Family planning and comprehensive abortion care toolkit for the primary health care workforce

Volume 1
Competencies

World Health Organization

human reproduction programme hrp
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(Family planning and comprehensive abortion care toolkit for the primary health care workforce. Volume 1. Competencies – Volume 2. Programme and curriculum development guide)

ISBN 978-92-4-006388-4 (electronic version)
ISBN 978-92-4-006389-1 (print version)

Suggested citation. Family planning and comprehensive abortion care toolkit for the primary health care workforce. Volume 1. Competencies. Geneva: World Health Organization; 2022 (Family planning and comprehensive abortion care toolkit for the primary health care workforce). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Design and layout: Annovi Design.

Contents

Note: All parts of the family planning and comprehensive abortion care toolkit for the primary health care workforce (the FP and CAC Toolkit) are available at: https://www.who.int/publications/i/item/9789240063884

Acknowledgements

The *Family planning and comprehensive abortion care toolkit for the primary health care workforce* was developed collaboratively by the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Department of Health Workforce at the World Health Organization (WHO). HRP and the Health Workforce Department gratefully acknowledges the contributions of many individuals and organizations to the development of *Volume 1: competencies* and *Volume 2: programme and curriculum development guide*. The following WHO headquarters personnel provided valuable input to the development of both documents: Mohamed Mahmoud Ali, Carolin Ekman, Mekdes Feyssa, Bela Ganatra, Claire Garabedian, Veloshnee Govender, Heidi Johnston, Rita Kabra, James Kiarie, Caron Kim, Antonella Lavelanet, Laurence Läser, , Ulrika Rehnström Loi (responsible technical officer) and Patricia Titulaer of the Department of Sexual and Reproductive Health and Research and HRP; Juana Bustamante Izquierdo, Laurence Codjia (responsible technical officer), Ibadat Dhillon, Siobhan Fitzpatrick, Tapas Nair and Pascal Zurn of the Department of Health Workforce; Fahdi Dkhimi, Catherine Korachais, Bruno Messen and Andrew Mirelman of the Department of Health Systems Governance and Financing; Hyobum Jang and Offeibea Obubah of the Department of Country Strategy and Support; and Sarah Borg, Sally Emma Parsley and Tana Wuliji of the WHO Academy.

The following personnel from WHO regional and country offices also provided valuable input to the development of both documents: Lisa Apini-Welcland, Chilanga Asmani, Frida Berg, Selassi A. d'Almeida, Sithembile Dlamini-Nqeketo, Hayfa Elamin, Dina Vladimirovna Gbenou, Finagnon Ghislaine Glitho Ep Alinsato, Yelmali Clotaire Hien, Theopista John Kabuteni, Janet Kayita, Elisabeth Kouaovi, Belete Mihretu, Leopold Ouedraogo, Ameyo Sekpon, Alren Vandy, Mugabo Maria Mujawamariya, Pamela Amaka Onyiah, Ina Kalisa Rukundo, Justin Adanmavokin Sossou, Mèdéssè Thierry Tossou Boco, and Souleymane Zan of the WHO Regional Office for Africa; Antony Duttine and Rodolfo Gómez Ponce de León of the WHO Regional Office for the Americas; Itimad Abuward, Mohammed Afifi, Mae Elezaby, Suzan O El Raey, Karima Gholbzouri, Marwa Ibrahim, Babar Ali Malik, Ellen Thom and Qudsia Uzma of the WHO Regional Office for the Eastern Mediterranean; Maj-liz Downey, Md Khurshid Alam Hyder, Chandani Anoma Jayathilaka, Amrita Kansal, Priya Karna, Shekh Abdul Majeed, Neena Raina, Mohammad Shahjahan, Pragati Singh, May Myat Thu, Meera Thapa Upadhyay, and Sameena Vaidya Rajbhandar, and Shwe Sin Yu of the WHO Regional Office for South-East Asia; and Daisuke Asai and Shogo Kubota of the WHO Regional Office for the Western Pacific.

The following individuals contributed to both documents through the focus group discussions, technical working groups and town hall meetings: Aletha Aakers, Asmaa Aboabed, Anna Af Ugglas, Yasmin Ahmed, Fauzia Akhter Huda, Charles Ameh, Rondi Anderson, Esther Arendt, Zalha Assoumana, Suha Baloushah, Karla Berdichevsky Feldman, Rachid Bezad, Lorena Mercedes Binfa Esbir, Shrestha Binjwala, Karl Blanchet, Teresa Bombas, Martha Brady, Catherine Breen Kamkong, Virginia Camacho, Bethan Cobley, Francois Regis Cyiza, Moussa Dajoari, Ruth Graciela De León, Serena Debonnet, Emily Deed, Jemima Araba Dennis-Antwi, Eva Depleker, Daniela Drandic, Titiola Duro Aino, Saoussen Elouaer, Belmar Franceschi, Dipendra Gautam, Caitlin Gerdts, Sameh Ghozzi, Laura Gil, Roopan Gill, Enrique Guevara, Miguel Gutierrez Ramos, Hien Herve, Bounmy Inthavong, Indie Kaur, Jameen Kaur, Mercy Kemigisa, Adeela Khan, Irfan Khan, Tamar Khomasuridze, Catherine Kirk, Mildred Komey, Eva Lathrop, Vavita Leblanc, Nabila Lejri, Carolyn Levy, Désirée Lichtenstein, Oriana López Uribe, Steve Luboya, Daniel Maceira, Mike-Antoine Maindo, Alongo Maindo, Chisato Masuda, Wolde Mesfin, Michaela Michel Schuldt, Polona Mivšek, Shirine Mohagheghpour, Basab Mukherjee,

Adefris Mulat, Priya Nanda, Gildas Romanique Naoussitatchié, Wendy Norman, Felix Ordeig, Noël Labama Otuli, Anissa Ouahchi, Mohamed Oueslati, Oni Owolabi, Sally Pairman, Karan Parikh, Dhammika Perera, Matthew Pretty, Lesley Regan, Michelle Remme, Regina Renner, Erin Ryan, Siriphone Sakulku, Jihan Salad, Jaime Sanchez Salazar, Chandrakala Sharma, Dorothy Shaw, Merina Shrestha, Agnes Simon, Cuma Byamumgu Socrat, Anna Maria Speciale, Karthik Srinivasan, Jaydeep Tank, Aster Teshome, Afrah Thabet, Julie Thorne, Francelle Kwankam Toedtli, Griet Vandevelde, Joris Vermeulen, Victoria Vivilaki, Florence West, Anne Yates, Asmaa Zaidouni and Nina Zamberlin.

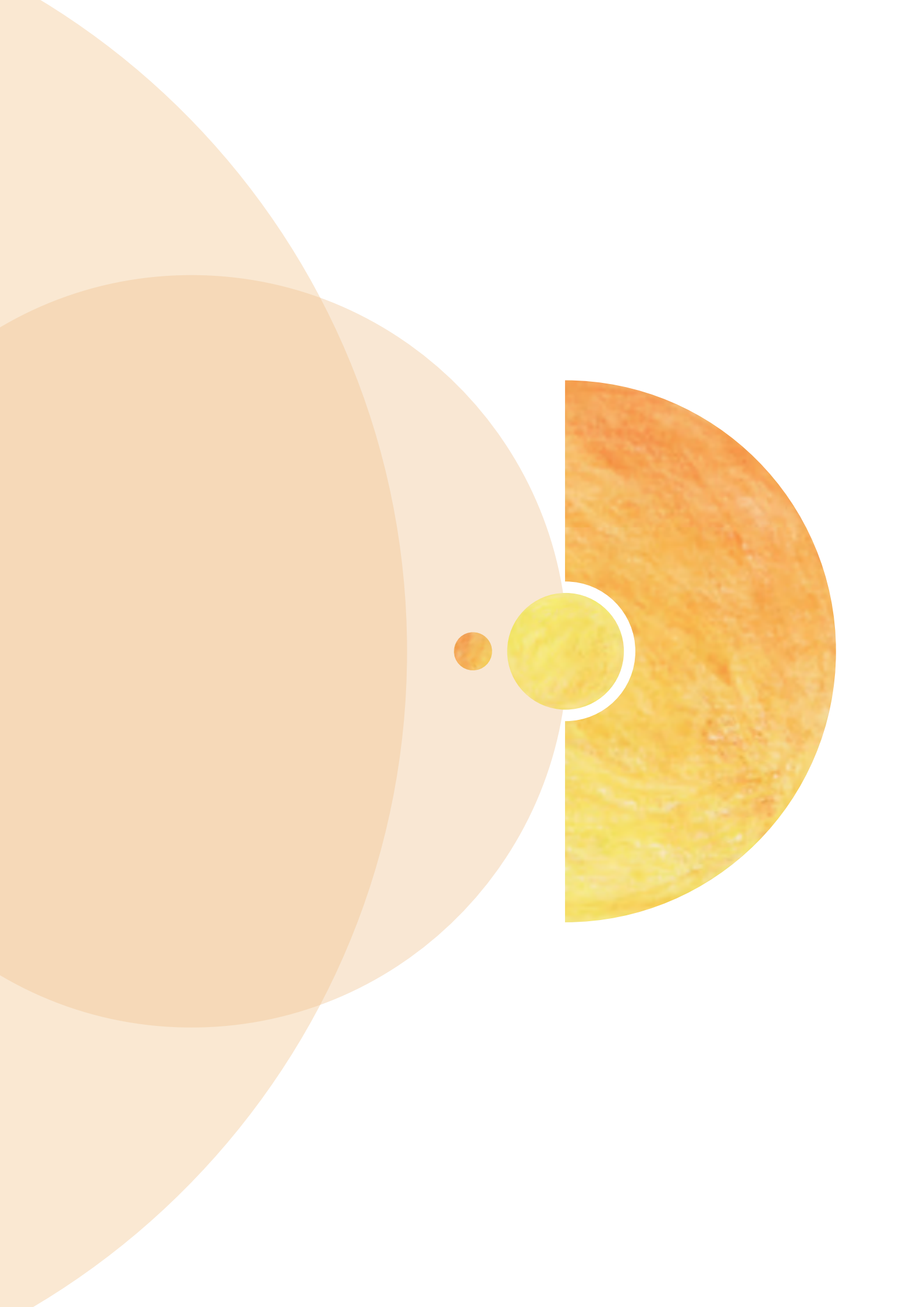
HRP and WHO extend sincere appreciations to the individuals who provided anonymous feedback through the Delphi survey.

Special thanks are due to the following consultants for their work on the development of *Volume 1: competencies* and *Volume 2: programme and curriculum development guide*: Hilde Cortier, Véronique De Clerck, Mieke Embo, Marta Jacyniuk-Lloyd, Nigel Lloyd, Karen Luker, Ana Montoya, Tasrina Rahman and Roberta Troxell.

This document was developed with the financial support of the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), a cosponsored programme executed by the World Health Organization (WHO).

Abbreviations

CAC	comprehensive abortion care
D&E	dilatation and evacuation
DMPA	depot medroxyprogesterone acetate
DMPA-SC	depot medroxyprogesterone acetate – sub-cutaneous administration
FGD	focus group discussion
FP	family planning
IPV	intimate partner violence
LMP	last menstrual period
PHC	primary health care
Rh	Rhesus
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UHC	universal health coverage
WHO	World Health Organization



Introduction

> "Competencies are the abilities of a person to integrate knowledge, skills and attitudes in their performance of tasks in a given context. Competencies are durable, trainable, and, through the expression of behaviours, measurable"[1]

What are the FP and CAC competencies?

