FAMILY PLANNING 2020

Rights-Based
Contraceptive Information
and Services

An Accountability Tool

2015

A guide for civil society to operationalize the World Health Organization's

Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations.

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Society for Health Alternatives (SAHAJ)
http://www.sahaj.org.in/

SAHAJ is a non-profit organization based in Gujarat, India, working to improve health and development, particularly among marginalized populations.

Yayasan Kesehatan Perempuan (YKP)
http://ykesehatanperempuan.org/

YKP works closely with the government and communities in Indonesia to improve the reproductive health and rights of women.

Restless Development Zimbabwe
http://restlessdevelopment.org/zimbabwe

Restless Development is a non-profit organization that actively works with adolescents and youth in various urban and rural communities in Zimbabwe, including on matters concerning their sexual and reproductive health and rights.

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Chapter 1
Introduction

THE CONTRACEPTIVE LANDSCAPE TODAY

Eight hundred and seventy seven million women living in developing regions want to avoid or delay pregnancy. More of these women have been able to access the contraceptive methods that they want and need than ever before: between 2003 and 2014, the number of women whose demand for contraceptives was met rose from 71% to 74%.[1] Global attention for and investment in family planning is at an all-time high. Recent initiatives like Family Planning 2020 (FP2020) and the Ouagadougou Partnership were born from this renewed focus on expanding contraceptive access. These initiatives have helped spur contraceptive access expansion by increasing efforts to grow family planning programs and galvanizing commitments from donors, donor countries, developing countries, NGOs, the private sector, and others.

However, estimates are that 225 million women who want to avoid a pregnancy are not currently using an effective contraceptive method.[1] This unmet need is not uniform across developing countries: for example, it is higher in Sub-Saharan Africa compared to Asia or Latin America.[1] Furthermore, research reveals that there is greater unmet need among women who are younger, who live in poverty, who are in lower income brackets, who live in rural areas, and/or who are less educated.[1] With increasing interest in expanding programs for contraceptive services, there is a dire need to emphasize the importance of incorporating human rights into the design of all policies and programs in order to ensure availability and accessibility for all people to a full range of quality information and services, with specific focus on adolescents and youth, minority groups, and marginalized populations that have historically faced greater barriers in accessing contraceptive services.

Program managers are making huge strides to ensure that programs reflect rights-based principles. But there is more work to be done.

Providing equitable access to quality information and services continues to challenge providers the world over, and while progress is being made, human rights violations still occur. In 2013, a report from a village in Northern Sri Lanka concluded that women were coerced into using implants without having given full and informed consent or received adequate counselling.[2] In other areas, poor quality contraceptive programs persist, as evidenced by the 2014 incident in Chhattisgarh, India, where at least 13 women were reported to have died as a consequence of sterilization under inhumane conditions.[3] The incidence of high targets for additional modern contraceptive users without adequate resources to achieve those targets or adequate attention to the vital importance of rights principles could potentially be a recipe for disaster for the people who are serviced by these programs. Fortunately, new tools and guidelines are being developed to ensure that rights violations, like those mentioned above, become a thing of the past.

HOW DOES THIS TOOL WORK?

Chapter 1
Introduction

The introduction clarifies the purpose and audience of the tool.

Chapter 2
The Accountability Checklists

The accountability checklists provide an easy framework for the user to approach the program and analyze whether policies and service delivery are compliant with the WHO guidance.

Chapter 3
Next Steps

This section provides suggestions on how to best utilize this tool and the information it collects to advocate for adherence to the WHO guidance.

WHAT IS THIS TOOL FOR?

This tool seeks to enable users to evaluate local and national contraceptive programs and empower activists to begin or continue advocating with their governments for rights-based contraceptive information and services. The WHO's *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations*,[5] which will hereby be referred to as the WHO guidance, provides a common platform for understanding.

This tool mirrors the principles laid out in the WHO guidance, whose primary purpose is to guide policymakers, program managers, and other stakeholders in the health sector on the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services.

Note: UNFPA and WHO recently released *Ensuring human rights within contraceptive service delivery: implementation guide*,[4] a companion document

to the WHO guidance which will hereby be referred to as the UNFPA and WHO Implementation guide. The document is written for midlevel policy-makers and program managers and implementers involved with family planning service provision in all settings. The UNFPA and WHO Implementation guide sets out core minimum actions that can be taken at different levels of the health system, and provides examples of implementation of the recommendations contained in the WHO guidance.[4]

To complete this multipronged approach and ensure the incorporation of and adherence to rights principles in contraceptive information and services, this Accountability Tool is intended to function as a companion piece and reference for anyone engaged in advocacy and activism to ensure sexual and reproductive rights. This tool will review practical application of the comprehensive recommendations from the WHO guidance and UNFPA and WHO Implementation guide on the various components of rights-based contraceptive information and services, and guide activists through their use to monitor these programs in their communities. This tool can be used to:

- Explore the components of rights-based contraceptive information and services and how they translate to programming and service delivery, based on the recommendations from the WHO guidance.
- Identify existing gaps and areas for further investigation in current or new contraceptive programs.
- Design advocacy activities to improve contraceptive programs.

IS THIS THE RIGHT TOOL FOR YOU?

This document is designed to be a tool for human rights advocates and activists interested in evaluating the extent to which local or national contraceptive programs adhere to the rights principles outlined in the WHO guidance. It can be used by civil society members, researchers, academicians, students, and human rights defenders, among others, and can supplement existing work being done in advocacy for rights-based contraceptive information and services.

HUMAN RIGHTS STANDARDS FOR CONTRACEPTIVE INFORMATION AND SERVICE DELIVERY

The WHO Technical Guidance organizes the recommendations for rights-based contraceptive service delivery into 9 key principles "reflecting human rights principles and standards relating to contraceptive information and services." [5]

Each principle is accompanied by a number of recommendations. This tool describes some of the recommendations in detail and provides a checklist for each recommendation as it relates to policies, contraceptive program design, service delivery, and client care. For more information on rights principles as applied to family planning programs and services, please explore the **WHO guidance**,[5] the accompanying **UNFPA and WHO Implementation guide**,[4] and the **FP2020 Rights and Empowerment Principles for Family Planning**.[6]

It is important to note that this global tool is limited in its ability to reflect the issues faced in every country. Though the human rights principles recorded above and reflected in the associated documents are universal, inalienable, and indivisible, how they are planned for and applied to programs at the national and local levels may vary. Therefore, you may find that some checklist questions are more useful to your advocacy than others, and some may not be relevant at all. In particular, many of the questions in this tool refer to the needs of adolescents and youth and marginalized populations. While there are broad global similarities in the needs of all people, regardless of age or other status, to be able to access voluntary, rights-based contraceptive services delivered without discrimination or stigma, there are also many communities with unique needs. Young people and representatives of groups who are most vulnerable and excluded in your context will be the best source for information on how programs treat and respect their rights.

