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# STRENGTHENING LOCAL DECISION MAKING FOR VOLUNTARY FAMILY PLANNING

A Questionnaire to Catalyze Local Action



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This publication was prepared by Alyson Lipsky (RTI) and Katie Peel (RTI) of the Health Policy Plus project.

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# Overview

## About this Tool

The need for increasing access to voluntary quality family planning services continues to expand, and the responsibility for doing so often falls on subnational governments. In the context of decentralization, subnational governments now have the authority and responsibility to address challenges in their enabling environment, such as generating new funding, supporting political will, ensuring quality and timely data, advocating for policy changes at the subnational level, engaging with the community and strengthening advocacy, etc. (Williamson et al., 2014).

The Health Policy Plus (HP+) project—funded by the U.S. Agency for International Development (USAID) to advance equitable and sustainable health programming in HIV, maternal and child health, and family planning—developed this questionnaire to be used at subnational levels to better understand and inform the development of action plans to strengthen the enabling environment for voluntary family planning. It focuses on breaking down the components of the family planning enabling environment that are most relevant for subnational levels of government—political support; leadership and management; finance; accountability; evidence-based planning and implementation; and community engagement—so that local actors have the knowledge and evidence to take concrete steps toward improving those components.

## Importance of Understanding the Local Enabling Environment

An enabling environment is comprised of social, cultural, financial, and political elements that facilitate acceptance and prioritization of effective and responsive family planning programming (EngenderHealth, 2011). When it comes to effecting change in the family planning enabling environment, actors at local levels do not have the same roles and responsibilities as those at the national level. For example, the ability to change laws and policies around global procurement of family planning commodities rests at the national level. Similarly, local actors have the potential to address key aspects of the local family planning enabling environment, including:

- **Attitudes and social norms** around community support for family planning and government responsiveness to community and client needs
- **Commitments** to ensuring adequate financial and human resources, initiatives to advance family planning, and tracking progress
- **Capacities** to effectively plan, manage, and measure family planning programs; respond to family planning user needs; and use evidence for decision making
- **Approaches** to coordination, adequate budgeting and effective tracking of financial resources, meaningful community participation, using data for decision making, and responding to family planning user needs

As authorities and responsibilities have been devolved to subnational levels of government, so too must approaches to strengthen the enabling environment for family planning. However, these may be new domains to many subnational governments and other stakeholders, and as

such, require thoughtful reflection and planning to identify where and how to prioritize actions at the subnational level.

Typical components of the enabling environment at national levels for voluntary family planning include effective leadership and management; operational laws, policies, and guidelines that support family planning; available and effective human and financial resources; evidence-based decision making; the presence of contraceptive security measures; advocacy efforts that support family planning; champions who promote family planning at all levels; communities that are engaged; and a family planning program that supports and encourages positive social and gender norms (EngenderHealth, 2011). The potential impact of an enabled environment in the decentralized context is powerful:

- Positive shifts in social and gender norms
- Expanded service coverage
- Improved effectiveness of service delivery
- Increased quality and responsiveness of policies and programs to family planning user needs
- Better inclusion of vulnerable and marginalized groups
- Expressed public support for family planning
- Relationships and networks built or grown in support of family planning

To inform local actors' understanding of their own enabling environment and to catalyze action, HP+ developed the Key Informant Questionnaire: Subnational Enabling Environment for Voluntary Family Planning. Because the questionnaire is designed to be used at subnational levels, the areas of inquiry in the questionnaire are specific to what subnational actors can most likely influence. It includes six categories of questions that are all designed to inform actions that can be taken at subnational levels to strengthen the enabling environment:

- **Political support:** How is support for family planning observed and/or verbalized (if at all) among local actors? Is it acted upon?
- **Leadership and management:** How effective are local health management teams in their ability to oversee and coordinate family planning programming among the range of stakeholders?
- **Finance:** How well does the local government plan, use, and track its family planning resources and how well is this shared with the public for purposes of accountability?
- **Accountability:** How well do local systems track implementation of family planning programs and course correct to improve programming, including responsiveness to family planning user feedback or complaints?
- **Evidence-based planning and implementation:** To what degree is quality data used to make decisions and improve family planning programming?
- **Community engagement:** How much does the local government invite meaningful participation of the community in the design, implementation, and monitoring of family planning programming?

