How to use WHO’s family planning guidelines and tools – 2

Mary Lyn Gaffield and Mario Festin
Human Reproduction Team, World Health Organization
Learning objectives

- To identify the purpose of WHO's family guidelines and tools.
- To identify and apply medical eligibility criteria and practice recommendations for family planning service delivery.
- To use these WHO family planning tools for service provision.
- To list other WHO reference materials on family planning.
The need for evidence-based guidance

- To base family planning practices on the best available published evidence
- To address misconceptions regarding who can safely use contraception
- To reduce medical barriers
- To improve access and quality of care in family planning
Family planning guidelines and tools

- **Medical Eligibility Criteria**
  - 5th edition

- **Selected Practice Recommendations**
  - 3rd edition in 2016

- **Global Handbook**
  - To be updated in 2017

- **Reproductive Choices and Family Planning for People with HIV**
  - To be updated

- **Guide to family planning for community health care providers and their clients**
  - To be updated

The Medical Eligibility Criteria (MEC) Wheel (new)
Part 2

- Family Planning Global Handbook for Providers
- Family Planning Training Resource Package (TRP)

Others:
- Guideline documents on Human rights and contraception
- Task Sharing guidelines for contraception
- Essential medicines list (EML)
- Global strategy documents in Reproductive health
- Implementation and scaling up tools

- Website and social media links
Family Planning –
A Global Handbook for Providers

- Manual that translates scientific evidence into practical guidance

- Recommendations issued within the MEC 5th edition and SPR 3rd edition will be incorporated

- Chapters on all contraceptive methods, special diverse groups (adolescents, men, women near menopause), other issues (PPFP, Post abortion, VAW, infertility), and counselling, infection control

- Guidance from other relevant WHO documents to be included, such as (but not limited to):
  - Task shifting
  - Human rights
  - Cervical cancer
  - Gender-based violence
  - Postnatal care
  - HIV counseling

- By the INFO Project at the Johns Hopkins Bloomberg School of Public Health. Endorsed by nearly 50 organizations
# Contents: Method chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Combined Oral Contraceptives</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Progestin-Only Pills</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>Emergency Contraceptive Pills</td>
<td>45</td>
</tr>
<tr>
<td>4</td>
<td>Progestin-Only Injectables</td>
<td>59</td>
</tr>
<tr>
<td>5</td>
<td>Monthly Injectables</td>
<td>81</td>
</tr>
<tr>
<td>6</td>
<td>Combined Patch Only the Essentials</td>
<td>101</td>
</tr>
<tr>
<td>7</td>
<td>Combined Vaginal Ring Only the Essentials</td>
<td>105</td>
</tr>
<tr>
<td>8</td>
<td>Implants</td>
<td>109</td>
</tr>
<tr>
<td>9</td>
<td>Copper-Bearing Intrauterine Device</td>
<td>131</td>
</tr>
<tr>
<td>10</td>
<td>Levonorgestrel Intrauterine Device Only the Essentials</td>
<td>157</td>
</tr>
<tr>
<td>11</td>
<td>Female Sterilization</td>
<td>165</td>
</tr>
<tr>
<td>12</td>
<td>Vasectomy</td>
<td>183</td>
</tr>
<tr>
<td>13</td>
<td>Male Condoms</td>
<td>199</td>
</tr>
<tr>
<td>14</td>
<td>Female Condoms</td>
<td>211</td>
</tr>
<tr>
<td>15</td>
<td>Spermicides and Diaphragms</td>
<td>221</td>
</tr>
<tr>
<td>16</td>
<td>Cervical Caps Only the Essentials</td>
<td>237</td>
</tr>
<tr>
<td>17</td>
<td>Fertility Awareness Methods</td>
<td>239</td>
</tr>
<tr>
<td>18</td>
<td>Withdrawal Only the Essentials</td>
<td>255</td>
</tr>
<tr>
<td>19</td>
<td>Lactational Amenorrhea Method</td>
<td>257</td>
</tr>
<tr>
<td>20</td>
<td>Serving Diverse Groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescents</td>
<td>267</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>270</td>
</tr>
<tr>
<td></td>
<td>Women Near Menopause</td>
<td>272</td>
</tr>
<tr>
<td>21</td>
<td>Sexually Transmitted Infections, Including HIV</td>
<td>275</td>
</tr>
<tr>
<td>22</td>
<td>Maternal and Newborn Health</td>
<td>289</td>
</tr>
</tbody>
</table>

