



**USAID**  
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**FAMILY PLANNING SUSTAINABILITY CHECKLIST**  
*A Project Assessment Tool for Designing and Monitoring  
Sustainability of Community-based Family Planning Services*

2012



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## Acknowledgements

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**Cover photo:** © 2007 Virginia Lamprecht, Courtesy of Photoshare. Villagers laugh as they watch a group of actors perform a play about the benefits of family planning near Blantyre, Malawi. The festivities are part of a larger effort of the Adventist Health Service in Malawi to promote community-based family planning.



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# ABOUT THIS GUIDE

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

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



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## Abbreviations and Acronyms

CBD—community-based distribution  
CBFP—community-based family planning  
CHW—community health worker  
DHMT—district health management team  
DHO—district health office

FP—family planning  
HMIS—health management information system  
LAM—lactational amenorrhea method  
LAPM—long-acting and permanent methods  
MOH—Ministry of Health

NGO—nongovernmental organization  
SDM—standard days method  
USAID—U.S. Agency for International Development

# INTRODUCTION

## Essential Program Elements for Sustaining Family Planning Programs

### Introduction

This Checklist is a resource guide for project planners, implementers, evaluators, and other stakeholders of community-based family planning (CBFP) projects or programs. It is designed to guide a project manager and staff, Ministry of Health (MOH) staff, and other stakeholders through review of a community-based family planning project or program to determine whether key elements that affect sustainability of services are present. The Checklist will help identify specific areas that need to be addressed to ensure important project activities and family planning (FP) services will continue beyond the life of the project. It also can identify areas that are strong and need to be continued. An important feature of the Sustainability Checklist process is development of an action plan that identifies specific follow-up steps and a timeline.

The Checklist can be used at multiple points during a project cycle—from the initial design phase through regular staff meetings, annual reviews, to midterm and final evaluations. The document provides guidance on how to use the Checklist in these different settings.

This guide emphasizes six essential Program Elements that must be in place to increase the likelihood of continued family planning services at the community level:

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

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

The Checklist questions are presented in two formats. (See Annex 1 and 2.) In the first, the questions are grouped to be answered by different cadres within the health system. Each section of questions is relevant to a particular role or position within the health system.

The four cadres are:

- District health management team (DHMT)
- Clinic-based health workers
- Community health workers (CHWs)
- Private sector

This format is particularly useful for a design phase workshop, or midterm evaluation, or final evaluation.

The second format presents the same questions divided according to the six Program Elements mentioned above. This format lends itself more readily to use by project implementation teams as a rapid self-assessment to ensure that all essential elements to ensure sustainability of services are considered.

The overall goal of this approach is to build local involvement in and ownership and understanding of the need for sustainable family planning service delivery by including local members of the health care delivery system in a rapid assessment of CBFP. The process of reviewing the Checklist and answering the questions prompts a discussion leading to awareness of the issues and ideally to problem solving and action planning.

# INTRODUCTION

## Essential Program Elements for Sustaining Family Planning Programs



A community health worker in Ethiopia holds up a poster showing different family planning methods during a talk to a group of women.

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### Purpose and Objectives

The purpose of the Family Planning Sustainability Checklist is to support the holistic design, implementation, and institutionalization of CBFP project activities so that they are integrated with and strengthen the local public and private health system. This process ensures that CBFP services continue after a project ends.

This Checklist can be used at multiple points in the life of a project such as during the project design phase and implementation and in staff meetings and annual reviews. It also can be used during midterm and final evaluations.

The Checklist includes an important action planning step for preparing a formal plan to address specific weak or missing program elements identified during the process. The action planning step provides a forum for the nongovernmental organization (NGO) and its partners to identify activities for which each can take responsibility to improve the likelihood of sustainability of FP service delivery. The action plan includes assigning responsibilities and timelines for each identified action.

When the Checklist is used in a workshop or group setting, the process allows stakeholders such as MOH staff, clinic-based health workers, community health workers, DHMT, and the private sector to collaboratively identify

strengths of the health system and a shared vision for continued success. The process itself strengthens a sense of ownership and institutionalization of the program and services.

### What is the CBFP Checklist?

The Family Planning Sustainability Checklist is a series of statements about community-based family planning services covering each of the six essential elements for sustained service delivery. The Checklist statements are organized in two formats. In the first, Healthcare Provider format (starting on page 17), the statements are organized in five modules. The first four modules pertain to the four cadres of health workers or service providers from the Ministry of Health at the district level to health facility(ies), the private sector, and the community. The fifth module is called “Community Mobilization.” This module recognizes that successful community-based family planning programming includes advancing knowledge and creating demand for quality family planning services within the community. This fifth module should be completed by all groups. The Healthcare Provider modules are:

1. District health management team,
2. Clinic-based health workers,
3. Community health workers,
4. Private sector, and
5. Community mobilization

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The private sector is included because some family planning clients receive FP commodities from local pharmacists. In the second format, called the Program Element format (starting on page 25), the same statements are organized by the six essential Program Elements described in more depth on page 12 and listed below. This layout is more useful for internal project monitoring and annual reviews but project managers may decide which format to use. The six essential program elements are:

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

## When should I use the CBFP Checklist?

Several potential opportunities are available for using the Checklist during the life of a project.

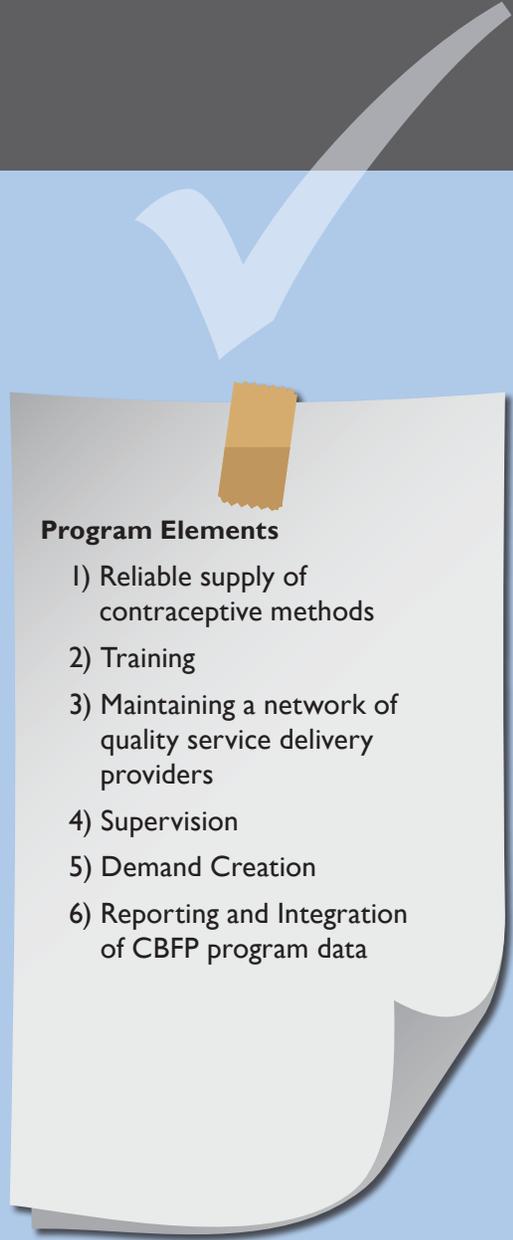
**Project design:** The Checklist can be used during the project design phase as part of a baseline assessment. Using the tool at this stage will help the project team identify strengths and weaknesses within the local health system and determine which elements of the project are essential to ensuring sustained family planning

services within the proposed project area. The project design can be developed to address weaknesses in the system that would negatively impact the likelihood that CBFP activities continue after external funding ends. It also may help project planners identify other partners to include in the project design and implementation.

### **Annual review meetings and staff meetings:**

The Program Element format of the Checklist also can be used as a rapid internal check during a regular staff meeting to ensure that key CBFP program elements are being considered and implemented. It also can be used in this way during an annual review meeting with key stakeholders. Guidance on how to use the Checklist in this context is found in Annex 5.

**Midterm and final evaluations:** The Checklist can be used during midterm and final evaluations. Action planning based on findings at midterm could allow course correction and ensure a higher probability that CBFP service delivery will continue after the project ends. Using the Checklist at the time of final evaluation could lead to specific recommendations for DHMT or other providers to sustain quality services. If the schedule allows for a full day of activity, the workshop guidance found in Annex 4 of this document can be used. However, when only a shorter time period is available, please refer to Annex 5 for suggestions on how to structure the discussion.



### Program Elements

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

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## Who can use the CBFP Checklist?

The Checklist can be used by a wide range of stakeholders. These include:

- Project designers to shape the design of the project so that the essential elements of sustained service delivery are considered.
- Project managers and implementing NGO staff to facilitate an assessment of whether CBFP services are being implemented in a way that will lead to sustained services after the life of project.
- MOH district and clinic-based staff and community health workers to understand the importance of each of the essential elements in sustaining family planning services in their community.

Ensuring sustainability of services requires close collaboration with the public health system and local private sector providers that are essential and ongoing providers of services. These providers need to have a sense of “ownership” of the service and an understanding of its importance to their community. Convening stakeholders that represent all levels of the local health system allows for a discussion to identify strengths and weaknesses regarding CBFP activities. In addition, stakeholders can each identify their role in improving the health system to increase the potential sustainability and institutionalization of the project being designed, implemented, or evaluated.

## How should the CBFP Checklist be completed?

The process of completing the Checklist provides an important opportunity to discuss the essential elements for sustained service delivery. Project, MOH staff and other stakeholders can use the Checklist to analyze the capacity of the local health system to integrate, implement, and sustain CBFP activities.

Completing the Checklist does not produce a score. It creates a focal point for discussion and enables identification of missing or weak elements of the local system. If used by a smaller team as an internal check for the project, it can guide thinking about whether all key elements for long-term service provision are considered and implemented.

As mentioned earlier, the Checklist can be used in several ways depending on the local situation and time available. For example, a project manager could select one module for joint review during a monthly staff meeting or during an annual review process. In this case, the activity should not involve more than 1 hour or 2 at the most. Guidance for this approach is provided in Annex 5. Either format of the Checklist could be used, but the Program Element format is more likely to be useful in this setting.

This document includes a facilitator’s guide (found in Annex 4) to a 1-day workshop. During this workshop, a diverse group of local stakeholders



A young health officer at a health post in northern Ethiopia displays a vial containing DepoProvera and a flip chart used to teach couples about the available family planning methods.

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# SUSTAINABILITY CHECKLIST

evaluate the checklist statements in small groups and assess the current state of the health system as related to CBFP services. Each statement should be checked based on whether the respondent (or group of respondents) understands it to be “not true,” “mostly true,” or “always true.” An analysis of the responses and identification of weak or problem areas then leads to development of a specific action plan.

The language in the Checklist is purposefully generic so that it can be refined based on different national and cultural contexts. Implementers may add to and adjust the Checklist based on the local context. The areas of commodity supply and logistics, supervision, quality of care, training, working with the private sector, and data integration and reporting are reviewed.

The Checklist helps identify specific areas for greater attention. The output of the workshop is an action plan with specific activities, responsible persons, and timelines identified. The 1-day workshop is designed to be used at the project design phase, but the same process also could be used during a midterm or final evaluation.

The instructions that follow provide guidance on how to use the Checklist in different settings.

