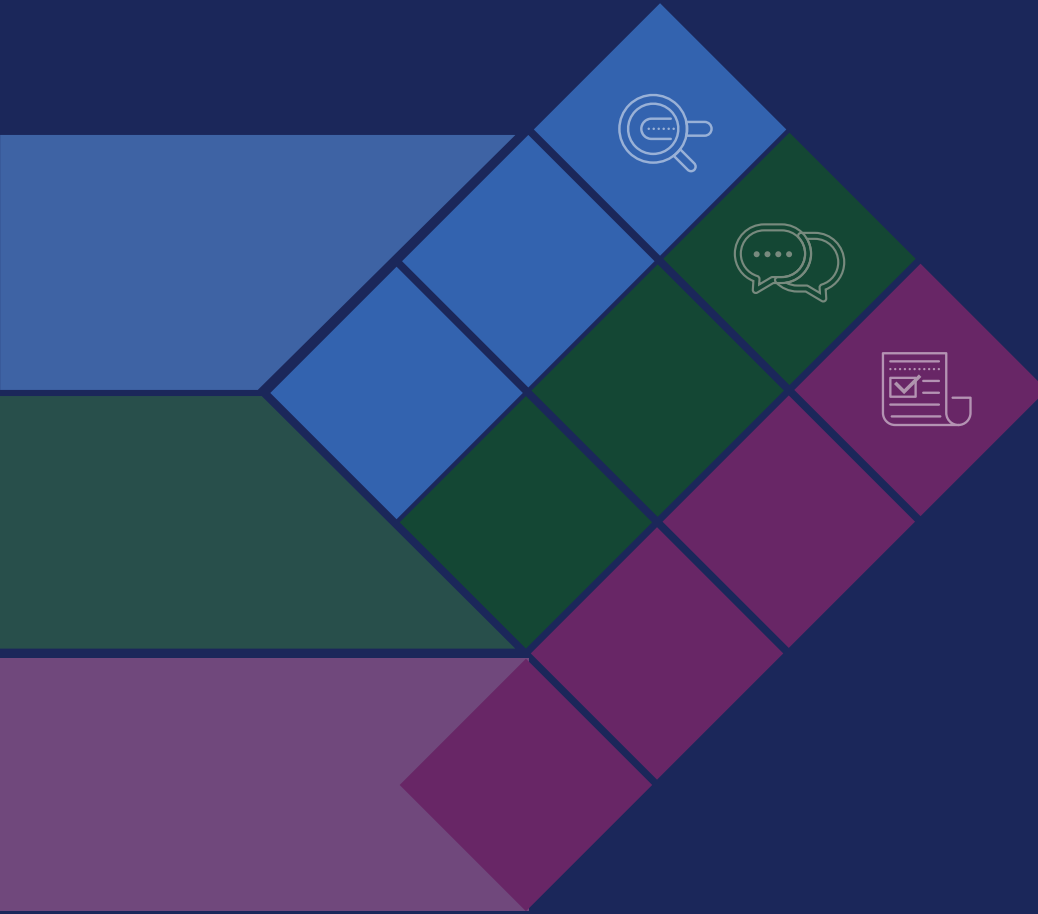


October 2021



LEGAL AND POLICY FRAMEWORK TO ACCOUNTABILITY APPROACH

Helping Family Planning Stakeholders Understand
the Accountability Ecosystem



OCTOBER 2021

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

Suggested citation: Peel, K. and A. Lipsky. 2021. *Legal and Policy Framework to Accountability Approach: Helping Family Planning Stakeholders Understand the Accountability Ecosystem*. Washington, DC: Palladium, Health Policy Plus.

ISBN: 978-1-59560-289-3

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This report was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this report is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

Contents

Acknowledgments	ii
Abbreviations	iii
Overview	1
About the Legal and Policy Framework to Accountability Approach	2
Intended Users of the Approach	3
How to Use this Approach.....	3
Purpose of this Document.....	3
Understanding the Links Between Accountability for Family Planning and the Broader Legal and Policy Framework	4
Types of Accountability and the Role of Governments and Other Stakeholders	5
The Legal and Policy Framework to Accountability Approach Process	7
PHASE 1: Desk Review	8
PHASE 2: Consultations.....	15
PHASE 3: Recommendations	19
Conclusion	29
References	29
Annex A: Desk Review Table Templates	30
Political/Democratic Accountability Table.....	30
Financial Accountability Table.....	36
Performance Accountability Table	39
Annex B: Stakeholder Discussion Guide	41

Acknowledgments

HP+ expresses sincere gratitude to Muzi Kamanga for his extensive knowledge of the Zambian legal environment and ability to lead the first application of this approach in Zambia; Jay Gribble for his guidance and keen editorial eye; Vicky Boydell for her comprehensive technical review; the Zambia National Family Planning Technical Working Group for their participation and enthusiasm throughout the process; all of the interviewees who provided invaluable insights into the Zambian family planning accountability system; the Samasha Medical Foundation for its technical contributions; and the U.S. Agency for International Development for its support in developing and applying this approach.