Within this tool, there is one section for each of the above categories. Within each section, there is background on the category itself, followed by the questions that are in the questionnaire. Also included are potential action planning priorities, which cover a range of options, such as capacity strengthening, advocacy and improving planning, or other processes. Finally, each section ends with an example of strengthening the district-level enabling environment for family planning.

## **Intended Use of this Tool**

While generating this kind of localized evidence is interesting, its value is in catalyzing local action—this questionnaire is meant to be used as a first step in supporting local actors to strengthen their family planning enabling environment. In Kenya, HP+ used the results from this questionnaire to inform the development of a workshop with county government, civil society, and representatives from international nongovernmental organizations. The workshops culminated in the development of joint action plans for each county, with clear roles and responsibilities delineated. After the workshop, HP+ provided continuing technical assistance to each county team as they implemented their action plans. Respondents and workshop participants conducted data quality reviews, advocated for and secured family planning budget lines, had local funding allocated to the newly established budget line, and even identified nationwide challenges in financial disbursement systems.

# **Perceptions of the Enabling Environment for Subnational Voluntary Family Planning**

## **Political Support**

### ***Background***

Strong political support can strengthen voluntary family planning programming through effective translation of policies into implemented programs, sufficient and appropriate allocation of resources, contributions toward positive social norms, and “soft” influence over others in authority positions to adopt a more favorable stance toward family planning (EngenderHealth, 2011). At the national level, this process plays out in the development of supportive laws, policies, and guidelines and financial resourcing for family planning. At decentralized levels, political will further determines how and in some cases, even whether, national commitments will be prioritized (see Box 1).

When political actors and key community leaders make public statements in support of family planning, such statements have both the power to generate support among the broader community (i.e., galvanize sociocultural norm change for acceptance of family planning) and it is easier for others to hold those individuals to account for their statements. Therefore, this section of the questionnaire focuses on understanding the different levels of support from different types of stakeholders at the community level.

### ***Questions***

How would you rate...

1. [District/province/county, etc.] *elected* officials' public support of family planning?
2. Community leaders' public support of family planning?
3. Village chiefs' public support of family planning?
4. Religious leaders' public support of family planning?
5. Educators' public support of family planning?
6. Media's public support of family planning?
7. General public's support of family planning?
8. Others' support of family planning?
9. Local groups' and leaders' initiative to advance family planning in the [district/province/county, etc.]?

### Box 1. Potential Action Planning Priorities for Galvanizing Political Support

- **Conduct sensitization on family planning** to dispel myths and misconceptions, provide factual information around family planning, and relay the importance of delaying/spacing pregnancies within the promotion of maternal and child health.
- **Conduct targeted advocacy** among influencers to encourage family planning acceptance, promotion, and prioritization of family planning in the wider health agenda through use of data and encourage these same influencers to become family planning champions and advocate more widely among their respective groups and among key decisionmakers.
- **Conduct political economy analysis** to understand interests and incentives of stakeholders, who may support or oppose family planning and why.

### Example

Through HP+ support in Mali, religious leaders were brought together to learn about the promotion of better health behaviors and the impact they can have on the health of their communities. As trusted members of the community, they were able to use this information to develop their own method for educating others on the importance of caring for children, healthy timing and spacing of children, and making informed decisions as a couple (USAID, 2019).

## Leadership and Management

### Background

In decentralized systems, leadership and management needs are similar at both national and subnational levels—effective leadership and management requires promoting evidence-based policies, guidelines, and approaches. Implementing these policies, guidelines, and approaches, including sufficient and appropriate allocation of human and financial resources, ensures the provision of high-quality services, and drives social and gender norm change toward greater inclusivity and acceptance (EngenderHealth, 2011). Effective leadership and management require an understanding of who is responsible for what and maximizing efficiencies among key



stakeholders. Increasingly, the family planning community is recognizing that government actors alone cannot ensure the success of family planning, yet government plays an important role in coordinating key actors from across government, civil society, and the private sector (see Box 2).

