

ORGANIZATIONAL CAPACITY ASSESSMENT

FOR FAMILY PLANNING PROGRAMMING—

Long-Acting Methods (IUDs/Implants)



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USAID
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IPPF International
Planned Parenthood
Federation
Africa Region



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This guide was edited by Michael Klitsch and was formatted by Elkin Konuk.

Foreword

Increasing access to contraceptive methods, information and choice is an integral part of IPPF Africa Region's (IPPFAR) work across the Sub-Saharan Africa Region. Playing a key role in helping countries realize Millennium Development Goals, as well as Family Planning 2020 and Ouagadougou Conference commitments, IPPFAR through its network of Member Associations (MAs) implements several initiatives adapted to the context of the region to improve access and use of family planning to help individuals attain sexual and reproductive health. One of these initiatives is the partnership between IPPFAR and the EngenderHealth-led RESPOND Project.

Particularly concerned with low family planning uptake in West Africa, the two institutions started an activity to increase access and use of contraception, with a focus on the highly effective, yet under-used, long-acting reversible methods (e.g. IUD and implant) in 2011 in 3 MAs (Benin, Burkina Faso and Togo). A key element of the project was the design and testing of the Organisational Capacity Assessment Tool (OCAT) that helps MAs assess their own capacity, strengths and technical assistance needs in relation to the supply, enabling environment, demand creation and service delivery elements of family planning programming.

As OCAT is an organizational assessment tool, programmatic leadership/management is assessed in addition to issues of supply, enabling environment and demand. During the process, MAs self-assess their current systems and functions, covering 20 objectives across the four elements. OCAT outputs produce a baseline of information, giving MA teams an awareness of where they are and where they need to go to improve or add a service. Based on their scores, each MA then designs a strategic plan to strengthen weaknesses and build on strengths.

After two years of partnership work, great successes were measured in increasing couple years of protection (CYP) with both short- and long-acting contraceptive methods. IPPFAR's MAs using OCAT, reported that they highly value the exercise because it gives them another opportunity to discuss their strengths and weaknesses and to work together to map out future directions. After the initial positive results, EngenderHealth and IPPFAR (through the RESPOND project) decided to replicate and scale-up the process using an IPPFAR peer to peer approach with 3 new MAs (Senegal, Niger and Cote d'Ivoire).

Current results show successes in all six MAs, not only in terms of family planning increases but with overall improvement in programme management. IPPFAR believes that additional MAs can pave the way to increasing contraceptive use in general, and long-acting methods in particular; by using OCAT coupled with IPPFAR new initiatives (e.g. QoC, Social Franchising...) and targeted technical assistance to build MAs capacity. In collaboration with our partners in the region, IPPFAR pledged to put in place a clear South to South plan to roll out the tool. We will work to reposition the use of long-acting family planning methods in our programmes while advocating for enabling environments for the provision of all contraceptive services and information to increase our clients' contraceptive choices.

We in IPPFAR are committed to use the OCAT tool and approach as one of our programming tools in the Region.

Sincerely,



Lucien Kouakou
Regional Director, IPPF Africa Regional Office

Organizational Capacity Assessment for Family Planning Programming— Long-Acting Methods (IUDs/Implants)

Introduction

This assessment approach was developed by the RESPOND Project to enable organizations to quickly assess their capacity to provide family planning services, with an emphasis on long-acting family planning methods (the intrauterine device [IUD] and implants). It is important to emphasize that this tool helps organizations assess their own capacity, with the assistance of an outside facilitator. It is intended to capture what systems the organization has in place to support the provision of high-quality services for long-acting methods. As such, when reviewing the capacity assessment, it is important to focus on the systems and functions at the organizational level, not simply at the clinic level.

The assessment tool was developed using a framework for programming developed by EngenderHealth: the Supply, Enabling Environment, and Demand (SEED) Programming Model.¹ As this is an organizational-level assessment, a fourth element was added to the assessment tool: Programmatic Leadership and Management. For each element, a number of objectives are included, each with a range of capacities to be rated. Organizations are able to rate their own capacity, first individually, then as a group. Rating scores can range from a clear need for capacity building (1) to a high level of capacity in place (8).

Goals of the Assessment

Facilitate Rapid Assessment

The Organizational Capacity Assessment is a cross-sectional review of organizational performance at one point in time. It provides a snapshot of the strengths of an organization and of the opportunities for improvement. As a rapid assessment, it is not an exhaustive review of all performance indicators. The assessment tool is intended to guide participants through the process of self-evaluation.

Participants, therefore, are encouraged to not get stuck on any one specific circumstance. Participants will not agree on every measure, although to the extent possible, the facilitator should try to reach a consensus. Debates over a higher or a lower rating can be resolved by keeping the goal in mind: identifying areas in the organization that can be improved. If the organization determines that it would like to focus on a particular area for growth and development, its members may be encouraged to choose a lower score in that objective.

Measure Change over Time

Organizations can apply the Organizational Capacity Assessment at any time. Repeating the process six months to one year later will enable the organization to review improvements or identify challenges or gaps that persist. This will enable each organization to see where they have improved over time and to evaluate where more improvements remain needed.

¹ EngenderHealth. 2011. *The SEED assessment guide for family planning programming*. New York.

Foster Candid Dialog

The process of self-evaluation is critical to the effective use of the assessment tool. The Organizational Capacity Assessment is meant to elicit a candid discussion about the organization and its systems and processes, to determine where both its strengths and opportunities for improvement lie. With support from an outside facilitator, the organization is able to carefully assess its strengths and weaknesses.

While individual scores will become important to measure changes in performance over time, the very process of self-assessment and the dialog on each objective is highly valuable. As such, it is essential that facilitators build an open rapport that supports and encourages honest participation across different staff levels.

Clarify Technical Assistance Needs

Conducting an Organizational Capacity Assessment enables each organization to consider where there is a need for organizational and programmatic improvement and how best to facilitate capacity building to fill those needs. The results of the assessment can help organizations objectively determine where technical assistance is needed, as well as how to facilitate technical assistance from ministries of health or other local and international nongovernmental organizations (NGOs).

Steps

The instructions below describe in greater detail the steps needed to complete the assessment:

1. Identify the assessment team.
2. Individually complete the assessment tool.
3. Collectively discuss individual assessments and compare differences.
4. Engage in discussion and planning:
 - a. Identify opportunities.
 - b. Prioritize action plans.
 - c. Identify barriers (root cause analysis)
 - d. Identify sources for technical assistance/capacity building

Instructions

1. Identify Assessment Team

Organizational leadership identifies staff from a cross-section of the organization to participate in the Organizational Capacity Assessment. These staff must to be familiar with the policies, processes, and procedures of the organization's health facilities and clinics. They should also be very familiar with the family planning services being provided to clients. As such, they should be diverse in terms of levels of staff. Leadership should consider including staff from across the depth and breadth of clinic functions:

- Director of programs
- Clinic directors
- Community outreach specialists
- Clinic-based family planning counselors
- Clinic-based family planning service providers (including clinicians)
- Monitoring and evaluation specialists
- Clinic supervisors
- Commodity logisticians and planners

It is essential for the organization to include participants from outside the capital or the headquarters of the organization. This is critical to capture a representative viewpoint on the state of capacity within the organization for supporting the range of family planning services. It is recommended that 8–12 staff participate in the assessment, so leadership must carefully select the participants from across the organization.