Abbreviations

CSO	civil society organization
HP+	Health Policy Plus
NGO	nongovernmental organization
TWG	technical working group
USAID	U.S. Agency for International Development

Overview

Accountability in health is increasingly recognized as a key priority at the highest levels of the global health community. For example, UNICEF’s [Global Strategy for Women’s, Children’s and Adolescents’ Health](#) (2016–2030) recognizes accountability as a key action area that harmonizes monitoring and reporting and promotes independent review and multi-stakeholder engagement leading to improved health outcomes. Further, accountability supports a rights-based approach to family planning by ensuring that access and provision of family planning services are relevant, high-quality, and responsive to client needs, as articulated in the United Nations’ [General comment No. 22 \(2016\) on the right to sexual and reproductive health](#) (article 12 of the International Covenant on Economic, Social and Cultural Rights) and the World Health Organization’s 2014 guidance on [Ensuring Human Rights in the Provision of Contraceptive Information and Services](#). [FP2030](#) is one example of a global initiative aiming to operationalize common accountability frameworks for member state commitments to family planning goals with significant support from the donor community, advocates, and implementers.

This report explains how three types of accountability—political, financial, and programmatic (see Box 1)—and multiple actors from a range of stakeholders—the government, clients/citizens, and providers—affect the achievement of family planning goals, making accountability for family planning complex and dependent on functioning relationships between those stakeholders. The accountability ecosystem for family planning is broadly defined to include a range of issues that affect the availability of family planning methods, including laws that relate to human rights and the right to health; policies that establish and protect cadres of health workers and define what their scopes of work include; laws that articulate different aspects of public accountability, such as citizen engagement in budgeting and planning; and laws that regulate speech, information dissemination, and the existence and roles of civil society. The ecosystem is based on the set of laws, policies, and regulations in their entirety that influence and shape the many aspects of family planning programming.¹

Family planning strategies, policies, programs, and advocacy can be more effective if they are grounded in a comprehensive understanding of the accountability ecosystem for family planning. Yet often these efforts move forward without that critical background. HP+ has developed a Legal and Policy Framework to Accountability approach to help stakeholders understand the accountability ecosystem, the opportunities it affords, and the gaps that limit it to improve the effectiveness of family planning strategies,

Box 1. Three Types of Accountability

Political/democratic accountability: ensures that governments deliver on electoral promises, fulfill the public trust, represent citizens’ interests, and respond to ongoing and emerging societal needs and concerns.

Financial accountability: ensures allocation, disbursement, and utilization of financial resources are tracked and reported on.

Programmatic accountability: ensures that performance is based on nationally agreed-upon standards of healthcare.

¹ For the purpose of this framework, legislation is defined as laws that have been enacted by a legislature or other governing body. Policy is defined as laws, regulations, procedures, administrative actions, incentives, or voluntary practices set by governments and other institutions. Family planning programming refers to aspects of service delivery, access, promotion, and use.

policies, programs, and advocacy. With a solid understanding of the accountability ecosystem for family planning, stakeholders can design more strategic advocacy campaigns, establish connections with new partners, and address underlying systemic challenges to achieving family planning objectives in strategies and policies.

About the Legal and Policy Framework to Accountability Approach

The Legal and Policy Framework to Accountability approach is designed to catalyze country-led action to improve accountability for family planning by improving family planning stakeholders' understanding of how different types of accountability are grounded within a variety of legal and policy frameworks. When stakeholders understand the legal and policy frameworks through which accountability is established—or not established—they are better able to take action to improve accountability for different aspects of family planning programming by working through pivotal entry points and influencing and/or advocating with decisionmakers.

In the locally led approach, key stakeholders, both within the health sector and beyond, help to identify overarching legal and policy influences that affect accountability for family planning. For example, is the operating space for civil society restrictive due to certain laws? If so, is action needed to relax legislation to better allow civil society to play its role in holding the government to account for its commitments (both specifically family planning or broader reproductive health commitments)?

This approach challenges stakeholders to look beyond purely family planning- or health-focused actors, systems, policies, and structures to understand how a wider set of policies, rules, and regulations influence (hinder or enable) accountability for family planning. It provides a broad lens through which to engage actors within and across levels of the system to pinpoint areas in which accountability for family planning is weak. It provides considerations in developing actionable recommendations to address weaknesses and provides guidance for driving actions forward.

As a largely consultative process, the approach encourages collective buy-in and a commitment to engage in a deliberate and targeted process that contributes to improving accountability for family planning through broader policy implementation and commitments to ultimately improve access and availability of quality and equitable family planning services. For example, if a country has made an FP2030 commitment to improve access to family planning for youth, then the approach could be used to understand the intersection between the Ministry of Health and Ministry of Education as they implement government-mandated comprehensive sexual education. The approach can help to unpack whether commitments to comprehensive sexual education are in alignment with laws related to youth accessing services (including accessing services in certain proximity to schools), age of consent, or even conscientious objection by providers. Our experience shows that oftentimes mandated policies may be in direct contradiction to other laws, policies, and regulations, resulting in confusion by implementers (in this case, school leadership, teachers, and health providers) and an inability to enforce those mandates. Ultimately, this can lead to stalled progress for youth access to family planning.

This approach was first developed by Health Policy Plus (HP+)—a seven-year 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. It is intended to be

used at national and subnational levels to better understand, and ultimately strengthen accountability for family planning. It was initially applied in Zambia in March 2020. The approach was then reviewed, vetted, and further refined by [Samasha Medical Foundation](#) in August 2020. Subsequently, Samasha has linked the Legal and Policy Framework to Accountability approach with its [Motion Tracker tool](#) to better capture broader legal and policy information during data collection to strengthen accountability for FP2030 and Ouagadougou Partnership commitments.

Intended Users of the Approach

The approach can be used with a variety of stakeholders, including civil society organizations (CSOs), nongovernmental organizations (NGOs), ministries of health, or other public sector stakeholders, implementing partners, and donor agencies to understand the existing global, national, and subnational legal and policy frameworks so that they can effectively address challenges in the accountability system for family planning within a specific country or across multiple countries at once. While it is likely that civil society will lead a Legal and Policy Framework to Accountability approach, ministries of health and other public sector actors have a key role to play in consultations, setting and validating recommendations, action planning, and monitoring progress of implemented recommendations.