Rights-based contraceptive information and services are built on internationally and nationally agreed principles such as those reflected in the WHO Technical Guidance and the FP2020 Rights and Empowerment Principles for Family Planning. All programs must reflect elements of every rights principle to be considered rights-based, however, this tool will provide you with a simple, yet flexible, matrix to understand to what extent each recommendation has been incorporated at the programmatic level and at the service delivery level.

The interlinked human rights standards and principles set out in the WHO Guidelines "Ensuring Human Rights in the Provision of Contraceptive Information and Services: Guidance and Recommendations" form a unified whole as seen in the following table:

No. 1

Non-Discrimination

The human rights principle of non-discrimination obliges States to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation. This obligation in connection with the right to health means countries are to ensure the availability, accessibility, acceptability and quality of services **without discrimination**.

No. 2

Availability of Contraceptive Information and Services

Functioning health and health-care facilities, goods and services, as well as programmes, have to be **available** in sufficient quantity within the State. The characteristics of the facilities, goods and services will vary depending on numerous factors, including the State's developmental level. Countries must, however, address the underlying determinants of health, such as provision of safe and potable drinking water, adequate sanitation facilities, health-related education, hospitals, clinics and other health-related buildings, and ensure that trained medical and professional personnel are receiving domestically competitive salaries. As part of this core obligation, countries should ensure that the commodities listed in national formularies are based on the WHO Model List of Essential Medicines, which guides the procurement and supply of medicines in the public sector. A wide range of contraceptive methods, including emergency contraception, is included in the WHO core list of essential medicines.

No. 3

Accessibility of Contraceptive Information and Services

Under international human rights law, countries are also required to ensure that health-care facilities, commodities and services are **accessible** to everyone. This includes physical and economic accessibility, as well as access to information. Human rights bodies have called on countries to eliminate the barriers people face in accessing health services, such as high fees for services, the requirement for authorization by a spouse, parent/guardian or hospital authorities, distance from health-care facilities, and the absence of convenient and affordable public transport.

No. 4

Acceptability of Contraceptive Information and Services

All provision of health-care facilities, commodities and services must be acceptable to those who are their intended beneficiaries. They must be provided in a manner respectful of medical ethics and of the culture of individuals, minorities, peoples and communities; sensitive to gender and to life cycle requirements; must be designed to respect confidentiality, and improve the health status of those concerned. Countries should place a gender perspective at the centre of all policies, programmes and services affecting women's health, and should involve women in the planning, implementation and monitoring of such policies, programmes and services.

No. 5

Quality of Contraceptive Information and Services

Fulfilment of human rights requires that health-care facilities, commodities and services be of good **quality**, including scientifically and medically appropriate. This requires, among other things, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

No. 6

Informed Decision-Making

Respect for individual dignity and for the physical and mental integrity of each and every person using a health facility means also providing each person the opportunity to make reproductive choices autonomously. The principle of autonomy, expressed through **free**, **prior**, **full and informed decision-making**, is a central theme in medical ethics, and is embodied in human rights law. People should be able to exercise their contraception choice from across a range of options but also be free to refuse any and all options. In order to make an informed decision about their preference in respect to safe and reliable contraceptive measures, comprehensive information, counselling and support should be made accessible for all people without discrimination, including young people, persons living with disabilities, indigenous peoples, ethnic minorities, people living with HIV, and transgender and intersex people.

No. 7

Privacy and Confidentiality

The right to privacy means that as and when an individual accesses health information and services, they should not be subject to interference with their privacy, and they should enjoy legal protection in this respect. Sexual and reproductive health involves many sensitive issues that are not widely discussed within families or communities, and health workers are often entrusted with very personal information by their patients. Confidentiality, which implies the duty of providers to not disclose or to keep private the medical information they receive from patients and to protect and individual's privacy, has an important role to play in sexual and reproductive health.

No. 8

Participation

Under international human rights law, countries have an obligation to ensure active, informed **participation** of individuals in decision-making that affects them, including on matters related to their health. The ICPD Programme of Action reaffirms this core principle in relation to SRH, stating that "the full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on the grounds of sex, are priority objectives of the international community". The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) specifically requires countries to ensure that women have the right to participate fully and be represented in the formulation of public policy in all sectors and at all levels.

No. 9

Accountability

Countries are accountable for bringing their legal, policy and programmatic frameworks and practices in line with international human rights standards. Further, effective accountability mechanisms are key to ensuring that the agency and choices of individuals are respected, protected and fulfilled, including when seeking and receiving health care. Effective accountability requires individuals, families and groups, including women from marginalized populations, are made aware of their rights, including with regard to sexual and reproductive health, and are empowered to claim their rights.

Chapter 2
The Accountability Checklists

A GUIDE ON THE STRUCTURE OF THIS TOOL:

The checklist provided in this chapter is organized according to the principles and recommendations of the WHO guidance.

Under each recommendation, there is a checklist that probes the compliance to that particular recommendation. The checklists are divided into questions that evaluate a policy or program and those that evaluate the service delivery aspects of the program under review.

The answer boxes for each question contain icons:

- A check mark (✓) indicates that the contraceptive program complies with the recommendation/principle and that the program is on track to uphold the rights of its users. If your response to the question indicates a check mark, this is an area that advocates can support and promote to drive positive advancements in the family planning program.

- A question mark (**?**) indicates that the question may be subjective and dependent on the context, or, that the question requires further probing to determine whether the program is following the respective rights-based principle. In some cases, additional resources are listed that may prove to be useful to your research. However, the tool does not contain an exhaustive list of resources. For more information and resources, please visit www.familyplanning2020.org.

- An exclamation point (**!**) indicates that the contraceptive program is not operating in accordance with rights-based principles and signals that action is required to align the program with international rights standards. Resources and advocacy strategies may also be suggested for questions that result in an exclamation point.