2. Individually Complete the Assessment Tool

Participants should receive the assessment tool with enough time to read the document thoroughly and to carefully assess the organization's capacity needs. While not exhaustive, the assessment is thorough. Participants should be very familiar with the organization and will need sufficient time to consider each dimension carefully.

Individually, participants are to assign a score for each objective within each dimension (supply, enabling environment, demand, and programmatic leadership and management). Scores range from a clear need for capacity building (1) to a high level of capacity in place (8). No rating will perfectly describe an organization. Therefore, participants should choose the rating that most closely describes their existing capacity, from their individual perspective. The assessment should serve as a guide, one that will be repeated and discussed over time. It is expected that the ratings are a best estimate, not an exact measurement, of an organization's capacity.

3. Collectively Discuss Individuals' Assessments and Compare Differences

Once all participants have completed the assessment individually, they submit their scores to the facilitator. The facilitator enters the data into the Scoring Sheet (see Appendix A) to determine areas of common weakness or areas on which there is significant disagreement.

During the assessment meeting, all participants who have completed the tool are invited to collectively arrive at a consensus score for each objective. It is essential that facilitators set the tone early for candid, honest dialogue and analysis. Prior to the meeting, the facilitator should discuss with the organization's leadership the purpose of the assessment and the process to be used during the collective discussion. Noting that a cross-section of the organization will be present, it is important to create an atmosphere conducive to open dialogue. The facilitator can begin with an icebreaker exercise and then lead a discussion with open-ended questions to guide participants to begin candid dialog, to reorient conversation, or to help participants talk through points of contention. Potential discussion questions are listed on page 10.

DISCUSSION QUESTIONS to Facilitate Dialogue

THE SUPPLY OF IUDS/IMPLANTS

1. How does your organization ensure **availability** of all methods in its clinics?
2. How does the availability of IUDs/implants differ across clinics? What accounts for this difference?
3. What user fees are associated with IUDs/implants?
4. How are family planning providers trained in **counseling** for and providing IUDs/implants? How (and how often) do they receive refresher trainings?
5. How (and how often) are **training curricula** updated?
6. How does your organization ensure that **job aids and guidelines** for counseling on IUDs/implants are up to date and based on international standards/best practices?
7. How does your organization ensure **quality improvement**² in its clinics?
8. How does your organization **integrate** IUDs/implants into other reproductive health services?
9. How does your organization **advocate for national policies** that support access to IUDs/implants (i.e., advocate for national policies that eliminate eligibility requirements or advocate that IUDs/implants be included on the national essential drug list)?

ENABLING ENVIRONMENT FOR IUDS/IMPLANTS

1. What are your organization's current service delivery **standard operating procedures or guidelines** regarding IUDs/implants?
2. What **data** does your organization rely on/use routinely for decision making/forecasting for procurement or commodity security?
3. How does your organization ensure **access** to IUDs/implants for clients who cannot afford them?

DEMAND CREATION FOR IUDS/IMPLANTS

1. How does your organization ensure that clients can make **informed and voluntary decisions** regarding IUDs/implants?
2. What kinds of **behavior change communication** activities is our organization involved in?
3. What are the most useful **communication avenues** for generating demand?
4. What are the biggest barriers to clients' requesting IUDs/implants?

PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDS/IMPLANTS

1. What types of programmatic plans exist that incorporate IUDs/implants? Are there any **long-range** plans?
2. How does your organization plan to ensure the **consistent provision of and access to** IUDs/implants?
3. How does your organization incorporate **evidence-based data** into its decision-making processes?
4. How does your organization **support staff** and **staff development**?
5. How does your organization **motivate staff**?
6. What does your organization do to **retain** high-performing staff?

² Quality refers to providing client-centered services and meeting clients' needs. The quality improvement process is an effort to continuously do things better until they are done right the first time, every time (EngenderHealth. 2003. *COPE handbook: A process for improving quality in health services*. New York).

The facilitator should open for discussion ratings for which there was little consensus: On which dimensions did the group agree, and on which dimensions did individuals rate capacity similarly? On which did the individuals rate capacity needs differently? However, teams should not deliberate *too much* on which level to rate themselves. The assessment is a means (a process) to an end (assessing needs for capacity building). Lower scores point to greater need for capacity building or to an area upon which to focus. Higher scores point to areas where the organization has less need for capacity building.

When the participants have agreed on a score for each objective, the facilitators should document the final collective scores. Because the capacity assessment is to be repeated annually, it is important to document how the participants arrived at a collective score and what documentation they have drawn on to reach it. Facilitators should use the group's Collective Score Sheets (pages 17–36) to list documentation that justifies the rating (including chart-reviews, patient interviews, observation, or client flow analysis). They should use the comments section as well, to add other information that explains the rating assessed by the group.

In the end, groups will have one agreed-upon score for each objective (20 in total). Facilitators will document the final collective agreed-upon scores on the Collective Score Sheet.

4. Engage in Discussion and Planning

After rating their capacity, organizations are encouraged to begin the process of identifying priority organizational improvement actions. At the end of each section, organizations will have the opportunity to reflect on the forces that support high capacity and the barriers to high capacity, as well as to develop actions that can be taken to improve their organization's performance.

a. Identify Opportunities

The Organizational Capacity Assessment provides an excellent forum for organizations to reflect on their strengths. This opportunity should not be overlooked (particularly before delving into the complexities of organizational challenges). Facilitators are encouraged to spend time discussing those dimensions that participants rated highly or felt that their capacity was the strongest. Using the Problem Analysis Discussion Worksheet (page 13), the facilitator leads a discussion to identify opportunities for action.

b. Prioritize Action Plans

After the discussions around scoring and capacity needs, organizations are faced with the challenge of prioritizing their action plans—that is, what does the organization most want to work on? Once a list of potential actions has been identified, the facilitator leads a discussion to prioritize actions.

Ideally, the actions would be categorized by the components of the Organizational Capacity Assessment:

- **Supply**
- **Enabling Environment**
- **Demand**
- **Programmatic Leadership and Management**

However, it is also possible to group actions into the following categories:

- **Institutional and Programmatic**—those internal actions that can be undertaken by the organization itself
- **Infrastructure and Equipment**—those internal actions that require reallocation of resources or acquisition of additional resources
- **Training and Development**—those actions that require external support

The facilitator should help the organization to develop a realistic schedule of actions over the course of one year (or over a period to be determined by the organization). Action plans should include timelines and budgets and should identify those responsible for implementing them.

c. *Identify Barriers (Root Cause Analysis)*

The process of self-assessment is likely to uncover many areas for improvement. Deciding where to begin and which areas to focus on can be difficult when they are all assessed at the same time. A root-cause analysis can enable an objective assessment of the barriers to high-capacity (see example below).

