on health systems, rights, and gender.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

<p>X-12</p>	<p><a href="#"><u>Applying a Human Rights-Based Approach to Development Cooperation and Programming: A UNDP Capacity Development Resource</u></a>          Publication Date: 2006</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b>          United Nations Development Program (UNDP)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This document is an “applications-based resource” on human rights and human development. The guide seeks to illustrate how human rights standards and principles should relate to UNDP engagement on the development agenda at the country level and how they can influence policy, advocacy, and programming initiatives in all phases of the development planning and implementation process. This guide is intended for use by UNDP personnel and provides exercises and resources for using a human rights–based approach for program assessment, design, implementation, and evaluation.</p> <p><i>Intended Audience/Users:</i> UNDP, United Nations (UN) system, and partners</p> <p><b>Content</b>          The guide is focused on the state’s obligations to respect, protect, and fulfill the rights contained in the UN Charter and in the Universal Declaration of Human Rights. It provides guidance on the rationale for integrating human rights perspectives into development policies and practices; application of the UN Common Understanding; design of advisory and program support; program management and implementation; monitoring and evaluation; and human rights information and indicators.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> This resource provides guidance, not instruction, and is to be adapted to particular country contexts and needs.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

X-13	<p><a href="#"><u>A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights and Justice</u></a>          Publication Date: 2005</p>
	<p><b>Type:</b> Framework / <b>Focus:</b> Rights</p> <p><b>Organization(s)</b>          Asian Communities for Reproductive Justice</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The purpose/vision of this briefing paper is to articulate and clarify the main differences between reproductive health, reproductive rights, and reproductive justice frameworks. Although these terms are used interchangeably and all three are imperative, a single framework cannot achieve the goal of ending reproductive oppression.</p> <p><i>Intended Audience/Users:</i> Advocates</p> <p><b>Content</b>          The three main frameworks (reproductive health, reproductive rights, and reproductive justice) are described (including an analysis of the problem that gave rise to the framework, the strategy for addressing the problem, the constituents, the key players, and the challenges and limitations), along with the historical context for their development, a vision for a reproductive justice agenda, and actions to translate this vision into action.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated (framework only).</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>

X-14	<p><a href="#">A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitments to Action (2nd edition)</a></p> <p>Publication Date: 2009</p>
	<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b>  Interagency Gender Working Group, U.S. Agency for International Development (USAID)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This manual is intended as a resource on how to integrate a gender equity approach into the design and implementation of reproductive health programs. It promotes greater understanding of how gender relations and identities affect the capacity of individuals and groups to make informed choices about their sexual and reproductive health and to negotiate and obtain better reproductive health outcomes. Users of the manual will learn how to harness an increased awareness of gender considerations for the design, implementation, and evaluation of more effective programs.</p> <p><i>Intended Audience/Users:</i> USAID reproductive health program managers and technical staff and its implementing partners, governmental organizations, and international and local nongovernmental organizations</p> <p><b>Content</b>  The manual contains a rationale for gender integration and mainstreaming, a gender continuum, the Gender Analysis Framework, information on integrating gender throughout the program cycle, how to effectively meet the needs of program participants, approaches for improving program sustainability, ways to ensure better informed and empowered clients, factors for improving utilization of services, and methods of broadening development impacts and enhancing synergies across sectors.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> The manual is intended as a user-friendly reference to be used at any stage of the program cycle, but it is recommended to be used throughout. It can also be used as a tool for strategic program planning. This manual is a companion to the <a href="#">Guide for Incorporating Gender Considerations in USAID’s Family Planning and Reproductive Health RFAs and RFPs</a>, developed for USAID program managers. It complements the guide by orienting program designers, managers, and technical staff on how to integrate gender issues into program design, implementation, and evaluation.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> Field-tested</p>	

<p>X-15</p>	<p><a href="#">Gender and Sexual and Reproductive Health 101 (USAID Global Health eLearning Center)</a>          Publication Date: 2010</p>
<p><b>Type:</b> Training / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>          Futures Group</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This one-hour online course explores gender issues as they affect individuals, families, and communities and introduces students to gender analysis. It also outlines the steps to integrating gender throughout the program cycle.</p> <p><i>Intended Audience/Users:</i> Health policymakers, advocates, and program managers</p> <p><b>Content</b>          The impact of gender issues on individuals, families, and communities and the integration of gender throughout the program cycle.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Take <a href="#">online</a> course.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

X-16

[Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies](#)

Publication Date: 2010

**Type:** Assessment / **Focus:** Rights

**Organization(s)**

World Health Organization (WHO)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool provides a common monitoring and evaluation framework to enable targeted monitoring and evaluation of efforts to strengthen health systems structured around the WHO framework, which describes the health system in terms of six core components or “building blocks.” Its purpose is to fill the gap between information on how health systems respond to increased inputs and improved processes and the impact they have on improved health indicators. The handbook is country-focused and is intended to be supportive of country needs, while also providing a framework for global monitoring.

*Intended Audience/Users:* National governments, international agencies, and donors

**Content**

The handbook discusses each building block separately—namely, health service delivery; health workforce; health information; essential medicines; health financing; and leadership and governance. For each component, the handbook includes an introduction to the component and related indicators, provides a description of possible sources of information and available measurement strategies, and proposes “core indicators” that are supplemented, where necessary, by additional indicators that may be used, depending on the country health system’s attributes and needs.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

<p>X-17</p>	<p><a href="#"><u>Women’s Demand for Reproductive Control: Understanding and Addressing Gender Barriers</u></a>          Publication Date: 2012</p>
<p><b>Type:</b> Framework / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>          International Center for Research on Women (ICRW)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This document provides a new conceptual framework to illustrate that women’s demand for control over their reproductive health comprises an interconnected continuum of three levels of demand: their desire to limit or space childbearing (Level 1); their desire to exercise reproductive control (Level 2); and their ability to effectively exercise reproductive control (Level 3). It addresses a persistent gap in the literature regarding the role that gender barriers play for women in defining and achieving their reproductive intentions. The framework proposes a research agenda and calls for program success to include measurement of reduction in gender barriers or through measures of demand that reflect a shift in gender norms.</p> <p><i>Intended Audience/Users:</i> Programmers and researchers in the fields of gender, population, and reproductive health</p> <p><b>Content</b>          The document is the result of a literature review and expert consultation. Following an introduction to the framework that describes the three levels and provides the evidence on which it is based, the report illustrates programmatic approaches to overcoming gender barriers for each of the levels (with country examples) and concludes with a summary of recommendations for program managers and researchers.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

X-18	<p><a href="#">Crosswalk of Family Planning Tools: A Guide to Costing, Planning and Impact Analysis Tools</a></p> <p>Publication Date: 2012</p>
	<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b>  U.S. Agency for International Development (USAID) Health Policy Project, implemented by Futures Group in collaboration with CEDPA (a part of Plan International USA), Futures Institute, Partners in Population and Development Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The purpose of this guide is to introduce users to the array of tools available for determining the costs and impacts of investing in family planning. The tools included in the guide differ greatly in their intended uses and scope, timeframe, methodologies, outputs, level of precision and flexibility, and ease of use. This guide is intended to support users to determine which tool(s) is/are appropriate to address their specific questions and goals and to interpret the results provided by different tools.</p> <p><i>Intended Audience/Users:</i> Advocates, policymakers, donors, and program staff</p> <p><b>Content</b>  Eighteen tools are included in the guide, having been selected through a participatory approach and reviewed by an expert advisory committee. Information on each tool includes the developer and contact information, including web site address; a description; primary uses; key messages; model and methodology; usability and flexibility; country applications; tool citations; and related products and publications.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The guide includes citations, where applicable, for each tool.</p>	

X-19	<a href="#">Engaging Men and Boys in Gender Equality and Health: A Global Toolkit for Action</a>
	Publication Date: 2010
<b>Type:</b> Implementation / <b>Focus:</b> Programming	
<p><b>Organization(s)</b>          Promundo, United Nations Population Fund (UNFPA), and MenEngage</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This toolkit presents conceptual and practical information on engaging men and boys in promoting gender equality and health. Despite the increasing recognition of the important role that men and boys play in family planning and sexual and reproductive health, HIV and other sexually transmitted infections, gender-based violence, maternal health, and child care, they still are rarely engaged in health policies and programs. This toolkit aims to articulate and reinforce the benefits of working with men and boys and provides practical strategies for doing so in ways that address the underlying gender norms that most often influence their health-related attitudes and behaviors.</p> <p><i>Intended Audience/Users:</i> Program planners, health providers, peer educators, advocates, and others who work on issues related to gender equality; sexual and reproductive health; maternal, newborn, and child health; HIV and AIDS prevention, care, and support; and prevention of gender-based violence</p> <p><b>Content</b>          The toolkit includes an overview chapter that introduces the concept of gender-transformative programming, followed by modules that can be consulted together or separately, depending on the scope of the program (e.g., sexual and reproductive health or maternal, newborn, and child health). Each module is accompanied by “tools” for further guidance and the hands-on application of the concepts and strategies and includes country case examples.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Most of the chapters in the toolkit can be read individually after reading the introduction. However, the authors suggest that the user be familiar with the toolkit in its entirety to gain an understanding of how programs can support integrated efforts. The tools themselves provide step-by-step instructions for facilitators.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The toolkit provides country examples for the methodologies and tools described within.</p>	

X-20	<p><a href="#">Performance-Based Incentives: Ensuring Voluntarism in Family Planning Initiatives</a></p> <p>Publication Date: 2010</p>
	<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b> Health Systems 2020 Project/Abt Associates</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> This document reviews the opportunities and challenges for voluntary family planning (FP) service delivery and use presented by the trend to implement performance-based incentives (PBI) in middle- and low-income countries. By exploring a wide range of PBI schemes, the document looks at how FP was incorporated, how recipients are incentivized, the impact when available, and lessons that hold relevance for other settings. It outlines the policy and legal issues that U.S. Agency for International Development (USAID) implementers must consider in the development, implementation, and monitoring of PBI initiatives that include FP components.</p> <p><i>Intended Audience/Users:</i> Those considering the introduction of health-related PBI initiatives that include FP</p> <p><b>Content</b> This document provides implementation guidance by outlining several best practices characterized as “Dos and Don’ts” to consider when including voluntary FP in PBI programs. It is organized into three introductory chapters that provide an overview of trends, issues, and opportunities; the contribution of FP to achieving the health-related Millennium Development Goals; and USAID FP policies related to voluntarism and informed choice. Several examples of FP in PBI schemes are described, including performance-based aid, performance-based fiscal transfers, contracting with nongovernmental organizations and paying on the basis of results, PBIs in public- and private-sector facilities with government leadership, PBIs for community workers, and conditional cash transfers to households.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> No evidence identified.</p>	

X-21	<p><a href="#">Pay for Performance (P4P) Tools</a>  Publication Date: Various</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>  Health Systems 20/20 Project/Abt Associates</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> While developing a series of country-specific performance-based initiatives/pay-for-performance case studies (in 15 countries) and profiling maternal and child health-oriented programs around the world, Health Systems 20/20 collected a wide variety of country-specific design and implementation tools accessible via the link above. These tools can help inform countries interested in introducing the concept, while also providing an understanding of the complexities of designing performance-based initiatives/pay-for-performance approaches.</p> <p><i>Intended Audience/Users:</i> Program planners/managers, health facility managers</p> <p><b>Content</b>  The website is organized into the following areas: pay-for-performance start-up, including guidance, action plans, and gap assessments; contracts, including sample contracts, memoranda of understanding, and guidelines; indicators, both quantitative and qualitative; how to determine recipients, such as poverty grading tools, identification forms, etc.; voucher claim forms; job descriptions for individuals involved in pay-for-performance; reporting and audit tools for verification, validation, and measurement of performance; registration forms; methods for calculating results and/or payments; and client satisfaction survey forms.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Most of the tools are sample templates used in specific country programs. Guidance on implementation is described in the accompanying case study, which describes the tool’s use and outcomes.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> Case studies provide the evidence for how the tools were used.</p>	

**Type:** Training / **Focus:** Rights

### Organization(s)

Office of the High Commissioner for Human Rights (OHCHR)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual is a tool to foster human rights promotion and protection worldwide. It is complemented by a Trainer's Guide intended to assist trainers in preparing human rights officers to effectively perform human rights monitoring functions and to apply the methodology contained in the manual. The two components of the package are designed to complement each other and provide the basis for the conduct of programs for human rights officers in field operations and for other human rights monitors, under the approach developed by the OHCHR. The manual is the culmination of OHCHR's efforts to consolidate the United Nations (UN) experience in the area of human rights monitoring and is also useful as a general framework for the *methodological* aspects of such human rights monitoring.

*Intended Audience/Users:* UN human rights officers and other human rights monitors, especially within field operations established by the UN or regional organizations, but also from governments, national human rights institutions, and nongovernmental organizations (NGOs), as well as other intergovernmental organizations or NGOs engaged in human rights work

### Content

The Training Manual (Component 1 of the package) provides practical guidance principally for the conduct of human rights monitoring in UN field operations, but it may also be useful to other human rights monitors. The Trainer's Guide (Component 2 of the package) provides elements of training methodology, instructions and tips for trainers, additional exercises, and sample training tools to be used in combination with the Training Manual in conducting training courses for human rights monitors. Training Manual content is drawn from the experience in human rights monitoring and field work of many NGOs, individuals, and humanitarian organizations.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The individual responsible for implementation should be identified as early as possible to make the policy and organizational decisions that should be used to supplement and apply this manual to the particular operation. The team must supplement this manual with country-specific contextual materials, including information about geography, history, economy, population, governmental system, religions, languages, ethnic conflicts, the status of refugees and internally displaced persons, culture and customs, ratifications of human rights treaties, other international organizations present in the country, NGOs, and other information about the human rights situation. The person who takes responsibility for training in the human rights operation should ideally be given responsibility for adapting the manual.

*Resources Needed to Implement:* The manual is principally intended for training of staff in human rights field operations, which are on-site for a significant period of time (e.g., at least six months) with a considerable staff (e.g., at least 10 or more) to perform primarily a monitoring function.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

X-23	<p><a href="#">HIV, Sexual and Reproductive Health: Understanding and Claiming Rights. Skills-Building Workshop Curriculum</a></p> <p>Publication Date: 2009</p>
	<p><b>Type:</b> Training / <b>Focus:</b> Rights</p>
<p><b>Organization(s)</b> Ipas</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> This workshop training curriculum provides workshop participants with a basic understanding of sexual and reproductive rights to enable them to identify rights violations in relation to reproductive health care.</p> <p><i>Intended Audience/Users:</i> Representatives of governmental ministries, intergovernmental agencies, nongovernmental organizations, and associations of people living with HIV</p> <p><b>Content</b> The curriculum was designed to cover basic facts about sexual and reproductive rights, culminating with a focus on identifying examples of discrimination and rights violations experienced by people living with HIV in relation to parenthood and reproductive choice, including abortion care. The particular focus is on violations related to HIV, but the material has proved to be very useful for a more general audience interested in sexual and reproductive rights. The exercises and appendices contained in the curriculum cover the following topics: definitions of sexual and reproductive health and rights, human rights conventions and treaty monitoring, accessing mechanisms for claiming rights, and applying human rights case studies.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The curriculum utilizes presentations, small-group work, case studies, plenary discussions, and games as methods of communication. This approach provides participants with an opportunity to share their own experiences and expertise, so that mutual sharing and learning occur. Two sample time schedules and individual exercise are presented for a three-hour and a five-hour workshop. The first three appendixes provide supplemental information that can be discussed during longer workshops; the fourth appendix includes case studies with answers.</p> <p><i>Resources Needed to Implement:</i> Workshop preparation checklist and handouts accompany the document</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> The tool was tested by 11 partner organizations in Africa, Europe, and Latin America from 2005–2006. A key partner was the International Community of Women Living with HIV/AIDS (ICW), which helped test the tool in Botswana, Lesotho, Namibia, and Swaziland.</p>	

<b>X-24</b>	<p><a href="#"><u>A Framework of Indicators for Action on Women's Health Needs and Rights after Beijing</u></a>          Publication Date: 2000</p>
<p><b>Type:</b> Framework / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b>          Asian-Pacific Resource &amp; Research Centre for Women (ARROW)</p>	
<p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> Recognizing that the Beijing Platform for Action's 79 general recommendations for action to improve women's health needed to be made more specific, ARROW developed this framework to clarify specific activities that could be performed related to each recommendation. The framework also includes indicators to ensure that countries had tools for monitoring the implementation of the Platform for Action. ARROW developed a framework to address the following issues: how to (1) practically monitor the women and health section of the Platform for Action; (2) identify the critical areas to address; and (3) define appropriate indicators to measure change.</p> <p><i>Intended Audience/Users:</i> Any organization that assumes the responsibility of helping to implement the Beijing Platform for Action</p>	
<p><b>Content</b>          The tool includes a list of the specific recommendations of the Platform for Action covering women's health and rights, sexual and reproductive health and rights, violence against women, and gender-sensitive health programs. Accompanying the recommendation are key questions to help assess the current state for women in that topic area and specific questions for programmers and policymakers. The framework can be used to assess the health status of women and, if used over time, can show progress in women's health status and advances toward achieving the recommendations of the Beijing Platform for Action.</p>	
<p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><i>Resources Needed to Implement:</i> The framework requires staff time for interviews and document reviews to answer questions; data can also be gathered through surveys and questionnaires</p>	
<p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

X-25

[Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings and Adolescent Sexual and Reproductive Health \(ARSH\) Toolkit for Humanitarian Settings](#)

Publication Dates: 2010 and 2009

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

Inter-Agency Working Group on Reproductive Health in Crises, Save the Children, and United Nations Population Fund (UNFPA)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The field manual provides substantial amounts of information for providing reproductive health services, including family planning (FP), during a humanitarian crisis. The objective is to assist personnel to continue to meet the sexual and reproductive health needs of individuals during a crisis. The *ASRH Toolkit for Humanitarian Settings* provides information and guidance to advocate for ASRH and implement adolescent-inclusive sexual and reproductive health interventions. The toolkit is meant to accompany Chapter 4 “Adolescent Reproductive Health” of the manual.

*Intended Audience/Users:* Reproductive health officers and program managers, but also service providers, community services officers, protection officers, and others working to meet the needs of affected populations

**Content**

The field manual lays out fundamental principles for providing services in humanitarian settings, include information on rights issues. The manual then provides how-to chapters that cover the Minimum Initial Service Package; assessment, monitoring, and evaluation; adolescent reproductive health; FP; maternal and newborn health; comprehensive abortion care; gender-based violence; and sexually transmitted infections and HIV. Each chapter covers effective approaches to providing the specific services and principles and resources needed to inform service provision for the topic area. Instructions on how to conduct a needs assessment and identify vulnerable groups are included. Forms and checklists are included to help guide service delivery, along with reference documents. The companion toolkit stands alone and places stronger emphasis on adolescent reproductive health needs as a neglected area in humanitarian response. Although designed for humanitarian settings, the toolkit can be adapted for use in any resource-poor area with critical reproductive health needs. The manual includes reference documents that provide essential information in an easy-to-access format.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

*Resources Needed to Implement:* Staff time, management, funding, supplies

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

X-26	<p><a href="#"><u>Fulfilling Reproductive Rights for Women Affected by HIV/AIDS: A Tool for Monitoring Progress Toward Three Millennium Development Goals</u></a></p> <p>Publication Date: 2006</p>
	<p><b>Type:</b> Assessment / <b>Focus:</b> Rights</p>
<p><b>Organization(s)</b>  Ipas</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This monitoring tool is designed to increase awareness about neglected areas of reproductive health affecting HIV-positive women and help nongovernmental organizations address neglected areas of reproductive health. The issues highlighted are linked to three Millennium Development Goals (MDGs): empowering women, improving maternal health, and combating HIV and AIDS.  <i>Intended Audience/Users:</i> Program managers, policymakers, and global monitoring bodies who track progress toward meeting the MGDs and who prioritize the rights of women living with HIV</p> <p><b>Content</b>  This document is organized in five sections: (1) an introduction to the relevant MDGs and neglected areas of reproductive health; (2) benchmarks and accompanying sample data collection questions; (3) ideas on how the collected data can be used; (4) a list of the organizations that support use of the tool; and (5) the text of the Barcelona Bill of Rights, an advocacy tool formulated under the leadership of HIV-positive women at the XIV International AIDS Conference in 2002. The tool also provides a series of questions related to each of the neglected reproductive health areas and the MDGs to track progress toward fulfilling the rights of women and girls living with HIV.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> The monitoring tool requires a baseline data collection effort, with follow-up data collection to track progress over time. The data can be collected through surveys, interviews, focus groups, site visits, and/or review of laws, policies, and protocols.  <i>Resources Needed to Implement:</i> Funding, training for those who collect data, a data repository, and data analysis expertise</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The 2006 version of the tool includes input from eight organizations that tested the original version: The Federation for Women and Family Planning, Poland; FEIM (Fundacion para Estudio e Investigacio de la Mujer), Argentina; Gender AIDS Forum, South Africa; International Community of Women Living with HIV/AIDS (ICW), UK; Instituto de Educacion y Salud, Peru; Planned Parenthood Federation of Nigeria; Punto de Encuentro de la Comunidad, A.C., Mexico; and Women Fighting AIDS in Kenya (WOFAK). The organizations have reports available upon request. Evidence for the effectiveness of monitoring progress toward fulfillment of rights and progress toward the MDGs was included with the tool.</p>	

X-27	<p><a href="#">Marginalised Minorities in Development Programming: A UNDP Resource Guide and Toolkit</a>          Publication Date: 2010</p>
	<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b>          United Nations Development Programme (UNDP)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The Resource Guide articulates the importance of fulfilling the rights of minority groups and stresses the need to develop policies that reach minorities, especially in relation to achieving the Millennium Development Goals (MDGs), by explicitly linking minority rights with the MDGs. The guide also covers governance issues. The toolkit provides selected tools with which to integrate minorities into development programming and conflict prevention efforts. The tools include checklists, questionnaires, and survey techniques developed by UNDP country offices, United Nations agencies, and other actors.</p> <p><i>Intended Audience/Users:</i> The primary target groups of this product are UNDP country office practitioners and those with policy advisory responsibilities. However, it may also serve as a reference document for other United Nations agencies, multilateral organizations, government counterparts, and civil society organizations to support programming for equity in family planning (FP).</p> <p><b>Content</b>          The resource guide and toolkit is presented in four parts, plus annexes. Part 1 explains the fundamental rights and principles of minority protection. Part 2 describes programming opportunities and relevant strategies for including minorities in development. Part 3 includes selected tools for integrating minorities into development programming, including situation analysis tools, data collection tools, and monitoring and evaluation tools. Part 4 clarifies international and regional legal standards and mechanisms on minority rights. Because many of the tools are general in nature, they can assist in assessing the context in which minorities can claim their rights related to sexuality and reproduction. The tools can also assist users in ensuring that minorities are reached during the scale-up of FP and reproductive health services.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Resources Needed to Implement:</i> The toolkit provides a list of resources needed to implement each tool. Common resources include staff time, consultations with stakeholder groups, and the commissioning of data collection and analysis.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The resource guide includes examples of the application of minority rights in development.</p>	

<p>X-28</p>	<p><a href="#"><u>Towards a Comprehensive Approach of Sexual and Reproductive Rights and Needs of Women Displaced by War and Armed Conflict: A Practical Guide for Programme Officers</u></a>          Publication Date: 2003</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>          Reproductive Health Response in Crises Consortium; International Centre for Reproductive Health, Ghent University</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This tool lays out a methodology for developing a comprehensive approach to sexual and reproductive health and rights (SRHR) and the needs of women displaced by war and conflict.  <i>Intended Audience/Users:</i> Program officers who need to support meeting women’s SRHR in emergency and conflict settings</p> <p><b>Content</b>          The guide walks readers through the factors that need to be considered to conduct a full assessment of SRHR needs and the services available in the crisis context to assist with designing policy or services interventions. The following topic areas are covered: (1) conflict analysis focused on the demographic and stakeholder factors to consider regarding the state of the conflict, the parties involved, and the conflict’s causes; (2) the impact of conflict in terms of SRHR impact on the policy environment, legal environment, and sociocultural environment; and (3) the provision of comprehensive services and guidance on what to consider when designing services for the emergency and stabilized phase of the conflict. Instructions on what to consider when drafting conclusions and recommendations are also provided.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> To consider all recommended assessment areas, the tool recommends that the following activities be performed: conduct a literature review, identify stakeholders, set an agenda, conduct interviews and focus group discussions, draft preliminary conclusions and recommendations, obtain feedback, draft a report, disseminate the report, and formulate a strategy to meet the SRHR needs of displaced and refugee women.  <i>Resources Needed to Implement:</i> Funding, dedicated staff time</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

## Policy

P-1

### [Gaining Ground: A Tool for Advancing Reproductive Rights Law Reform](#)

Publication Date: 2006

**Type:** Framework / **Focus:** Rights

#### Organization(s)

Center for Reproductive Rights

#### Overview/Purpose/Intended Audience

*Description and Purpose:* This tool is a resource for advocates to support law and policy reform at the national level for reproductive rights. It can also be used as a tool for human rights education.

*Intended Audience/Users:* Advocates, policymakers, planners, and educators working on reproductive rights reform and education

#### Content

The tool provides a definition, rationale, and framework for reproductive rights, including the right to reproductive self-determination and right to reproductive health care. It reviews the channels for reproductive health reform (constitutional protections, legislation, regulatory frameworks, policies, and use of the courts), as well as the challenges faced in making reforms happen. This material is followed by chapters on how specific issues fit into the human rights framework, along with examples of successful reforms. Specific issues include safe pregnancy and childbirth; contraception; abortion; harmful practices (such as female genital mutilation); HIV and AIDS; marriage rights; violence against women; population policies; and adolescents' reproductive rights.

#### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Users are encouraged to use comparative examples to illustrate how countries with similar economic, political, and cultural realities are able to address reproductive rights through policy and law reform and/or for rights education activities.

#### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

P-2	<p><a href="#"><u>Make a Case for Supplies: Leading Voices in Securing Reproductive Health Supplies: An Advocacy Guide and Toolkit</u></a>          Publication Date: 2007</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>          U.S. Agency for International Development (USAID)   Health Policy Initiative, Task Order 1 (Reproductive Health Supplies Coalition [RHSC])</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This guide/toolkit offers general information and guidance on advocacy communication that has been useful to many groups interested in advocating for an improved reproductive health policy environment.</p> <p><i>Intended Audience/Users:</i> Reproductive health supply advocates</p> <p><b>Content</b>          This guide/toolkit includes information on how to advocate, advocacy messages, ensuring the availability of reproductive health supplies, unmet need, donor phase-out of commodity provision, mobilizing resources for financial sustainability, health sector decentralization, high rates of abortion, and overviews, templates, and suggestions on advocacy tools for ensuring reproductive health supplies.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement:</i> The advocacy tool templates presented in this guide are tailored to situations and scenarios that the RHSC and its partners will likely face, although there are more permutations of contexts, audiences, and advocacy objectives than the examples and templates can cover. Ultimately, reproductive health supply advocates will have to carefully review and tailor the templates to ensure that they are appropriate and relevant to their respective country contexts.</p> <p><i>Resources Needed to Implement:</i> The toolkit contains a how-to guide that reviews key concepts and points to consider when preparing to launch an advocacy initiative.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> This resource draws on successful advocacy initiatives and lessons learned in contraceptive security.</p>	

**Making Decisions about Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choice and Improve Quality of Care**

P-3

Publication Date: 2002

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

World Health Organization Department of Reproductive Health and Research

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This contraceptive introduction guide is designed to increase the contraceptive options available and to improve access to and the quality of family planning (FP) services available to community members. The guide provides an overview of the Strategic Approach to Contraceptive Introduction, as well as detailed guidance for the implementation of the strategic assessment of the need for contraceptive introduction. (The guide includes a systems (graphic) framework guiding strategic approach.)

*Intended Audience/Users:* Program managers, policymakers, and national leaders who make decisions about introducing FP and other fertility regulation technologies into health service delivery systems

**Content**

The guide covers technology (method mix, method characteristics, cost); people (reproductive health status, users' perspectives, gender, religious/cultural norms); and services (policies/program structure, organization and management, availability and access, quality of care). It offers tips for a successful qualitative interview, as well as overall assessment (sufficient time for preparation, careful selection of team members, understanding scope and limitations of assessment, focus on specific strategic questions, good selection of field sites, commitment to action on the findings, external technical assistance, and bringing donors into the process).

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The guide provides information on how to plan and implement a strategic assessment to assist in making decisions regarding contraceptive introduction. Implementation includes observation of client-provider interactions, inventory checks, key informant interviews, field visits, development of background paper, and site visits. The first three sections provide background and key characteristics of the strategic approach and the assessment. The subsequent four sections describe steps and decisions involved in carrying out assessment and offer examples of variations to demonstrate its flexibility in accommodating country-specific circumstances. The appendices contain information to supplement the seven sections and numerous detailed examples of implementation activities. Facilitation is *not* required.

*Resources Needed to Implement:* Resources needed for fieldwork/site visits, key informant interviews, and client-provider observation

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Implementation of the strategic approach was undertaken in 18 countries (Bolivia, Brazil, Burkina Faso, Cambodia, Chile, China, Dominican Republic, Ethiopia, Ghana, Guatemala, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Myanmar, Romania, South Africa, Vietnam, and Zambia).

- [The strategic approach to contraceptive introduction. Simmons, R., Hall, P., Díaz, J., et al. 1997. \*Studies in Family Planning\* 28\(2\):79–94.](#) The article outlines the strategic approach and discusses lessons from eight countries. This new approach shifts attention from promotion of a particular technology to an emphasis on the method mix, the capacity to provide services with quality of care, reproductive choice, and users' perspectives and needs. It also suggests that technology choice should be undertaken through a participatory process that begins with an assessment of the need for contraceptive introduction and is followed by research and policy and program development. Initial results from Bolivia, Brazil, Burkina Faso, Chile, Myanmar, South Africa, Vietnam, and Zambia confirm the value of the new approach.

<p>P-4</p>	<p><a href="#">Contraceptive Security Index 2006: A Tool for Priority Setting and Planning</a>; <a href="#">Contraceptive Security Index: User's Guide (2006)</a>; <a href="#">Contraceptive Security Index 2009: 11x17 Poster</a>  Publication Dates: 2003, 2006, 2009</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>  U.S. Agency for International Development (USAID) DELIVER Project and Task Order 1 of the USAID Health Policy Initiative</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This tool is intended to raise awareness about contraceptive security and the interrelationships between program components, different sectors, and program outcomes. The framework at the core of the <i>Strategic Pathway to Reproductive Health Commodity Security (SPARHCS)</i> was used as a conceptual guide in developing the <i>Contraceptive Security Index</i>. It defines the program and program environment components that are required to achieve reproductive health commodity security.</p> <p><i>Intended Audience/Users:</i> Policymakers, governments, program managers, donors</p> <p><b>Content</b>  The tool has 17 indicators to measure a country's level of contraceptive security and to monitor global progress toward reaching that goal, over time. It covers supply chain (contraceptive policy, forecasting, procurement, logistics management information systems, storage, and distribution); finance (government expenditure on health, per capita gross national income per capita at purchasing power parity, poverty level); health and social environment (governance, women's education, HIV rate); access (access to methods, public-sector targeting, scope of access); and utilization (method mix, unmet need, contraceptive prevalence rate).</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> At the national and international levels, the Index can be used to set priorities and to plan and advocate in support of policies and other interventions that promote progress toward contraceptive security. At the country level, it can help identify areas of relative strength and weakness to help stakeholders target their resources more effectively and appropriately. Also, it is a useful guide for helping global donors and lenders determine the countries most in need of assistance and to determine what kind of assistance they need. The index can help country governments, donors, and lenders improve their resource allocation by giving them a way to track where countries are on a continuum of contraceptive security.</p> <p><i>Resources Needed to Implement:</i> Copy of updated index</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> <a href="#">Contraceptive Security Index: A policy tool for measuring contraceptive security</a>. Presented at 2004 American Public Health Association annual meeting.</p>	

## [Strategic Pathway to Reproductive Health Commodity Security \(SPARCHS\): A Tool for Assessment, Planning and Implementation](#)

P-5

Publication Date: 2004

**Type:** Implementation / **Focus:** Programming

### Organization(s)

U.S. Agency for International Development (USAID)/Maximizing Access and Quality (MAQ) Project

### Overview/Purpose/Intended Audience

*Description and Purpose:* This tool (also a framework/approach) helps countries develop and implement strategies to secure essential supplies for family planning and reproductive health programs. Its focus is on meeting national reproductive health objectives, assessing supply conditions, determining future needs, and assisting in the development of strategies and action plans.

*Intended Audience/Users:* Policymakers, donors, program planners, other key stakeholders

### Content

The SPARHCS Tool focuses on six key elements involved in securing client access to reproductive health supplies and related services: client utilization and demand, commitment, capital, capacity, coordination, and context. The accompanying *Diagnostic Guide* presents a set of questions and tables to help stakeholders assess their present situation, define expectations for the future, take into account significant trends from the past, and make future projections. Through this process, they can identify and assess the range of challenges and opportunities for reproductive health contraceptive security.

The purpose of the SPARHCS *Process Guide* is to describe how stakeholders can use the tool as a framework for identifying/prioritizing key reproductive health contraceptive security issues, using and adapting the tool, and carrying out a process to plan and implement strategic plans.

The tool includes indicators to gauge progress toward contraceptive and reproductive health commodity security.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* SPARHCS is divided into three documents: *SPARHCS: A Tool for Assessment, Planning, and Implementation*; the *SPARHCS Diagnostic Guide*; and the *SPARHCS Process Guide*. These can be adapted to meet country context and stakeholder interest.

*Resources Needed to Implement Tool:* Cost of convening stakeholders

### Evidence of Use and Effectiveness

*Supporting Evidence:* Field-tested in [Nigeria](#) and Madagascar.

- SPARHCS was used to assess contraceptive security in Peru, Bolivia, Honduras, Nicaragua, and Paraguay ([POLICY Project](#)).
- More than 100 staff from dozens of agencies in 14 countries have applied SPARHCS in their programs.
- SPARHCS was used in [Indonesia](#) as an approach for addressing contraceptive security.
- Nigeria was the first country to adapt the SPARCHS process, following 2001 Istanbul commodity security conference. [Reproductive Health Commodity Security \(RHCS\) Country Case Studies Synthesis: Cambodia, Nigeria, Uganda and Zambia](#) (DFID Health Resources Centre) describes the country's successes and continuing challenges in revitalizing its vertical supply and logistics system for contraceptives and condoms through the SPARCHS process.
- The SPARCHS framework was used for contraceptive security assessment in Egypt, Ghana, Kenya, Rwanda, Tanzania, and Uganda ([Assessing contraceptive security in six African countries: Does supply determine use?](#)).
- SPARHCS was used by the government of [Egypt](#) in 2003 to develop a multipartner contraceptive security strategy.
- AWARE-RH Ghana [Success Story: Unique Approach Brings Contraceptive Security in Central and West Africa](#) ([2007] Program Brief: USAID, EngenderHealth, Abt Associates, AED, MSH) highlights successful implementation of SPARCHS (through support from AWARE-RH) in nine Central and West African countries.

**Strengthening Family Planning Policies and Programs in Developing Countries: An Advocacy Toolkit**

P-6

Publication Date: December 2006

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

U.S. Agency for International Development (USAID)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The purpose of this toolkit is to assist advocates in the family planning and reproductive health (FP/RH) field in their efforts to promote policy dialogue on the health, social, and economic benefits of increasing access to FP services. By tailoring messages included in the toolkit, advocates can present culturally relevant arguments to promote FP and birth spacing in their particular settings. The tool includes a discussion of the global declarations (the Cairo Programme of Action and the Millennium Development Goals) as a backdrop for advocacy strategies that seek resource and political commitments from national governments and donors.

*Intended Audience/Users:* Advocates in the FP/RH field

**Content**

The toolkit covers FP and maternal and infant mortality and morbidity; FP and macro-level socioeconomic impacts; FP and prevention of mother-to-child transmission of HIV; FP and gender equity; adolescent RH; country-level advocacy strategies; and models framework and tools.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Chapters include examples of successful advocacy strategies and one or two illustrations of country experiences that led to policy change.

P-7

## IPPF Charter Guidelines on Sexual and Reproductive Health

Publication Date: 1997 (updated in 2003)

**Type:** Implementation / **Focus:** Rights

### Organization(s)

International Planned Parenthood Federation (IPPF)

### Overview/Purpose/Intended Audience

*Description and Purpose:* The document sets forth the IPPF Charter on Sexual and Reproductive Rights for use as an advocacy tool to advance sexual and reproductive health and rights. Its purpose is to raise awareness of sexual and reproductive health issues as human rights issues; to make clear the connection between rights language and key program issues; and to increase the capacity of nongovernmental organizations (NGOs) to participate in the human rights process.

*Intended Audience/Users:* IPPF Member Associations and other NGOs and advocates for sexual and reproductive health

### Content

The document covers what each right embodied in the charter represents in real terms and provides ideas on how rights can be used to advocate for reforms or against situations. It also explains how NGOs can contribute to the human rights process and includes case studies where a legal approach was used to advance sexual and reproductive health.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

P-8

## [Reproductive Rights of Adolescents: A Tool for Health and Empowerment](#)

Publication Date: 2008

**Type:** Framework / **Focus:** Rights

### Organization(s)

Center for Reproductive Rights (Note: This is an update of a 1999 document entitled *Implementing Reproductive Rights through the Convention of the Rights of the Child*, which was not included in the matrix, as it is duplicative.)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This document is a briefing paper that provides the general framework of adolescents' reproductive and sexual rights for use in advocacy with governments to respect, protect, and fulfill these rights for adolescents.

*Intended Audience/Users:* Governments, advocates, and health care providers

### Content

The briefing paper outlines the human rights standards that apply to adolescents' reproductive rights, as well as evidence regarding two key challenges: (1) ensuring informed decision making; and (2) protecting reproductive rights and autonomy. It provides recommendations for what governments, advocates, and health care providers can do.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

**Type:** Assessment / **Focus:** Rights**Organization(s)**

Humanist Committee on Human Rights (HOM) [Dutch nongovernmental organization]

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The HeRWAI is a policy analysis tool to analyze health and other policies that have an impact on women's health and rights. Its purpose is to produce arguments that can be used to advocate for policies that improve the implementation of women's health rights by making a direct link between policy and relevant human rights, to gain a better understanding of the current situation, to make an assessment of the human rights impact of a policy, and to form a conclusion about what the government should do and what an organization should do to press the government and others (such as donors and other international agencies) into action.

*Intended Audience/Users:* Advocates

**Content**

Chapters 1 and 2 cover the aims and structure of the assessment tool and the main concepts and principles of a rights-based approach to women's health. Chapter 3 introduces the principal human rights issues for those not familiar with the approach. Chapter 4 provides a quick scan to help users determine the purpose and scope of a HeRWAI assessment, and Chapter 5 is the assessment instrument and process. Chapter 6 provides users with a format for sharing information and experiences using HeRWAI with HOM.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The document states that a full HeRWAI analysis may take 1–3 months to provide comprehensive human rights lobbying arguments, with data collection the most time-consuming part of the process. However, the tool can be adapted to focus on a smaller set of women's health issues and do a quick analysis (in two days or less) of the impact of a particular policy.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* According to the [Human Rights Impact Resource Center](#) website, the tool has been used in 20 countries to perform policy analyses. However, only one report is available on that website concerning how the tool was used—in this case, to analyze policies in [Malawi](#). No information is available on the implementation of recommendations made in the report.

P-10	<p><a href="#">Reproductive Health Indicators: Guidelines for Their Generation, Interpretation and Analysis for Global Monitoring</a></p> <p>Publication Date: 2006</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b> World Health Organization (WHO)</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> The purpose of this document is to contribute toward consistent global monitoring and evaluation of reproductive health. It includes 17 indicators and provides a structured description of the generation and interpretation for each indicator at the national level.</p> <p><i>Intended Audience/Users:</i> National public health administrators and health program managers</p> <p><b>Content</b> This document focuses on the generation, interpretation, and analysis of the shortlisted national reproductive health indicators.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The tool reviews three theoretical and practical considerations of indicators, followed by a discussion of the definition, data sources, collection methods, periodicity of collection, disaggregation, use, limitations, and common pitfalls for each of the shortlisted indicators. It is hoped that the document will contribute toward the consistent global monitoring and evaluation of reproductive health.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> The set of indicators outlined in this tool was used for the WHO South East Asia Region's <a href="#">Framework for Implementing the Reproductive Health Strategy</a>.</p>	

P-11	<p><a href="#"><u>Men-Streaming in Sexual and Reproductive Health and HIV: A Toolkit for Policy Development and Advocacy</u></a>          Publication Date: 2010</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>          International Planned Parenthood Federation (IPPF)/MenEngage</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This toolkit helps organizations create affirmative policies that promote the positive roles that men can play in improving their own sexual and reproductive health—and those of women and children. The toolkit explains why this is important and how to achieve it. It also highlights how engaging men in sexual and reproductive health and rights (SRHR) and HIV policies is not simply a goal in its own right, but can help move toward the goal of gender equity.</p> <p><i>Intended Audience/Users:</i> Program managers and executive directors at IPPF Members Associations and network affiliates, and advocates</p> <p><b>Content</b>          The toolkit includes an introduction to the importance of engaging men and boys in SRHR rights and HIV and AIDS policies; explores how thinking in this area has evolved; and identifies key policy considerations and guidance on implementation. The toolkit’s six modules can be used as a complete program of policy development and review or as stand-alone guidance on key aspects of the policy process.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Three ways of using the tool are identified: (1) <i>to undertake a major review of existing policies:</i> guidance on screening policies and undertaking full-impact assessments is designed to ensure that current policies do not—intentionally or unintentionally—ignore, marginalize, or misjudge the role of men and boys; (2) <i>to create a new policy statement committing to working with men on sexual and reproductive health and rights and HIV:</i> the toolkit includes examples of such policy statements from other organizations; and (3) <i>to consider how best to incorporate men into new policies</i> in specific areas of SRHR and HIV work.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

P-12	<p><a href="#">Using Human Rights for Maternal and Neonatal Health: A Tool for Strengthening Laws, Policies and Standards of Care</a></p> <p>Publication Date: N/A [Listed as "ongoing project;" tool unavailable at time of publishing]</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b> World Health Organization (WHO) Reproductive Health and Research Department and the Harvard University School of Public Health International Health and Human Rights Program of the François-Xavier Bagnoud Center for Health and Human Rights</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> The tool aims to create a multi-stakeholder, participatory process that uses a human rights framework to examine a government's efforts to meet its human rights commitments to maternal and newborn health made through the ratification of international treaties and consensus documents and the elaboration of the national constitution and other laws. (The tool is currently being adapted for use in the areas of adolescent health and sexual and reproductive health.) <i>Intended Audience/Users:</i> National researchers appointed by the Ministry of Health (with support from international agencies such as WHO), national policymakers and actors</p> <p><b>Content</b> The tool uses a data compilation instrument designed to bring together data relating to laws, regulations, and policies on the one hand and health systems and health outcomes on the other. Data come from readily available and reliable sources; new data are not collected.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The analysis is carried out through examining the legal/policy and public health data alongside the country's human rights commitments. Use of the tool requires a strong national team with the requisite skills and knowledge of both human rights (with an emphasis on women's human rights) and public health. The process must also engage a wide range of relevant stakeholders, including various government sectors such as education, finance, justice, planning, religion, transport, and women's affairs, as well as representatives from nongovernmental organizations, human rights and academic institutions, bilateral and multilateral partners, health workers, and civil society. Carefully designed training is a part of the process to build capacity in countries where expertise on both human rights and public health is not available.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> Field-tested in six countries (Brazil, Indonesia, Malawi, Mozambique, Sri Lanka, and Tajikistan). In Malawi, an adapted version of the tool is being used together with the <i>WHO strategic approach to sexual and reproductive health</i>. Findings from field-testing demonstrated that the tool can specifically contribute to improving health.</p> <ul style="list-style-type: none"> <li>• <a href="#">Using human rights for sexual and reproductive health: improving legal and regulatory frameworks.</a> <i>Bulletin of the World Health Organization</i>; July 2010, 88(7):551. This paper describes the development of a tool that uses human rights concepts and methods to improve relevant laws, regulations, and policies related to sexual and reproductive health.</li> <li>• <a href="#">Using human rights for maternal and neonatal health: a tool for strengthening laws, policies and standards of care</a> (A Report of Indonesia Field Test Analysis). WHO/UNFPA/UNICEF/GTZ/Ford Foundation 2006.</li> <li>• <a href="#">Measuring the fulfillment of Human rights in Maternal and Neonatal Health: Using WHO Tools in 2 Cities and Districts in West and East Nusa Tenggara Indonesia</a> Report on Provincial and District Laws, regulations, policies and standards of care. 2008. Indonesian MOH/GTZ</li> <li>• <a href="#">Using human rights to improve maternal and neonatal health: history, connections and a proposed practical approach.</a> <i>Bulletin of the World Health Organization</i> 2008. 86(8):577–656.</li> </ul>	

P-13	<p><b>Sexual and Reproductive Health and Human Rights: A Tool for Examining Laws, Regulations, and Policies</b></p> <p>Publication Date: 2011 (<i>Currently in DRAFT form; unavailable on the web at time of report.</i>)</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b> World Health Organization (WHO) and Harvard School of Public Health Program on International Health and Human Rights</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> This sexual and reproductive health and human rights tool allows countries to use a human rights framework to identify those barriers and make recommendations to overcome or reduce them. Its ultimate aim is to ensure a positive, enabling environment to foster the enjoyment of rights, in support of the achievement of sexual and reproductive health.</p> <p><i>Intended Audience/Users:</i> Ministry of Health officials (or other project initiators) with technical assistance from WHO and/or other partners familiar with human rights, and legal and policy issues related to health</p> <p><b>Content</b> The tool is for application to all elements and issues related to sexual and reproductive health, covering all population groups, and comprises a series of documents: (1) a User Guide and Introduction to the Tool; 2) a Data Compilation Instrument and Analysis Methodology; (3) a Question and Indicator Guide; (4) Human Rights Source Documents (international and regional); and (5) a set of sample documents for use in the tool process (Annexes) (i.e., a Protocol, Terms of Reference [for project coordinators, researchers, and national project teams], Model Agendas [for workshops], and an introductory sample slide presentation on the Tool Evaluation questionnaires [baseline and final]).</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The tool consists of a process that engages many stakeholders. It involves compiling data from readily available sources on health and legal aspects of sexual and reproductive health and analyzing these data by drawing on a human rights framework. On the basis of this analysis, the stakeholders generated recommendations and assigned responsibilities for action. It is to be undertaken as an exercise to examine, reflect on, and strengthen a government's own sexual and reproductive health programs.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> Field-tested in Brazil, Indonesia, Malawi, the Republic of Moldova, Mozambique, Tajikistan, Switzerland, and Sri Lanka</p> <ul style="list-style-type: none"> <li>• <a href="#">Using human rights for sexual and reproductive health: improving legal and regulatory frameworks.</a> <i>Bulletin of the World Health Organization</i> 2010. 88(7):551. This paper describes the development of a tool that uses human rights concepts and methods to improve relevant laws, regulations, and policies related to sexual and reproductive health.</li> </ul>	

**Type:** Assessment / **Focus:** Programming**Organization(s)**

U.S. Agency for International Development (USAID) | Health Policy Initiative, Task Order 1

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool is designed to assist government and civil society advocates to “take the pulse” of policies in their countries. With this information, stakeholders can better understand policy implementation dynamics and identify recommendations for translating health policies into action.

*Intended Audience/Users:* Government and civil society advocates

**Content**

This tool comprises two interview guides that explore the perspectives of policymakers and program implementers/other stakeholders. These interview guides can also be used to design focus group discussion guides to gather perspectives from other key stakeholders, including community-level health workers, local leaders, and clients. Other topics include understanding policy implementation, recognizing the seven dimensions of policy implementation, using the policy implementation assessment tool, and providing country examples.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The tool is designed to be applied through an eight-step process by a small, in-country core team that will manage the assessment, including identifying interviewees and/or focus group participants and carrying out or guiding the data analysis. The core team is encouraged to review and adapt the interview guides to highlight the specific issues and topics relevant for the country context and selected policy. The core team should engage other stakeholders in discussions about the assessment findings and possible next steps. The entire process will take approximately 4–6 months.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The tool was field-tested in Guatemala, El Salvador, and India. The four country applications of the tool to date have shown the tool to be a user-friendly, effective mechanism for understanding dynamic policy environments and inspiring policy dialogue, renewed commitment, and tangible change.

## The UN Common Learning Package (CLP) on Human Rights–Based Approaches to Programming

P-15

Publication Date: 2007

**Type:** Training / **Focus:** Rights

### Organization(s)

Working Group on Training of the Action 2 Interagency Task Force (Office of the High Commissioner for Human Rights [OHCHR], United Nations Development Programme, United Nations Population Fund, United Nations Children’s Fund, and the United Nations Development Fund for Women), in collaboration with the United Nations System Staff College (UNSSC)

### Overview/Purpose/Intended Audience

*Description and Purpose:* The aim of the United Nations (UN) Common Learning Package (CLP) is to enhance the capacity of UN country team staff to understand the concept of the human rights–based approach (HRBA), as elaborated in the 2003 UN Common Understanding on a Human Rights–Based Approach to Development Programming, and to apply it in the UN common country programming context.

*Intended Audience/Users:* UN country teams (specifically the Resident Coordinator, Heads of Agencies, and senior UN professionals), as well as program officers and technical-level staff with direct responsibility for developing Common Country Assessments and the UN Development Assistance Framework. Depending on the needs of specific UN Country Teams, the audience can be enlarged to include other national and international stakeholders.

### Content

The package includes a particular focus on women and conflict as two substantive areas of common concern to the UN system.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The package consists of a resource guide; workshop modules/facilitation guide; learning tools, including PowerPoint presentations; case studies; and group exercises. [The Common Learning Package](#)—in PowerPoint format—provides learning tools, group exercises, and case studies for use in HRBA training workshops. [The Facilitation Guide for Regional HRBA/Results-Based Management \(RBM\) Workshops](#): This training guide was compiled for use by training/facilitation teams that are running regional HRBA/RBM workshops. The guide can be also used for in-country HRBA/RBM workshops, although some of the group work instructions need to be modified. The facilitation team will also need to consider the local context and adjust the methodology as needed.

### Evidence of Use and Effectiveness

*Supporting Evidence:*

- [Mainstreaming Human Rights in Development Policies and Programming: UNDP Experiences](#). (2012)
- [Experiences in Applying Human Rights Based Approaches UNSSC, May 2010](#)
- [AREVA in Niger: A Multi-Stakeholder Partnership to Tackle HIV/AIDS](#). 2007. OHCHR.
- [Undertaking a Human Rights-Based Approach: A Guide for Basic Programming—Documenting Lessons Learned for Human Rights-Based Programming: An Asia-Pacific Perspective—Implications for Policy, Planning and Programming](#). 2008. UNESCO.

P-16

[The Policy Circle: A Framework for Analyzing the Components of Family Planning, Reproductive Health, Maternal Health, and HIV/AIDS Policies](#)

Publication Date: 2004

**Type:** Framework / **Focus:** Programming

**Organization(s)**

POLICY Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The purpose of this paper is to describe a new framework—the Policy Circle—through which the dynamic components of policy development and implementation can be better understood and analyzed. The paper situates the Policy Circle in the wider policy literature, describes why each component is important, provides examples of components, and lists tools that can be used with each component. This framework can also be used to address or analyze problems that require different levels of policy attention, including national and local policies and sectoral and operational policies.

*Intended Audience/Users:* Government and health-sector policy/decision makers

**Content**

The Policy Circle framework is presented and the six “Ps” of policy are described: Problem, People/Places, Process, Price Tag, Paper, and Programs/Performance. Each component of the Policy Circle can be analyzed using a variety of tools. The Policy Circle is not intended to be linear or even circular, but places the problem or issue to be solved at the center. The six “Ps” operate under the broader contextual forces of politics, society, and economics.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* In the case of family planning (FP) and reproductive health, the Policy Circle can be viewed through different lenses specific to three overarching concerns: youth, gender, and human rights. Each of the six “Ps” points to important aspects of policy that need to be considered to ensure comprehensive policy analysis of the issue or area of concern to which the Policy Circle is applied. This paper can be found on a CD that includes policy analysis tools and other resources related to FP, reproductive health, safe motherhood, and HIV and AIDS policy. Some of the policy analysis tools also relate to gender, human rights, and youth/adolescent reproductive health.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

P-17

## Rethinking Population Policies: A Reproductive Rights Framework

Publication Date: 2003

**Type:** Framework / **Focus:** Rights

### Organization(s)

Center for Reproductive Rights

### Overview/Purpose/Intended Audience

*Description and Purpose:* This document examines the elements of a rights-based approach to population policies and offers four overarching principles or “pillars” that should be considered when determining whether population policies that are concerned with fertility have a reproductive rights orientation. The four pillars of a rights-based approach include human rights, a holistic reproductive health approach, advancement of women, and adolescents.