## BACK MATTER

- Appendix A. Contraceptive Effectiveness: 319
- Appendix B. Signs and Symptoms of Serious Health Conditions: 320
- Appendix C. Medical Conditions That Make Pregnancy Especially Risky: 322
- Appendix D. Medical Eligibility Criteria for Contraceptive Use: 324
- Glossary: 335
- Index: 343
- Methodology: 354

## JOB AIDS AND TOOLS

- Comparing Contraceptives
  - Comparing Combined Methods: 358
  - Comparing Injectables: 359
  - Comparing Implants: 360
  - Comparing Condoms: 360
  - Comparing IUDs: 362
- Correctly Using a Male Condom: 363
- Female Anatomy and the Menstrual Cycle: 364
- Male Anatomy: 367
- Identifying Migraine Headaches and Auras: 368
- Further Options to Assess for Pregnancy: 370
- Pregnancy Checklist: 372
- If You Miss Pills: Inside back cover
- Effectiveness Chart: Back cover
Chapter Headings

- Key points
- Helping the Client Decide about Combined Oral Contraceptives (COCs)
- Side effects, health benefits, and risks
  - COCs and cancer
- Who can and cannot use combined oral contraceptives
  - Medical eligibility criteria
- Providing combined oral contraceptives
- Following up users of combined oral contraceptives
- Questions and Answers
CHAPTER I

Combined Oral Contraceptives

Key Points for Providers and Clients

- Take one pill every day. For greatest effectiveness a woman must take pills daily and start each new pack of pills on time.
- Bleeding changes are common but not harmful. Typically, irregular bleeding for the first few months and then lighter and more regular bleeding.
- Take any missed pill as soon as possible. Missing pills risks pregnancy and may make some side effects worse.
- Can be given to women at any time to start later. If pregnancy cannot be ruled out, a provider can give her pills to take later, when her monthly bleeding begins.

What Are Combined Oral Contraceptives?

- Pills that contain low doses of 2 hormones—a progestin and an estrogen—like the natural hormones progesterone and estrogen in a woman's body.
- Combined oral contraceptives (COCs) are also called “the Pill,” low-dose combined pills, OCPs, and OCs.
- Work primarily by preventing the release of eggs from the ovaries (ovulation).

How Effective?

Effectiveness depends on the user: Risk of pregnancy is greatest when a woman starts a new pill pack 3 or more days late, or misses 3 or more pills near the beginning or end of a pill pack.
Given by injection into the muscle (intramuscular injection). The hormone is then released slowly into the bloodstream. A different formulation of DMPA can be injected just under the skin (subcutaneous injection). See New Formulation of DMPA, p. 63.

Work primarily by preventing the release of eggs from the ovaries (ovulation).

**How Effective?**

*Effectiveness depends on getting injections regularly. Risk of pregnancy is greatest when a woman misses an injection.*

*As commonly used, about 3 pregnancies per 100 women using progestin-only injectables over the first year. This means that 97 of every 100 women using injectables will not become pregnant.*

*When women have injections on time, less than 1 pregnancy per 100 women using progestin-only injectables over the first year (3 per 1,000 women).*

Return of fertility after injections are stopped: An average of about 4 months longer for DMPA and 1 month longer for NET-EN than with most other methods (see Question 7, p. 79).

Protection against sexually transmitted infections (STIs): None

---

**Side Effects, Health Benefits, and Health Risks**

**Side Effects** (see Managing Any Problems, p. 75)

Some users report the following:

- Changes in bleeding patterns including, with DMPA:
  - First 3 months:
    - Irregular bleeding
    - Prolonged bleeding
  - At one year:
    - No monthly bleeding
    - Infrequent bleeding
    - Irregular bleeding

- NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely to have no monthly bleeding after one year than DMPA users.

- Weight gain (see Question 4, p. 78)

- Headaches

- Dizziness

- Abdominal bloating and discomfort

- Mood changes

- Less sex drive

Other possible physical changes:

- Loss of bone density (see Question 10, p. 80)

---

**Why Some Women Say They Like Progestin-Only Injectables**

- Do not require daily action
- Do not interfere with sex
- Are private: No one else can tell that a woman is using contraception
- Cause no monthly bleeding (for many women)
- May help women to gain weight
Providing Vasectomy

When to Perform the Procedure

- Any time a man requests it (if there is no medical reason to delay).

