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# A FRAMEWORK TO ASSIST COUNTRIES IN THE DEVELOPMENT AND STRENGTHENING OF NATIONAL AND DISTRICT HEALTH PLANS AND PROGRAMMES IN REPRODUCTIVE HEALTH

## Suggestions for Programme Managers

A report based on the meeting of  
Regional Advisers in Reproductive Health  
WHO, Geneva, 21-24 August 2000



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Department of Reproductive Health and Research **RHR**  
Family and Community Health

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## RESOURCE PERSONS

### ***WHO Regional Reproductive Health Advisers***

Dr Khadi Mbaye	Regional Office for Africa (AFRO)
Dr Ernest Pate	Regional Office for the Americas (AMRO)
Dr Ramez Mahaini	Regional Office for the Eastern Mediterranean (EMRO)
Dr Assia Brandrup-Lukanow	Regional Office for Europe (EURO)
Dr Suniti Acharya	Regional Office for South-East Asia (SEARO)
Dr Pang Ruyan	Regional Office for the Western Pacific (WPRO)

### ***WHO Temporary Advisers***

Dr Florence Ebanyat	Assistant Commissioner for Health Services in charge of Reproductive Health, Ministry of Health, Kampala, Uganda
Dr Aida Libombo	Vice Minister for Health, National Programme Manager, Ministry of Health, Maputo, Mozambique
Dr Fatma Mrisho	UNFPA Country Support Team for Africa II, RH Organization and Management Adviser, Addis Ababa, Ethiopia
Dr Helen Rees ( <i>Rapporteur</i> )	Reproductive Health Research Unit, Chris Hani Baragwanath Hospital, Johannesburg, South Africa

### ***WHO/HQ/Secretariat***

#### **Department of Reproductive Health and Research (RHR)**

Dr Michael Mbizvo ( <i>Chairman</i> )	Coordinator, Technical Support to Countries
Dr Heli Bathija	Acting Area Manager, Africa and Eastern Mediterranean region
Dr Enrique Ezcurra	Acting Area Manager, Americas region
Dr Richard Guidotti	Acting Area Manager, Eastern Europe
Dr Wang Yi-fei	Area Manager, Asia and the Pacific region
Dr Patrick Rowe	Asia and the Pacific region
Dr Peter Fajans	Scientist, Technical Support to Countries
Dr Alexis Ntabona	TAP/RH Specialist, Technical Support to Countries
Ms Mary Broderick	Short-term Professional, Technical Support to Countries

#### **Department of Organization of Health Services Delivery (OSD)**

Dr Naeema H. Al-Gasseer	Senior Scientist on Nursing and Midwifery
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## **EXECUTIVE SUMMARY**

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The elaboration of strategies for the strengthening of national and district reproductive health plans and programmes was identified as one of the key issues deserving priority consideration in the region, during a joint planning mission with AFRO by members of the Team on Technical Cooperation with Countries (TCC) of the Headquarters' Department of Reproductive Health and Research (RHR). In response to this felt need, it was resolved that an intensive, goal-oriented meeting of Regional Advisers in Reproductive Health would be an ideal forum for sharing and documenting experiences and research updates on strategies and mechanisms for strengthening and developing reproductive health plans at district and national levels. Accordingly, a meeting was convened in August 2000 by TCC/RHR with the following goal, objectives and expected outcome:

### ***Goal***

To share inter-regional experiences and foster collaboration towards the development of plans for improving reproductive health programmes.

### ***Objectives***

1. To share experiences from each of the six regions, based on best case scenarios or a model plan/programme for reproductive health care delivery.
2. To share challenges in the management and implementation of reproductive health programmes, based on experiences with the United Nations Development Assistance Framework (UNDAF) and sector-wide approaches.
3. To draw up a strategy for assisting countries in the development and strengthening of national and/or district reproductive health plans and programmes.