*Intended Audience/Users:* Reproductive rights experts and advocates

### Content

In addition to the four pillars noted above, the document outlines issues to consider when assessing a population policy: competing rights, economic inequality, targets, and incentives. It also provides both positive and negative examples of how these play out in specific countries.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

P-18

## [Reproductive Rights: A Tool for Monitoring State Obligations](#)

Publication Date: 2013

**Type:** Assessment / **Focus:** Rights

### Organization(s)

Center for Reproductive Rights and United Nations Population Fund (UNFPA)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This tool provides a means to monitor the implementation of specific state obligations in the field of reproductive rights, as grounded in a range of fundamental human rights guarantees, human rights instruments, and international and regional human rights treaties.

*Intended Audience/Users:* Human rights experts responsible for overseeing compliance with international legal standards on human rights

### Content

The tool includes an introductory section that provides key concepts and is followed by sections on a range of reproductive rights issues, including freedom from discrimination, access to contraceptive information and services, safe pregnancy and childbirth, abortion and postabortion care, and comprehensive sexuality education, and freedom from violence against women and from HIV and AIDS. The tool identifies key questions that human rights experts and monitoring bodies can use to assess to what extent a state is in compliance with its obligations.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The authors suggest that experts and monitoring bodies should draw on governmental and nongovernmental sources, including both qualitative and quantitative information, to build a complete picture when using the tool to guide analysis of compliance.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

<p>P-19</p>	<p><a href="#">Linking Health Policy with Health Systems and Health Outcomes: A Conceptual Framework</a>  Publication Date: 2012</p>
<p><b>Type:</b> Framework / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b>  U.S. Agency for International Development (USAID) Health Policy Project, implemented by Futures Group, in collaboration with CEDPA (a part of Plan International USA), Futures Institute, Partners in Population and Development Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This conceptual framework is designed to show the links among health-related policy, health systems, and health outcomes to guide implementation and monitoring and evaluation of policy-related program interventions. It can also be used to frame research questions and design studies.   <i>Intended Audience/Users:</i> Governments, organizations, and communities involved in policy work</p> <p><b>Content</b>  The document describes each of the components in the framework: the enabling environment, health-related policy development, health-related policy and program implementation, and health outcomes. It provides selected resources used to develop the conceptual framework.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The framework includes a bibliography of supporting evidence.</p>	

P-20	<a href="#">Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs</a> Publication Date: 2001
	<b>Type:</b> Framework / <b>Focus:</b> Programming
<p><b>Organization(s)</b> POLICY Project</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This document focuses on the vast arena between national policies and the point of service delivery, which is the domain of operational policies. Operational policies are the rules, regulations, codes, guidelines, and administrative norms that governments use to translate national laws and policies into programs and services. The document discusses the nature of operational policies, examines the important role they play in the continuum from national decrees to local services, and provides a framework for operational policy reform.</p> <p><i>Intended Audience/Users:</i> Those who set policies and manage and provide reproductive health care services</p> <p><b>Content</b> The document includes an introduction describing the impact of operational policies on reproductive health, followed by an analysis of the policy roots of a range of operational barriers. It also describes methods for addressing operational policies.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> The chapter on methods to address operational policies provides guidance on four broad steps to take in the process: understanding the public sector, setting up a collaborative system for identifying barriers, conducting analyses to identify the policy roots of the barriers, and following through with an action plan to remove the policy barriers.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The document provides an extensive reference list of evidence on which the framework is based.</p>	

P-21

## [EQUITY Framework for Health](#)

Publication Date: 2010

**Type:** Framework / **Focus:** Programming

### Organization(s)

U.S. Agency for International Development (USAID) | Health Policy Initiative, Task Order 1

### Overview/Purpose/Intended Audience

*Description and Purpose:* This brief provides an overview of the EQUITY Framework for Health, an approach to provide stakeholders with practical guidance on how to ensure that the voices of the poor are actively engaged in policymaking and that pro-poor strategies are incorporated through the *policy to action* process. In this framework, “equity” is both the goal and a way of working that involves the poor and integrates equity concerns and approaches.

*Intended Audience/Users:* Policy and program planners

### Content

The document describes each component in the framework: E=engage and empower the poor; Q=quantify the level of inequalities; U=understand barriers to equitable access; I=integrate equity goals, approaches, and indicators into policies, plans, and development agendas; T=target resources and efforts to reach the poor; and Y=yield public-private partnerships for equity. An example of how the approach was rolled out in Peru is included.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* Additional briefs in the series provide further guidance and examples from Guatemala, India, and Kenya regarding how stakeholders can use each component of the EQUITY framework to design policies, programs, and financing mechanisms to meet the needs of poor and vulnerable groups.

[Advocacy Kit for Growing Up Global: The Changing Transitions to Adulthood in Developing Countries](#)

P-22

Publication Date: 2005

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

Advocates for Youth and Population Reference Bureau

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This advocacy kit offers a series of fact sheets and the data and policy recommendations drawn from a 700-page book of the same title developed by the U.S. National Academies' National Research Council and the Institute of Medicine. The materials are intended to inform and enhance advocacy strategies on youth reproductive and sexual health; educate and influence decision makers and donors; and be used as handouts for leaders during advocacy meetings and conferences and for other advocacy activities.

*Intended Audience/Users:* Policy and program advocates

**Content**

The advocacy kit provides a series of fact sheets on the data and policy recommendations drawn from the publication, as well as calls to action and advocacy tips. Fact sheet topics include youth sexual and reproductive health; youth and marriage; youth and parenting; and youth and education. An executive summary of the publication is also included in the kit.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The kit offers advocacy tips for getting the support of opinion leaders and policymakers.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

[A Human Rights Based Approach to Denmark's Development Cooperation: Guidance and Inspiration for Policy Dialogue and Programming and HRBA Screening Note](#)

P-23

Publication Date: 2013

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

Ministry of Foreign Affairs of Denmark

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This guidance document was designed to assist users in implementing a human rights-based approach (HRBA) to development in programming and to ensure a closer link between normative international human rights work and development cooperation.

*Intended Audience/Users:* Danish Ministry of Foreign Affairs staff, especially those responsible for defining Denmark's human rights policies and those responsible for conducting policy dialogue and programming related to the Danish Development Cooperative (The tool may also be useful to external partners and consultants involved in the preparation, formulation, monitoring, and evaluation of Danish development work, as well as others applying a HRBA to their program.)

**Content**

The HRBA guidance document explains the core concepts of the approach and how it is put into practice in policy dialogue with partners and in programming of Danish Development Cooperation. The core thrust of the guide is that an HRBA should be rolled out in a pragmatic and realistic way that takes local context into account and is anchored in thorough analysis. The document is divided into five sections: a definition of Denmark's HRBA; an outline of key principles for policy dialogue in bilateral and multilateral cooperation; the preparatory phase and focuses on the HRBA analysis, guidance on the formulation and design of interventions, monitoring and evaluation requirements, and links/suggested reading. The guidance note is accompanied by a HRBA Screening Note, intended to provide an inspirational checklist for staff applying HRBA in general.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The HRBA is intended for application in all Danish aid instruments. Denmark's particular approach to an HRBA balances pragmatism and realism with the integration of four principles: nondiscrimination, participation and inclusion, transparency, and accountability. The starting point is always country-specific and based on thorough political economy and human rights analysis, needs, local context, and respect for human rights. Specific guidance on rolling out the HRBA is further detailed in the several guideline revisions for Danish Development Cooperation, including [Guidelines for Programme Management](#), [Budget Support Guidelines](#), [Guidelines for the Development of Policy Papers for Denmark's Relations with Priority Countries](#), [Guidelines and Conditions for Support Danida Business Partnerships](#), and [Guidelines for Programme Management](#). An HRBA should be rolled out gradually by considering the four HRBA principles in policy dialogue, analysis, formulation, implementation, and monitoring and evaluation. An assessment of rights-holders and duty-bearers and their capacities to claim and exercise their rights effectively or fulfill their human rights obligations should be conducted prior to implementation.

*Resources Needed to Implement:* Resources needed include access to international and regional human rights commitments; country policy papers; sector/thematic analyses/feasibility analyses informing the design of interventions, such as sector program support; and program documents underpinning support interventions. While this tool is designed to assist users within the Danish development sector to implement an HRBA in their programs, others may adapt and/or tailor it for their use.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Type:** Implementation / **Focus:** Rights**Organization(s)**

The Danish Institute for Human Rights

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This publication outlines what a human rights-based approach (HRBA) strives to do, what an organization needs to know to apply an HRBA, and how to carry out a rights-based approach in practice, in an effort to gain more insight into the benefits that HRBA can have for development work.

*Intended Audience/Users:* Staff and directors of small civil society organizations in developing countries, and other development assistance organizations

**Content**

This guide contains two parts: (1) background on the basic thinking behind an HRBA, relating these elements to the context of poverty and development and outlining challenges and advantages to using an HRBA; and (2) perspectives on how to apply the HRBA, offering guidelines for how an organization can begin to use the approach in its work. Section 2 presents the human rights principles often associated with an HRBA and translates these into four focus areas: vulnerable groups, root causes, rights-holders and duty-bearers, and empowerment. The guide looks at three steps of programming: (1) analyzing the context; (2) designing the program; and (3) implementing and evaluating. Appendixes include an HRBA Basic Checklist and an introduction to the International Human Rights Framework, a list of fundamental human rights principles, and a list of HRBA references online. This guide offers a more generic model of a rights-based approach to development programming, which challenges readers to “apply” these guidelines to one’s organization and context, allowing it to reflect the organization’s specific needs, interests, and concerns.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Authors of the guide advocate for a pragmatic and sensible approach to the use of this tool and to the application of an HRBA in general, while keeping in mind the fact that an HRBA should always adhere to basic human rights principles with the goal of achieving justice at its core.

*Resources Needed to Implement:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

P-25

**A Handbook for Advocacy in the African Human Rights System: Advancing Reproductive and Sexual Health (2nd Edition) (Chapters [1-6](#); [7](#), [8-10](#), [11](#))**

Publication Date: 2006

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

Ipas Africa Regional Office; originally prepared by the International Programme on Reproductive and Sexual Health Law of the Faculty of Law, University of Toronto and distributed by Ipas-Africa

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This handbook is intended to familiarize advocates with the regional human rights system and its treaty body, the African Commission on Human and Peoples' Rights (African Commission), created to promote and protect reproductive and sexual health.

*Intended Audience/Users:* Women's rights and reproductive and sexual health advocates

**Content**

This handbook describes the context of reproductive and sexual health in Africa and the African regional human rights system; demonstrates how the African Charter on Human and Peoples' Rights relates to sexual and reproductive health and rights (SRHR); compiles basic texts, regional declarations, selected resolutions of the African Commission, and selected national and African Commission case law relevant to SRHR or to the African Commission's procedures; and provides technical information on the submission of communications to the African Commission. The manual provides "how to" information on using the African Commission, case summaries from domestic courts and the African Commission relevant to advocacy and reproductive rights, the basic human rights documents of the African human rights system, and other international interpretive documents and relevant resources.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* To facilitate the reader's task of identifying resources relevant to her or his purposes, each document in this handbook includes a brief introduction outlining how the materials relate to SRHR.

*Resources Needed to Implement:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

P-26	<p><a href="#">From Rights to Reality: How to Advocate for Women's Reproductive Freedom Worldwide</a></p> <p>Publication Date: 2003</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b> Center for Reproductive Rights (CRR)</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> This handbook provides tools and strategies that anyone can use to advocate for the reproductive rights of women and girls.</p> <p><i>Intended Audience/Users:</i> Reproductive rights advocates</p> <p><b>Content</b> The handbook begins with an explanation of the role of an advocate and then discusses general strategies and tools for reproductive rights advocacy in diverse settings around the world. Chapters include how to choose an appropriate advocacy forum, how to develop an advocacy plan (messaging and strategies for influencing laws and policies), key lobbying tools, and lobbying techniques.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> User should adapt the guide to the needs and customs of the user organization and national context.</p> <p><i>Resources Needed to Implement:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> No evidence identified.</p>	

P-27	<p><a href="#"><u>Making a Difference: Improving Women's Sexual and Reproductive Health and Rights in South Asia—A Resource Book for Advocates</u></a>          Publication Date: 2010</p>
<p><b>Type:</b> Implementation / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b>          Asian-Pacific Resource &amp; Research Centre for Women (ARROW)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This resource book provides a how-to guide for organizations seeking to effectively advocate for women’s sexual and reproductive health and rights (SRHR). It is intended to support advocacy for the promotion of SRHR as human rights and to increase the resources allocated for fulfilling these rights.</p> <p><i>Intended Audience/Users:</i> Nonprofit organizations that would like to incorporate an advocacy strategy into their work; any organizations interested in conducting advocacy</p> <p><b>Content</b>          Chapter 1 of the resource lays out the background and rationale for undertaking SRHR advocacy. In Chapter 2, key concepts and definitions related to advocacy are provided, including clarification about what activities are not advocacy. Chapter 2 also describes the ethics and values of human rights–based advocacy. Chapter 3 describes how to understand the context in which advocacy is to be performed, offers examples of country policies that advocates might seek to change, and provides a framework for context analysis. Chapter 4 offers guidance on defining an advocacy issue, mapping relevant stakeholders, and developing advocacy strategies. Chapter 5 provides additional information for successful advocacy, including advice on building alliances. Chapter 6 presents additional guidance on strategic planning, monitoring and evaluation, and budgeting for advocacy. Overall, the tool is comprehensive and would assist an organization with minimal experience to develop a strong advocacy campaign.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Resources Needed to Implement:</i> The tool requires staff time and funding to develop and implement an advocacy strategy. The tool also highlights other assets useful in advocacy, such as databases, documentation, information dissemination strategies, event management skills, and windows of opportunity.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The resource book does not provide evidence of effectiveness, but many examples and case studies of how the principles were applied in practice are included.</p>	

**Type:** Assessment / **Focus:** Policy**Organization(s)**

Department of Social Affairs, African Union Commission

**Overview/Purpose/Intended Audience***Description and Purpose:* This indicator reference guide and reporting tool is intended to standardize data collection for monitoring of progress of the Abuja Call to Action and the Maputo Plan of Action.*Intended Audience/Users:* The tool is specifically for countries that are signatories of the two continental agreements and would be used by country monitoring bodies to track and report progress against the agreed-upon indicators.**Content**

The tool provides a list of indicators for HIV and sexual and reproductive health and rights, the rationale for selecting those indicators, and a methodology for collection and calculation of each indicator. It also contains tools for reporting the current status of each indicator and challenges and recommendations for moving forward to improve performance within each objective of the Maputo Plan of Action.

**Description of Process for Utilization and Required Resources***Steps/Tasks to Implement Tool:* The monitoring tool requires a baseline data collection effort, with follow-up data collection to track progress over time.*Resources Needed to Implement:* Funding, training for those who collect data, a data repository, and data analysis expertise**Evidence of Use and Effectiveness***Supporting Evidence:* No evidence identified.

<p>P-29</p>	<p><b><u>Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence</u></b>          Publication Date: 2011</p>
<p><b>Type:</b> Assessment / <b>Focus:</b> Policy</p>	
<p><b>Organization(s)</b>          World Health Organization, Sweden International Development Cooperation Agency (Sida), and United Nations Office of the High Commissioner for Human Rights (OHCHR)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This tool provides a step-by-step assessment protocol for determining the extent to which human rights and gender equality are integrated into national health sector strategies and assists users to develop recommendations to increase policy coherence related to human rights and gender equality.  <i>Intended Audience/Users:</i> Program managers, policymakers, civil society organizations, and others who assess and develop health sector strategies</p> <p><b>Content</b>          The tool provides a rationale for including an assessment of human rights and gender equality and identifies three levels of assessment: state obligations and commitments to human rights and gender equality; legal, policy, and institutional frameworks for human rights and gender equality; and the health sector strategy. The assessment process focuses on document review and interviews. The tool provides detailed analysis tables that can be used to guide the assessment, as well as links to additional background information to familiarize those conducting the analysis with concepts related to human rights and gender equality.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Four steps are outlined to implement the tool: (1) identify opportunities to use the tool as part of a broader review or planning exercise, or as part of a stand-alone human rights and gender equity study; (2) prepare for data collection (document review and interviews) (if part of a broader review, be sure to include the human rights and gender equality assessment in the scope of work); (3) gather information from relevant sources (tool provides guidance on identifying sources); and (4) share the findings and recommendations.  <i>Resources Needed to Implement:</i> Funding, team members with expertise in human rights and gender, and the ability to perform qualitative data analysis</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

## Services

S-1

**Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers (Module 3: Quality Care I: Quality in Human Relations and Technical Quality) [Available in hard copy only]**

Publication Date: 2012 (originally published in 1999)

**Type:** Training / **Focus:** Rights

### Organization(s)

FHI 360

### Overview/Purpose/Intended Audience

*Description and Purpose:* This training package, originally developed for use in Bolivia, promotes gender-sensitive quality care in sexual and reproductive health (SRH) services, with the goal of contributing to sustained improvements in health. It presents a conceptual framework for advances in the area of SRH and reinforces the positive experiences and abilities of providers. A gender perspective is applied to help participants better understand diversity in the Bolivian population and to respond better to differentiated groups of users and dynamics between them.

*Intended Audience/Users:* Healthcare providers

### Content

The training manual includes a facilitator's guide. Module 1 helps providers develop an understanding of basic concepts related to gender and SRH. Module 2 helps providers develop an awareness and respect for individual clients' rights. Module 3 helps providers learn methods to improve interpersonal relations with clients, and Module 4 instructs providers on how to analyze health policies, institutional structures, and management practices from a management perspective.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None are provided beyond the chapter on facilitation.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-2

## [Fundamental Elements of the Quality of Care: A Simple Framework](#)

Publication Date: 1990

**Type:** Framework / **Focus:** Programming

### Author(s)

Bruce, J. 1990. *Studies in Family Planning*, 21(2):61–91.

### Overview/Purpose/Intended Audience

*Description and Purpose:* This journal articles sets forth a framework for analyzing the quality of family planning services.

*Intended Audience/Users:* Policymakers, program managers, service providers

### Content

The framework includes such issues as method choice/mix, access to information, technical competence of provider, interpersonal relations (also known as the client-provider interaction), mechanisms to encourage continuity, and the constellation of services.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The Bruce framework is used and referenced prolifically.

S-3

## Client-Provider Interaction: Family Planning Counseling

Publication Date: 1999

**Type:** Training / **Focus:** Programming

### Organization(s)

FHI 360

### Overview/Purpose/Intended Audience

*Description and Purpose:* These self-study and presenter modules can help providers become more aware of the importance of the client-provider interaction, especially in family planning (FP) counseling.

*Intended Audience/Users:* Service providers (physicians, nurses, pharmacists, or other trained healthcare personnel)

### Content

The modules are organized as follows: Introduction (including a contraceptive technology update); Section 1—Family Planning Counseling; Section 2—Focus on Counseling; Section 3—Stages in Counseling; Summary; Posttest; References. Topics include the contraceptive technology update (to meet the continuing education needs of FP practitioners and policymakers), barriers to informed and voluntary choice, client-centered care, qualities of good counseling/communication, provider bias, gender, method continuation and characteristics, tools for effective counseling, side effects, and stages of counseling.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Modules may be used individually for a self-study program or as training presentations for physicians, nurses, pharmacists, or other trained healthcare personnel. Learning module takes about one hour if the slides and text are only reviewed. It takes about three hours when all activities are included. Facilitation is not required but is offered.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-4

## Adolescent Contraceptive Counseling Cue Cards

Publication Date: 2003

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

Pathfinder International

### Overview/Purpose/Intended Audience

*Description and Purpose:* User-friendly job aids for providers offer helpful information and tips specific to the reproductive health needs of youth.

*Intended Audience/Users:* Service providers

### Content

Each of these eight two-sided cards covers a specific contraceptive method, from [male](#) and [female](#) condoms, [combined oral contraceptives](#) (COCs) and IUDs to [injectable contraceptives](#), the [lactational amenorrhea method](#) (LAM) and [emergency contraception](#). Each card discusses what the method is, its efficacy, how it works, its side effects, how to use it, its advantages/disadvantages, and reasons for return.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* These cards are recommended as a counseling tool in an FHI 360 program brief: Wright Aradhya, K., Finger, W., and Scholl, E. 2007. [Contraceptive options for youth](#). Research Triangle Park, NC: FHI 360 and Finger, W. and Scholl, E. 2004. [Expanding Contraceptive Options and Access for Youth: Education, services, and products can help protect against unintended pregnancy and STIs](#). YouthNet YouthLens on Reproductive Health and HIV/AIDS (Number 12).

[Requirements for Voluntary Family Planning Projects, The Tiahrt Amendment  
1999 Foreign Operations Appropriations Act](#)

S-5

Publication Date: 1999

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

U.S. Agency for International Development (USAID)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This document is statutory language on the requirements for any USAID voluntary family planning (FP) project. The underlying principles for USAID assistance for FP are voluntarism and informed choice (USAID Policy Determination No. 3, 1982).

*Intended Audience/Users:* Recipients of USAID funds and assistance for voluntary FP projects

**Content**

The Tiahrt Amendment sets forth the requirements for USAID-supported FP service delivery projects—namely, that there be no quotas or targets for acceptors, method provision, or births; that no incentives or bribes be offered to acceptors or personnel; that no rights or benefits are withheld from those who do not accept FP; that all acceptors must get comprehensible information on the health benefits and risks of FP methods; that experimental FP methods must be provided with proper informed consent; and that reports on violations are made to the U.S. Congress.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Guidance for Implementing the “Tiahrt” Requirements for Voluntary Family Planning Projects**

S-6

Publication Date: 1999

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

U.S. Agency for International Development (USAID)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This guidance document explains in detail the meaning of the Tiahrt requirements for voluntary family planning (FP) projects. The underlying principles for USAID assistance for family planning are voluntarism and informed choice (USAID Policy Determination No. 3, 1982).

*Intended Audience/Users:* Recipients of USAID funds and assistance for voluntary FP projects

**Content**

This guidance takes a question-and-answer approach to explain the meaning of each key phrase and component in the Tiahrt Amendment, including the meaning of various terms, such as service delivery projects, service providers, targets and quotas, incentives, bribes, gratuities, or financial rewards; and explanations of the comprehensible information and research requirements. In addition, it describes how to report violations and how to pass the requirement through to implementing partners.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-7

[Technical Guidance on the "Comprehensible Information" Paragraph of the Tiahrt Clause](#)

Publication Date: 1999

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

U.S. Agency for International Development (USAID)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This is supplemental guidance for the “Comprehensible Information” requirement of the Tiahrt Amendment

*Intended Audience/Users:* Recipients of USAID funds and assistance for voluntary family planning projects

**Content**

This document provides additional guidance as to the meaning of the term “Comprehensible information” and how to ensure it in USAID-supporter projects, through a two-track approach (ensuring quality of care and counseling and providing information via wall charts, package inserts of socially marketed contraceptives, and job aids).

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-8

## "Smart Patient" Counseling/Coaching Intervention

Publication Date: 2003

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

Johns Hopkins University/Center for Communication Programs (JHU/CCP)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This counseling intervention seeks to encourage clients to communicate more openly and more vigorously with providers.

*Intended Audience/Users:* Service providers

### Content

This intervention provides a series of structured exercises to enhance family planning (FP) patient participation in Indonesia, using the Smart Patient leaflet and a second leaflet listing common questions and concerns related to specific methods. Smart Patient cards were coupled with community-level mass media intervention on active client participation (radio, posters, TV) and group community education interventions using the cards. The cards also made available in clinics. Topics include clients' anxieties about talking with a provider; clients' right to ask questions; how to develop specific questions for the provider; and encouraging client to apply these new skills during the counseling session. Clients were interviewed about their participation in and satisfaction with the session and recommended referrals or follow-up appointments.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* FP providers are trained in the methodology. FP clients in Indonesia received individual coaching on their right to speak out and on three basic communication skills: asking questions, expressing concerns, and seeking clarification. Counseling sessions are videotaped. Clients are exit interviewed.

### Evidence of Use and Effectiveness

*Supporting Evidence:*

- [Increasing Client Participation in Family Planning Consultations: An Evaluation of "Smart Patient" Coaching in Indonesia](#). Kim, Y. M., Putjuk, F., Basuki, E., and Kols, A. 2003. *Patient Education and Counseling*. 2003 50(2):113–122. Educational interventions directed to FP clients can complement and reinforce providers' Interpersonal Communication and Counseling training by giving clients the confidence and communication skills to take advantage of increased opportunities for participation.
- [The Quality of Family Planning Programs: Concepts, Measurements, Interventions, and Effects](#), S. RamaRao and R. Mohanam. 2003. *Studies in Family Planning*, 34(4):227–248.
- [Educate Clients to Communicate Their Needs to Providers](#). 2004. Program Brief OR Summary 40—Indonesia Quality of Care. In 2000, Indonesia's National FP Coordinating Board (BKKBN) worked with JHU, with support from FRONTIERS, to test a "Smart Patient" intervention in which clients were trained to communicate more openly with FP providers. The intervention assessed both information-seeking and longer-term continuation of contraceptive use by the trained clients. After individual coaching, FP clients asked providers more questions about their treatment or chosen method, but long-term method continuation rates did not change.
- [Smart patient, smart community: improving client participation in family planning consultations through a community education and mass-media program in Indonesia](#). Y.M. Kim, E. Bazant, J. D. Storey. Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health. 2006. *International Quarterly of Community Health Education*. 26(3):247–70. The "Smart Card" intervention and elements of the "Sahabat" (Friend) mass media campaign were positively associated with clients' preparation of questions and question-asking behavior during FP consultations, indicating that a combined community education and mass-media approach can improve client communication with providers and the quality of FP counseling.

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

FHI 360

### Overview/Purpose/Intended Audience

*Description and Purpose:* These screening checklists are intended to help both clinical and nonclinical providers determine whether a woman is medically eligible to initiate use of various contraceptive methods.

*Intended Audience/Users:* Service providers, program managers, administrators, and trainers

### Content

These checklists are a series of exercises to enhance family planning (FP) patient participation in Indonesia using the “Smart Patient” leaflet and a second leaflet listing common questions and concerns related to specific methods. Smart Patient cards were coupled with community-level mass media intervention on active client participation (radio, posters, TV) and group community education interventions using the cards. Cards were also made available at clinics.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Each guide has two parts: a training module, and a collection of reference materials on the method in question, as well as on the validity, effectiveness, and use of the checklists. The training and reference guides are designed to be adapted locally, as needed. Facilitation is recommended. Each guide provides a 4–6 hour curriculum for training service providers to use the related checklist, as well as collateral materials for use during the training.