Ensuring Informed Choice

IMPORTANT: A friendly counselor who listens to a man’s concerns, answers his questions, and gives clear, practical information about the procedure—especially its permanence—will help a man make an informed choice and be a successful and satisfied user, without later regret (see Female Sterilization, Because Sterilization Is Permanent, p. 174). Involving his partner in counseling can be helpful but is not required.

The 6 Points of Informed Consent

Counseling must cover all 6 points of informed consent. In some programs the client and the counselor sign an informed consent form. To give informed consent to vasectomy, the client must understand the following points:

1. Temporary contraceptives also are available to the client.
2. Voluntary vasectomy is a surgical procedure.
3. There are certain risks of the procedure as well as benefits. (Both risks and benefits must be explained in a way that the client can understand.)
4. If successful, the procedure will prevent the client from ever having any more children.
5. The procedure is considered permanent and probably cannot be reversed.
6. The client can decide against the procedure at any time before it takes place (without losing rights to other medical, health, or other services or benefits).

Vasectomy Techniques

Reaching the Vas: No-Scalpel Vasectomy

No-scalpel vasectomy is the recommended technique for reaching each of the 2 tubes in the scrotum (vas deferens) that carries sperm to the penis. It is becoming the standard around the world.

Differences from conventional procedure using incisions:

- Uses one small puncture instead of 1 or 2 incisions in the scrotum,
- No stitches required to close the skin.
- Special anesthesia technique needs only one needle puncture instead of 2 or more.

Advantages:

- Less pain and bruising and quicker recovery.
- Fewer infections and less collection of blood in the tissue (hematoma).
- Total time for the vasectomy has been shorter when skilled providers use the no-scalpel approach.

Both no-scalpel and conventional incision procedures are quick, safe, and effective.

Blocking the Vas

For most vasectomies ligation and excision is used. This entails cutting and removing a short piece of each tube and then tying both remaining cut ends of the vas. This procedure has a low failure rate. Applying heat or electricity to the ends of each vas (cauterizing) has an even lower failure rate than ligation and excision. The chances that vasectomy will fail can be reduced further by encasing a cut end of the vas, after the ends have been tied or cauterized, in the thin layer of tissue that surrounds the vas (fascial interposition). If training and equipment are available, cautery and/or fascial interposition are recommended. Blocking the vas with clips is not recommended because of higher pregnancy rates.
Questions and Answers About Progestin-Only Injectables

1. Can women who could get sexually transmitted infections (STIs) use progestin-only injectables?
   Yes. Women at risk for STIs can use progestin-only injectables. The few studies available have found that women using DMPA were more likely to acquire chlamydia than women not using hormonal contraception. The reason for this difference is not known. There are few studies available on use of NET-EN and STIs. Like anyone else at risk for STIs, a user of progestin-only injectables who may be at risk for STIs should be advised to use condoms correctly every time she has sex. Consistent and correct condom use will reduce her risk of becoming infected if she is exposed to an STI.

2. If a woman does not have monthly bleeding while using progestin-only injectables, does this mean that she is pregnant?
   Probably not, especially if she is breastfeeding. Eventually most women using progestin-only injectables will not have monthly bleeding. If she has been getting her injections on time, she is probably not pregnant and can keep using injectables. If she is still worried after being reassured, she can be offered a pregnancy test, if available, or referred for one. If not having monthly bleeding bothers her, switching to another method may help.

3. Can a woman who is breastfeeding safely use progestin-only injectables?
   Yes. This is a good choice for a breastfeeding mother who wants a hormonal method. Progestin-only injectables are safe for both the mother and the baby starting as early as 6 weeks after childbirth. They do not affect milk production.

4. How much weight do women gain when they use progestin-only injectables?
   Women gain an average of 1–2 kg per year when using DMPA. Some of the weight increase may be the usual weight gain as people age. However, overweight adolescents, have gained much more than 1–2 kg per year. At the same time, some users of progestin-only injectables lose weight or have no significant change in weight. Asian women in particular do not tend to gain weight when using DMPA.

5. Do DMPA and NET-EN cause abortion?
   No. Research on progestin-only injectables finds that they do not disrupt an existing pregnancy. They should not be used to try to cause an abortion. They will not do so.
Welcome to the TRP!

This website offers curriculum components and tools for trainers to design, implement, and evaluate family planning and reproductive health (FP/RH) training.

All materials can be downloaded for free, and you may adapt or translate them for your own work. If you do use or adapt these materials, please let us know!