### ***Expected Outcome***

The outline of a reference report for use at national or district level in drawing up or strengthening reproductive health plans and programmes, and the implementation of relevant strategies.

The meeting outlined a framework for programme managers, which takes into account the experiences of reproductive health care delivery within the UNDAF system and the sector-wide approach.

It encourages programme managers to outline a strategic plan for the development and strengthening of reproductive health plans. Such strategic planning entails the adaptation of norms and/or tools to a given or changing situation. It takes into account the underlying determinants or variables that affect the delivery of reproductive health care such as gender and sociocultural perspectives. The planning process should encompass answers to the following questions:

- what are the current reproductive health situation and needs?- situation analysis or needs assessment;
- what has been done about it? - response analysis;
- what should be done about it?- strategic planning where a programme seeks to change or improve a specific situation through appropriate interventions;
- how should progress and achievements be monitored and evaluated? - a programme assesses the effectiveness/impact or the outcome of its intervention(s).

Programme managers are encouraged to initiate programmes that build on existing structures and resources and to form partnerships. Such partnerships could include the formation of national or district reproductive health committees or a reproductive health Task Force, which includes representatives of the private sector, non-governmental organizations (NGOs), donors, academic institutions, community leaders and professional bodies. Such committees should have clearly laid out terms of reference and help outline the steps to be taken in order to change the current situation, including identifying needs, setting priorities and implementing and testing interventions.

Programme managers need to be aware of available resources and tools for various aspects of reproductive health, as well as evidence-based and culturally-sensitive information, education and communication (IEC) messages, which may be available. There should be explicit involvement of all key stakeholders in the planning and implementation process.

Thus the RH strategic planning process should provide a background based on a situation analysis; it should identify priority areas for intervention (with assistance from the RH Task Force); it should develop objectives and strategies with a workplan containing key activities, indicators, timeframe, estimated cost, proposed evaluation and assignment of responsibility. The strategic framework should take into account the following key elements:

- creation of an enabling environment through advocacy and social mobilization, which targets the relevant communities, policy-makers and all key stakeholders;
- promotion of healthy reproductive health behaviour;
- promotion of equitable access to quality health services, improving provider-client relationships and best practices in the context of national policy;
- providing opportunities for training through workshops and other capacity-building activities;
- fostering collaboration, partnerships and strong reproductive health networks;
- developing a research agenda and strengthening the dissemination and utilization of research information, including a commitment towards implementing strategies that use evidence-based practices to improve access to and quality of reproductive health programmes.

## 1. Introduction

Reproductive health is a crucial aspect of general health and is central to human development. The World Health Assembly recognized the public health importance and social and economic consequences of reproductive health as early as 1965. It has regularly expanded on this understanding, urging Member States to strengthen their programmes for prevention and care in the various areas of reproductive health. The WHO Director-General emphasized to the World Health Assembly (A48/10) the extent to which reproductive health sets the stage for health beyond the reproductive years for both women and men, having pronounced effects from one generation to another; and how it affected other health conditions. As a critical element of general health, reproductive health contributes to human development.

WHO seeks to enhance still further the capability of countries to define their needs and priorities in reproductive health and respond appropriately to the evolving challenges. The present framework is derived from the obligation to respond to variable reproductive health situations, issues and trends in the regions, and to draw up action plans which take into account evidence from research and experience in programme implementation.

### 1.1 Definition of reproductive health

The definition of reproductive health adopted in the Programme of Action of the International Conference on Population and Development (ICPD), and endorsed by the United Nations General Assembly in its resolution 49/128, serves as the basis for action by Member States and for support by organizations of the United Nations system.

