|  |  |  |
| --- | --- | --- |
| **Global Best Practice** | **Resources** | **Relevant Case Study** |
| **Supportive Culture and Community** |  |  |
| Involve men in FP counseling and conduct further in-depth, qualitative research on why husbands often refuse the use of contraception. | The HIP Partnership produced a strategic guide, [Engaging Men and Boys in Family Planning](https://www.fphighimpactpractices.org/guides/engaging-men-and-boys-in-family-planning/).  The PACE Project has a 2016 evidence guide, [Men as Contraceptive Users and Family Planning Clients](https://thepaceproject.org/our-results/distilling-evidence/men-as-contraceptive-users/). |  |
| Engage young people in community-based programming that challenges traditional attitudes toward FP and male involvement. | Pathfinder published a report entitled [Key Insights for First-Time Parent Programs](https://www.pathfinder.org/publications/key-insights-for-first-time-parent-programs/) in 2020 based on programming by E2A.  E2A led the [expansion of couple-focused interventions](https://www.pathfinder.org/publications/couple-focused-interventions-a-theory-of-change/) (CFIs), which are often overlooked in global policies. | Programming was designed for first-time parents in Nigeria, Tanzania, and Burkina Faso based on the First-Time Parent Framework. This life course approach is important because first-time mothers (FTMs) are generally “at increased risk of poor pregnancy, delivery, and child health outcomes.” The intervention included peer-led support for FTMs, groups for male co-parents, informational sessions with mothers and mothers-in-law, and home visits by community health workers. Researchers saw great uptake in breast-feeding and mCPR as a result. Participants were also more likely to believe FP decisions should be made jointly between a husband and wife after engaging in the program. (**Source:** *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report,* USAID and E2A, June 2021, https://msh.org/wp-content/uploads/2021/08/e2afinalreportjune2021.pdf.) |
| Collaborate with religious stakeholders and communities of practice across the Arab World to design culturally appropriate SRHR curricula. | UNFPA put out a report called [Between 3eib and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region](https://arabstates.unfpa.org/sites/default/files/pub-pdf/situational_analysis_final_for_web.pdf)in 2020. |  |
| Design behavioral change programs throughout the country to increase support for gender equity and decrease the acceptability of early marriage. | The materials produced as part of the 2017 [UNICEF Regional Study on Child Marriage](https://www.unicef.org/mena/reports/child-marriage-middle-east-and-north-africa) provide an excellent analysis of early marriage in the Middle East and North Africa and offer a number of recommendations to holistically address the issue.  Drivers of early marriage are further explored in Fry et al.’s 2019 report for UNICEF, [A Qualitative Study on the Underlying Social Norms and Economic Causes that Lead to Child Marriage in Jordan](https://www.unicef.org/jordan/media/1796/file/Jordan-Reports.pdf)*.*  The WHO’s framework combating violence against minors is mapped out in a report entitled [INSPIRE: Seven Strategies for Ending Violence Against Children](https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children)*.* |  |
| Develop and adapt FP programs with sustainability and local ownership in mind. | The Challenge Initiative’s “business unusual” model: [website](https://tciurbanhealth.org/) |  |
| **Enabling Legal and Policy Environment** |  |  |
| Use a total market approach (TMA) to encourage the private sector, as well as the public sector and non-governmental organizations, to provide supplies and services. | Cisek et al. published [Strengthening family planning stewardship with a total market approach](https://onlinelibrary.wiley.com/doi/full/10.1002/pad.1840) in 2018 based on experiences in Mali, Uganda, and Kenya.  The Evidence Project published a [Planning Guide for a Total Market Approach to Increase Access to Family Planning](https://www.path.org/resources/planning-guide-for-a-total-market-approach-to-increase-access-to-family-planning/) in 2016.  MEASURE Evaluation, a USAID data for health initiative, produced the *Handbook for Research on the Family Planning Market* as an accompaniment to the above Evidence Project document. Volume I is [Using Data to Inform a Total Market Approach to Family Planning](https://www.measureevaluation.org/resources/publications/tr-16-131a.html), and Volume II is [Tools and Resources for an In-depth Analysis of the Family Planning Market](https://www.measureevaluation.org/resources/publications/tr-16-131b.html). | In Morocco, the expansion of private-sector contraceptive provision was associated with a more equitable utilization of modern contraception across socioeconomic groups. The country’s national FP program was initiated in 1966, and the Ministry of Health committed to expanding FP access through a growing network of public health centers over the following decades. In the 1990s, commercial distributors began socially marketing OCPs to middle- and upper-income women. Some worried this would leave the poor behind in terms of mCPR. However, Morocco’s TMA succeeded because the public sector could focus its resources on the least economically advantaged while private sector actors competed for the rest of the market. (**Source:** Sohail Agha and Mai Do, “Does an expansion in private sector contraceptive supply increase inequality in modern contraceptive use?,” *Health Policy and Planning, 23(6), M. (2008): 465–475, https://doi.org/10.1093/heapol/czn035.)* |