### Evidence of Use and Effectiveness

*Supporting Evidence:* FHI 360 and partners worked with the governments of Kenya and Uganda to adapt the screening checklists for consistency with their national FP guidelines.

S-10	<a href="#">Meeting the Needs of Young Clients: A Guide to Providing Reproductive Health Services to Adolescents</a>
	Publication Date: 2000
<b>Type:</b> Implementation / <b>Focus:</b> Programming	
<p><b>Organization(s)</b> FHI 360</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> A handbook to help service providers and health workers strengthen the reproductive healthcare and services offered to young women and men. The handbook focuses on preventing unplanned pregnancy and sexually transmitted infections (STIs), including HIV. It can also be used as a tool for designing, improving, and implementing adolescent health programs.</p> <p><i>Intended Audience/Users:</i> Service providers serving youth, program managers, planners, and staff</p> <p><b>Content</b>  <i>Section I</i> provides background information on adolescents' needs and technical information on contraception, STIs, and HIV and AIDS. <i>Section II</i> focuses on service delivery, particularly counseling. Topics include youth as an underserved group, barrier to quality care, pregnancy and HIV prevention, counseling youth on reproductive health, counseling victims of sexual violence, informed choice, rights, and youth-friendly programming.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> None stated.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> No evidence identified.</p>	

S-11

Increasing Access to Contraception for Clients with HIV: A Toolkit

Publication Date: 2008

**Type:** Training / **Focus:** Programming

**Organization(s)**

FHI 360 (in collaboration with the ACQUIRE Project/EngenderHealth)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The materials in this toolkit are designed to facilitate improved access to appropriate and effective family planning (FP) for clients with HIV, through integration. They can be used to train healthcare providers to offer FP to clients with HIV; to facilitate the provision of appropriate FP services to clients with HIV; to assist program managers and policymakers with the development of program strategies for integrating FP and HIV services; and to inform health care professionals about the latest research and technical guidance related to the provision of FP to people with HIV.

*Intended Audience/Users:* Trainers and presenters, service providers, managers, and policymakers

**Content**

The toolkit includes (1) a performance-based training curriculum that includes all of the resources required to conduct the suggested learning activities; (2) easy-to-use counseling tools, checklists, guides, and other job aids for providers and program managers; (3) an updated version of the orientation presentation contained in the original 2005 module, *Contraception for Women and Couples with HIV*; and (4) resources such as current guidance and technical information about integrating FP and HIV services.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This CD contains materials that can be used by a variety of professionals to improve access to contraception for clients with HIV. The tools and resources are grouped into three broad categories according to how the materials are most likely to be used; however, many of the materials can be used or adapted for multiple purposes, so users are encouraged to explore the entire contents. Facilitation is *offered*. Included in the toolkit is a curriculum developed based on the module *Contraception for Women and Couples with HIV*; it features a facilitator's manual, a manual and counseling tool for participants, and other resources to support training activities, including 20 content-related presentations.

*Resources Needed to Implement:* Access to a computer to download tools/materials

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The package was field-tested in South Africa.

**Type:** Training / **Focus:** Programming

### Organization(s)

United Nations Population Fund (UNFPA) Egypt and FHI 360

### Overview/Purpose/Intended Audience

*Description and Purpose:* This training manual is intended to develop the capacity of physicians to improve the quality of sexual and reproductive health (SRH) services in youth-friendly clinics (YFCs) by develop the capacity of physicians to provide youth-friendly FP and RH services and information.

*Intended Audience/Users:* Providers of youth friendly family planning and reproductive health services

### Content

This training manual contains guidance for the facilitators to conduct six sessions: (1) a welcome and introduction, (2) youth-friendly services, (3) anatomy of the female and male genital organs, (4) physiology of the female and male reproductive organs, (5) FP methods and counseling, and (6) providing sexual and reproductive health information to youth. Each session plan includes a session title, objectives, allocated time, training methodology, materials, power point presentations and selected handouts. It is recommended that the facilitators will use interactive techniques to stimulate group thinking and active participation through a variety of training methods including brain-storming, asking questions, group work and role-plays, which are included in this training manual. A set of power point slides are included for each session and are given to the participants for self-learning.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* This training manual contains guidance for the facilitators to conduct each session in the form of session plans, including session title, objectives, allocated time, training methodology, materials, PowerPoint presentations, and selected handouts. It is recommended that the facilitators use interactive techniques to stimulate group thinking and active participation through a variety of training methods, including brainstorming, asking questions, group work, and role-plays, which are included in this training manual. Training organizers should ensure the availability of reference materials for reading during the workshop, especially *Family Planning A Global Handbook for Providers*. It is also recommended that computers with internet access be available during the session of *Providing SRH information to Youth* so that participants can practice accessing selected websites for getting SRH information. The manual provides all session plans and presentations for a 4-day training workshop. Facilitation is required.

*Resources Needed to Implement:* Copies of the World Health Organization *Family Planning: A Global Handbook for Providers* for participants and computers for internet access, as well as resources for a four-day workshop.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The manual was developed and field-tested in Egypt.

S-13

[Manual to Evaluate Quality of Care from a Gender Perspective](#)

Publication Date: 2000

**Type:** Assessment / **Focus:** Rights

**Organization(s)**

International Planned Parenthood Federation (IPPF)/Western Hemisphere Region (WHR)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This manual is designed for reproductive health institutions that want to assess the quality of care of their services and programs from a broad gender perspective. It provides guidance on making the decision to carry out an evaluation, identifying the necessary resources, implementing the evaluation, and using the results to develop a Plan of Action. The manual includes a methodology and instruments.

*Intended Audience/Users:* Multidisciplinary evaluation team comprising internal and external persons with experience in reproductive health, including a gender specialist from a local organization

**Content**

The manual lists 66 standards for quality of care and gender sensitivity in seven areas: institutional practices and policies; provider practices; client comfort; client satisfaction; use of gender-sensitive language; information, education, and communication (IEC) training; and monitoring and evaluation.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-14

[Reference Guides for Health Care Organizations Seeking Accreditation for High-Quality, Gender-Sensitive Reproductive Health Services](#)

Publication Date: 2009

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

Population Council/Frontiers in Reproductive Health Program (FRONTIERS) Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* These reference guides provide assistance to health care organizations and nongovernmental organizations seeking to implement high-quality gender-sensitive standards.

*Intended Audience/Users:* Program planners at health care organizations and nongovernmental organizations

**Content**

The set of guides consists of a Procedures Guide, a Self-Training Guide, an Assessment Guide, and a Costing Guide.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The procedures and standards included are based on the process developed by the Integral Health Coordination Program (PROCOSI) in Bolivia, which in turn is based on those developed by International Planned Parenthood Federation/Western Hemisphere Region. However, the approach and standards can be modified to fit local needs and conditions to evaluate and improve the quality and gender sensitivity of services.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Self-Assessment Checklist: Getting Closer - Linking HIV and Sexual and Reproductive Health**

S-15

Publication Date: 2011

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

International Planned Parenthood Federation (IPPF)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The checklist is intended to facilitate the implementation of organizational policies and services that ensure that each time a client accesses HIV-related information, clinical care, or counseling services, the organization is able to address that client's broader sexual and reproductive health (SRH) needs and, where appropriate, those of his/her sexual partner(s). It can assist organizations to assess the extent to which SRH has been linked in their policies, programs, and outreach services and to develop plans and mechanisms to improve linkages.

*Intended Audience/Users:* Organizations with HIV-related activities as their core business or primary mandate

**Content**

The checklist provides sets of questions related to the policy and service levels. Policy-level questions help to assess the institutional commitment to linking SRH and HIV and their strategic initiatives to make formal linkages. At the service level, the checklist includes questions that examine different programmatic actions such as HIV prevention, HIV voluntary counseling and testing, prevention of mother-to-child transmission of HIV, clinical care, and psychosocial support, as well as the extent to which reproductive rights are integrated into each activity. The checklist also includes recommended steps for developing an action plan.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Identify knowledgeable staff and leaders who can answer questions about policies and programs, complete the checklist, and develop an action plan for improving linkages.

*Resources Needed to Implement:* Staff time

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The checklist was field-tested by the Indonesian Planned Parenthood Association (IPPA); LigaSida in Columbia; the National Association of People Living with HIV and AIDS in Nepal (NAP+N); and PSI in Swaziland.

[Self-Assessment and Facilitation Skills for Quality Improvement: A Training of Trainers Guide for Health Professionals \(Facilitators' Guide\)](#)

S-16

Publication Date: 2006

**Type:** Training / **Focus:** Programming

**Organization(s)**

International Planned Parenthood Federation (IPPF)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This training guide, which is designed to support the implementation of IPPF's *Strengthening the Quality of Reproductive Health Care Programme*, outlines a five-day training to introduce IPPF's quality improvement process using self-assessment tools.

*Intended Audience/Users:* Health professionals at the service level responsible for introducing and implementing a quality improvement process (by adopting or adapting IPPF's model)

**Content**

The focus in this resource is on self-assessment; it includes (1) a training outline; (2) a description of all training sessions, presentations, handouts and exercises; and (3) a sample participants' guide.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This tool is intended for use in coordination with other IPPF quality training materials (*Training Skills for Health Professionals: Reference Manual* and *Quality of Care Improvement Process Manual for Service Providers and Managers*). It requires some training skills.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-17

Tools to Assess Family Planning Counseling: Observation and Interview

Publication Date: 1995

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Johns Hopkins University/Center for Communication Programs (JHU/CCP)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* These assessment tools are designed to help program managers improve the quality of family planning (FP) counseling by enhancing service providers' interpersonal communication skills. The approach is based on the Situation Analysis methodology developed by the Population Council.

*Intended Audience/Users:* Program managers and researchers trained in observation

**Content**

A set of four evaluation instruments provide managers with information about service provider strengths and weaknesses in counseling clients through a combination of firsthand observation and highly structured interviews. The first two instruments focus directly on counselor-client interactions and use the GATHER model of counseling. The third instrument, a questionnaire directed toward service providers, collects data on the providers' experiences, training, exposure to mass media broadcasts, and use of information, education, and communication (IEC) materials. The fourth instrument is a study site observation guide used to indicate the availability of FP methods at the site, inventory IEC materials, and observe a group talk.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The instruments are meant to be revised to fit local conditions, so users require instrument development skills. A limitation is that this is only useful as an evaluation tool; it does not provide training materials to correct any weaknesses or reinforce any strengths detected. An explanation of how to analyze the tool results is not provided.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* This resource was used by the Family Planning Association of Kenya in 1993, with technical assistance from JHU/PCS, as part of a long-term IEC project. It was used in Zimbabwe in 1995 by the Zimbabwe National Family Planning Council, with technical assistance from JHU/PCS, as part of a project to evaluate and improve the quality of FP counseling services provided to young clients. The tool has also been used in Ghana, Mexico, and Nigeria.

**Type:** Assessment / **Focus:** Programming

### Organization(s)

Pathfinder International (*Tool Series, Monitoring and Evaluation 3*)

### Overview/Purpose/Intended Audience

*Description and Purpose:* Because mystery clients are used to assess and improve the quality of services, they serve the interests of both clients and the program by highlighting the ways in which a facility can serve its target audience. Mystery clients are trained individuals (usually community members) who visit program facilities in the assumed role of clients and then report (by completing a survey or through an interview) on their experience. The process provides helpful monitoring for site improvements.

*Intended Audience/Users:* Program evaluators, community groups involved in monitoring family planning and reproductive health services

### Content

The tool describes the process for conducting mystery client interviews and outlines advantages and limitations of mystery client interviews.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The process for using mystery clients follows the same general process as is followed for other research: plan, develop instruments, train mystery clients, collect data, analyze data, and disseminate findings. More detailed steps are given.

### Evidence of Use and Effectiveness

*Supporting Evidence:* [The Quality of Family Planning Programs: Concepts, Measurements, Interventions, and Effects](#). RamaRao, S., and Mohanam, R. 2003. *Studies in Family Planning* 34(4):227–248. Findings (*specific not to this tool, but to the use of “mystery clients” overall*) indicate that the “mystery client” or “simulated client” approaches are handy when client load is low, when too few actual clients fit a particular profile (León et al., 1994 and 2001), or when clients refuse to be interviewed. Mystery clients can also lower the cost of data collection, decrease the level of intrusiveness during a consultation that is caused by the presence of an independent observer, reduce faulty recall, and at the same time capture both the observable and intangible aspects of the care-giving process (Huntington et al., 1990; Huntington and Schuler, 1993). The disadvantages of the approach include providers’ inability to give informed consent, physical exams that mystery clients do not want but may undergo, and the unreliable rating that a single mystery client may give a provider.

[Assessing Integration Methodology \(AIM\): A Handbook for Measuring and Assessing the Integration of Family Planning and Other Reproductive Health Services](#)

S-19

Publication Date: 2008

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Population Council/FRONTIERS Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This handbook provides a methodology, guidance, and instruments for determining the feasibility of specific service combinations, assessing and monitoring the quality of services received, and evaluating their effect on utilization. This methodology is an adaptation of the Situation Analysis methodology.

*Intended Audience/Users:* Policymakers, program managers, those providing technical assistance, and those responsible for financing healthcare

**Content**

The AIM handbook covers integration of family planning with the following services: HIV counseling and testing; postabortion care; antenatal care; detection and management of sexually transmitted infections; and postpartum care. The handbook (a) explains the basic principles of conducting studies using AIM; (b) provides tips for data collection; and (c) makes available data collection instruments that have been validated in projects throughout the developing world.

The handbook consists of five sections. The first describes the overall methodology in terms of (1) uses for AIM; (2) components of an AIM study; (3) data collection instruments; (4) how to conduct an AIM study; (5) limitations of AIM; and (6) a comparison of AIM with other health facility assessment methodologies. Sections 2–5 present generic data collection instruments to support and evaluate integration efforts, including (1) a facility inventory of services, infrastructure, equipment, and supplies; (2) an observation guide for recording provider-client interactions; and (3) questionnaires for client exit and provider interviews.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This methodology can be used to assess the feasibility of linking services to identify programmatic or structural barriers to integration, pilot-test approaches to integrating services, evaluate the effect of linked or integrated services, and assess and evaluate the costs of models to integrate services. It requires data collection skills and the ability to adapt and adjust instruments.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The methodology was developed from experience gained by the Population Council in undertaking assessments of various combinations of integrated services in many developing countries. It had been used in more than 15 projects prior to publication of the handbook.

S-20

[The Situation Analysis Approach to Assessing Family Planning and Reproductive Health Services: A Handbook](#)

Publication Date: 1997

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Population Council

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This handbook offers a methodology and instruments that enable managers to assess how well subsystems are working and what clients receive in the way of care.

*Intended Audience/Users:* Family planning program managers

**Content**

The book consists of four chapters covering the situation analysis study methodology, guidance on conducting the study, instruments and question-by-question guides, and data analysis and reporting.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

[Clinical Facility and Services Assessment Field Guide: Quality Assurance and Quality Improvement](#)

S-21

Publication Date: 2007

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

FHI 360

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This field guide provides general information on how to organize, implement, and follow-up on quality assurance (QA) and quality improvement (QI) assessments of clinical facilities and services. It includes a number of QA/QI checklists.

*Intended Audience/Users:* FHI 360 staff and partner organizations responsible for ensuring quality clinical services

**Content**

The guide includes (1) an overview of FHI 360's QA/QI initiative and operational framework (which are specific to FHI 360); (2) a summary of the facility assessment process; (3) preparation for the service visit; (4) the clinical facility assessment visit; and (5) post-assessment visit actions.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The guide is short and easy to follow. Prior facility assessment training is recommended. Specific checklists require individuals with specialized backgrounds (e.g., infection control, laboratory services, and clinical areas).

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The content has been used in the Asia region, but results are not available.

S-22

[Tools \(Planning, Implementing, and Monitoring\) for Adolescent and Youth Friendly Reproductive Health \(AYFRH\) Service Standards in Ethiopia](#)

Publication Date: 2010

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Federal Democratic Republic of Ethiopia Ministry of Health

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool was prepared as a guide for Ethiopia's reproductive health service delivery points to assess whether they offer adolescent- and youth-friendly reproductive health services (AYFRH). The tool was developed based on [Standards on Youth Friendly Reproductive Health Services Service Delivery Guideline and Minimum Service Delivery Package on YFRH Services](#), which was developed by the Ministry of Health in 2008 as part of a larger effort to improve access to and utilization of quality reproductive health services by adolescents and youth.

*Intended Audience/Users:* The tool is meant for use in health centers and hospitals and by district, regional, zonal, and national health management offices in Ethiopia, but it can also be used by the private and other sectors and at the health post level. Although developed specifically for Ethiopia, the tools can be adapted for use in other countries.

**Content**

The tool outlines a framework based on the Standards on Youth Friendly Reproductive Health Services. Nine problem statements are defined, along with the standard set forth that will address the problem. Input, process, and output criteria are developed to assess the current state and provide guidance toward a desired state in which the standard is met. With the standards and evaluation criteria clearly defined, health centers can identify specific actions to implement to reach program standards. Surveys are also included in the tool for evaluating service delivery points.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Outside of Ethiopia, this tool will need to be adapted to the local context. This will require assembling a stakeholder group to define standards with which to evaluate facilities. Ethiopian standards may be used as a guide. The surveys will also need to be reviewed and adapted based on any changes to the standards.

*Resources Needed to Implement:* Funding, staff time, and political will to improve access to reproductive health services for adolescents and youth

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The tool, refined through stakeholder meetings and a national workshop, was field-tested, though no further information is provided.

**Type:** Assessment / **Focus:** Programming

### Organization(s)

Reproductive Health Response in Crises (RHRC) Consortium

### Overview/Purpose/Intended Audience

*Description and Purpose:* This practical guide to monitoring and evaluating reproductive health programs includes protocols for how to use a variety of methods for collecting, analyzing, and sharing information, as well as a CD-ROM with examples of model forms. It uses the Causal Pathway Framework to guide program planning, monitoring, and evaluation. [NOTE: Choice and rights are addressed specifically in the [Client Exit Interview Protocol.](#)]

*Intended Audience/Users:* Managers

### Content

The guide contains specific protocols for three methods of collecting and analyzing information: quantitative, qualitative, and combination approaches (e.g., observation of staff performance, a client exit interview, facility assessment, a quality of care assessment, situation analysis, and adolescent reproductive health assessment). In the client exit interviews, clients are interviewed as they leave the health facility, to measure the effectiveness of services and to learn about users' satisfaction with services. Client satisfaction is an important component of good quality of care. Client interviews can reveal how well educational messages are understood and the client's perspective on whether she was treated with respect. Information from client interviews can be used to improve service delivery.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The guide recommends a step-by-step process: (1) use the Causal Pathway Framework to design the program; (2) identify the information needed to track the project's progress, as a basis for the monitoring and evaluation plan; (3) select the data collection methods and gather and analyze the information; and (4) adjust service provision based on the findings. For client exit interviews, the interviewer interviews clients as they leave the service site after they have received care. The questionnaire is usually short; the interview should take only 5–15 minutes.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

## [Quick Investigation of Quality \(QIQ\): A User's Guide for Monitoring Quality of Care in Family Planning](#)

S-24

Publication Date: 2001

**Type:** Assessment / **Focus:** Programming

### Organization(s)

MEASURE Evaluation Project

### Overview/Purpose/Intended Audience

*Description and Purpose:* The quick investigation of quality (QIQ) is a set of 25 “short list” indicators specifically designed to collectively measure quality of care in family planning (FP) programs.

*Intended Audience/Users:* Program managers, evaluation specialists, and others interested in monitoring quality of care

### Content

These QIQ indicators measure five of the six elements of the Bruce/Jain framework: choice of methods, information given to clients, technical competence, interpersonal relations, and follow-up and continuity mechanisms. Although specific to FP, this low-cost, practical methodology has been adapted to related reproductive health topics in several instances (Sullivan and Bertrand, 2000).

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement:* This guide consists of a set of three related data collection instruments designed to monitor 25 quality of care indicators. It offers guidelines and instruments for (1) sampling and training field personnel; (2) conducting a facility audit, with interview of the manager; (3) observing client-provider interactions; (4) conducting client exit interviews; and (5) analyzing data and presenting results.

*Resources Needed to Implement:* The ratings or assessments of an external evaluator (in the case of the facility audit, observation guide, and mystery client results) and self-report on the client exit interview.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The instruments have been tested in five countries (Ecuador, Turkey, Uganda, Zimbabwe, and Morocco).

- [Monitoring Quality of Care in Family Planning Programs: A Comparison of Observations and Client Exit Interviews](#). Bessinger, R. E., & Bertrand, J. T., 2001, *International Family Planning Perspectives*, 27(2):63–70. Field experience indicates that data collection for obtaining these indicators is practical and that the results are relatively consistent across instruments (i.e., observation and client exit interview).
- [Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality \(QIQ\): Country Reports](#). Sullivan, T.M. and J.T. Bertrand (eds). 2000. MEASURE Evaluation Project Technical Report Series 5. University of North Carolina, Chapel Hill, NC: Carolina Population Center. The QIQ was initiated in response to the need for a low-cost, practical means to routinely measure quality of care in FP services. This compilation includes an overview of the field test, country reports from each of the four countries, methodological lessons learned, an examination of the cost and practicality of the methodology, and recommendations for future applications.

S-25

## Quick Investigation of Quality (QIQ): A Compendium of Instruments and Field Manuals From Five Countries

Publication Date: Unpublished

**Type:** Assessment / **Focus:** Programming

### Organization(s)

MEASURE Evaluation Project

### Overview/Purpose/Intended Audience

*Description and Purpose:* The quick investigation of quality (QIQ) is a set of 25 “short list” indicators specifically designed to collectively measure quality of care in family planning (FP) programs. This approach meets the need for a practical, low-cost methodology for measuring quality of care in clinic-based FP programs.

*Intended Audience/Users:* Program managers, evaluation specialists, and others interested in monitoring quality of care

### Content

These QIQ indicators measure five of the six elements of the Bruce/Jain framework: choice of methods, information given to clients, technical competence, interpersonal relations, and follow-up and continuity mechanisms. Although specific to FP, this low-cost, practical methodology has been adapted to related reproductive health topics in several instances (Sullivan and Bertrand, 2000).

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* Implementation of the strategic approach was undertaken in 18 countries (Bolivia, Brazil, Burkina Faso, Cambodia, Chile, China, Dominican Republic, Ethiopia, Ghana, Guatemala, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Myanmar, Romania, South Africa, Viet Nam, and Zambia)

- [The strategic approach to contraceptive introduction. Simmons, R., Hall, P., Díaz J., et al. 1997. \*Studies in Family Planning\*, 28\(2\):79–94.](#) The instruments were tested in five countries (Ecuador, Morocco, Turkey, Uganda, and Zimbabwe); they also were used in Madagascar. Field experience indicates that data collection for obtaining these indicators is practical and that the results are relatively consistent across instruments (i.e., observation and client exit interview [Bessinger and Bertrand, 2001, see S-24]). Though the instruments were designed for use in FP programs, experience of the field tests indicates that they also are adaptable to other areas of reproductive health. Advantages identified in the Madagascar experience are (1) the approach involves both providers and supervisors; (2) it enables the assessment of problems; and (3) it can be used for baseline and continuous monitoring.

S-26

[Provide: Strengthening Youth Friendly Services](#)

Publication Date: 2008

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

International Planned Parenthood Federation (IPPF)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool is intended to support service providers in rethinking the services they provide for young people. It provides a route map that leads to high-quality service delivery. *Provide* is part of the *Inspire* resource package on young people's sexual and reproductive health services and programs, which offers standards, guidelines, and self-assessment tools on a variety of strategies and activities that contribute to rights-based and comprehensive sexual and reproductive health programming for young people.

*Intended Audience/Users:* IPPF Member Associations

**Content**

The tool is divided into five sections: (1) *Provide*, a self-assessment guide to increase young people's access to a broad range of youth-friendly services; (2) *Participate*, a self-assessment guide to strengthen young people's meaningful participation in programs and policies; (3) *Explore*, a toolkit to support young people as researchers on sexuality and sexual decision making; (4) *Springboard*, a hands-on guide to developing effective youth-friendly centers; and (5) *Advocate*, an advocacy guide for young people to strengthen public and political commitment and support for their sexual and reproductive health and rights.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The tool was developed with input from two regions (Europe and Africa). No evidence is identified about how and where it has been used or with what results.

S-27

**Gender and Rights: A Strategy to Improve the Quality of Care—Training Manual for Reproductive Health Care Providers**

Publication Date: 2005 [Unavailable on the internet]

**Type:** Training / **Focus:** Rights

**Organization(s)**

Catalyst Consortium (Academy for Educational Development [AED], Centre for Development and Population Activities [CEDPA], Meridian Group International, Pathfinder International, and PROFAMILIA/Colombia)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The purpose of the manual is to guide a five-day training workshop to assist providers to understand and use the gender and rights perspectives as strategies to improve the quality of sexual and reproductive healthcare services in institutional policies, programs, and action plans. The training is intended to transform participants' attitudes, behavior, and knowledge to support gender equality within the sexual and reproductive health service setting.

*Intended Audience/Users:* Healthcare service providers, especially managers and coordinators of services and/or programs

**Content**

The training includes sessions on gender and rights; gender, rights and reproductive health; gender and violence; an international normative framework on sexual and reproductive rights; international mechanisms for accountability; action planning; and informed choice.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The manual includes guidance for facilitators, including advance preparation for participants.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

## District Quality Assurance Program for Reproductive Health Services: An Operational Manual

S-28

Publication Date: 2006

**Type:** Implementation / **Focus:** Programming

### Organization(s)

Population Council/Frontiers Project and United Nations Population Fund (UNFPA)/India

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual explains the process of quality assurance (QA) in simple, practical terms by directly addressing the needs of district health officials who have been given the task of ensuring the quality of reproductive health (RH) services provided at primary health care facilities.