Learn More

Featured Module: Benefits of Family Planning

This module is designed to provide a basic definition of family planning and discuss how it can help improve the lives of women, children, families, and communities. © 2012

Akintunde Akinleye/NURHI, Courtesy of Photoshare
A Training Resource Package for Family Planning

• A comprehensive set of materials designed to support training in family planning and reproductive health.

• A web-based collection of the curricular components and tools needed to design, implement and evaluate training.

• Can be used by facilitators and curriculum developers to implement high quality training and education.

• The materials are appropriate for pre-service and in service training and applicable in both the public and private sectors.

• Incorporates up-to-date technical content and proven training methodologies.

• Content can be customized to meet needs of specific training audiences.

• Can be used by trainers with different levels of training experience – guidance is provided (facilitator’s guide).
The technical information for these materials is based on the Family Planning: A Global Handbook for Providers

Last revised: 27 July 2012
Module Session Plan

Combined Oral Contraceptives (COCs): Session Plan

Notes to Facilitator:
The slides and session plan provide presentation support for conveying technical information and for conducting the interactive learning activities.

To use this presentation most effectively, please:
- Read the COC’s Facilitator’s Guide, on the Using the Training Package for selecting and adapting TRP materials for the learning audience.
- Next read this session plan, which includes detailed learning objective modules and describes how to use this presentation and other materials to prepare and conduct the learning activities.

Training Process

Session I: Characteristics of COCs
Session Objective: Describe the characteristics of COCs in a manner that can be understood.

Welcome and Introduction (15 min.)
- Great participants and introduce yourself.

Objectives:
- Discussion (5 min.)
  - The session is designed to address the COC-related objectives listed in the Facilitator’s Guide and Slide 2.
  - Review objectives with participants.
  - Explain that the learning objectives will be assessed through knowledge assessments, role plays, and the use of skills checklists.
  - Solicit input about whether the planned objectives match participants’ expectations of the training.

Pre-Test Questionnaire (10 min.)
- Evaluate participants’ readiness.
  - What are COCs? Traits and Types
  - Discuss COCs and their characteristics.

Session II: Who Can and Cannot Use COCs
Session Objective: Demonstrate how to screen clients for medical eligibility for COC use.

COCs Are Safe for Nearly All Women
Lecturette (15 min.)
- Use slides to show women who can safely use COCs:
  - Nearly all women can use COCs safely and effectively.
  - Most health conditions do not affect safe and effective use of COCs and only a few conditions may affect a woman’s eligibility to use COCs.
  - The WHO medical eligibility criteria were developed to reduce providers’ concerns about different types of Screening that affect a woman’s eligibility to use any given contraceptive method.

Who Can and Cannot Use the Pill
Lecturette (15 min.)
- Explain that most women can safely use the pill as mentioned in the previous slide.
- Use slides to show who should not use COCs.

Medical Eligibility Criteria
Brainstorming (10 min.)
- This activity has two purposes:
  1. To give participants an opportunity to share what they think about the eligibility criteria used in their national family planning guidelines or the WHO medical eligibility criteria (WHO MECC) so that the facilitator can determine whether the participants understand the criteria and how they are used or whether they need additional background information before proceeding.
  2. To introduce job aids that help participants understand eligibility criteria (and that they may also use at their workshops), such as the WHO Medical Eligibility Criteria Wheel for Contraceptive Use, at the Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use.

Brainstorming instructions:
- Use slide 7 to introduce the concept of medical eligibility.

Last Revised: 27 July 2012
Table of Contents
I. What is the Training Resource Package for COCs? ........................................ 1
II. What is the Purpose of the Training Resource Package for COCs? .............. 2
III. Who Can Use the Training Resource Package for COCs? ......................... 3
IV. Using the Training Resource Package COCs Module to Develop Training... 4
V. Using the Training Resource Package for Pre-Service Training .................. 5
VI. Overview of the Design of the Technical Resource Package Module (see Diagram, next page) ................................................................. 6
   a. The Learning Objectives ........................................................................... 6
   b. Illustrative Module Session Plan with Illustrative Training Schedule ...... 6
   c. Facilitator’s Guide .................................................................................. 6
   d. Presentation (PowerPoint slides) ............................................................... 6
   e. Handouts ................................................................................................. 6
   f. Evaluation Tools ..................................................................................... 6
   g. References ............................................................................................... 6