| Strengthen supply chains to satisfy the current and future unmet need for contraception. | The HIP Partnership has curated a thorough [guide on supply chain management](https://www.fphighimpactpractices.org/briefs/supply-chain-management/). |  |
| Alleviate the cost associated with accessing FP with targeted voucher programs. |  | In the 1970s, Tunisia’s FP voucher program improved the delivery and uptake of contraception among rural populations. Through the program, women were visited at home and counseled on contraceptive options. Those who expressed interest in an IUD or tubal ligation were given a voucher to receive these services at a convenient public facility. In just two years, the mCPR within the targeted group increased from 6.6% to 21%.  (**Source:** BenjaminBellows, Ashish Bajracharya, Carol Bulaya et al., *Family planning vouchers to improve delivery and uptake of contraception in low- and middle-income countries: A systematic review*, Evidence Study Report (Lusaka: Population Council, 2015), https://doi.org/10.31899/rh9.1048) |
| Educational policy should frame SRHR learning as part of acquiring necessary life skills. | UNFPA put out a report called [Between 3eib and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region](https://arabstates.unfpa.org/sites/default/files/pub-pdf/situational_analysis_final_for_web.pdf)in 2020. | In 2019, Tunisia became the first Arab nation to provide sex education for all elementary and middle school students. The *Washington Post* reports that the curriculum involves young people “learning about their bodies in a biological and religious-based way in hopes of protecting them from sexual harassment, catcalling, rape and molestation.” This may serve as a good regional case study for authorities in Jordan. (**Source:** Lateshia Beachum, Tunisia launches a state-sponsored sex-education program, a rarity in the Arab world,” *Washington Post,* December 19, 2019, https://www.washingtonpost.com/world/2019/12/05/tunisia-launches-state-sponsored-sex-education-program-rarity-arab-world/.) |
| Establish forums for youth to communicate their needs to policy-makers and other groups working on awareness andeducational programs. | E2A developed the [Tool for AYRH-Responsive Planning](https://tarp.e2aproject.org/) to facilitate youth participation in evidence-based advocacy. The goal is for national policies to be more responsive to AYSRH needs. | The [University Leadership for Change](https://www.pathfinder.org/wp-content/uploads/2021/05/Niger-ULC-in-SRH-Report-ENG.pdf) program in Niger got young adults involved in designing needs-responsive SRH services at their university. Building competency and confidence helped young people overcome “the prevailing social and cultural norms of silence” around sexuality. (**Source:** *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report,* USAID and E2A, June 2021, https://msh.org/wp-content/uploads/2021/08/e2afinalreportjune2021.pdf.) |
| Use legal mechanisms to counter child marriage wherever it is prevalent, e.g., in Jordanian, Syrian, Bedouin, or other communities. | More information on the intersections of law and child marriage can be found on the website [Girls Not Brides](https://www.girlsnotbrides.org/about-child-marriage/law-and-child-marriage/)*.* |  |
| Liberalize the provision of SRH services by setting “the fewest possible restrictions on when, where, and by whom FP services are provided.” | WHO put out [Making decisions about contraceptive introduction: A guide for conducting assessments to broaden contraceptive choice and improve quality of care](https://apps.who.int/iris/bitstream/handle/10665/67444/WHO_RHR_02.11.pdf?sequence=1&isAllowed=y)  in 2002. In the first decade after its publication, this guide was used effectively by more than 20 nations. |  |
| Expand the resources available to victims of sexual assault and rape. |  | Morocco introduced Emergency Contraception (EC) for the first time in 2008. At that point, progestin-only EC pills had been available for years in Tunisia, Iran, Lebanon, and Turkey. Despite significant legislative progress, awareness and education about EC in Morocco were still lacking a decade after its introduction. EC pills are often confused with abortion pills, which are taboo in certain schools of Islamic thought. More affluent urban populations are the best educated on EC, and officially only married women are permitted to use it. (**Source:** Elena Chopyak, “Introducing Emergency Contraception in Morocco,” In *Abortion Pills, Test Tube Babies, and Sex Toys,* Angel M. Foster and L. L. Wynn, eds. (Nashville: Vanderbilt University Press, 2017), 27-43, https://doi.org/10.2307/j.ctv16758qq.6.) |