### Box 2. Potential Action Planning Priorities for Strengthening Leadership and Management

- **Develop or refine terms of reference and job descriptions** to include relevant family planning expertise, programming inclusion, oversight, coordination, etc., both for management teams and individual posts.
- **Develop or revitalize coordination mechanisms** for the sharing of family planning-related information on a regular basis and to ensure that joint planning is taking place (e.g., family planning technical working) at the subnational level.
- **Build capacity for robust oversight of family planning programming** by strengthening the use of tools/systems that support family planning program oversight and data collection, and ensuring this capacity is cascaded to decentralized levels.
- **Tailor leadership and management coaching**, particularly for teams or individuals who are newly appointed in their roles and/or lacking sufficient management experience.
- **Analyze human resources gap** to determine family planning human resource or skill development need (e.g., providers proficient in long-acting permanent methods or youth-friendly services) and package this information for action.
- **Conduct targeted advocacy** to communicate family planning human resources and other resourcing needs upstream to decisionmakers who have the power to allocate more resources.

### Questions

How would you rate...

1. The effectiveness of [district/province/county, etc.] health leadership and management of family planning programming?
2. The coordination of the [district/province/county, etc.]-level family planning program?
3. Stakeholders' (local government actors, facility workers, civil society organizations, nongovernmental organizations, the private sector, schools, etc.) understanding of their own roles and responsibilities around family planning programming?
4. [District/province/county, etc.] health leadership's understanding of human resource needs for family planning?

### Example

In Malawi, to ensure effective implementation of the costed implementation plan for family planning, the Reproductive Health Directorate of the Ministry of Health strengthened district-level understanding of the costed implementation plan and developed advocacy skills among district policymakers and decisionmakers. The objective was to ensure that family planning was

included in annual district implementation plans, which would allow for family planning efforts to receive district-level funds and other resources.

## **Finance**

### ***Background***

With decentralization, subnational levels of government often have a greater responsibility to mobilize financial resources for health, including family planning. Financial resources must be made available for family planning and allocated appropriately and effectively. The subnational government's ability to do so depends on how well it can estimate its financial needs, track allocations and expenditures, make that data transparent to the public, spend those resources equitably (particularly for those vulnerable and marginalized), ensure consistent funding from year-to-year, and draw from a number of resources (see Box 3).

### ***Questions***

How would you rate...

1. [District/province/county, etc.] government's ability to accurately estimate annual financial needs for family planning?
2. The availability of dedicated [district/province/county, etc.] government funding for family planning?
3. [District/province/county, etc.] government's ability to track allocations and expenditures for family planning?
4. The accessibility of family planning financial data to the public?
5. How well the [district/province/county, etc.] spends its financial resources for family planning to improve access for the following populations:
  - a. Rural?
  - b. Poor?
  - c. Youth?
6. The predictability of funding for family planning programming from year to year?
7. The diversity of funding sources for the family planning program (e.g., donors, the private sector, clients)?

### Box 3. Potential Action Planning Priorities for Strengthening Finance at Subnational Levels

- **Build capacity for budgeting family planning needs** in order to estimate projected family planning needs based on strategic goals for increased contraceptive prevalence rates and reduction of unmet need, adhere to central-level guidance and planning cycles, and build budgets against needs.
- **Build capacity for budget tracking** supported by civil society and government to develop or refine and use budget tracking tools.
- **Conduct targeted advocacy for greater transparency of financial data** to support both civil society and government in tracking of funding flows and encourage use of open and transparent data (e.g., website, social media, and townhall meetings).
- **Support participatory budgeting and planning** that includes civil society and government sitting at the table to discuss family planning needs during planning cycles and civil society participation in decentralized budget hearings to advocate for greater resource allocation.
- **Develop resource mobilization strategy and advocacy** that supports determining family planning needs and advocating for these needs to be filled through alternative (non-centrally funded) means or mentoring of local groups (government and civil society) to carry out advocacy.

#### *Example*

Representatives from government and civil society in Nakuru County, Kenya, recognized that one of the primary barriers to prioritizing family planning at the county level was that despite adoption of program-based budgeting within the health sector, there was no budget line for family planning. As a result, they successfully targeted the County Health Management Team and the County Assembly to establish and fund a budget line for family planning.