**Workshop setting (project design, midterm evaluation, or final evaluation):** When the Checklist is used in a workshop setting, the Healthcare Provider format of the Checklist is preferable. Each small group should consist of health workers from the same or similar levels of the health system. Each group should complete only the module that relates to the members’ current job function plus Module 5: Community Mobilization. Module 5 addresses general attitudes and acceptance of family planning and will be completed by each group. For example, a community health worker would only answer statements related to Modules 3 and 5 because these statements in Module 3 relate to the job responsibilities of the community health worker. See Table 1 below.

Table 1. Healthcare Provider Modules to be completed by different stakeholder groups					
	Module 1	Module 2	Module 3	Module 4	Module 5
District Health Management Team	x				x
Clinic-based Health Workers		x			x
Community Health Workers			x		x
Private Sector				x	x



A health worker administers a Somazet injection for family planning at a community health clinic in Islampur union, Rajbari district, Bangladesh.

© 2004 Dr. Ahsanul Kabir, Courtesy of Photoshare

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A woman and her baby wait to attend post-partum family planning services in Senegal.

© 2012 Adrienne Allison/World Vision

**Annual review or staff meeting:** When the Checklist is used as a rapid internal check for determining whether project activities are inclusive of all essential aspects of CBFP, either format and any one of the modules can be used. The project staff members should consider the statements in the Checklist from their perspective (i.e., what they know) and not that of the district or community health worker. See Annex 5 for further guidance about use of the Checklist in this setting. During an annual review meeting, DHMT members and health workers might be present. In that case, they could be asked to complete and provide input on the relevant sections of the tool.

**Midterm and final evaluations:** If you plan to use the Checklist during a midterm or final evaluation, refer to the paragraph above on guidance for use in a workshop setting.

**Instructions for completing the Checklist:** The Checklist is designed to be completed in a group setting with individuals who are involved in delivering or managing services. Small groups are expected to consider each statement and reflect on whether the statement is “not true,” “mostly true,” or “always true” and whether they consider the element reflected in the statement to be key to sustaining FP services in the district.

When determining if a specific statement in the Checklist is key to sustaining family planning services, groups should consider what elements are essential to continue the program in the local context. Some broad questions for consideration are:

- Does the area need a continued supply of family planning methods?
- How can quality of family planning counseling by community health workers be assured?
- Do health facilities provide long acting and permanent methods?
- What training is needed for community health workers now and in the future?
- How important are community mobilization activities to increase demand for FP services?

# SUSTAINABILITY CHECKLIST

Although each statement in the Checklist describes an element that is key to FP service delivery, evaluating the statements in the local context is important. Not all statements will determine whether services will continue successfully or not. Continuity will depend on the CBFP project being implemented and the local context of the health system. The following are two examples of the process of completing the CBFP Checklist.

## **Box 1. Example of use of Checklist at project design phase.**

### **Checklist Example #1—PROJECT DESIGN PHASE using Healthcare Provider Format of Checklist**

Julie is a member of the district health management team and will play a role in the community-based family planning project for which the nongovernmental organization, Sun Shine, received funding to implement. Julie, along with the other partners, looks forward to designing a project that will help sustain family planning use after the 4-year project ends.

After receiving a warm welcome to the workshop and the facilitator has reviewed the local health system and explained the focus on sustainability, Julie is ready to be placed in group 2 which consists of DHMT members. Julie's group will complete Module 1: District Health Management Team and Module 5: Community Mobilization of the Checklist. While filling out these sections, Julie's group engages in a discussion about whether the action being described in each statement is "not true, mostly true, or always true." When Julie's group reviews the statement, "DHMT provides support to health workers for implementing MOH policies related to the provision of family planning services within the district," a discussion unfolds about whether the DHMT actually provides support. Some do not believe that such support always happens because months may pass for policy changes to be communicated and integrated into the district health system. Eventually, the group marks "mostly true" after they agree that this support does not always happen. Although support is an important aspect of family planning service delivery, the group does not consider support key to sustaining FP services after the project ends in 4 years. They do not note an "x" in the last column of this statement.



*Providers at a community health center in Cambodia counsel waiting room clients on family planning and reproductive health. Providers were trained by the Reproductive and Child Health Alliance (RACHA) as part of RACHA's IUD campaign.*

# SUSTAINABILITY CHECKLIST



Community-based distribution agents at a family planning meeting in Zambia.

© 2007 Sadia Parveen/Child Fund International

## **Box 2. Example of use of Checklist during an annual review meeting.**

### **Checklist Example #2—ANNUAL REVIEW MEETING using the Program Element format of the Checklist.**

George is the project manager for the NGO Sun Shine that has been implementing CBFP activities in the district for 3 years. Although a midterm evaluation was done by an external evaluator, he believes planning is important for an annual review with the project team and DHMT. Such planning ensures that they are not missing any key elements which will lead to sustained services after the project ends next year. In consultation with the DHO, they decide that the review meeting should be completed in 1 day to not detract from other important tasks. George decides to use the Program Element format of the Checklist with the team because they will have only a couple of hours to focus on this aspect of the program.

They follow the format laid out in Annex 2 for a 2-hour timeframe but decide to divide themselves into six small groups to review the Checklist by Program Elements instead of by Healthcare Provider. During the review of the Checklist and ensuing discussion, a number of important issues arise. An example is their realization that the FP service data being collected by the community health workers are not being included in the monthly reports from the clinic to DHMT. This issue needs to be addressed and specifically planned for during the coming year to ensure ongoing services and supplies of commodities. They decide to form a small committee of MOH staff and project staff to draft an action plan that will be shared in the next monthly meeting.

## **Analysis and Action Planning**

Analysis of the output of the Checklist activity leading to action planning is the most important step in the process and is key to its usefulness. The process will vary depending on the setting in which the Checklist was used. The Checklist is not designed to produce a score but to highlight areas of strength for continued focus and potential weakness that could jeopardize the sustainability of CBFP services.

In a workshop or annual review setting, the facilitator should facilitate a participatory review of the responses. The focus should be on statements identified as key to ensuring ongoing CBFP services in the district or local context. In most instances, the focus should be on elements identified as “not true” or “mostly true” AND “key to sustaining services” because participants will be able to note weaknesses in the system. Action planning should include a discussion about possible solutions to the problem; the goal is achieving consensus about the best and most feasible course of action. If the group determines that nothing can be done to address a particular issue, then at least they will have discussed the matter and

# SUSTAINABILITY CHECKLIST

tried to seek a solution. This step also is a key aspect of sustainability. Participatory processes that raise awareness and use inclusive problem solving tend to foster ownership. The analysis and discussion should lead to developing a specific timebound action plan to address the issues identified either in the project work plan or in annual district work plans.

When the Checklist is used as an internal management tool in a staff meeting, any areas identified as “not true” or “mostly true” and also as “key to sustaining FP services” should be followed up on by the project team and incorporated into an action plan. The project action plan could include raising specific issues with members of the district management team or the local clinic team so that they see and understand their role in long-term sustainability of the CBFP services.

The action plan (see template in Annex 3, page 32) is a matrix specifying the steps needed to address specific weaknesses identified via the Checklist. Preparing an action plan also should enable participants to brainstorm solutions, determine responsibility for implementation, and agree on a timeline.

### **Box 3. Example of how to create an action plan in a workshop setting.**

#### **Checklist Example #3—ACTION PLAN EXAMPLE During Project Design Phase**

John, the facilitator for a project design workshop, has asked each cadre of the district health management team, health workers, and service delivery providers to complete the Checklist. Each group will present its checklist responses to the larger group. Ideally, John wants to learn if other participants agree with each group’s responses to statements in the Checklist. He encourages discussion to determine if in fact, certain statements should have been categorized as working well while others are not and whether certain statements are needed to work well to sustain CBFP services.

Once all groups have presented, John reviews each of the statements identified as critical to sustaining FP services and as are not functioning well. With input from participants, he circles statements that require an action plan.

He then creates new groups, mixing stakeholders from all levels of the health system so that each level has equal representation within the group. Each new group is assigned two to three statements identified as needing action plans. The members of the group use the Action Plan Template to create a plan to address the weaknesses identified.

Each group presents back to the larger group. John is very impressed because the action plans are realistic, timebound, and very clear in terms of who is responsible for carrying out the tasks. The NGO project team will incorporate some of the activities presented via the action plans into the CBFP work plan for the district.



*Family planning workshop with a community youth group in Malakal, South Sudan*

*© 2010 Leah Elliott/American Refugee Committee International*



# SUSTAINABILITY ELEMENTS

## Essential Program Elements for Sustainability

Effective community-based family planning programs require that a minimum set of essential elements are in place to ensure that quality service delivery is sustained. During the project design phase as well as during implementation, this step is important: Consider how the project can implement these program elements in a way that improves the likelihood of sustaining family planning services beyond the life of the project.

The Program Element format of the Sustainability Checklist is organized based on these six elements. Some examples of what planning for sustainability based on this approach might look like are:

- Supervision visits of community health workers are carried out by district level staff.
- Contraceptive methods continue to be ordered on time and in sufficient quantities at the district and community levels.
- Data collection at the community level is integrated into the national health management information system.
- Community health workers continue to receive training from public and private sector partners.

In this section, six essential program elements are described, including suggestions for improving the likelihood that these elements will be sustained when funding ceases. Two factors are important to sustaining services: Ensuring that these elements are institutionalized or embedded in the local system and identifying an entity to take responsibility for continuing them after the project ends. In most locations, collaboration with the public health system will be essential, because the local health system is typically responsible for ongoing provision of services. In some cases, private sector providers may be a good resource.

### ***1. Reliable supply of contraceptive methods:***

A successful CBFP program needs a reliable supply of a variety of contraceptives so that clients can choose and use their preferred method without interruption. Projects must work to improve the long-term availability of family planning supplies. Community members must be able to choose, obtain, and use high-quality contraceptives whenever they need them, including after the project ends. A wide variety of short- and long-acting, as well as permanent family planning methods must be available to clients.

Specific project activities that may help sustain contraceptive availability include:

- Strengthening the logistics system within the catchment area.
- Promoting sale of FP methods through local retailers as secondary suppliers.
- Improving government commodity management and forecasting to ensure no stockouts occur, including training community health workers on forecasting data and procurement of methods.<sup>1</sup>
- Ensuring community health workers have a direct link to existing supply-chain structures.
- Using public sector or other existing systems to ensure the delivery of commodities to community health workers.
- Establishing community depots to maintain a community stock of commodities.

### ***2. Training:***

CHWs need training to provide quality family planning services. Although initial training of CHWs may take place during the project, training needs do not end with the project if services are to continue. In addition to initial training, CHWs also need consistent refresher trainings so they are kept up to date and reminded of reproductive

<sup>1</sup> ICF International. Basics of Community-Based Family Planning: Facilitator and Participant Guide. <http://www.flexfund.org/resources/cbfp.cfm>.

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physiology, contraceptive methods, principles of quality family planning counseling and informed choice, referrals, logistics for contraceptive resupply, recordkeeping, and monitoring and evaluation. Additionally, when CHWs are replaced after the project, initial training will be necessary.

Suggested project activities to institutionalize and maintain training capacity beyond the project are:

- Use an effective MOH-approved community-based family planning curriculum to carry out the initial training of a sufficient number of CHWs.
- Plan, organize, and schedule follow-on refresher trainings throughout the life of the project.<sup>2</sup>
- Seek to build partnerships with existing training mechanisms or public sector facilities.
- Documenting training materials and making them available to provider organizations and established facilities can encourage future use.
- Training trainers on the FP curriculum within the public sector also will help to ensure continuity.

