The SEED Assessment Guide
A Holistic Tool to Assess Family Planning Programs

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Why a Holistic Approach to FP Programs?

• Some progress, but programming has stagnated
• Renewed interest in family planning (FP); good time to take a fresh look at how we work
• Increased global recognition that barriers to FP (and health in general), are multifaceted

Health is not a stand-alone phenomenon with clear boundaries. Diseases and health conditions have multiple causes, including social. They are interrelated with nature and nurture, and evolve over time. Complex systems are composed of networks of interconnected components that influence each other, often in a nonlinear fashion.

Pourbohloula & Kienyb, 2011
The SEED Model for FP Programming

**SUPPLY**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

**DEMAND**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care

**MEETING CLIENTS’ REPRODUCTIVE INTENTIONS**

**ENABLING ENVIRONMENT**
Policy, program, and community environment coupled with social and gender norms support functioning health systems and facilitate healthy behaviors

**Quality Client-Provider Interaction**

**Systems Strengthening**

**Transformation of Social Norms**
Developing the SEED Assessment Guide

- Evolution of SEED model; “Drill Down” of S-EE-D components
- Literature review: other models, other assessment guides
- Field testing; use of methodology and discussion guides
- Draft Assessment Guide
“Unpacking” of Supply Component

**SUPPLY**

Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

<table>
<thead>
<tr>
<th>Elements</th>
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<tr>
<td>• Service Delivery modalities</td>
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<tr>
<td>• Equipment/supplies</td>
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<tr>
<td>• Skilled providers</td>
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<tr>
<td>• Supervision, management, quality assurance</td>
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<tr>
<td>• Mix of FP methods</td>
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<td>• Integration &amp; referral</td>
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<tr>
<td>• Quality counseling</td>
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<td>• Private sector</td>
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<td>• Youth-friendly services</td>
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“Unpacking” of Enabling Environment Component

ENABLING ENVIRONMENT
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors.

Elements
- Leadership and management
- Laws, policies, guidelines
- Human/financial resources
- Evidence-based decision making
- Contraceptive security
- Advocacy for FP
- Champions at all levels
- Positive social/gender norms
“Unpacking” of Demand Component

DEMAND
Individuals, families, and communities have knowledge and capacity to ensure sexual and reproductive health and to seek care.

Elements

• Affordable FP services
• National social and behavior change communication (SBCC) strategy
• Commercial and social marketing
• Mass media
• Communities and champions engaged in SBCC
• Peer education
Literature Review
• Most other assessment guides/tools focused on one component, primarily supply issues.
• Few holistic models exist.
• Two documents were particularly relevant, but lacked the practical application we were striving for:
Drafting/Field Testing

- Initial field testing with EngenderHealth/ACQUIRE Tanzania Project staff
- Adapted by EngenderHealth for use on United Nations Population Fund FP assessments in Burkina Faso, Mali, and Senegal
- Adapted by the RESPOND Project for use in Burkina Faso, Togo, Rwanda, and Nigeria
- Technical review conducted by internal and external FP professionals.

Photo: H. Connor/EngenderHealth

Family Planning Clinic in Arusha, Tanzania.
Final Product: Layout and Content

• **Introduction**
  – SEED Model
  – How to Use the Guide
  – Key Considerations

• **Programmatic Components**
  – Supply
  – Enabling Environment
  – Demand

• **Organization of Elements**
  – Operational Definition
  – Rationale
  – Data Sources
  – Assessment Criteria

• **Annexes**
  – Sample Desk Review and Final Report Outlines
  – Sample Key Informant Discussion Guides
  – Sample Meeting Agendas
Suggested Process

• Phase 1: Desk Review (1–2 weeks)

• Phase 2: Key Informant Interviews and Site Visits (1–2 weeks)
  – Policymakers and government program planners/managers
  – Donors
  – Technical organizations/nongovernmental organizations (NGOs)
  – Facility-based FP providers and staff
  – Community-based health workers
  – Community leaders/groups
  – Professional associations

• Phase 3: Analysis and Write-Up of the Final Report (1–2 weeks)

• Phase 4: Discussion and Dissemination of Findings and Recommendations (1-day workshop; may overlap with Phase 3)
Requirements and Assumptions

• **Assessment Team**
  – Stakeholders positioned to address Guide’s findings will be leading or significantly engaged in the assessment process (e.g., Ministry of Health, donor, NGO implementing large-scale FP activities)

• **Scope**
  – All contributions to FP programming in a country (i.e., not just one project, not just public sector)

• **Duration**
  – Planning time plus minimum of 4–6 weeks to implement

• **Access**
  – Documents for desk review (electronic or hard copy)
  – High-level program managers/decision makers
How Can SEED Be Applied?

• Situation Analysis/Assessment
• Policy/Program Design
• Program Evaluation
• Framework for Partnering

“I am using the tool to develop a blueprint for action to move the male involvement agenda forward as part of UNFPA Indonesia’s 8th Country Program.”

Eric Ramirez-Ferrero, Consultant

“I have seen these concepts evolve over time, and now you have led the effort to compile and rationalize the approach to looking at FP (and probably other health) systems to see how programmatic investments are being made.”

Dana Vogel, Consultant
A Final Thought…

Asi Deka Melea todzo o.  Mkono moja huwezi kushika nyati.
Une seule main ne peut pas attraper un buffle. One hand does not catch a buffalo.
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