policy

POLICY CHECKLIST

ESSENTIAL ELEMENTS FOR SUCCESSFUL FAMILY PLANNING POLICIES

USAID
FROM THE AMERICAN PEOPLE

HEALTH POLICY PROJECT

POLICY CHECKLIST: ESSENTIAL ELEMENTS FOR SUCCESSFUL FAMILY PLANNING POLICIES

Background: Linking FP2020 and the Policy Environment

Governments, donors and family planning (FP) advocates came together at the London Summit on Family Planning in 2012 and committed to reach 120 million new users with voluntary contraception by 2020. To support this objective, national governments made specific commitments to the FP2020 initiative to increase access to and uptake of FP. The commitments differed in their range and depth, but common commitments included

- Ensuring the 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

Successfully fulfilling each of the commitments made, whether related to policy, finances, or service delivery, will require each government to develop, implement, and fund 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, finance, governance, and leadership.[1]

Well-constructed and implemented family planning policies will facilitate access for 120 million new users of modern contraception in addition to supporting more equitable, rights-based health policies; addressing important cross-cutting issues like youth, gender, and male involvement; and providing support to tackle both demand- and supply-side issues.

Many of the FP2020 commitments can be addressed through policies and related systems that support effective, equitable, and comprehensive family planning programs, incuding

- 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

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[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.

Using the Checklist

This checklist, developed by the USAID-funded Health Policy Project, draws from lessons learned and best practices in moving from policy to action. It is meant to provide guidance to stakeholders on how the policy environment can be used to operationalize and fulfill FP2020 commitments. The tool allows users to compare current policies with the practices outlined below to assess whether current policies need to be revised or better implemented, and whether new policies should be developed.

"Yes" responses indicate that the policies follow best practices related to voluntary, rights-based, high-quality family planning service programs and services. "Partial" responses indicate that there may be inconsistency across policies, or that existing policies address some issues, but must be expanded to align with best practices. "No" responses suggest areas where existing policies can be updated or new policies developed so family planning best practices are followed.

In addition to ensuring effective policies are in place, stakeholders should also undertake policy monitoring activities to track how well new and existing policies are being 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</u> plan.	✓			
	Yes	Partial	No	Comments
Is there a policy that addresses fertility and family planning, including: • approaches and indicators for expanding access to services? • expanding method mix? • improving the quality of those services?				
Is there a policy that explicitly outlines goals to ensure equity in access to services?				
Is there a 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 policy that links provision of family planning to: • other health sectors' plans and documents? • other national development plans and documents (such as poverty reduction strategy papers)?				
Does a budget line exist specifically for family planning? • Does it cover commodities, equipment, supplies, and services?				
Is there a multisectoral coordination group to facilitate collaboration, monitor government policies, and improve advocacy efforts?				
Do the following groups of stakeholders contribute to setting priorities and standards for family planning and programs: • representatives engaged in policymaking? • representatives engaged in service delivery? • representatives from the community?				
Are exemptions in place for clients who cannot afford to pay for services?				
Are national statistics and data reporting systems: • in place? • functioning properly? • disaggregated by age, sex, etc.? • monitored on a regular basis (e.g., annually or quarterly)?				

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</u> plan.	✓			
	Yes	Partial	No	Comments
Do policy documents clearly outline: • indicators? • benchmarks? • reporting requirements?				

Address barriers that affect access to family planning.	✓			
	Yes	Partial	No	Comments
Do all policies **exclude** language that mentions: • method-specific or performance-based targets? • incentives that have the effect of being coercive in practice?				
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 barriers that limit commercial and social marketing mechanisms and techniques used (without restrictions) to create demand **excluded** from policies?				

Ensure <u>clinical guidelines and service standards</u> for family planning services reflect current thinking and evidence.	✓			
	Yes	Partial	No	Comments
Are service standards and clinical guidelines set by the WHO's *Medical Eligibility Criteria for Contraceptive Use* in place to ensure effectiveness, safety, and quality of reproductive health services?				
Are the WHO *guidelines on optimizing the workforce* used and implemented?				
Are the WHO *Task Shifting: Global Recommendations and Guidelines* used and implemented?				
Is there a strategy for disseminating service standards and clinical guidelines to private sector health associations (e.g., midwives, physicians)?				
Is the protection of clients' privacy clearly outlined in policies and implemented in service delivery settings?				
Does the country's National Medicine List relate closely to the list of contraceptives outlined in the *WHO Model List of Essential Medicines*?				

Ensure a functioning <u>contraceptive security</u> system (including access to a range of methods and service modalities, including public, private, and NGO) for family planning services.	✓			
	Yes	Partial	No	Comments
Does the country have an established: • effective supply chain? • procurement system? • contraceptive registration system?				
Does the country have a monitoring system that enables all partners to monitor stockouts and improve the contraceptive distribution system?				
Is there a mechanism for engaging the private sector in: • strategy development? • the supply chain? • procurement? • service delivery?				