### 3. Maintaining a network of quality service delivery providers:

A network of FP service providers must be maintained and supported<sup>3</sup> for services to continue beyond project end. Recruitment and retention of community health workers are important elements of a CBFP program. CHWs and pharmacists are often the main service providers in community programs. They are important for making referrals to health centers for contraceptive methods they themselves are unable to provide such as long-acting and permanent methods (LAPM). Community health workers also may play a role in increasing demand for family planning services. For CBFP services to continue, these service providers must be retained and supported. Additionally, as needs arise, new community health workers must be recruited and trained.

Specific project activities relating to recruitment and retention of service providers include:

- In consultation with community members, develop criteria for CHWs and recruiting male and female candidates to deliver CBFP services; also determine specific numbers required for each catchment area.<sup>4</sup>
- In consultation with community leaders, design a process for replacing CHWs.

- Retain CHWs through motivation and remuneration that must continue beyond the project.<sup>5</sup>
- Support CHWs via consistent refresher trainings and engagement with the project.

### 4. Supervision:

Good supportive supervision improves the quality of family planning services, retention, and motivation of CHWs.<sup>6</sup> Proper supervision is important to ensure the quality of CHW counseling skills, provide feedback to CHWs, encourage and support CHWs, and identify areas for improvement.

Establishing strong systems for supervision of CHWs using existing structures will help to ensure supervision continues after the project ends. To encourage sustainable supervision systems, the project could:

- Use supervisors within the public health system or link to existing private sector health centers.
- Work with provider organizations and district and national health officials to incorporate supervision of CHWs into the routine and expected duties of clinic-based health workers.

<sup>2</sup> USAID E-Learning Course: Community-Based Family Planning eLearning Module. USAID Global Health eLearning Center. <http://www.globalhealthlearning.org/login.cfm>

<sup>3</sup> Amare, Yared. 2009. Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study. Working Paper No. 1, The Last Ten Kilometers Project, JSI Research & Training Institute, Inc., Addis Ababa, Ethiopia.

<sup>4</sup> Helffenbein, Saul, and Sayeed, Abu. 2006. The Family Planning Manager. *Increasing Community Participation*. Management Sciences for Health.

<sup>5</sup> Weil, Benjamin; Kreuger, Kirsten; Stanback, John; and Hoke, Theresa Hatzell. 2008. Provision of Injectable Contraception Services through Community-based Distribution: An Implementation Handbook. Family Health International.

<sup>6</sup> Bhutta, Zulfiqar A., et al. 2010. Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. World Health Organization and Global Health Workforce Alliance.

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## 5. Demand creation:

To increase family planning use and demand for the service, community members need to be aware of the benefits, risks and side effects, and service locations.<sup>7</sup> Community members also need to have correct information about FP methods because myths and misconceptions often prevent people from using particular methods.

Project activities related to establishing and maintaining demand have the greatest potential to be sustained when these activities are grounded in existing community groups or structures. When possible, projects should attempt to empower community organizations to be family planning champions. Specifically, projects can work with community-focused groups such as religious leaders and existing men's, women's, and youth groups to provide information on family planning. Members in each group can be encouraged to act as change agents and pass the information along to additional members of the community. Suggested project activities are:

- Design appropriate behavior change communication messaging for community. *For available resources on family planning messaging, see:*
  - The Flexible Fund tool for Behavior Change

Communication for family planning at [www.coregroup.org](http://www.coregroup.org).

- A Guide for Developing Family Planning Messages for Women in the First Year Postpartum on the ACCESS Family Planning website at <http://www.accessstohealth.org/toolres/pubs.htm>.
- Conduct a doer and non-doer survey.
- Conduct focus group discussions with community members to identify attitudes and barriers to family planning.

## 6. Reporting and Integration of CBFP program data:

Data that are collected from CBFP activities should be captured by the national health management information system (HMIS). Partners from the national level to the community level must know how family planning use is increasing or changing in the project area.<sup>8</sup> DHMT requires these data to forecast and order sufficient contraceptives to distribute to CHWs. The program risks stockouts and interrupted family planning services when data collected at the community level are not integrated into HMIS.

Specific project activities related to linking project data to the HMIS could be:

- Training CHWs in data collection, including where and when to submit data reports.

- Orienting clinic-based health workers to the project and soliciting input on how CHWs will share their data.
- Training on data use.
- Training clinic-based health workers on how to incorporate the data from CHWs into their reports sent to the provincial or national levels and how to develop forms for data collection as needed.

When considered part of planning and implementation, the six essential program elements can help to increase the sustainability of community-based family planning services. The following questions may help you and your project team identify gaps that would prevent service delivery from continuing after your project is over.

- Have we considered these elements in our project design?
- How can we plan to ensure the continuation of these elements after our project is complete?
- What partner organizations, facilities, community organizations, and other facilities we can work with to ensure continuation of services?

<sup>7</sup> Path and U.N. Population Fund (UNFPA). Meeting the Needs: Strengthening Family Planning Programs. Seattle: PATH/UNFPA. 2006.

<sup>8</sup> Hall, Sarah. 2007. People First: African Solutions to the Health Worker Crisis. African Medical and Research Foundation. London.

# SUSTAINABILITY ELEMENTS

## Essential Community-based Family Planning Program Elements for Sustainability

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



*A midwife discusses family planning at a community meeting in India.*

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# IMPORTANT DEFINITIONS



A Community Health Worker in Mali showing a family planning counseling flipbook.

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**The Checklist includes questions grouped into five modules: District Health Management Team, Clinic-based Health Workers, Community Health Workers, Private Sector, and Community Mobilization.**

The working definitions below should be used to guide your thinking about responses in each of these areas.

- **Clinic-based health workers:** A health worker who works in a health clinic.
- **Community health worker:** CHWs are community members who are selected, trained, and supervised to educate, counsel, and distribute contraceptive methods to women and men in their village or neighborhood. They also may staff the health post.
- **Community support:** Women’s groups, men’s groups, youth groups, religious leaders, community development committees, and other organizations that support or could support a CBFP project.
- **Health clinic:** A facility-based service delivery point that offers a wider variety of family planning health services than a health post, including long-acting and permanent methods. The health clinic also may serve a larger population such as a district.
- **Health post:** A service delivery point with basic health services and commodities. The health post serves local communities instead of a whole district.
- **Private sector:** Service delivery points for family planning services and commodities that fall outside the public sector such as pharmacists, shopkeepers, NGO-trained health workers, and private clinics and hospitals.
- **Sustainability:** Although “sustainability” has many meanings, for the purpose of this Checklist sustainability is defined as the ability to sustain coverage and quality of community-based family planning services after outside funding ends and ownership of project activities is transferred to the local health system.

# ANNEX I

## CHECKLIST FORMAT I: HEALTHCARE PROVIDERS

### Module I: District Health Management Team

**Instructions:** Please review each statement below and mark the response that you feel best reflects your understanding of the present situation in the community or district where you work by placing an “x” in the box that corresponds. For each question, please also mark an “x” in the last column if you believe that the issue is key to sustaining the FP services within your district.

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
1.	The DHO has a copy of the national guideline on commodity security, and the district staff members have seen it. <i>Explanation for question: The district-level staff must be aware of and have seen national policies and guidelines for family planning and commodity security.</i>				
2.	DHO receives an annual budget from the MOH that will be used for the provision of family planning services within the district. <i>Explanation for question: Each year, DHO receives an annual budget from MOH for family planning commodities and services within its district. If no budget is created for family planning services, no family planning services will be provided at district health centers, in turn affecting community health workers and their clients.</i>				
3.	DHO incorporates family planning activities into its annual work plan. <i>Explanation for question: When DHMT incorporates FP services into its work plan, the importance of providing FP services at both the clinic and community level is recognized. DHO is bound to its work plan to accomplish such activities in a specific year.</i>				
4.	DHO receives an appropriate amount of family planning commodities to meet client demand at facilities and in communities in the district. <i>Explanation for question: If DHO does not receive sufficient or receives too many FP commodities, the district will face stockouts or high wastage of expired methods, which affects the health centers where the community health workers collect their supplies.</i>				
5.	DHO accurately forecasts FP commodity needs for the district. <i>Explanation for question: As FP demands increase, FP commodity needs grow. Quantities of commodities sent to districts should be based on consumption and projected need.</i>				
6.	DHO recognizes community health workers as important providers of FP information and services within the public health system. <i>Explanation for question: Community health workers must be recognized by DHO as an integral part of the health system in their district so they receive the proper support and training to provide quality CBFP services.</i>				

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**Module I: District Health Management Team** *(continued from previous page)*

	<b>Question</b>	<b>Not true</b>	<b>Mostly true</b>	<b>Always true</b>	<b>Key to sustaining FP services?</b>
7.	DHO places a sufficient number of clinic-based healthcare providers to meet client demand for long-acting and permanent family planning information and services. <b>Explanation for question:</b> Health centers should have sufficient healthcare providers to meet the needs of clients referred for long-acting or permanent methods and for clinic-based healthcare providers to complete CHW supervision visits.				
8.	Private clinics and hospitals within the service delivery area provide FP services, including condoms, pills, IUDs, vasectomies and tubal ligation, implants, and injectables. <b>Explanation for question:</b> If an NGO is providing FP services that are not available in the immediate community, opportunities may exist for referrals or mobile outreach.				
9.	DHO ensures the provision of high-quality, cost-effective family planning services within the district by conducting quarterly clinic-based quality of care assessments. <b>Explanation for question:</b> DHO is responsible for ensuring that health centers are providing quality family planning services. Community health workers must be able to refer their clients to health centers for long-acting and permanent methods.				
10.	MOH has standards, protocols, and a training curriculum for provision of family planning services at the community level. <b>Explanation for question:</b> Ensuring that national standards, training materials, and protocols are used and followed is important to realizing continuity after project funding ends.				
11.	DHO provides support to healthcare providers for implementing MOH policies related to the provision of family planning services within the district. <b>Explanation for question:</b> DHO is responsible for putting national-level policies into practice at the district level, including policies such as community-based distribution of Depo-Provera. Such support would be training both clinic and community health workers in new policies, procedures, and supervision to make sure new policies are being implemented at both the clinic and community level.				
12.	DHO collects data on FP use at the facility and community level on a regular basis to use in forecasting FP commodity needs. <b>Explanation for question:</b> DHO reports to MOH both community- and clinic-based data for forecasting commodities. This reporting prevents stockouts at the health centers and at the community level.				
13.	The district incorporates FP data collected by CHWs and integrates the data into district-level data reported to MOH. <b>Explanation for question:</b> Sharing the community level data at the national level will help MOH plan for future community-based family planning services and also realize the gaps and challenges of service provision that are difficult to address without data.				

## Module 2: Clinic-based Health Workers

**Instructions:** Please review each statement below and mark the response that you feel best reflects your understanding of the present situation regarding that statement by placing an “x” in the box that corresponds. For each question, please also mark an “x” in the last column if you believe that the issue is key to sustaining the FP services within your district.