Barriers to Moving toward a High Level of Capacity, and Their Root Causes

Identifying a Root Cause¹

A root cause is the underlying reason or reasons that a problem exists. Root causes should be put in terms of specific, concrete issues that lend themselves to doable solutions. There can be more than one root cause for a problem.

To identify root causes, use the “multiple whys” method (below). By asking “Why?” at least three times and “Are there any other causes?” the team will get closer to the underlying reasons for a problem and will find it easier to arrive at an effective solution.

The idea behind the multiple whys technique is to draw out the “what, where, when, and who” of the problem. Behind the “why” could be other questions, such as, “When is this a problem?” “Who is involved in this activity?” etc.

Example: Multiple Whys

Finding: There is a long delay between the time a complication occurs at the clinic and the time at which an appropriate provider arrives on the scene.

Why? Clinic staff do not know which providers are on call and how to reach them.

Why? There is no duty roster with this information posted in the client-care areas.

Why? This information is only available in the matron’s office, which she keeps locked when she is not in.

d. *Identify Sources for Technical Assistance/Capacity Building*

Organizations should identify gaps between their actual systems and the highest standards of quality. This will help them evaluate the technical assistance needs that will need to be filled by others, such as international projects and programs, the Ministry of Health, or other local and international nongovernmental organizations.

Problem Analysis Discussion Worksheet

<p>Opportunities/Highlights: Strengths supporting your organization toward high performance/high level of capacity:</p>	<p>Barriers/Root Cause analysis: Challenges to moving toward high level of capacity:</p>
<p>Prioritize Organizational Improvement Actions: Key actions/needs to be undertaken by your organization to move toward high level of capacity:</p>	<p>Technical assistance Sources Internally (from within the organization) and from other partners:</p>

Collective Score Sheets for Capacity Assessment

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1A							
Our organization ensures that IUDs and implants are included in the broad mix of family planning methods available at our clinics.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1B							
Our organization's clinics are adequately equipped, stocked, and organized to provide quality services for IUDs/implants.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1C							
Our organization ensures that its clinic-based providers have the necessary skills to provide IUDs and implants with the highest standard of quality.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1D							
Our organization has established a referral system for sites where IUDs/implants are unavailable.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1E							
Our organization's family planning services (including implants and IUDs) are integrated into other health care services.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place			Moderate level of capacity in place		High level of capacity in place

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1F							
Our organization ensures that our clinics provide IUDs/implants/services that are appropriate for youth/adolescents/unmarried clients.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place			Moderate level of capacity in place		High level of capacity in place

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1G							
Our organization has a system to ensure that services are inclusive of men.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

1. SUPPLY OF IUDs/IMPLANTS							
OBJECTIVE 1H							
Our organization has quality improvement and quality assurance systems in place for the delivery of family planning services.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS							
OBJECTIVE 2A							
Our organization ensures that clinics provide affordable IUDs/implants.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place			Moderate level of capacity in place		High level of capacity in place

MEANS OF VERIFICATION: _____

COMMENTS: _____

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS

OBJECTIVE 2B

Our organization has supportive, evidence-based policies and guidelines in place for IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS							
OBJECTIVE 2C							
Our organization has a system to ensure commodity security for IUD/implant services.							
1	2	3	4	5	6	7	8
Need for increased capacity	Basic level of capacity in place			Moderate level of capacity in place			High level of capacity in place

MEANS OF VERIFICATION: _____

COMMENTS: _____

3. DEMAND FOR IUDs/IMPLANTS							
OBJECTIVE 3A							
Clients receive high-quality, comprehensive counseling for IUDs/implants.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

3. DEMAND FOR IUDs/IMPLANTS

OBJECTIVE 3B

Our organization incorporates a behavior change communication (BCC) strategy and BCC activities that inform the community on IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

3. DEMAND FOR IUDs/IMPLANTS							
OBJECTIVE 3C							
Champions for IUDs/implants are identified, enabled, and supported in serving as advocates.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDS/IMPLANTS							
OBJECTIVE 4A							
Our organization's mission promotes the full range of family planning services, including IUDs/implants, and is clearly understood by its staff and volunteers.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place			Moderate level of capacity in place		High level of capacity in place

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4B

Our organization has a strategic or long-range plan in place to increase access to and use of IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4C

Our organization's programmatic decisions regarding IUDs/implants are based on data from management information systems.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4D

Our organization's supervision systems support IUD/implant provision.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4E

Working conditions at our organization's clinics are conducive to the provision of quality services for IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4F

Our organization has a strong monitoring and evaluation system in place to support IUD/implant service provision.

1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	

MEANS OF VERIFICATION: _____

COMMENTS: _____

Appendix A
Sample Scoring Sheets

Sample Blank Scoring Sheet

Country:																
Date:																
Name of Person Entering Data:																
Objective	Respondents											Mean	Standard Deviation	Consensus Score		
	A	B	C	D	E	F	G	H	I	J	K				L	
1A																
1B																
1C																
1D																
1E																
1F																
1G																
1H																
2A																
2B																
2C																
3A																
3B																
3C																
4A																
4B																
4C																
4D																
4E																
4F																

Sample Completed Scoring Sheet

Country: XXXXXXXXXX																	
Date: [Month Day, Year]																	
Name of Person Entering Data: XXXXX XXXXXXXXXX																	
Objective	Respondents														Mean	Standard Deviation	Consensus Score
	A	B	C	D	E	F	G	H	I	J	K	L					
1A	2	2	4	3	2	3	4	3	3	2	3	4	2.9	0.8			
1B	2	8	6	1	5	8	1	4	8	6	5	4	4.8	2.9			
1C	3	3	3	3	3	3	3	3	3	3	3	3	3.0	0.0			
1D	5	4	4	2	4	8	3	4	8	5	4	5	4.7	2.1			
1E	6	6	4	2	5	8	3	1	5	8	2	4	4.4	2.2			
1F	2	8	4	2	5	8	3	1	5	3	1	8	4.2	2.5			
1G	3	7	4	3	4	7	3	2	4	3	7	2	4.1	1.8			
1H	5	6	5	4	4	6	4	3	4	5	3	6	4.6	1.0			
2A	6	7	6	5	5	7	5	5	5	6	6	5	5.7	0.9			
2B	2	5	5	5	5	6	6	4	5	2	6	6	4.8	1.2			
2C	3	8	6	1	5	8	1	4	8	5	6	4	4.9	2.8			
3A	5	7	6	5	5	7	5	5	5	6	5	6	5.6	0.9			
3B	5	2	4	3	2	3	4	3	3	4	3	2	3.2	1.0			
3C	4	8	6	1	5	8	1	4	8	6	5	4	5.0	2.8			
4A	3	6	5	4	4	6	4	3	4	6	3	4	4.3	1.1			
4B	6	5	5	5	5	6	6	4	5	5	4	6	5.2	0.7			
4C	1	2	4	3	2	3	4	3	3	1	4	3	2.8	1.0			
4D	2	8	6	1	5	8	1	4	8	5	4	6	4.8	2.9			
4E	5	2	4	3	2	3	4	3	3	4	2	3	3.2	1.0			
4F	5	8	4	2	5	8	3	1	5	4	5	5	4.6	2.4			

Will need to be entered after the group discussion

There is little variation on this one—needs less discussion.