*Intended Audience/Users:* District-level officials

### Content

This process manual reflects upon how the quality assurance program can be implemented for reproductive health services provided at primary health centers and community health centers. The checklists included in this manual cover all of the general and specific quality of care elements, which are laid out in terms of measuring the facility input, the process of service provisions, and the outcome. The manual describes, step-by-step, the whole quality assurance process in a simple, user-friendly manner. Chapter 1 introduces the concept of QA and explains the components, elements, and sub-elements. Chapter 2 outlines scope of QA in the District Quality Assurance program. Chapter 3 delves into the measurement of the elements of services to assess quality (i.e., inputs, processes, and outputs) and why it is important to use objective measures of quality, which are amenable to change over time. Chapter 4 guides Quality Assurance Group members through process of a QA visit to a primary or community health center and includes checklists developed specifically for use in such programs. Chapter 5 describes process of assessing each item/sub-item and the significance of its measurement. Chapter 6 outlines follow-up activities required after the facility assessment visit has been completed.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The QA procedure involves a series of visits to health facilities by the Quality Assurance Group (a team of three district-level health officials). This team uses the QA checklists to review the readiness of the facility to offer services and the measures the quality of services provided. Before the team leaves the facility, any gaps in readiness or quality identified by the team members are communicated to the medical officer in-charge and actions are suggested for improvement. Further visits are made to the facility every four months, during which progress in addressing the gaps identified previously is assessed. The QA checklists provide easy procedures to provide an aggregated score for each individual facility with respect to input (readiness), process (how the service is delivered), and outcome (performance).

### Evidence of Use and Effectiveness

*Supporting Evidence:* Inputs for this process manual come from pilots undertaken in Dahod District, India.

- [Development of a quality assurance procedure for reproductive health services for district public health systems: Implementation and scale-up in the state of Gujarat](#). 2008. Population Council/Frontiers Project. This project, carried out in two districts each in Gujarat and Maharashtra states, confirmed that QA checklists and an implementation manual are useful and effective tools that the Ministry of Health and Social Welfare can use to monitor the quality of services provided by health facilities. It also demonstrated that this QA mechanism can be easily institutionalized at the district level.
- [Institutionalization of quality assurance within district health management: Experiences from Maharashtra and Karnataka](#). 2008. *Frontiers Final Report*. Washington, DC: Population Council.

S-29

[Performance Improvement Stages, Steps and Tools](#)

Publication Date: 2002

**Type:** Framework / **Focus:** Programming

**Organization(s)**

IntraHealth International/PRIME II Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool presents an introduction to performance improvement.

*Intended Audience/Users:* Program managers, family planning and reproductive healthcare providers

**Content**

The tool takes the reader through the nine different stages of the performance improvement process and provides guidance on further investigation when presented with organizational problems.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* [Defining a Performance Improvement Intervention for Kenya Reproductive Health Supervisors: Results of a Performance Analysis. 1999.](#) USAID, Jhpiego.

**Type:** Implementation / **Focus:** Programming

### Organization(s)

EngenderHealth

### Overview/Purpose/Intended Audience

*Description and Purpose:* Facilitative supervision is a major component of continuous quality improvement (QI) in health services. Facilitative supervision helps supervisors at all levels in an institution focus on the needs of the staff they oversee. This approach emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised. The facilitative supervisor sets goals, motivates health care staff, and leads them through the process of change required to improve quality and meet clients' needs. The most important part of the facilitative supervisor's role is to enable staff to manage the QI process, so as to meet the needs of their clients and implement institutional goals.

*Intended Audience/Users:* Trainers, site managers, supervisors (regional or area), and staff

### Content

The handbook includes descriptions of the facilitative approach to supervision and the roles and characteristics of facilitative supervisors in involving staff in the QI process, leading staff through change, creating a nonthreatening environment, and helping staff use data for decision making. It is designed to focus on the fundamentals of high-quality healthcare services, specifically on medical quality (to assure clinical safety) and on informed and voluntary decision making. The handbook also includes topics on leadership and the roles of supervisors in involving staff in performance improvement and QI processes to enhance and improve the operations of systems involved in service provision.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The process involves learning the basics of facilitative supervision (self-study), helping staff implement the QI process, identifying learning needs and problems, and developing a training plan.

### Evidence of Use and Effectiveness

*Supporting Evidence:*

- Early adaptors of facilitative supervision included the ministries of health in Bangladesh, Kenya, Tanzania, and Zimbabwe. The handbook has been used successfully in many programs as a technical resource to explain the principle, roles, responsibilities, and process of facilitative supervision. [Making supervision supportive and sustainable: New approaches to old problems](#). Marquez, L., and Kean, L. 2002. *MAQ Paper #4*. Washington, DC: USAID. Evidence demonstrates that continuous implementation of facilitative, or supportive, supervision generates sustained performance improvement. This paper distills lessons from recent efforts to improve the supervision of family planning and health programs in developing countries and identifies approaches that may be more effective and sustainable.
- *Supportive evidence for facilitative supervision overall:* [Facilitative Supervision: A Vital Link in Quality Reproductive Health Service Delivery](#). Ben Salem, B., and Beattie, K. J. 1996. *AVSC Working Paper No. 10*. New York: EngenderHealth.

[Facilitative Supervision for Quality Improvement: Trainer's Manual \(Participant Handbook\)](#)

S-31

Publication Date: 2008

**Type:** Training / **Focus:** Programming

**Organization(s)**

The ACQUIRE Project/EngenderHealth

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This manual and accompanying handbook focuses on the fundamentals of high-quality healthcare services in presenting an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication. The goal of this training course is to build supervisors' knowledge, skills, and attitudes to enable them to apply a facilitative approach to supervision to improve providers' performance and the quality of healthcare services.

*Intended Audience/Users:* Trainers of supervisors (at all health system levels), and on-site and off-site supervisors (both medical and nonmedical)

**Content**

This curriculum focuses on defining quality services, introducing a new approach to supervision, ensuring informed and voluntary decision-making, assuring safety for clinical techniques and procedures, building leadership skills, promoting supervisory and system support for quality services, building communication skills, working effectively with staff, and developing mentoring skills. It includes a resource on indicators commonly used in reproductive health at the program and population levels.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The training modules can be used separately—for example, for continuing education, or during orientation workshops or meetings to present different issues related to supervision. They can also be adapted as needed, to meet the needs of a particular country or program. Extensive preparations are recommended for a one-day orientation, a three-day training for senior-level supervisors, and a five-day training for all supervisors (which includes a practice supervisory visit).

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Field-tested in Azerbaijan, Bangladesh, and Uganda. See S-30 for overall evidence on the facilitative supervision approach.

## Improving Interpersonal Communication Between Health Care Providers and Clients

S-32

Publication Date: 1997

**Type:** Implementation / **Focus:** Programming

### Organization(s)

Quality Assurance Project/University Research Corporation (URC) Center for Human Services

### Overview/Purpose/Intended Audience

*Description and Purpose:* This monograph discusses the importance of interpersonal communication as a tool for improving healthcare outcomes in developing countries and describes techniques for enhancing providers' communication skills. In addition, it provides a job aid and several data collection instruments that can be used in various settings.

*Intended Audience/Users:* Health workers who attend to family planning clients

### Content

This tool is divided into two parts. Part I provides a conceptual framework for interpersonal communication, discussing the background of the communication process and its importance, presenting guidelines and norms for effective interpersonal communication, planning and implementing training activities, and presenting case studies on the training effort. Part II gives detailed case studies on training healthcare providers in interpersonal communication in Egypt, Honduras, and Trinidad and Tobago. The appendixes include the job aid; training manuals used in the three countries; data collection tools; and an annotated bibliography.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Because each healthcare setting requires locally appropriate strategies, the guide provides only a general framework for action, leaving healthcare policymakers, managers, and providers to develop their own analyses and interventions. Therefore, readers will need to modify the content as needed and develop locally appropriate examples for training and other interpersonal communication interventions.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The tool was developed based on field experiences in Egypt, Honduras, and Trinidad and Tobago.

- Good-quality interpersonal communication and counseling has proven to increase client compliance, promote contraceptive continuation, and improve health outcomes in a variety of healthcare settings (Pariani et al. 1991; Kim et al. 1992; Abdel-Tawab 1995; Ong et al. 1995; Stewart 1996; Clark et al. 1998; Roter and Hall 1998).
- [Impact of supervision and self-assessment on doctor-patient communication in rural Mexico.](#) Kim, Y M, Figueroa, M. E., Martin, A., et al. 2002. *International Journal for Quality in Health Care.* 14(5):359–367.
- [Improving provider-client communication: Reinforcing IPC/C training in Indonesia with self-assessment and peer review.](#) Kim, Y.M., Putjuk, F., Kols, A., and Basuki, E. 2000. *Operations Research Results* 1(6). Published for the United States Agency for International Development (USAID) by the Quality Assurance Project (QAP): Bethesda, Maryland.
- [Training Reinforcement Improves Family Planning Counseling and May Be Cost-Effective.](#) 2000. Center for Human Services. Quality Assurance Project (Operations Research Summary) This study tested two types of interventions: self-assessment and peer review to measure their effectiveness and cost-effectiveness in retaining the use of skills over 16 weeks. Self-assessment plus peer review was more successful than self-assessment alone in maintaining facilitative communication. These reinforcement strategies are more cost-effective than training alone and appear feasible in low-resource settings. Simple, affordable strategies should be considered to preserve the impact of training.

**Type:** Implementation / **Focus:** Programming

### Organization(s)

PSP-One Project/Abt Associates

### Overview/Purpose/Intended Audience

*Description and Purpose:* This package of materials was developed for midwives and their supervisors who are members of the Uganda Private Midwives Association (UPMA) to enable them to perform a self-assessment of their practice, identify performance gaps, and consider ways of resolving the performance gaps.

*Intended Audience/Users:* Private-sector midwives

### Content

The components of this Quality Improvement Package are as follows: I. Implementation Guide for Midwives and Supervisors; II. Self-Assessment Package for Midwives; III. Action Plan for Midwives; IV. Supervisor's Guide; V. Training Guide for Facilitators.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None are stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The package was used in Uganda.

- [The Impact of a Quality Improvement Package on the Quality of Reproductive Health Services Delivered by Private Providers in Uganda](#). 2009. USAID Technical Country Report No. 13. Author: Agha, S. PSP-One/Abt Associates. This document details the results of a study to determine whether a quality improvement package designed to enable small-scale commercial reproductive health service providers to improve the quality of services provided through self-assessment, action-planning, and supervisors' support is effective in improving service quality.
- [The impact of a quality-improvement package on reproductive health services delivered by private providers in Uganda](#). 2010. Agha, S. *Studies in Family Planning*, 41(3):205–215. This study assesses the effectiveness of a quality improvement package designed to enable small-scale commercial reproductive health service providers to improve the services they offer. Nearly 70% of the midwives who were trained to use the package reported that it was easy to use. The package may be implemented with small-scale private providers of reproductive health services who are part of a professional association, network, or franchise that supervises their performance.

S-34

[The Improvement Collaborative: An Approach to Rapidly Improve Health Care and Scale Up Quality Services](#)

Publication Date: 2008

**Type:** Methodology / **Focus:** Programming

**Organization(s)**

USAID Health Care Improvement (HCI) Project/University Research Corporation (URC)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This paper describes the Improvement Collaborative (IC) approach, a further adaptation of established quality improvement methods to apply evidence-based standards for rapid change and large-scale impact. This approach integrates many of the basic elements of traditional health programming (standards, training, job aids, equipment, and supplies) with modern QI elements (teamwork, process analysis, monitoring of results, client satisfaction), resulting in a dynamic learning system where teams from different sites collaborate to share and rapidly scale up strategies for improving the quality and efficiency of health services in a targeted technical area. The key innovation of the IC is the structured shared learning among several teams working on the same problem area, which promotes rapid dissemination of successful practices.

*Intended Audience/Users:* Ministries of health, district-level providers, and supervisors

**Content**

This paper describes the IC approach, drawing on the lessons learned in implementing more than 30 ICs in 15 countries and on the findings of evaluations of some of these collaboratives. It then explains the essential features of a successful IC, lists key activities for developing and implementing ICs, and discusses sustainability.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The approach has been used in the United States, [Niger](#), and [Yemen](#). It also has been applied extensively in developing country maternal, neonatal, and child health programs by [URC](#).

**Type:** Methodology / **Focus:** Programming

### Organization(s)

EngenderHealth

### Overview/Purpose/Intended Audience

*Description and Purpose:* The COPE® process (which stands for client-oriented, provider-efficient) has four tools—Self-Assessment Guides, a Client-Interview Guide, Client Flow Analysis, and an Action Plan. These tools enable supervisors and their staff to discuss the quality of their services, identify problems that interfere with the delivery of high-quality services, identify root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems.

*Intended Audience/Users:* Managers, supervisors, and COPE® facilitators

### Content

This COPE® toolkit is expanded to include a broad range of aspects of reproductive health services in addition to family planning, including antenatal care, labor and delivery, postpartum and newborn care, postabortion care, reproductive tract infections and sexually transmitted infections, HIV and AIDS, gynecological services, men's reproductive health services, sexuality, infertility, and prevention of harmful practices.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Before conducting COPE®, facilitators should read through the *COPE® Handbook* to become familiar with the process and tools. The initial COPE® exercise takes place over a period of two to three days. Follow-up exercises should be conducted every three to six months thereafter and take two or three days to complete, depending on whether the facility chooses to perform a Client-Flow Analysis. Next, an experienced (external) COPE® facilitator and site facilitator should be identified. The external facilitator should use the time leading up to the initial COPE® exercise to build consensus with key managers about the importance of QI, orient site managers to COPE®, gather information about the site, instruct management on selecting staff participants and a site facilitator for follow-up COPE® exercises, schedule the COPE® exercise, and prepare materials for the exercise. Once the COPE® exercise is completed, the facilitator and the staff agree on a date for a follow-up exercise where participants meet again and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from the previous exercise.

### Evidence of Use and Effectiveness

*Supporting Evidence:* COPE® has been used in more than 45 countries worldwide.

- [Using practical quality improvement approaches and tools in reproductive health services in east Africa.](#) Dohlie, M.B., Mielke, E., Mumba, F.K., et al. 1999. *The Joint Commission Journal on Quality Improvement.* 25(11):574–587.

**Type:** Methodology / **Focus:** Programming

### Organization(s)

EngenderHealth

### Overview/Purpose/Intended Audience

*Description and Purpose:* COPE® (which stands for client-oriented, provider-efficient) is both a process and a set of tools; it was developed as a means to enable staff to assess their own work, so as to identify problems at their facility and local solutions to those problems. COPE® also helps staff become more aware of clients' needs and, through the international standards of care embedded in the COPE® tools, become more aware of what it will take to provide the highest possible level of care (and thereby meet those needs).

*Intended Audience/Users:* Managers, supervisors, and COPE® facilitators

### Content

This edition of the COPE® Handbook provides a comprehensive explanation of how to introduce and sustain the COPE® quality improvement process.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The COPE® process is applicable to any set of services that a facility wants to explore, with adaptations to the tools as needed. This handbook is intended for use together with different tool books, each containing Self-Assessment Guides, a Client Interview Guide, Client-Flow Analysis Forms, Action Plan forms, and other assessment tools for a particular type of service.

### Evidence of Use and Effectiveness

*Supporting Evidence:* COPE® has been widely used in Kenya, Nigeria, and other countries in Africa and Asia—more than 45 worldwide.

**Type:** Methodology / **Focus:** Programming

### Organization(s)

IntraHealth International

### Overview/Purpose/Intended Audience

*Description and Purpose:* Optimizing Performance and Quality (OPQ) is a process for analyzing the performance of health workers and systems, and setting up interventions to improve performance and quality or build on strengths and successes. It is a systematic and ongoing process in which stakeholders consider the context of performance (e.g., clients, community health workers, external environment), identify performance or quality gaps and strengths, and identify their root causes using tools to explore the categories of factors that influence performance.

*Intended Audience/Users:* Managers, supervisors, and other stakeholders involved in monitoring quality (e.g., clients, communities)

### Content

The OPQ process consists of seven stages and a set of tools that can be used independently or in conjunction with other interventions or tools to improve performance, build on successes, and ultimately improve the quality of health services and health outcomes.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* OPQ can be implemented by an internal team or guided by an external facilitator. When being implemented through an external facilitator, the process should be transitioned to an internal team's leadership to promote its sustainability. Internal team members might be managers, supervisors, and health care workers at a facility, in a district, or at central levels. An external facilitator might be a consultant or a staff member at a nongovernmental organization or a private firm.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-38

## Human Rights for Health Workers

Publication Date: 2010

**Type:** Training / **Focus:** Programming

### **Organization(s)**

International Federation of Health and Human Rights Organizations (IFHHRO)

### **Overview/Purpose/Intended Audience**

*Description and Purpose:* This online training manual shares materials developed to train health workers in health and human rights issues. It intends to bridge the gap between the legal conceptualization of the right to health and the daily practice of health workers by providing human rights education materials specifically designed for health workers. The materials focus on the relationship between health-related human rights and the daily work of the health worker through participatory approaches and adult learning techniques.

### **Content**

The online manual consists of seven parts: (1) planning a training, (2) opening sessions to introduce participants to the program, (3) introducing health and human rights, (4) health workers and human rights—the different role of health workers, (5) health issues and human rights—the different health issues in relation to human rights (including sexual and reproductive health and sexual health and rights), (6) human rights mechanisms—instruments to protect human rights, and (7) additional sessions.

### **Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Each section is structured to provide guidance to facilitators and trainers related to learning objectives, target groups for each session, duration, training materials, training aids, handouts, and session plans.

### **Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

## [Advanced Training in Family Planning Counseling: A Comprehensive Reproductive Health Curriculum](#)

S-39

Publication Date: 2002

**Type:** Training / **Focus:** Programming

### Organization(s)

Romanian Family Health Initiative, JSI Research and Training Institute, Societatea de Educatie Contraceptiva si Sexuala (SECS)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This training workshop was developed to improve the interpersonal skills of participants in the delivery of family planning (FP) services.

*Intended Audience/Users:* Providers, trainers, counselors, and health mediators

### Content

This training is part of a comprehensive reproductive health training package conducted in Romania covering training of trainers for FP and reproductive health, advanced counseling for FP services, FP provision for public health clinic providers, logistics management information systems, antenatal and postpartum care and counseling, early detection and prevention of cervical cancer, postabortion and postpartum contraception, training of trainers for Roma health mediators (RHMs), training of RHMs in reproductive health, and pretest/posttest HIV counseling.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Trainees are presented with the workshop's goal of improve interpersonal skills in the delivery of FP services, after which a pretest is administered. Participants then discuss the characteristics of quality services and obstacles to delivering them. The training facilitator then discusses indicators of quality, client's rights, informed choice, and quality counseling basics.

*Resources Needed to Implement:* The materials needed for the three-day training are outlined in curriculum.

### Evidence of Use and Effectiveness

*Supporting Evidence:* [Scaling Up Access to Reproductive Health Service in Romania: The Romanian Family Health Initiative 2001-2007.](#)

[Standards-Based Management and Recognition \(SBM-R\): A Field Guide—A Practical Approach for Improving the Performance and Quality of Health Services \(Facilitator's Handbook\)](#)

S-40

Publication Date: 2001

**Type:** Methodology / **Focus:** Programming

**Organization(s)**

Jhpiego

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This implementation package is meant to provide basic information and tools on how to improve the performance and quality of health services using a Standards-Based Management and Recognition (SBM-R) approach. The Field Guide is intended to provide help with the task of improving the delivery of health services using standards of care as the basis for improvement. The guide is designed to answer questions such as: What types of standards are really useful to local providers and managers? How can they be implemented in a practical way? How can the improvement process be supported?

*Intended Audience/Users:* Local healthcare workers (providers and managers from facilities where the SBM-R initiative is being implemented), managers, and/or supervisors from the district level

**Content**

The package is made up of three modules, each focusing on key content and tasks related to a stage in the SBM-R process. The modules are meant to guide facilitators through the process and offer programmatic guidance. Each module contains all of the tools needed to facilitate the process, including an introduction to the module, a suggested schedule, an activity outline, handouts and exercises, presentation graphics, suggested next steps that programs can take, and an evaluation form for that module.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The process begins with the development of evidence-based operational standards in a specific area of health service delivery. The performance standards developed are included in an assessment tool that can be used for self-, peer, internal, and external assessments at the facility level. Implementation of the assessment tool leads to identification of performance gaps to be reduced or eliminated. Healthcare facility managers and providers can then analyze the causes of the gaps—a lack of knowledge and skills, an inadequate enabling environment (including resources and policies), and/or a lack of motivation—and identify and implement appropriate interventions to close these gaps.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* [SBM-R has been rolled out in 30 countries and taken to national scale and sustained for more than five years in Afghanistan, Malawi and Mozambique.](#) An [improvement report](#) provides a good description of how SBM-R was applied in two districts of Uttarakhand, India, to strengthen the delivery of FP services. [Jhpiego](#) applied SBM-R to a number of different health areas, including maternal and newborn care, child health, voluntary counseling and testing for HIV, and infection prevention.

## [Introducing Systematic Screening to Reduce Unmet Health Needs: A Manager's Manual](#)

S-41

Publication Date: 2008

**Type:** Implementation / **Focus:** Programming

### Organization(s)

Population Council/FRONTIERS Project

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual is designed to help program decisionmakers, managers, supervisors, and providers to introduce systematic screening into their health services.

*Intended Audience/Users:* Program managers, service providers

### Content

The manual describes a process for implementing systematic screening.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The manual needs to be adapted to reflect local, national, or programmatic health priorities and resources. Facilitation is suggested. To implement screening: Put someone in charge of the screening effort, decide what to screen for, choose suitable facilities, study patient flow before setting up screening system and deciding how screening will take place, design a new form or adapt an existing screening instrument to identify needed services, pretest the form, create a user's manual, provide adequate training, and supervise and monitor screening.

*Resources Needed to Implement:* Resources for one-day training

### Evidence of Use and Effectiveness

*Supporting Evidence:* The manual cites studies in Africa, Asia, and Latin America as evidence of the success of systematic screening.

- [Systematic Screening: A Strategy for Determining and Meeting Clients' Reproductive Health Needs](#). 2006. Population Council/FRONTIERS Program Brief. This brief predates the manual but outlines the systematic screening approach. Research shows that systematic screening can increase the number of services received per client visit to a health care facility by as much as 25%. Adopting systematic screening can be a cost-effective strategy for programs to offer more services and thus improve women's and children's health. Systematic screening is a USAID best practice.
- [Use of Systematic Screening to Increase the Provision of Reproductive Health Services Delivery in Bolivia](#). 2005. Foreit, J.R., Vernon, R., and Riveros Hamel, P. Population Council/USAID. Use of the systematic screening technique resulted in more services received per client visit. The Bolivia MOH requested assistance in scaling up the strategy.
- [Systematic Screening as a Strategy to Increase Services Integration and Revenues in Honduras](#). 2005. Vernon, R., Foreit, J. R., Mancini, F., et al. Honduran Family Planning Association. The intervention was not adequately implemented. Nevertheless, the intervention was scaled up at all agency clinics.
- [Use of Systematic Screening to Increase the Provision of Reproductive Health Services Delivery in Senegal](#). 2005. Foreit, J.R., Vernon, R., and Sanogo, D. Population Council/USAID. Use of systematic screening resulted in more services received per client visit. The Senegal Ministry of Health requested assistance in scaling up the strategy.

S-42

The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers ([User's Guide](#); [Trainer's Guide](#); [Counseling Cards](#); [Algorithm](#))  
Publication Date: 2008

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

Population Council

### Overview/Purpose/Intended Audience

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

*Intended Audience/Users:* Supervisors and others can use this guide to train healthcare facility directors and service providers on how to use the BCS+ for counseling FP clients.

### Content

The BCS toolkit comprises three job aids: an algorithm (decision tree) describing the counseling strategy, counseling cards, and client brochures. The counseling cards provide basic information about 15 FP methods, plus a card with the checklist to be reasonably sure that a woman is not pregnant.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* (1) Read the *User's Guide*; (2) refer to the algorithm as a reminder of the 11 steps needed to implement BCS; (3) use the counseling cards to help a client choose a method based on reproductive intentions; and (4) review the BCS method brochure with the client. The most effective training plan is to conduct the one-day training and provide 4–5 supervision visits and retraining for six months after the initial workshop. Facilitation is required.

*Resources Needed to Implement:* Materials for one-day training

### Evidence of Use and Effectiveness

*Supporting Evidence:* BCS was tested in Peru and Guatemala.

- [Providers' compliance with the balanced counseling strategy in Guatemala](#). 2005. Leon, F. R., Brambila, C., de la Cruz, M., et al. *Studies in Family Planning* 36(2):117–126. Use of the strategy improved quality of care regardless of the provider's performance at baseline and regardless of ethnic or regional differences. Counseling session length increased by nine minutes, but real-client load did not change. Guatemalan clients can be expected to benefit from the strategy. The increased session length has not yet caused problems, but it may pose policy dilemmas in the future.
- [Effects of IGSS' Job Aids-Assisted Balanced Counseling Algorithms on Quality of Care and Client Outcomes](#). 2004. Leon, F. R., Brambila, C., de la Cruz, M., et al. Population Council. The hospital should continue using the job aids–assisted *Balanced Counseling Algorithms*, yet adjustments in instructions concerning post-choice counseling could be introduced and tested to improve client outcomes. The skewed method mix at the hospital reflects clients' perception of the benefits of the injectable rather than provider bias; hence, the hospital must adapt to this situation rather than attempting to change it.
- [Peru: Targeted counseling enhances client knowledge and contraceptive use](#). 2004. Population Council. FRONTIERS OR Summary (No. 38). When providers improved counseling sessions by using an algorithm and job aids, the 12-month FP use rate increased only modestly. Though this increase had limited practical impact, the intervention improved the behavior of some providers and increased clients' knowledge about the IUD and hormonal methods.

- [Scaling up a successful counseling model in Guatemala](#). 2004. Guatemalan Association of Female Physicians (AGMM). The project successfully introduced the balanced counseling strategy in Guatemala and as a result improved informed choice about contraceptives in the country.
- [Enhancing quality for clients: the balanced counseling strategy](#). 2003. León, F.R., Ríos, A., Zumarán, A., et al. Population Council/FRONTIERS Project. FRONTIERS Program Brief (No. 3). Studies conducted to date on the BCS show that when used with the job aids, this model can improve both the quality of the provider's counseling and the client's ability to make an informed decision about the most appropriate contraceptive method for her needs. The strategy is adaptable and has been replicated with improved results. Further research and systematic scale-up underway in Peru and Guatemala will determine ways of refining and improving the strategy.
- [Testing balanced counseling to improve provider-client interaction in Guatemala's MOH clinics](#). 2003. Leon, F. R., Brambila, C., de la Cruz, M., et al. Population Council, FHI 360, and Guatemala Ministry of Health. Nonprofessional providers can take advantage of the job aids–assisted Balanced Counseling Algorithm and substantially improve their quality of care. The extra time invested in counseling new FP clients will be easily absorbed insofar as they continue to represent a small portion of the total demand for services at the clinics.