Through the clear articulation of the family planning and comprehensive abortion care (FP and CAC) competencies for the primary health care workforce, the aim is to advance improvements in FP and CAC service delivery by aligning health worker education approaches with population health needs and health system demands.

This document, which describes these competencies in detail, is intended to:

- **be a foundational tool** to be adopted and adapted by educators and regulators for FP and CAC providers (students) with a pre-service training pathway of at least 12 months;
- **describe competencies** that are relevant to current and future health practice;
- **enable widespread use of the competencies** not only for curriculum development for pre-service education, but also for in-service education, regulation, qualifications, quality assurance, personal development, performance evaluation, recruitment, management and career progression;
- **focus on the core functions** of FP and CAC providers within broader efforts towards achieving universal health coverage.

This document on the FP and CAC competencies was developed in parallel with two other key guidance documents:

- *Programme and curriculum development (PCD) guide for implementation of the FP and CAC competencies*.
- *Dissemination, implementation, monitoring and evaluation (DIME) guide for the FP and CAC Toolkit (forthcoming)*.

All three together form the **FP and CAC Toolkit**.[2]

1. Global competency and outcomes framework for universal health coverage. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/352711).
2. The full FP and CAC Toolkit is available at: https://www.who.int/publications/i/item/9789240063884

How can this information about the competencies be used?

The competencies presented in this technical document can be used in conjunction with WHO guidelines that contain recommendations on FP and CAC service delivery and should be adapted to the local policy, regulatory and health systems contexts.[3,4] Throughout this document we refer to human rights standards in international law, the applicability of which in a specific setting will depend on factors such as the State's ratification of relevant human rights instruments. For further information on human rights considerations in providing FP and CAC services, refer to WHO's Abortion care guideline[4] and to guidelines on family planning.[3,5,6]

The most relevant uses for these FP and CAC competencies will be:

- to define the learning outcomes/objectives for education and training, to design curriculum and learning activities and to help identify learning needs/gaps (both knowledge and hands-on techniques), whether in the context of pre-service curricula, on-the-job training, or when working towards further qualifications;
- as performance standards for recruitment, compiling job descriptions, performance appraisal and for optimizing roles within the health workforce;
- to define the scope of practice and develop practice guidelines for FP and CAC service providers (i.e. define what tasks a health worker in a particular role needs to be able to perform);
- to regulate service providers, e.g. through quality assurance procedures, performance evaluation and regulation of professional standards; and
- to provide a shared language about attitudes, knowledge and skills, to facilitate collaboration (e.g. working together in multidisciplinary teams, role optimization, inter-organizational and international collaboration, sharing of training modules for economies of scale).

Accelerating global awareness, uptake and use of these competencies is of prime importance. The ***Dissemination, implementation, monitoring and evaluation (DIME) guide*** is intended to facilitate this.

3. Family planning: a global handbook for providers. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/260156).
4. Abortion care guideline. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/349316).
5. Medical eligibility criteria for contraceptive use, fifth edition. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/handle/10665/181468).
6. Selected practice recommendations for contraceptive use, third edition. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/handle/10665/252267).

How were the competencies developed and validated?

Three principal sources of evidence were used as a basis for developing the FP and CAC competencies for the primary health care workforce.

1. *Sexual and reproductive health core competencies in primary care* (WHO, 2011)[7] (known as the SRH Competency Framework)
2. *Global competency and outcomes framework for universal health coverage* (WHO, 2022)[8]
3. An unpublished internal report (*Competency project interim report*, WHO, 2021) of a literature review and focus group discussions about international experiences of adopting and applying the 2011 WHO sexual and reproductive health (SRH) core competencies, which primarily concluded that:
   - the 2011 SRH Competency Framework had not been sufficiently adopted; and
   - the competencies needed to be simpler to achieve high uptake.

The development of the competencies was led by a team of experts in competency development and sexual and reproductive health and rights (SRHR). Various steps were taken to ensure an evidence-based methodology was used for the development of the FP and CAC competencies.

A focus group discussion (FGD) was organized with FP and CAC providers, policy-makers, and representatives from professional associations and training institutions to better understand how the 2011 WHO SRH core competencies have been used. The FGD results were used to structure a literature review to explore gaps and to examine competency-based approaches for SRH curriculum development for pre-service training. The results of the literature review and FGD included detailed recommendations for the structure of the FP and CAC competencies, which were reviewed by WHO SRHR technical staff.

The draft of this document on competencies was translated into Spanish and French to ensure language diversity. A multilingual and global Delphi survey was conducted among 338 experts in SRHR, FP and CAC; 108 of these experts completed the survey and a further 33 partially completed it, providing at least some feedback on the competencies. The revised documents were shared and discussed during a multilingual and global virtual town hall meeting with 88 participants who were experts in FP and CAC, representing the six WHO regions.

How can we ensure that the FP and CAC competencies are consistent with other competencies?

These FP and CAC competencies are one set among many sets of competencies that WHO has developed for the health-care workforce. The different sets of WHO competencies complement each other. For example, the WHO *Global competency and outcomes framework for universal health coverage*[9] (UHC) refers to "competencies" (rather than "professional competencies" as used in this Toolkit) and "practice activities" (rather than "practice competencies" as used in this Toolkit).

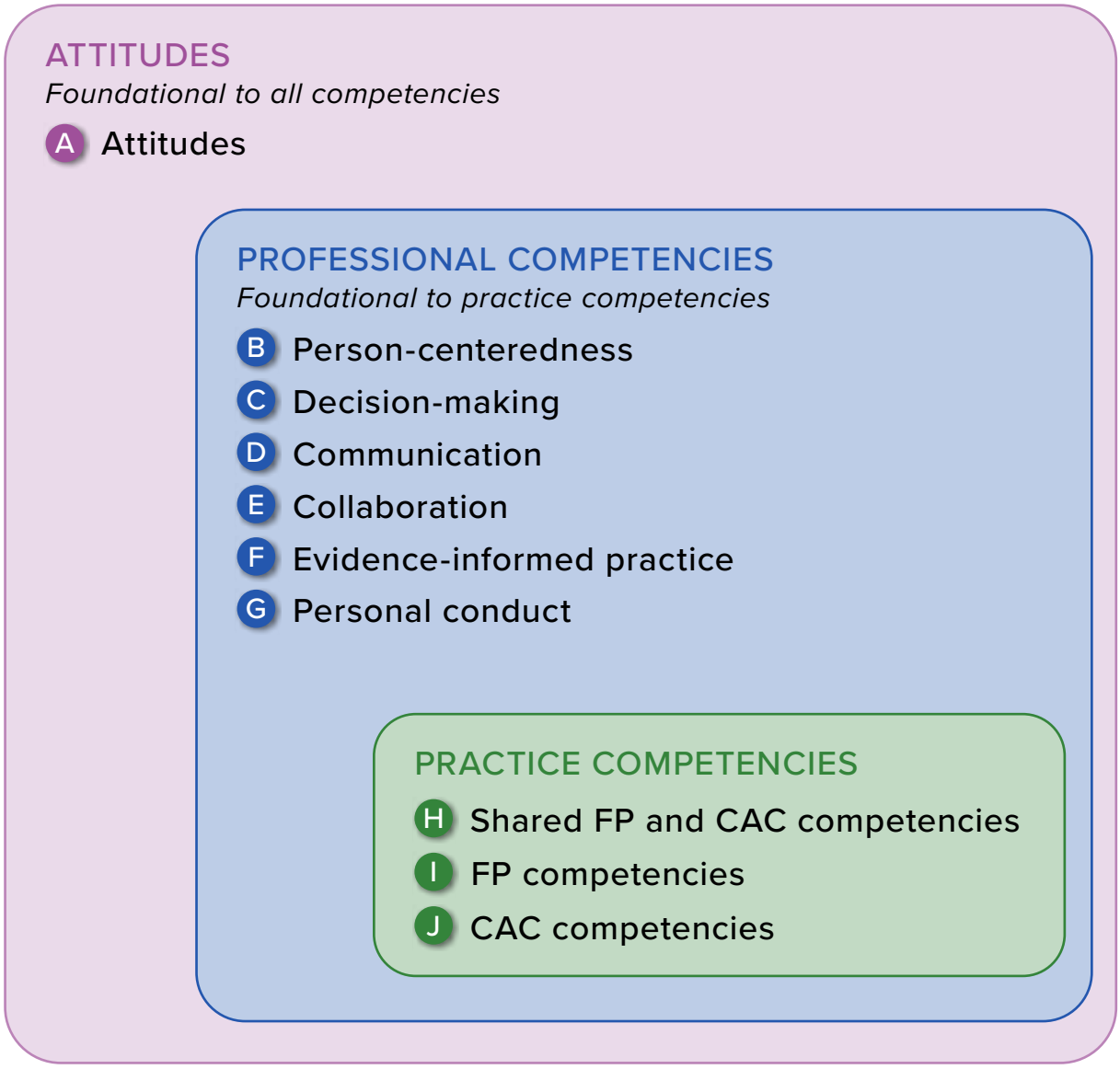
7. Available at: https://apps.who.int/iris/handle/10665/44507
8. Available at: https://apps.who.int/iris/handle/10665/352711
9. Global competency and outcomes framework for universal health coverage. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/352711).

The competencies: An overview

In total, there are 57 FP and CAC competencies, which are organized into 10 domains. The 10 domains fall into 3 competency groups: attitudes, professional competencies and practice competencies (see Fig. 1).

The FP and CAC competencies are presented in this document as a "menu" of competencies (see the section titled *The menu of FP and CAC competencies*). This allows users to select relevant competencies for different groups of health workers, relevant to their health-care setting and country context. The order in which domains (and competencies within each domain) are presented is arbitrary, as is the order of the behaviours and items of knowledge listed for each competency.

Figure 1. Domains of FP and CAC competencies for the primary health care workforce



Competency group: Attitudes

Attitudes are foundational to all competencies. These attitudes are expressed and observed through behaviours, and require a base of knowledge. Therefore, attitudes are presented as key pillars of the competencies. All FP and CAC health workers are expected to perform all their practice with the 12 attitudes included within Domain A.

A competent FP and CAC health worker always strives to:

Domain A: Attitudes

A1. Treat each individual[10] with full respect for human rights

A2. Tailor care to the individual, respecting their circumstances, views and needs

A3. Act consistently in accordance with professional ethics and standards (see also G2 in Domain G: Personal conduct)

A4. Work together with the local community

A5. Approach all individuals in a non-judgemental and non-discriminatory manner, respecting individual dignity

A6. Promote conservation and sustainability of resources

A7. Respect individuals' choices

A8. Offer services that are confidential and provide privacy

A9. Act accountably and transparently

A10. Seek *opportunities*[a] for continuous learning and professional growth

A11. Promote effective relationships with team members and colleagues

A12. Ensure sound clinical judgement and attention to detail in all professional care

[a] *opportunities:* for self and for others.

10. All individuals have the right to equality and non-discrimination in sexual and reproductive health (SRH) care. In this document, we recognize that most of the available evidence on FP methods and abortion is based on study populations of cisgender women, and we also recognize that cisgender women, transgender men, non-binary, gender fluid and intersex individuals born with a female reproductive system require FP and CAC services. However, to be concise and facilitate readability, we use the terms "individual" or "women" to refer to all gender diverse people as relevant to the service in question. Health workers providing SRH services must consider the needs of – and provide equal care to – all individuals independently of gender identity or its expression.