## Accountability

### *Background*

Decentralization can result in more complex accountability relationships within and between subnational and national governments, making it both more important and more difficult to understand and strengthen accountability for family planning (Williamson et al., 2014). Subnational governments' proximity to the communities they serve and their autonomy to respond more quickly and effectively to local needs, feedback, and complaints, provides the opportunity for them to improve accountability. While commodity procurement often remains a centralized function, accountability for most other family planning program components—such as implementing oversight mechanisms and developing effective feedback loops and monitoring systems—often rests within the purview of subnational governments. Formal and informal accountability relationships and mechanisms exist, including within government and between government and citizens that focus on continuous quality improvement and financial and programmatic accountability (see Box 4).

## Questions

How would you rate...

1. The ability of the [district/province/county, etc.] to ensure effective implementation of quality family planning programs?
2. The ability of family planning users to report complaints or feedback on family planning services?
3. The ability of the [district/province/county, etc.] to respond to family planning user complaints or feedback?
4. The ability of [district/province/county, etc.] monitoring systems to track:
  - a. Family planning goals and/or objectives?
  - b. Family planning service availability and delivery?
  - c. User complaints or feedback on family planning services?

### Box 4. Potential Action Planning Priorities for Strengthening Accountability

- **Develop or refine tracking tools** to measure family planning goals/objectives, service availability, and delivery or to measure user complaints or feedback on family planning services.
- **Build capacity for using tracking tools for family planning budgeting and performance** among local civil society groups, government health management teams, and healthcare workers.
- **Strengthen the oversight and accountability of community structures to monitor** adequate and quality provision of family planning services, family planning user complaints/feedback, and client redress.
- **Sensitize communities** to quality family planning service provision, what should be expected from local health facilities, and how to report grievances.
- **Develop or refine grievance mechanisms** at health facilities and more broadly, ensuring these are situated within community structures.
- **Conduct targeted advocacy** among influencers to support a culture of accountability within the community and to encourage family planning users to come forward with both positive and negative feedback for improving family planning service provision.

## Example

In Kilifi County, Kenya, representatives from the county health management team and religious and community leaders decided to jointly strengthen how they work together in support of the county costed implementation plan for family planning. Together, they developed an action plan that describes who is leading each component and a timeline for achieving milestones. They created a WhatsApp group to maintain communication throughout the implementation of the action plan.

## Evidence-Based Planning and Implementation

### Background

Subnational governments need to be able to effectively analyze and use data and evidence to make decisions around programming and around adapting programming based on lessons learned to support stakeholders to make strategic, informed decisions (Health Policy Project, 2014). How subnational health management teams use data and evidence to make decisions for annual family planning programming (planning, budgeting, service delivery, etc.) relies on both the quality and timeliness of data coming to them and their appetite and capacity for analyzing and using these data to make family planning-related decisions. However, management teams often rely on historical trends, which results in doing “more of the same” without allowing for adaptation, learning, and improved efficiencies that invariably come with time and reflection. It also misses opportunities, further ignoring those communities with chronic family planning needs. Family planning decisionmakers, advocates, and program implementers at subnational levels are well poised to support reliable information gathering, analysis, and interpretation of data, and apply this within the specific context to address the nuanced family planning needs of their communities (see Box 5).

#### Box 5. Potential Action Planning Priorities for Strengthening Evidence-Based Planning and Implementation

- **Build capacity** around data collection, collation, and analysis and packaging and disseminating to appropriate family planning stakeholders.
- **Develop or refine data collection tools**, including review of existing tools for reporting (service delivery statistics, finances, etc.).
- **Establish routine “pause and reflect” sessions for health management teams, in conjunction with civil society**, ensuring this time is built into existing forums for continued dialogue on what is and is not working in regards to family planning programming and resourcing, course correction, and feedback on improvements made.
- **Support a culture of learning within health management teams**, encouraging teams to embed this thinking into their structure.

### Questions

How would you rate...

1. How well the [district/province/county, etc.] requests data to make informed decisions?
2. How well the [district/province/county, etc.] questions data and ensures it aligns with programmatic experience?
3. How well the [district/province/county, etc.] uses data throughout the project cycle to adapt implementation based on lessons learned?
4. How well the [district/province/county, etc.] uses data to inform how and where resources are allocated?

5. How well the [district/province/county, etc.] uses data to inform advocacy and policy dialogue?
6. How well the [district/province/county, etc.] uses data to inform policy development?
7. How well the [district/province/county, etc.] ensures that all stakeholders have access to data?