S-43

The Balanced Counseling Strategy Plus (BCS+): A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings ([User's Guide](#); [Trainer's Guide](#); [Algorithm A3/A4](#); [Counseling Cards](#); [Method Brochures](#))

Publication Date: 2012

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

Population Council

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual is an interactive, client-friendly approach for improving counseling on family planning (FP) and on the prevention, detection, and treatment of sexually transmitted infections (STIs), including HIV. It is adapted from the [Balanced Counseling Strategy](#) tool for improving counseling on FP methods.

*Intended Audience/Users:* Medical officers, supervisors, program managers, and those responsible for training providers

### Content

The approach is based on 19 **BCS+ counseling cards** that the provider uses during a counseling session. The first card contains six questions that the service provider asks to rule out the possibility that a client is pregnant. Each of the next 14 cards contains information about a different FP method. The last four cards provide essential information for counseling on preventing, detecting, and treating STIs and HIV.

Also included are **BCS+ method brochures** on each of the 14 methods represented by the counseling cards. The brochures provide counseling to clients on the method they have chosen and then are given to clients for later reference. This means that clients do not have to rely on their recollection of what was discussed with the provider.

Finally, the **BCS+ algorithm** summarizes the 19 steps needed to implement BCS+ during a FP counseling session. These steps are organized into four stages: prechoice, method choice, postchoice, and STI/HIV counseling.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Facilitation is suggested. BCS+ can be used as outlined in this manual or introduced in more extensive training on FP. The BCS+ tools are generic and can be revised according to national and/or regional guidelines and different contexts. BCS+ is divided into four counseling stages. Each stage contains a sequence of steps to follow. The BCS+ assumes that the motive of a client's visit is FP but serves also to offer the client additional counseling and services at the same facility or through referral.

For a one-day training, the trainer should (1) Read the entire *BCS+ User's Guide*; (2) refer to the BCS+ algorithm as a reminder of the 19 steps used to implement the BCS+; (3) use the BCS+ counseling cards and World Health Organization Medical Eligibility Criteria Wheel to help a client choose a method based on her/his reproductive intentions; (4) once the client has chosen a method, use the corresponding BCS+ method brochure to discuss contraindications to the chosen method; (5) use nine counseling cards to discuss additional reproductive health services that the FP client may need during and after s/he has selected a method; and (6) for trainers, use the *BCS+ Trainer's Guide* to familiarize health care staff with this new counseling approach and to build capacity to effectively use this approach.

*Resources Needed to Implement:* Materials needed for a one-day training, as outlined in the trainer's guide

**Evidence of Use and Effectiveness**

*Supporting Evidence:* BCS+ was developed and tested through operations research studies in Kenya and South Africa.

- [Feasibility, Acceptability, Effect and Cost of Integrating Counseling and Testing for HIV within Family Planning Services in Kenya](#). 2008. Liambila W., Askew I., Ayisi R., et al. FRONTIERS Final Report, Washington DC, Population Council. Using the BCS+ approach improved the quality of counseling and allowed the client to take ownership of the decision. Use of the BCS+ algorithm increased the likelihood that providers would offer counseling and testing and that the offer would be accepted. Nearly all providers who used the algorithm, the cards, or both mentioned counseling and testing, compared with 65% when no materials were used. Scaling up BCS+ as a practical, interactive, low-cost, and client-driven tool to integrate HIV into family planning services is recommended, because it is easy to adapt to local contexts.
- [Scaling-up balanced counseling strategy plus to improve quality of family planning & HIV/AIDS counseling through linking counseling & testing with family planning services, Kenya & South Africa](#). 2009. Abstract presented at 6th International AIDS Society Conference on HIV Pathogenesis and Treatment. Teffo-Menziwa, E., Liambila, W., Mullick, S., et al. Scaling up the BCS+ strategy as a practical, interactive, low-cost, and client-driven tool to integrate HIV into family planning services is recommended, because it is easy to adapt to the local context.
- From 2009, the Population Council led the [Integra interventions](#) in Kenya and Swaziland with BCS+. Innovative capacity development and mentoring was a critical part of the operations and research, building the knowledge and skills of health care providers in two of Integra's integration models.

S-44

Contraception for Clients with HIV Curriculum ([Facilitator's Manual](#); [Participant's Manual](#))  
Publication Date: 2008

**Type:** Training / **Focus:** Programming

**Organization(s)**

FHI 360 and the ACQUIRE Project/EngenderHealth

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The curriculum is designed to orient health care providers to the reproductive decisions and concerns of persons with HIV.

*Intended Audience/Users:* Service providers (nurses, midwives, and physicians) with some knowledge of and experience with providing family planning (FP) or HIV and AIDS services

**Content**

The curriculum covers the following topics: Overview of HIV, AIDS, and ARV Therapy; Why Integrate FP and HIV Prevention, Care, and Treatment?; Provider Values and Attitudes and Client's Rights (Stigma Reduction); Factors Affecting FP Method Choice and Overview of Medical Eligibility Criteria; FP Methods for HIV Clients; Integrating FP into HIV Services for Provision of Contraceptive Information, Counseling, and Methods; and Creating and Maintaining a Safe and Efficient Work Environment.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This curriculum should be used as part of comprehensive program in which the reproductive health needs of community members have been evaluated and the solution involves offering some level of integrated FP and HIV services. A training facility is needed for five days. The facilitator's manual lists all of the materials needed. Facilitation is required.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Reproductive Choices and Family Planning for People Living with HIV:  
Counseling Tool**

S-45

Publication Date: 2007

**Type:** Job Aid / **Focus:** Programming

**Organization(s)**

World Health Organization (WHO) and INFO Project, Johns Hopkins University/Center for Communication Programs (JHU/CCP)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool (flipchart) is designed to help health workers counsel people living with HIV on their sexual and reproductive health choices and on family planning (FP). It also is meant to help people living with HIV make and carry out informed, healthy, and appropriate decisions about their sexual and reproductive lives. This tool is part of the WHO materials on Integrated Management of Adolescent and Adult Illness (IMAI).

*Intended Audience/Users:* Healthcare workers

**Content**

For each topic in the tool, there is a page for the client and a page for the provider. The two pages are similar, but the provider's side contains more information, suggested questions to ask the client, and a box on how to use the page. Specific topics include: reproductive health and FP services, HIV prevention and control, FP methods, decision making, and how to enjoy a healthy sex life.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Studying this tool will help the user become familiar with how it works and with the information in it. Using the flip-chart will become easier with practice. The guide covers only the main points. When a provider talks with clients, he or she can add information and discuss matters further, responding to the client's needs and concerns.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The tool was field-tested in Lesotho and Uganda.

- [Field testing WHO's counseling tool on reproductive choices and family planning with patients initiating ART in South Africa](#). 2011. Abstract presented at 6th International AIDS Society Conference on HIV Pathogenesis and Treatment. Smit, J.A., Kim, Y.M., Johnson, S., et al. To maximize use, this counseling tool should be adapted for the specific service delivery routine and tasks of different providers. At the same time, structural barriers, such as lack of time for counseling on FP and reproductive health in antiretroviral services, need to be addressed.

**Type:** Training / **Focus:** Programming

### Organization(s)

The Naz Foundation (India) Trust

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual aims to introduce trainees to different concepts in counseling and provides exercises to help them understand and internalize various principles, concepts, tools, and limitations in counseling. It is largely HIV- and sexuality-focused.

*Intended Audience/Users:* Trainers

### Content

The manual covers principles of counseling, communication and counseling skills, application of concepts, tools and principles, limitations of a counselor, special issues, informed choice, values and attitudes, confidentiality, and counseling marginalized groups (such as street children and men who have sex with men).

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement:* Training space for a 2–4-day training is needed. Sufficient time for discussion and reflection is also important. Notes and practical information are provided throughout the manual to help the trainer facilitate each session.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-47

Enhancing Postabortion Care Counseling Skills: An Interactive Learning Toolkit ([Disk 1: Narrator Introduction](#); [Disk 2](#))

Publication Date: 2008

**Type:** Training / **Focus:** Programming

**Organization(s)**

IntraHealth International/PRIME II

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This interactive learning tool can be used to improve or refresh the counseling skills of experienced providers of postabortion care (PAC) services. Through skills and behaviors modeled in this DVD, counselors can learn to build client trust and work with the client to find a safe, effective family planning (FP) method.

*Intended Audience/Users:* Service providers

**Content**

The DVD includes the following sections: Introduction to Interactive Simulation; Introduction to the Learning Program; Learning Objectives; and Post-Viewing Instructions. As learners, providers explore two stories that realistically portray the challenges counselors face when offering FP counseling to PAC clients. The program demonstrates different counseling behaviors, and providers are challenged to choose the most appropriate behaviors based on PAC standards of practice. As part of the learning program, learners receive immediate feedback on their choices from a “mentor.” The setting is Kenya, but many of the counseling skills will be applicable in other locations.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

[Ensuring Privacy and Confidentiality in Reproductive Health Services: A Training Module and Guide for Service Providers](#)

S-48

Publication Date: 2003

**Type:** Training / **Focus:** Rights

**Organization(s)**

Program for Appropriate Technology in Health (PATH) Fund and the Global Health Council

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The training guide is intended to provide clarity and practical guidance to empower front-line reproductive health workers and supervisors to develop and implement effective privacy and confidentiality policies and better support and protect the right of clients to privacy and confidentiality.

*Intended Audience/Users:* Clinic staff, service providers, supervisors, and policymakers

**Content**

The guide is divided into three parts: a training module, job aids, and background documents. Specific topics include: privacy as a human right; the difference between privacy and confidentiality; how to address breaches; protecting the rights of adolescents; and a list of pertinent international legal agreements.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The guide requires the following resources for facilitators: a preworkshop checklist, sample agendas, and facilitator tips/skills. Facilitation is required.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-49

Counseling for Effective Use of Family Planning ([Participant Handbook](#); [Trainer's Manual](#))

Publication Date: 2008

**Type:** Training / **Focus:** Programming

**Organization(s)**

EngenderHealth/The ACQUIRE Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This counseling training curriculum aims to improve the knowledge, skills, and attitudes of trainees in assessing and addressing clients' family planning needs through individualized counseling. The curriculum builds on EngenderHealth's previous work in counseling, including [Comprehensive Counseling for Reproductive Health: An Integrated Curriculum \(S-51\)](#). At the same time, it responds to an identified gap in existing materials and fills the needs expressed by those in the field.

*Intended Audience/Users:* Healthcare providers at all levels, their supervisors, and program managers

**Content**

Specific topics addressed in this manual include supporting clients' informed and voluntary decision making; factors influencing clients' decisions; providers' attitudes and beliefs; ensuring optimal communication; addressing misconceptions; using simple language and visual aids; helping clients make or confirm decisions; decision making for permanent methods; strengthening partner communication; counseling return clients; managing side effects; and using family planning cue cards.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The training curriculum is intended for a group of 15–20 participants and a team of 3–4 trainers experienced in client-centered counseling. Trainers are asked to familiarize themselves with the training manual and participant handbook, observe a training workshop, and get buy-in for the training and select appropriate trainees. Facilitation is required.

*Resources Needed to Implement Tool:* Training space is needed for a 5–6 day training. There are no clinical practice sessions.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Pilot-tests conducted by EngenderHealth. Subsequent field-tests were conducted in Azerbaijan, Bangladesh, Cameroon, Ethiopia, Gambia, Ghana, Jordan, Kenya, Nepal, Sierra Leone, and Tanzania.

S-50

Men's Reproductive Health Curriculum (Section 2, Counseling and Communicating with Men) ([Trainer's Resource Book](#); [Participant's Handbook](#))

Publication Date: 2003

**Type:** Training / **Focus:** Programming

**Organization(s)**

EngenderHealth

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This manual seeks to strengthen service providers' ability to interact with, communicate with, and counsel men—with or without their partners—on reproductive health issues. The participant handbook is intended for use by healthcare staff who participate in a training workshop; it can be used both during the course and as reference material after the course is over. The trainer's resource book is intended for use by skilled, experienced trainers and provides guidance, suggestions, and training activities to be used to teach the content of the training course.

*Intended Audience/Users:* Service delivery staff (providers/healthcare workers all levels) who counsel men

**Content**

The manual covers counseling and communication approaches, client-provider interactions, informed choice, clients' rights, provider biases toward and against men that may need to be addressed, and effective communication and counseling techniques.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* It is important to obtain background information on the participants, select a training site, and develop a training agenda. Facilitation is required.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The manual was field-tested in the Philippines.

## Comprehensive Family Planning and Reproductive Health Training Curriculum (Module 3: Counseling for Family Planning Services)

S-51

Publication Date: 1998 (revised in 2000)

**Type:** Training / **Focus:** Programming

### Organization(s)

Pathfinder International

### Overview/Purpose/Intended Audience

*Description and Purpose:* This curriculum prepares service providers to offer effective general, method-specific, and follow-up counseling to family planning (FP) clients and their families. It helps participants to identify their own attitudes, feelings, and values and the significance and impact of these on the counseling process. It explains the factors that influence counseling outcomes, describes the principles and elements of counseling, and enables counselors to respond to myths and rumors raised by clients and their families. The module places special emphasis on communication skills, and participants practice their communication skills in an actual clinical setting.

*Intended Audience/Users:* Trainers of physicians, nurses, midwives

### Content

Informed choice and clients' rights are covered. The training curriculum consists of 15 modules, covering such topics as infection prevention, counseling, combined oral contraceptives and progestin-only pills, emergency contraception, injectables, the intrauterine device, breastfeeding and the lactational amenorrhea method, condoms and spermicides, voluntary surgical FP, manual vacuum aspiration for treatment of incomplete abortion, reproductive tract infections, quality of care, and postpartum/postabortion FP. Sessions include simulation skills practice, discussions, clinical practice, using objective knowledge, attitude and skills checklists, and counseling cue cards.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Presenting this curriculum requires taking the following steps: (1) prepare module materials; (2) copy the Participant Handouts; (3) prepare copies of the pretests and post-tests; (4) prepare flipcharts on the following topics (GATHER, common method side effects, FP methods, and discussion of sexuality in relation to FP methods); (5) have on hand slips of paper for exercises on GATHER and myths; (6) arrange time for participants to practice counseling in a clinical setting; and (7) read Population Reports No. 35: *Counseling Makes a Difference* before the training workshop begins. Facilitation is required.

### Evidence of Use and Effectiveness

*Supporting Evidence:* This training curriculum was used to train service providers in 1995 under the cooperative, privately funded Reproductive Health Program (RHP) project in Vietnam. Individual modules were used to train service providers in Bolivia, Ethiopia, and Nigeria (on injectables); Azerbaijan, Bolivia, Ethiopia, Haiti, Kenya, Peru, Tanzania, and Uganda (on infection prevention); Azerbaijan, Bolivia, Kazakhstan, and Peru (on counseling); Jordan (on the IUD); Bolivia, Kazakhstan, and Peru (training of trainers); Ecuador, Kenya, and Peru (emergency contraception); Ethiopia and Jordan (combined oral contraceptives and progestin-only pills); and Haiti (introduction/overview). Feedback from these trainings was incorporated into the training curriculum to improve its content, training methodologies, and ease of use.

S-52	<p><a href="#"><u>Comprehensive Reproductive Health and Family Planning Training Curriculum (Module 16: Reproductive Health Services for Adolescents)</u></a>          Publication Date: 2004</p>
	<p><b>Type:</b> Training / <b>Focus:</b> Programming</p>
<p><b>Organization(s)</b>          Pathfinder International</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This training module (one of 16 modules) explains to service providers the necessity of special training for adolescent reproductive health. Providers are sensitized to the needs of adolescents and are prepared to tailor reproductive health services so that they are youth-friendly.</p> <p><i>Intended Audience/Users:</i> Service providers (midlevel providers of family planning (FP), such as nurses, nurse-midwives, nurse assistants, physicians, counselors, and others) with some skills/training in reproductive health but in need of training on how to provide youth-friendly services, as well as program administrators and clinic staff (for sensitization)</p> <p><b>Content</b>          Included in each module is a set of knowledge assessment questions, competency-based training skills checklists, trainer resources, participant materials, training evaluation tools, and a bibliography. Specific topics in this module include: adolescent vulnerabilities, risk-taking behaviors, communicating with the adolescent client, FP options for adolescents, counseling the adolescent, gender, providing adolescent services, informed choice, and clients' rights.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> A list of materials needed is provided in module. Facilitation is required.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The module was pretested in India and underwent technical review in Tanzania from colleagues involved in the African Youth Alliance (AYA) project, other programs in Tanzania, and the Ministry of Health and Social Welfare.</p>	

**Type:** Training / **Focus:** Programming

### Organization(s)

Catalyst Consortium (Academy for Educational Development [AED], Pathfinder International, Centre for Development and Population Activities [CEDPA], Meridian Group International, and PROFAMILIA/Colombia)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This training manual presents an integrated approach for family planning (FP) counselors to use when counseling clients in decision making on optimal birth spacing and FP.

*Intended Audience/Users:* Trainers of mid-level FP counselors (physicians, nurses, nurse-midwives, nurse assistants, and physicians) with some skills and training in reproductive health.

### Content

The manual includes current information on contraceptives, the advantages of waiting 3–5 years between births, follow-up counseling, the ability to identify feelings and values that impact the counseling process, clients' rights, understanding principles and elements of counseling, outside factors that influence the success of counseling, and appropriate responses to myths and rumors.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The manual can be used as a 3–4 day training program or as part of a longer, more comprehensive training of optimal birth spacing and FP counselors. Individual sections of the manual can also be adapted for use with community-based, social or auxiliary workers. Preparation for before the training includes (1) preparing module materials; (2) copying participant handouts; (3) preparing copies of the pretests and post-tests; (4) preparing flipcharts; (5) having on hand sticky notes for exercises; and (6) reading Population Reports No. 35: *Counseling Makes a Difference* before the training workshop begins. Facilitation is required.

### Evidence of Use and Effectiveness

*Supporting Evidence:* This manual incorporates findings of focus groups conducted in five countries: Bolivia, Egypt, India, Pakistan, and Peru; these groups contributed data on behavioral and other factors that prevent women from carrying out their desired birth-spacing decisions. This manual integrates both the qualitative and quantitative data that Catalyst gathered.

S-54

**Comprehensive Counseling for Reproductive Health: An Integrated Curriculum** ([Trainer's Manual](#); [Participant's Handbook](#))

Publication Date: 2003

**Type:** Training / **Focus:** Programming

**Organization(s)**

EngenderHealth/The ACQUIRE Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This curriculum is designed to put the concept of integrated reproductive health services into practice by helping all levels of service providers develop the communication and counseling skills needed to assess and address their clients' comprehensive sexual and reproductive health needs.

*Intended Audience/Users:* Healthcare providers at all levels, their supervisors, and program managers

**Content**

The curriculum addresses principles and approaches for client-centered communication in sexual and reproductive health (informed choice and voluntary decision making), clients' rights, client-provider interaction, and counseling), the role of providers' attitudes in creating a good climate for communication, communication skills, helping clients assess their comprehensive sexual and reproductive health needs and providing appropriate information, assisting clients in making voluntary and informed decisions, helping clients develop skills to carry out their decisions, and integrated sexual and reproductive health counseling.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Facilitators should read the training manual and participant handbook, meet with program administrators at the institution requesting the training, obtain background information on the participants, choose the REDI or GATHER counseling methodology, and finalize the agenda. Facilitation is required.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* This curriculum was field-tested in Bangladesh, Ghana, Jordan, and Kenya.

- Listed as a Resource for Training and Curriculum Development in [Increasing Access to Contraception for Clients with HIV: A Toolkit](#) (FHI 360/ACQUIRE Project)

## Decision-Making Tool for Family Planning Clients and Providers ([Training Guide](#); [Technical Adaptation Guide](#))

S-55

Publication Date: 2005

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

World Health Organization (WHO) Department of Reproductive Health and Research and Johns Hopkins University/Center for Communication Programs (JHU/CCP)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This double-sided flipchart is a decision-making aid for clients, a job aid and reference manual for providers, and a training resource. Its purpose is to improve the quality of family planning (FP) counseling using a structured counseling process. One page is for the client and a corresponding page is for providers; it uses pictures, key points, and detailed reference information to cover 14 FP methods and includes medical eligibility criteria, side effects, and when to start and how to use each method.

*Intended Audience/Users:* Service providers, clients

### Content

This job aid can be used to help clients choose and use the FP method that suits them best, provide information needed to offer high-quality FP care to clients, and help providers counsel clients more effectively. Also addressed are dual protection, returning clients, clients with special needs, counseling tips, gender-based violence, sexually transmitted infections, postabortion FP, postpartum FP, promotion of partner communication, and addressing myths/misconceptions.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The training guide modules for the decision-making tool introduce providers to the tool and train them in how to use it and cover counseling and communication skills and a contraceptive technology update. The decision-making tool is designed to lead providers and clients through a step-by-step counseling process of method selection and provision. It is composed of three core sections: (1) the front section, with tabs at the side, which directs the provider along certain paths according to the client type or needs and is focused on decision making for new clients and problem solving for returning clients; (2) the methods section, with tabs along the bottom, which contains detailed information about 14 FP methods; and (3) the appendix, which contains additional counseling materials for providers. Facilitation is required. The tool is more than an “information-giving” job aid, so providers should be trained to use it effectively and to provide the client-centered standards of care that the tool promotes.

### Evidence of Use and Effectiveness

*Supporting Evidence:* Field-testing of the tool was conducted in five countries by a team from JHU/CCP and WHO, in partnership with several organizations working to support FP programs in these countries. The draft tool was revised based on the field-testing results and on the recommendations of providers, clients, and FP experts in the countries.

- [Counseling tools alone do not improve method continuation: further evidence from the decision-making tool for family planning clients and providers in Nicaragua](#). 2007. Chin-Quee, D. S., Janowitz, B., Otterness, C. *Contraception*. 76(5):377–382. Sufficient evidence exists that counseling alone—with or without specialized job aids—does not influence contraceptive use rates. A new strategy is needed to help women maintain use of FP methods.
- [Evaluation of the World Health Organization’s family planning decision-making tool: Improving health communication in Nicaragua](#). 2007. Kim, Y.M., Davilab, C., Tellez, C., and Kols, A. *Patient Education and Counseling*, 66(2):235–242. The decision-making tool proved effective both as a job aid for providers and as a decision-making aid for clients, regardless of the client’s level of education.
- [Promoting Informed Choice: Evaluating a Decision-Making Tool for Family Planning Clients and Providers in Mexico](#). 2005. Kim, Y.M., Kols, A., Martin, A., et al. *International Family Planning Perspectives* 31(4):162–171. The decision-making tool was useful both as a job aid for providers and as a decision aid for clients.

<b>S-56</b>	<p><a href="#"><u>Counseling the Obstetric Fistula Client: A Training Curriculum (Traumatic Fistula Counseling supplement)</u></a>          Publication Date: 2012</p>
<b>Type:</b> Training / <b>Focus:</b> Programming	
<p><b>Organization(s)</b> EngenderHealth</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The goal of this curriculum is to prepare service providers at all levels to provide information and counseling to fistula clients, including referral for treatment and recovery services and counseling for related issues outside their usual scope of work.</p> <p><i>Intended Audience/Users:</i> Service providers</p> <p><b>Content</b>          The training curriculum has three main components: training sessions, participant handouts, and appendixes. Specific topics include: providers' values and attitudes (including informed choice, informed consent, and the rights of the client), understanding obstetric fistula, understanding the client's perspective, interpersonal communication, counseling for the fistula client, family planning information and health-related counseling, counseling for the client's family, supporting the fistula client, and clinical practicum.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> Facilitation is required.</p> <p><i>Resources Needed to Implement Tool:</i> The training requires materials provided as part of the curriculum, plus training aids (flipchart paper, masking tape or blue tack, colored markers, and index cards). Preferred aids include an overhead projector, electricity, and a video camera. Training space for a 6½–7 day session is needed. A clinical practicum is part of the training.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> Initial early draft field-testing was conducted by the United Nations Population Fund. The curriculum has been used in a variety of settings, according to the needs of the Fistula Care project.</p>	

**Type:** Training / **Focus:** Rights**Organization(s)**

Population Council

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The curriculum presents a framework for training providers to deliver client-centered reproductive health services. The essence of the approach is to bring about behavior change in providers by making them more receptive and responsive to clients' needs. Further, providers are taught to treat clients with respect and dignity, assess their reproductive health needs holistically within the context of their individual circumstances, and negotiate solutions that clients are able to implement.

*Intended Audience/Users:* Trainers facilitating the learning of trainees in how to offer client-centered reproductive health services

**Content**

The manual is written in fairly generic terms and can be used with modifications in any setting or country. The manual has three sections: (1) an introductory overview of the contents; (2) a trainer's guide comprising the training modules, each of which describes the individual components of client-provider interaction and includes learning objectives, key learning points, a schedule, and a list of materials required; (3) support materials to help trainers prepare for the sessions. Specific topics include: health workers' self-awareness; societal roles; gender; barriers to communication; client-provider interaction (active listening); behavior; power; referral systems; perceptions of change; and team building.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Facilitation is required.

*Resources Needed to Implement Tool:* Training space for a six-day training; a checklist of necessary materials provided in the training manual

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Through operations research, the manual was successfully tested in Pakistan in 2000–2002. The training approach has apparently been recognized by the Pakistan government and by nongovernmental organizations in the country.

- [A Client-Centered Approach to Family Planning: The Davao Project](#). 2001. Costello, M. P., Lacuesta, M., RamaRao, S., and Jain, A.K. *Studies in Family Planning* 32(4): 302–314. A study conducted in the Philippines found that a client-centered intervention was successful in enhancing service providers' knowledge and in improving the content of information exchange between providers and clients.

S-58

## Trainer's Guide in Sexual Health

Publication Date: 2002

**Type:** Training / **Focus:** Programming

### **Organization(s)**

International Planned Parenthood Federation (IPPF)/Western Hemisphere Region (WHR)

### **Overview/Purpose/Intended Audience**

*Description and Purpose:* This guide/manual is designed to train educators, counselors, and other healthcare providers in sexual health and allow them to improve their interpersonal communication skills through a practical and participatory training approach based on participants' own experiences. It introduces basic points about counseling, gender, adolescence, sexuality, family planning (FP), prevention of sexually transmitted infections (including HIV), and meaningful learning in the context of integrated health services.

*Intended Audience/Users:* Reproductive health educators, counselors, and other health care providers

### **Content**

The guide consists of nine sections designed to offer clear and simple materials related to sexual and reproductive health, with the goal of helping trainers promote high-quality, integrated sexual health services: counseling; the social construction of gender identity; sexuality and adolescence; sexuality, negotiation and safer sex; sexuality and FP; sexually transmitted infections; work plan and personal commitment; and training and learning.