How to Use this Approach

This approach can be used to guide organizations aiming to understand the higher-level legal and policy frameworks within their country and how these influence accountability relationships, structures, and mechanisms for family planning. As such, the approach should be tailored to fit the context of a specific country and can be used alongside other existing accountability tools, such as the Motion Tracker, citizen charters, citizen observatories, resource tracking, scorecards, and social audits, to name a few. Together, these tools can serve to identify where and how work can be done to further hold actors to account for the commitments made for equitable, high-quality family planning interventions.

Because this approach relies on deep knowledge of a given country's legal and regulatory framework it should be implemented in partnership with local legal and policy expertise—either a legal organization or consultant who is familiar with the domestic legal and regulatory framework and processes in a country. The 10 steps presented in this document are intended to be sequential; however, some steps may occur in a different order than presented in this guide and there can be overlaps between steps.

Purpose of this Document

The purpose of this document is to provide an overview of how to use the Legal and Policy Framework to Accountability approach. The document outlines what the approach is, why it is useful around accountability for family planning issues, a 10-step process for applying the approach, and the importance of engaging stakeholders. It was borne out of an appreciation that accountability for family planning relies on institutions, actors, laws, and policies that fall outside of the family planning sphere and even beyond the health sphere. This approach can be used to:

- Understand the higher-level legal and policy frameworks within a country and how these influence accountability relationships, structures, and mechanisms for family planning
- Identify entry points where stakeholders can better understand the legislative and regulatory environment and understand their gaps
- Take action to improve accountability for family planning

The approach guides users on: (1) collecting and collating information to inform the legal and policy framework for accountability for family planning; (2) consulting with key stakeholders to ensure the information collected is both relevant and current; and (3) determining actionable recommendations that stakeholders can use to improve accountability for family planning.

Understanding the Links Between Accountability for Family Planning and the Broader Legal and Policy Framework

Policies and regulations provide the basis for accountability, responsiveness, and sustainable reforms. Accountability surrounding the health system is complex, with multiple actors from a range of sectors—the government, clients/citizens, and providers—all playing a part in strengthening and supporting accountability for political, programmatic, and financial commitments. The accountability ecosystem for an issue, policy, or regulation can be thought of as “the actors, processes and contextual factors, and the relationships among these elements, that constitute and influence government responsiveness and accountability, both positively and negatively” (Halloran, 2019, p. 3).

Understanding the interplay between the legal and policy framework and ultimately, availability of and access to quality family planning programming, helps explain which actors or dynamics generate or constrain accountability, and consequently, where changes are needed to strengthen or reorient accountability. While this interplay is always context specific, one of the reasons for developing the Legal and Policy Framework to Accountability approach is to help family planning stakeholders identify ways to explore and better understand the opportunities and challenges to strengthen family planning accountability systems. The approach identifies the kinds of laws, regulations, and policies to look for in a country to help stakeholders understand the mandates for various elements of accountability for family planning (as illustrated later in Table 1).

To complement other available tools, the approach considers wider legal and policy frameworks (oftentimes non-health specific) as well as institutions and governance (also oftentimes non-health specific) that influence accountability for family planning systems, structures, and mechanisms. While the approach does not directly address social and economic factors, it acknowledges the influence social and economic factors have on the availability and uptake of family planning, as well as institutions that implement family planning programs and governance that shapes family planning programs, policies, legislation, and financing.

Types of Accountability and the Role of Governments and Other Stakeholders

The Legal and Policy Framework to Accountability approach is organized around three types of accountability:

- **Political/democratic accountability:** ensures that governments deliver on electoral promises, fulfill the public trust, represent citizens' interests, and respond to ongoing and emerging societal needs and concerns. For our purposes, key areas related to political/democratic accountability include:
 - Global commitments to advance family planning/reproductive health and women's and children rights (e.g., charters, compacts, and conventions)
 - National commitments to advance health, including family planning/reproductive health, women and children's rights and health, gender equality, education, and/or human rights (as appropriate) (e.g., visions, strategies, plans, and frameworks)
 - Legislation or regulation related to civil society operating space (e.g., freedom of information, association, and assembly)
- **Financial accountability:** ensures allocation, disbursement, and utilization of financial resources are tracked and reported on, drawing on tools for auditing, budgeting, and accounting. For our purposes, key areas related to financial accountability include (Brinkerhoff, 2004a):
 - Transparent planning and budgeting processes, both broadly (e.g., participatory citizen engagement) and specifically for family planning/reproductive health
 - Audits
 - Healthcare financing
 - Decentralization reform
- **Programmatic accountability:** ensures that performance is based on nationally agreed-upon standards of healthcare. For our purposes, key areas related to programmatic accountability include (Brinkerhoff, 2004a):
 - Involvement of the Ministry of Health and other regulatory bodies to ensure quality family planning programming
 - Guaranteeing and increasing access to family planning service provision (including for youth)
 - Service provider objection clauses
 - Task-shifting

The following are the roles governments and other stakeholders play in ensuring accountability (Brinkerhoff, 2004b):

- **Mandating accountability** through existing laws and regulations that allow government and non-state actors to participate in civil and democratic activities openly

and transparently; for example, laws that permit NGOs to operate freely and without undue restriction.