### **Example**

In Uganda, with HP+ support, a group of women leaders representing government, civil society, and media recognized the need to ensure that data collectors at local levels understood the importance of having quality, timely family planning data. The leaders worked with the Ministry of Health to deliver a training to local data collectors in a district on family planning indicators, how they are used, and why they are important.

## **Community Engagement**

### **Background**

Community engagement is particularly significant because of the sensitivities that often surround family planning. The more communities can be active participants in decision making of their family planning priorities, the more likely programming will effectively address their needs and overcome barriers in a culturally appropriate and relevant manner. Subnational governments have an opportunity to develop a greater understanding of community barriers (e.g., cultural or religious factors that contribute to limited acceptance, current dialogue around family planning, and levels of trust between users and healthcare providers). With greater flexibility in programming decisions, subnational governments can engage with the community to develop, implement, and monitor family planning programming, and work with the community in addressing barriers as needed (see Box 6). Actively engaged communities lead to a greater likelihood of family planning acceptance and use, identification and mobilization of family planning champions, upstream advocacy, stronger accountability of healthcare providers, and family planning prioritization in the healthcare agenda. Specifically, inputs should be sought from women, men, youth, and underserved populations—recognizing that needs will be different among these groups.

### **Questions**

How would you rate...

1. How well the [district, province, county, etc.] government invites meaningful participation of the following groups in **developing** family planning policies and programs?
  - a. Women
  - b. Youth
  - c. Underserved populations
  - d. Men

2. How well the [district, province, county, etc.] government invites meaningful participation of the following groups in **implementing** family planning policies and programs?
  - a. Women
  - b. Youth
  - c. Underserved populations
  - d. Men
3. How well the [district, province, county, etc.] government invites meaningful participation of the following groups in **monitoring** family planning policies and programs?
  - a. Women
  - b. Youth
  - c. Underserved populations
  - d. Men
4. How well the [district, province, county, etc.] government invites meaningful participation of the following groups in **addressing identified barriers** to successful family planning policies and programs?
  - a. Women
  - b. Youth
  - c. Underserved populations
  - d. Men

### **Example**

In Sindh Province, Pakistan, the Population Welfare Department made cultivating male champions for family planning a centerpiece of its community engagement strategy. With support from HP+, the Population Welfare Training Institute trained 36 men from community-based and nongovernmental organizations, as well as male social mobilizers, on advocacy and counseling for family planning. Participants left the training with increased skills in leadership, communication, and family planning counseling to enable them to conduct monthly sessions on family planning with 50 men from their union councils to increase awareness and support of family planning.

### **Box 6. Potential Action Planning Priorities for Strengthening Community Engagement**

- **Sensitize the community to family planning** to dispel myths and misconceptions, provide information around family planning, and relay the importance of delaying/spacing pregnancies couched within the promotion of maternal and child health through both civil society groups and healthcare workers.
- **Build the capacity of existing community forums/groups and family planning champions on their role in family planning**, for example, support groups such as ward/village development committees and key influencers to act as family planning champions and to understand how they can better support family planning design, implementation, and monitoring, working in conjunction with health management teams, healthcare workers, and local groups.
- **Conduct targeted advocacy** aimed at health management teams for the inclusion of the community in the design, implementation, and monitoring of family planning programming through local and civil society groups.
- **Support participatory budgeting and planning** that includes civil society and government sitting at the table to discuss family planning needs during planning cycles and civil society working closely with the community to ensure needs are captured and ultimately voiced through these forums.



## How to Use This Questionnaire

Use this questionnaire at subnational levels to improve understanding of perceptions of the enabling environment for family planning and to determine key areas for prioritization to strengthen the enabling environment.

**Step 1:** Identify the proper government unit(s) (indicated in brackets in the questionnaire below) that you want to assess. Examples of government units at subnational levels may include county or district health management teams, sub-county or sub-district health management teams, reproductive health units, or youth or gender units that may sit outside of a health team.

**Step 2:** Customize the questionnaire to your particular setting. Certain questions may need to be removed, adapted, or added based on the functions, authority, or challenges subnational actors hold and/or face, as per the relevant context. Questions to ask:

- Is this group relevant to the specific subnational level?
- Is this function or issue relevant to the specific subnational group? If not, can the question be slightly adapted to become relevant?
- Is there anything missing in the questions that is particularly relevant and should be added to better understand the enabling environment landscape?