### **Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Trainers are asked to modify the guide according to participants' needs, the social and cultural context, and the trainer's own professional experience and skills. Facilitation is required.

### **Evidence of Use and Effectiveness**

*Supporting Evidence:* The manual was presented at the 130th Annual Meeting of APHA in 2002 in a session called "Tools for Healthy Sexuality." In a presentation titled "NGO Tools for Advancing Sexual Health: The IPPF/WHR Trainer's Guide as an Example," the authors discussed lessons from the guide's use in the field.

## [Reproductive Health Training For Primary Providers: A SourceBook for Curriculum Development \(User's Guide\)](#)

S-59

Publication Date: 1997

**Type:** Training / **Focus:** Programming

### Organization(s)

University of North Carolina at Chapel Hill, School of Medicine/Program for International Training in Health (INTRAH)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This guide is a modular training resource intended to help trainers integrate aspects of reproductive health into training curricula and focuses on the knowledge and skills needed to do a job well. The SourceBook is based on three key concepts that provide the foundation for its content and structure: (1) *performance-based training* (to help organizations achieve desired results efficiently); (2) provision of *integrated* reproductive health services (to help individuals/couples achieve their reproductive health intentions); and (3) to provide *high-quality care* (the Bruce framework—see S-2), as measured by technical standards and clients' perceptions (which helps individuals/couples achieve their reproductive health intentions).

*Intended Audience/Users:* Trainers, faculty of professional schools, and/or curriculum developers who seek to develop or revise a preservice or in-service training curriculum for primary providers of client-oriented, integrated reproductive health services; policymakers, program managers, and trainees themselves

### Content

The guide contains eight modules that trainers can use to develop/revise curricula for training clinic-based providers of integrated reproductive health services: (1) counseling clients for family planning (FP) and reproductive health services; (2) educating clients and groups about FP and reproductive health services; (3) providing FP services; (4) providing basic maternal and newborn care services; (5) providing postabortion care services; (6) providing selected reproductive health services; (7) working in collaboration with other reproductive health and community workers; and (8) organizing and managing a FP/reproductive health clinic for maximizing clients' access to and quality of care.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* The guide outlines a seven-point planning aid to developing the training session. The questions are sequential, and the answers furnish essential planning information and yield consequential training products and results. Facilitation is required.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The SourceBook was developed and field-tested during 1995–1997. Between June 1998 and October 1999, a follow-up of the actual use of the PRIME SourceBook was conducted using multiple methods: in-depth interviews, surveys completed by PRIME staff, mail-out surveys to PRIME colleagues and other recipients of the SourceBook, oral and written participant feedback during/following activities when the SourceBook was being used, focus group discussions, and document reviews.

These methods produced the following findings:

- The SourceBook was widely used as intended by its target users in Africa, Asia, and the Near East and by other cooperating agencies and international organizations. Its use was limited in Latin America and the Caribbean and in Francophone West Africa due to the unavailability of Spanish- and French-language editions, although some multilingual consultants have used the English edition in these regions.
- The SourceBook has been, and is continuing to be, used primarily as a reference for developing or revising in-service curricula and performance assessment/supervisory tools.

- There have been a few applications of the SourceBook in preservice training curriculum revision, including field-testing of Module 4 as a resource for revising the Diploma III midwifery curriculum in Indonesia.
- The skills assessment tools are by far the most useful component of the SourceBook. These tools were used with little modification or were adapted. They were used as models for developing new tools for different skills. The new or adapted tools were used to guide skills training, skills assessment, and follow-up of skills application on the job.
- The overall above-average ratings and comments collected through this follow-up indicated that the primary intended users—experienced FP and reproductive health trainers, instructors and curriculum developers—are finding the SourceBook comprehensive, up-to-date, easy to use, appropriate, and applicable to their work. Less-experienced trainers and curriculum developers—especially those who are not experienced in using references—as well as program managers and supervisors who have little experience in curriculum development or training require some help in getting oriented to the contents of the SourceBook and how they can use it.
- The Training Guide was also used as a key resource in a Columbia University Mailman School of Public Health 1999 course on Sexual and Reproductive Health Program Design.
- It is also listed as a resource in the Advocates for Youth publication titled [Resource Guide for Sex Educators: Basic Resources that Every Sex Educator Needs to Know About](#) (2002).

S-60

## [Keys to Youth Friendly Services](#)

Publication Date: 2011

**Type:** Implementation / **Focus:** Rights

### Organization(s)

International Planned Parenthood Federation (IPPF)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This resource explores five key elements for improving access to sexual and reproductive health services for youth to eliminate stigma and other barriers that prevent young people from accessing the services, information, and support that they are entitled to receive. The five “keys” include ensuring confidentiality; evolving capacity; obtaining informed consent; adopting a sex-positive approach; and celebrating diversity. [Note: Chapters pertaining specifically to choice and rights include [Ensuring Confidentiality](#) and [Obtaining Informed Consent](#)]

*Intended Audience/Users:* Health professionals; others working in the fields of sexual and reproductive health, health provision, youth work, and human or sexual rights

### Content

IPPF has defined an integrated package of essential sexual and reproductive services that should be provided by all Member Associations in the categories of counseling, contraception, safe abortion care, reproductive tract infections and sexually transmitted infections, HIV, gynecology, antenatal and postnatal care, and sexual and gender-based violence. Other topics covered include integration; quality assurance; change from a provider-centered approach toward a client-centered approach, within a rights perspective based on client satisfaction and improvements in the health of the communities we serve; ensuring universal access; community engagement; gender equity; and demedicalization of sexual and reproductive health services.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

**Type:** Implementation / **Focus:** Programming

### Organization(s)

EngenderHealth/The ACQUIRE Project

### Overview/Purpose/Intended Audience

*Description and Purpose:* The framework of clients' rights and staff needs guides site managers, supervisors, and staff in their efforts to improve the quality of services. A client focus is essential to the provision of high-quality services.

*Intended Audience/Users:* Site managers, supervisors, staff

### Content

There are three fundamentals of care for ensuring a high quality of services: (1) ensuring informed and voluntary decision making; (2) assuring safety for clinical techniques and procedures; and (3) providing a mechanism for ongoing quality assurance and management.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* This tool can be used to modify the illustrative indicators of each element, creating the parameters for service quality.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-62

[Family Planning Counseling \(USAID Global Health eLearning Center\)](#)

Publication Date: 2007

**Type:** Training / **Focus:** Programming

**Organization(s)**

Johns Hopkins University School of Public Health Center for Communication Programs (JHU/CCP)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This one-and-one-half hour online course explains the importance of counseling in family planning (FP) service settings and introduces key FP counseling skills.

*Intended Audience/Users:* Service providers who counsel FP clients

**Content**

The online course covers such topics as the benefits of good FP counseling (increased method continuation, increased client participation, and decreased method discontinuation), key counseling tasks (new clients with a method in mind, new clients with no method in mind, returning clients with no problems, and returning clients with problems), basic counseling skills (clients' needs, respecting clients' decisions, good interpersonal communication), examples of interventions that improved counseling and discussion of why they were effective, and key FP counseling tools and resources that support clients, providers, and programs.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Take the online course.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

S-63

[Youth Reproductive Health \(USAID Global Health eLearning Center\)](#)

Publication Date: 2006

**Type:** Training / **Focus:** Programming

**Organization(s)**

FHI 360/YouthNet and the INFO Project

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This two-hour online course helps participant to identify the key issues affecting young people's reproductive health, including how to help them avoid unwanted pregnancy, HIV and AIDS, and sexually transmitted infections (STIs). It is especially geared toward those working with, or on behalf of, young people in developing countries.

*Intended Audience/Users:* Service providers, program managers

**Content**

The course highlights key reproductive health issues facing young people and why are they important; unique reproductive health problems facing different groups of young people; gender and reproductive health; risks and protective factors associated with young people's sexual and contraceptive behaviors; current sexual and contraceptive behaviors of youth in developing countries; the consequences of early childbearing, abortion, STIs, and HIV for young people; effective ways to reach young people with messages on reproductive health and HIV; the most effective way for young people to prevent pregnancy, HIV, and STIs; skills needed for young people to learn to reduce their risk of pregnancy, HIV, and STIs; FP methods; dual protection; and community and youth involvement in programming.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Take the online course.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Type:** Assessment / **Focus:** Programming

### Organization(s)

Population Services International (PSI)

### Overview/Purpose/Intended Audience

*Description and Purpose:* Mapping Access and Performance studies are PSI's standard tool for monitoring its social marketing delivery systems, product, and/or service availability. They are designed to gather evidence on the coverage, quality, equity of access, and efficiency of PSI's product and service delivery systems. The goal is to increase the efficiency in the distribution of a product. There are two main types of Mapping Access and Performance study: coverage studies, and access studies. Mapping Access and Performance studies can provide important information for increasing the efficiency of promotion and distribution activities that are tailored to local needs. This enables social marketers to increase access to health products and services among target populations, maximizing PSI's health impact.

*Intended Audience/Users:* PSI staff

### Content

Mapping Access and Performance studies provide information on price levels, occurrence of stock-outs, reasons for not stocking a product, and other important information about a distribution network. There are three main applications: coverage surveys, access surveys, and geographic information systems and mapping. The main outputs are indicators of: geographic coverage (i.e., availability), quality of coverage, outlet penetration, and access).

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* Mapping Study Summaries are published for [Belize](#), [Benin](#), [Botswana](#), [Burkina Faso](#), [Burundi](#), [Cambodia](#), [Cameroon](#), [China](#), [Costa Rica](#), [Côte d'Ivoire](#), [Democratic Republic of the Congo](#), [El Salvador](#), [Ethiopia](#), [Guatemala](#), [Haiti](#), [Honduras](#), [Laos](#), [Lesotho](#), [Liberia](#), [Madagascar](#), [Mali](#), [Mexico](#), [Myanmar](#), [Nepal](#), [Nicaragua](#), [Nigeria](#), [Panama](#), [Papua New Guinea](#), [Rwanda](#), [South Africa](#), [South Sudan](#), [Swaziland](#), [Thailand](#), [Togo](#), [Uganda](#), [Vietnam](#), [Zambia](#), and [Zimbabwe](#).

- [Measuring Access and Performance \(MAP\) Studies](#). PSI. Research Brief.

**Type:** Assessment / **Focus:** Programming

### Author(s)

Jain, A., Bruce, J. 1994. [A reproductive health approach to the objectives and assessment of family planning programs](#). In *Population Policies Reconsidered: Health, Development, and Human Rights*. Ed. G. Sen, A. Germain, and L. Chen. Cambridge: Harvard University Press, 1994. 192–208.

### Overview/Purpose/Intended Audience

*Description and Purpose:* Measuring “unmet need” for services is important in program planning. To assess the impact of family planning (FP) programs in terms of their combined outcome reflecting both the avoidance of unwanted and unplanned childbearing and reproductive health, a sample of clients were followed over time to find out what proportion met their reproductive goals in a safe and healthy way.

*Intended Audience/Users:* Researchers

### Content

The HARI index measures two components: whether and to what extent women achieve their reproductive intentions, and whether women avoid associated severe reproductive health problems. The HARI index has three elements: the percentage of women who have an unwanted pregnancy (or birth); the percentage of women who have an unplanned pregnancy (or birth); and the percentage of women who experienced severe morbidity related to reproduction. The index is not a substitute for input indicators, process indicators, or indicators of reproductive morbidity or fertility, but it provides a way to assess the overall impact of the service delivery programs from the clients' perspective.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The index was field-tested in [India](#) (see also [here](#)).

- [Implications for evaluating the impact of family planning programs with a reproductive health orientation](#). 2001. Jain, A. *Studies in Family Planning*. 32(3):220–229. This report illustrates a procedure for estimating the HARI index by using data from a panel survey conducted in Peru. It discusses the usefulness and limitations of the index in assessing the success or failure of a FP program with a reproductive health orientation.
- [Implications of reproductive health for objectives and efficacy of family planning programs](#). 1993. Jain, A., and Bruce, J. Population Council. (Programs Division Working Papers, No. 8) This report suggests that well-designed panel studies be conducted in a few selected countries so that researchers can have data that associate reproductive intentions with subsequent fertility and morbidity. These data would allow researchers to measure FP programs' efficacy based on revised objectives.
- [Reproductive Health Approach to Family Planning](#): Presentations from a panel held on Professional Development Day at the USAID Cooperating Agencies meeting. Feb. 25, 1994. Washington, DC.

[Contraceptive Myths and Counseling Messages: The Complete Content from the Online Database](#)

S-66

Publication Date: 2007

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

INFO Project, Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (JHU/CCP), and International Planned Parenthood Federation (IPPF)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This informational resource provides evidence-based information and counseling messages that providers can use to dispel common myths and misperceptions about contraception and support informed decisions by helping clients understand the facts on how family planning (FP) methods work, on who can use them, and on possible side effects.

*Intended Audience/Users:* Service providers, clients, general public

**Content**

This resource includes information on dispelling myths about and counseling for the following FP methods: combined oral contraceptives, female sterilization, hormonal implants, the intrauterine device (IUD), male condoms, withdrawal, and vasectomy.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Users are encouraged to translate, reprint, or otherwise adapt the tool's information for the purposes of informing healthcare providers, their clients, and the general public and improving the quality of sexual and reproductive healthcare.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Type:** Assessment / **Focus:** Policy

### Organization(s)

Population Council (*The Policy Series in Reproductive Health, No. 5*) (Reproductive Health Working Group housed in the Population Council Regional Office for West Asia and North Africa)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This paper includes a conceptual framework for the assessment of quality of reproductive health services and methodological approaches for its measurement.

*Intended Audience/Users:* Those responsible for monitoring and evaluating programs with skill in developing qualitative and quantitative indicators

### Content

This document includes (1) a section that describes the meaning of quality in the context of reproductive health services, building on the work of Donabedian and Bruce, and (2) a framework for high-quality reproductive health services consisting of five components (management, technical competence, information exchange, woman-provider relationship, continuity and follow-up) that cover three stages of the health care continuum (structure, process, and outcome).

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Steps are outlined for operationalizing the framework.

### Evidence of Use and Effectiveness

*Supporting Evidence:* Examples of applications of the framework and its measurement are documented for Egypt, Jordan, and Tunisia in 1991.

**Approaches and Indicators for Measuring Quality in Region VIII Family Planning Programming**

S-68

Publication Date: 2000

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Johns Hopkins University School of Public Health

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This paper describes the components of quality and existing quality of care frameworks and provides guidance to collecting data for measuring family planning (FP) performance indicators.

*Intended Audience/Users:* State-level FP professionals in the United States responsible for managing and monitoring programs, but applicable to programs elsewhere

**Content**

This document reviews performance indicators and data sources at the clinic and population level, a clinic survey instrument, a medical record abstraction instrument, and a client exit interview instrument. Indicators used to measure quality or progress include method choice, information given to clients, technical competence, client-provider interaction, mechanism to promote continuation of services, appropriateness and acceptability of services, access, and outcome measures.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement:* Not applicable, as this is a literature review on performance measures of the quality of FP services.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Clinic Assessment of Youth-Friendly Services (YFS): A Tool for Assessing and Improving Reproductive Health Services for Youth**

S-69

Publication Date: 2002

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Pathfinder International

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool was developed to facilitate the rapid assessment of youth-friendly characteristics, providing the basis for developing and implementing a comprehensive action plan for quality improvements that can help clinics address policy, operations, training, and other program areas needing adjustments and change.

*Intended Audience/Users:* Assessment teams, project managers, trainers, supervisors

**Content**

Among the key issues assessed are provider attitudes, privacy and confidentiality, access to services, supportive policies, and administrative procedures.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The tool is implemented through a variety of methods (including provider and client interviews, observation, and review of clinic statistics and policies) and can be used to establish a baseline, prepare a plan for training and service quality improvement, and measure changes in youth-friendliness by conducting periodic reassessments. It also allows for management and staff to become more involved in program operations and provides a means to get input from adolescent clients.

Staff can record data covering the general background information, client volume and range of services provided, schedule of available services by each day and types of services, and personnel and supervision details. It includes sections in which staff can record information on 12 youth-friendly characteristics, with an explanation of each.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* Experiences with the tool in the four African Youth Alliance (AYA) countries (Botswana, Ghana, Tanzania, and Uganda) have shown that numerous service elements require upgrading, if the clinics are to successfully attract and serve young clients. The conduct of these baseline assessments has also resulted in lessons learned that can be applied to future assessments, all with a primary objective of providing youth with better, more sensitive, and more relevant reproductive healthcare.

- [A Rapid Assessment of Youth Friendly Reproductive Health Services](#), 2003. Senderowitz, J., Hainsworth, G., and Solter, C. Pathfinder International Technical Guidance Series, No. 4. (Program Technical Brief)

[Training Guide on USG Legislative and Policy Requirements for Family Planning \(Reference Guide; Trainer's PowerPoint\)](#)

S-70

Publication Date: 2011

**Type:** Training / **Focus:** Programming

**Organization(s)**

Pathfinder International

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This training and reference guide package was developed to ensure that all Pathfinder International projects and programs that receive US Government funds comply with certain legislative and policy requirements and that each level of management and clinic staff are aware of these policies and are confident in their ability to ensure that the policies are followed and monitored closely in their projects and programs.

*Intended Audience/Users:* Pathfinder International staff and staff of its implementing partners

**Content**

The package reviews (1) the Tiahrt Amendment's requirements for volunteerism and informed choice and other US Government requirements related to volunteerism, method mix, voluntary sterilization, and abortion; (2) compliance monitoring strategies; and (3) procedures for investigating and reporting suspected violations.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Pathfinder provides training of trainers to a core group of trainers from country offices and implementing partner organizations. Country office staff are then responsible for training staff annually and incorporating training into new staff members' orientation process. International project office staff are then responsible for conducting training annually for all staff at the management and clinic levels, including community-based workers, in a cascade training approach. Facilitation is required to conduct activities, provide trainer presentations, manage group discussion and presentation, and shepherd the question-and-answer process.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Type:** Job Aid / **Focus:** Programming

### Organization(s)

World Health Organization (WHO)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This flipchart is a tool to use during family planning (FP) counseling or in group sessions with clients. It can (1) help clients choose and use the method of FP that suits them best; (2) give providers the information they need for high-quality and effective FP counseling and care; and (3) help providers know who may need referral.

*Intended Audience/Users:* FP service providers and counselors

### Content

The flipchart covers such areas as choosing a method that is right for the client; method characteristics; and job aids for returning clients, anatomy, condoms, and cycle beads. Indicators used to measure quality or progress include: whether the counselor helped the client choose a method that will suit them, discussed side effects, ensured that the client needing referral for a method has a method to use while waiting for it, provided method information (handout), ensured that the client has condoms and emergency contraception (if requested), discussed prevention of sexually transmitted infections, including HIV, explained when to come back for more supplies or (if having a problem before stopping a method) answered all questions, and invited client to return.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* For each topic in the tool, there is a page for the client and one for counselor. The client's page has pictures and key points and counselor's page has more details. At the back are pages that provide more information on special topics and situations. This guide covers only the main points. When talking with a client, the provider can add information and discuss matters further, responding to the client's needs and concerns. Studying this tool will help the provider learn the information in it.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The tool was field-tested in Ethiopia, Guyana, and the Philippines.

**Type:** Training / **Focus:** Programming

### Organization(s)

International Planned Parenthood Federation (IPPF)

### Overview/Purpose/Intended Audience

*Description and Purpose:* This manual is designed to support staff to implement IPPF's *Strengthening the Quality of Reproductive Health Care Programme (QOC)* at the regional and country levels. It describes the key training skills needed to introduce the quality improvement process using self-assessment at individual Member Associations and their service delivery points.

*Intended Audience/Users:* Trainers of the QOC program

### Content

The manual is divided into seven sections: Section 1 reviews the basic steps in planning a training activity; Section 2 discusses the training steps of introducing the quality improvement process using self-assessment tools; Sections 3–5 review specific training skills and competencies, including training techniques and methodologies, facilitation skills, and working effectively with groups; Section 6 discusses the use of equipment during training activities; and Section 7 reviews the role of evaluation in training.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* This manual should be used in coordination with the other materials developed for the first stage of the IPPF QOC training program: (1) *Quality of Care Improvement Process Manual for Service Providers and Managers*; and (2) [Self-assessment Manual and Facilitation Skills for Quality Improvement: A Trainer of Trainers Guide for Health Professionals. Facilitator's Guide \(S-16\)](#). This manual provides information on the use of training methods and exercises and discusses the theoretical and conceptual challenges facing all trainers and facilitators. The information and suggestions should be used according to the organization's own training needs. This manual may be adapted for use by other organizations implementing their own quality improvement efforts. Depending on the need, an organization may use this module for different purposes: to find information on particular issues, to improve training skills, or to use as a training tool.

### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

S-73

[Using Impact 2 to Estimate Your Contribution to Increasing National CPR](#)

Publication Date: 2011

**Type:** Assessment / **Focus:** Programming

**Organization(s)**

Marie Stopes International (MSI)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This tool estimates a program's contribution to increasing the national contraceptive prevalence rate (CPR) by accounting for factors of substitution, population growth, and reaching "adopters" or women not currently using FP.

*Intended Audience/Users:* Program planners and managers of FP service delivery

**Content**

The tool provides step-by-step instructions for conducting the analysis, ideas and considerations when using the results, and several examples. It also provides an overview of the methodology used by Impact 2 and gives a link to a paper that provides the full details.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The tool tells the user what service provision and client profile data is needed to run the estimates and provides step-by-step instruction to conduct the analysis.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

## Community

### [Community COPE®: Building Partnership with the Community to Improve Health Services](#)

C-1

Publication Date: 2002

**Type:** Implementation / **Focus:** Programming

#### Organization(s)

EngenderHealth

#### Overview/Purpose/Intended Audience

*Description and Purpose:* This handbook is designed to help supervisors and staff at service delivery sites: (1) learn how community members feel about the services they provide; (2) gather community members' recommendations for improving the services or enhancing service strengths and assets; and (3) determine ways in which to encourage community members to participate in and take ownership of quality improvement efforts both at the site and community levels. The Site Walk-Through Approach discussed in this tool is especially applicable to addressing choice and rights at the community level.

*Intended Audience/Users:* Site managers, supervisors, or staff members

#### Content

Community COPE® is a major component of continuous quality improvement in health services and is one of several components of EngenderHealth's quality improvement package, all of which reflect international standards and better practices and are most successful when used together, continuously reinforcing the underlying value of addressing rights and needs to improve quality.

#### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* These approaches can be applied at the site level, at the district, regional, or provincial levels, and at the institutional level. This can be particularly useful for district health management teams, and other supervisory units, of health systems that are undergoing reform.

#### Evidence of Use and Effectiveness

*Supporting Evidence:* The approach has been used in Kenya and Senegal. No additional evaluations have been conducted.

C-2	<p><a href="#">The Active Community Engagement (ACE) Continuum (ACQUIRE Project Working Paper)</a>          Publication Date: 2008</p>
	<p><b>Type:</b> Framework / <b>Focus:</b> Programming</p> <p><b>Organization(s)</b>          EngenderHealth/The ACQUIRE Project</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> The ACE Continuum is a <i>conceptual framework</i> for analyzing community engagement in reproductive health and family planning (FP) and the role the community plays in institutionalizing lasting behavior and social change.</p> <p><i>Intended Audience/Users:</i> Donors, governments, and agencies whose focus is on improving reproductive health and FP systems and services</p> <p><b>Content</b>          The document covers community rights to decision making, community involvement in assessment, access to information, inclusion in decision making, local capacity to advocate to institutions and governing structures, and the accountability of institutions to the public.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement:</i> Global reproductive health and FP projects can use the ACE Continuum as a tool in negotiating community engagement programs and activities with donors, governments, and other partners.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The continuum was used as an approach to community engagement in the U.S. Agency for International Development’s 2010 Health Policy Initiative, Task Order 1. <a href="#">Community Engagement in the PEPFAR Special Initiative on Sexual and Gender-Based Violence.</a></p>

[Mobilising Communities on Young People's Health and Rights: An Advocacy Toolkit for Programme Managers](#) and [Mobilising Communities on Young People's Health and Rights: An Advocacy Training Guide](#)

C-3

Publication Date: 2008

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

Family Care International (FCI)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This toolkit is designed to assist program planners and managers in designing, conducting, and evaluating advocacy campaigns to advance the implementation of existing policies, with a specific focus on young people's sexual and reproductive health and rights.

*Intended Audience/Users:* The Advocacy Toolkit is intended for program planners and managers; the Training Guide is designed for use with community-based organizations, youth groups, and other grassroots partners interested in improving access to sexual and reproductive health information and services for youth.

**Content**

The Advocacy Toolkit is organized to lead the user through each stage of planning and implementing an advocacy campaign that is focused on ensuring that existing government commitments are translated into programs that meet young people's needs. Each chapter addresses different steps and aspects of the design and implementation of an advocacy effort, outlines key issues involved in each step of the advocacy process, and offers suggestions and tips for conducting an advocacy campaign to advance the implementation of existing policies and guidelines. In addition, the Toolkit provides prototype tools, including worksheets, discussion guides, a training guide, and a radio program guide, that can be used or adapted for similar efforts in other settings.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Facilitation is suggested for mobilizing communities on young people's health and rights.

*Resources Needed to Implement:* Resources for five-day training

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The advocacy Training Guide was field-tested in Kenya and Tanzania; the Advocacy Toolkit was field-tested in Kenya, Mali, Niger, and Tanzania.

C-4

## [Community Score Cards \(CSC\)](#)

Publication Dates: Unknown

**Type:** Assessment / **Focus:** Rights

### Organization(s)

CIVICUS: World Alliance for Citizen Participation and PG Exchange

### Overview/Purpose/Intended Audience

*Description and Purpose:* The Community Score Cards are a participatory, community-based monitoring and evaluation tool that enables citizens to assess the quality of public services, such as a health center, a school, public transport, water or waste disposal systems, etc. They are used to inform community members about available services and their entitlements and to solicit their opinions about the accessibility and quality of these services. By providing an opportunity for direct dialogue between service providers and the community, the Community Score Card process empowers the public to voice their opinion and demand improved service delivery.

*Intended Audience/Users:* Community members/organizations

### Content

The document outlines the key steps in implementing the Community Score Card process: (1) performing preparatory groundwork and research; (2) helping community members to generate a score card; (3) helping service providers to generate a self-evaluation score card; (4) convening an interface meeting between the community and the service providers; and (5) conducting advocacy and follow-up. Indicators used to measure quality or progress include the attitudes of staff, the affordability of services, the affordability of medicine, the distance to health center, and whether all community members have equal access to the health services.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Relatively easy to use and flexible in application

*Resources Needed to Implement:* The effective implementation of the Community Score Card process requires a combination of an understanding of the local sociopolitical governance context; a technically competent intermediary to facilitate the process; a strong public awareness and information dissemination campaign, to ensure effective community participation; participation/buy-in of the service provider; and coordinated follow-up.