Competency group: Professional competencies

Professional competencies (Domains B–G) are overarching and apply to all areas of health practice. Health workers need to use them to perform the practice competencies (Domains H–J).

A competent FP and CAC health worker must be able to:

Domain B: Person-centredness

B1. Place the individual at the centre of all practice

B2. Help the individual to take control of their own situation

B3. Promote the rights of the individual to access family planning and abortion care

B4. Provide culturally sensitive, respectful and compassionate care

B5. Incorporate a systems approach to health and wellness

Domain C: Decision-making

C1. Take an adaptive, non-hierarchical and *systems approach*[a] to decision-making

C2. Take a solutions-oriented approach to problem-solving

C3. Adapt to unexpected or changing situations

[a] *systems approach:* considers the interconnection and interaction of individuals and communities with their context.

Domain D: Communication

D1. Manage interactions with others

D2. Listen actively and attentively

D3. Convey information purposefully

D4. Manage information sharing and documentation

Domain E: Collaboration

E1. Engage in collaborative practice

E2. Build and maintain interprofessional partnerships

E3. Learn from, with and about others

E4. Constructively manage tensions and conflict

Domain F: Evidence-informed practice

F1. Promote evidence-based practice

F2. Assess information from a range of sources

F3. Contribute to a culture of continuous quality improvement

Domain G: Personal conduct

G1. Work within the limits of competence and *scope of practice*[a]

G2. Demonstrate high standards of ethical conduct

G3. Engage in lifelong learning and reflective practice

G4. Manage your own health and well-being

[a] *scope of practice*: scope of individual, organizational and professional practice as provided by legal and professional regulations.

Competency group: Practice competencies

The practice competencies, presented in Domains H, I and J, are specific (but not exclusive) to FP and CAC. Some or all will be required for the delivery of FP and CAC services. The selection of practice competencies will be specific to the occupational scope of practice.

A competent FP and CAC health worker must be able to:

Domain H: Shared FP and CAC competencies

These competencies are specific to both FP and CAC. They underpin all the other practice competencies in domains I and J.

H1. Provide counselling and self-care support
H2. Obtain a clinical and social history
H3. Assess pregnancy and gestational age
H4. Obtain informed consent
H5. Initiate and interpret diagnostic and screening procedures
H6. Provide pre- and post-procedural care
H7. Manage complications and implement referral when required
H8. Provide and support linkage with sexual health, post-assault care and other relevant services
H9. Access and document clinical information
H10. Prescribe, dispense and administer medicines or products
H11. Provide pain management

Domain I: FP competencies

These competencies are specific to FP but are also required for CAC.

I1. Provide support on natural family planning
I2. Provide support on barrier methods
I3. Insert and remove intrauterine contraception
I4. Insert and remove contraceptive implants
I5. Provide hormonal contraceptives (pills, vaginal ring, patch, injectables)
I6. Perform vasectomy
I7. Perform female sterilization

Domain J: CAC competencies

These competencies are specific to CAC.

J1. Perform cervical preparation
J2. Provide medical abortion
J3. Perform vacuum aspiration
J4. Perform dilatation and evacuation (D&E)

The structure of each competency

Each competency is worded using a short action statement

These statements are intended to be short and clear. *Attitudes* describe how a competent health worker is always striving to perform. *Professional* and *practice competencies* describe **what a health worker must be able to perform** to be considered competent at an entry-to-practice level. The format of the action statements for specific competencies in each group and domain can vary.

Each competency is underpinned by items of knowledge

Accompanying each competency, as presented per domain in the tables in the section titled *The menu of FP and CAC competencies*, the underpinning knowledge is indicated in general terms. More detailed knowledge would need to take account of the specific context, including the country and the specific role of the health worker – this is not provided in this document. The general items of knowledge for each competency are presented in an arbitrary order. See the ***Programme and curriculum development guide*** for more guidance about how to identify the detailed knowledge required.

The professional and practice competencies include a set of behaviours required to achieve the competency

In order to demonstrate mastery of a professional or practice competency, a person must be able to perform each behaviour associated with that competency, as presented in the tables for Domains B–J. The descriptions of these behaviours are intended to be concise and clear. The order in which the behaviours are presented is arbitrary. Behaviours are not specified for *Domain A: Attitudes* because the attitudes underpin all the professional and practice competencies, but will be expressed through different behaviours for each of them.

Clarifications are provided where needed

The language in these competencies is intended to be brief and engaging. In some cases, clarification is provided using a clarification note beneath the table (and the term is also highlighted in italics), for further explanation or definition of a particular term or concept.

Using the competencies to promote role optimization

How do the competencies promote health worker role optimization in primary health care?

The 2018 Declaration of Astana recognizes that primary health care (PHC) should be implemented in accordance with national legislation, contexts and priorities. PHC advocates for the use of multidisciplinary teams to deliver the full range of essential health services. The FP and CAC competencies for the PHC workforce are intended to describe competent practice, irrespective of the institutional framework.

This document is not intended to drive role optimization or to advocate for any particular policy solution, but merely to facilitate the implementation of the competencies described herein. As such, this document is organized around the competencies to support the provision of FP and CAC services, rather than being organized around the different groups of health workers who may provide them.

The FP and CAC competencies for the PHC workforce are relevant for a range of groups of health workers (which vary according to the occupational set-up in each country), including those identified by the International Labour Organization as professionals as well as associate professionals. They are also consistent with the 2017 WHO summary brief on improving access to FP/contraception.[11] Specifically, role optimization enables health workers with shorter training pathways who are competent to deliver a range of services under supervision, aiming to improve access, cost-effectiveness and acceptability of services for all individuals. The competencies presented here also align with WHO's 2022 *Abortion care guideline*, which notes that planned and regulated role optimization address health worker shortages and improve equity in access to health care.[12]

How can these competencies be adapted for implementation in the national or local service-delivery context?

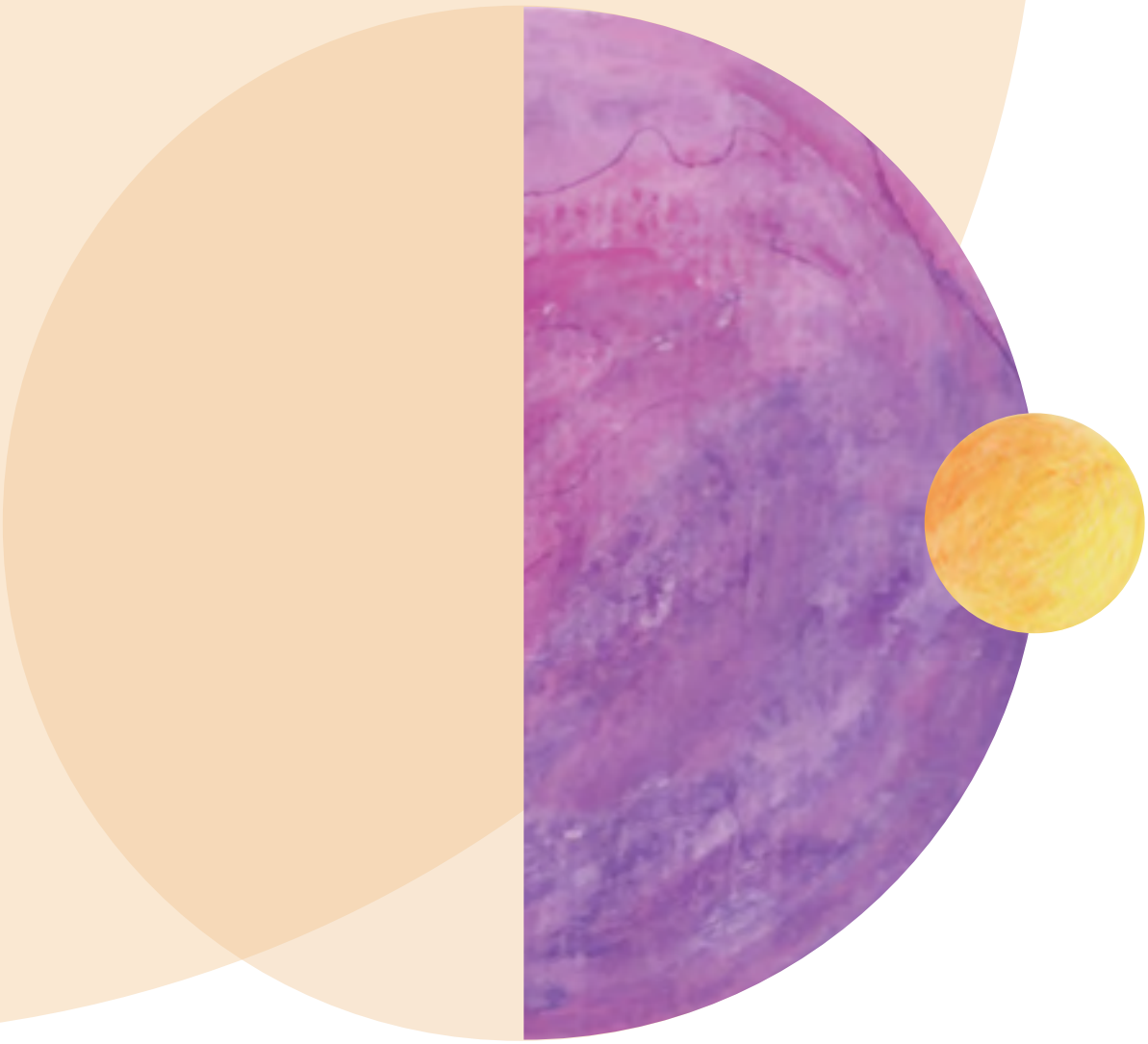
These WHO FP and CAC competencies are designed to be applicable in all countries, while the groups of health workers and their institutional context will vary widely between countries. WHO encourages Member States to adopt the FP and CAC competencies and adapt them to be appropriate in their context, so as to ensure the availability of a competent workforce providing quality FP and CAC services.

FP and CAC services are provided in a variety of settings, such as "formal" brick and mortar health-care facilities like hospitals and clinics, and also in pharmacies, mobile clinics, outreach tents, individuals' homes, community health centres, via telemedicine technology, etc. This is acknowledged within the FP and CAC competencies by avoiding the term "health-care facility" and using "site" for the service-delivery site.

11. Task sharing to improve access to family planning/contraception: summary brief. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/handle/10665/259633).

12. Abortion care guideline. Geneva: World Health Organization; 2022 (https://apps.who.int/iris/handle/10665/349316).

The menu of FP and CAC competencies



Competency group: Attitudes

Domain A: Attitudes[13]

Attitudes are a person's feelings, values and beliefs that influence their behaviour and the performance of all tasks. The 12 attitudes in this domain are those that FP and CAC health workers are expected to strive towards. These attitudes are competencies, and they underpin the performance of each professional and practice competency, but will be expressed differently in each. Therefore, for this domain, while knowledge statements are provided, specific behaviours are not.