This questionnaire is meant to serve as an initial step of a wider activity that encourages open and honest discussion around the enabling environment in a particular context followed by action planning to address areas for strengthening. As such, people who use this questionnaire should tailor it to tease out the most valuable information.

**Step 3:** Ensure a representative sample. Seek inputs from not only government representatives, but also political leaders, civil society organizations, private sector actors, providers, the media, and/or any other stakeholders who might have insight.

**Step 4:** Ask participants to complete the questionnaire. Explain that for section 1 through 5, they should circle what they think is the appropriate number for each question. In every case, scores have the following measures:

1. Poor
2. Fair
3. Good
4. Very good

Explain to participants that they should leave the response blank if they do not know or have too little information about the question to score it. Ask them to add any comments in the boxes underneath each section that they think will help explain their answers. Ask them to put their score number in each cell for section 6.

**Step 5:** Compile results. Use Microsoft Excel or a similar program for tracking responses. Scores for each question can be averaged and presented to the questionnaire respondents.

**Step 6:** Analyze and validate findings. Results of all six sections should be reviewed with the same group that filled out the questionnaire. Be sure to remind the group to supplement this analysis with the qualitative comments they provided. Questions to ask the group include:

- Are these scores lower or higher than expected? Why?
- Does anything surprise you?
- What jumps out at you?
- Are there any outliers? How can we explain this?

**Step 7:** Create an action plan to inform local action. While the original intent of the questionnaire was to inform local action planning to strengthen the local enabling environment for family planning, implementers and questionnaire respondents can choose how to make use of the questionnaire results. For reference, a sample action planning template is provided in Table 1.

**Table 1: Action Planning Template**

Activity	Task	Person(s) Responsible	Available Resources	Time frame	Monitoring and Evaluation: Expected Outcome	Monitoring and Evaluation: Indicator of Success	Monitoring and Evaluation: Documentation
Objective 1: Obtain support from senior county leadership, partners, and civil society organizations for enabling environment action plan							
Objective 2:							
Objective 3:							
Objective 4:							

# Key Informant Questionnaire: Subnational Enabling Environment for Voluntary Family Planning

## Background

In London 2012, countries from around the world committed to achieving voluntary family planning commitments by 2020. Known as FP2020 goals, these commitments were made by national stakeholders on the global stage. Yet they cannot be achieved without subnational governments and stakeholders working together to advance family planning. The achievement of FP2020 goals depends not only on strong programming but also a strong enabling environment.

The purpose of this questionnaire is to assess perceptions of the enabling environment for subnational voluntary family planning across six categories: political support, leadership and management, finance, accountability, evidence-based planning and implementation, and community engagement. Consider the enabling environment in your district, province, or county as you respond to questions.

## Instructions

For sections 1 through 5, circle what you think is the appropriate number for each question. In every case, scores have the following meaning:

1. Poor
2. Fair
3. Good
4. Very good

Leave the response blank if you don't know or have too little or no information about the question to score it. Add any comments in the boxes below each section that you think will help explain your answers. For section 6, input your score number in each cell.

**1. Political support: Think about how the various groups listed below talk about family planning in public.**

How would you rate...	1 Poor	2 Fair	3 Good	4 Very Good
1. [District, province, county, etc.] <i>elected</i> officials' public support of family planning?	1	2	3	4
2. Community leaders' public support of family planning?	1	2	3	4
3. Village chiefs' public support of family planning?	1	2	3	4
4. Religious leaders' public support of family planning?	1	2	3	4
5. Educators' public support of family planning?	1	2	3	4
6. Media's public support of family planning?	1	2	3	4
7. General public's support of family planning?	1	2	3	4
8. Others' support of family planning?	1	2	3	4
9. Local groups' and leaders' initiative to advance family planning in the [district/province/county, etc.]?	1	2	3	4

Comments:

**2. Leadership and management: Think about family planning program coordination, clarity of roles and responsibilities, and ability to understand human resource needs.**

