Family Planning Workflows for mHero

Click on the workflow to read more.

[**Expanding Method Mix and Assessment of Supply**](#ExpandingDescription)

[**Client Barriers to Contraception Uptake**](#ClientBarrierDescription)

[**Family Planning Counseling**](#CounselingDescription)

[**Health Worker Family Planning Training**](#TrainingDescription)

Expanding Method Mix and Assessment of Supply

Method mix provides a profile of the relative level of use of different contraceptive methods. Countries typically use this indicator for planning, especially for commodities and logistics planning.

A broad method mix suggests that the population has access to a range of different contraceptive methods. Conversely, method mix can signal: (1) provider bias in the system, if one method is strongly favored to the exclusion of others; (2) user preferences; (3) competency of providers who may have limited knowledge of a range of methods; (4) stockouts of certain methods; or (5) gender equity in contraceptive practice. Regarding what constitutes a desirable method mix, practitioners generally feel that a program should respond to the changing needs of the population at different stages in the reproductive life cycle, offer contraceptive choices for ideal birth spacing and offer reversible methods for those who desire to space pregnancies and permanent methods for those who have completed their desired family size.

The Family Planning and Reproductive Unit at the MOH can use this workflow to assess what family planning services are being provided by health workers and which methods providers experience stockouts with. Data collected from this workflow can be analyzed to make decisions on how to improve family planning services, improve logistics management and support health worker training for various family planning methods.

To see the workflow for Method Mix and Assessment of Supply, [click here](#ExpandingWFlow)

To access the workflow in RapidPro, please contact [info@mhero.org](mailto:info@mhero.org)

Client Barriers to Contraception Uptake

Low CPR of modern contraceptives can indicate that clients are experiencing barriers to accessing the family planning.  These barriers can be personal attributes, social factors, or environmental factors.

Personal attributes that influence whether an individual chooses to use family planning could be knowledge of method availability, perceived risk of side effects and health threats, or personal religious and cultural beliefs about family planning. Social barriers include social stigma, gender inequities, perceived acceptability, or social norms around family planning use. Environmental barriers could be a lack of access to family planning methods or to the desired family planning method.

It is important for the MOH to understand what health workers perceive as barriers that clients face in utilizing contraception. One caveat is that this flow will not provide information about clients who do not access health services and do not use family planning. This workflow would be best supplemented with data from programs that access client barriers however the health worker perspective is important.

To see the workflow for Client Barriers to Contraception Uptake, [click here](#ClientBarrierWFlow)

To access the workflow in RapidPro, please contact [info@mhero.org](mailto:info@mhero.org)

FP Counseling

Family planning counseling plays a vital role in family planning utilization and continuation.  Appropriate family planning counseling builds a trusting relationship between the provider and client, allows the client to make a voluntary and informed decision, teaches the client about correct use---all of which lead to greater likelihood of uptake and method adherence. Therefore, understanding the knowledge and skills of health workers to provide family planning counseling is important to a successful family planning program. Gaps in skills and knowledge should be addressed so that health workers can provide high quality family planning counseling to their clients.

This flow can help you identify what kinds of counseling providers provide patients.

The flow may identify training needs among health workers to improve their ability to counsel patients on family planning, thus improving CPR and method adherence.

To see the workflow for FP Counseling, [click here](#CounselingWFlow)

To access the workflow in RapidPro, please contact [info@mhero.org](mailto:info@mhero.org)

Health Worker FP Training

Given the importance of family planning counseling and correct prescription of family planning methods to family planning programs, it is important to understand the level of training that health workers have received in family planning.  New methods are continuously being introduced to the market and health workers need to receive training to effectively introduce these methods into their work.  Additionally, it is important to ensure that health workers are equipped with the knowledge and skills to best serve their clients.

Use this flow to learn about the recent in-service training and family planning pre-service education received by health workers.  Data collected from this flow can be used to plan future in-service trainings and make adjustments to pre-service training.