VII. Clinical Practicum ....................................................................................... 7
   a. Selecting a Clinical Training Site ............................................................. 7
   b. Steps in Developing a Clinical Training Site ......................................... 7
   c. Selecting a Clinical Trainer ..................................................................... 7
   d. Clinical Procedure Skills Training ......................................................... 7
   e. How Much Clinical Practice is Needed for Certification? .................... 7
   f. What is the Proper Length of Clinical Training and Rotation of Trainer ... 7
   g. Steps for Guiding a Clinically Based Practicum .................................... 7
   h. Training Follow-up ................................................................................ 7

Last revised: 27 July 2012

Appendix A: Adult Learning

Adult Learning
A noted educator, Dr. Malcolm Knowles, devised a theory of adult learning. Before Dr. Knowles published his theory, most educators assumed that adults learn just as children did and that the teachers role was to teach and the learners role was just to learn. The teacher was to take full responsibility for the teaching-learning process. When he wrote the following assumptions that characterized adults as learners:

Adults as Learners
1. Adults have a need to know why they should learn something.
   Adults are motivated to learn when they are convinced that learning the new knowledge, attitude, or skill is important. Learning is more meaningful for adults if they can understand why they “need to know.”
2. Adults have a deep need to be self-directing.
   “The psychological definition of an adult is one who has achieved a self-concept of being in charge of his or her own life, of being responsible for making his or her own decisions, and living with the consequences.” Adults have a strong need to take responsibility for their own lives, including deciding what they want to learn. Dr. Knowles speculate that when adult learners are taught, they withdraw from the learning situation. However, self-directed learning doesn’t necessarily mean learning without help. Adults often need help in making the transition from seeing themselves as dependent learners to becoming self-directed learners. Trainers are responsible for the plan and approach, but throughout the training, the trainer involves the participant.
3. Adults have a greater volume and quality of experience than youth.
   The longer we live, the more experiences we have. This affects learning in several ways. Adults bring to the learning experience a wealth of experience which can be used to enrich those learning and that of other participants.
   Adults bring to the learning experience a wealth of experience which can be used to enrich those learning and that of other participants.
   Adults have a broader base of experience to which to add new ideas and skills and give them richer meaning. Tyng learning activities to past experiences can make them more meaningful and will help participants remember them better.
   Adult learners come together as a group having had a wide range of experiences. They will have a wide range of differences as background, interests, abilities, and learning styles. Because of these differences, adult learning must be more individual and more varied. A true trainer will find out what the trainers already know and build on these experiences.
   There is a potential negative effect of greater experiences, “it leads to cause people to develop habits of thought and behavior to make assumptions to be less open to new ideas.” This potential negative effect must be taken into account in planning learning experiences. Techniques must be developed to try to counter this tendency.

Last revised: 27 July 2012
Combined Oral Contraceptive Pills (COCs)

Session I: Characteristics of COCs

Effectiveness of COCs

In this progression of effectiveness, where would you place combined oral contraceptives (COCs)?

More effective
- Implants
- Male Sterilization
- Female Sterilization
- Intrauterine Devices
- Progestin-Only Injectables
- Male Condoms
- Standard Days Method
- Female Condoms
- Spermicides

Less effective

COC: COCs have no effect on an existing pregnancy.

COCs: Mechanism of Action

Suppresses hormones responsible for ovulation

Thickens cervical mucus to block sperm

Relative Risk for Breast Cancer among COC users and Non-users


Advanced Slide Set, Slide 4
How to Use the Pill

Take one pill each day
If you miss 1 or 2 active pills in a row
or start a pack 1 or 2 days late:
- Always take a pill as soon as you remember
- Continue to take one pill every day
- No need for additional protection
If you miss 3 or more active pills in a row
or start a pack 3 or more days late:
- Take a pill as soon as possible, continue taking
 1 pill each day, and use condoms or avoid sex
  for the next 7 days
- If you miss these pills in week 3, ALSO skip
  inactive pills and start a new pack.

Remember:
When you miss 3 or more active pills in a row,
hormonal pills must be taken for 7 days
in a row to get back to full protection.
If you miss three pills in a row
during the first week of a pack
and have unprotected sex, consider using...
Combined Oral Contraceptives (COCs):
Competency-Based Training (CBT) Skills Assessment Checklist for COCs

Date of Assessment: ___________________________  Dates of Training: ___________________________
Place of Assessment: Facility: ___________________________ Classroom: ___________________________
Type of Facility: [ ] MOH/GoV: [ ] NGO [ ] Other
Level of Facility: [ ] Primary [ ] Secondary [ ] Tertiary
Name of the Service Provider: ___________________________

Name of the Assessor: ___________________________
This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for COCs. The checklist may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist that she may keep what is expected of her/him.