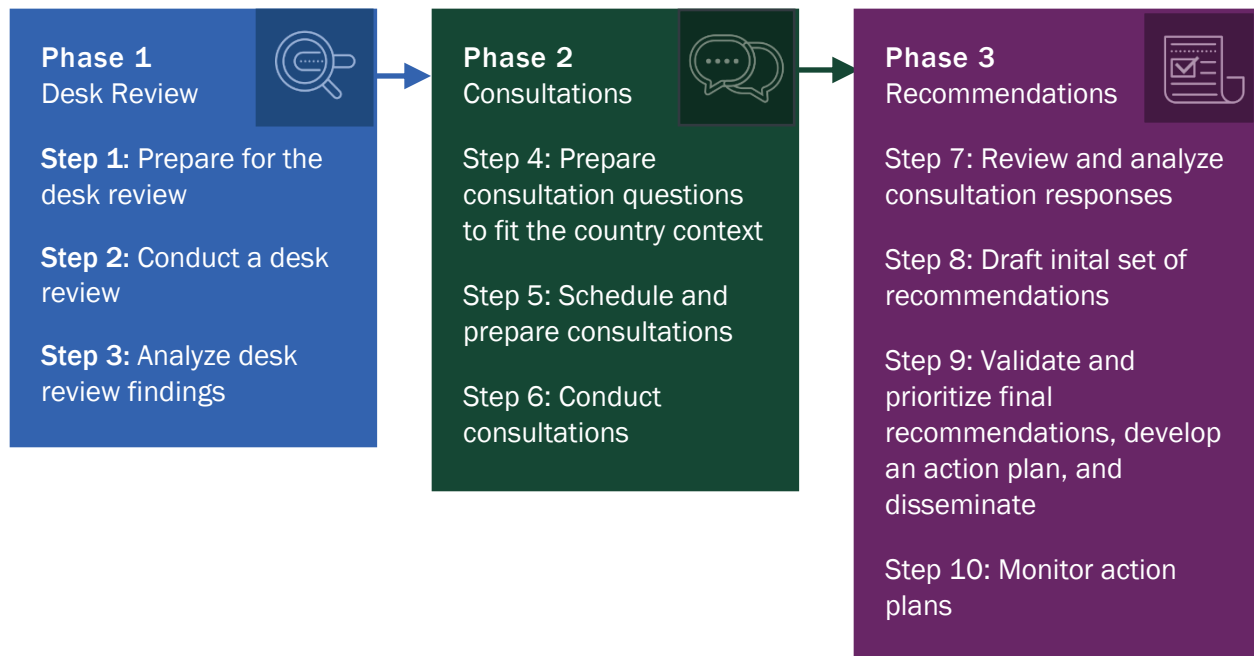
- **Facilitating accountability** by using incentives and sanctions to enforce commitments and ensure that they are followed through. For example, performance metrics can be used to ensure that providers are delivering high-quality and respectful services to all clients. Facilitating accountability fosters transparent interfaces and interactions (including information-sharing) between stakeholders.
- **Resourcing accountability** by directing public funding to support the roll-out of accountability mechanisms, including monitoring policy implementation.
- **Partnering for accountability** to bring different parts of the government to work together (such as collaboration among ministries) as well as parts of government to work with NGOs, civil society, and others, based on mutual interests and shared benefits. Through this function, partners capitalize on comparative advantages for improved accountability.
- **Endorsing accountability** to publicize, praise, and encourage the public sector, NGOs, and civil society groups to support accountability.

These three types of accountability and five supportive roles of governments and stakeholders are used to help analyze findings and develop recommendations, as explained in phase 3 of the 10-step process outlined in the next section. However, it may be useful to revisit this framework over the course of the activity to maintain focus and link the recommendations directly to accountability (as opposed to implementation challenges more generally). For example, rather than immediately starting an advocacy campaign to seek additional funding for family planning, review findings against this framework to see if the accountability system that is meant to ensure appropriate expenditure of funds is in place.

The Legal and Policy Framework to Accountability Approach Process

The Legal and Policy Framework to Accountability approach follows a 10-step process that is grouped into three phases. The first phase focuses on conducting a desk review, the second phase focuses on undertaking extensive consultations in the form of interviewing key stakeholders, and the third phase focuses on developing recommendations. This section outlines the 10 steps, activities, and tools involved in the desk review, consultations, and recommendations. The 10 steps are intended to occur sequentially; however, some steps may occur in a different order than presented in this guide and can overlap between phases.

Figure 1. 10-Steps of the Legal and Policy Framework to Accountability Approach





PHASE 1: Desk Review

The purpose of the desk review is to develop interview questions for key consultations in the next phase. This review is not intended to be shared externally. This review can be undertaken by a single person or a team. In either situation, the desk review should ultimately be discussed with a team to review and ensure completeness.

Step 1: Prepare for the desk review

Read the desk review table templates provided within this approach (see Annex A). The desk review templates are divided into the three types of accountability—(1) democratic/political, (2) financial, and (3) programmatic—and are used to prompt comprehensive thinking around accountability. The table templates include a variety of examples of laws, regulations, and policies that may be relevant to your context. There may be components that are not relevant to the country you work in, areas of duplication, or components that are missing entirely. Tailor the table template to your circumstances. Rows and columns can be added or deleted as needed.