| Establish rights-supportive measures of success for national and local FP programs. | In 2017, the WHO released [Monitoring human rights in contraceptive services and programmes](https://apps.who.int/iris/bitstream/handle/10665/259274/9789241513036-eng.pdf)*.*  There is a similar 2014 WHO report entitled [Ensuring human rights within contraceptive programmes: A human rights analysis of existing quantitative indicators](https://www.who.int/publications/i/item/9789241507493). |  |
| The state must actively manage FP supply chains and preemptively develop flexible crisis response mechanisms. |  | Save the Children has spent a decade building resilient FP and post-abortion care amidst overlapping humanitarian crises in Yemen. Health facilities have been a primary target for attacks, and medical supplies have often been unable to reach blockaded seaports. Despite these and other challenges, Save the Children has successfully diversified the nation’s contraceptive method mix, introducing many to longer-lasting methods such as injectables, IUDs, and implants. Robust monitoring and evaluation systems have enabled the program to optimize at-risk supply chains. For example, Save the Children used service statistics to calculate necessary security stock levels based on anticipated client load, population mobility, and facility capacity. (**Source:** Catherine N. Morris, Kate Lopes, Meghan C. Gallagher et al., “When political solutions for acute conflict in Yemen seem distant, demand for reproductive health services is immediate: a programme model for resilient family planning and post-abortion care services,“ *Sexual and Reproductive Health Matters*, *27*(2) (2019): 100–111, https://doi.org/10.1080/26410397.2019.1610279.) |
| **Quality Information and Services** |  |  |
| Expand the range of FP methods available in the public and private sector. | TheWHO has an evidence brief on[Expanding contraceptive choice](https://apps.who.int/iris/bitstream/handle/10665/255865/WHO-RHR-17.14-eng.pdf), which it updated in 2018.  The [Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception](https://fp2030.org/sites/default/files/Global%20Consensus%20Statement%20-%20Expanding%20Contraceptive%20Choice.pdf) was produced in 2015 with the support of more than a dozen major SRHR organizations. | In Egypt, the government has invested in subsidizing and promoting IUDs as a pillar of its FP program. The devices are very popular; six of ten currently married women in Egypt use contraception, and 60% use an IUD. Hormonal IUDs, which were not offered by the government as of 2017, would likely be even more highly in demand. Islamic teaching is that women cannot engage in certain activities during menstruation, including praying, sexual intercourse, and fasting. Heavy and prolonged bleeding is a major concern, and many Muslim women request the removal of their copper IUD prior to Ramadan. As opposed to copper IUDs, hormonal versions tend to *decrease* bleeding. (**Source:** Ahmed Ragab, “Is There an Islamic IUD?: Exploring the Acceptability of a Hormone-Releasing Intrauterine Device in Egypt,” in *Abortion Pills, Test Tube Babies, and Sex Toys, Angel M. Foster and L. L. Wynn, eds. (Nashville: Vanderbilt University Press, 2017):* 15–26, <https://doi.org/10.2307/j.ctv16758qq.5>.)  Implanon, an implanted hormone-releasing device, was also well-received in Egypt. It showed a low first-year discontinuation rate (13.5%) compared to other methods. Women who had used an implant before, who were using Implanon for birth limiting and whose husbands had higher levels of education were the least likely to discontinue usage. Those who chose to have it removed usually cited side effects as their main reason for doing so. (**Source:** Mirette M.Aziz, Amira F. El-Gazzar, and Omaima Elgibaly, “Factors associated with first-year discontinuation of Implanon in Upper Egypt: clients’ and providers’ perspectives,” *BMJ Sexual & Reproductive Health*, *44*(4) (2018): 260–266, <https://doi.org/10.1136/bmjsrh-2017-101860>.)  LARCs are a priority contraceptive method for youth in Ethiopia. They are “effective, discreet, and long-lasting,” which is advantageous since young people may face greater barriers to regularly accessing SRH services and pharmaceuticals than adults. The USAID Integrated Family Health Program Plus trained youth-friendly Ethiopian providers to deliver LARCs and peer educators to share information about them. (**Source:** *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report,* USAID and E2A*,* June 2021, https://msh.org/wp-content/uploads/2021/08/e2afinalreportjune2021.pdf.) |