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the rights of men and women to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice. It also includes the right of access to other methods of their choice for regulation of fertility, which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant. Also included is sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

Achieving reproductive health is obviously not the same as receiving reproductive health care; care is a necessary but not a sufficient condition for health. Efforts to achieve reproductive health, therefore, involve a wide range of health promotion and preventive interventions as well as the provision of care. This implies a broad-ranging, multisectoral

involvement, together with focused, evidence-based and cost-effective health care interventions. Of all the health challenges that countries face, those posed in relation to sexual and reproductive health are among the most daunting because they involve not only diseases but also normal components of life such as sexual maturation and pregnancy, surrounded by cultural, social, ethical and religious considerations. In no other aspect of health is the need for broad community involvement, alongside focused and effective interventions, so necessary.

In responding to the challenge of ICPD, countries are seeking to strengthen their capacity to implement programmes that enable people to promote and protect their own reproductive health and that of their partners and that increase access to quality reproductive health care when needed.

In developing its response to requests from countries for support for operationalizing reproductive health, WHO has developed four programme goals to guide its work. These help to promote a better understanding of the complex and multifaceted dimensions of the concept of reproductive health and bring together both the positive and negative aspects of the issue.

The goals of WHO's work in reproductive health are to ensure that people can exercise their sexual and reproductive rights in order to:

- experience healthy sexual development and maturation and have the capacity for equitable and responsible relationships and sexual fulfillment;
- achieve their desired number of children safely and healthily, when and if they decide to have them;
- avoid illness, disease and disability related to sexuality and reproduction and receive appropriate care when needed;
- be free from violence and other harmful practices related to sexuality and reproduction.

## **1.2 Purpose of the framework**

Reproductive health is now internationally understood to be a cornerstone of sustainable development. Improving reproductive health contributes not only to the health status of populations but is central to the attainment of gender equity. With the growing pandemic of HIV/AIDS and sexually transmitted infections in many countries of the world, the need for governments to focus on reproductive health has never been greater. Against this background, many countries are seeking advice from WHO on how to identify, quantify, and intervene on priority reproductive health issues. This framework gives managers and policy-makers some suggestions that will assist in the development of national plans to address priority reproductive health issues. It is based on the experiences of senior WHO regional representatives and senior country experts, and incorporates lessons learned. Attached to the framework narrative is an appendix, which outlines the available WHO reference documents, manuals, assessment and intervention tools. These have been developed by the WHO Department of Reproductive Health and Research as generic guidelines and may need to be

adapted to specific country and programme needs. Each resource is accompanied by a brief description of its purpose and content.

## **2. Planning for an intervention**

### **2.1 Deciding on national reproductive health priorities**

A country's recognition of the need to intervene in the area of reproductive health may be self-initiated, or may result from a suggestion from the local or regional WHO or United Nations agency. Irrespective of which institution initiates the process, it is essential from the outset that countries own and drive the process of identifying and intervening on priority reproductive health issues. National ownership is likely to improve the accuracy and relevance of assessments and interventions, and is more likely to ensure that action will be taken based on findings and recommendations.

### **2.2 Enabling environment**

In some instances, it will be necessary for the national or district programme manager, with the support of WHO, to play an advocacy role in mobilizing country interest in reproductive health interventions. Reproductive health, in contrast to other health interventions such as immunization, has not inspired the same level of national commitment. The public health importance of fertility regulation, safe motherhood and HIV/AIDS interventions must be clearly explained to politicians and to Ministry of Health officials. Country officials initiating reproductive health initiatives should seek technical assistance from appropriate WHO colleagues if they require further information or training, or support for advocacy activities. The variety of other national and international NGOs, as well as other international and bilateral agencies can also provide technical assistance.

WHO representatives at local levels should utilize local and international expertise and advice from appropriate sections at regional or Headquarters level to strengthen the country support they offer.

### **2.3 Defining a country's reproductive health problem**

The process of identifying reproductive health needs and development of a national strategy will be of most value in countries where national authorities have already expressed an interest in assessing their approaches to reproductive health. The concern that motivates countries to request a reproductive health intervention will vary. In some instances, countries will identify specific issues requiring intervention, while in others, a generic assessment of reproductive health priorities may be required. The nature of the proposed assessment and intervention should be tailored to the situation that exists in the country. Where a specific reproductive health issue has initiated the request for intervention, an attempt should be made to broaden the assessment so that related reproductive health issues are included. Information generated in this way is not only a form of advocacy, but may modify the intervention subsequently proposed.

