

Policymakers' Checklist: Essential Elements for Successful Family Planning Policies

Key policies and related systems need to be in place to support effective, equitable, and comprehensive family planning programs. These include:

- national family planning policies that are costed, with clear monitoring and accountability plans
- policies that address barriers to access
- clinical and service standards
- a functioning contraceptive security system
- policies that respect, protect, and fulfill human rights

The following checklist, drawn from lessons learned and best practices in moving from policy to action, is meant to guide policymakers as they strive to operationalize and fulfill their FP2020 commitments. In some cases governments may need to develop new policies; in others, existing policies may have to be revised or better implemented.

| Create or ensure the establishment of a <u>national policy</u> or plan on family planning/reproductive health that is <u>costed</u> , with a clear <u>monitoring and accountability plan</u> . | ✓ | |
|---|-----|----|
| | Yes | No |
| Is there a law or policy that addresses fertility and family planning, including approaches and indicators for expanding access to services, expanding method mix, and improving the quality of those services? | | |
| Is there a law or policy that explicitly outlines goals to ensure equity in access to services? | | |
| Is there a law or policy that ensures there are no missed opportunities for appropriate integration of health services (e.g., postabortion care, postpartum care, HIV services)? | | |
| Is there a law or policy that links provision of family planning to other health sectors and other national plans and documents (such as poverty reduction strategy papers)? | | |
| Does a budget line exist for equitable allocation of family planning commodities, equipment, supplies and services? | | |
| Are exemptions in place for clients who cannot afford to pay for services? | | |
| Are national statistics and data reporting systems in place, functioning properly, and disaggregated by age, sex, etc.? | | |
| Are indicators, benchmarks, and reporting requirements outlined in policy documents? | | |

| Eliminate policies that create <u>barriers to access</u> for family planning. | ✓ | |
|--|-----|----|
| | Yes | No |
| Are access barriers or policies that contain method-specific or performance-based targets -- or incentives that have the effect of being coercive in practice -- eliminated from policies? | | |
| Are all eligibility barriers (such as age, number of children, spousal consent, or marital status) eliminated from policies? | | |
| Have restrictive import tariffs, taxes, or import quotas on contraceptives been removed? | | |
| Are commercial and social marketing mechanisms and techniques used (without restrictions) to create demand? | | |

| Ensure <u>clinical guidelines and service standards</u> and a functioning <u>contraceptive security system</u> (including access to a range of methods and service modalities, including public, private, and NGO) for family planning services. | ✓ | |
|--|-----|----|
| | Yes | No |
| Are service standards and clinical guidelines set by the <i>WHO Medical Eligibility Criteria and Select Practice Recommendations</i> in place, in order to ensure effectiveness, safety, and quality of reproductive health services? | | |
| Are the <i>WHO Guidelines on Optimizing the Workforce</i> used and implemented? | | |
| Are the <i>WHO Guidelines on Taskshifting</i> used and implemented? | | |
| Is the protection of clients' privacy clearly outlined in policies and implemented in service delivery settings? | | |
| Does your country's National Medicine List relate closely to the list of contraceptives outlined in the <i>WHO List of Essential Medicines</i> ? | | |
| Has an effective supply chain and procurement and registration system been established, including a monitoring system that enables all partners to monitor stock outs and improve the contraceptive distribution system? | | |
| Are public-private partnerships promoted for distribution, procurement, and service delivery? | | |

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| Develop, revise, and implement policies that <u>respect, protect, and fulfill human rights</u> for all family planning users. | ✓ | |
|--|-----|----|
| | Yes | No |
| Is the promotion of gender equity, girls' education, and women's autonomy to realize their reproductive rights included in policies? | | |
| Are the prevention of harmful practices (e.g., child marriage, gender-based violence, female genital cutting) and knowledge of the rights violations and harms caused by such practices explicit in laws and policies? | | |
| Are the voices and demands of poor or vulnerable groups, intended beneficiaries of policies, and community groups included in the policy process? | | |
| Does the policy increase access to information on reproductive rights to provide choices and a sense of entitlement to high-quality services? | | |
| Is male involvement an integral part of policies related to family planning? | | |
| Is a multisectoral coordination group formed to facilitate collaboration, monitor government policies, and improve advocacy efforts? | | |
| Are human rights mechanisms to address violations of rights (including discrimination or coercion) established and strengthened? | | |
| Are multisectoral stakeholders, including actors at the policy, service, and community levels, contributing to setting priorities and standards for family planning policies and programs? | | |