Develop, revise, and implement policies that <u>respect, protect, and fulfill human rights</u> for all family planning users.	✓			
	Yes	Partial	No	Comments
To help realize reproductive rights, do policies include: • the promotion of gender equity? • girls' education? • women's autonomy?				
Do laws and policies explicitly prevent rights violations and harmful practices (e.g., child marriage, gender-based violence, female genital cutting)?				
Does the policy process include the voices and demands of: • poor or vulnerable groups? • intended beneficiaries of policies? • community groups?				
Does the policy increase access to: • information on reproductive health choices? • a range of reproductive health options? • high-quality services?				
Is male involvement an integral part of policies related to family planning?				
Are mechanisms to address violations of human rights/reproductive rights (including discrimination or coercion) established and strengthened?				

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, USAID | Health Policy Initiative, Task Order 1.

Compernolle, L. and M. U. Patel. 2012. *Family Planning Access for All: Policy Change for Action and Accountability, a Catalyst for Discussion*. Brussels: Reproductive Health Supplies Coalition.

EngenderHealth. 2011. *The SEED Assessment Guide for Family Planning Programming*. New York, NY: EngenderHealth.

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., C. Hart, S. Scribner, C. Shepherd, T. Pandit (ed.), and A. Bornbusch (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, G. M. 1992. *Options: Assessing Legal and Regulatory Reform in Family Planning. Manual on Legal and Regulatory Reform*. Washington, DC: Futures Group.

POLICY Project. 1997. Policy Inventory, 12/9/97. Washington, DC: Futures Group International in collaboration with RTI International and CEDPA.

Strachan, M., K. Hardee, G. Gray. 2001. "Appendix B. Policy Environment Score Questionnaire." In *The Policy Environment Score: Measuring the Degree to Which the Policy Environment in Jamaica Supports Effective Policies and Programs for Reproductive Health: 2000 Follow-up Results.* Washington, DC: POLICY Project.

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

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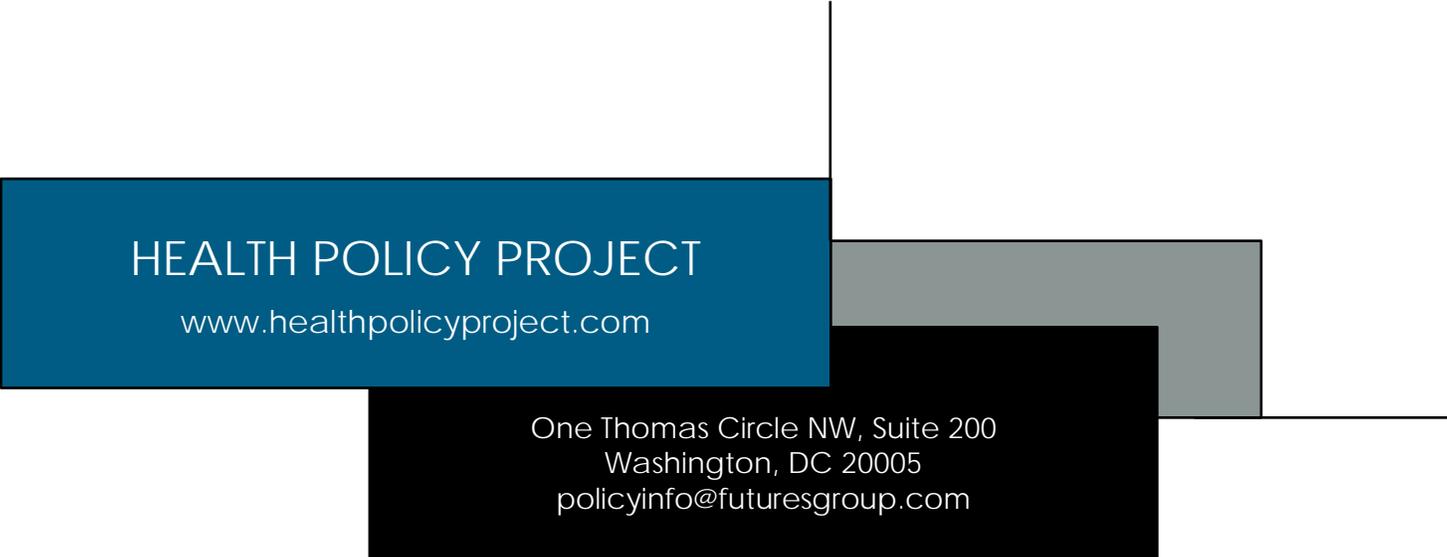
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