### **3. Identifying stakeholders for the planning process**

#### **3.1 The role of WHO and other UN agencies in reproductive health interventions**

National authorities may want to discuss the process and its costs (in both time and effort) and benefits with relevant international agencies, such as WHO and UNFPA. In addition, other UN agencies such as UNDP or UNICEF may have an interest in supporting an assessment of selected reproductive health issues, or in supporting a subsequent intervention. In planning an assessment, the programme manager should identify all potential sources of technical support. Good working relationships, which exist between country teams of UN agencies, should be used as a useful resource for the programme manager. In many instances, good prior and constant communication and consultation with all stakeholders influence working relationships. It is obviously in the interest of the country and the UN agencies alike to foster good interpersonal working relationships. In some countries, other agencies working in the reproductive health field could also be used for technical or financial support and where different agencies have an interest in supporting the proposed assessment, their specific roles and contributions should be clearly defined at the outset. Ideally, the programme manager should decide on the roles and areas of responsibility for each partner, with the decision being based on expertise and national mandate. If appropriate, a working team of all interested parties should be established. Clear lines of communication should be established between all key players.

#### **3.2 The role of donor organizations in reproductive health interventions**

The programme manager should identify potential donors willing to support either an assessment of the reproductive health problem and/or an intervention. While it is preferable to have identified potential funding sources for interventions at the outset, in some instances this will not be possible. In such cases, the assessment of the problem may provide a basis for resource mobilization.

It is recognized that donor agencies do have their funding priorities internally set. An attempt should be made to build consensus between governments and donors on which reproductive health issues should be prioritized. Ultimately, national sovereignty on priority setting must be recognized.

### **4. Building a national consensus on reproductive health**

#### **4.1 Developing a national coordinating team**

A small reference group should be formed which will be responsible for coordinating the process of assessment and intervention planning. Participants should be knowledgeable about and committed to improving reproductive health, representative of some of the main constituencies described below, willing to participate in an interactive process with a diverse

group of people, and able to commit time and effort to the process beyond the anticipated planning period.

#### **4.2 Involvement of politicians**

Reproductive health priorities should be determined by people in-country and not be imposed from outside. There should be a commitment in principle by the national authorities to applying the results of the process to priority-setting and implementing activities. In most instances, the country coordinator for the reproductive health initiative will be drawn from the Ministry of Health. At the outset, consideration should be given to the involvement of other relevant ministries. Specifically, the Ministry of Finance could be involved, as commitment of national budgets may be a critical component of sustainable interventions. Depending on the reproductive health issue under discussion, senior politicians including the Health Minister should be both participants and advocates for the initiative. Some issues are more culturally sensitive than others, e.g. the involvement of adolescents, and should therefore get the support of sufficiently senior politicians to ensure a greater likelihood of national consensus being built around any potential intervention.

#### **4.3 Involvement of health care providers**

In many reproductive health issues, there will need to be involvement of health care providers in both the initial evaluations and the subsequent interventions. It is essential that these role players are identified at the outset and involved in both the assessment and the initiative itself. Consideration should be given to the inclusion of the public sector, the private sector and NGOs.

In some cases, there may be strategic professional organizations that should be included such as the local National Society of Obstetricians and Gynaecologists, the local Family Planning Association or local Midwives Organization(s).

#### **4.4 Involvement of local academic institutions**

Relevant local academic and research institutions should be consulted at the outset. Academics and researchers are a potential source of essential expertise that will contribute to the assessment of the reproductive health issue under review. They are also the key players who may be able to plan and undertake some of the baseline research required in the assessments undertaken. Involvement not only increases access to local information but contributes greatly to building local research and training capacity.