Step 2: Conduct desk review

2.1: Populate table templates with available information

The purpose of this exercise is to identify and pull-out relevant information about a specific country's accountability ecosystem for family planning. Use the examples of laws, regulations, and policies that are provided in the desk review table templates to guide your research (see Box 2). Another option would be to review relevant policies and commitments included in the World Health Organization's [Sexual and Reproductive Health and Rights](#) policy portal. Finding the relevant laws, regulations, and policies may require searching online to find grey literature or peer-reviewed journals using tools such as Google, Google Scholar, or existing projects' and implementing partners' databases. For country legislation, search government websites, such as the Ministry of Health's website, which will oftentimes include resources such as acts and policies as well as external links to other arms of the government (e.g., the Ministry of Finance). You may know some of the information already from your experience/background, in which case it can be included in the tables as you see relevant and appropriate. In filling out the spreadsheet, use of bulleted points are fine—this is not a formal writing exercise nor intended to be shared externally. The information included in the table is for internal use to build relevant interview questions for the consultations.

Box 2. Using the Table Templates

It is important to tailor the table templates (provided in Annex A) as you go so that they are useful for you and your goals. The categories and example laws, regulations, and policies are by no means exhaustive, which is why "other" has been included in the templates. As you conduct the desk review, add any relevant laws, regulations, policy statements, or thematic areas that are applicable to the country you are working in.

2.2: Keep an "accountability lens" at the forefront

Because the intent of this exercise is to better identify accountability gaps so they can be addressed, when reviewing the various documents, continually ask yourself: what are the



accountability linkages that should be included (gaps) and are they working as they should be (operationalized)? If you can't find this information during the desk review, this can be explored during key informant interviews.

Key questions to help identify accountability gaps could include:

- To what extent does the existing legal framework promote accountability for family planning (e.g., **endorsing accountability**)? How is it meant to be monitored and enforced?
- Which stakeholders, institutions, and/or agencies are responsible for the enforcement and respective monitoring of a given law, regulation, or policy? What incentives or sanctions have been set up to fulfill this **facilitative** role?
- What is the reality on-the-ground? For example, has the Maputo Protocol been adopted locally? What laws/regulations are in place to support it? Are they being followed? What barriers still exist for providing family planning information or services, even when a given law/regulation/policy has been fully domesticated (i.e., what are the nuances of the country's efforts to operationalize the protocol)?
- Are these accountability structures **resourced** properly (both human and financial)? Are they working? What is their level of influence?
- How do accountability structures interface across and/or between government, providers, and citizens (i.e., do health facility committees have regular communication and coordination with county/district family planning focal points and key decisionmakers)? Are these **partnering** efforts being leveraged to improve accountability?
- Have accountability mechanisms, systems, and processes for family planning been **mandated** and subsequently established at decentralized levels? Are they functional?

It might be difficult from the desk review to ascertain the situation on the ground unless you have first-hand knowledge. That's ok—these will then become priority questions to explore during the consultation phase. It is likely that the desk review will come to a natural close—either the researcher will be unable to find additional publicly available documentation and/or the key accountability gaps will become evident. Table 1 provides a section of a population desk review table that was conducted for Zambia, offering an example of the degree and depth of detail likely necessary for this exercise.

2.3: Keep a list of relevant stakeholders that emerge as you conduct the desk review

Major players within a country who contribute to the enabling environment of family planning/reproductive health will likely come up during the desk review process. Keep a list of these actors over the course of your review as these may become key respondents for the later consultation process (see step 3.3).



Table 1. Example of Desk Review Table for Political/Democratic Accountability

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Country's global commitments to family planning	FP2020	Government held to account by FP2020 member states. Progress reported/disseminated through self-reporting questionnaire and annual updates.	For these high-level commitments, it would be good to find out groups (i.e., CSOs/structures) that are mandated to hold the government to account for enforcing/implementing them. Other stakeholders: select parliamentary committees on health, legal affairs, governance, gender, human rights, and budgeting; cooperating countries partnership group; gender advisory sector group under the Ministry of Gender that comprises government line ministries, agencies and CSOs; Non-governmental Gender Organisations' Coordinating Council; Planned Parenthood Association of Zambia
	Campaign for Accelerated Reduction of Maternal Mortality	Government held to account by global community (UNFPA), emphasizing a multisectoral approach.	See above
	Every Women Every Child: Global Strategy for Women's, Children's and Adolescents' Health	Government held to account by global community. Goals include: increase health sector budget to 15%; increase access to family planning; increase modern contraceptive prevalence rate to 58% by 2020.	See above



Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
<p>Country’s global commitments to family planning (<i>continued</i>)</p>	<p>Gender Equity and Equality Act (2016), African Charter on Human and Peoples’ Rights (1984), and Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) (2006)</p>	<p>The Gender Equity and Equality Act domesticated the Maputo Protocol into national law. This includes specific provisions (Section 21) on the right to health (including sexual and reproductive health) for women being respected and promoted...including right to control fertility, the right to decide whether to have children, number of children and spacing of children, the right to choose any method of contraception, and right to receive family planning education.</p> <p>The Gender Equity and Equality Act has also domesticated the Southern African Development Community Protocol on Gender and Development and the Convention on the Elimination of All Forms of Discrimination against Women.</p>	<p>Women’s rights activists to ensure this is upheld—who specifically? What are the mechanisms for this?</p>
	<p>African Youth Charter</p>	<p>Ratified in 2009.</p>	<p>The National Youth Development Council under the Ministry of Sport, Youth and Child Development enforces the charter while youth-friendly services fall under the Ministry of Health, supported under the Adolescents Health Strategy (2017–2021) with the Adolescents Health Technical Working Group at the district level overseeing day-to-day implementation.</p>



Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Country's global commitments to family planning (<i>continued</i>)	Gender Equity and Equality Act; Southern African Development Community Protocol on Gender and Development (2012); Education Act; Anti-Gender-Based Violence Act; Bill of Rights; Zambia National Health Strategic Plan; Maputo Protocol; 7 th National Development Plan	Includes language on: banning marriage for those under the age of 18 and school-going children; protection against sexual exploitation and abuse; basic health services, social protection, and social services; the linkages between harmful practices (such as early child marriage) and health; keeping girls in school; and preventing child marriage and teenage pregnancies.	Ministry of Gender accountable for this, but how? What mechanisms are meant to exist and are they working?