This one has the highest mean score and low variation: needs less discussion.

This one has the lowest mean score: needs more discussion on how to improve it.

Respondents disagree on this one: needs more discussion.

Appendix B

Assessment Tool

Introduction

This assessment tool has been developed by the RESPOND Project for organizations to use to quickly assess their organizational capacity to provide services for long-acting family planning methods (the intrauterine device [IUD] and the hormonal implant). The tool helps organizations assess their own capacity, strengths, and technical assistance needs. It is intended to capture what systems the organization has in place to support the continuous provision of high-quality services for long-acting methods. As such, when reviewing the capacity assessment, it is important to focus on systems and functions at the organizational level, not simply at the level of an organization's health clinics.

The assessment tool has four dimensions: 1) supply; 2) enabling environment; 3) demand; and 4) programmatic leadership and management. Each of the four dimensions contains a series of statements about objectives important to that dimension, as follows:

1. Supply of IUDs/Implants

- 1A. Our organization ensures that IUDs and implants are included in the broad mix of family planning methods available at our clinics.
- 1B. Our organization's clinics are adequately equipped, stocked, and organized to provide quality services for IUDs/implants.
- 1C. Our organization ensures that its clinic-based providers have the necessary skills to provide IUDs and implants with the highest standard of quality.
- 1D. Our organization has established a referral system for sites where IUDs/implants are unavailable.
- 1E. Our organization's family planning services (including implants and IUDs) are integrated into other health care services.
- 1F. Our organization ensures that our clinics provide IUDs/implants/services that are appropriate for youth/adolescents/unmarried clients.
- 1G. Our organization has a system to ensure that services are inclusive of men.
- 1H. Our organization has quality improvement and quality assurance systems in place for the delivery of family planning services.

2. Enabling Environment for IUDs/Implants

- 2A. Our organization ensures that clinics provide affordable IUDs/implants.
- 2B. Our organization has supportive, evidence-based policies and guidelines in place for IUDs/implants.
- 2C. Our organization has a system to ensure commodity security for IUD/implant services.

3. Demand for IUDs/Implants

- 3A. Clients receive high-quality, comprehensive counseling for IUDs/implants.
- 3B. Our organization incorporates a behavior change communication (BCC) strategy and BCC activities that inform the community on IUDs/implants.
- 3C. Champions for IUDs/implants are identified, enabled, and supported in serving as advocates.

4. Programmatic Leadership and Management for IUDs/Implants

- 4A. Our organization's mission promotes the full range of family planning services, including IUDs/implants, and is clearly understood by its staff and volunteers.
- 4B. Our organization has a strategic or long-range plan in place to increase access to and use of IUDs/implants.
- 4C. Our organization's programmatic decisions regarding IUDs/implants are based on data from management and information systems.
- 4D. Our organization's supervision systems support IUD/implant provision.
- 4E. Working conditions at our organization's clinics are conducive to the provision of quality services for IUDs/implants.
- 4F. Our organization has a strong monitoring and evaluation system in place to support IUD/implant service provision.

Instructions

1. Write your name and position at the top of the tool, so that your tool can be distinguished from others.
2. Read each objective and category carefully.
3. From your perspective, select (circle) the score and description that best describes your organization's capacity. Please note:
 - Scores range from 1–2, indicating a clear need for capacity building, to 7–8, indicating a high level of capacity in place. There are two possible scores per level. If you feel that your organization has clearly achieved this level of capacity, then indicate the higher number (i.e., 2, 4, 6, or 8). If you feel as though your organization has almost achieved this level of capacity, indicate the lower number for that level (i.e., 1, 3, 5, or 7).
 - No rating will perfectly describe an organization.
 - Choose the rating that most closely describes your organization's challenges or challenges similar to your organization's.
 - Scores should be considered a best estimate, not an exact measurement, of an organization's capacity needs.
 - As an expert in the organization, you know its performance best. Please, be honest!
 - If you are unfamiliar with a particular objective, you may skip it. Please fill out as much of the assessment as you can.

1. SUPPLY OF IUDs/IMPLANTS

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1A

Our organization ensures that IUDs and implants are included in the broad mix of family planning methods available at our clinics.

1	2	3	4	5	6	7	8
	<p>Need for increased capacity</p> <ul style="list-style-type: none"> • Frequently, no methods or only short-acting methods (e.g., pills, injectables, condoms) are available at our clinics. • Our clinics struggle with supply limitations (regular stock-outs, provider bias based myths/misconceptions, or monetary incentives discouraging use of IUDs/implants) or demand limitations (client perceptions, myths, and misconceptions). • We have no policy or system to ensure family planning counseling at every client interaction. Usually, clients receive a method when they request one. • No referral system in place for clients to access IUDs/implants when these are not available at our clinics. 	<p>Basic level of capacity in place</p> <ul style="list-style-type: none"> • Only some of our organization's clinics consistently provide IUDs/implants. • IUDs/implants are rarely in stock. • Providers often encourage women to use short-acting methods, due to their more consistent availability. • Our policies include eligibility requirements for IUDs/implants (e.g., age, parity, spousal approval, menstruation, pregnancy test, or physical exam). • It is expected that clients receive comprehensive family planning counseling, but our organization has no policy or system to ensure that counseling happens at every client interaction. • Clients are infrequently sent to seek services for IUDs/implants from other health providers, but no formal referral system is in place. 	<p>Moderate level of capacity in place</p> <ul style="list-style-type: none"> • Most clinics consistently offer/provide IUDs/implants, but not all do so. • Stock-outs of equipment and supplies for IUDs/implants are infrequent. • We have a system to ensure that staff provide comprehensive family planning counseling, but the counseling does not usually include IUDs/implants. • We have a referral policy and system in place at our clinics, but not for IUDs/implants. • Our organization has an essential medicines and equipment list, but this includes only those required for short-acting methods. 	<p>High level of capacity in place</p> <ul style="list-style-type: none"> • Our organization ensures that IUDs and implants are consistently available in our clinics. • We have a system to ensure that equipment for IUD/implant insertion and removal is available, in addition to the commodities (including IUD insertion and removal instruments). • We have a system to ensure that staff provide comprehensive family planning counseling to clients on all methods, including IUDs/implants. • We have a referral system in place, to address moments when methods are not available at our clinics. • Our organization has an essential medicine and equipment list that includes those required for all methods. • Our organization advocates for the national essential medicine and equipment list to include IUDs/implants. 			

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1B

Our organization's clinics are adequately equipped, stocked, and organized to provide quality services for IUDs/implants.