In some cases, advocacy tips and possible strategies have been provided to help shape your plan to address rights violations or improve program performance. These are not exhaustive, but are meant to be practical examples for connecting the general advocacy resources in Chapter 3 to specific checklist questions in Chapter 2.

Recommendation 1.2

Recommend that laws and policies support programs to ensure that comprehensive contraceptive information and services are provided to all segments of the population. Special attention should be given to marginalized populations to ensure their access to these services.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Is the contraceptive program integrated with the maternal and child health program? **(See A)**	✓	?	**A. Explore:** Ringheim et al. (2011) "Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time"
Are gender-equality and women's empowerment explicit objectives of the program? **(See B, C and D)**	✓	?	**B. Advocate:** Find local women's empowerment projects and women's groups and work with them to build knowledge of family planning and gender equality integration. **C. Explore:** Rottach, E. (2013) "Approach for Promoting and Measuring Gender Equality in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs" **D. Explore:** WHO (2011) "Gender mainstreaming for health managers: a practical approach"

The questions in each checklist follow the format above. In the example given, the first question, *"Is the contraceptive program integrated with the maternal and child health program?"* is followed by a check mark in the "yes" column and a question mark in the "no" column. If the answer to the question is "yes", your advocacy should continue to **support** and **promote** this aspect of the family planning program, as indicated by the check mark. If the answer to the question is "no", you should **probe further**, as indicated by the question mark. In this particular case, the letter A has been placed after the question directing you to the 2011 resource "Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time" by Ringheim et al., which may be a good starting point for your exploration. If your answer to the second question, *"Are gender-equality and women's empowerment explicit objectives of the program?"* is "no", the tool directs you to the resources B, C, and D which include both a potential advocacy strategy to address your concerns and additional resources to explore.

No. 1 **Non-Discrimination**

Recommendation 1.1

Recommend that access to comprehensive contraceptive information and services be provided equally to everyone voluntarily, free of discrimination, coercion or violence (based on individual choice).

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do any program guidelines and/or government documents state that no person shall be forced against his/her will to accept any method of contraception that she/he does not want?	✓	!	**A. Advocate:** When is the next scheduled review of the relevant national policy? Establish a system for tracking cases of coercion or human rights violations and reporting them to the relevant government ministry, to build a case for policy change. **B. Explore:** Chowdhury et al. (2013) "Economics and Ethics of Results-Based Financing for Family Planning: Evidence and Policy Implications" [7]
Do any program guidelines and/or government documents specify that informed consent must be obtained from any client prior to providing contraceptive services?	✓	!	
Does the contraceptive program have mechanisms in place to ensure protection from forced or coerced contraception, especially for persons from marginalized populations? Mechanisms could include, but are not limited to: consent forms, counselling guidance, client surveys, complaint and grievance policies, or supervision protocols.	✓	!	
Do service providers/health facilities experience any disincentives or penalties for not achieving a specified number or proportion of "acceptors" of contraception? **(See A)**	!	✓	
Is there a practice of offering any incentives to service providers/health facilities for achieving a specified "target" in terms of number/proportion of contraceptive users? **(See B)**	?	✓	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Is there a practice of offering any incentives (money or gifts) to the client for adoption of contraception at any time or under any circumstances? **(See B)**	?	✓	
Is any service or benefit made conditional on acceptance of/being a user of contraception?	?	✓	

Recommendation 1.2

Recommend that laws and policies support programs to ensure that comprehensive contraceptive information and services are provided to all segments of the population. Special attention should be given to disadvantaged and marginalized populations to ensure their access to these services.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Are there any legal and/or policy restrictions to the provision of contraceptive information and services based on marital status or on age?	!	✓	**A. Explore:** Ringheim et al. (2011) "Integrating Family Planning and Maternal and Child Health Care: Saving Lives, Money, and Time" [8]
Is the contraceptive program integrated with the maternal and child health program? **(See A)**	✓	?	**B. Advocate:** Find local women's empowerment projects and women's groups and work with them to build knowledge of family planning and gender equality integration.
Are gender-equality and women's empowerment explicit objectives of the program? **(See B, C and D)**	✓	?	**C. Explore:** Rottach, E. (2013) "Approach for Promoting and Measuring Gender Equality in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs" [9]
Do program objectives include contraceptive information and services for unmarried and married adolescents, youth, and men?	✓	!	**D. Explore:** WHO (2011) "Gender mainstreaming for health managers: a practical approach" [10]
Do program objectives include attention to populations that are marginalized, excluded, or particularly vulnerable in your community?	✓	!	**E. Advocate:** Reference the DHS Program (http://dhsprogram.com/data/) to determine when the last national data collected, which government office and which donors were involved. Start building relationships in advance of the next national survey.
Do the location and timing of services, the physical infrastructure of the health facility, and the human resources and staffing available take into account the particular needs of adolescents, youth, and marginalized populations in your community?	✓	!	
Is data collected and made available on adolescents, youth and marginalized populations, their sexual and reproductive health needs, and barriers to access to contraceptive information and services for them? **(See E)**	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are contraceptive information and services available to all sexually active persons irrespective of age, marital status or sexual orientation?	✓	!	
Are youth and adolescents consistently accessing contraceptive information and services?	✓	!	

No. 2 **Availability**

Recommendation 2.1

Recommend integration of contraceptive commodities, supplies and equipment, covering a range of methods, including emergency contraception, within the essential medicine supply chain to increase availability. Invest in strengthening the supply chain where necessary in order to ensure availability.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Does the National Essential Drugs list include the full range of contraceptives, including emergency contraceptive pills?	✓	!	**A. Explore:** WHO (2015) "WHO Model List of Essential Medicines" [11]
Does the government have policies or procedures for procurement of all of the contraceptive products listed on the essential medicines list? (**See A**)	✓	?	**B. Explore:** IPPFWHR (2010) "Handbook for budget analysis and tracking in advocacy projects" [12]
Has public spending on reproductive health increased progressively over the past decade? (**See B**)	✓	?	**C. Advocate:** If there isn't a point-person or office, think about collecting reports at your organization to create a clear record.
Are there enough service delivery points (including community outreach) and human resources in the government sector to ensure population coverage?	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Is the broadest possible range of contraceptives[1] available to clients visiting service-delivery points?	✓	?	
Have there been instances of stock-outs of any contraceptive supplies in the past year?	!	✓	
Does every primary health center have a health service provider trained to offer information and services for the full range of contraceptives?	✓	!	
Is there a point-person or an office to which clients can report staff absenteeism at contraceptive service-delivery points? **(See C)**	✓	?	
In the last year, have women cited contraceptive stock-outs as a reason for contraceptive discontinuation?	!	✓	