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
1.	The health center has a copy of the national guidelines for family planning service delivery, and the staff members have seen and read the guidelines. <i>Explanation for question: The availability of national policies and guidelines at the clinic and health center level is important for implementing reliable and quality services. Staff should have read and be familiar with these guidelines.</i>				
2.	Health centers and posts have sufficient family planning methods to serve their clients. <i>Explanation for question: Community health workers usually obtain their stock of commodities to sell to clients in the community from the health center or post. If the health center or post does not have enough commodities for the CHW, then the CHW will experience stockouts of methods.</i>				
3.	Healthcare providers regularly monitor the availability of family planning methods in their health centers and posts. <i>Explanation for question: Community health workers not only collect FP methods from the health centers or posts but also refer clients to the health centers for methods that they are not able to provide such as long-acting or permanent methods. If clinic-based health workers are not properly trained in logistics, stockouts will occur that will affect referred clients and stock available for community health workers.</i>				
4.	Health center staff order FP methods on time to prevent a stockout of commodities. <i>Explanation for question: Community health workers not only collect FP methods from the health center but also refer clients to the health center for methods that they are not able to provide such as long-acting or permanent methods. If clinic-based health workers are not properly trained in logistics, stockouts will occur and affect referred clients and stock available for community health workers.</i>				
5.	Healthcare providers have the capacity to provide long-acting and permanent methods of family planning and have been trained in these methods. The facility has the necessary equipment and supplies such as syringes for injectables, surgical tools for vasectomies and sterilizations, and IUDs and implants to provide these services. <i>Explanation for question: Community health workers may refer their clients to the health centers for long-acting and permanent methods. If the health center does not receive or is out of stock of proper equipment, or the healthcare providers have not been properly trained, the client will not be able to access the long-acting or permanent method of her choice.</i>				
6.	Equipment and supplies used for the provision of long-acting family planning methods are replaced when no longer functioning, reordered on time, and well maintained at health centers. <i>Explanation for question: Because CHWs refer their clients to health centers for long-acting and permanent methods, the quality of care at the referral health center is important. If equipment is no longer functioning or a stockout occurs, the family planning client will not receive the method of choice or perhaps receive poor quality care.</i>				

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**Module 2: Clinic-based Health Workers** *(continued from previous page)*

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
7.	Healthcare providers at health centers and posts provide support and supervision to community health workers. <b>Explanation for question:</b> <i>To ensure high-quality community-based family planning program, CHWs need consistent support and supervision from clinic-based health workers. For sustainability CHWs must be part of an existing structure that can support them when the project ends.</i>				
8.	Supervisors of community health workers have transportation to conduct their supervision visits. <b>Explanation for question:</b> <i>CHWs often work in rural areas, far away from health centers and posts. Many times, supervisory staff need transportation to conduct supervision visits. If this transportation is not available or its availability is limited, conducting consistent supervision visits to very rural sites will be difficult.</i>				
9.	Healthcare providers integrate family planning services into other key services such as postnatal care and immediately following an abortion or miscarriage. <b>Explanation for question:</b> <i>Integrating family planning services into postnatal care and following an abortion or miscarriage prevents missed opportunities and protects women's health.</i>				
10.	Exit surveys are conducted twice a year to monitor the quality of FP services received by community health workers. <b>Explanation for question:</b> <i>To improve community-based services, clients must be interviewed to collect their opinions and experiences with the services they are receiving. Their feedback will help identify gaps and needs for additional training to improve the quality of services.</i>				
11.	Healthcare providers are able to conduct trainings and have materials for community health workers to build their capacity to provide family planning counseling and methods. <b>Explanation for question:</b> <i>If a health center experiences a shortage of clinic-based health workers, their ability to provide capacity-building training for CHWs is limited, affecting the quality of care being provided by the CHW.</i>				
12.	Healthcare providers receive in-service training to maintain and update their FP service provision skills. <b>Explanation for question:</b> <i>Ongoing training to maintain skills in FP service provision is essential to ensuring quality of care.</i>				
13.	FP data that are collected and shared by community health workers at health centers and posts each quarter are integrated into the district-level data report that is shared with MOH. <b>Explanation for question:</b> <i>Sharing the community-level data at the national level will help MOH plan for future community-based family planning services and also realize the gaps and challenges of service provision that are difficult to address without data.</i>				
14.	Sufficient healthcare providers are available at health centers and posts to provide support and supervision to community health workers. <b>Explanation for question:</b> <i>To ensure a quality community-based family planning program, CHWs need consistent support and supervision from clinic-based health workers. If FP providers at the health centers and posts are not sufficient, the ability to provide consistent supervision and support is limited, and the health centers and posts will need to be staffed.</i>				

### Module 3: Community Health Workers

**Instructions:** Please review each statement below and mark the response that you feel best reflects your understanding of the present situation regarding that statement by placing an “x” in the box that corresponds. For each question, please also mark an “x” in the last column if you believe that the issue is key to sustaining the FP services within your district.

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
1.	Community health workers have sufficient family planning methods available to meet the needs of clients. <b>Explanation for question:</b> <i>If community health workers cannot meet the family planning needs of clients and stockouts of methods occur, then FP use will more than likely be affected negatively.</i>				
2.	Community health workers regularly monitor the available stock of family planning methods. <b>Explanation for question:</b> <i>Community health workers must be trained in logistics so they know how to monitor their stock to prevent stockouts and avoid having too much stock that leads to expired FP methods.</i>				
3.	Community health workers are able to consistently obtain family planning methods from a reliable source. <b>Explanation for question:</b> <i>If community health workers are not able to consistently obtain methods from a reliable local source such as health centers and health posts, they will experience stockouts of methods and jeopardize the sustainability of the service.</i>				
4.	Community health workers receive quarterly supervision visits by someone from a health center to monitor the quality of FP services. <b>Explanation for question:</b> <i>Supervision visits are an essential component of a community-based family planning program. Without supervision, the quality of services will deteriorate and motivation may dwindle.</i>				
5.	Community health workers report accurately and timely family planning data to the district so that the data are integrated into the national health information system. <b>Explanation for question:</b> <i>Community health workers tend to share their data with health center. The data are then collated into one report and submitted to DHO. DHO shares the data at the provincial level and finally with MOH. Data collected at the community level must be shared with MOH to determine the size of the budget needed and the amount of commodities that must be ordered to meet the demand for FP services in a district.</i>				
6.	Community health workers are sufficient to meet client demand for FP services. <b>Explanation for question:</b> <i>If demand is high for FP in a community but CHWs are insufficient to meet that demand, the unmet need for FP will be high.</i>				
7.	Community health workers refer their clients to health centers for long-acting and permanent methods. <b>Explanation for question:</b> <i>In many countries, CHWs only provide condoms and pills although the need for long-acting and permanent methods (LAPMs) is quite high. CHWs must have a strong relationship with the nearest health center that can provide these services and be able to refer clients to the health center for LAPMs.</i>				
8.	Mobile services are available in catchment areas where no health centers exist to provide long-acting and permanent methods. <b>Explanation for question:</b> <i>Mobile outreach is an important strategy to provide long-acting and permanent methods to community members who might not otherwise have this option due to distance from a health center.</i>				

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### Module 3: Community Health Workers *(continued from previous page)*

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
9.	Community health workers have job aids, reporting books and forms, and other materials for counseling and outreach. <b>Explanation for question:</b> <i>Job aids assist CHWs in providing quality services.</i>				
10.	Community health workers receive quality training and refresher training throughout their service. <b>Explanation for question:</b> <i>CHWs not only need the initial training to become a CHW but also refresher trainings and opportunities to learn new skills. This training helps with the quality of services and motivation of the CHWs.</i>				
11.	Community health workers are allowed to charge a client fee for delivering family planning methods and services. <b>Explanation for question:</b> <i>The ability to charge a fee helps CHWs stay motivated and contributes to their income.</i>				
12.	Motivational activities such as community recognition ceremonies for community health workers are planned and contribute to motivating them and retaining their services. <b>Explanation for question:</b> <i>If CHWs are not allowed to charge a fee for services or commodities, another form of motivation that helps prevent attrition must be available.</i>				
13.	Community health workers are able to safely provide injections of Depo-Provera. <b>Explanation for question:</b> <i>Community-based distribution (CBD) of Depo has been identified by USAID as a best practice in community-based family planning services. CBD of Depo drastically improves family planning use and in many cases is the only strategy available for women to receive their preferred method.</i>				
14.	Community health workers know how to counsel women on natural family planning methods such as lactational amenorrhea method (LAM) and standard days method (SDM). <b>Explanation for question:</b> <i>Community health workers must be trained in LAM and SDM because some women prefer natural modern methods. Also, both methods are great entry points to begin speaking about birth spacing. LAM has proven to effectively be integrated into maternal and child health services, including nutrition.</i>				
15.	Community health workers are recognized by MOH as part of the national health system. <b>Explanation for question:</b> <i>Community health workers provide services at the lowest level possible, usually when no other health workers are available. They are an essential part of the health system and need to be recognized by MOH to receive the support and training needed to provide quality CBFP services.</i>				

## Module 4: Private Sector

**Instructions:** Please review each statement below and mark the response that you feel best reflects your understanding of the present situation regarding that statement by placing an “x” in the box that corresponds. For each question, please also mark an “x” in the last column if you believe that the issue is key to sustaining the FP services within your district.

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
1.	Pharmacists and shopkeepers in the community sell FP methods such as condoms, pills, and injectables. <i>Explanation for question: In many communities, community members buy their family planning methods at the pharmacy so partnering with local pharmacists may benefit the CBFP program.</i>				
2.	Pharmacists and drug shop owners provide information and referrals for FP services. <i>Explanation for question: Many women will opt for obtaining services and commodities from the private sector if the private sector provides convenient and personalized services. This service expands access for women.</i>				
3.	Pharmacists and drug shop owners sell and administer injectable contraceptives. <i>Explanation for question: Pharmacists may sell more than just condoms and pills. The availability of injectable contraceptives through the private sector expands access for women.</i>				
4.	Women in this community feel that the cost of FP commodities is reasonable and affordable. <i>Explanation for question: The cost of FP commodities through the private sector needs to be affordable for the poor so that women and families actually have the option to purchase a method.</i>				
5.	Pharmacists and drug shop owners are given refresher training on FP counseling and methods. <i>Explanation for question: Because pharmacists and drug shop owners often dispense FP commodities and services, they must receive training to deliver quality counseling and services.</i>				
6.	Pharmacists and drug shop owners are willing to collect and share FP commodity sales information with DHO. <i>Explanation for question: Without the collection of data from pharmacists, a certain proportion of FP users are not being captured in the data sent to the national level.</i>				
7.	NGO trained clinic and community health workers provide FP services in the community. <i>Explanation for question: In some communities, additional NGOs have trained health workers to provide family planning services such as Marie Stopes International and Planned Parenthood. These NGOs could be possible partners during project implementation.</i>				
8.	Private clinics and hospitals within the service delivery area provide FP services, including condoms, pills, IUDs, vasectomies and tubal ligation, implants, and injectables. <i>Explanation for question: If an NGO is providing FP services that are not available in the community, opportunities may exist for referrals or mobile outreach clinic days.</i>				

## Module 5: Community Mobilization

**Instructions:** Please review each statement below and mark the response that you feel best reflects your understanding of the present situation regarding that statement by placing an “x” in the box that corresponds. For each question, please also mark an “x” in the last column if you believe that the issue is key to sustaining the FP services within your district..