To see the workflow for Health Worker FP Training, [click here](#TrainingWFlow)

To access the workflow in RapidPro, please contact [info@mhero.org](mailto:info@mhero.org)

**Expanding Method Mix and Assessment of Supply:**

**Q1:** This is the MOH mHero team. Are you currently providing family planning services at your health facility? Please answer Yes or No. All SMS responses are free.

**If Yes:** Skip to Q3.

**If No:** Skip to Q2.

**Q2:** **[first message]** What is the main reason why you are not providing family planning (FP) services? Please use the response choices in the next message. **[second message]** A.My facility does not have FP commodities, B.My facility does not have enough FP training, C.Our clients do not ask for FP commodities, D.This is not my job

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Q3:** We would like to gather information to help improve method mix and use of family planning commodities. Can you answer a few questions? Please answer Yes or No.

**If Yes:** Skip to Q4.

**If No:** Thank you for your time. [End Flow]

**Q4:** What modern methods (i.e. implants, pills, IUD, condoms) do you most often provide to FP clients (both men and women)? [free text]

**All responses:** Skip to Q5

**Q5:** Do you frequently experience stockouts of any modern FP methods? Please answer Yes or No.

**If Yes:** Skip to Q6.

**If No:** Skip to Q14.

**Q6:** Do you experience stockouts of the pill? Please answer Yes or No.

**All responses:** Skip to Q7

**Q7:** Do you experience stockouts of injectables? Please answer Yes or No.

**All responses:** Skip to Q8

**Q8:** Do you experience stockouts of implants? Please answer Yes or No.

**All responses:** Skip to Q9

**Q9:** Do you experience stockouts of male condoms? Please answer Yes or No.

**All responses:** Skip to Q10

**Q10:** Do you experience stockouts of female condoms? Please answer Yes or No.

**All responses:** Skip to Q11

**Q11:** Do you experience stockouts of equipment to perform vasectomy? Please answer Yes or No.

**All responses:** Skip to Q12

**Q12:** Do you experience stockouts to perform female sterilization? Please answer Yes or No.

**All responses:** Skip to Q13

**Q13:** Do you experience stockouts of IUD kits? Please answer Yes or No.

**All responses:** Skip to Q14

**Q14:** Do you refer clients for family planning services that you are unable to provide? Please answer Yes or No.

**If Yes:** Skip to Q15

**If No:** Skip to Q16

**Q15:** What kinds of services do you refer clients to seek care from other providers? [Free text]

**All responses:** Skip to Q16

**Q16.** **[First message]** (1/2) Text back the letter of area that you’d like more training and support to better improve family planning services from the next message. **[Second message]** (2/2) A.Counseling to help client make informed choice B.Help in forecasting C. On-the-Job practice D.Counseling on side effects E.No training needed right now

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**To assess client barriers to contraception uptake:**

**Q1:** This is the MOH mHero team. Are you currently providing family planning services to your clients? Please answer Yes or No. All SMS responses are free.

**If Yes:** Skip to Q3.

**If No:** Skip to Q2.

**Q2**: **[first message]** What is the main reason why you are not providing family planning (FP) services? Please use the response choices in the next message. **[second message]** A.My facility does not have FP commodities, B.My facility does not have enough FP training, C.Our clients do not ask for FP commodities, D.This is not my job

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Q3:** We would like to gather information to help improve demand and use of FP commodities among your clients. Can you answer a few questions? Please answer Yes or No

**If Yes:** Skip to Q4.

**If No:** Thank you for your time. [End Flow]

**Q4: [first message]** What is the top reason clients give for not wanting to use family planning commodities? Please choose one answer from the choices in the next message. **[second message]** A.Spouse/Family is opposed B.Religious/Cultural beliefs C.Fear of side effects D.Uncomfortable talking about FP E.Not affordable F.Desired method not available