A competent FP and CAC health worker always strives to:

ATTITUDE		KNOWLEDGE
A1.	Treat each individual with full respect for human rights	• Human rights and their national, regional and international sources • National laws that enhance or hinder human rights
A2.	Tailor care to the individual, respecting their circumstances, views and needs	• Impact of socioeconomic and cultural contexts on sexual and reproductive health and rights (SRHR) • Impact of a person's psychological situation and sexual and reproductive health (SRH) circumstances on their views and needs • Different personalities and learning styles • Different techniques and methods that facilitate learning
A3.	Act consistently in accordance with professional ethics and standards (see also G2 in Domain G: Personal conduct)	• Professional ethics and codes of conduct • Familiarity with the four principles of medical and health ethics: autonomy, beneficence ("do good"), non-maleficence ("do no harm") and justice
A4.	Work together with the local community	• Community health-care services • Community expectations and attitudes

13. Based on Domain 1 of WHO's 2011 SRH Competency Framework (*Sexual and reproductive health core competencies in primary care*) (available at: https://apps.who.int/iris/handle/10665/44507).

ATTITUDE	KNOWLEDGE
A5. **Approach all individuals in a non-judgemental and non-discriminatory manner, respecting individual dignity**	• The right of individuals to be treated with respect, free of judgement or discrimination, regardless of their sex, age, ethnicity, sexual orientation or other status • Principles of gender equality • How to identify and respect gender differences and gender diversity • The particular SRH needs of groups in marginalized and vulnerable situations, and where they are located in the country • Human rights and national laws, with special regard to issues faced by groups in marginalized and vulnerable situations, including adolescents, transgender and neurodiverse individuals, and people living with disabilities, among others • Diversity in beliefs and values
A6. **Promote conservation and sustainability of resources**	• How to make efficient/optimal use of scarce resources, such as time, skilled personnel, facilities, equipment, supplies and consumables, transport, funds and finance • How to make sustainable use of resources through reduction in waste and energy use/carbon emissions, recycling, local procurement, etc.
A7. **Respect individuals' choices**	• SRHR choices available for individuals and the right of individuals to make their own decisions • The principle of informed consent, and procedures for obtaining individuals' consent • Rights of individuals to consent to or to refuse physical examination, testing and interventions
A8. **Offer services that are confidential and provide privacy**	• The principles of confidentiality and privacy • The application of these principles to SRHR
A9. **Act accountably and transparently**	• The principles of accountability and transparency • Human rights, and how to respect, protect and fulfil human rights
A10. **Seek *opportunities*[a] for continuous learning and professional growth**	• The importance of continuous education and professional growth to maintain standards
A11. **Promote effective relationships with team members and colleagues**	• The advantages of teamwork • Team-building processes
A12. **Ensure sound clinical judgement and attention to detail in all professional care**	• All of the above and the most up-to-date competencies

[a] *opportunities*: for self and for others

Competency group: Professional competencies

Domain B: Person-centredness

The health worker's role is to support the individual to make the best decisions possible for themselves. The emphasis is on the individual's autonomy and their right to choose health goals and/or interventions based on identified needs for services.

A competent FP and CAC health worker must be able to:

B1. Place the individual at the centre of all practice

BEHAVIOURS		KNOWLEDGE
B1.1	Provide the best possible health care that supports an approach to health services that is effective, equitable, efficient, inclusive, integrated, person-centred, safe and timely.	• Person-centred care • Humanistic and ethical approach to care
B1.2	*Adapt*[a] practice to the individual.	

[a] *adapt*: according to the individual's physical, cognitive, cultural, emotional, linguistic, health literacy and sensory needs and other influences on their engagement with health services.

A competent FP and CAC health worker must be able to:

B2. Help the individual to take control of their own situation

BEHAVIOURS		KNOWLEDGE
B2.1	Support the individual in developing their health literacy.	• Principles of health education and health literacy • Individual autonomy • Informed consent • Humanism, ethical practice • Individual decision-making
B2.2	Demonstrate respect for the individual's autonomy, goals, perspectives, preferences, choices, rights and priorities.	
B2.3	Support the individual's right to information.	
B2.4	Support the individual to develop strategies or access tools to manage their own health and well-being.	

A competent FP and CAC health worker must be able to:

B3. Promote the rights of the individual to access family planning and abortion care

BEHAVIOURS		KNOWLEDGE
B3.1	Recognize that access to health is a human right.	• Human rights, health equity • Health system navigation • Care coordination • Public policy, policy use • Political influences and action • Advocacy • Favourable environment
B3.2	Act in a manner that protects the individual's health and rights.	
B3.3	Address *barriers*[a] that impede individuals from reaching eligible services.	
B3.4	Contribute to an *enabling regulatory and policy environment*.[b]	

[a] *barriers:* examples include lack of access to information, requiring third-party authorization, failing to guarantee confidentiality and privacy.

[b] *enabling regulatory and policy environment:* one that is geared to achieving positive health outcomes for women, providing good quality services and meeting the needs of poor women, adolescents, rape survivors and women living with HIV.

A competent FP and CAC health worker must be able to:

B4. Provide culturally sensitive, respectful and compassionate care

BEHAVIOURS	KNOWLEDGE
B4.1 Demonstrate compassion, empathy and respect for all people.	• *Cultural safety,*[b] culturally relevant care • Diversity, equity, inclusion • Ethical practice • United Nations Declaration on the Rights of Indigenous Peoples • Structural competency • Advocacy
B4.2 Adopt an approach to practice that is non-blaming, non-discriminatory, non-judgemental and non-stigmatizing.	
B4.3 Maintain self-awareness around your own beliefs, biases, emotional responses and values.	
B4.4 Practise *cultural humility.*[a]	
B4.5 Promote *cultural safety,*[b] diversity, equity and inclusion.	
B4.6 Challenge the causes and consequences of discrimination, exclusion, prejudice, stigma and other barriers to accessing and using health services.	

[a] *cultural humility*: a process of self-reflection to understand personal and systemic conditioned biases and to develop and maintain respectful processes and relationships based on mutual trust.

[b] *cultural safety*: an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Source for both clarification notes: First Nations Health Authority (FNHA). Cultural safety and humility. 2022 (https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility).

A competent FP and CAC health worker must be able to:

B5. Incorporate a *systems approach*[a] to health and wellness

BEHAVIOURS	KNOWLEDGE
B5.1 Support individuals to challenge or address the economic, environmental, political and social determinants of their health.	• Determinants of health • Capacity-building • Empowerment • Health promotion and disease prevention
B5.2 Support individuals to manage their health within the constraints of the health system and to manage their determinants of health.	
B5.3 Incorporate health promotion and the prevention of disability, disease and injury into interactions.	
B5.4 Support individuals to adopt healthy behaviours.	
B5.5 Contribute to protecting groups in vulnerable situations.	

[a] *systems approach*: considers the interconnection and interaction of individuals and communities with their context.

Domain C: Decision-making

Decision-making involves gathering relevant information, organizing that information, and then assessing options and alternatives. It plays an important role in the planning process, and impacts on goals to be pursued, needed resources, and health workers' roles and responsibilities.

A competent FP and CAC health worker must be able to:

C1. Take an adaptive, non-hierarchical and *systems approach*[a] to decision-making

BEHAVIOURS	KNOWLEDGE
C1.1 Promote collaborative decision-making.	• Shared decision-making • Evidence-informed decision-making • Knowledge-based practice, reliable sources of evidence, how to apply research findings • Critical thinking, inductive and deductive reasoning • Complexity theory • Priority setting • Legal and policy constraints • Systems theory • Accountability and sustainability • Project management • Resource management, inventory systems
C1.2 Seek information and evidence from a range of sources when approaching decision-making.	
C1.3 Approach decision-making analytically and methodically.	
C1.4 Adapt your approach to decision-making to reflect the complexity, urgency and consequences of the decisions.	
C1.5 Demonstrate critical thinking to reach decisions that are well-reasoned, ethical, evidence-informed, feasible, timely and based on the best available information.	
C1.6 Use physical, human and financial resources efficiently.	
C1.7 Avoid the overuse or misuse of resources.	
C1.8 Organize your own time and workload effectively.	
C1.9 Take responsibility for your own decisions and their consequences.	

[a] *systems approach*: considers the interconnection and interaction of individuals and communities with their context.

A competent FP and CAC health worker must be able to:

C2. Take a solutions-oriented approach to problem-solving

BEHAVIOURS	KNOWLEDGE
C2.1 Take initiative to mitigate anticipated problems.	• Reflective practice • Critical thinking, practical judgement • Evidence-informed decision-making • Strength-based practice • Goal setting, monitoring and evaluation • Strategic SRHR aims, policies and plans of the organization and of government
C2.2 Focus on solutions, goals and results.	
C2.3 Create pragmatic solutions to identified problems.	
C2.4 Conform to strategic aims and policies of the organization.	

A competent FP and CAC health worker must be able to:

C3. Adapt to unexpected or changing situations

BEHAVIOURS	KNOWLEDGE
C3.1 Demonstrate flexibility and patience.	• Adaptation, agility • Complexity theory, turbulence theory • Leadership, emotional intelligence • Practical judgement • Innovation
C3.2 Adjust priorities to respond to changing situations and demands.	
C3.3 Demonstrate a calm demeanour under pressure.	

Domain D: Communication

Through communication, health workers need to form relationships with individuals to facilitate the gathering and sharing of essential information for culturally safe and appropriate care.

A competent FP and CAC health worker must be able to:

D1. Manage interactions with others

BEHAVIOURS	KNOWLEDGE
D1.1 Clarify the *goal*[a] for an interaction.	• Communication theory, principles and strategies • *Cultural brokers*[d] • Culture of safety • Knowledge translation
D1.2 Know when and how to initiate, conduct and close an interaction.	
D1.3 Communicate in an open, honest, clear and timely manner.	
D1.4 Manage communication *barriers*.[b]	
D1.5 Support others to communicate for themselves.	
D1.6 Manage the *physical environment*[c] as appropriate.	
D1.7 Work with patient advocates, *cultural brokers*[d] or interpreters when indicated.	

[a] *goal*: e.g. conveying or receiving information, persuading, building trust or providing support.

[b] *barriers*: due to cognitive, physical or sensory impairment, developmental stage, culture, geography or language.

[c] *physical environment*: consider the impact of comfort, privacy, noise, space and temperature.

[d] *cultural broker*: a person who offers support by working alongside health workers and clients to interpret cultural issues and deliver culturally relevant services.

A competent FP and CAC health worker must be able to:

D2. Listen actively and attentively

BEHAVIOURS		KNOWLEDGE
D2.1	Show empathy and genuine *concern*.[a]	• Authenticity, empathy, compassion • Verbal and nonverbal communication techniques • Relational practice • Humanism • Emotional intelligence
D2.2	Show understanding with *nonverbal cues*[b] and verbal affirmations.	
D2.3	Ask open-ended questions.	
D2.4	Paraphrase to show understanding.	
D2.5	Ask for clarification if necessary.	
D2.6	Encourage expression of feelings.	
D2.7	Respond sensitively to what others express.	
D2.8	Summarize both content and feelings in an integrated manner.	

[a] *concern*: e.g. by maintaining focus on the speaker, offering supportive comments, deferring judgement.

[b] *nonverbal cues*: e.g. nodding, eye contact, leaning forward.