	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
1.	To increase knowledge, interest, and demand in family planning, FP messages are disseminated in the community. <b>Explanation for question:</b> <i>FP use will increase once the community knows the benefits of using FP and where to access methods.</i>				
2.	To increase knowledge, interest, and demand in family planning, community health workers conduct education sessions with community members. <b>Explanation for question:</b> <i>An essential CHW responsibility is to conduct education sessions with community members so their knowledge and demand for FP services increases.</i>				
3.	Community groups such as village health committees, chiefs, village head men and women, development committees, women’s and men’s groups, youth groups, and religious groups play a role in supporting family planning. <b>Explanation for question:</b> <i>The support of family planning by community groups is important in helping spread the message about FP and gather overall community support for FP.</i>				
4.	Religious leaders, chiefs, village head men and women, and local politicians support the community-based FP activities. <b>Explanation for question:</b> <i>The support of family planning by religious and community leaders and politicians is important in helping spread the message about FP and gather overall community support for FP.</i>				
5.	Community groups regularly meet to work on changing social norms within the community around gender. <b>Explanation for question:</b> <i>Gender plays a role in FP use. Community groups that work on improving male involvement, women’s rights, and other gender-related issues help improve societal beliefs around reproductive health rights.</i>				
6.	Family planning messages are broadcast on the radio and TV. <b>Explanation for question:</b> <i>FP use will increase once the community knows the benefits of using FP methods.</i>				

# ANNEX 2

## CHECKLIST FORMAT II: PROGRAM ELEMENTS

Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
<b>I) Reliable supply of contraceptive methods</b>					
District Level					
1.	The DHO has a copy of the national guideline on commodity security, and the district staff members have seen it. <b>Explanation for question: District-level staff must be aware of and have seen national policies and guidelines for family planning and commodity security.</b>				
2.	DHO receives an annual budget from the Ministry of Health (MOH) that will be used for the provision of family planning services within the district. <b>Explanation for question: Each year, DHO asks MOH for an annual budget for family planning commodities and services within the district. If no budget is created for family planning services, no family planning services will be provided at district health centers, affecting community health workers and their clients.</b>				
3.	DHO incorporates family planning activities into its annual work plan. <b>Explanation for question: When DHO incorporates FP services into its work plan, the importance of providing FP services at both the clinic and community level is recognized, and the DHMT is bound to its work plan to accomplish such activities in a specific year.</b>				
4.	DHO receives an appropriate amount of family planning commodities to meet client demand at facilities and in communities in the district. <b>Explanation for question: If DHO does not receive sufficient or receives too many FP commodities, the district will face stockouts or high wastage of expired methods, affecting the health centers where the community health workers collect their stock.</b>				
5.	DHO accurately forecasts FP commodity needs for the district. <b>Explanation for question: As FP demands increase, FP commodity needs grow. Quantities of commodities sent to districts should be based on consumption and projected need.</b>				
Health Centers/Clinics and Health Posts					
6.	Health centers and posts have sufficient family planning methods to serve their clients. <b>Explanation for question: Community health workers usually obtain their stock of commodities to sell to clients in the community from the health centers and posts. If health centers and posts do not have sufficient commodities for CHWs, the CHWs will experience stockouts of methods.</b>				
7.	Healthcare providers regularly monitor the availability of family planning methods in their health centers and posts. <b>Explanation for question: Community health workers not only collect FP methods from the health centers but also refer clients to the health centers for methods that they are not able to provide such as long-acting and permanent methods. If clinic-based healthcare providers are not properly trained in logistics, stockouts will occur, affecting referred clients and stock available for community health workers.</b>				

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Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
8.	Health center staff order FP methods on time to prevent a stockout of commodities. <b>Explanation for question:</b> Community health workers not only collect FP methods from the health center but also refer clients to the health center for methods that they are not able to provide such as long-acting or permanent methods. If clinic-based healthcare providers do not order commodities on time, stockouts will occur, affecting referred clients and stock available for community health workers.				
9.	Healthcare providers at the health centers and posts have the capacity to provide long-acting and permanent methods of family planning and have been trained in these methods. The facility has the necessary equipment and supplies such as syringes for injectables, surgical tools for vasectomies and sterilizations, and IUDs and implants to provide these services. <b>Explanation for question:</b> Community health workers may refer their clients to the health centers for long-acting and permanent methods. If the health centers do not receive or are out of stock of proper equipment, or the healthcare providers have not been properly trained, the client will not be able to access the long-acting or permanent method of her choice.				
10.	Equipment and supplies used for the provision of long-acting family planning methods are replaced when no longer functioning, re-ordered on time, and well-maintained at health centers. <b>Explanation for question:</b> Because CHWs refer their clients to the health centers for long-acting and permanent methods, the quality of care at the referral health center is important. If equipment is no longer functioning or a stock out exists, the family planning client will not receive the method of choice or perhaps receive poor quality care.				
Community Level					
11.	Community health workers have sufficient family planning methods available to meet the needs of clients. <b>Explanation for question:</b> If community health workers cannot meet the family planning needs of clients and stockouts of methods exist, then FP use will more than likely be affected negatively.				
12.	Community health workers regularly monitor the available stock of family planning methods. <b>Explanation for question:</b> Community health workers must be trained in logistics so they know how to monitor their stock to prevent stockouts or having too much stock that leads to expired FP methods.				
13.	Community health workers are able to consistently obtain family planning methods from a reliable source. <b>Explanation for question:</b> If community health workers are not able to consistently obtain methods from health centers and health posts, they will experience stockouts of methods. If the CHWs cannot obtain methods from reliable local sources, they will experience stockouts, and the program will not be sustainable.				
14.	Pharmacists and shopkeepers in the community sell several family planning methods such as condoms, pills, and injectables. <b>Explanation for question:</b> Availability of FP commodities through the private sector means that women have options for obtaining supplies especially if supplies are erratic via the public sector. It is also important that women have choice as much as possible.				
15.	Women in this community feel that the cost of FP commodities is reasonable and affordable. <b>Explanation for question:</b> The cost of FP commodities through the private sector needs to be affordable for the poor so that women and families actually have the option to purchase a method.				

Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
<b>2) Training</b>					
Health Center and Health Post Level					
	1. Healthcare providers are able to conduct trainings and have materials for community health workers to build their capacity to provide family planning counseling and methods. <i>Explanation for question: If a health center experiences a shortage of clinic-based health workers, their ability to provide capacity-building training for CHWs is limited, affecting the quality of care provided by the CHWs.</i>				
	2. Healthcare providers receive in-service training to maintain and update their FP service provision skills. <i>Explanation for question: Ongoing training to maintain skills in FP service provision is essential to ensuring quality of care.</i>				
Community Level					
	3. Community health workers have job aids, reporting books and forms, and other materials for counseling and outreach. <i>Explanation for question: Job aids assist CHWs in providing quality services.</i>				
	4. Community health workers receive quality training and refresher training throughout their service. <i>Explanation for question: CHWs not only need the initial training to become a CHW but also refresher trainings and opportunities to learn new skills. This training helps with the quality of services and motivation of the CHW.</i>				
	5. Community health workers know how to counsel women on natural family planning methods such as the SDM and LAM. <i>Explanation for question: Community health workers must be trained in SDM and LAM because some women prefer natural modern methods. Also, these methods are an entry point to begin speaking about birth spacing.</i>				
	6. Pharmacists and drug shop owners are given refresher training on FP counseling and methods. <i>Explanation for question: Because pharmacists and drug shop owners often dispense FP commodities and services, they must receive training to deliver quality counseling and services.</i>				
<b>3) Maintaining a network of quality service delivery providers</b>					
District Level					
	1. DHO recognizes community-health workers as important providers of FP information and services within the public health system. <i>Explanation for question: Community health workers must be recognized by DHO as an integral part of the health system in its district so they receive the proper support and training to provide quality CBF services.</i>				
	2. DHO places a sufficient number of clinic-based healthcare providers to meet client demand for long-acting and permanent family planning information and services. <i>Explanation for question: Health centers must have sufficient healthcare providers to meet the needs of clients referred for long-acting and permanent methods and for clinic-based healthcare providers to complete CHW supervision visits.</i>				

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Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
3.	Private clinics and hospitals within the service delivery area provide FP services, including condoms, pills, IUDs, vasectomies and tubal ligation, implants, and injectables. <b>Explanation for question:</b> <i>If an NGO is providing FP services that are not available in the immediate community, opportunities may exist for referrals or mobile outreach.</i>				
4.	MOH has standards, protocols, and a training curriculum for provision of family planning services at the community level. <b>Explanation for question:</b> <i>Ensuring that national standards, training materials, and protocols are used and followed helps in realizing continuity after project funding ends.</i>				
Health Centers and Health Posts					
5.	Healthcare providers at health centers and posts provide support and supervision to community health workers. <b>Explanation for question:</b> <i>To ensure a quality community-based family planning program, CHWs need consistent support and supervision from clinic-based health workers. CHWs must be part of an existing structure that can support them when the project ends.</i>				
Community level					
6.	Sufficient community health workers are available to meet client demand for FP services. <b>Explanation for question:</b> <i>If demand for FP is high in a community but CHWs are not sufficient to meet that demand, the unmet need for FP will be high.</i>				
7.	NGO-trained clinic and community health workers provide FP services in the community. <b>Explanation for question:</b> <i>In some communities, NGOs have trained health workers to provide family planning services, including Marie Stopes International and Planned Parenthood. These NGOs could be possible partners during project implementation.</i>				
8.	Community health workers refer their clients to health centers for long-acting and permanent methods. <b>Explanation for question:</b> <i>In many countries, CHWs only provide condoms and pills although the need for long-acting and permanent methods (LAPMs) is quite high. CHWs must have a strong relationship with the nearest health center that can provide these services and be able to refer clients to the health center for LAPMs.</i>				
9.	Mobile services are available in catchment areas where no health centers exist to provide long-acting and permanent methods. <b>Explanation for question:</b> <i>Mobile outreach is an important strategy to provide long-acting and permanent methods to community members who might not otherwise have this option because of the distance from a health center.</i>				
10.	Pharmacists and drug shop owners provide information and referrals for FP services. <b>Explanation for question:</b> <i>Many women will opt for the private sector if the private sector provides convenient and personalized information and referrals. Thus, access for women is expanded.</i>				
11.	Pharmacists and drug shop owners sell and administer injectable contraceptives. <b>Explanation for question:</b> <i>Many women will opt for the private sector if the private sector provides convenient and personalized services. Thus, access for women is expanded.</i>				

Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
12.	Community health workers are allowed to charge a client fee for delivering family planning methods and services. <b>Explanation for question:</b> <i>The ability to charge a fee contributes to the CHWs' income, enabling them to stay motivated and retain their services.</i>				
13.	Motivational activities such as community recognition ceremonies for community health workers are planned and contribute to motivating them and retaining their services. <b>Explanation for question:</b> <i>If CHWs are not allowed to charge a fee for services or commodities, another form of motivation is needed to help prevent attrition.</i>				
14.	Community health workers are able to safely provide injections of Depo-Provera. <b>Explanation for question:</b> <i>Community-based distribution (CBD) of Depo has been identified by USAID as a best practice in community based family planning services. CBD of Depo improves family planning use and in many cases is the only strategy available for women to receive their preferred method.</i>				
<b>4) Supervision</b>					
District Level					
1.	The health center has a copy of the national guidelines for family planning service delivery, and the staff members have seen and read the guidelines. <b>Explanation for question:</b> <i>The availability of national policies and guidelines at the clinic or health center level is important for implementing reliable and quality services. Staff should have read and be familiar with these guidelines.</i>				
2.	DHO ensures the provision of high-quality, cost-effective family planning services within the district by conducting timely, clinic-based quality-of-care assessments. <b>Explanation for question:</b> <i>DHO is responsible for ensuring that health centers are providing quality family planning services. This service is important because community health workers refer their clients to health centers for long-acting and permanent methods.</i>				
3.	DHO provides support to healthcare providers for implementing MOH policies related to the provision of family planning services within the district. <b>Explanation for question:</b> <i>DHO is responsible for putting national level policies into practice at the district level, including policies such as CBD of Depo-Provera. Such support would be training both clinic and community health workers in new policies, procedures, and supervision to make sure new policies are being implemented at both the clinic and community level.</i>				
Health Center and Health Post Level					
4.	Supervisors of community health workers have transportation to conduct their supervision visits. <b>Explanation for question:</b> <i>CHWs often work in rural areas, far away from the health center or health post. Many times, supervisory staff need transportation to conduct supervision visits. If this transportation is not available or its availability is limited, conducting consistent supervision visits to very rural sites is difficult.</i>				
5.	Healthcare providers integrate family planning services into other key services such as postnatal care and immediately following an abortion or miscarriage. <b>Explanation for question:</b> <i>Integrating family planning services into postnatal care and following an abortion or miscarriage prevents missed opportunities and protects women's health.</i>				

table continued on next page

Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
Community Level					
6.	Community health workers receive quarterly supervision visits by someone from the health center or post to supervise and monitor the quality of FP services. <b>Explanation for question:</b> Supervision visits are an essential component of a community-based family planning program. Without supervision, the quality of services will deteriorate and motivation may decline.				
7.	Exit surveys are conducted twice a year to monitor the quality of FP services received by community health workers. <b>Explanation for question:</b> To improve community-based services, clients must be interviewed to collect their opinions and experiences with the services they are receiving. Their feedback will help identify gaps and needs for additional training to improve the quality of services.				
<b>5. Demand Creation</b>					
Community level					
1.	FP messages are disseminated in the community to increase knowledge, interest, and demand in family planning. <b>Explanation for question:</b> FP use will increase once the community knows the benefits of using FP methods and where to access them.				
2.	Community health workers conduct education sessions with community members to increase knowledge, interest, and demand in family planning. <b>Explanation for question:</b> An essential CHW responsibility is to conduct education sessions with community members so their knowledge and demand for FP services increases.				
3.	Community groups such as village health committees, chiefs, village head men and women, development committees, women's and men's groups, youth groups, and religious groups play a role in supporting family planning. <b>Explanation for question:</b> The support of family planning by community groups is important in helping spread the message about FP and gather overall community support for FP.				
4.	Religious leaders, chiefs, village head men and women, and local politicians support and promote the use of family planning. <b>Explanation for question:</b> The support of family planning by religious leaders and politicians is important in helping spread the message about FP and gather overall community support for FP.				
5.	Family planning messages are broadcast on the radio and TV. <b>Explanation for question:</b> FP use will increase once the community knows the benefits of using FP methods.				
6.	Pharmacists in the community provide accurate information on FP methods and use and dispel myths on family planning. <b>Explanation for question:</b> If pharmacists are successful at increasing FP use in your community, you may want to consider working with them in some capacity during your project implementation.				
7.	Community groups regularly meet to work on changing attitudes about mutual respect between men and women and the harmful effects of domestic violence. <b>Explanation for question:</b> Gender plays a role in FP use. Community groups that work on improving male involvement, women's rights, and other gender-related issues help improve societal beliefs around reproductive health rights.				

Program Element Table	Question	Not true	Mostly true	Always true	Key to sustaining FP services?
<b>6) Reporting and Integration of CBFP program data</b>					
District Level					
1.	DHO collect data on FP use at the facility and community level on a regular basis to use in forecasting FP commodity needs. <b>Explanation for question:</b> DHO reports to MOH both community and clinic-based data to forecast commodities. This forecasting prevents stockouts at the health centers and at the community level.				
2.	The district incorporates the FP data collected by CHWs and integrates the data into the district-level data reported to MOH. <b>Explanation for question:</b> Sharing the community-level data at the national level will help MOH plan for future community-based family planning services and identify the gaps and challenges of service provision that are difficult to address without data.				
Community Level					
3.	Community health workers collect routine family planning data about the activities and services they provide to the community. <b>Explanation for question:</b> The routine collection of data on the FP services that the CHWs provide is an important first step in ensuring accurate high-quality data to feed into the national system.				
4.	Community health workers report accurately and timely family planning data to the district so that is the data are integrated into the national health information system. <b>Explanation for question:</b> Community health workers tend to share their data with health centers. The data are then collated into one report and submitted to the DHMT. The DHMT shares the data at the provincial level and finally with MOH. Data collected at the community level must be shared with MOH to determine the size of the budget needed and the amount of commodities that must be ordered to meet the demand for FP services in a district.				
5.	Pharmacists and drug shop owners are willing to collect and share FP commodity sales information with DHO. <b>Explanation for question:</b> If data from pharmacists are not collected, a certain proportion of FP users are not being captured in the data.				



# FACILITATOR'S GUIDE

Sustainability Checklist Workshop Guidance

## About this Guide

This section is designed to guide facilitators in preparing for and leading a group through the Family Planning Sustainability Checklist. It provides details on materials required, timing for activities, and facilitator instructions for workshop preparation, onsite assessment, and action planning. This guide assumes that the facilitator is part of the CBFP project team, although outside facilitators may be used.

A health worker educates rural women on sexually transmitted diseases and reproductive and sexual health at a health awareness camp organized by the Sports and Welfare Club and the Teen Club of Khuda Lahora village, India. The clubs are affiliated with Nehru Yuvak Kendra (Ministry of Youth, Welfare, and Sports) in Chandigarh.

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# ANNEX 4

## FACILITATOR'S GUIDE: SUSTAINABILITY CHECKLIST WORKSHOP GUIDANCE

### INSTRUCTIONS FOR FACILITATOR

#### General Guidance

The facilitator's guide for a 1-day workshop is designed for use at the time of project design or baseline assessment. However, as mentioned earlier in this document, the guide can be tailored for use at other times throughout the life of the project such as during a midterm or final evaluation. Annex 5 provides guidance on how to use the CBFP when available time is limited to 2 hours or less.

#### Learning Objectives for Workshop

After completion of the Family Planning Sustainability Checklist, participants will have

- Identified areas of weaknesses and strengths within the local health system that may affect the provision of family planning (FP) services after outside funding no longer exists for a CBFP project.
- Identified priority areas where a nongovernmental organization project could best contribute to supporting sustainable FP services.
- Developed appropriate and realistic action plans to promote sustainable CBFP service delivery within the local health system. These action plans should be time bound, with a stakeholder identified as responsible for implementing the actions.

#### Preparation for Workshop

- Preparation should begin 4 to 6 weeks before the workshop.

**Step 1:** Start preparing by **identifying stakeholders** who should participate in this workshop.

- Review the project's design and objectives. Consider which institutions, individuals, and systems will be responsible for ensuring the continued demand for and delivery of high-quality FP services in the project area once donor funding has expired.
- Identify four separate groups of individuals to participate in the assessment. Be sure to invite participants who represent the local health system and, if possible, to have equal number of participants from each stakeholder group.
  - **Group 1:** DHMT members (ideally two persons).
  - **Group 2:** Clinic-based health workers from health centers and health posts (ideally, invite two health center and two health post workers).
  - **Group 3:** Community health workers who are or will be supported by the NGO (ideally, four persons).
  - **Group 4:** Private sector such as pharmacists or private health providers (ideally, four persons).
  - **NGO Project Team:** Key staff members who are or will be involved in your CBFP project; i.e., project officers, managers,

and coordinators. Select key staff members who will play a role in project implementation. Limit involvement to two or three staff members. This team is expected to facilitate group work during the workshop. Although no specific group is created for the project team, each team member should play an overall support role throughout the workshop. The responsibilities of each team member can be decided before the workshop begins.

- Invite identified stakeholders to participate in the 1-day assessment. Contact them a few weeks ahead of time so they can plan accordingly.

**Step 2: Identify a venue.** Confirm the availability of a room for the assessment that is large enough for participants to work in small groups and that allows for posting materials on the wall. Reserve the room for the full time anticipated for the workshop.

**Step 3: Prepare** the following **flipcharts** ahead of time:

- ✓ Goal and objectives of your CBFP project.
- ✓ The agenda for the day. See page 41 for a sample agenda.
- ✓ Purpose and objectives of the Checklist. See page 4
- ✓ Flipchart pages that replicate each section of the Checklist. (You can use these same charts, posted around the room, as visual aids to explain

the Checklist during the introduction to the activity.)

- ✓ A diagram of the local health system outlining the relationship between the national level and the community level. See Annex 6 for a sample diagram. Creating this diagram will require a thorough assessment of the project area. Ensure that you have all the relevant information for this diagram well ahead of the assessment such as:

#### Number of health centers and community health workers in the catchment area

- How many hospitals, clinics, health centers and posts are in the catchment area?
- How many community health workers are in the catchment area?
- How many clinic-based health workers are available to provide FP services at each health center?

#### Training

- Where do clinic-based health workers receive training in FP counseling and provision of services?
- Where do community health workers receive training in FP counseling and provision of services?

#### Levels of supervision

- Who supervises each cadre of health staff?

#### Logistics system

- How does the FP commodity and logistics system work?

#### Referral system

- Are referrals made by community health workers for FP services at the health facility?
- Do health centers make referrals to provincial-level health centers for long-acting or permanent methods or can they be provided at the local health center?

#### System for data collection and reporting

- How are clinic-based health center and community health worker family planning data collected and where are they reported?

#### Responsibility and tasks for each sector within the health system

- What is the purpose of each sector of the health system?
- What role does each sector play?

**Step 4: Materials needed.** Be sure to **arrange** the following **materials**:

- Flipchart paper (two reams)
- Markers (two to three boxes)
- Tape
- Pens (for participants)
- Pads of paper (for participants)
- Sufficient copies of the Checklist sections for the number of participants

The following guide provides the estimated times, facilitator guidance, and materials needed for each specific component of this workshop.



Participants posting their responses in Ssembabule District, Uganda.  
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Women in Mali wait for family planning services during a long-acting and permanent methods training.