#### **4.5 Involvement of other stakeholders**

While it is essential that expert health professionals, programme managers and academics be engaged in defining the problem and the interventions, a wider group of stakeholders should also be involved. These include users of services and advocacy groups such as women's or youth organizations or HIV/AIDS organizations. Community leaders should also be included.

## **5. Describing the reproductive health problem**

### **5.1 Criteria for classifying the issues**

Three criteria that should be considered when identifying a problem for action are:

- Importance, by considering the prevalence, severity, public concern, government commitment, impact on family, community and national levels, and whether there is a known underlying cause.
- Urgency, where for example neglect of a problem may lead to a rapidly deteriorating situation, e.g. HIV/AIDS.
- Feasibility of addressing the problem, where thought should be given to the availability of interventions, financing, obstacles and promoting factors.

### **5.2 Gathering the information about a potential intervention**

Many reproductive health issues are sensitive and the cultural context and implications of an issue should be described at the outset. Local sources of both quantitative and qualitative data should be sought. Where they exist, useful data can be drawn from the Demographic and Health Surveys, the National Census and from routine health statistics drawn from the National Health Information System. Local academic institutions should be consulted as there is often locally published material available relevant to the issue being reviewed. Similarly, local NGOs may have undertaken situation analyses including knowledge, attitude and practice studies, or may be an additional source of health care utilization data. Implementation of needs assessments should assess both the health systems capacity to provide a range of services with appropriate quality of care, as well as potential clients' needs and perspectives.

### **5.3 Identifying what is not known**

Historically, some reproductive health issues have received more attention than others. In particular, many countries have more data on family planning but less on issues such as safe motherhood or adolescence. Even in the field of family planning, data have tended to be quantitative with less attention being paid to the qualitative and social descriptions of the problem. Once there has been an audit of the issue under review, consideration should be given to what is not known. A research agenda should be developed to further document the scope and scale of the problem under review. Where they exist, relevant validated research or audit tools should be identified. Both WHO and other UN agencies can assist in this activity, and the tools considered should be the most relevant to the question under review, irrespective of the source of that tool. In implementing a research agenda, consideration should be given to whether technical support is required from external agencies. Where this

assistance is sought, the implementing research organizations should be local agencies where possible. This is important to ensure national ownership and to build local research capacity.

#### **5.4 Documenting the legal, regulatory and policy framework**

An essential part of the initial evaluation of an identified reproductive health problem is to describe the policy and legal framework which contextualises the issue under review. The legal framework may be enabling, punitive or silent on the reproductive health problem. It is not uncommon to have laws that are intended to be enabling, but to have at the same time other laws that contradict or prevent intervention on the matter under review. A common example of this is the question of legal consent from minors or from married women, both of which are essential for the implementation of many reproductive health policies.

The cultural environment also needs to be defined and needs to be carefully addressed when developing an intervention strategy.

#### **5.5 Instruments for assessment of baseline research**

Pre-designed research instruments should have been tested and validated. While there is a range of research tools available, it is not always easy to know *which* tool is helpful in which circumstance. In Annex 10, there is a list of available tools with an annotated description of indication and content attached to each title.

#### **5.6 The importance of costing studies**

Critical to many of the interventions that governments plan to undertake, is a projection of the potential costs involved for both the health and other related sectors. The costs of interventions are often more than the immediate and obvious costs to health services, and the total package of care should be considered. In estimating cost-benefit, the costs averted from the intervention also need to be taken into account. Costing studies are technically demanding and require specialized knowledge. While such studies are vital in the planning of an intervention, this is an area where technical support may be particularly helpful.

#### **5.7 Research ethics**

Reproductive health is a culturally sensitive issue, and all research instruments, intervention tools and practice guidelines must be designed with this in mind. In addition, for many poorer countries, thought must be given to the implications of research studies in poor and disadvantaged communities. Research can be damaging if not properly conceived, and may raise expectations that cannot subsequently be met. Where they exist, the national structures responsible for giving ethical approval should be involved in the approval of any assessment undertaken.