A competent FP and CAC health worker must be able to:

D3. Convey information purposefully

BEHAVIOURS		KNOWLEDGE
D3.1	Select and use appropriate communication channels.	• Characteristics of the available communication channels, e.g. telephone, teleconference, email, social media, printed, animated message, video • Principles of health literacy • Communication theory, principles and strategies • Principles of diversity and acceptance • How to convey unwelcome news • Trauma- and violence-informed care • Cultural safety • Bridging knowledge systems • Knowledge translation and dissemination • Proficiency in written and oral communication • Knowledge and information management • Principles of health literacy, teaching and learning, and evaluation
D3.2	Provide relevant, accurate, timely and complete information.	
D3.3	Present information clearly, coherently, concisely and logically.	
D3.4	Recognize the different impact of communication on different individuals.	
D3.5	Differentiate between facts, context-specific evidence and opinions.	
D3.6	Express your own opinions and perspectives with clarity, confidence and in a *respectful manner*[a] that shows *understanding for diversity.*[b]	
D3.7	Adopt strategies that encourage a shared understanding of information and how to implement decisions that have been made.	
D3.8	Use *relevant language*[c] that is appropriate to different perspectives, situations, audiences and contexts.	
D3.9	Evaluate the *effectiveness*[d] of communication approaches and adapt accordingly.	
D3.10	Anticipate, plan for, and deal with ambiguous and confusing situations.	
D3.11	Promote mutual understanding through appropriate use of communication *approaches.*[e]	

[a] *respectful manner*: characterized by calmness, compassion, empathy, sensitivity and tact.

[b] *understanding for diversity*: mitigating the impact of one's own beliefs, biases, emotional responses, opinions and values as expressed through verbal and nonverbal communication.

[c] *relevant language*: avoid abbreviations and complex/technical terminology/jargon, translate complex and clinical content into lay terms as necessary, consider the educational level of the person being spoken to.

[d] *effectiveness*: e.g. by repeating information back to the individual, by asking questions.

[e] *approaches*: verbal, nonverbal, visual, written, digital communication tools and techniques – depending on the audience and circumstances.

A competent FP and CAC health worker must be able to:

D4. Manage information sharing and documentation

BEHAVIOURS	KNOWLEDGE
D4.1 Share information consistent with informed consent, privacy and as required by protocol.	• Electronic information systems • Health care privacy and confidentiality laws • Informed consent • Standards of practice • Knowledge translation and dissemination • Circle of care
D4.2 Use a range of health-related information management *tools*.[a]	
D4.3 Keep individuals informed about relevant aspects of their health care.	
D4.4 Share information with others in a timely manner.	
D4.5 Create new sources of information for others.	
D4.6 Gather information for monitoring and analysis.	
D4.7 Prepare comprehensive and accurate health records.	

[a] *tools*: including individual health records.

Domain E: Collaboration

Working in partnership with others is essential to providing safe, effective, ethical and person-centred care. It allows people to work together for a common purpose in the interests of the individual under their care.

A competent FP and CAC health worker must be able to:

E1. Engage in collaborative practice

BEHAVIOURS		KNOWLEDGE
E1.1	Collaborate with support networks, with the consent of the individual.	• Person-centred care • Informed consent • Individual autonomy • Health system navigation • Interprofessional collaboration • Role clarification • Group dynamics, team functioning • Conflict management
E1.2	Assist individuals in accessing community resources.	
E1.3	Work together to address individuals' needs.	
E1.4	Engage with others across cultural, geographical, organizational and sectoral boundaries.	
E1.5	Jointly negotiate roles and responsibilities to maximize strengths within a team.	
E1.6	Fulfil agreed ways of working within the collaborative health team.	
E1.7	Enable others to make their contribution to a team.	
E1.8	Celebrate shared outcomes, goals and values.	

A competent FP and CAC health worker must be able to:

E2. Build and maintain interprofessional partnerships

BEHAVIOURS		KNOWLEDGE
E2.1	Develop working relationships based on mutual trust, integrity and respect.	• Collaborative practice • Team functioning • Professional boundaries • Ethical practice • Diversity, equity, inclusion • Shared leadership
E2.2	Promote teamwork and partnerships.	
E2.3	Work with different personalities across a variety of situations.	
E2.4	Understand others' viewpoints.	
E2.5	Consider diverse, intercultural perspectives and working styles.	
E2.6	Build equitable relationships.	
E2.7	Recognize personal efforts and the efforts of others.	
E2.8	Maintain ethical boundaries with other members of the health team.	
E2.9	Encourage others to apply organizational policies and standards.	
E2.10	Minimize the impact of hierarchical differences on health outcomes.	
E2.11	Identify potential collaboration partner(s).	

A competent FP and CAC health worker must be able to:

E3. Learn from, with and about others

BEHAVIOURS	KNOWLEDGE
E3.1 Work within the dynamics of a group.	• Group dynamics, team functioning • Role clarification • Personal growth mindset • Professional development and continuous learning • Self-awareness • Reflective practice
E3.2 Show commitment to the team's purpose and goals.	
E3.3 Consult with and/or refer to others as appropriate.	
E3.4 Engage in joint decision-making	
E3.5 Learn from others' lived experiences and circumstances.	
E3.6 Seek and provide constructive, sensitive and timely feedback, support and advice.	
E3.7 Learn from interactions with others and feedback processes.	
E3.8 Seek opportunities to improve collaboration within and between teams.	

A competent FP and CAC health worker must be able to:

E4. Constructively manage tensions and conflict

BEHAVIOURS		KNOWLEDGE
E4.1	Acknowledge diverse opinions.	• Conflict management • Group dynamics, team functioning • Collaboration, negotiation, mediation • Culture of safety • Proactive and reactive strategies
E4.2	Accept differences.	
E4.3	Use conflict management strategies as required.	
E4.4	Anticipate, identify, act upon and learn from tensions or potential areas of conflict.	
E4.5	Focus on the sources of tensions to prevent conflicts arising.	
E4.6	Support a blame-free environment in which one is safe to question and seek support and guidance.	
E4.7	Consider different perspectives when seeking compromise, consensus or a decision.	
E4.8	Use diplomacy to mediate, negotiate or persuade.	
E4.9	Take positive actions to avoid and dispel abuse, harassment or other disruptive behaviours.	

Domain F: Evidence-informed practice

Health workers should be committed to excellence in their practice and optimizing the care they provide. They can do this through employing critical thinking, engaging with opportunities for continuous learning and by making decisions based on the best available evidence.

A competent FP and CAC health worker must be able to:

F1. Promote evidence-based practice

BEHAVIOURS		KNOWLEDGE
F1.1	Keep abreast of evidence-based practice.	• Evidence-informed decision-making • Knowledge-based practice • How to apply research findings • Knowledge generation and mobilization • Research ethics
F1.2	Integrate current best-available evidence into practice.	
F1.3	Promote evidence-based practice among colleagues.	
F1.4	Participate in the ethical generation and application of evidence.	

A competent FP and CAC health worker must be able to:

F2. Assess information from a range of sources

BEHAVIOURS		KNOWLEDGE
F2.1	Identify the need for additional or new information.	• Knowledge gaps, sources of knowledge • Research literacy • Database navigation • Knowledge synthesis, critical appraisal • Practical judgement • Reliable sources of evidence including national and international guidelines
F2.2	Seek information from a range of reliable sources.	
F2.3	Critically appraise the limitations, quality, relevance and significance of information.	
F2.4	Use gathered data to draw conclusions.	

A competent FP and CAC health worker must be able to:

F3. Contribute to a culture of continuous quality improvement

BEHAVIOURS		KNOWLEDGE
F3.1	Adhere to safety protocols that avoid adverse events, health-care errors, incidents of harm and unsafe practice.	• Reflective practice • Evidence-informed decision-making • Continuous quality improvement • Quality assurance, monitoring and evaluation • Lifelong learning • Organizational theory • Best practices • Occupational health and safety • Service-user satisfaction
F3.2	Learn from what works and what has not gone well.	
F3.3	Offer suggestions for improvement to address identified problems.	
F3.4	Participate in quality measurement and continuous quality improvement processes.	

Domain G: Personal conduct

Health workers must be committed to supporting the health of individuals they care for by integrating high ethical standards with implementation of best practices and compliance with regulatory requirements. Within their areas of activity, health workers must also exhibit qualities that characterize reflective practice – the ability to reflect on one's actions so as to take a critical stance or attitude towards one's own practice and that of one's peers, engaging in a process of continuous adaptation and learning.[14]

A competent FP and CAC health worker must be able to:

G1. Work within the limits of competence and *scope of practice*[a]

BEHAVIOURS	KNOWLEDGE
G1.1 Maintain awareness of your own competence and *scope of practice*.[a]	• Self-regulation • Professionalism, professional boundaries • Self-awareness and critical reflection • Ethical practice • Standards of practice
G1.2 Adhere to the duties, obligations and codes of conduct defined by occupational standards, legal regulations and organizational procedures.	
G1.3 Seek guidance when encountering situations beyond your competence or *scope of practice*.[a]	
G1.4 Provide referral to another health worker with appropriate competence and *scope of practice*.[a]	

[a] *scope of practice*: scope of individual, organizational and professional practice as provided by legal and professional regulations.

14. Leitch R, Day C. Action research and reflective practice: towards a holistic view. Educ Action Res. 2000;8(1):179–93. doi:10.1080/09650790000200108.

A competent FP and CAC health worker must be able to:

G2. Demonstrate high standards of ethical conduct

BEHAVIOURS	KNOWLEDGE
G2.1 Act with honesty, integrity and transparency.	• Ethical reasoning and decision-making • Ethical practice • Standards of practice • Relevant legislation • Accountability • Adaptation
G2.2 Uphold *legal and ethical principles*.[a]	
G2.3 Accept responsibility for actions.	
G2.4 Consult with others in ethically sensitive situations with ethical implications.	
G2.5 Adapt to new environments and cultures.	
G2.6 Consider the broader implications of decisions.	
G2.7 Refuse individual gifts or other forms of influence intended to coerce or invite personal favour.	

[a] *legal and ethical principles*: including capacity, confidentiality, consent, conflict of interest, duty of care, dignity, privacy and safeguarding

A competent FP and CAC health worker must be able to:

G3. Engage in lifelong learning and reflective practice

BEHAVIOURS	KNOWLEDGE
G3.1 Reflect on opportunities for improvement through continual *self-evaluation*.[a]	• Self-regulation • Self-awareness • Reflective practice • Lifelong learning, professional development • Setting learning goals and implementing strategies • Management of change • Personal growth mindset • Professionalism • Professional responsibility and accountability • Monitoring and evaluation
G3.2 Formulate specific, measurable and realistic learning goals.	
G3.3 Access learning sources and opportunities.	
G3.4 Implement *strategies*[b] to achieve learning goals.	
G3.5 Show a willingness to continuously learn and grow.	
G3.6 Seek constructive feedback from others.	
G3.7 Integrate new knowledge and skills into practice.	
G3.8 Evaluate work results for effectiveness.	
G3.9 Address any negative impacts of your own attitudes, behaviours and/or gaps in competence or practice.	

[a] *self-evaluation*: obtaining feedback, observing others, identifying areas of concern and reflecting on successes, errors and omissions.

[b] *strategies*: e.g. informal learning opportunities, mentorship, workshops, conferences, webinars and advanced education.

A competent FP and CAC health worker must be able to:

G4. Manage your own health and well-being

BEHAVIOURS	KNOWLEDGE
G4.1 Manage time and priorities effectively.	• Self-care and lifestyle strategies • Wellness • Time management and priority setting • Fitness to practice • Prevention of occupational injuries
G4.2 Monitor your own mental and physical health and well-being.	
G4.3 Manage fatigue, ill health, stress and the impact of exposures to distressing situations.	
G4.4 Seek help or support where needed for your own health and well-being.	
G4.5 Enhance effective and sustainable practice through self-care and lifestyle strategies.	

Competency group: Practice competencies

Domain H: Shared FP and CAC competencies

Providing FP and CAC involves performing a set of tasks required of most health workers. Health workers must be knowledgeable and proficient in these tasks to ensure safe and ethical delivery of care.