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# WORKSHOP ACTIVITIES

ACTIVITY 1:	INSTRUCTIONS	MATERIAL NEEDED
<p>Welcome and introductions</p> <p><b>9 a.m. – 9:30 a.m.</b></p>	<ul style="list-style-type: none"> <li>To begin the workshop, ask participants to introduce themselves by stating their name and their role within the project.</li> <li>After introductions are complete, introduce the following activity. Ask participants to say the first word that comes to mind when you say a particular word.</li> <li>When I say the word “health,” what comes to your mind immediately? Elicit responses from group. What about when I say, “community?” What about “family planning?” What about “sustainability?” What does that word make you think of immediately?</li> <li>Reveal definition of sustainability (from p. 16) written on the flipchart.</li> </ul>	<p>Definition of sustainability written large on flipchart with another blank page taped over it initially.</p> <p><b>FACILITATOR’S NOTES:</b></p> <ul style="list-style-type: none"> <li>The <i>Checklist</i> should not be completed before the meeting. Everyone should complete the <i>Checklist</i> from the same frame of reference and understand the questions before answering.</li> <li>After participants have given responses, reveal the definition of sustainability on the flipchart and facilitate discussion.</li> <li>Be sure participants are clear that the focus is on sustaining CBFP health services and not the NGO.</li> </ul>
ACTIVITY 2:	INSTRUCTIONS	MATERIAL NEEDED
<p>State the objectives of the workshop and project goals, and define the local health system.</p> <p><b>9:30 a.m. – 10 a.m.</b></p>	<ul style="list-style-type: none"> <li>State the workshop objectives so participants are aware of the process and purpose of this workshop.</li> <li>Highlight the goals and objectives of the NGO’s CBFP project.</li> <li>Review the health system within your project’s catchment area. This review should include the relationship between the national level and the community level and highlight the following information:             <ul style="list-style-type: none"> <li>Levels of supervision</li> <li>Logistics system</li> <li>System for data collection and reporting</li> <li>Responsibility and tasks for each sector within the health system</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Flipcharts posted on the wall stating the following:             <ul style="list-style-type: none"> <li>Purpose and objectives of the Checklist</li> <li>Goal and objectives of CBFP project</li> </ul> </li> <li>A diagram prepared on flipchart paper that outlines the local health system and clarifies the relationship between the national level and the community level. When preparing your diagram, review <i>Annex 6</i> to see what type of information should be included.</li> </ul> <p><b>FACILITATOR’S NOTES:</b></p> <ul style="list-style-type: none"> <li>Clarify any immediate questions from the group. Be careful not to let the discussion devolve into what is sustainability and what is not, or what the project’s strategies are. If these topics come up, remind participants that the individual completion of the <i>Checklist</i> is only the first step. The group will be exploring many of the complexities of this issue together during the meeting.</li> </ul>

ACTIVITY 3:	INSTRUCTIONS	MATERIAL NEEDED
<p>Completion of the Checklist</p> <p><b>10 a.m. – 10:45 a.m.</b></p> 	<ul style="list-style-type: none"> <li>• Divide participants into groups based on where they work within the health system. Ask them respond to statements in the <b>Checklist</b> that <b>only</b> apply to their work by agreeing as a group that a statement is “true,” “mostly true,” or “not true” and whether that statement is key to sustaining CBFP services.</li> <li>• <b>The NGO Project Team</b> should divide up so at least one member of the team sits with each group. NGO staff members should help with facilitating each group and ensuring that the group stays on task. They should contribute their own experience regarding the relevant element of the health system.</li> </ul> <p><i>For example, participants representing the clinic-based health workers should be in one group, and those who represent community health workers should be in another group. The first group should respond to Module 2 while the second group should respond to Module 3.</i></p> <p><b>Each group should respond to Module 5: Community Mobilization.</b> Community mobilization influences the use of FP whether clients are receiving services from a community health worker or at a district-level facility. For this reason, each group should respond to Module 5. Each group should be given a copy of the relevant module of the <b>Checklist</b> as well as Module 5.</p>	<ul style="list-style-type: none"> <li>• Prepare flipchart pages that replicate each section of the <b>Checklist</b>.</li> <li>• Provide groups with the replica that applies to their area within the health system.</li> <li>• Markers for participants.</li> <li>• Tape for groups to hang their completed Checklist on the wall.</li> </ul> <p><b>FACILITATOR’S NOTES:</b></p> <ul style="list-style-type: none"> <li>• If participants raise their hands while completing their Checklists, with questions about a specific item, encourage them to respond to the item based on their own understanding of the issue. If they really do not understand what an item is asking, suggest they leave it blank and continue. Try not to provide too many additional insights into defining each statement. Avoid introducing unintended bias into the process.</li> </ul>
<p><b>Coffee/Tea Break: 10:45 a.m. – 11 a.m.</b></p>		
ACTIVITY 4:	INSTRUCTIONS	MATERIAL NEEDED
<p>Report back on Checklist with the large group</p> <p><b>11 a.m. – 13 p.m.</b></p>	<ul style="list-style-type: none"> <li>• After each group has completed its section of the Checklist and Module 5, bring everyone together. Ask the groups to present their section by nominating one facilitator from each group to report back their responses, including reasons for their selection. Keep the report-back brief and to the point.</li> <li>• The main facilitator can lead the review of Module 5 because all groups will have responded to those statements.</li> <li>• The responses will be written on the flipchart replica that was provided and posted to the wall for everyone to see. <ul style="list-style-type: none"> <li>– Groups should each clearly state why they responded the way they did and should provide evidence if possible.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Tape to hang flipchart paper on wall</li> <li>• Markers</li> <li>• Completed Checklists</li> </ul>
<p><b>FACILITATOR’S NOTES:</b></p> <ul style="list-style-type: none"> <li>• In regard to areas identified as going well and key to sustaining FP services, consider engaging the group in a discussion about what conditions would need to continue to exist for the situation to remain at such a positive level, or what challenges may be on the horizon that might threaten the long-term sustainability of FP services.</li> <li>• When facilitating consensus building, have individuals clearly explain why they believe their response is correct. Ask group members to individually present as much evidence as they can to support their opinion such as data and examples.</li> <li>• After some discussion, revisit the items with the group to determine if any shift has occurred in the group’s feelings about the item. Note any change on the flipcharts.</li> </ul>		



Lunch: 13 p.m. – 14 p.m.

ACTIVITY 5:	INSTRUCTIONS	MATERIAL NEEDED
<p>Group discussion on areas of agreement and disagreement with selection of key priority areas for action plans</p> <p><b>14 p.m. – 15 p.m.</b></p>	<p>After each group has presented, the facilitator should conduct a discussion with the larger group about each statement. The facilitator should attempt to reach consensus about the factors that are important for action planning</p>	<ul style="list-style-type: none"> <li>• Completed Checklists</li> <li>• Markers</li> <li>• Tape</li> </ul>

**FACILITATOR'S NOTES:**

Facilitators should be as objective as possible and not state if they agree with each statement.

- Facilitators should review each statement that was examined and responses in each group. They should provide enough time for other participants to respond whether they agree with the responses that were provided and to state why they agree or disagree.

Statements chosen for an action plan must be items that are deemed essential to the continuation of CBFP services such as those statements that are marked as “not true” or “mostly true” and key to sustaining FP services.

- Statements chosen for the development of an action plan must pertain to issues that stakeholders can realistically address. An example would be stockouts. If stockouts are a problem at the national level and are not issues the local health system can address, then an action plan should not be created. If stockouts are occurring because stakeholders are not properly trained in logistics or are not ordering FP methods on time, then this issue can be addressed through an action plan.

After each group has presented, the facilitator should conduct a discussion with the larger group about each statement. The facilitator should attempt to reach consensus about the factors that are important for action planning.

ACTIVITY 6:	INSTRUCTIONS	MATERIAL NEEDED
<p>Action Planning</p> <p><b>15 p.m. – 16:30 p.m.</b></p> <p>(Tea can be served during this session at 15:30 p.m.)</p>	<ul style="list-style-type: none"> <li>• Assign new groups for this activity. Ideally, a representative of each cadre of health worker (district health management team, clinic-based health worker, community health worker, and private sector) forms a group so all aspects of the health system are represented in each small group.</li> <li>• Assign each group specific statements that were identified as warranting an action plan. You can divide the statements for each group by area (1, 2, 3, 4, and 5).</li> </ul> <p><i>(For example, one group will be in charge of developing an action plan for Module 1: District Health Management Team and will create an action plan for the identified statements in this section. Another group will be in charge of Module 2 and so forth. Each group should work on all the statements identified as needing an action plan.)</i></p>	<ul style="list-style-type: none"> <li>• Flipchart paper for each group to draw a replica of the action plan matrix</li> <li>• Markers</li> <li>• Tape</li> </ul> <p><b>FACILITATOR'S NOTES:</b></p> <p>The purpose of developing an action plan is help the implementing NGO design a project that includes activities that will strengthen certain aspects of community-based family planning service delivery. The goal is to successfully transitioning ownership of the project to the local health team once donor funding has ended. This transition will help facilitate continued CBFP services after the end of project.</p> <p>As a group, participants should review the statements they have been assigned and fill out the columns with <b>realistic</b> activities, funding mechanisms, timelines and technical assistance requests. <b>(Please refer to the action plan template.)</b></p>

ACTIVITY 7:	INSTRUCTIONS	MATERIAL NEEDED
<p>Groups will report back briefly on their action plans to the larger group.</p> <p><b>16:30 p.m. – 17:15 p.m.</b></p>	<p>After each group has completed its action plan, bring the large group back together for a report-back session. Each group will briefly present its action plan. If time allows, the facilitator could lead a discussion to confirm whether everyone agrees with the action plan. Use the following questions to guide this discussion:</p> <ul style="list-style-type: none"> <li>• Is this action plan realistic?</li> <li>• Do you agree with the activities suggested?</li> <li>• Is a specific person identified to take responsibility for this activity?</li> <li>• Is the timeline for completing the activity realistic?</li> </ul>	<ul style="list-style-type: none"> <li>• Flipchart replica of action plan matrix should be posted on the wall</li> <li>• Markers</li> <li>• Tape</li> </ul> <p><b>FACILITATOR'S NOTES:</b> Based on the feedback, the action plan can be adapted. At the end of the discussion, consensus should exist among the group that the action plans are realistic and achievable, offer clarification about who is responsible for implementing the action, and have a realistic timeline.</p>
ACTIVITY 8:	INSTRUCTIONS	MATERIAL NEEDED
<p>Wrap up.</p> <p><b>17:15 p.m. – 17:30 p.m.</b></p>	<p>Briefly review the day and summarize key points from the action plans and timelines. Ensure that a focal person is identified within the NGO or District management team to ensure that action plan activities are included in work plans.</p> <p>Thank everyone for participating. Highlight again the importance of keeping in mind the essential elements of CBFP programs to ensure sustainability:</p> <ul style="list-style-type: none"> <li>• Reliable supply of contraceptive methods</li> <li>• Maintenance of a network of service providers</li> <li>• Supervision</li> <li>• Training</li> <li>• Demand creation</li> <li>• Links with the national health management information system</li> </ul>	<ul style="list-style-type: none"> <li>• Action plans should be posted on the wall</li> <li>• Markers</li> <li>• Tape</li> </ul> <p><b>FACILITATOR'S NOTES:</b> After the workshop, the facilitator should debrief on the workshop with the NGO participants to determine whether the objectives were met.</p>

# ONE DAY WORKSHOP

## SAMPLE AGENDA FOR ONE DAY WORKSHOP

9 a.m.–9:30 a.m.

**Activity 1: Welcome, introductions, and ice breaker**

9:30 a.m.–10 a.m.

**Activity 2: Statement of workshop objectives workshop and project goals; description of the health system**

10 a.m.–10:45 a.m.

**Activity 3: Group work—Completion of Checklist**

10:45 a.m.–11 a.m.

**Tea break**



11 a.m.–13 p.m.

**Activity 4: Plenary—Report-back on Checklist**

13 p.m.–14 p.m.

**Lunch**



14 p.m.–15 p.m.

**Activity 5: Identification of priority areas**

15:30 p.m.–15:45 p.m.

**Tea Break**



15:45 p.m.–16:45 p.m.

**Activity 6: Group work—Action planning**

16:45 p.m.–17:15 p.m.

**Activity 7: Plenary—Sharing action plans**

17:15 p.m.–17:30 p.m.

**Wrap up**

World Vision staff in Senegal practice family planning counseling during a supportive supervision visit at a rural health post.