Background: Policy Change Can Support Fulfillment of FP2020 Commitments

Governments, donors and family planning (FP) advocates came together at the London Summit on Family Planning in 2012 and committed to reaching 120 million new users of contraception by 2020. A preliminary analysis of the financial, policy, and service delivery commitments made by 24 countries as of October 2013 shows that they range from increasing and formalizing funding for FP commodities and services, to addressing socio-cultural factors that limit access to and use of FP, such as early marriage. While there are differences in the range and depth of commitments made, common commitments included:

- ensuring implementation of existing policies
- increasing FP budgets or adding line items specifically for commodities
- strengthening commodity monitoring systems and supply chain management
- increasing efforts to reach youth, the poor, and other vulnerable groups
- expanding the mix of FP methods available and helping individuals access their method of choice by investing in human resources, implementing task-shifting, and expanding public-private partnerships.

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The successful fulfillment of each of the commitments made, whether related to policy, finances, or service delivery, will depend on each government developing, implementing, and funding a set of effective, comprehensive policies related to FP at three levels:

- 1) **Legal and regulatory policies** establish an individual's right to health, formalize financial commitments, facilitate the procurement of quality commodities, and regulate and facilitate private sector engagement.
- 2) **National and sectoral policies** and strategies articulate a country's family planning goals and priorities, set minimum standards of quality, outline roles and responsibilities, facilitate coordination, guide resource mobilization, and determine timelines for program rollout.
- 3) **Operational policies** provide the structure to move from planning to implementation for service delivery, the health workforce, information systems, financing, governance, and leadership.¹

Well-constructed and implemented family planning policies will not only facilitate access for 120 million new contraceptive users, but support more equitable, rights-based health policies in general, address important cross-cutting issues like youth, gender, and male-involvement, and provide support to tackle both demand and supply-side issues.

Useful Resources on Family Planning Policy

Bhuyan, A, A Jorgensen, and S Sharma. 2010. *Taking the Pulse of Policy: The Policy Implementation Assessment Tool*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

Compernelle, L and Patel, MU. 11 July 2012. Family Planning Access for All: Policy Change for Action and Accountability, a Catalyst for Discussion. Reproductive Health Supplies Coalition.

EngenderHealth. 2011. *The SEED assessment guide for family planning programming*. New York, NY.

Hardee, K, K Newman, L Bakamjian, J Kumar, S Harris, M Rodriguez, and K Willson. 2013. *Voluntary Family Planning Programs that Respect, Protect, and Fulfill Human Rights: A Conceptual Framework*. Washington, DC: Futures Group.

Hare, L, Hart, C, Scribner, S, Shepherd, C, Pandit, T (ed.), and Bornbusch, A (ed.). 2004. *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation*. Baltimore, MD: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

Kenney, GM. The Urban Institute. *OPTIONS: Assessing Legal and Regulatory Reform in Family Planning. Manual on Legal and Regulatory Reform. OPTIONS for Population Policy*. Futures Group, Carolina Population Centre, Population Reference Bureau, The Development Group, Inc., and the Urban Institute.

Policy Inventory. 12/9/97. Policy Project, Washington, DC. Futures Group International in collaboration with RTI International and CEDPA.

Appendix B. Policy Environment Score Questionnaire. Policy Project, Washington, DC. Policy Environment Score.

Synder, E and Judice, NR. September 2013. *Repositioning Family Planning: Decision Support Tool Manual*. U.S. Agency for International Development and MEASURE Evaluation, University of North Carolina, Chapel Hill, NC.

U.S. Agency for International Development. *Family Planning Policy. High Impact Practices (HIP)*. Washington, DC. DRAFT. 2013

¹ Hardee, K. 2013. *Approach for Addressing and Measuring Policy Development and Implementation in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs*. Washington, DC: Futures Group, Health Policy Project.

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