A competent FP and CAC health worker must be able to:

H1. Provide counselling and self-care support

BEHAVIOURS		KNOWLEDGE
H1.1	Plan the counselling session.	• The physical, social, cultural, cognitive and emotional development of different life stages, including adolescence • *Factors*[f] that facilitate and impede counselling • Adolescent-friendly provision of health care and services • Decision-making processes • Behaviour change theories, health-seeking behaviour • Values clarification and attitudes transformation • Evidence-based counselling techniques • Effective use of job aids, flip charts, anatomical models, etc. • Mechanisms of support available for those providing counselling • Basic understanding of female and male anatomy, physiology, human reproduction, fertility and fertility regulation • Cultural norms and practices surrounding sexuality and sexual practices • FP methods including emergency contraception, how each works, its benefits, limitations, comparative effectiveness, side-effects, health risks, appropriateness for particular groups of users (adolescents, persons living with HIV/AIDS, etc.) • FP care standards and protocols • Management of FP side-effects, method failures and complications
H1.2	Assemble the counselling materials and job aids related to SRHR.	
H1.3	Provide tailored and personalized *information*.[a]	
H1.4	Address common myths and misconceptions, and any individual concerns.	
H1.5	Provide *information*[a] on *FP methods*.[b]	
H1.6	Discuss past and current FP use, and future fertility intentions.	
H1.7	Explain how to use the chosen FP method.	
H1.8	Provide *information*[a] appropriate for the individual *situation*.[c]	
H1.9	Explain the steps of the chosen procedure.	
H1.10	Provide *referral*[d] to another health worker as indicated.	

H1. Provide counselling and self-care support *(cont.)*

BEHAVIOURS	KNOWLEDGE
H1.11 Provide *information*[a] on healthy habits and self-care. **H1.12** Involve *other support persons*[e] as appropriate.	• Management of FP side-effects, method failures and complications • Return of fertility after abortion • Medical eligibility for different abortion methods • Familiarity with WHO's *Medical eligibility criteria for contraceptive use* (MEC)[15] • Abortion standards and protocols • Management of abortion failures and complications, for different abortion methods • Risks associated with unsafe abortion • Laws and national regulatory standards related to FP and induced abortion • Barriers to safe and legal abortion, and how to address them • Involvement of the male partner in FP • When and where to refer individuals with special needs • Reporting requirements and referral services available for victims of intimate partner violence, sexual violence, gender-based violence, etc. • Where each FP or abortion method can be obtained in the local context • Information for adolescents on normal growth and development, nutrition, hygiene and sexuality • Self-empowerment strategies • Self-care education, safe sexual practices, risk reduction relating to sexually transmitted infections (STIs) and HIV/AIDS • Different types of sexual activities and their associated risks • *People or groups in vulnerable or marginalized situations*[g] and their health-care needs • Endemic diseases, such as malaria, and their prevention

[a] *information*: in verbal and written formats.

[b] *FP methods*: all methods used to control fertility, including after abortion and childbirth.

[c] *situation*: including in cases of spontaneous abortion, incomplete abortion, missed abortion, unwanted or unintended pregnancy, induced abortion.

[d] *referral*: e.g. in cases of conscientious objection, need for higher-level or antenatal care, or if abortion or chosen FP methods are not available on site.

[e] *other support persons*: e.g. an interpreter, or the individual's partner or spouse, if they request this.

[f] *factors*: e.g. language, privacy, environment, time.

[g] *people or groups in vulnerable or marginalized situations*: e.g. adolescents, persons with disabilities, refugees.

15. Medical eligibility criteria for contraceptive use, fifth edition. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/handle/10665/181468).

A competent FP and CAC health worker must be able to:

H2. Obtain a clinical and social history

BEHAVIOURS	KNOWLEDGE
H2.1 Involve *other support persons*[a] as appropriate. H2.2 Obtain individual history information as per protocol. H2.3 Rule out pregnancy or potential pregnancy in the individual seeking FP. H2.4 Assess risk factors. H2.5 Assess overall sexual health and well-being.	• Effect of personal beliefs and norms on provider behaviour and nonverbal communication • Components of a health history required for proper assessment of medical eligibility, risk factors and special needs related to provision of FP or abortion services • Standard protocols for FP and abortion services • Basic anatomy and physiology • Reproductive cycle and stages of adolescent development • Signs and symptoms of SRH pathology and problems, including STIs and HIV/AIDS • Risk factors for unsafe sexual practices • Risk factors for and signs of intimate partner violence, sexual violence (e.g. rape) and gender-based violence • FP methods, medical eligibility criteria for each method, and conditions affecting their use (medical, social and individual circumstances) • Components of history required to rule out pregnancy or potential pregnancy in an individual seeking FP services • Abortion methods and eligibility criteria for each method • Genetic risk factors, environmental risk factors

[a] *other support persons*: e.g. an interpreter or the individual's family member, spouse or friend, if they request this.

A competent FP and CAC health worker must be able to:

H3. Assess pregnancy and gestational age

BEHAVIOURS	KNOWLEDGE
H3.1 Perform abdominal, speculum and bimanual pelvic examination, as indicated.	• Female anatomy and physiology related to conception and reproduction • Signs and symptoms of pregnancy, including ectopic pregnancy • Risk factors for ectopic pregnancy • Calculation of gestational age using LMP, mobile app, checklist, pregnancy wheel, i.e. physical findings • Steps in proper performance of speculum, abdominal and bimanual pelvic examinations • Differential diagnoses for discrepancies between estimated gestational age based on LMP versus physical findings, and any required management • Steps for performing urine pregnancy tests; reasons for false negative and false positive results • Referral locations for abdominal and pelvic ultrasounds • Tailoring a plan of care based on assessment findings • Infection control and waste management protocols • Information and documentation required per standard protocols
H3.2 Determine gestational age using the least invasive method that is appropriate in the circumstances and available in the setting.	
H3.3 Investigate discrepancies between estimated gestational age based on last menstrual period (LMP) versus physical findings.	
H3.4 Rule out ectopic pregnancy.*	
H3.5 Interpret results of pregnancy tests and ultrasound examinations, where indicated.	
H3.6 Maintain infection prevention and waste management as indicated.	

* Note: Routine screening for ectopic pregnancy is not necessary prior to medical abortion.

A competent FP and CAC health worker must be able to:

H4. Obtain informed consent

BEHAVIOURS	KNOWLEDGE
H4.1 Clarify information about the individual and their concerns. H4.2 Share information about the procedures or treatments. H4.3 Address the individual's concerns. H4.4 Confirm the individual's comprehension. H4.5 Confirm verbal consent. H4.6 Document verbal and written consent as per protocol.	• Principles and components of informed consent • Legal and ethical implications of verbal and written informed consent • Moral and legal autonomy of the individual to make decisions about their health, including understanding of guidance related to protection of children and vulnerable individuals • Situations when voluntary informed consent must be obtained, and when it can be assumed • Methods to determine an individual's decision-making capacity, and the steps for gaining third-party informed consent only when required by law • Cultural factors impacting whom to obtain consent from without compromising individual agency and autonomy • Range of individual preferences when considering a range of options, including the right to refuse information and the need for time to reflect • Role of a health worker in helping an individual make a voluntary decision • Difference between objectivity, coercion, manipulation and persuasion • Awareness of situations in which a woman may be coerced into using an FP method or having an abortion against her will • Approaches to managing situations when consent is not given and cannot be assumed • Evidence and documentation required for informed consent • Service protocols for informed consent

A competent FP and CAC health worker must be able to:

H5. Initiate and interpret diagnostic and screening procedures

BEHAVIOURS	KNOWLEDGE
H5.1 Explain the use of laboratory or ultrasound diagnostic test or procedures that are indicated by the individual's history and examination, including risks and benefits.	• Risk factors, signs and symptoms of pregnancy • Risk factors, signs and symptoms of anaemia • Risk factors, signs and symptoms of STIs, including HIV • Clinical indications for abdominal or pelvic ultrasound examination • Standards for Rhesus (Rh) testing and administration of Rh-immunoglobulin • Steps in preparing an individual for collecting laboratory specimens and performing indicated tests, including ultrasound examinations • Optimal conditions for abdominal and vaginal ultrasound examinations • Infection control and waste management protocols • Labelling and storage of specimens • Documentation of specimen collection, testing procedure and results • Transmission of STIs, including requirements for partner notification, testing and treatment • Standards of HIV counselling and informed consent • Clinical management of STIs, HIV and Rh-negative individuals
H5.2 Arrange for testing at a referral facility if not available on site.	
H5.3 Prepare the individual for specific tests, including ultrasound examination, where indicated.	
H5.4 Collect or obtain specimens for testing, where indicated.	
H5.5 Maintain infection prevention and waste management standards.	
H5.6 Interpret relevant test results.	
H5.7 Explain the findings/results and appropriate management plan to the individual.	
H5.8 Refer the individual to an appropriate specialist when indicated.	
H5.9 Avoid unnecessary tests and procedures (overtreatment).	

A competent FP and CAC health worker must be able to:

H6. Provide pre- and post-procedural care

BEHAVIOURS		KNOWLEDGE
H6.1	Confirm individual identity (name, birthdate).	• Protocols for procedures • Techniques for assessing *vital signs*,[a] including use of *equipment*[b] • Normal ranges of vital signs, likely differential diagnoses for deviations from normal, and their management • Accurate quantification of vaginal bleeding, amount considered normal • Use of tools to assess pain level • Complications of procedures and their management • Infection prevention and waste management protocols • Discharge instructions
H6.2	Verify the requested procedure with the individual.	
H6.3	Verify consent.	
H6.4	Confirm presence or absence of allergies.	
H6.5	Monitor *vital signs*[a] pre- and post-procedure, as required.	
H6.6	Conduct pain assessment using a standard job aid.	
H6.7	Provide pain management.	
H6.8	Assess for presence and amount of vaginal and incisional bleeding.	
H6.9	Monitor for signs and symptoms of complications.	
H6.10	Maintain infection prevention and waste management standards.	
H6.11	Provide verbal and written discharge instructions appropriate for the service.	

[a] *vital signs*: temperature, pulse rate, respiratory rate, blood pressure, oxygen saturation.

[b] *equipment*: thermometers, manual and electronic sphygmomanometers, stethoscopes and pulse oximeters.

A competent FP and CAC health worker must be able to:

H7. Manage complications and implement referral when required

BEHAVIOURS	KNOWLEDGE
H7.1 Recognize signs of and diagnose complications. H7.2 Diagnose complications H7.3 Manage complications as per protocols. H7.4 Facilitate emergency referral when indicated. H7.5 Provide accurate oral and written information to the referral health worker as per protocol.	• Risk factors for complications by procedure • Signs and symptoms of complications, including drug reactions • Emergency management protocols • Location of emergency supplies and equipment • Indications, contraindications, dosages and routes of administration of emergency medicines • Referral protocol • Standard format for emergency referrals

A competent FP and CAC health worker must be able to:

H8. Provide and support linkage with sexual health, post-assault care and other relevant services

BEHAVIOURS	KNOWLEDGE
H8.1 Identify signs of being at risk for intimate partner violence (IPV) including sexual violence, and signs of being a victim of such violence. H8.2 Discuss appropriate alternative services with the individual if their preferred option cannot be provided at that time. H8.3 Refer the individual to appropriate resources or services, expediting emergency referrals.	• Signs and symptoms from individual history and examination suggestive of risk for or experience of STIs, infertility, perimenopausal complaints, female genital mutilation, gender-based violence, IPV or sexual violence • Type and timing of testing and treatment for sexual assault survivors • Local resources available for counselling, management and support of individuals with sexual problems, risk for IPV and sexual violence, current experience of IPV, etc. • Laws and regulations mandating reporting • Risks of disclosure • Ethical considerations related to mandated reporting

A competent FP and CAC health worker must be able to:

H9. Access and document clinical information

BEHAVIOURS		KNOWLEDGE
H9.1	Access and review the individual's clinical record.	• Procedure to access paper and electronic records and test results • Documentation standards and protocols for specific services • Laws and regulations on confidentiality, data protection and data security • Use of computer technology for electronic health records
H9.2	Obtain test results and post them to the clinical record.	
H9.3	Document all aspects of care provided according to standard protocols.	