1	2	3	4	5	6	7	8		
Need for increased capacity									
<ul style="list-style-type: none"> Stock-outs of commodities, supplies, and expendable equipment to provide services for IUDs/implants (i.e., implants, IUD insertion kits, sterilized insertion supplies) are frequent. Our organization does not provide the contraceptive commodities, supplies, and equipment necessary for our clinics to provide quality services for IUDs/implants. Our organization does not provide job aids, guidelines, and/or other screening tools specific to IUDs/implants to providers at our clinics. Our organization has no strategy to ensure that its clinic staff inform clients of available services for IUDs/implants. 	<ul style="list-style-type: none"> Our organization experiences frequent stock-outs of commodities, supplies, and expendable equipment for IUDs/implants (i.e., implants, IUD insertion kits, sterilized insertion supplies). Only short-acting methods are available and offered to clients at our organization's clinics. Our organization provides very few of our clinics with the contraceptive commodities, supplies, and equipment necessary to provide quality services for IUDs/implants. Our organization provides very few job aids, guidelines, and/or other screening tools specific to IUDs/implants to providers in our clinics (that is, they are distributed infrequently or are distributed in insufficient quantities). Our organization has a strategy in place to ensure that its clinic staff inform clients of the availability of IUDs/implants, but this has not been implemented. 	<ul style="list-style-type: none"> Our organization experiences infrequent stock-outs. Our organization ensures that our clinics are adequately equipped with contraceptive commodities, supplies, and equipment, but not those necessary to provide quality services for IUDs/implants. Our organization provides basic job aids, guidelines, and/or other screening tools specific to IUDs/implants, but they are not up to date and/or are not printed in local languages. Our organization has implemented a strategy to ensure that its clinic staff inform clients of the availability of IUDs/implants, but the system does not work well. 	<ul style="list-style-type: none"> Stock-outs are rare; our organization has a system to foresee and respond to shortages in commodities, equipment, and supplies for all methods. Our organization has a system to ensure that short-acting methods and IUDs/implants are available and offered at our clinics. At clinics where only short-acting methods are available, a referral system is in place to ensure clients' access to IUDs/implants. Our organization has a system in place to ensure that all of our clinics have the contraceptive commodities, supplies, and equipment necessary to provide quality services for IUDs/implants. Our organization provides up-to-date and consistently available job aids, guidelines and/or other screening tools specific to IUDs/implants, to enable staff to appropriately screen clients. Our organization has a system in place to monitor the presence of IUD/implant-specific materials in our clinics and is able to provide replacements as needed. Our organization has implemented a strategy (through training, supervision, etc.) to ensure that its clinic staff inform clients of the availability of IUDs/implants. 	Moderate level of capacity in place				High level of capacity in place	

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1C

Our organization ensures that its clinic-based providers have the necessary skills to provide IUDs and implants with the highest standard of quality.

1	2	3	4	5	6	7	8
Need for increased capacity							
<ul style="list-style-type: none"> • Our organization has no system in place to ensure that all clinic staff have been trained and are up to date in counseling for and providing IUDs/implants, in infection prevention, and in referral. • Providers have not been trained in providing IUDs/implants/counseling. • No training curriculum exists that includes up-to-date information on IUDs/implants. 	<ul style="list-style-type: none"> • Only some staff have been trained in some areas (e.g., staff have been trained on short-acting methods, but not on IUDs/implants) • There is no system in place to provide refresher trainings for IUDs/implants or to provide follow-up on refresher trainings, if they occur. • Our organization has provided training in guidelines and counseling for IUDs/implants, but there are significant/serious skill gaps among existing providers in the following areas: <ul style="list-style-type: none"> ○ Counseling on IUDs/implants ○ IUD/implant insertion/removal ○ Infection prevention for IUD/implant insertion or removal ○ Referrals for IUDs/implants 	<ul style="list-style-type: none"> • Our organization has a system to ensure that a sufficient number of staff are trained to ensure service delivery and avoid skills erosion, but staff have not had refresher trainings in recent years. • Systematic training follow-up is inadequate or nonexistent. • Our organization has provided training in guidelines and counseling specific to IUDs/implants, but there are opportunities to improve: <ul style="list-style-type: none"> ○ IUD/implant counseling ○ IUD/implant insertion/removal ○ Infection prevention for IUD/implant insertion or removal ○ Referrals for IUDs/implants 	<ul style="list-style-type: none"> • Our organization has trained all staff on providing and counseling for IUDs/implants. • Our organization provides routine training and refresher courses in guidelines, counseling, and method provision specific to IUDs/implants, as well as infection prevention. • Our organization uses updated training curricula and materials for IUDs/implants. Service providers are given up-to-date trainings on screening clients for the use of IUDs/implants. • Our organization adheres to approved, written guidelines, policies, and procedures for staff training in IUDs/implants. 	High level of capacity in place			

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1D

Our organization has established a referral system for sites where IUDs/implants are unavailable.

1	2	3	4	5	6	7	8
<ul style="list-style-type: none"> • No referral policy or system is in place where services for IUDs/implants are unavailable. 	<ul style="list-style-type: none"> • Clients are infrequently sent to seek services for IUDs/implants from other health providers, but no formal referral system is in place. 	<ul style="list-style-type: none"> • Our organization has a referral policy and system in place in our clinics, but not for IUDs/implants. 	<ul style="list-style-type: none"> • Our organization has an established referral policy and system in place within all of our clinics to ensure that clients have access to IUDs/implants elsewhere when not made available at one of our clinics. • Our organization's referral system for family planning services is applied within the following services: <ul style="list-style-type: none"> ○ Primary care ○ HIV and AIDS services ○ Screening for sexually transmitted infections (STIs) ○ Maternal and child health (MCH) ○ Postabortion care ○ Postpartum care ○ Youth-friendly reproductive health services 				

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1E

Our organization's family planning services (including implants and IUDs) are integrated into other health care services.

1	2	3	4	5	6	7	8
<p>Need for increased capacity</p> <ul style="list-style-type: none"> Our organization has not integrated IUD/implant services into the provision of other health care services. 	<p>Basic level of capacity in place</p> <ul style="list-style-type: none"> Our organization has assessed the need for links between IUDs/implants and other health services, but no integration system is currently implemented. 	<p>Moderate level of capacity in place</p> <ul style="list-style-type: none"> IUDs/implants are integrated into some, but not many, health care services: <ul style="list-style-type: none"> ○ MCH ○ HIV and AIDS ○ HIV care and treatment ○ Prevention of mother-to-child transmission of HIV ○ Postabortion care ○ Postpartum care 	<p>High level of capacity in place</p> <ul style="list-style-type: none"> Our organization's policies support IUD/implant service integration with the following health services: <ul style="list-style-type: none"> ○ Primary care ○ HIV and AIDS ○ HIV care and treatment ○ MCH ○ Postabortion care ○ Postpartum care 				

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1F

Our organization ensures that our clinics provide IUDs/implants/services that are appropriate for youth/adolescents/unmarried clients.