Step 3: Analyze desk review findings

3.1: Determine key messages from the desk review

With the desk review completed, it is likely that patterns around accountability will emerge. If working in a team, meet to identify these patterns. In particular, review the final column of the desk review table on accountability gaps and answer if the following is clear from the desk review:

- What laws, policies, and regulations are in place to promote accountability for family planning? Does the desk review provide information on whether and how they are being implemented and/or enforced? If not, what information is missing? Are there any legal, policy, or regulatory gaps that are evident from the desk review?
- Who is responsible for the enforcement and respective monitoring for each law, policy, and regulation under consideration?
- Do the various responsible groups understand the laws, policies, and regulations that are in place? For example, does the desk review provide any information on whether health providers understand that adolescents are entitled to access family planning services by law?
- What seem to be the biggest barriers to family planning information and service provision? Where are the blockages at the national, subnational, or community level?
- How is family planning endorsed at various levels? What is the backing or level of support from high-level decisionmakers or influencers? What is the level of buy-in from key stakeholders?
- Are certain groups (youth, unmarried, people living with disabilities, etc.) disproportionately affected by poor family planning services compared to others? How is the government being held accountable for ensuring these marginalized and vulnerable groups are able to access family planning healthcare?

3.2: Determine the gaps in relevant documentation (those unable to be accessed on publicly available forums)

The completed desk review tables will help to identify gaps in accountability. In the next phase, during consultations/interviews, key respondents may provide additional information that was not publicly available and included in the desk review.

3.3: Refine list of key stakeholders for further consultation

To finalize the list of key stakeholders for possible interviews in the phase 2 consultations, first review the list of key stakeholders developed during phase 1 and then re-read the desk review tables to see if there is anyone else who should be included. It is important to also consider stakeholders and counterparts working at decentralized levels. Possible key players to consider include the following:

- Government stakeholders:
 - Key focal points in line ministries (health, gender, education, justice, youth, community development, planning, religious affairs, etc.)



- Health authorities (national to local)
- Local government units (national to local)
- Parliamentary groups on population and development, health, human rights, gender, and women
- Professional associations
 - Health professional councils
 - General nursing councils
- Civil society, spanning:
 - Advocacy groups
 - NGO coordinating councils
 - Women’s groups
 - Health CSOs/NGOs
 - Education advocates
 - Governance CSOs
 - Human rights groups
 - Service provision
 - International NGOs
 - Faith-based organizations
 - Youth-focused organizations
 - Community representative groups, such as those for clients/end users and youth
- Legal groups/legal development commissions
- Local media

It is useful to consider a wide network when putting together the list of stakeholders with whom to consult. Many may be unavailable. For every two contacts considered, it is likely that only one will be available and willing to meet.



PHASE 2: Consultations

Step 4: Prepare consultation questions to fit the country context

4.1: Review the discussion guide

Review the discussion guide provided in Annex B and determine what questions are relevant for your context based on the findings from the desk review in phase 1 and additional country context considerations. The discussion guide was developed to help explore the following:

- The overarching legal, regulatory, and policy context that affects accountability for family planning
- Health sector policies and regulations, with indirect and/or direct linkages to family planning service delivery, access, promotion, and use
- How laws and regulations related to family planning are implemented, enforced, resourced, and endorsed, including whether these play an enabling or constraining role for family planning service delivery, access, promotion, and use
- The extent to which communities are engaged in family planning programming, specifically, how and if citizens seek to use legal measures (formal or informal) to address issues with family planning provision
- The extent of accountability and responsiveness for the provision of family planning

4.2: Revise discussion guide questions

Ideally consultations should not last more than one hour and you will only be able to ask a handful of questions in each interview. Your desk review and subsequent analysis should drive what questions are asked. The discussion guide provides some ideas for the kinds of questions to ask—questions should be added, deleted, or revised as appropriate.

Before each interview, the interviewer should decide the topics to cover with each specific respondent. No one interviewee should be asked all of the questions. Aiming to cover five to six questions in an interview is likely to allow sufficient time for follow-up questions. Start with high-level questions—like question 1, “How have you seen family planning programming evolve over the past several years?”—to begin the conversation and put the respondent at ease.

Step 5: Schedule and prepare consultations

5.1: Determine who will be conducting the consultations and determine method for documenting/recording responses

HP+ recommends working with teams of two for the consultations so that one person can lead the interviews while the other person takes notes on paper (typing on a computer can be distracting for interviewees). Recording the consultation audio can be useful to cross-check notes for accuracy or fill in gaps, particularly if consultations are undertaken by one person



only.² As per step 6.1, permission must be obtained from the interviewee to record sessions. It is also important to prepare the opening for the consultation, including introductions, agreement to participate, objectives, and next steps.

5.2: Obtain the necessary permissions from relevant authorities

To obtain permissions to conduct the consultations, HP+ recommends drafting a letter on behalf of your organization outlining the objectives of the consultations, as described in step 4.1, and submitting it to the relevant authorities (likely the office of the permanent secretary for various ministries). If your organization is already operating in a location, you may be able to notify the relevant authorities using your existing channels. In other cases, particularly if you are planning to meet with government officials, a more formal letter of approval may be required from ministries. Some countries require this regardless of whether you are meeting with government officials.