| Approach issues of non-use and discontinuation from a supply-side perspective by targeting providers with quality-of-care improvement interventions. |  | In Egyptian clinics, client-centered FP counseling was associated with a three-fold increase in patient satisfaction and higher contraceptive continuation rates at a seven-month follow-up. Similarly, a study conducted in four governorates in Lower Egypt showed that improving client-provider interaction increased patients’ knowledge and tolerance of contraceptive side effects. Thirteen months after their initial visit, 81% of women in the intervention group were satisfied with the services they had received as compared to 61% in the control group. (**Source:** Laila Nawar, Ibrahim Kharboush, Magdi A. Ibrahim et al., *Impact of improved client-provider interaction on women’s achievement of fertility goals in Egypt* (Washington, D.C.: Population Council, 2004)  Researchers found evidence that quality of care and facilities, rather than supply, was the primary driver of IUD use in Egyptian public health care centers. The quality of FP services, evaluated across four dimensions (counseling, examination room, supply of methods, and management), had a significant positive effect on IUD use. This positive effect was independent of distance from the facility, facility type, age, and household wealth status.  (**Source**: Rathavuth Hong, Livia Montana, and Vinod Mishra, “Family planning services quality as a determinant of use of IUD in Egypt,” BMC Health Services Research, 6(1) (2006): 79, https://doi.org/10.1186/1472-6963-6-79.)  Client-centered counseling improved client satisfaction with family planning visits in Irbid, Jordan. The counseling curriculum, called “Consult and Choose,” helped limit the negative effects of provider bias by encouraging health professionals to follow “internationally recognized standards.” Sessions lasted five to 15 minutes depending on whether the client was new or returning. (**Source:** Susan Kamhawi, Carol Underwood, Huda Murad et al., “Client-centered counseling improves client satisfaction with family planning visits: evidence from Irbid, Jordan,” *Global Health: Science and Practice* *1*(2), (2013): 180–192. https://doi.org/10.9745/GHSP-D-12-00051) |
| Revise guidelines for FP counseling in health clinics to ensure the information provided is accurate, is based on the latest evidence, and is communicated in a respectful manner. | FHI 360 and Population Services International co-developed the [NORMAL Counseling Tool for Menstrual Bleeding Changes](https://www.fhi360.org/resource/normal-counseling-tool-menstrual-bleeding-changes) to proactively manage side effects. | Prince et al. showed that pregnancy rates in Jordan were 6.3% lower among women who received postpartum FP counseling based on a revised guide used by Jordanian midwives versus those who received counseling based on the original. The revised guide presented more thorough and accurate information, and those using it were trained to conduct the counseling privately and take as much time as necessary for the mother to understand the contents and ask questions. (**Source:** HeathPrince, Yusef Khader, Yara Halasa et al., *Examining Reproductive Health Services of Women, Female Youth, and Female Refugees in Northern Jordan with a Behavioral Economics Lens,* Ray Marshall Center for the Study of Human Resources, University of Texas, Austin, 2020, https://www.nwo.nl/sites/nwo/files/documents/SRHR - Policy brief - Jordan Project - Examining health services with Behavioural Economics Lens %28Prince%29.pdf.) |
| Healthcare providers must be made aware of the rights and service delivery guidelines regarding adolescent and youth sexual and reproductive health and rights (AYSRHR). | Brittain et al.’s systematic review of [Youth-Friendly Family Planning Services for Young People](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6707512/) was updated in 2019. |  |
| Offer various service models for SRHR care, including through primary healthcare centers and mobile outreach. | USAID put out a handbook for program planners in 2010, [Expanding Contraceptive Choice to the Underserved Through Delivery of Mobile Outreach Services](https://toolkits.knowledgesuccess.org/sites/default/files/expanding_contraceptive_choice.pdf) in 2010.  The [MISP](https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations) is a standard package of SRH services that should be implemented at the onset of an emergency. |  |
| Use fractional social franchising to facilitate the rapid scale-up of inexpensive, high-quality FP services. | The HIP Partnership offers a brief guide called [Social Marketing: Leveraging the private sector to improve contraceptive access, choice, and use](http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Social-Marketing-Brief.pdf) which in part addresses the advantages of social marketing in reducing FP disparities. | MSI Reproductive Choices has established social franchising programs in 17 countries, bringing FP services to 3.75 million women. Of the modern contraceptive users engaged, 40% had not used FP recently, and nearly 50% had never used FP. Two-thirds of those reached by MSI opted for LARCs. (**Source:** Erik Munroe, Brendan Hayes, and Julia Taft, “Private-Sector Social Franchising to Accelerate Family Planning Access, Choice, and Quality: Results from Marie Stopes International,” *Global Health: Science and Practice*, 3(2) (2015): 195–208, https://doi.org/10.9745/GHSP-D-15-00056.) |