1	2	3	4	5	6	7	8
<p>Need for increased capacity</p> <ul style="list-style-type: none"> Our organization does not provide training for staff on screening and providing youth-friendly services; our clinics are not equipped to provide youth-friendly services. Our clinics struggle to offer services that are private or confidential (no staff training on confidentiality, no private rooms available, structural factors, etc.). Clinics can decide which services require permission from a third party (e.g., male partner, in-laws, parents). Our organization's clinics do not provide counseling/services of IUDs/implants for adolescents, unmarried girls/women. 	<p>Basic level of capacity in place</p> <ul style="list-style-type: none"> Our organization has trained clinicians and front-line staff in: <ul style="list-style-type: none"> Physiology and sexuality Provision of youth-friendly services Standard operating procedures (SOPs) from our organization do not address privacy or confidentiality of clients during IUD/implant counseling/services. On a case-by-case basis, providers may require permission from a third party (e.g., male partner, in-laws, parents). 	<p>Moderate level of capacity in place</p> <ul style="list-style-type: none"> Our organization has trained all clinic personnel in providing youth-friendly services. Our organization is committed to clinics' providing services within a framework of privacy/confidentiality, but no SOPs expressly address the needs of specific groups (e.g., young people, unmarried women, adolescents). While no client is required to have permission to receive information or services, this is not expressly defined in our organizational policies. Our organization ensures that the structural/institutional environment encourages and supports young people: <ul style="list-style-type: none"> Front-line staff are friendly and respectful to youth. Information, education, and communication (IEC) materials encourage reproductive health for young people and their involvement in contraceptive decision making. 	<p>High level of capacity in place</p> <ul style="list-style-type: none"> Our organization has a system in place to ensure that services are friendly/accessible to young people, unmarried girls/women, and adolescents. Our organization has SOPs to ensure client privacy and confidentiality (with special attention to most-at-risk populations [young people, unmarried women, adolescents]). No client is required to have permission (from in-laws, parents, partners, etc.) to seek or receive information. Our organization ensures that clinics' physical space/working hours accommodate the needs of all clients (with attention to privacy, confidentiality, and accessibility). 				

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1G

Our organization has a system to ensure that services are inclusive of men.

1	2	3	4	5	6	7	8
<p>Need for increased capacity</p> <ul style="list-style-type: none"> Our organization expressly does not provide services for men or welcome male partners. 	<p>Basic level of capacity in place</p> <ul style="list-style-type: none"> Our organization has no commitment/expressed interest in supporting male partners or in providing family planning counseling/services to male clients. 	<p>Moderate level of capacity in place</p> <ul style="list-style-type: none"> Our organization is committed to working with male partners and providing family planning counseling for men, but the commitment is not expressed in our SOPs/policies. Our organization encourages clinic staff to provide family planning counseling for men, but there is no system in place to monitor/evaluate accessibility for men or encourage male involvement. 			<p>High level of capacity in place</p> <ul style="list-style-type: none"> Our organization provides training for clinic staff and personnel on gender transformation. Our organization ensures that the structural/institutional environment encourages and supports couple communication: <ul style="list-style-type: none"> Front-line staff are friendly, respectful, and welcoming to partners and male clients. Family planning counseling encourages partner communication/involvement in contraceptive decision making. Our organization has family planning counseling specifically for men that: <ul style="list-style-type: none"> Encourages male involvement in contraceptive decision making Guides male partners on how to discuss IUDs/implants as options with their partner Ensures that men receive family planning counseling at every clinical interaction (i.e., by incorporating it into HIV counseling and testing services) Our organization's policies ensure that family planning counseling is available for men, either as individuals or as a couple. 		

1. SUPPLY OF IUDs/IMPLANTS

OBJECTIVE 1H

Our organization has quality improvement and quality assurance systems in place for the delivery of family planning services.

	1	2	3	4	5	6	7	8
Need for increased capacity								
<ul style="list-style-type: none"> • There is no mechanism for our organization to evaluate ongoing quality improvement or quality assurance. 			<ul style="list-style-type: none"> • Our organization has no system/protocol in place to formally evaluate quality, but ad-hoc/informal assessments are done to evaluate the following: <ul style="list-style-type: none"> ○ Facilitative supervision/ performance standards ○ Client satisfaction ○ Clients' voluntary decision making ○ Infection prevention practices 		<ul style="list-style-type: none"> • Our organization has a mechanism for ongoing quality improvement and quality assurance, but it is not followed or is inadequate in the following areas: <ul style="list-style-type: none"> ○ Facilitative supervision/ performance standards ○ Client satisfaction ○ Clients' voluntary decision making ○ Infection prevention practices 		<ul style="list-style-type: none"> • Our organization provides facilitative supervision training and activities for each clinic supporting the provision of IUDs/implants. • Our organization has a functioning, ongoing mechanism of quality monitoring in place. • Our organization has a system in place to evaluate client feedback on their satisfaction and quality of care during their visit to receive IUDs/implants. • Our organization has a system to ensure/evaluate informed and voluntary decision making among clients, particularly for those receiving IUDs/implants. • Our organization has a system to ensure/evaluate infection prevention policies for the provision of IUDs/implants and compliance with these policies. 	

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS

OBJECTIVE 2A

Our organization ensures that clinics provide affordable IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity							
<ul style="list-style-type: none"> Our organization has insufficient funding/resources to commit to providing IUD/implant services. Our organization has no voucher/health insurance/subsidy scheme in place to assist the poor in accessing IUDs/implants. 	<ul style="list-style-type: none"> Our organization can only offer IUDs/implants to clients who can afford them (those living in urban areas or of higher economic status). Services are prohibitively expensive for a significant proportion of clients. 	<ul style="list-style-type: none"> Our organization employs a subsidy scheme (e.g., vouchers/sliding-scale payment) to reach those most in need, yet demand/need for IUDs/implants outweighs our organization's capacity to meet the need. 	<ul style="list-style-type: none"> Our organization ensures adherence to SOPs that protect clients' ability to receive IUDs/implants, in accordance with World Health Organization (WHO) medical eligibility criteria. Our organization employs a subsidy scheme (e.g., vouchers/sliding-scale payment) to reach those most in need for all contraceptive methods, including IUDs/implants. 	High level of capacity in place			

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS

OBJECTIVE 2B

Our organization has supportive, evidence-based policies and guidelines in place for IUDs/implants.

1	2	3	4	5	6	7	8
<ul style="list-style-type: none"> Our organization has no policies, service delivery guidelines, strategies, or protocols that address IUDs/implants specifically. 	<ul style="list-style-type: none"> Our organization's clinics develop their own policies and guidelines regarding IUD/implant services; very few have strategic plans that address IUDs/implants, or existing policies are not adequately disseminated/promoted. Our organization's policies and/or guidelines do not reflect evidence-based international standards. Unnecessary legal/medical barriers prohibit IUDs/implants from being provided (e.g., our organization's clinics are not permitted to dispense certain contraceptives; spousal/parental consent laws are in place; our clinic has age/parity requirements for IUD/implant services). 	<ul style="list-style-type: none"> Our organization regularly updates its policies to reflect evidence-based and international standards. Our organization ensures that its own policies do not include unnecessary legal/medical barriers that prohibit provision of IUDs/implants. 	<p>Moderate level of capacity in place</p>	<p>High level of capacity in place</p> <ul style="list-style-type: none"> Our organization has officially adopted a policy and operational strategy for the implementation of IUD/implant provision. Clinic-level policies and guidelines regarding IUDs/implants correspond with our organization's policies and evidence-based international standards. Our organization has a commodity security policy and operational plan specific to IUDs/implants. Our organization advocates national policies to remove unnecessary medical eligibility requirements that prohibit access to family planning, including IUDs/implants. 			