#### **5.8 Financing the research**

At the outset, financial support for the initial research and prioritization process should be secured. Both governments and technical support agencies should be involved in this process. While it is preferable to have secured a commitment to financing of both the research and the intervention phase before commencing the process, this is not always possible. This should not be a deterrent to a national reproductive health review as the results of an audit may be the lever required by countries to obtain additional donor funding for interventions.

## **6. Developing plans for interventions**

### **6.1 Choosing the intervention**

Once the reproductive health problem has been identified and described through research and audit, options for intervention should be considered. Consideration should be given to 'best practice' examples from other countries facing similar problems. For many reproductive health problems, there now exist a number of validated intervention tools that can be adapted to a particular national situation. Annex 10 has a list of these tools with an annotated description of their indication and when they can usefully be applied. While the tools listed are those of WHO, other agencies also have produced intervention packages and these should be considered as well. In cases where an intervention needs to be tailored to a particular country's needs, the country should consider whether ongoing technical support would assist them in this endeavour. If technical support is required for the adaptation and adoption process, international agencies should work with local agencies in the development of the intervention so that there is local ownership, and local capacity built.

Reproductive health is a sensitive domain. In considering who should be the implementing agency/agencies for a particular intervention, thought should be given to the comparative advantages offered by the public, the private and the NGO sectors. It may be that a combination of key players with different portfolios are best suited to undertake the intervention. Most interventions will need to be tested in pilot studies before being taken to scale. However, pilot studies which are not replicable or feasible to be scaled up with available resources should not be undertaken.

Decisions about which intervention to implement should consider whether the country has the capacity to go to scale with a national introduction from the outset. Irrespective of whether a national intervention or pilot studies are proposed, a monitoring and evaluation phase should be included in the planning. In the case of pilot interventions, the planning should also consider the possibility of subsequent scaling-up of the programme. Even if the funds are not initially available for the scaling-up phase, it may be justifiable to go ahead with the pilot sites, as the results of these could be the justification for future grant applications to donors.

The funding implications of the entire intervention should be calculated before commencing activities. Consideration should be given to both short- and long-term sources of funding, including government sources and donor institutions. The affordability of the intervention, the financial sustainability of the programme and the possibility of cost recovery should all be assessed.

Cost-effectiveness studies should be undertaken where appropriate; otherwise it is recommended to maintain a costing system. In assessing the cost-benefits, the short- and long-term costs of morbidity and mortality avoided should also be taken into account. The costing of interventions requires specialized personnel, and the use of technical assistance should be considered here.

## **6.2 Developing a workplan**

Detailed workplans should be established and understood by all participating stakeholders. A realistic timeframe determined by the country should be outlined, and where possible should reflect the urgency of the issue under review. The team responsible for implementation must be appointed and individual responsibilities determined. Where the intervention involves different levels of health care provision, teams should be developed to coordinate activities at each level.

## **6.3 Staffing**

The staffing requirements of an intervention should be carefully considered and structured according to the available human resources. Each intervention should have the right cadre of staff for each activity, including utilizing community workers where this is appropriate. The training needs of all the involved staff should be assessed, and the training undertaken before starting intervention activities.

## **6.4 Training and curriculum development**

In most interventions, additional health care provider training and changes to existing curricula will be required. To achieve sustainable changes in the practices of health care providers, mechanisms of integrating the required new curricula into pre- and post-basic training must be considered. Academic institutions and professional training organizations should be included in the planning and implementing of the intervention to ensure buy-in from these important stakeholders.

## **6.5 Community mobilization**

The solutions to many reproductive health problems lie within the health services and the community. Many of the reproductive health intervention tools include community assessments and interventions, and this should be considered for all interventions undertaken. Where the issue being addressed is a sensitive one, community involvement is critical and an appropriate information campaign should be undertaken.