| In consultation with women and girls, explore safe ways to remotely deliver SRH and GBV services. |  | A study successfully used text messages to increase FP acceptability in the Palestinian territories. The behavioral change methods behind the texts included belief selection, facilitation, anticipated regret, guided practice, verbal persuasion, tailoring, cultural similarity, arguments, shifting perspective, and goal setting. Those in the intervention group were more likely to find at least one method of effective contraception acceptable and intend to use an effective method. They also had a higher mean knowledge score than participants in the control group. (**Source:** Ona McCarthy, Hanadi Zghayyer, Amina Stavridis et al., “A randomized controlled trial of an intervention delivered by mobile phone text message to increase the acceptability of effective contraception among young women in Palestine,” *Trials*, *20*(1) (2019): 228, https://doi.org/10.1186/s13063-019-3297-4.) |
| Offer alternatives to facility-based delivery of FP as part of emergency preparedness. |  | During the COVID-19 pandemic, Palestinian FP organizations pivoted to Skype, WhatsApp, and mHealth services to reach clients. Providers have successfully offered virtual consultations and educational programming and have reported increased client engagement since the introduction of telehealth modalities. Stakeholders want to invest in providing a larger scope of services and increasing the capacity of SRH hotlines. (**Source:** AneSødal, *Understanding the Impact of COVID-19 on SRH Services and SRHR: A Comparative Study of Malawi and Palestine*, Oslo Metropolitan University, 2021, <https://oda.oslomet.no/oda-xmlui/handle/11250/2789529>.)  Community pharmacies are seen as a high-quality, accessible healthcare option in Egypt. Menstrual hygiene products, pregnancy tests, condoms, and emergency contraceptive pills and IUDs are available over the counter at pharmacies. Consultations with pharmacists are free and require shorter wait times than public primary care clinics. Many continued to provide consultations via Facebook, Twitter, and WhatsApp during COVID lockdowns. This was also the case in Lebanon. (**Source:** Luna El Bizri, Laila Jarrar, Wael K. Ali Ali et al., “The role of community pharmacists in increasing access and use of self-care interventions for sexual and reproductive health in the Eastern Mediterranean Region: examples from Egypt, Jordan, Lebanon and Somalia,” *Health Research Policy and Systems*, *19*(S1) (2021): 49, <https://doi.org/10.1186/s12961-021-00695-0>.)  The potential of self-injectable DMPA was tested in the DRC during the COVID-19 pandemic. The pilot project successfully trained trainers on self-injections and used community-based distribution to get contraceptives to women in rural areas. This type of technology has great potential to de-medicalize and decentralize FP services as it does not require regular clinic visits. (**Source:** *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report,* USAID and E2A, June 2021, https://msh.org/wp-content/uploads/2021/08/e2afinalreportjune2021.pdf.) |
| Establish special assistance programs to eliminate barriers to accessible SRH services during emergencies. |  | During the war in Yemen, FP organizations used vouchers to reduce barriers to LARC use. The program had given out 56,000 vouchers as of 2016. Distribution led to an estimated 38% increase over the expected use of long-acting and permanent methods in 2014. Long-acting and permanent methods were the most practical because they did not require frequent clinical visits, which may be costly and dangerous in the Yemeni context. (**Source:** Luke Boddam-Whetham, Xaher Gul, Eman Al-Kobati et al., “Vouchers in Fragile States: Reducing Barriers to Long-Acting Reversible Contraception in Yemen and Pakistan,” *Global Health: Science and Practice*, *4*(Supplement 2) (2016): S94–S108, https://doi.org/10.9745/GHSP-D-15-00308.) |
| **Empowered and Satisfied Client** |  |  |
| Launch educational campaigns that dispel specific myths about the dangers of hormonal contraception. | The second edition of the Population Reference Bureau’s [Contraceptive Evidence: Questions and Answers](https://www.prb.org/wp-content/uploads/2020/02/prb-contraceptive-evidence-report.pdf) was published in 2020. The resource was designed to help people make informed decisions about FP and to ensure policymakers, program implementors, and providers offer accurate guidance. |  |
| Create a counseling hotline and website run by the MoH where accurate and comprehensible SRHR information can be reliably accessed. |  | Prior to COVID-19, researchers piloted a reproductive health text-messaging program in Mozambique. The service was an interactive SMS system that delivered role-model stories and informational messages about contraception. It was specifically designed to address the barriers youth face when seeking FP services. There are still gaps in the evidence linking digital health innovations to improved SRH outcomes, but the Mozambique program got an overwhelmingly positive response from young users. They even expressed their willingness to pay for a subscription for this kind of information service in the future. During the pandemic, health workers could use the same platform to connect people with COVID-19 resources. (**Source:** *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report,* USAID and E2A, June 2021, https://msh.org/wp-content/uploads/2021/08/e2afinalreportjune2021.pdf.) |