Instructions for the Assessor:
1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:
   1. Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted.
   2. Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.
   3. Proficiently Performed: Step or task performed efficiently and precisely performed in the proper sequence (if necessary).
   Not Observed: Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time she is with the client, using the rating scale.

Last revised: 11 June 2012

EVALUATION TOOLS
Combined Oral Contraceptives (COCs): References

The main references for the COC module as well as for other TRPs are the World Health Organization's four cornerstones of family planning guidance:


2. *The Medical Eligibility Criteria for Contraceptive Use 6th edition* 2010. This resource provides guidance on whether people with certain medical conditions can safely and effectively use specific contraceptive methods.

3. *Decision Making Tools for Family Planning Clients and Providers*


Other resources related to COC:

- Fact Sheet: Combined Oral Contraceptives (COCs): FactSheet_COCs_Generic (.doc or .pdf)
- *Comparing Effectiveness of Family Planning Methods EffectivenessChart_GlobalHB_2007.pdf*
- *If 100 Women Use a Method for One Year, How Many Will Become Pregnant? EffectivenessChart_AdVersion (.doc or .pdf)*
- *Quick Reference Chart for the WHO Medical Eligibility Criteria for Contraceptive Use QuickRefChartMEC_2011.pdf*
- *The WHO Medical Eligibility Criteria Wheel for Contraceptive Use MECwheel_WHO_2008.pdf*
- Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives MECchecklist_COCs_2011.pdf
- *A Guide to Effective and Efficient Provision of Combined Oral Contraceptives (COCs) JobAid_ProvidingCOCs_Clin.pdf*
- *How to Use the Pill JobAid_HowToUseCOCs_Generic.pdf*

Last revised: 11 June 2012
Modules presently available

- Benefits of Family Planning (VF)
- Combined Oral Contraceptives (VF)
- Condoms - Male (VF)
- Condoms - Female (VF)
- Contraceptive Implants (VF)
- Emergency Contraceptive Pills (ECP)
- Emergency Contraceptive Pills (ECP) for Pharmacists
- Family Planning Counseling (VF)
- Intrauterine Devices (IUDs) (VF)
- Lactational Amenorrhea (VF)
- Progestin-only Injectable Contraception (Injectables) (VF)
- Standard Days Method
- WHO's FP Guidance documents and Job Aids (VF)

- Coming very soon - Permanent Methods
- Plans for wider dissemination and technical support
- Presently being updated, with inputs from new MEC and SPR
- New French versions of other modules coming soon, Spanish coming soon.
Human Rights and Contraception

- WHO guidelines provide recommendations how to ensure that human rights are respected, protected and fulfilled, while quality services are scaled up to reduce unmet need for contraception.

- Guidance included both health data and international human rights laws and treaties.

- This guidance is complementary to existing WHO recommendations for SRH programmes.

- Related documents:
  - Framework document
  - Quantitative indicators
  - Implementation guide
Task sharing – usual providers retain task but involve or expand to other cadres,

Task shifting – delegate the task to other cadres, especially if there are not usually found there.

Either with confidentiality and privacy
Essential Medicines List

- Satisfy the priority health care needs of the population. They are selected with due regard to **public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness**.
- Intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and community can afford.
Global Strategies for RMNCAH
Useful resources on how to implement and scale up FP programs

http://www.who.int/reproductivehealth/topics/countries/strategic_approach/en/
http://srhr.org

Sexual and Reproductive Health and Rights (SRHR)
Our vision is the attainment by all people of the highest possible level of sexual and reproductive health

Interactive tools
These are interactive tools developed by WHO’s Department of Reproductive Health and Research (including HRP).
For further information and resources access the full site.

Search WHO guidelines in sexual and reproductive health and rights
This tool enables users to search WHO guidelines for individual recommendations across multiple guidelines with additional links to evidence and full texts.
Useful website links:

- WHO RHR – Family planning
- Family planning Training Resource Package
  - https://www.fptraining.org/
- WHO Family planning guidelines
  - http://www.who.int/reproductivehealth/topics/family_planning/en/
- Implementing Best Practices (IBP) Initiative and Knowledge Gateway
Thank you

For more information,

Follow us on Twitter  @HRPresearch

Website  who.int/reproductivehealth/en