5.3: Contact stakeholders to participate in the consultations

In parallel or following approval from the relevant authorities, call or email stakeholders (email helps to maintain a communication trail) requesting whether they would be interested and available for consultations. In this email or call, outline the objectives of the consultations (as described in step 4.1) but do not send the discussion guide ahead of time as this can confuse or overwhelm respondents. Schedule meetings at the time and place most convenient to respondents, either in-person (recommended) or remotely (via Zoom, Skype, WhatsApp, phone, etc.). Keep a schedule of who you are meant to be meeting, when, and where. Re-confirm the meeting with the respondents on the day it is meant to happen to make sure they still have time and haven't forgotten.

5.4: Review and discuss best practices for conducting qualitative consultations

As a team, review and discuss best practices for conducting the qualitative consultations. For those who are new to conducting qualitative consultations, a range of resources are available, including the following:

- [“Five Tips for Conducting Effective Qualitative Interviews”](#) (Duke Global Health Institute, 2018)
- [“Strategies for Qualitative Interviews”](#) (Harvard.edu)
- [“Tips on Conducting Qualitative Interviews”](#) (QualPage, 2016)

Step 6: Conduct consultations

6.1: Open and introduce consultation

When starting the consultation, first introduce yourselves and thank the respondent for their time. Provide them with the overarching objectives of the consultations and what the collected information will be used for. Section 1 of the discussion guide located in Annex B provides a

² Recordings, tapes, and/or transcripts should be stored securely and deleted following finalization of the analysis.



sample introduction that can be adapted. Next, provide the respondent with the expected duration of the interview (no more than one hour), explain that the session will be recorded (for purposes of accuracy in responses and will be deleted after transcription is complete), let them know that they are welcome to skip any question, and ask if they have any questions. As outlined in the discussion guide, *you must obtain verbal consent from the respondent for participating in the consultation*. If the interviewee does not consent, the consultation cannot go ahead. You must also obtain consent to record the session's audio. If the interviewee does not consent to recording audio but does consent to the interview, you may continue without recording the interview.

A note on confidentiality: Assure respondents that their identity and answers will be safeguarded. If any respondent statements are used in future documentation, the source will be cited with a general descriptor such as healthcare provider or national leader. All responses will be anonymous.

6.2: Ask questions and probe further when necessary

The following are a few best practices when it comes to conducting the interview:

- Ask open-ended, non-leading questions to avoid bias.
- Be clear on your goals and the information you want out of the session. It is ok if the conversation shifts focus but be sure to bring the conversation back on track.
- Do not think of this as a formal interview, but rather a conversation. It should be informal and relaxed.
- Practice active listening (see K. McNiff's 2017 "[Are You Really Listening? Tips For Conducting Qualitative Interviews](#)").
- Engage the person and make them feel comfortable.
- Be ready to shift tack or re-phrase questions in a way that is understood by the interviewee.
- Refrain from judgement.

Probe further when answers are not fully understood or you believe there may be additional important information to understand. Ask additional questions that may come to mind. However, it is very important not to interject with your own bias, as best as possible. Watch for body language and/or other cues from the respondent to signify that they are uncomfortable. If this occurs, shift to a different topic and remind them that they can skip any of the questions if they so wish.

If respondents reference additional resources, politely ask if they would be able to share them with you. The conversation will likely come to a natural end. Be sure to watch for fatigue among the respondent, in which case you may need to end the interview slightly earlier. Remember to thank the respondent for their time, remind them that their inputs are valuable, and provide them with the next steps in the process. If appropriate, ask whether the respondent would be



interested in reviewing the draft set of recommendations as part of a validation exercise (see Step 10 for details). Finally, let the respondent know that the final set of actionable recommendations will be shared with them, if they are interested.

6.3: Follow-up with respondents after the consultation

After the consultation, send a thank you email to show appreciation for respondents' time and effort. Within this communication you may want to follow up regarding any additional resources they may have mentioned sharing and/or additional contact details for other potential stakeholders mentioned during the consultation. Use this opportunity to remind them again of next steps (the validation exercise) and that you will share the final set of recommendations, if they are interested.

6.4: Review responses at the close of each day

At the end of each day, it is helpful to review the day's responses while the consultation is still fresh in your mind. If you were unable to take notes, this would be a good time to transcribe recorded notes into your chosen response tool. During this time, it may be helpful to highlight responses that stood out as potential recommendations or areas that require further inquiry during subsequent consultations. This is an opportunity to further hone the questions you want to ask to subsequent respondents to ensure you are getting the right information.



PHASE 3: Recommendations

Step 7: Review and analyze consultation responses

7.1: Review and analyze consultation responses

During the consultation process, begin documenting major themes or patterns that emerge from interviewee responses. It is likely that a number of themes will come through quite strongly, even before the consultations have been finished. These themes are likely to inform your recommendations.

To ensure your analysis is comprehensive, revisit the three types of accountability and the five roles to support accountability as presented earlier in this framework. In an ideal world, stakeholders will be able to effectively carry out all five roles. If stakeholders cannot, begin to think about what needs to be put into place to strengthen accountability for family planning. Setting up a recommendations table, like the one provided in Table 2, can help identify exactly where there are gaps in the family planning accountability ecosystem.

Table 2 shows the intersection of accountability type by role and provides examples within each relationship. Depending on the country context, this sorting exercise may need to be further disaggregated to decentralized levels to capture the full picture of accountability issues. When considering how decentralization affects accountability relationships, the team applying the Legal and Policy Framework to Accountability approach needs to assess whether decentralized platforms and systems exist and the extent to which different actors are involved. If examining the decentralized context, it may be beneficial to build out separate tables that reflect accountability systems across federal/central, regional, and local levels to help avoid any confusion.