A competent FP and CAC health worker must be able to:

H10. Prescribe, dispense and administer medicines or products

BEHAVIOURS		KNOWLEDGE
H10.1	Confirm clinical indication for any pharmaceuticals.	• Medication protocols for specific services • Basic pharmacology • Generic or brand names of medicines, mode of action, indications, routes, dosages, frequency, side-effects, and complications and their management • Calculation of dosages for different medicines • Protocol for administering injections (subcutaneous, intramuscular, intravenous) • Infection prevention and waste management protocols
H10.2	Verify the presence or absence of any allergies, possible drug interactions and/or contraindications to specific medicines.	
H10.3	Explain the indications, benefits, side-effects and risks of specific medicines to the individual, and any alternatives.	
H10.4	Verify the integrity of the packaging and the expiration date of any medicines provided on site.	
H10.5	Provide correct medicines, including clear information about dosage, frequency and route.	
H10.6	Maintain infection prevention and waste management standards.	
H10.7	Monitor the individual's response to medication, including any side-effects or reactions.	

A competent FP and CAC health worker must be able to:

H11. Provide pain management

BEHAVIOURS		KNOWLEDGE
H11.1	Explain the steps of the procedure to the individual.	• Procedure protocols • Pain management indications, medicines used, contraindications, duration of action, dosages, routes of administration, side-effects, complications, drug reactions and antidotes • *Non-pharmacological*[b] pain management techniques • Emergency management of drug reactions and toxicity • Preparation of injectable medicines, including to required concentration • Infection prevention and waste management protocols • Ethical considerations regarding pain management and use of controlled drugs • National laws and regulations for controlled substances: use, record-keeping and disposal
H11.2	Verify any history of allergies with the individual and in their clinical record.	
H11.3	Review pain management options with the individual.	
H11.4	Provide premedication as per procedure protocol.	
H11.5	Provide local anaesthesia.	
H11.6	Assess the adequacy of the anaesthetic response prior to starting the procedure.	
H11.7	Provide *supportive care and attention*[a] throughout the procedure.	
H11.8	Periodically assess the level of pain using a standard job aid.	
H11.9	Provide post-procedure pain relief (*non-pharmacological*[b] and pharmacological) based on assessment of pain.	
H11.10	Maintain infection prevention and waste management standards.	

[a] *supportive care and attention*: e.g. verbal and physical reassurance, distraction through conversation, narrating the procedure.

[b] *non-pharmacological*: including breathing exercises, warm and cold compresses, verbal and physical reassurance and position changes.

Domain I: Family planning competencies

Individuals have a basic right to manage their fertility and reproduction. Health workers support them by ensuring confidentiality, giving accurate information and providing them with their method of choice.

A competent FP and CAC health worker must be able to:

I1. Provide support on natural family planning

BEHAVIOURS		KNOWLEDGE
I1.1	Confirm the individual meets eligibility criteria for method.	• Comparative effectiveness, risks and benefits of FP methods • Medical eligibility criteria for use of natural FP in breastfeeding and non-breastfeeding individuals • *Natural FP methods*,[a] requirements and accessories, advantages and disadvantages of each • Female reproductive anatomy and physiology • Menstrual cycle and changes in symptoms (i.e. cervical mucus and basal body temperature) • Protocol for providing instructions/support for use of natural FP methods • Self-care instructions
I1.2	Review method effectiveness, benefits and risks with the individual.	
I1.3	Provide explanation on *natural FP methods*.[a]	
I1.4	Explain to breastfeeding individuals when to seek an alternative method of FP.	

[a] *natural FP methods*: include fertility awareness-based (FAB) methods, lactational amenorrhoea method (LAM) and coitus interruptus/withdrawal. FAB methods "involve identification of the fertile days of the menstrual cycle, whether by observing fertility signs such as cervical secretions and basal body temperature (i.e. symptoms-based methods) or by monitoring cycle days (calendar-based methods)."[16]

16. Medical eligibility criteria for contraceptive use, fifth edition. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/handle/10665/181468).

A competent FP and CAC health worker must be able to:

I2. Provide support on *barrier methods*[a]

BEHAVIOURS	KNOWLEDGE
I2.1 Confirm the individual's eligibility and consent for the method.	• Female and male anatomy and physiology • Comparative effectiveness, risks and benefits of FP methods • Medical eligibility criteria and contraindications for each barrier method • Protocol for fitting a diaphragm and a cervical cap • Use of job aids and anatomic models for demonstration of methods • Infection prevention and waste management protocols • Self-care instructions
I2.2 Review method effectiveness, benefits and risks with the individual.	
I2.3 Describe how to use the method and demonstrate using a vaginal or penile model.	
I2.4 Fit the diaphragm or cervical cap.	
I2.5 Have the individual demonstrate proper use of the method using a model or on themself.	
I2.6 Maintain infection prevention and waste management standards.	

[a] *barrier methods*: e.g. male and female condoms, spermicide, sponge, diaphragm, cervical cap.

A competent FP and CAC health worker must be able to:

I3. Insert and remove intrauterine contraception

BEHAVIOURS	KNOWLEDGE
I3.1 Confirm the individual's eligibility and consent for the method, including for emergency contraception.	• Female anatomy and physiology • Menstrual cycle, effect on the menstrual cycle of different intrauterine contraceptive methods • Comparative effectiveness, risks and benefits of contraceptive methods • Medical eligibility criteria and contraindications for each intrauterine contraceptive method • Pain management protocols • Protocol for insertion and removal of an IUD, including during the post-abortion and postpartum periods, and during caesarean section • Use of job aids and models for demonstration • Management of complications and non-visible IUD threads • Emergency referral protocols • Infection prevention and waste management protocols • Self-care instructions
I3.2 Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
I3.3 Ensure pain management is provided as per protocol.	
I3.4 Review the steps for insertion or removal with the individual, verbally and using a pelvic model.	
I3.5 Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
I3.6 Assess uterine size, position, tenderness and adnexa on bimanual pelvic examination.	
I3.7 Insert a vaginal speculum.	
I3.8 Cleanse the cervix with antiseptic solution.	
I3.9 Measure the size of the uterine cavity.	
I3.10 Insert the intrauterine device (IUD) using the no-touch technique.	
I3.11 Shorten the IUD threads to an appropriate length, having the individual feel the trimmed pieces.	
I3.12 Have the individual demonstrate self-checking of the IUD threads.	
I3.13 Remove the IUD, check it is intact and show it to the individual.	
I3.14 Respond to complications, including non-visible IUD threads.	
I3.15 Maintain infection prevention and waste management standards.	

A competent FP and CAC health worker must be able to:

I4. Insert and remove contraceptive implants

BEHAVIOURS		KNOWLEDGE
I4.1	Confirm the individual's eligibility and consent for the method.	• Female anatomy and physiology • Anatomy of the upper arm, including nerves and blood vessels • Menstrual cycle, effect on the menstrual cycle of implants • Comparative effectiveness, risks and benefits of contraceptive methods • Medical eligibility criteria and contraindications for implants • Pain management protocols • Protocol for insertion and removal of implants • Use of job aids for demonstration • Management of complications and non-palpable implants • Emergency referral protocols • Infection prevention and waste management protocols • Self-care instructions
I4.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
I4.3	Verbally inform the individual of the steps of the procedure and what to expect.	
I4.4	Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
I4.5	Mark the skin for incision.	
I4.6	Cleanse the skin with antiseptic.	
I4.7	Inject a local anaesthetic.	
I4.8	Insert the implant.	
I4.9	Remove the implant, check it is intact and show it to the individual.	
I4.10	Palpate the implant and have the individual do the same to verify placement.	
I4.11	Apply dressing to the incision area.	
I4.12	Respond to complications, including non-palpable implant.	
I4.13	Maintain infection prevention and waste management standards.	

A competent FP and CAC health worker must be able to:

I5. Provide hormonal contraceptives (pills, vaginal ring, patch, injectables)

BEHAVIOURS		KNOWLEDGE
I5.1	Confirm the individual's eligibility and consent for the method, including emergency contraception.	• Female anatomy and physiology • Menstrual cycle, effect on the menstrual cycle of hormonal contraceptives • Comparative effectiveness, risks and benefits of hormonal contraceptives • Medical eligibility criteria and contraindications for each hormonal method • Use of job aids for demonstration • Protocols for each specific method • Management of side-effects and complications • Emergency referral protocols • Self-care instructions
I5.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
I5.3	Check the integrity of the packaging and the expiration dates of methods dispensed on site.	
I5.4	Describe how to use the method using job aids and demonstrate using an anatomical model.	
I5.5	Instruct the individual on managing common side-effects and what to do when pills/injections are missed or rings/patches are changed late.	
I5.6	Mix the depot medroxyprogesterone acetate (DMPA).	
I5.7	Draw up DMPA.	
I5.8	Activate subcutaneously administered DMPA (DMPA-SC).	
I5.9	Inject DMPA or DMPA-SC.	
I5.10	Respond to side-effects and complications.	
I5.11	Maintain infection prevention and waste management standards.	
I5.12	Instruct the individual on self-administration of DMPA-SC.	

A competent FP and CAC health worker must be able to:

I6. Perform vasectomy

BEHAVIOURS		KNOWLEDGE
I6.1	Confirm the individual's eligibility and consent for the method.	• Male anatomy and physiology • Comparative effectiveness, risks and benefits of contraceptive methods • Medical eligibility criteria and contraindications for vasectomy • Pain management protocols • Protocol for providing vasectomy • Use of job aids and anatomical models for demonstration • Management of complications • Emergency referral protocols • Infection prevention and waste management protocols • Self-care instructions • Spermogram laboratory test
I6.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
I6.3	Verbally review the steps of the procedure with the individual.	
I6.4	Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
I6.5	Position the individual.	
I6.6	Cleanse the skin with antiseptic.	
I6.7	Stabilize the vas and inject a local anaesthetic.	
I6.8	Perform skin puncture and gently elevate a loop of each vas.	
I6.9	Securely tie off each vas and cut the ends.	
I6.10	Verify haemostasis.	
I6.11	Complete fascial interposition.	
I6.12	Suture the skin and apply a dressing to the incision area.	
I6.13	Respond to complications.	
I6.14	Maintain infection prevention and waste management standards.	
I6.15	Check the success of the vasectomy with a spermogram.	