How would you rate...	1 Poor	2 Fair	3 Good	4 Very Good
1. The effectiveness of [district, province, county, etc.] health leadership and management of family planning programming?	1	2	3	4
2. The coordination of the [district, province, county, etc.]-level family planning program?	1	2	3	4
3. Stakeholders' (local government actors, facility workers, civil society organizations, nongovernmental organizations, the private sector, schools, etc.) understanding of their own roles and responsibilities around family planning programming?	1	2	3	4
4. [District, province, county, etc.] health leadership's understanding of human resource needs for family planning?	1	2	3	4

Comments:

**3. Finance: Think about how the [district/province/county, etc.] approaches financing for family planning.**

How would you rate...	1 Poor	2 Fair	3 Good	4 Very Good
1. [District, province, county, etc.] government's ability to accurately estimate annual financial needs for family planning?	1	2	3	4
2. The availability of dedicated [district, province, county, etc.] government funding for family planning?	1	2	3	4
3. [District, province, county, etc.] government's ability to track allocations and expenditures for family planning?	1	2	3	4
4. The accessibility of family planning financial data to the public?	1	2	3	4
5. How well the [district, province, county, etc.] spends its financial resources for family planning to improve access for the following populations:				
a. Rural?	1	2	3	4
b. Poor?	1	2	3	4
c. Youth?	1	2	3	4
6. The predictability of funding for family planning programming from year to year?	1	2	3	4
7. The diversity of funding sources for the family planning program (e.g., donors, the private sector, clients)?	1	2	3	4

Comments:

**4. Accountability: Think about the accountability system for family planning— [district/county/province]-level oversight, feedback, and routine monitoring systems.**

How would you rate...	1 Poor	2 Fair	3 Good	4 Very Good
1. The ability of the [district, province, county, etc.] to ensure effective implementation of family planning programs?	1	2	3	4
2. The ability of family planning users to report complaints or feedback on family planning services?	1	2	3	4
3. The ability of the [district, province, county, etc.] to respond to family planning user complaints or feedback?	1	2	3	4
4. The ability of the [district, province, county, etc.] monitoring systems to track:				
a. Family planning goals and/or objectives?	1	2	3	4
b. Family planning services' availability and delivery?	1	2	3	4
c. User complaints or feedback on family planning services?	1	2	3	4

Comments:

**5. Evidence-based planning and implementation: Think about how the [district, province, county, etc.] uses evidence to adapt implementation of family planning programming.**

How would you rate...	1 Poor	2 Fair	3 Good	4 Very Good
1. How well the [district/province/county, etc.] requests data to make informed decisions?	1	2	3	4
2. How well the [district/province/county, etc.] questions data and ensures it aligns with programmatic experience?	1	2	3	4
3. How well the [district/province/county, etc.] uses data throughout the project cycle to adapt implementation based on lessons learned?	1	2	3	4
4. How well the [district/province/county, etc.] uses data to inform how and where resources are allocated?	1	2	3	4
5. How well the [district/province/county, etc.] uses data to inform advocacy and policy dialogue?	1	2	3	4
6. How well the [district/province/county, etc.] uses data to inform policy development?	1	2	3	4
7. How well the [district/province/county, etc.] ensures that all stakeholders have access to data?	1	2	3	4

Comments:

**6. Community engagement: Think about how well the [district, province, county, etc.] government invites meaningful participation of the community in the family planning program.**

For the questions in the table, score each group according to the same rating scale as above [1-Poor, 2-Fair, 3-Good, 4-Very Good].

	Women	Youth	Underserved Populations*	Men
1. How well does the [district, province, county, etc.] government invite meaningful participation of the following groups in <b>developing</b> family planning policies and programs?				
2. How well does the [district, province, county, etc.] government invite meaningful participation of the following groups in <b>implementing</b> family planning policies and programs?				
3. How well does the [district, province, county, etc.] government invite meaningful participation of the following groups in <b>monitoring</b> family planning policies and programs?				
4. How well does the [district, province, county, etc.] government invite meaningful participation of the following groups in <b>addressing identified barriers</b> to successful family planning policies and programs?				

\* Such as people living with HIV/AIDS, disabled persons, and people living in remote areas.

Comments:

## References

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For more information, contact:

Health Policy Plus  
Palladium  
1331 Pennsylvania Ave NW, Suite 600  
Washington, DC 20004  
Tel: (202) 775-9680  
Fax: (202) 775-9694  
Email: [policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)  
[www.healthpolicyplus.com](http://www.healthpolicyplus.com)