**For answer A:** Skip to Q5.

**For answer B:** Skip to Q6

**For answer C:** Skip to Q7

**For answer D:** Skip to Q8.

**For answers E:** Skip to Q9

**For answer F:** Skip to Q10.

**Q5.** You answered that many clients do not use FP due to a spouse or family being opposed. Do you have any input as to why partners or spouses are opposed to FP? [Free text]

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q6. [first message]** You said that many clients do not use FP because of religious/cultural beliefs. Which of the statements in the following message would you say is more accurate. **[second message]** A. Girls are not empowered to make decisions about their fertility; B. Religion forbids birth control C. Society doesn’t value family planning

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q7.** You answered that many clients do not use FP due to a fear of side effects. What side effects are clients afraid of? [Free text]

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q8.** You answered that many clients do not use FP because they are uncomfortable talking about contraception.How have you tried to help clients in these situations? [Free text]

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q9.** You answered that many clients do not use FP because they cannot afford it. Is family planning currently part of a package of services? Answer Yes or No.

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q10.** You answered that many clients do not use FP because they want a method that is not available. What methods do they want that are not available? [Free text]

**All responses:** Thank you for your time. The MOH will be analyzing this

information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**To improve counseling:**

**Q1:** This is the MOH mHero team. Are you currently providing family planning (FP) services to your clients? Please answer Yes or No. All SMS responses are free.

**If Yes:** Skip to Q3.

**If No:** Skip to Q2.

**Q2**: **[first message]** What is the main reason why you are not providing family planning (FP) services? Please use the response choices in the next message. **[second message]** A.My facility does not have FP commodities, B.My facility does not have enough FP training, C.Our clients do not ask for FP commodities, D.This is not my job

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Q3:** We would like to gather information to help provide you with the tools you need to counsel clients on FP methods.Can you answer a few questions?Answer Yes or No

**If Yes:** Skip to Q4.

**If No:** Thank you for your time. [End Flow]

**Q4:** When counseling clients about family planning methods, do you provide information about the effectiveness of each FP method? Please answer Yes or No.

**If Yes:** Skip to Q6.

**If No:** Skip to Q5.

**Q5:** What are the reasons you do not provide information about method effectiveness? [Free text]

**Q6:** When counseling clients about family planning, do you provide information about side effects? Please answer Yes or No.

**If Yes:** Skip to Q8.

**If No:** Skip to Q7.

**Q7:** What are the reasons you do not provide information about side effects? [Free Text]

**Q8:** When counseling clients about family planning, do you provide information about health risks? Please answer Yes or No.

**If Yes:** Skip to Q10.

**If No:** Skip to Q9.

**Q9:** What are the reasons you do not provide information about health risks? [Free text]

**Q10:** When counseling clients about family planning, do you provide information about where family planning methods can be obtained? Please answer Yes or No.

**If Yes:** Skip to Q12.

**If No:** Skip to Q11.

**Q11:** What are the reasons you do not provide information about where family planning methods can be obtained? [Free text]

**Q12:** When counseling clients about family planning, do you provide information about how to use a method? Please answer Yes or No.

**If Yes:** Skip to Q14.

**If No:** Skip to Q13.

**Q13:** What are the reasons you do not provide information on how to use the method? [Free Text]

**Q14:** Do you feel confident addressing myths about family planning? Please answer Yes or No.

**If Yes:** Skip to Q16.

**If No:** Skip to Q15.

**Q15:** What are the reasons you do not feel confident addressing myths about family planning? [Free text]

**Q16:** When you counsel clients about family planning, do you also talk to clients about preventing STIs? Please answer Yes or No.

**If Yes:** Skip to Q18.

**If No:** Skip to Q17.

**Q17:** What are the reasons you do not talk to clients about preventing STIs? [Free Text]

**Q18:** Do you tell your clients when to follow-up after they have obtained a family planning method? Please answer Yes or No.