1. Defined in the glossary as: access to the full spectrum of contraceptive options, including female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectables, hormone-releasing implants, skin patches, vaginal rings), condoms and vaginal barrier methods (diaphragm, cervical caps, spermicidal foams, jellies, creams, sponges).[31]

No. 3 **Accessibility**

Recommendation 3.1

Recommend the provision of scientifically accurate and comprehensive sexuality education programs within and outside of schools that include information on contraceptive use and acquisition.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Is comprehensive sexuality education a component of one or more national policies?	✓	!	**A. Explore:** UNESCO (2009) "International Technical Guidance on Sexuality Education. An evidence-informed approach for schools, teachers and health educators" [13]
Is there a policy or government order to implement comprehensive sexuality education in schools?	✓	!	
Is there a policy or government order to implement comprehensive sexuality education for out-of-school adolescents and youth?	✓	!	**B. Explore:** UNESCO (2013). Sexuality Education Review and Assessment Tool (SERAT). [14]
Examine the curricula of any sexuality-education program implemented by government. Is it comprehensive? **(See A)**	✓	?	**C. Explore:** IPPF Comprehensive Sexuality Education (CSE) Tool [15]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are in-school adolescents and youth provided with scientifically accurate and comprehensive sexuality education and information? (**See B**)	✓	!	
Are out-of-school adolescents and youth provided with scientifically accurate and comprehensive sexuality education and information? (**See C**)	✓	!	

Recommendation 3.2

Recommend eliminating financial barriers to contraceptive use by marginalized populations including adolescents and youth and the poor, and make contraceptives affordable to all.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Are contraceptive services a part of the benefits package of all insurance schemes (community-based health insurance and other prepayment schemes, other compulsory or voluntary insurance schemes)? Do they cover the full range of contraceptive options? **(See A)**	✓	?	**A. Explore:** PRB (2014) The Role of Health Insurance in Family Planning [15]
Are there mechanisms in place to ensure that individuals who cannot pay for contraceptive services are not denied access?	✓	!	
Are there mechanisms in place to check and contain the practice of informal payments?	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are available contraceptive services affordable, if not free, at the point of delivery to all sexually active individuals?	✓	!	

Recommendation

3.3 Recommend interventions to improve access to comprehensive contraceptive information and services for users and potential users with difficulties in accessing services. Safe abortion information and services should be provided according to existing WHO guidelines.[9]

3.4 Recommend that comprehensive contraceptive information, counselling and services be routinely integrated with abortion and post-abortion care.

3.5 Recommend that mobile outreach services be used to improve access to contraceptive services for populations who face geographical barriers to access.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do the country's laws/regulations related to safe abortion services adhere to WHO's technical and policy guidance for health systems for safe abortion? **(See A)**	✓	!	**A. Explore:** WHO (2015) "Safe abortion: technical & policy guidance for health systems" [17]
Are there policy guidelines regulating conscientious objection by service providers to not provide contraceptive and abortion services? **(See B)**	✓	?	**B. Explore:** FIGO (2006) "Resolution on 'Conscientious Objection'" [18]
Are there policy, programmatic and budgetary provisions for making safe abortion services (that are within the ambit of the country's law) available at the primary health care level? **(See A)**	✓	?	**C. Explore:** High-Impact Practices in Family Planning (2012) "Postabortion Family Planning: Strengthening the family planning component of postabortion care" [19]
Do national guidelines on abortion and post-abortion care include the integration of comprehensive contraceptive services? **(See C)**	✓	?	
If contraceptive services are integrated with abortion and post-abortion services, are there indications of any elements of coercion and/or restricting voluntary choice of contraception or of specific methods of contraception?	!	✓	**D. Explore:** WHO (2015) "Health worker roles in providing safe abortion care and post-abortion contraception" [20]
Have clinical protocols and standards for abortion and post-abortion care been reviewed and revised to integrate the provision of comprehensive contraceptive information and services? **(See D)**	✓	?	**E. Explore:** High-Impact Practices in Family Planning (2014) "Mobile Outreach Services: Expanding access to a full range of modern contraceptives" [21]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are there mobile outreach services for underserved populations that offer the broadest possible range of contraceptive services? **(See E)**	✓	?	
Are safe abortion services (that are within the ambit of the country's law) available to all women at affordable costs?	✓	!	
Are comprehensive contraceptive information and services routinely offered in post abortion services? **(See C)**	✓	?	

Recommendation 3.6

Recommend that special efforts should be made to provide contraceptive information and services to displaced populations and those in crisis settings, and to survivors of sexual violence who particularly need access to emergency contraception.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do government agencies engaged in crisis (disaster) management have a policy related to reproductive health needs assessment in emergency situations, including assessing the demand for contraceptives? (**See A and B**)	✓	!	**A. Advocate:** Is emergency response training on provision of contraceptive services including in the national family planning plan or costed implementation plan? **B. Explore:** Lee, C. (2004 "Emergency contraception for conflict-affected settings. A Reproductive Health in Conflict Consortium Distance Learning Module" [22] **C. Explore:** UNFPA (2015) Minimum Initial Service Package (MISP) [23]
Are there legal or policy provisions supporting the availability of emergency contraception to the general population? If not, can an exception be made to those in crisis settings to include emergency contraception as a part of a minimum initial services package? (**See B**)	✓	!	
Does the protocol for medical and legal services available to survivors of sexual violence include the provision of emergency contraception to prevent unwanted pregnancy resulting from the sexual violence? If yes, is emergency contraception made available to survivors of sexual violence?	✓	!	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are providers prepared and trained to deliver contraceptive services, including emergency contraception in a crisis setting? (**See C**)	✓	?	
Were contraceptive services and supplies made available during the most recent emergency?	✓	?	