## **6.6 Information, education, communication (IEC) and advocacy**

The IEC requirements of the project must be properly assessed, and should target health care providers as well as community members. It is essential to get an adequate buy-in from

all stakeholders, as this can make or break new innovations, especially in culturally sensitive issues. Part of the implementation plan must be a carefully thought-out and orchestrated advocacy campaign, which should target communities, health care providers, politicians and the donor community.

## **7. Monitoring and evaluation**

### **7.1 Indicators**

Monitoring and evaluation must be considered during the design phase of the intervention. Programme managers should take into account process and impact indicators with each new intervention. WHO's list of reproductive health indicators is referred to in Annex 10. A plan for monitoring and evaluation should be developed and the periodicity of collecting indicators be described and clearly understood by all the key players responsible for this aspect of the implementation. Different data needs for national level reporting and local programme management needs should be kept in mind. For all programmes and interventions that are being newly introduced, careful monitoring and evaluation will be vital in reviewing and, if necessary, re-directing the intervention. In some cases, more in-depth data may be required to complement routine data collection. These can be obtained by designating sentinel sites where specific indicators or research may be undertaken.

### **7.2 Routine data collection**

The process and impact indicators must be carefully developed before commencing an intervention. Some important indicators will be generated from the routine collection of data within the health information system. Consideration should be given to whether this needs to be completely re-developed, or whether additional statistics can be added to an existing data-recording system. Programme managers may need to train people on how to use existing data to monitor progress and supervise the implementation of the programme. Often, data collection systems, which record information from the community may not exist, and will need to be set up in the form of registry systems for key indicators.

### **7.3 Research**

In addition to the routine data collection described above, there may be a need to have a more carefully developed research agenda to get an in-depth understanding of whether a programme has been successfully implemented and whether the desired outcome for this intervention has been achieved. Issues such as gender, quality of care and provider perspectives should all be considered as part of the research agenda. Many reproductive health issues are better addressed by a multidisciplinary research approach. Local academics should be encouraged to undertake this research with the support of international technical assistance if required. Where they exist, WHO Collaborating Centres should be utilized in this process, and consideration should be given to incorporating expertise from other local centres of excellence.

An additional benefit to this approach is the building of local research capacity. Different mechanisms can be used to achieve this including study tours, short- and long-term fellowships, and access for local researchers to international post-basic training and qualifications. Institutional capacity can also be built by twinning institutions with more developed centres. In all cases, care must be taken to prevent 'safari' research being undertaken by better-resourced international centres, where little benefit accrues to the local population or to the local research community.

#### **7.4 Funding for monitoring and evaluation**

Funding for this component of the initiative is as important as funding the intervention itself. Without funding, no adequate understanding of the value and impact of the newly-introduced programme can be made. A detailed plan for monitoring, evaluation and research is essential if donors are to be persuaded to invest in this aspect of the intervention.

### **8. Dissemination of the findings of the intervention**

#### **8.1 Meetings of stakeholders**

In the planning phases for the intervention, a wide range of stakeholders will have been consulted about the prioritization of and intervention on the reproductive health issue under review. Once there are findings from the intervention, including interim findings, appropriate fora should be created to allow dissemination and discussion of the results. Written reports should be made available in formats useful for the target audience. An advantage for countries working with WHO or UNFPA is that reports can become official publications of those international agencies. Having the official support of an international agency not only helps in the planning and interpretation of the intervention, but also gives the activity international status. An international publication gives other countries the opportunity to learn lessons from the national experience, and in the best scenario can offer a 'best practice' tool for referral.

#### **8.2 Publication of research findings**

As described above, the planning and evaluation phase for some interventions will include multisectoral academic research. It is important that these data, whether positive or negative, are published in a peer-reviewed journal, which may be local or international. The findings reported in such journals should also be translated into user-friendly format and made accessible to a large audience.