2. ENABLING ENVIRONMENT FOR IUDs/IMPLANTS

OBJECTIVE 2C

Our organization has a system to ensure commodity security for IUD/implant services.

	1	2	3	4	5	6	7	8
Need for increased capacity								
<ul style="list-style-type: none"> • Many of our organization's clinics have had frequent if not longstanding stock-outs of IUDs/implants. 	<ul style="list-style-type: none"> • Our organization has no long-range plan for commodity security in place. • Our organization has no policies or procedures to ensure product quality. • Forecasting tools are not used for procurement or distribution at our organization's level. • Our organization does not use forecasting tools to prevent stock-outs at the clinic level. 	<ul style="list-style-type: none"> • Our organization completes commodity forecasts annually, but infrequent stock-outs/interruptions in services still occur. • Forecasting tools and procurement, storage, and transportation systems are in place, but stock-outs still occur and/or storage is inadequate. 	<ul style="list-style-type: none"> • Our organization has a commodity security strategy in place to ensure product availability and quality of services and products. • All of our organization's clinics have the necessary supplies/equipment, as well as adequate stocks of IUDs/implants. • Our organization completes a commodity forecast annually. • Our organization uses commodity forecasting tools at the clinic level. 	High level of capacity in place	Moderate level of capacity in place	Moderate level of capacity in place	High level of capacity in place	High level of capacity in place

3. DEMAND FOR IUDs/IMPLANTS

3. DEMAND FOR IUDs/IMPLANTS

OBJECTIVE 3A

Clients receive high-quality, comprehensive counseling for IUDs/implants.

1	2	3	4	5	6	7	8
	Need for increased capacity		Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place		
<ul style="list-style-type: none"> Few if any staff at our organization's facilities are trained to provide counseling on IUDs/implants. Staff from our organization do not conduct outreach activities to encourage clients to visit their clinic for IUD/implant services. 	<ul style="list-style-type: none"> Staff are trained to provide counseling on IUDs/implants, but it is not interactive. Staff conduct outreach activities to promote IUDs/implants. 	<ul style="list-style-type: none"> Some staff have been trained to provide interactive counseling on all family planning methods, but most providers encourage clients to use short-acting methods. Providers/clinic staff engage in some client awareness raising on IUDs/implants at the clinic itself, but they do not extend information to the community. IEC materials for IUDs/implants have been developed (or are made available) by our organization, but are not widely used by providers. 	<ul style="list-style-type: none"> Staff are trained to provide interactive counseling for IUDs/implants. Staff are trained to counsel all types of family planning clients, including men, couples, married/unmarried women, married/adolescents, and continuing clients. There is a regular (weekly, monthly, quarterly) family planning counseling/outreach program within the community and/or to other departments within the health center, to counsel/educate potential family planning clients and generate demand for services. 				

3. DEMAND FOR IUDs/IMPLANTS

OBJECTIVE 3B

Our organization incorporates a behavior change communication (BCC) strategy and BCC activities that inform the community on IUDs/implants.							
1	2	3	4	5	6	7	8
Need for increased capacity		Basic level of capacity in place		Moderate level of capacity in place		High level of capacity in place	
<ul style="list-style-type: none"> Our organization does not have an active behavior change communication (BCC) program focused on IUDs/implants. 		<ul style="list-style-type: none"> Our organization implements BCC programs for family planning in general, although not in a coordinated manner. 		<ul style="list-style-type: none"> Our organization has a BCC strategy for family planning in general but does not emphasize IUDs/implants. 		<ul style="list-style-type: none"> Our organization has an ongoing BCC campaign combining mass media (e.g., television, radio, newspapers) with community and/or interpersonal communication channels. The BCC campaign includes IUDs/implants. BCC campaigns involve satisfied IUD/implant clients, champions, and other community groups. BCC interventions are linked to available IUD/implant services being offered by our organization. 	

3. DEMAND FOR IUDs/IMPLANTS

OBJECTIVE 3C

Champions for IUDs/implants are identified, enabled, and supported in serving as advocates.

1	2	3	4	5	6	7	8
	Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place			
<ul style="list-style-type: none"> Our organization does not conduct advocacy efforts at the national or local levels. 	<ul style="list-style-type: none"> Our organization conducts outreach, education, or advocacy efforts for IUDs/implants but has not identified/incorporated national-level champions. Our organization conducts local outreach, education, or advocacy efforts but has not identified/incorporated local-level champions (e.g., satisfied users). 	<ul style="list-style-type: none"> Our organization has identified national-level champions for IUDs/implants and involves them in some of its outreach, education, and advocacy efforts. Our organization has identified local-level champions (e.g., satisfied users) and involves them in some of its outreach, education, and advocacy efforts. 	<ul style="list-style-type: none"> National-level champions have been identified and educated about the benefits of IUDs/implants and are regularly and actively involved in outreach, education, and advocacy efforts. Our organization has identified local-level champions (e.g., satisfied users) who have benefited from the use of IUDs/implants and who are regularly and actively involved in outreach, education, and advocacy efforts. 				

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4A

Our organization’s mission promotes the full range of family planning services, including IUDs/implants, and is clearly understood by its staff and volunteers.

1	2	3	4	5	6	7	8
Need for increased capacity							
<ul style="list-style-type: none"> Our organization does not have a formal mission statement. 	<ul style="list-style-type: none"> Our organization has a mission statement, but it does not specify a full range of family planning methods, including IUDs/implants. A mission statement exists, but it is not fully understood by staff and volunteers. 	<ul style="list-style-type: none"> Our organization’s mission addresses access to family planning as a core principle, but not access to long-acting methods of contraception (IUDs/implants) in particular. Our organization’s mission is widely understood by staff and volunteers. 	<ul style="list-style-type: none"> Our organization has a mission that clearly expresses its reason for existence, the values it promotes, and the impact it hopes to achieve with respect to family planning. Our organization’s mission clearly promotes a full range of family planning services, including IUDs/implants. The portion of our organization’s mission that addresses IUDs/implants is widely understood by staff and volunteers. 				

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4B

Our organization has a strategic or long-range plan in place to increase access to and use of IUDs/implants.