Recommendation 3.7

Recommend that contraceptive information and services, as a part of sexual and reproductive health services, be integrated with HIV testing, treatment and care provided in the health care setting.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Does the national HIV policy include the integration of contraceptive services with HIV testing, treatment and care services? **(See A)**	✓	?	**A. Explore:** WHO (2009) "Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services" [24]
Is there a strategy in place on integration of contraceptive services with HIV testing, treatment and care services? **(See B)**	✓	?	**B. Explore:** K4Health (2015) "Family Planning and HIV Services Integration Toolkit" [25]
Are there mechanisms for coordination between the departments/authorities responsible for HIV/AIDS and those responsible for sexual and reproductive health, including contraceptive services, in matters related to service integration? **(See A)**	✓	?	**C. Explore:** The ACQUIRE Project/EngenderHealth (2007) "Family Planning-integrated HIV services: a framework for integrating contraceptive and antiretroviral therapy services" [26]
Are HIV/AIDS and contraceptive programming mechanisms coordinating at the sub-national and local levels of health administration? **(See B)**	✓	?	**D. Advocate:** Build relationships with HIV response organizations and networks of people living with HIV/AIDS. Develop a joint consensus statement on FP/HIV integration needs in your context.
Have clinical protocols and standards for HIV testing, treatment and care been reviewed and revised to integrate contraceptive information, counselling and services? **(See C)**	✓	?	**E. Explore:** Health Policy Project (2015) Comprehensive Package for Reducing Stigma and Discrimination in Health Facilities [27]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Have HIV service providers been trained to provide contraceptive information and services to women and men? **(See D)**	✓	?	
Are contraceptive information and services routinely offered to users of HIV services?	✓	!	
Are information and communication resources available that provide information on contraceptive options for people living with HIV?	✓	!	
Are contraceptive and other sexual and reproductive health services offered to users of HIV services without any element of coercion?	✓	!	
Do users of HIV services generally report a stigma- and discrimination-free experience when accessing contraceptive services? **(See E)**	✓	!	

Recommendation 3.8

Recommend that special efforts should be made to provide contraceptive information and services to displaced populations and those in crisis settings, and to survivors of sexual violence who particularly need access to emergency contraception.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Recommend that comprehensive contraceptive information, counselling and services be provided during antenatal and postpartum care. **(See A)**	✓	?	**A. Explore:** WHO (2013) Programming strategies for postpartum family planning [28]
If contraceptive services are integrated with postpartum, are there indications of any elements of coercion and/or restricting voluntary choice of contraception or of specific methods of contraception?	!	✓	
Have clinical protocols and standards for maternal healthcare been reviewed and revised to integrate the provision of comprehensive contraceptive information and services? **(See A)**	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are comprehensive contraceptive information and services routinely offered to users of antenatal and postpartum services?	✓	?	

Recommendation

3.9 Recommend elimination of third-party authorization requirements, including spousal authorization for individuals/women accessing contraceptive and related information and services.

3.10 Recommend provision of sexual and reproductive health services, including contraceptive services, for adolescents and youth without mandatory parental and guardian authorization/notification in order to meet the educational and service needs of adolescents and youth.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Is there a law or regulation that requires spousal or partner authorization/notification for a woman to obtain any contraceptive services?	!	✓	**A. Explore:** OHCHR (2014) "Information series on sexual and reproductive health and rights: adolescents" [29]
Is there a law or regulation that requires parental or guardian authorization/notification for an adolescent to obtain contraceptive information and services? **(See A)**	!	✓	**B. Explore:** Royal College of Obstetricians and Gynecologists (2010) "Clinical Effectiveness Unit. Contraceptive choice for young people" [30]
Is there a policy or strategy document on contraceptive services for adolescents and youth which specifies that services will be available irrespective of marital status and does not mandate parental or guardian consent for accessing services for adolescents and youth? **(See A)**	✓	?	**C. Advocate:** Work with local youth groups on monitoring of service provision through secret client or youth-led evaluation visits.
Are there clear guidelines from the Ministry of Health on how health care providers are to assess the competence of an adolescent to make independent decisions about their sexual and reproductive health? **(See B)**	✓	!	**D. Explore:** High-Impact Practices in Family Planning (2015) "Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services" [31]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Do any training programs for service providers address how third party authorization requirements for sexual and reproductive health services can be gender-discriminatory and in contradiction with the sexual and reproductive rights of adolescents and youth?	✓	!	
Have service providers been trained in providing comprehensive contraceptive information and services to adolescents and youth? **(See C and D)**	✓	?	
In practice, are adolescents and youth able to access contraceptive information and services without parental or guardian authorization/notification?	✓	!	
Do contraceptive service providers insist on spousal or partner authorization/notification for a woman to obtain any contraceptive services?	!	✓	

No. 4 **Acceptability**

Recommendation 4.1

Recommend gender-sensitive counselling and educational interventions on family planning and contraceptives that are based on accurate information, that includes skill building (i.e. communications and negotiations) and that are tailored to meet communities' and individuals' specific needs.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do the contraceptive program guidelines uphold the need for gender-sensitive service delivery? If yes, do they set out norms for the same? **(See A)**	✓	?	**A. Explore:** IntraHealth International (2010) "Preservice Education Family Planning Reference Guide" [32]
Do the contraceptive program guidelines highlight the specific needs of clients experiencing intimate partner violence? If yes, do they set out norms for the counselling and service delivery for such clients? **(See B)**	✓	?	**B. Explore:** Chamberlain, L., & Levenson, R. (2012) "Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings" [33]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are providers trained for gender-sensitive service provision, including: a) for contraception, and b) to address the specific needs of women experiencing reproductive coercion or other forms of intimate partner violence?	✓	!	
Are health facilities equipped with the personnel, physical space for counselling, and educational materials appropriate for different levels of literacy and cultural diversity?	✓	?	
Do health facilities provide an enabling environment for disclosure and discussion by clients experiencing intimate partner violence and/or reproductive coercion?	✓	!	

Recommendation 4.2

Recommend that follow-up services for management of contraceptive side-effects be prioritized as an essential component of all contraceptive service delivery. Recommend that appropriate referrals for methods not available on site be offered and available.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Are there protocols for different levels of facilities and providers for follow-up visits, management of side-effects, switching of methods on request by the user and referrals for contraceptive services? **(See A)**	✓	?	**A. Explore:** EngenderHealth (2003) "COPE for Reproductive Health Services: A Toolbook to Accompany the COPE Handbook" [34]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Are providers trained in follow-up and referral procedures related to contraceptive services?	✓	!	
Do service providers facilitate access to contraceptive methods of the client's choice that are not available at a given site?	✓	?	
Do clients receive appropriate follow-up care for contraceptive side-effects at the same facility without incurring additional costs?	✓	?	
Do service providers comply with clients' requests for removal of a method or for switching of methods?	✓	!	
CLIENT/SERVICE RECIPIENT CHECKLIST	**YES**	**NO**	
Are clients provided with comprehensive information on potential side-effects of various contraceptives and what to do if and when they experience side-effects?	✓	!	
Are clients given appropriate and adequate information about follow-up visits, timings and procedures?	✓	?	