**If Yes:** Skip to Q20.

**If No:** Skip to Q19.

**Q19:** What are the reasons you do not tell your clients when to follow-up after they have obtained a family planning method? [Free Text]

**Q20:** Do you use a decision-making tool to assist clients in choosing a family planning method? Please answer Yes or No.

**If Yes:** Skip to Q22

**If No:** Skip to Q21.

**Q21:** What are the reasons you do not use a decision-making tool to assist clients in choosing a family planning method? [Free text]

**All responses:** Skip to Q22

**Q22:** **[first message]** Which of the following options would you like to receive more information about FP Counseling? Choose one from the next message. **[second message]** A. Effectiveness B. Side Effects C. Health Risks D. Myths E. STI prevention F. Decision making tools

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Health Worker FP training:**

**Q1:** This is the MOH mHero team. Are you currently providing family planning (FP) services to your clients? Please answer Yes or No. All SMS responses are free.

**If Yes:** Skip to Q3.

**If No:** Skip to Q2.

**Q2**: **[first message]** What is the main reason why you are not providing family planning (FP) services? Please use the response choices in the next message. **[second message]** A.My facility does not have FP commodities, B.My facility does not have enough FP training, C.Our clients do not ask for FP commodities, D.This is not my job

**All responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Q3:** We would like to gather information about the family planning training you have received. Can you answer a few questions? Please answer Yes or No.

**If Yes:** Skip to Q4.

**If No:** Thank you for your time. [End Flow]

**Q4:** Thank you! Did you receive any family planning training during your pre-service education? Please answer Yes or No.

**If Yes:** Skip to Q5.

**If No:** Skip to Q7.

**Q5: [first message]** What level of training did you receive? Please choose one option from the choices in the next message. **[second message]** A. Limited classroom coursework B. Heavy classroom coursework C. Limited coursework & practicum D. Heavy coursework & practicum E. I don’t remember

**All responses:** Skip to Q6.

**Q6:** Tell us about what kinds of methods you learned about during your pre-service education. [Free Text]

**All responses:** Skip to Q7

**Q7:** Have you ever taken any in-service training courses that included family planning in the last 2 years? Please answer Yes or No.

**If Yes:** Skip to Q8.

**If No:** Skip to Q17.

**Q8:** What are some topics that were included in the training? A. Method effectiveness/side effects B. Client Eligibility Assessment C. Adolescents D. Counseling clients E. Gender and FP F. Other

**All responses:** Skip to Q9.

**Q9:** Who provided the training? [Free text]

**All responses:** Skip to Q10.

**Q10:** How long did the training last? A. less than 4 hours B. 4-8 hours C. 2 days D. 3+ days E. I don’t remember

**All responses:** Skip to Q11.

**Q11:** How long ago did you take the training? A. Less than 6 months ago B. 6-12 months ago C. 12-24 months ago

**All responses:** Skip to Q12.

**Q12:** At the end of your training were you able to provide the methods in which you trained without additional assistance? Please answer Yes or No.

**If Yes**: Skip to Q14

**If No:** Skip to Q13

**Q13:** What problems were you having after the training? [Free text]

**All responses:** Skip to Q14

**Q14:** Are there modern FP methods in your facility that you feel you have not received much training on in order to provide quality services to clients? Yes or No.

**If Yes:** Skip to Q15.

**If No:** Skip to Q16.

**Q15:** Which methods do you need more information about?

**All responses:** Skip to Q16

**Q16:** If you were to attend a family planning in-service training today, what would you want to learn about? [Free text]

**All Responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services. [End Flow]

**Q17:** Would you like in-service training about family planning? Please answer Yes or No.

**If Yes:** Skip to Q18.

**If No:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]

**Q18:** Which topics you would like training about? Examples are: Method effectiveness/side effects, Client Eligibility Assessment, Adolescents, Counseling, Gender & FP [free text]

**All Responses:** Thank you for your time. The MOH will be analyzing this information and working with stakeholders to provide better support FP/RH services in Liberia. [End Flow]