### Evidence of Use and Effectiveness

*Supporting Evidence:*

- [City Government of Johannesburg, South Africa: City Score Cards](#) (2006). Community score cards have mostly been used in rural areas, since the process relies on the use of a clearly demarcated cluster of people (i.e., a “community”) as the unit of analysis. However, this web link provided information on the application of the Community Score Card methodology by the city government of Johannesburg in South Africa, to generate citizen-driven City Score Cards.
- *Community Score Cards for rural health centers in Malawi.* CARE Malawi was the first to use Community Score Cards to assess rural health centers. The project’s central objective was to improve the provision of health services to the rural poor through the empowerment of user communities. Evidence shows significant improvement attributable to the implementation of the Community Score Card process.
- *Community Score Cards in Gambia for monitoring the effectiveness of poverty reduction strategy.* [Community Score Cards](#) were used in Gambia to monitor the effectiveness of the national poverty reduction strategy. The Community Score Card process was carried out in two priority sectors—health, which received an overall satisfaction rating of less than 30%, and education, where teachers received more than 70% approval ratings in all regions but school facilities received only 40% approval ratings. Both

processes created awareness of the situation, promoted better understanding of the strengths and weaknesses of the service providers, and ultimately empowered the community to give more input into local-level service delivery processes.

- [\*Improving health services through Community Score Cards in Andhra Pradesh, India.\*](#) The encouraging results from the pilot have led to the scale-up of the Community Score Card process to all health *mandals*. Proactive community participation in health activities has enabled the Society for the Elimination of Rural Poverty to introduce several other community-managed health interventions, most of which have been institutionalized through the issuance of operational guidelines by the Health Department of the Government of Andhra Pradesh.

[Partnership Defined Quality: A Tool Book for Community and Health Provider Collaboration for Quality Improvement \(Facilitation Guide\)](#)

C-5

Publication Date: 2003

**Type:** Methodology / **Focus:** Programming

### Organization(s)

Save the Children

### Overview/Purpose/Intended Audience

*Description and Purpose:* Partnership Defined Quality (PDQ) is a methodology to improve the quality and accessibility of services with community involvement in defining, implementing, and monitoring the quality improvement process. It links quality assessment and improvement with community mobilization. It began by addressing health services and has been adapted to other sectors, such as education.

*Intended Audience/Users:* Project managers, health service managers, school administrators, or facilitating agencies; can also be used by health workers, teachers, or community advocates

### Content

The chapters reflect the different phases of the PDQ methodology; the goals for each phase are listed in the beginning of each chapter. The tools and exercises are not meant as a prescription for what must be done, but instead should be used as suggestions.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Providers and community members work together to identify and address priority problems. PDQ uses a four-step process applied before initiating the quality improvement cycle: (1) building support to secure buy-in from all stakeholders; (2) exploring quality by using separate analyses with providers and community members, including nonusers, to identify perceptions about quality; (3) conducting a “bridging the gap” workshop for representatives from both groups to share perceptions and develop a common vision for quality care; and (4) establishing a quality improvement team representing both groups.

The Facilitation Guide is designed as a training supplement to the PDQ manual to enable a facilitator to conduct a PDQ training that will enhance the participants’ understanding of when and how PDQ can be used to strengthen quality and access, and to equip them with the skills necessary to adapt and implement PDQ in their programs.

### Evidence of Use and Effectiveness

*Supporting Evidence:* PDQ has been used in Armenia, Ethiopia, Georgia, Haiti, Nepal, Pakistan, Peru, Rwanda, Uganda, and the West Bank.

[Partnership Defined Quality for Youth: A Process Manual for Improving Reproductive Health Services Through Youth-Provider Collaboration](#)

C-6

Publication Date: 2008

**Type:** Methodology / **Focus:** Programming

**Organization(s)**

Save the Children

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This adaptation of *Partnership Defined Quality: A Tool Book For Community And Health Provider Collaboration For Quality Improvement* is intended as a framework to plan programs that will mobilize health workers, youth, and communities to work toward better service quality and availability for young people. *Partnership Defined Quality for Youth (PDQ-Y)* is an approach for improving the quality and accessibility of services whereby young people are involved in defining, implementing, and monitoring the quality improvement process to increase the utilization and quality of health services for youth.

*Intended Audience/Users:* Project managers, youth leaders, health service managers, and facilitating agencies

**Content**

This manual was designed to be a resource and guide for planning quality improvement activities through partnership activities involving health providers and youth who need services. The chapters reflect the different phases of the PDQ-Y approach; the goals for each phase are listed in the beginning of each chapter. The tools and exercises are not meant as a prescription for what must be done, but instead should be used as suggestions. The manual covers family planning (FP) and maternal and infant mortality and morbidity; FP and macro-level socioeconomic impacts; FP and the prevention of mother-to-child transmission of HIV; FP and gender equity; adolescent reproductive health; country-level advocacy strategies; and models, frameworks, and tools.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* PDQ-Y has been conducted in Bolivia, Ethiopia, Georgia, Haiti, Malawi, and Nepal.

**Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health**

C-7

Publication Date: 2007

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

Cooperative for Assistance and Relief Everywhere, Inc. (CARE)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This manual describes the experience of CARE staff and partners in using an *approach* called Social Analysis and Action (SAA) to identify and address the social, economic, and cultural factors that influence reproductive health. SAA is an approach for working with communities through regularly recurring dialogue to address how their social conditions perpetuate their health challenges. In this way, SAA seeks to enable communities to identify linkages between social factors and health and then determine how to address them.

*Intended Audience/Users:* CARE staff and partners are expected to use SAA on a regular basis as part of a routine reflective practice cycle. It is especially useful with project participants and field-level staff, senior country office management, government counterparts, and local partners.

**Content**

The manual describes the SAA process, case studies, tools, and reflections.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* This is an approach rather than a tool, so no implementation tasks are required.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The approach was developed and tested through experience in Georgia, Malawi, Sierra Leone, and Uganda.

- [Voices from the Village: Improving Lives through CARE's Sexual, Reproductive, and Maternal Health Programs: Using Social Analysis and Action in Madagascar to Break from Family Planning 'Business as Usual' in Madagascar.](#) CARE International. 2012

C-8

## The Gender-Equitable Men Scale (GEM Scale)

Publication Date: 2000

**Type:** Assessment / **Focus:** Rights

### Organization(s)

Population Council/HORIZONS Project and Promundo

### Overview/Purpose/Intended Audience

*Description and Purpose:* The GEM Scale is intended to measure attitudes toward “gender-equitable” norms in a community, as well as the effectiveness of any program that hopes to influence them.

*Intended Audience/Users:* Program managers, researchers

### Content

Social norms that promote gender inequality, such as those that encourage men to maintain control over the behavior of their female partners, can increase both young men’s and young women’s risk of sexually transmitted infections, including HIV, and partner violence, as well as their risk for unplanned pregnancies. Transforming inequitable gender norms (i.e., societal messages that dictate appropriate or expected behavior for males and females) is increasingly recognized as an important strategy to counter the spread of HIV and generally improve reproductive health.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The development of the GEM Scale was grounded in formative, qualitative research on gender norms with young men in low-income settings in Rio de Janeiro.

- [Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy](#). Pulerwitz, J., Barker, G., Segundo, M., and Nascimento, M. 2006. *Horizons Final Report*. Washington, DC: Population Council.
- [Promoting gender equity as a strategy to reduce HIV risk and gender-based violence among young men in India](#). Verma, R., Pulerwitz, J., Mahendra, V.S., et al. 2008. *Horizons Final Report*. Washington, DC: Population Council.
- [Constructs of power and equity and their association with contraceptive use among men and women in rural Ethiopia and Kenya](#). Stephenson, R., Bartel, D., and Rubardt, M. 2012. *Global Public Health: An International Journal for Research, Policy and Practice*. 7(6):618–634. Using samples of reproductive-aged men and women from rural Ethiopia and Kenya, this study examines the associations between two scales measuring balances of power and equitable attitudes within relationships and modern contraceptive use. The scales are developed from the SRPS and GEM Scale. With the exception of Ethiopian women, a higher score on the balance of power scale was associated with significantly higher odds of reporting modern contraceptive use. However, only the highest categories of the scales are associated with family planning use, suggesting a threshold effect in the relationships between power, equity, and contraceptive use.
- [Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale](#). Pulerwitz, J., and Barker, G. 2008. *Men and Masculinities* 10:322–338. As hypothesized, more support for equitable norms (i.e., higher GEM Scale scores) is significantly associated with less self-reported partner violence, more contraceptive use, and a higher education level. Based on the responses of the young men, the inequitable norms subscale showed more variability and was used as the gender norms measure for the intervention. Respondents with a higher GEM Scale score showing greater support for inequitable gender norms were significantly more likely to report sexually transmitted infection symptoms and physical and sexual violence against a partner than were respondents with lower GEM Scale scores.
- The GEM Scale is currently being used to assess the impact of programs in India, Kenya, Mexico, the United States, and elsewhere.

C-9

[Community Pathways to Improved Adolescent Sexual and Reproductive Health: A Conceptual Framework and Suggested Outcome Indicators](#)

Publication Date: 2007

**Type:** Framework / **Focus:** Programming

**Organization(s)**

The Inter-Agency Working Group (IAWG) on the Role of Community Involvement in Adolescent Sexual and Reproductive Health (co-chaired by the United Nations Population Fund [UNFPA] and CARE, with active involvement from Advocates for Youth, Pathfinder International, and Save the Children-USA)

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This document describes a conceptual framework to support the design and evaluation of the impact of programs related to adolescent sexual and reproductive health. It was developed to support the need for more rigorous research designs to generate better empirical evidence regarding the contribution of community involvement to health outcomes.

*Intended Audience/Users:* Program planners, evaluators, donors, and policymakers who want to strengthen their understanding of how community involvement contributes to adolescent sexual and reproductive health program outcomes

**Content**

To support the conceptual framework, the paper outlines what is known about the issue, concepts underlying the framework, and definitions for key terms such as “community” and “community involvement.” The framework also provides guidance on the measurement of community involvement outcomes in settings that can be applied in the general adolescent sexual and reproductive health setting, as opposed to research-intensive settings.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* None stated.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

**Type:** Implementation / **Focus:** Programming

### Organization(s)

International HIV/AIDS Alliance

### Overview/Purpose/Intended Audience

*Description and Purpose:* This guide and toolkit describe the process of community mobilization to address HIV prevention, care, support, impact mitigation, and treatment for those affected by HIV and AIDS—a capacity-building process through which individuals, groups or organizations can plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs. The guide and toolkit have been designed to be used together to mobilize communities against HIV and AIDS.

*Intended Audience/Users:* Organizations and community groups, facilitators, practitioners

### Content

The guide and toolkit look at such issues as policy, legal implications, establishing care as a continuum, and gathering activists and reviewing ethical codes of conduct with them. Topics include: advocacy for ensuring reproductive health supplies; advocacy messages to support reproductive health supply initiatives (unmet need, high rates of abortion, decentralization of health care, high HIV, donor phase-out of support for reproductive health supplies), and advocacy tools for ensuring reproductive health supplies. Once the groundwork for mobilization is laid, the guidebook gives detailed information on the implementation of each step of the participatory learning approach.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* People using this guide and toolkit to lead them through a community mobilization process from start to finish are encouraged to implement the stages one at a time. If they are already carrying out a community mobilization process, they can go directly to the stage of community mobilization that they want to complete next.

### Evidence of Use and Effectiveness

*Supporting Evidence:* All of the tools and approaches described in this guide and toolkit were developed or adapted from the field by communities; they also have been localized for the [Chinese](#) context in 2009 by the International HIV/AIDS Alliance China. This approach has been field-tested in Cambodia, Ecuador, India, Madagascar, Mozambique, Nigeria, and Ukraine.

C-11

[Make It Everybody's Business: Lessons Learned from Addressing the Coerced Sterilisation of Women Living with HIV in Namibia—A Best Practice Model](#)

Publication Date: 2010

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

AIDS Legal Network, the ATHENA Network, and the Namibia Women's Health Network

**Overview/Purpose/Intended Audience**

*Description and Purpose:* This document presents a best practice model for community-led documentation to highlight, document, and address the practice of coercive sterilization of young women living with HIV. The report documents and analyzes the approaches used to highlight the practice and build an evidence base and support litigation processes pertaining to coercive sterilization, identifies the lessons learned, and outlines a tool that other countries can use and adapt.

*Intended Audience/Users:* Community organizations and networks of people living with HIV and AIDS, or any others concerned with coercive practices

**Content**

The document describes the experiences of the authors in Namibia as they collaborated to conduct community-led documentation and instances of abuse, to build an evidence base, to engage the legal and human rights community, to build court cases, and to forge alliances with other groups to launch a campaign to bring to light the violation of rights against women living with HIV. Together, these steps provide a best practice model for advocates to use to address violations of reproductive rights in other communities.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The document illustrates the steps used via the example provided from the experience of the Namibia Women's Health Network and provides lessons learned to support the adaptation and use of the tool in other contexts.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* No evidence identified.

C-12

## Engaging Men at the Community Level

Publication Date: 2008

**Type:** Training / **Focus:** Programming

### Organization(s)

The ACQUIRE Project/EngenderHealth and Promundo

### Overview/Purpose/Intended Audience

*Description and Purpose:* This interactive manual offers master trainers approaches for working with community-based health outreach workers and gender activists a means to mobilize community members to take actions related to HIV, AIDS, and gender. Using an ecological model linked to the formation of Community Action Teams, the manual offers strategies to reach various community members to make and sustain change.

*Intended Audience/Users:* Master trainers from programs working with community groups on male engagement and HIV issues

### Content

Following an introduction that provides a framework for male engagement in HIV and AIDS, the manual is divided into three sections, each of which provides a range of community engagement activities and includes introductory exercises to help groups gain an understanding of male gender norms and their relationship to HIV, AIDS, and gender-based violence; engagement activities to help groups engage communities to address gender equity; and activities for community action teams to facilitate male engagement activities.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* For each activity, the manual presents information on objectives, the time required, materials needed, advance preparation required, facilitator notes, steps for implementation, handouts and resource sheets, and trainer options, depending on the size and composition of groups.

### Evidence of Use and Effectiveness

*Supporting Evidence:* The manual is a compilation of activities field-tested in various settings, including Botswana, Brazil, Ghana, India, Kenya, South Africa, Swaziland, Tanzania, and Uganda.

**[National Toolkit for Community-Based Monitoring of Health Services under the National Rural Health Mission \(India\)](#)**

C-13

Publication Date: 2008

**Type:** Assessment / **Focus:** Rights

**Organization(s)**

The Advisory Group on Community Action to the National Rural Health Mission (NRHM), with the Population Foundation of India (Secretariat) and the Center for Health and Social Justice

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The materials in this toolkit are designed to support the third prong of a three-prong process for the NRHM accountability framework consisting of internal monitoring, periodic surveys and studies, and community-based monitoring. The objectives of community-based monitoring are to provide regular and systematic information about community needs, guide the planning process, and provide feedback on the fulfillment of entitlements and the functioning of the health system to facilitate corrective action. The process is a partnership between health care providers and managers, the community, and civil society organizations.

*Intended Audience/Users:* Project managers, trainers involved in capacity building and community monitoring programs

**Content**

The toolkit consists of three major documents: (1) the *Managers' Manual on Community based Monitoring of Health services under National Rural Health Mission*; (2) the *Implementers Handbook for Community Monitoring to Improve Health Services*; and (3) a *Handbook for Trainings and Workshops*.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* The Managers' Manual provides information about the steps that can be taken to introduce the community-led monitoring process at the national level through a State Mentoring Group. The Implementers Handbook offers the theory about human rights and health, as well as practical guidance for introducing these concepts to community monitors. The Handbook for Training and Workshops includes detailed session plans for facilitators.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The national-level materials in the toolkit have been used in several states in India, and state toolkits are available on the NRHM website for Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, and Tamil Nadu.

## [How to Reach Young Adolescents: A Toolkit for Educating 10-14 Year Olds on Sexual and Reproductive Health](#)

C-14

Publication Date: 2011

**Type:** Training / **Focus:** Programming

### Organization(s)

German Foundation for World Population (DSW)

### Overview/Purpose/Intended Audience

*Description and Purpose:* Responding to the need for adolescents to receive sexuality education prior to engaging in sexual activity, this tool provides many approaches, based on program experience, for developing education programs that involve the community. The tool is intended to provide the information that adolescents need to make healthy sexual decisions and to create an environment that allows them to access information and services.

*Intended Audience/Users:* Pupils, teachers, parents, community members, and health workers

### Content

The tool includes a strategy for engaging with each audience and a list of activities with the steps for implementing them: *pupils*—youth clubs, peer educator camps, music, dance and drama preparations, drawing competitions, drama festivals, and information and education communication (IEC) materials; *teachers*—teacher trainings, school grants; *community members*—film shows, community dialogue meetings, simplified community situation analysis; *parents*—parent-child dialogue workshops, and voluntary counseling and testing family day; *health workers*—easing pupils' access to health services and training health workers in youth-friendly services. The annex covers participatory methods and includes sample forms and schedules.

### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* Each tool provides implementation steps. Funding needs to be obtained, communities and schools selected, and key stakeholders consulted prior to implementation.

*Resources Needed to Implement:* Funding, staff time, and training/facilitation capacity

### Evidence of Use and Effectiveness

*Supporting Evidence:* An evaluation showed that the education program increased knowledge by all target audiences significantly, but didn't fully result in changes in attitudes and behaviors. Seven of the 10 schools in which the program was implemented reported reduced dropout rates due to pregnancy between 67% and 86%. A qualitative assessment found that expectations may have been raised too high by implementers and that children still could not access services due to transportation and the need for parental consent.

## Individual

I-1

### [Positive Women Monitoring Change](#)

Publication Date: 2005, 2008

**Type:** Implementation / **Focus:** Rights

#### Organization(s)

International Community of Women Living with HIV/AIDS (ICW)

#### Overview/Purpose/Intended Audience

*Description and Purpose:* This tool is designed to be used for advocacy and monitoring and evaluation on access to care, treatment and support, sexual and reproductive health and rights, and violence against women created by and for HIV-positive women.

*Intended Audience/Users:* HIV-positive women and other actors working in the field of HIV and AIDS

#### Content

The document consists of an advocacy framework, long and short versions of a questionnaire, a training curriculum, supporting information, and feedback forms.

#### Description of Process for Utilization and Required Resources

*Steps/Tasks to Implement Tool:* None stated.

#### Evidence of Use and Effectiveness

*Supporting Evidence:* No evidence identified.

I-2	<p><a href="#">Healthy, Happy, and Hot: A Young Person’s Guide to Their Rights, Sexuality, and Living with HIV</a>          Publication Date: 2010</p>
<p><b>Type:</b> Training / <b>Focus:</b> Rights</p>	
<p><b>Organization(s)</b>          International Planned Parenthood Federation (IPPF)</p> <p><b>Overview/Purpose/Intended Audience</b>  <i>Description and Purpose:</i> This guide is written for young people living with HIV to help them understand their sexual rights and live healthy, fun, happy, and sexually fulfilling lives.</p> <p><i>Intended Audience/Users:</i> Young people living with HIV, or young people whose partner is living with HIV</p> <p><b>Content</b>          The guide explores how human rights and sexual well-being are related and provides information on how young people living with HIV can increase their sexual pleasure, take care of their health, practice safer sex, have children, develop strong intimate relationships, and access support.</p> <p><b>Description of Process for Utilization and Required Resources</b>  <i>Steps/Tasks to Implement Tool:</i> This is an informational guide only and not a tool for implementation.</p> <p><b>Evidence of Use and Effectiveness</b>  <i>Supporting Evidence:</i> The book was listed as a key U.S. Agency for International Development resource in <a href="#">Protecting and Empowering Adolescent Girls: Evidence for the Global Health Initiative</a>.</p>	

I-3

**Sexual Relationship Power Scale (SRPS)**

Publication Date: 2000

**Type:** Assessment / **Focus:** Rights**Organization(s)**

Harvard School of Public Health

**Overview/Purpose/Intended Audience***Description and Purpose:* This scale is designed to measure power within sexual relationships.*Intended Audience/Users:* Researchers**Content**

The SRPS predicts the following type(s) of behavior or outcomes: sexual and physical violence, intimate partner violence, condom use, partner infidelity, decision-making dominance, and relationship control.

**Description of Process for Utilization and Required Resources***Steps/Tasks to Implement Tool:* None stated.**Evidence of Use and Effectiveness***Supporting Evidence:* The scale has been tested, applied, or adapted for use in China, Jamaica, Kenya, Mexico, South Africa, Thailand, the United States, and Zimbabwe. The SRPS appears to be a useful measure for relationship power, including for youth and people of different ethnicities and cultures. It has demonstrated good predictive validity and internal consistency, though sometimes has appeared to be more relevant for women than for men. The relationship control subscale has been sometimes more internally consistent than the decision-making dominance subscale.

- [Measuring sexual relationship power in HIV/STD research](#). Pulerwitz, J., Gortmaker, S.L. and DeJong, W. 2000. *Sex Roles* 42(7/8): 637–660. As hypothesized, the SRPS was inversely associated with physical violence and directly associated with education and consistent condom use.
- [Relationship power, condom use and HIV risk among women in the USA](#). Pulerwitz, J., Amaro, H., De Jong, W., et al. 2002. *AIDS Care*. 14(6):789–800. The strong association between the SRPS and consistent condom use supports the hypothesis that relationship power plays a key role in safer sex decision making. These findings underscore the importance of including the issue of relationship power in the design and implementation of programs that promote sexual and reproductive health, as well as research investigating condom use and HIV risk.
- [Constructs of power and equity and their association with contraceptive use among men and women in rural Ethiopia and Kenya](#). Stephenson, R., Bartel, D., and Rubardt, M. 2012. *Global Public Health: An International Journal for Research, Policy and Practice*. 7(6):618–634. With the exception of Ethiopian women, a higher score on the balance of power scale was associated with significantly higher odds of reporting modern contraceptive use. However, only the highest categories of the scales are associated with contraceptive use, suggesting a threshold effect in the relationships between power, equity, and contraceptive use.

I-4

[Project H: Working with Young Men Series](#)

Publication Date: 2010

**Type:** Implementation / **Focus:** Programming

**Organization(s)**

Promundo, Salud y Género, ECOS, and Instituto PAPAI

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The purpose of this manual is to promote expectations and norms for the behavior of young men that support dialogue and negotiation, instead of violence; respect toward persons from different backgrounds; respect in intimate relationships; healthy and safe sexual and reproductive health practices in collaboration with partners; and men's ability to express emotion and care for others and themselves.

*Intended Audience/Users:* Health educators, teachers and/or professionals or volunteers who work with young men in a variety of settings

**Content**

The manual has five sections on sexuality and reproductive health; fatherhood and caregiving; from violence to peaceful coexistence; reasons and emotions; and preventing and living with HIV/AIDS. Each section contains a series of activities lasting from 45 minutes to two hours, planned for use in groups of young men, and which with some adaptations can be used in mixed-sex groups. Each section is organized into two modules: Module 1 offers an introduction on the theme, providing a brief review of relevant literature on the issue and a framework for thinking on the topic. Module 2 describes in detail the educational activities for working with young men,

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* In each of the five sections, Module 2 provides tips and suggestions for facilitators and comments on applying the activity in various settings.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The manual was field-tested in six countries in the Latin America/Caribbean Region (Bolivia, Brazil, Colombia, Jamaica, Mexico, and Peru) among 271 young men ages 15–24.

I-5

[Working with Young Women: Empowerment, Rights and Health](#)

Publication Date: 2010

**Type:** Implementation / **Focus:** Rights

**Organization(s)**

Promundo, Salud y Género, ECOS, Instituto PAPAI, and World Education

**Overview/Purpose/Intended Audience**

*Description and Purpose:* The tool is a series of group educational activities to promote awareness about gender inequities, rights, and health among young women ages 15–24 years and to develop skills so that they can feel more capable of acting in empowered ways in different spheres of their lives.

*Intended Audience/Users:* Health educators, teachers, and/or professionals or volunteers who work with young women in a variety of environments, including clubs, schools, and community organizations

**Content**

The tool includes sections on gender, empowerment, and human rights; identity and relationships; violence; bodies and sexuality; sexual and reproductive rights and health; motherhood and caregiving; preventing and living with HIV and AIDS; drugs; young women and work; and community participation.

**Description of Process for Utilization and Required Resources**

*Steps/Tasks to Implement Tool:* Each section includes a purpose statement for the activity, materials required, recommended time needed, planning notes for the facilitator, procedures for carrying out the activity, discussion questions to use with the group, and closing messages. The manual also provides additional references, links to materials, and resource sheets.

**Evidence of Use and Effectiveness**

*Supporting Evidence:* The manual was field-tested in six countries in the Latin America/Caribbean Region (Bolivia, Brazil, Colombia, Jamaica, Mexico, and Peru).

I-6	<p style="text-align: center;"><a href="#"><u>Engaging Boys and Men in Gender Transformation: The Group Education Manual</u></a></p> <p style="text-align: center;">Publication Date: 2008</p>
<p><b>Type:</b> Training / <b>Focus:</b> Programming</p>	
<p><b>Organization(s)</b> EngenderHealth/ACQUIRE Project and Promundo</p> <p><b>Overview/Purpose/Intended Audience</b> <i>Description and Purpose:</i> This manual offers trainers an array of participatory experiential exercises to include in curricula for use to reach men (and their partners), exploring gender socialization and its impact on HIV prevention and care.</p> <p><i>Intended Audience/Users:</i> Master trainers</p> <p><b>Content</b> After a short background discussing the scientific rationale behind the content, the manual includes chapter topics on gender and power, sexuality, men and health, substance use, health relationships, prevention of sexually transmitted infections (including HIV), living with HIV, fatherhood, violence, and making changes/taking action.</p> <p><b>Description of Process for Utilization and Required Resources</b> <i>Steps/Tasks to Implement Tool:</i> The manual provides guidelines and exercises for facilitators to gain the basic skills and information needed to carry out workshop activities. It also provides sample agendas and presents a range of male engagement workshop activities, drawing on experiential learning models. Appendixes include an observation and feedback form for workshop facilitators and a pretest/posttest questionnaire to administer to workshop participants to assess the training.</p> <p><b>Evidence of Use and Effectiveness</b> <i>Supporting Evidence:</i> The manual was field-tested in Ethiopia, Namibia, South Africa, and Tanzania.</p>	





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