No. 5 **Quality**

Recommendation

5.1 Recommend that quality assurance processes, including medical standards of care and client feedback, be incorporated routinely into contraceptive programs.

5.2 Recommend that provision of long-acting reversible contraception (LARC) methods includes insertion and removal services and counselling on side-effects in the same locality.

5.3 Recommend ongoing competency-based training and supervision of health-care personnel on the delivery of contraceptive education, information and services. Competency-based training should be provided according to existing WHO guidelines.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Is a comprehensive strategy for quality assurance, including for contraceptive information and services, a component of the sexual and reproductive program guidelines? **(See A)**	✓	?	**A. Explore:** Management Sciences for Health (1998) Quality Surveillance Manual [35]
Have standards of quality care been elaborated for the provision of contraceptive services at different levels of care?	✓	!	
Is the budgetary allocation sufficient to assure adherence to the quality standards?	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Is there a system to regularly update providers' knowledge and clinical skills about contraceptive methods?	✓	?	
Are there processes and mechanisms in place at the program and facility levels to obtain client feedback on the quality of contraceptive services? Are there examples of incorporating results of the feedback for modifying/improving service provision?	✓	?	
Are there processes in place for regular audits and monitoring of quality of contraceptive services?	✓	?	
Do protocols for service provision explicitly mention clients' right to request the removal of long acting contraceptives such as intrauterine devices and implants?	✓	!	

No. 6 **Informed Decision Making**

Recommendation

6.1 Recommend the offer of evidence-based, comprehensive contraceptive information, education and counselling to ensure informed choice.

6.2 Recommend every individual has the opportunity to make an informed choice about their own use of modern contraception (including a range of emergency, short-acting, long-acting and permanent methods) without discrimination.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do any program guidelines and/or government documents require that informed consent be obtained from any client receiving contraceptive services?	✓	!	**A. Explore:** EngenderHealth (2003) "Choices in Family Planning: Informed and voluntary decision making" [36]
Do guidelines and protocols for counselling and service provision elaborate on elements of and processes for informed decision-making on contraception? **(See A and B)**	✓	?	**B. Explore:** IPPF (2012) "Keys to youth-friendly services: Obtaining informed consent" [37]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	**C. Explore:** IPPF (2007) "Family Planning, A Global Handbook for Providers" [38]
Are providers aware of and trained to facilitate informed decision-making?	✓	?	
Do providers have the resources necessary to ensure informed contraceptive decision-making by clients?	✓	?	
Do providers facilitate informed decision-making by clients, especially adolescents and youth and those from marginalized populations?	✓	?	
Do all clients receive counselling on a range of contraceptive methods (including a range of emergency, short-acting, long-activing and permanent methods) without discrimination? **(See C)**	✓	?	

No. 7 **Privacy & Confidentiality**

Recommendation 7.1

Recommend that privacy of individuals is respected throughout the provision of contraceptive information and services, including confidentiality of medical and other personal information.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do guidelines and protocols for contraceptive information and services elaborate on how to ensure privacy and confidentiality of the client seeking contraceptive services, including for adolescents and youth? **(See A)**	✓	?	**A. Explore:** IPPF (2011) "Keys to youth-friendly services: Ensuring confidentiality" [39]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Is physical space in all health facilities set up to ensure privacy and confidentiality of all clients?	✓	!	
Are norms related to space requirements of health facilities developed keeping in mind the need for separate waiting, counselling and examination spaces for adolescents and youth?	✓	?	
Are providers aware of the importance of ensuring privacy and confidentiality? Do they act accordingly?	✓	!	
Are clients comfortable with the privacy and confidentiality aspects of contraceptive information and service provision?	✓	?	

No. 8 **Participation**

Recommendation 8.1

Recommend that communities, particularly people directly affected, have the opportunity to be meaningfully engaged in all aspects of contraceptive program and policy design, implementation and monitoring and evaluation.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Do the contraception policy/program guidelines establish mechanisms for regular participation and consultation of community members and clients? **(See A)**	✓	?	**A. Explore:** Wellshare International (2011) "Community based family planning best practices manual" [40]
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	**B. Advocate:** Build a coalition of relevant civil society stakeholders and representatives of marginalized groups.
Are mechanisms for regular participation and consultation of community members and clients functional? Do all stakeholders, including young people and members of marginalized groups, have access to participation mechanisms? **(See B)**	✓	?	**C. Explore:** IPPF (2008) "Participate: The voice of young people in programmes and policies" [41]
If mechanisms for participation exist, do women, adolescents and youth, and marginalized populations have access to these mechanisms? **(See C)**	✓	?	

No. 9 **Accountability**

Recommendation

9.1 Recommend that effective accountability mechanisms are in place and are accessible in the delivery of contraceptive information and services, including monitoring and evaluation, and remedies and redress, at the individual and systems levels.

9.2 Recommend the monitoring and evaluation of all programs to ensure the highest quality of services and respect for human rights.

9.3 Recommend that, in settings where results-based financing, performance-based financing, or performance-based incentives are implemented, a system of checks and balances is in place to ensure non-coercion and protect human rights. Research should be conducted to evaluate the effectiveness of results-based financing and its impact on clients in terms of increasing contraceptive availability.