A competent FP and CAC health worker must be able to:

I7. Perform female sterilization

BEHAVIOURS		KNOWLEDGE
I7.1	Confirm the individual's eligibility and consent for the method.	• Female anatomy and physiology • Comparative effectiveness, risks and benefits of contraceptive methods • Medical eligibility criteria and contraindications for female sterilization • Pain management protocols • Protocol for providing female sterilization • Use of job aids and anatomical models for demonstration • Management of complications • Emergency referral protocols • Infection prevention and waste management protocols • Self-care instructions
I7.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
I7.3	Verbally review the steps of the procedure with the individual.	
I7.4	Ensure pre-medication (anxiolytics, analgesia) is provided.	
I7.5	Verify the individual has emptied their bladder immediately prior to the procedure.	
I7.6	Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
I7.7	Insert a uterine elevator.	
I7.8	Position the individual.	
I7.9	Cleanse the skin with antiseptic.	
I7.10	If using laparoscopy, insert a Verres needle, provide insufflation to the appropriate level, make the incision and insert the laparoscope.	
I7.11	If using laparotomy, make an incision of the appropriate length and in the correct location.	
I7.12	If using laparotomy, check for translucency prior to opening the peritoneum.	
I7.13	Retrieve each fallopian tube, following it down to the fimbrial end.	
I6.14	Tie and cut or apply rings or clips to each tube as per protocol.	
I6.15	Verify haemostasis.	
I6.16	Suture the skin and apply a dressing to the area.	
I6.17	Respond to complications.	
I6.18	Maintain infection prevention and waste management standards.	

Domain J: Comprehensive abortion care competencies

Health workers should provide abortion services in a non-judgemental manner.

A competent CAC health worker must be able to:

J1. Perform cervical preparation

BEHAVIOURS		KNOWLEDGE
J1.1	Confirm the individual's eligibility and consent for the procedure.	• Criteria for cervical preparation (also called cervical priming) • Protocols for use of osmotic dilators and pharmacologic agents, indications, medical eligibility criteria, mode of action, route of administration, dosage and frequency of application • Infection prevention and waste management protocols • Complications and their management
J1.2	Explain the method, administration and expected effects of cervical preparation.	
J1.3	Check the integrity of the packaging and the expiration dates of the osmotic dilators or the pharmacologic agents used.	
J1.4	Insert or administer the selected agent(s).	
J1.5	Ensure pain management and anxiolytics are provided, as indicated.	
J1.6	Assess for adequacy of cervical response after the required time interval; repeat application of the agent if indicated.	
J1.7	Assess the amount of vaginal bleeding.	
J1.8	Check that all osmotic dilators have been expelled or removed.	
J1.9	Maintain infection prevention and waste management standards.	
J1.10	Respond to side-effects and complications.	

A competent CAC health worker must be able to:

J2. Provide medical abortion

BEHAVIOURS		KNOWLEDGE
J2.1	Confirm clinical indication, gestational age, eligibility and consent for the method, including consent for a post-abortion contraceptive method, where desired.	• Female anatomy and physiology • Comparative effectiveness, risks and benefits of abortion methods • Medical eligibility criteria and contraindications for medical abortion • Pain management protocols • Protocol for medical management of abortion • Management of complications • Emergency referral protocols • Infection prevention and waste management protocols • Contraceptive methods appropriate for administration at time of medical abortion • Self-care instructions
J2.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
J2.3	Verbally inform the individual of the steps for using the method and what to expect.	
J2.4	Check the integrity of the packaging and the expiration date of any pharmacological agents used or dispensed.	
J2.5	Provide the correct regimen of pharmacological agents (dosage, route and frequency) as per protocol.	
J2.6	Instruct the individual on self-administration and potential side-effects and complications when the method will be used at home.	
J2.7	Respond to side-effects and complications.	
J2.8	Manage incomplete abortion if indicated after tissue inspection.	
J2.9	Provide post-abortion contraception where desired.	
J2.10	Maintain infection prevention and waste management standards.	

A competent CAC health worker must be able to:

J3. Perform vacuum aspiration

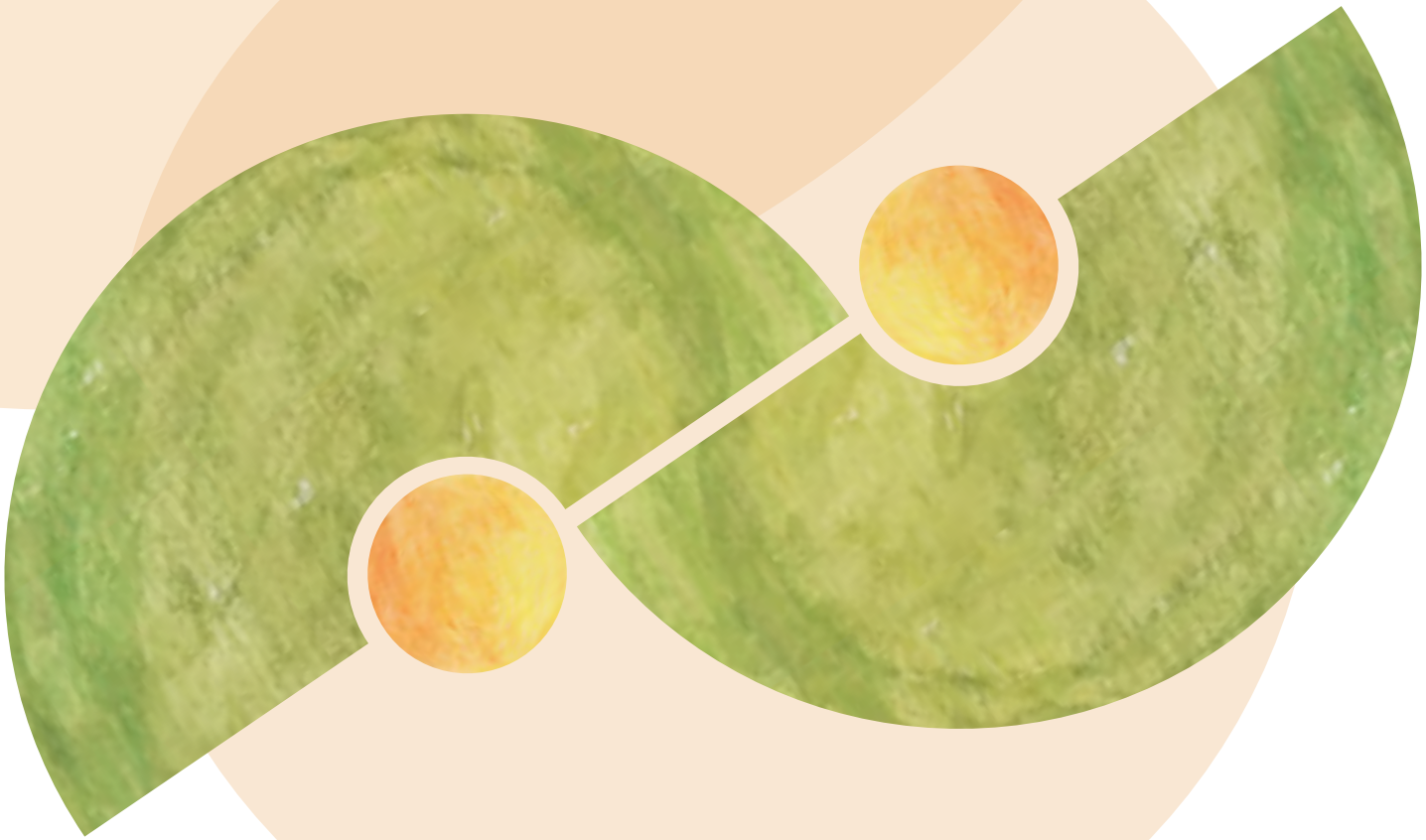
BEHAVIOURS		KNOWLEDGE
J3.1	Confirm clinical indication, gestational age, eligibility, and consent for the method, including consent for a post-abortion contraceptive method, where desired.	• Female anatomy and physiology • Comparative effectiveness, risks and benefits of abortion methods • Eligibility criteria for vacuum aspiration • Pain management protocols • Protocol for vacuum aspiration (manual or electric) method of abortion • Protocol for examination of aspirated tissue • Management of complications • Emergency referral protocols • Infection prevention and waste management protocols • Contraceptive methods appropriate for administration after vacuum aspiration • Self-care instructions
J3.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
J3.3	Verbally inform the individual of the steps of the procedure and what to expect.	
J3.4	Administer pre-medication (antibiotics, anxiolytics, analgesia) as per protocol.	
J3.5	Verify the individual has emptied their bladder immediately prior to the procedure.	
J3.6	Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
J3.7	Monitor the individual's vital signs, pain level and the amount of vaginal bleeding as per protocol.	
J3.8	Ensure pain management is provided, including paracervical block.	
J3.9	Perform bimanual examination, determining uterine size, position, and the presence or absence of adnexal mass or tenderness.	
J3.10	Cleanse the cervix with antiseptic.	
J3.11	Dilate the cervix.	
J3.12	Perform aspiration using appropriately sized cannula using the no-touch technique.	
J3.13	Assess for signs of completeness of the procedure.	
J3.14	Examine the quantity and content of the aspirated material, confirming the presence or absence of the sac, villi or fetal parts.	
J3.15	Repeat the procedure if the results of the examination of the aspirated material are not consistent with gestational age.	
J3.16	Respond to complications, including failed procedure.	
J3.17	Administer Rh-immunoglobulin if indicated and available.	
J3.18	Provide post-abortion contraception where desired.	
J3.19	Maintain infection prevention and waste management standards.	

A competent CAC health worker must be able to:

J4. Perform dilatation and evacuation (D&E)

BEHAVIOURS		KNOWLEDGE
J4.1	Confirm clinical indication, gestational age, eligibility and consent for the method, including consent for a post-abortion contraceptive method, where desired.	• Female anatomy and physiology • Comparative effectiveness, risks and benefits of abortion methods • Eligibility criteria for D&E • Pain management protocols • Protocol for D&E method of abortion • Protocol for examination of fetal parts • Management of complications • Emergency referral protocols • Infection prevention and waste management protocols • Contraceptive methods appropriate for administration after D&E • Self-care instructions
J4.2	Review method effectiveness, benefits, risks, side-effects, complications and their management with the individual.	
J4.3	Verbally inform the individual of the steps of the procedure and what to expect.	
J4.4	Administer pre-medication (antibiotics, anxiolytics, analgesia) as per protocol.	
J4.5	Verify the individual has emptied their bladder immediately prior to the procedure.	
J4.6	Prepare all supplies for the procedure, checking the integrity of the packaging and the expiration dates.	
J4.7	Monitor the individual's vital signs, pain level and the amount of vaginal bleeding as per protocol.	
J4.8	Ensure *pain management*[a] is provided.	
J4.9	Perform bimanual examination, determining uterine size, position, and presence or absence of adnexal mass or tenderness.	
J4.10	Cleanse the cervix and vagina with an antiseptic.	
J4.11	Dilate the cervix and perform vacuum aspiration using an appropriately sized cannula.	
J4.12	Insert grasping forceps and extract fetal parts.	
J4.13	Perform vacuum aspiration to remove remaining tissue.	
J4.14	Examine the tissue to confirm the presence of all fetal parts.	
J4.15	Repeat vacuum aspiration or perform ultrasound examination if required.	
J4.16	Respond to complications, including failed procedure.	
J4.17	Administer Rh-immunoglobulin if indicated.	
J4.18	Provide post-abortion contraception where desired.	
J4.19	Maintain infection prevention and waste management standards.	

[a] *pain management*: it should be noted that conscious sedation or general anaesthesia must be provided by an anaesthetist or anaesthesiologist.



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