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# ANNEX 5

## ADDITIONAL OPTIONS FOR USE OF CHECKLIST

This annex provides guidance for use of the Checklist when a shorter time frame is available. Possible scenarios are during a project staff meeting or annual review meeting. A review of the Checklist can occur during the midterm and evaluations. If a whole day is available, use the 1-day workshop guide. If a shorter time period is available, such as 2 hours, use the guidance below for an annual review meeting.

**Staff meeting:** The Checklist modules are designed to be completed by a small group of practitioners with a similar perspective such as the district health management team or community health workers. However, the modules also can be used as an internal project check within a regular staff meeting. This review can be done by taking one module at a time in sequence over several months of staff meetings. Be sure to add this review to the agenda for the staff meeting and allow about 30 minutes. The statements are posed as though the respondent is a member of the particular group delivering or managing services. The project team members can discuss and review the statements from their own knowledge or perspective on the particular issue. The usefulness of this approach will be maximized if gaps are

identified and specific action plans developed. Be sure to allow sufficient time for this step. You may need to assign a small team to do action planning after the staff meeting. Do not spend more than 30 minutes during the staff meeting on reviewing the selected Checklist module.

**Annual review meeting:** The Checklist modules can be used during an annual review meeting when many of the project stakeholders will likely be present. Allowing a 2-hour time frame should be sufficient. If the Checklist was used during the project baseline assessment, stakeholders will already be familiar with it which should expedite the process. The following guidance provides steps for use during a 2-hour session.



*Imams and women leaders meet to discuss family planning in a rural village in Senegal.*

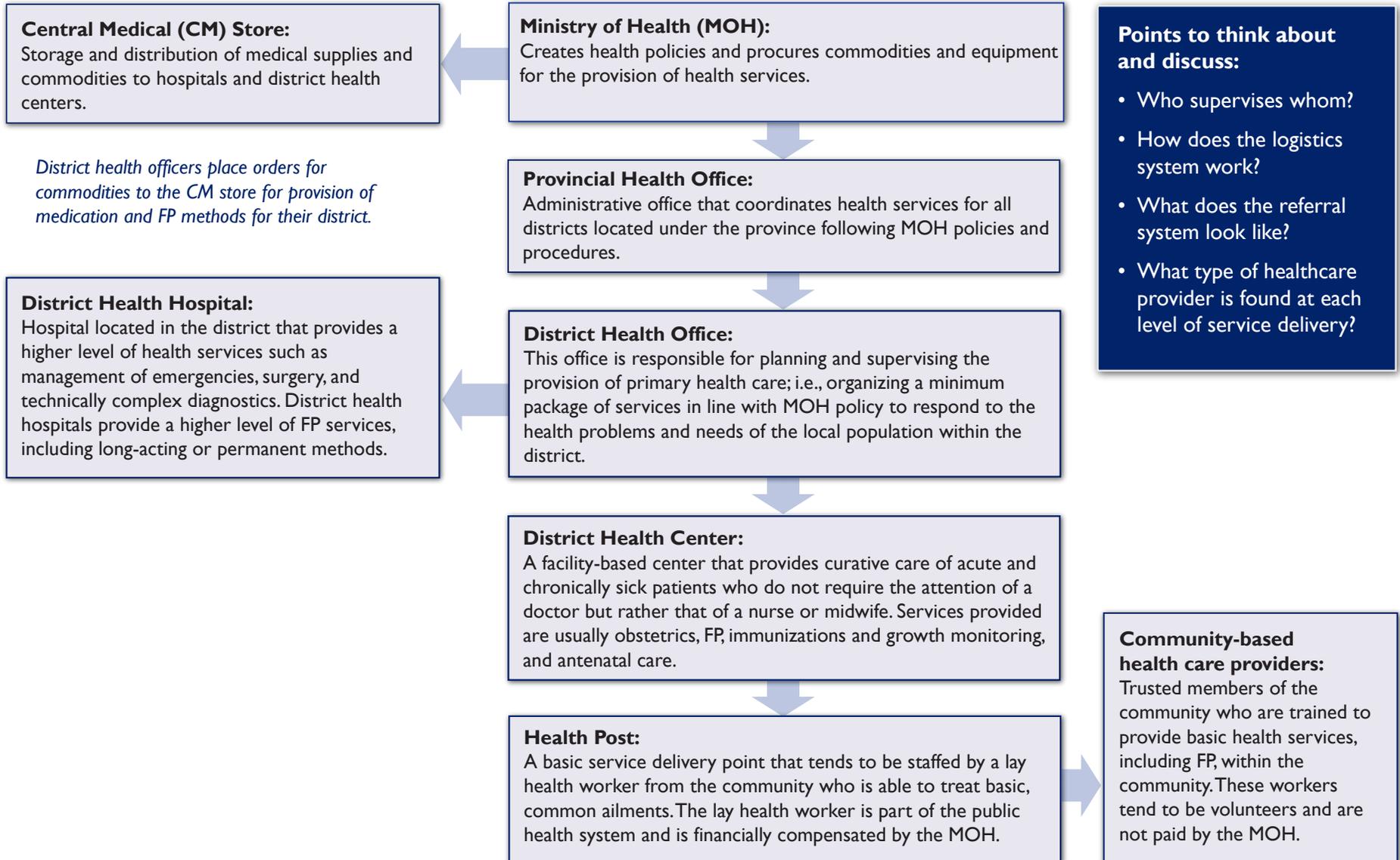
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<p><b>ACTIVITY 1:</b></p> <p>Completion of the <b>Checklist</b></p> <p><b>30 minutes</b></p>	<p><b>PROCESS:</b></p> <p>Divide participants into groups based on where they work within the health system. Ask them to respond to statements in the <b>Checklist</b> that apply to their work by agreeing as a group that a statement is “true,” “mostly true,” or “not true,” and whether that statement is key to sustaining CBFP services. Allow other participants who are not necessarily members of one of the four groups represented by the modules to select which group to join. Try to keep fairly equal-sized groups.</p> <p><b>The NGO Project Team</b> should divide up so at least one member of the team sits with each group. NGO staff should help with facilitating each group and ensuring that the group stays on task. They can contribute their own experience regarding the relevant element of the health system.</p> <p><i>For example, participants representing the clinic-based health workers should be in one group, and those who represent community health workers should be in another group. The first group should respond to Module 2 while the second group should respond to Module 3.</i></p> <p><b>Each group should respond to Module 5: Community Mobilization.</b> Community mobilization influences the use of FP whether clients are receiving services from a community health worker or at a district-level facility. For this reason, each group should respond to Module 5. Each group should be given a copy of the relevant module of the <b>Checklist</b> as well as Module 5.</p>	<p><b>MATERIAL NEEDED:</b></p> <ul style="list-style-type: none"> <li>• Prepare flipchart pages that replicate each section of the Checklist. Provide groups with the replica that applies to their area within the health system.</li> <li>• Markers for participants.</li> <li>• Tape for groups to hang their completed Checklist on the wall.</li> </ul> <p><b>FACILITATOR’S NOTES:</b></p> <p>If participants raise their hands while completing their Checklists and have questions about a specific item, encourage them to respond to the item based on their own understanding of the issue. If they really do not understand what an item is asking, suggest they leave it blank and continue. Try not to provide too many additional insights into defining each statement. Avoid introducing unintended bias into the process.</p>
<p><b>ACTIVITY 2:</b></p> <p>Report-back on <b>Checklist</b> with the large group</p> <p><b>40 minutes</b></p>	<p><b>PROCESS:</b></p> <ul style="list-style-type: none"> <li>• After each group has completed its section of the <b>Checklist</b> and Module 5, bring everyone together. Ask the groups to present their section by nominating one facilitator from each group to report back their responses, including reasons for their selection. Keep the report-back brief and to the point.</li> <li>• The main facilitator can lead the review of Module 5 because all groups will have responded to those statements.</li> <li>• The responses will be written on the flipchart replica that was provided and posted to the wall for everyone to see. <ul style="list-style-type: none"> <li>– Groups should each clearly state why they responded the way they did and provide evidence if possible.</li> <li>– During this session, have the group prioritize areas for action planning.</li> </ul> </li> </ul>	<p><b>MATERIAL NEEDED:</b></p> <ul style="list-style-type: none"> <li>• Tape to hang flipchart paper on wall</li> <li>• Markers</li> <li>• Completed <b>Checklists</b></li> </ul> <p><b>FACILITATOR’S NOTES:</b></p> <p>For areas that are identified as going well and key to sustaining FP services, engage the group in a discussion about what conditions would need to continue to exist for the situation to remain at such a positive level, or what challenges may be on the horizon that might threaten the long-term sustainability of FP services.</p> <p>When facilitating consensus building, have individuals clearly explain why they believe their response is correct. Ask group members to individually present as much evidence as they can to support their opinion such as data and examples.</p> <p>After some discussion, revisit the items with the group to determine if any shift has occurred in the group’s feelings about the item. Note any change on the flipcharts.</p>

<p><b>ACTIVITY 3</b></p> <p>Action Planning</p> <p><b>30 minutes</b></p>	<p><b>PROCESS:</b></p> <p>Assign new groups for this activity. Ideally, a representative of each group (district health management team, clinic-based health worker, community health worker, and private sector) forms one group so all aspects of the health system are addressed.</p> <p>Assign each group specific statements that were identified as warranting an action plan. You can divide the statements for each group by area (1, 2, 3, 4, and 5).</p> <p><i>(For example, one group will be in charge of developing an action plan for Module 1: District Health Management Team and will create an action plan for the identified statements in this section. Another group will be in charge of Module 2 and so forth. Each group should work on all the statements identified as needing an action plan).</i></p>	<p><b>MATERIALS NEEDED:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper for each group to draw a replica of the action plan matrix</li> <li>• Markers</li> <li>• Tape</li> </ul> <p><b>FACILITATOR'S NOTES:</b></p> <p>The purpose of developing an action plan is help the implementing NGO design a project that includes activities to strengthen certain aspects of community-based family planning service delivery. The goal is to successfully transition ownership of the project to the local health team once donor funding has ended. This transition will help facilitate continued CBFP services after the end of project.</p> <p>As a group, participants should review the statements they have been assigned and fill out the columns with <b>realistic</b> activities, funding mechanisms, timelines and technical assistance requests. <i>(Please refer to the action plan template.)</i></p>
<p><b>ACTIVITY 4:</b></p> <p>Groups will report back briefly on their action plans to the larger group.</p> <p><b>20 minutes</b></p>	<p><b>PROCESS:</b></p> <p>After each group has completed its action plan, bring the large group back together for a report-back session. Each group will briefly present its action plan. Use the following questions to guide this discussion:</p> <ul style="list-style-type: none"> <li>• Is this action plan realistic?</li> <li>• Do you agree with the activities suggested?</li> <li>• Is a specific person identified to take responsibility for this activity?</li> <li>• Is the timeline for completing the activity realistic?</li> </ul>	<p><b>MATERIALS NEEDED:</b></p> <ul style="list-style-type: none"> <li>• Flipchart replica of action plan matrix should be posted on the wall</li> <li>• Markers</li> <li>• Tape</li> </ul> <p><b>FACILITATOR'S NOTES:</b></p> <p>Based on the feedback, the action plan can be adapted. At the end of the discussion, a consensus should exist among the group that the action plans are realistic and achievable, offer clarification about who is responsible for implementing the action, and have a realistic timeline.</p>

# ANNEX 6

## SAMPLE DIAGRAM OF ZAMBIAN NATIONAL HEALTH SYSTEM





Community Based Distribution Agents during a capacity building session in Zambia.



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