KEY ✓ — **Support and Promote** ? — **Probe Further** ! — **Action Required**

POLICY/PROGRAMMATIC CHECKLIST	YES	NO	FURTHER ACTION
Does the government submit regular reports to human rights treaty bodies on how it has acted to fulfil reproductive rights per the treaties that it has ratified? **(See A)**	✓	?	**A. Explore:** OHCHR "The Human Rights Treaty Bodies: Protecting Your Rights" [42]
Do civil society actors and sexual and reproductive health advocates participate in human rights reporting processes? **(See B)**	✓	?	**B. Explore:** OHCHR (2014) "Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions" [43]
Are sexual and reproductive health and rights as supported by international human rights treaties incorporated into domestic laws? **(See C and D)**	✓	?	**C. Advocate:** Identify examples of domestic laws that violate or contradict rights supported by treaties that the government has ratified.
Is there public awareness of the existence or availability of grievance redress mechanisms?	✓	!	**D. Explore:** World Health Organization (2014) "Ensuring Human Rights in the Provision of Contraceptive Information and Services" [5]
Are government funds allocated for sexual and reproductive health, including contraception, spent as intended? Are budget reporting mechanisms transparent? **(See E)**	✓	!	**E. Advocate:** Use Public Expenditure Tracking (PETS) to ascertain where and how allocated funds are spent.
Does the government track progress in sexual and reproductive health, including in contraception? Are these indicators regularly reported in publically available forums?	✓	?	
SERVICE DELIVERY CHECKLIST	**YES**	**NO**	
Is there an effective and functioning national or sub-national human rights commission, ombudsman's office, or other grievance redress mechanism? **(See B)**	✓	?	

No. 9 **Accountability**

SERVICE DELIVERY CHECKLIST *Continued*	**YES**	**NO**	**FURTHER ACTION**
Are grievance redress mechanisms utilized by community members with respect to contraceptive services?	✓	!	**F. Explore:** Chowdhury et al. (2013) "Economics and Ethics of Results-Based Financing for Family Planning: Evidence and Policy Implications" [7]
Have grievances been reviewed and addressed by the responsible body or authority?	✓	!	
At the facility or district level, are there special officers or volunteers who help clients with grievances to utilize redress mechanisms?	✓	?	
Do members of marginalized populations have access to and use grievance redress mechanisms?	✓	!	
Has results-based financing been adopted in sexual and reproductive health services? If so, have appropriate safeguards been put in place to avoid coercive incentives and protect human rights? **(See F)**	?	✓	
Has appropriate research been carried out to identify any negative effects of results-based financing?	✓	?	

CLIENT/SERVICE RECIPIENT CHECKLIST	**YES**	**NO**
Are women, girls, and members of marginalized populations aware of the grievance redress mechanisms in their vicinity?	✓	?
Are women, girls, and members of marginalized populations able to utilize grievance and redress mechanisms in their vicinity?	✓	?

Chapter 3
Next Steps

HOW DO I USE THIS TOOL FOR ADVOCACY?

As mentioned in Chapter 1, this tool is meant to be globally applicable. The principles listed in this document, as taken from the WHO Technical Document, are key components of rights-based services. There may be components of this tool that are more or less relevant to your work depending on your local context. While all human rights principles must be preserved at all times, keeping your local context in mind will greatly increase your efficiency in using this tool.

WHERE CAN I FIND THE INFORMATION I NEED TO RESPOND TO THE CHECKLISTS?

The checklists are designed to probe various aspects of contraceptive programs, including the development phase, policy implications, implementation, and service delivery. The answers for the checklists can come from various sources, and the breadth of information available for use varies greatly from country to country. These are just some of the platforms for evidence-based information that you can use to answer the checklist questions:

- Policy or legislation information should be gathered from national and sub-national databases. Commitments made by countries to FP2020, national family planning plans and costed implementation plans, and countries' self-reports on their commitments are publically available at **www.familyplanning2020.org**. Advocates and civil society organizations are also able to submit comments and updates on national progress on **www.familyplanning2020.org**.

- Statistics can be found from a variety of sources. National-level statistics can be gathered either from census data or vital statistics published by the government, or external databases such as **Demographic and Health Surveys**,[44] **the World Health Organization**,[45] and many more. There may be variances between nationally reported statistics and statistics from external databases due to standardization processes in the latter to enable cross-country comparison. FP2020 reports annual progress on a suite of internationally comparable estimates across the 69 FP2020 focus countries.[46] The FP2020 Core Indicator estimates are available at **www.familyplanning2020.org**. Another useful resource for indicators is the **Advocates' Guide to Strategic Indicators for Sexual and Reproductive Health and Rights by ARROW**,[47] which lists strategic indicators for the evaluation of sexual and reproductive health and rights, including aspects of right-based contraceptive information and services. Deciding which statistics to use will depend on what best suits your advocacy strategy.

- Qualitative research can also be used to respond to the checklist questions. Research articles tend to focus on a particular locality, and can yield important insights to the situation on the ground as well as provide important case studies for advocacy materials.

- You can gather your own data. If it is within your capacity and expertise, you may choose to use the checklists to develop qualitative or quantitative research in the area that you work in. The findings from this research can then be used to answer the checklist and inform your next steps in terms of advocacy.

- Partners and allies are critical sources. Your networks, non-governmental organizations, and civil society advocates can be an excellent source of information about the needs of particular groups and communities in your local context. Work with young people, networks of people living with HIV/AIDS, women living with disabilities, rural women and girls, married adolescents, and others to help shape a strategy based on their needs and experiences.

TRANSLATING THIS GLOBAL TOOL FOR LOCAL ADVOCACY

If you plan to use this tool for long-term monitoring and evaluation, you can increase its utility by adapting it to be more locally relevant. This includes:

- **Narrowing down the checklists by identifying priority areas.** The checklist is useful for identifying gaps in contraceptive programs, but narrowing it down to priority areas will help you focus on specific areas with the greatest need in your community. You may choose to prioritize according to principle, recommendation, or even at the checklist level, depending on the breadth of your work. However, remember that human rights are indivisible and interdependent, and so all 9 human rights principles must be applied in a rights-based program. Once you have narrowed down your key priorities, you can tailor the checklist to suit your needs.
- **Using national standards alongside international standards.** While the international standards used in this document are a good baseline, often, national standards are a better rallying point for driving national-level advocacy.
- **Drawing on national and local legislatures and strategies.** Using national and local laws and policies to make your case will strengthen your advocacy efforts. This tool can be used to evaluate whether contraceptive programs are aligned with national and state policies and strategies, which has more weight when advocating with local governments.
- **Incorporating case studies and statistics where relevant.** Incorporating hard evidence and examples from the context you work in can be very helpful when you are preparing advocacy materials.

I HAVE ANSWERED ALL/RELEVANT CHECKLIST QUESTIONS, WHAT NEXT?

