Use of the WHO Guidelines & Tools alongside service delivery High Impact Practices in family planning

**Challenge**
WHO Guidelines are important resources but are not systematically incorporated into programmatic interventions

**Solution**
A tool to increase awareness and use of WHO Guidelines and tools when implementing family planning high impact practices

**Purpose**
To provide quick reference on WHO Guidelines and tools and how to incorporate them when designing and implementing programmatic interventions

**Audience**
Program managers designing or implementing programs who want to improve programs through the greater use of evidence

**Background**
The World Health Organization (WHO) develops evidence-based guidance and tools to inform and support high-quality family planning (FP) programs. The High Impact Practices in FP (HIPs) are promising and proven approaches to strengthen FP programs. Both are important resources for program planners and implementers but are not always used.

**Matrix**
The matrix on page 2 provides specific ways to use the relevant WHO Guidelines and tools when implementing HIPs. The service delivery HIPs are listed on the top (columns), with the WHO Guidelines and tools along the left side (rows). Where they meet are suggestions for how the HIPs and the WHO Guidelines and tools can be used together. These include:

<table>
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<tr>
<th>Advocacy</th>
<th>WHO Guidelines can be a useful tool when advocating for introduction and expansion of HIPs.</th>
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<tbody>
<tr>
<td>Program Design</td>
<td>WHO Guidelines provide guidance on program design when implementing HIPs.</td>
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<tr>
<td>Provider Reference</td>
<td>WHO tools can serve as a reference for providers when delivering FP services.</td>
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<tr>
<td>Training</td>
<td>Incorporating the WHO Guidelines and tools into materials for training providers can strengthen programs.</td>
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**Reference Sheet**
Pages 3-4 provide brief information on both the HIPs and the WHO guidelines and tools included in the matrix. For each WHO guideline and tool, information is provided on the purpose and on how it can be used alongside the HIPs.

The WHO guidelines and tools are often adapted at the country or program level, via national service delivery guidelines or as job aids and training materials. These local adaptations, along with country context and national priorities, should be considered alongside the WHO documents. This document is not meant to replace any WHO guideline or tool. The HIPs listed below do not cover the full range of possible interventions.
<table>
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<tr>
<th>WHO Guidelines</th>
<th>Medical Eligibility Criteria &amp; Selected Practice Recommendations</th>
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<td>Advocacy</td>
<td>Optimizing Health Worker Roles through Task Shifting</td>
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<td>Family Planning: A Handbook for Providers</td>
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**High Impact Practices in Family Planning (HIPs)**

The HIPs are a set of evidence-based FP practices vetted by experts against specific criteria and documented in an easy-to-use format. HIPs help programs focus resources for greatest impact.

Each HIP has an eight-page brief that brings together the most relevant evidence and information for use in advocacy, strategic planning, program design, exploration of research gaps, informing policies and guidelines and supporting implementation.

In addition to the eight service delivery HIPs in the matrix above, there are also enabling environment and social and behaviour change HIPs, as well as HIP enhancements.

**WHO GUIDELINES & TOOLS**

**Medical Eligibility Criteria (MEC), Selected Practice Recommendations (SPR), & MEC Wheel**

PURPOSE: Provides guidance on who can safely and effectively use (MEC) and how to provide (SPR) each contraceptive method.

- Use in program design to ensure program guidelines have accurate information on who can safely and effectively use each contraceptive method and how to provide them.
- Use the MEC Wheel as a provider reference when counselling clients.

**Optimizing Health Worker Roles through Task Shifting**

PURPOSE: Provides recommendations on the level of health care provider that can offer specific services, including methods of contraception.

- Use to support advocacy efforts for providers to be able to offer a broad range of contraceptive options.
- Use in program design to ensure clients have optimal access to a broad range of contraceptive options from the providers they see.

**Ensuring Human Rights in Contraceptive Provision**

PURPOSE: Provides guidance on actions that should be taken to ensure that human rights are systematically and clearly integrated into the provision of contraceptive information and services.

- Use to support advocacy efforts to provide the rights-based argument for expanding FP HIPs.
- Use in developing or updating training materials so that providers know how to reliably ensure the rights of their clients and potential clients in the provision of contraceptive services.

**EXAMPLE:** In conflict-affected settings women often face geographic barriers to accessing reproductive health care. WHO’s Guideline on Ensuring Human Rights in Contraceptive Provision can be used to support rights-based advocacy for mobile outreach services in these settings.
Digital Interventions for Health Systems Strengthening

PURPOSE: Provides guidance for use of digital approaches and encourages the mainstreaming and institutionalization of effective digital interventions.

- Use in program design when considering how to integrate digital health interventions into other programmatic interventions.

EXAMPLE: A Ministry of Health asked a partner to optimize the use of available digital health technologies as it scaled up an integrated FP and immunization program. Staff used this guideline to design a program that incorporated follow-up visit reminders sent to patients’ phones.

Consolidated Guideline on Self-care Interventions for Health

PURPOSE: Provides guidance to support individuals, families and communities to promote health, prevent disease, and cope with illness with or without the support of a health-care provider.

- Use in program design when considering how to integrate and support self-care interventions alongside or in concert with other programmatic interventions.

EXAMPLE: As an organization explored how to introduce self-administration within its social marketing of DMPA-SC, staff used this guideline in program design.

Family Planning: A Handbook for Providers

PURPOSE: Supports providers and program managers in delivering high-quality family planning counselling, services, and care.

- Make available as provider reference for providers and program managers to support high-quality family planning counselling, services, and care.

EXAMPLE: When expanding its program, a social franchise network provided each franchisee with a copy of the FP Handbook to use as a day-to-day resource when counselling clients and providing services.

Family Planning Training Resource Package

PURPOSE: Provides curriculum components and tools needed to design, implement, and evaluate training.

- Use in training for planning, implementing and evaluating training programs for FP providers.

EXAMPLE: A project used the FP Training Resource Package when preparing to conduct trainings on introducing and/or improving the delivery of long-acting reversible methods of contraception within post-abortion care setting.

1. For more information on the HIPs, see: www.fphighimpactpractices.org
   The World Health Organization/Department of Reproductive Health and Research has contributed to the development of the technical content of HIP briefs, which are viewed as summaries of evidence and field experience.

2. For more information on the WHO guidelines and tools, see: www.who.int/reproductivehealth

3. There are HIPs for service delivery, social and behaviour change, enabling environment and HIP enhancements. Only service delivery HIPs are included in this tool.