1	2	3	4	5	6	7	8
Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place				
<ul style="list-style-type: none"> Our organization has neither a short-term plan (annual) nor a medium- to long-range plan (3–5 years) in place to increase access to and use of IUDs/implants inside and/or near its facilities. 	<ul style="list-style-type: none"> Our organization has some strategic plans (either annual or long-range) in place for family planning, but the existing plan does not address IUDs/implants. Resources are insufficiently allocated to achieve the long-range plan. Our organization’s plans are well-known to only a few staff members at headquarters. 	<ul style="list-style-type: none"> Our organization has a strategic plan in place that emphasizes some family planning goals. Our organization’s strategic plan is well-known and understood by all levels of staff within it. Our organization has allocated resources to achieve its long-term strategy. 	<ul style="list-style-type: none"> Our organization has a clear, coherent 3–5-year strategy in place for increasing access to and use of IUDs/implants. The strategy (including to increase access to and use of IUDs/implants) is well-known and understood by all levels of staff within our organization. Our organization has allocated resources to achieve its long-term strategy. A plan to monitor and evaluate the strategy has been developed and implemented. 				

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4C

Our organization's programmatic decisions regarding IUDs/implants are based on data from management and information systems.

1	2	3	4	5	6	7	8
	Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place			
<ul style="list-style-type: none"> Our organization lacks a computerized management information system (MIS). Programmatic decisions are based not on data or evidence, but on historical precedents. 	<ul style="list-style-type: none"> Our organization has an MIS, but it is out of date. Our organization's programmatic decisions occasionally take into account data from its MIS, but they are often based on historical trends. 	<ul style="list-style-type: none"> Our organization uses data on IUDs/implants for programmatic decisions at the local level. Our organization conducts regular commodity forecasts based on clinic service use data. Our organization's MIS is linked to its facilities but does not include information on IUDs/implants. Programmatic decisions are often made using MIS data. 	<ul style="list-style-type: none"> A commodity forecasting system is in place that uses clear demographic and contraceptive prevalence data, as well as service use projections. Our organization sets clear objectives and method-specific prevalence projections. Our organization's MIS includes data on IUDs/implants and is used by our organization for programming and training decisions. Our organization holds regular meetings to discuss challenges and solutions among staff for increasing access to and use of IUDs/implants. 				

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4D

Our organization's supervision systems support IUD/implant provision.

1	2	3	4	5	6	7	8
	Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place			
<ul style="list-style-type: none"> Supervisors do not conduct regular clinic visits. Supervisors have not been trained in the supervision of IUD/implant service provision. 	<ul style="list-style-type: none"> Supervisors conduct regular visits to facilities but have not been trained in facilitative supervision. Supervisors have not been trained in the last three years in IUD/implant supervision. Supervisors have not been trained in the fundamentals of care³ for IUDs/implants. Our organization does not formally use feedback from its supervision visits to improve programming. 	<ul style="list-style-type: none"> Supervisors are trained in facilitative supervision, although not for IUDs/implants. Supervisors conduct regular visits to facilities to support family planning programs, but not specifically for IUDs/implants. Supervisors have not been trained in the fundamentals of care for IUDs/implants. Our organization uses feedback from supervision visits to improve clinical management, but not for training programs. 	<ul style="list-style-type: none"> Our organization has clinical supervisors trained in facilitative supervision for IUDs/implants. Our organization's supervisors conduct regular supervision visits to providers of IUDs/implants at its health facilities. Clinical supervision reflects the core fundamentals of care for IUDs/implants. Our organization has a system in place to use feedback from supervision visits to improve training and clinical management functions. 				

³ The fundamentals of care are the elements essential for ensuring the quality of facility-based service delivery and can be grouped into three categories: ensuring informed and voluntary decision making; assuring safety for clinical techniques and procedures; and, institutionalizing a mechanism for ongoing quality improvement and assurance.

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4E

Working conditions at our organization's clinics are conducive to the provision of quality services for IUDs/implants.

1	2	3	4	5	6	7	8
	Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place			
<ul style="list-style-type: none"> Our organization does not ensure that its facilities have adequate space allocated for IUD/implant service provision. Our organization does not use protocols to ensure safety or infection prevention measures during the provision of IUDs/implants. Our organization's human resources system lacks job descriptions for its providers. Our organization has no reward system in place for its clinic-based family planning staff. 	<ul style="list-style-type: none"> Our organization has indicated that space needs to be allocated for IUD/implant service provision, but this is not applied in all of our clinics. Our organization has protocols to ensure safety and infection prevention during IUD/implant service provision, but they are outdated. Our organization's human resources system does not specify roles for staff members involved in the provision of IUDs/implants. Our organization's reward system is often tied to family planning method-specific targets. 	<ul style="list-style-type: none"> Our organization ensures that our clinics have space allocated for IUDs/implants service provision. Our organization has protocols to ensure that infrastructure and supplies are readily available to ensure safety and clinical quality during the provision of services for IUDs/implants, but our clinics do not always follow them. Our organization's human resources system has clear roles for family planning providers but does not specify who should be involved in IUD/implant service provision. Our organization's staff reward system is sometimes linked to incentives for specific, numerical method targets. 	<ul style="list-style-type: none"> Our organization ensures that our clinics and facilities have adequate work space to provide IUD/implant services. Our organization has established protocols in place and ensures that infrastructure, supplies, and storage are readily available to ensure staff safety, infection prevention, and proper waste disposal during IUD/implant service provision. Our organization's human resources system outlines clear and specific responsibilities for all staff involved in IUDs/implants. Our organization has established staff reward mechanisms that are free from unlawful incentives regarding specific methods or targets. 				

4. PROGRAMMATIC LEADERSHIP AND MANAGEMENT FOR IUDs/IMPLANTS

OBJECTIVE 4F

Our organization has a strong monitoring and evaluation system in place to support IUD/implant service provision.

1	2	3	4	5	6	7	8
Need for increased capacity	Basic level of capacity in place	Moderate level of capacity in place	High level of capacity in place				
<ul style="list-style-type: none"> Our organization collects data on its family planning programs, but it is sporadic, and data are not gathered from all of its facilities. Our organization has not conducted any studies in the past two years to determine the effectiveness of its family planning programs. Our organization has not conducted an evaluation of its programs in the past five years. 	<ul style="list-style-type: none"> Our organization regularly collects data on its family planning programs, but not for IUDs/implants. Our organization has conducted some studies in the past, but not on IUDs/implants, nor in the last two years. Our organization has not conducted an evaluation of its family planning work in the past five years. 	<ul style="list-style-type: none"> Our organization regularly collects regular data on its family planning programs, including on IUDs/implants. Our organization has conducted some studies in the past regarding IUDs/implants, but not in the past two years. Our organization has conducted some evaluation of its family planning work in the past five years, but not related to IUD/implant service provision. 	<ul style="list-style-type: none"> Our organization regularly collects data regarding IUD/implant service provision and uses these data for improving programming and advocacy. Our organization conducts regular evaluations, studies, and/or operations research to improve service delivery for IUDs/implants. Our organization has a strong research component to inform programmatic activities and strengthen services: <ul style="list-style-type: none"> Staff satisfaction surveys Client satisfaction surveys Community needs assessments Gender norms assessments 				