The information you gained from answering the checklist questions will help you in your advocacy. This information can be used to:

- Identify the gaps that exist within the contraceptive program under review. With these checklists, you will be able to analyze which aspects of a particular recommendation have been met. This is beneficial for crafting targeted advocacy strategies.
- Provide a framework from which advocacy materials can be produced. The information that is gathered through this checklist will help you holistically evaluate the provision of contraceptive information and services through a rights-based lens. This information can be used for advocacy, including monitoring and evaluation reports, fact sheets, and other advocacy materials.

HOW CAN I USE THIS INFORMATION TO DEVELOP AN ADVOCACY STRATEGY?

These checklists provide a framework to measure the extent of compliance to rights-based principles in the provision of contraceptive information and services. The checklists allow you to highlight gaps which can be translated into targets for advocacy.

There are many resources available to effectively develop and implement an advocacy strategy. Some resources are geared towards specific causes and processes, but the basic elements of an advocacy plan are relevant across platforms, be they local, national, regional, or global. Below is a list of resources to guide the development of your advocacy strategy. Keep in mind that different contexts will require different tactics.

Identify Key Priority Areas

These checklists can be used to identify key priority areas that need immediate attention. You may choose

to prioritize some areas over others depending on the context of the problem, urgency of the situation, resources available, and current/future advocacy opportunities. Often, priorities are also determined by external factors, including the opportunity for intervention, availability of funding, etc. Before formulating your advocacy strategy, first take stock of the opportunities and resources available, as well as any limiting factors.

Generate Evidence
Evidence is critical for advocacy: you have to make your case with facts, figures, numbers, and powerful stories. You can generate evidence through various mechanisms. You can use these indicators to measure the extent of gaps and the consequences of gaps. As mentioned earlier in this chapter, this can occur through data collection at the local level through observational research, or through secondary analysis of pre-existing data and research. Another important method of evidence generation is through the collection of stories. Case studies, stories, and on-the-ground records serve as powerful, emotionally-stimulating tools for advocacy.

Identify Stakeholders
It is important to identify the stakeholders that can bring about change in the contraceptive program under review. While much effort will be targeted at government bodies and officers, such as the Ministry of Health and the Ministry of Education, there are other important stakeholders that can influence governments and these contraceptive programs. This includes international organizations, such as UNFPA, WHO, and FP2020; funders and donors; regional advocacy organizations; service providers; and other national and local organizations. An analysis of the roles these various stakeholders play and how they will react to your issues is critical in determining how to initiate and sustain a conversation with them.

Identifying Platforms for Advocacy
Attendance and participation in key events with opportunities for targeted advocacy is imperative, not only raise awareness on your issues, but also to connect with the right people that can move your advocacy forward. National and international conferences, parliamentary meetings, and community meetings with government representatives can all provide platforms for advocates to interact with decision-makers in their contexts. In advance of these events, identifying the main advocacy platforms and the key attendees at events will equip you with the information you need. Interventions at such events can range from one-on-one conversations with key stakeholders to distributing briefing sheets or publications, to holding side events for a larger audience. There is no one method of advocacy; each situation requires a different course of action.

While there will be variance in the availability of data and the structure of your advocacy strategy, this Accountability Tool strives to provide a basic framework that can be used across countries to support new and existing advocacy efforts to ensure that human rights is central to all contraceptive programs and the delivery of contraceptive information and services.

RESOURCES FOR DEVELOPING AN ADVOCACY STRATEGY

Ten Steps to Developing a Strategic Advocacy Agenda
by Path [48]

From advocacy to access: targeted political action for change
by IPPF [49]

The Advance Family Planning Advocacy Portfolio toolkit
by Advance Family Planning [50]

Advocacy Toolkit: A guide to influencing decisions that improve children's lives
by UNICEF [51]

Family Planning Advocacy Tookit
by K4Health [52]

Note: This Toolkit includes a range of resources for effective family planning advocacy from various organizations

Glossary

Comprehensive Contraceptive Information and Services
Refers to the provision of information and services for the full range of methods of contraception (see below) without any program or provider imposed restrictions.

Comprehensive Sexuality Education
Is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information, that provides opportunities to explore one's own values and attitudes and to build decision-making, communication, and risk reduction skills about many aspects of sexuality.[13]

Marginalized Populations
This includes people living in remote geographic areas; members of marginalized community groups; single women, including unmarried, divorced, and widowed women; adolescents and youth; people living with disability; sex workers; people living with HIV; people of diverse sexual orientations and gender identities; and any other subpopulations who face specific, systematic barriers in accessing services.

Full Range of Methods of Contraception
This includes having access to the full spectrum of contraceptive options, including female and male sterilization, intrauterine devices (IUDs), hormonal methods (oral pills, injectables, hormone-releasing implants, skin patches, vaginal rings), condoms, and vaginal barrier methods (diaphragm, cervical caps, spermicidal foams, jellies, creams, sponges).[53]

Gender-Sensitive Counselling and Services
Counseling and services that incorporate the differences in needs between the genders, both as a result of biology as well as socially constructed gender norms, including gender-based inequalities and how it impacts womens' ability to fulfil their rights.

Grievance Redress Mechanism
A locally based, formalized way to accept, assess, and resolve community feedback or complaints.[54]

Informed consent
A legal condition whereby a person can be said to have given consent based upon a clear appreciation and understanding of the facts, implications and future consequences of an action.[63]

Results-based financing
Also known as performance-based financing, or performance-based incentives. This is a tool for improving utilization and provision of health care services based on financial or in-kind incentives made to providers, payers or consumers after measurable actions have been taken.[55]

Sexual and reproductive health
A positive approach to human sexuality and the purpose of sexual health care, including the enhancement of life and personal relations as well as counselling and care. Reproductive health implies that people are able to have a responsible, satisfying, and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.[56]

Sexual and reproductive rights
A set of rights related to one's sexual and reproductive well-being, including the rights to freely and responsibly decide on the number, spacing, and timing of children; to receive the highest standard of sexual and reproductive health care; to make decisions about reproduction free from discrimination, coercion, and violence; and to pursue a safe, satisfying, and consensual sex life.[57]

Unmet need for contraception
The gap between women's stated desire to avoid having children and their actual use of contraception.[63]

Women of reproductive age
Women aged between 15 and 49 years old.

Youth and adolescents
In this document, youth refers to those young people aged 15-24 and adolescents refer to young people aged 10-19.

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