Table 2. Examples of Actions According to the Five Roles for Ensuring Accountability Within the Three Types of Accountability*

Roles	Types of Accountability		
	Political/democratic accountability: <i>publicly made promises and commitments related to:</i>	Financial accountability: <i>issues related to budgets, allocations and disbursement of funds, such as:</i>	Programmatic accountability: <i>issues of monitoring quality standard and other standards of healthcare, such as:</i>
Mandating accountability: <i>Actions allowing state and non-state actors to work openly on issues of...</i>	<ul style="list-style-type: none"> • Laws and regulations relevant to family planning/reproductive health (e.g., health bills and gender reform acts) • Laws related to legal consent (e.g., age of consent) • Laws and regulations related to transparency (e.g., freedom of information) • Laws related to CSO's ability to operate (e.g., registration) 	<ul style="list-style-type: none"> • Laws and regulations related to budgeting and transparency 	<ul style="list-style-type: none"> • Laws and regulations surrounding service provision (task shifting, conscientious objection, access, etc.) • Laws and regulations related to transparency
Facilitating accountability: <i>Actions that create incentives and sanctions to follow through on...</i>	<ul style="list-style-type: none"> • Issuance of policies associated with strategic plans • Monitoring to track progress and compliance • Building capacity of public officials to foster citizen participation • Establishment of feedback, remedy, and redress mechanisms • Laws related to civic participation (e.g., participatory engagement in planning and budgeting) 	<ul style="list-style-type: none"> • Family planning/reproductive health procurement procedures and system • Training and capacity building for non-state actors in budget tracking and analysis • Multisectoral oversight mechanisms • Availability of budget and expenditure information 	<ul style="list-style-type: none"> • Dissemination of family planning/reproductive health laws, policies, and plans • Training and capacity building for health actors, including administrators, providers, and community health workers • Monitoring and supervision to ensure laws, policies, and plans are implemented • Implementation of feedback, remedy, and redress mechanisms



Roles	Types of Accountability		
	Political/democratic accountability: publicly made promises and commitments related to:	Financial accountability: issues related to budgets, allocations and disbursement of funds, such as:	Programmatic accountability: issues of monitoring quality standard and other standards of healthcare, such as:
Resourcing accountability: <i>Actions that create direct public funding to support the rolling out of accountability mechanisms on...</i>	<ul style="list-style-type: none"> Budget lines for family planning/reproductive health 	<ul style="list-style-type: none"> Tax and importation laws for family planning products Adequate public funding of family planning/reproductive health services and resources Mobilization of donor funding 	<ul style="list-style-type: none"> Adequate resourcing (financial and human) to track progress and commitments via accountability mechanisms, e.g., family planning technical working groups
Partnering for accountability: <i>Actions that encourage collaboration and leverage comparative advantages between state and non-state actors, such as...</i>	<ul style="list-style-type: none"> Sharing policy dialogue and raising awareness through public campaigns and forums Fostering spaces and for citizen engagement 	<ul style="list-style-type: none"> Creating multisectoral platforms Partnering with budget tracking specialist 	<ul style="list-style-type: none"> Forming service delivery partnerships with NGOs, faith-based organizations, and the private sector Forming service delivery partnership community (e.g., health committees) Creating multisectoral platforms Working with professional associations
Endorsing accountability: <i>Actions that publicize, praise, and encourage state and/or non-state actors by...</i>	<ul style="list-style-type: none"> Publicizing government commitment to family planning/reproductive health for all, including youth Encouraging media to report on family planning/reproductive health 	<ul style="list-style-type: none"> Encouraging media, the public sector, and civil society to report on financial commitments (budget and execution) 	<ul style="list-style-type: none"> Recognizing contributions of service providers and communities

* Source: Brinkerhoff, 2004b



Additional cross-cutting questions to consider:

- What themes did informants repeatedly discuss? Of these, what themes can your organization (civil society, implementing partner, donor agency) actually address and help resolve? Certain things will clearly be out of reach/sphere of influence for certain organizations.
- What are the major pressure points that informants raised in regard to accountability for family planning? What is not working (youth accessibility to services, etc.)?
- Where laws, regulations, and policies support accountability for family planning, do all stakeholders (i.e., health providers all the way to end users) understand them? If not, what can be done to sensitize groups on these laws, regulations, and policies?
- Do certain stakeholders require more capacity building to fulfill their roles in ensuring accountability via mandating, facilitating, resourcing, partnering, and endorsing?
- Do laws, regulations, and policies contradict each other? Are stakeholders misinterpreting information at decentralized levels and therefore restricting access or availability of family planning programming?
- What groups are disproportionately affected by the laws, regulations, and/policies for family planning and beyond? What laws, regulations, and policies are meant to support these groups to access family planning/sexual and reproductive health? For example, do laws, regulations, and policies support youth access to family planning information and provision? If yes, are these laws, regulations, and policies actually being implemented? If no, what accountability interventions could strengthen implementation?
- Are there areas/spaces where civil society involvement is missing? For example, are CSOs involved in drafting bills related to civil society operating space, information access, or financial information? Is sensitization or awareness raising needed to encourage greater involvement from these groups?
- Are there certain platforms or spaces (e.g., coordinating technical working groups) that are mandated but not yet established or require additional resources to operate properly?
- Are there areas where linkages/partnerships need to be strengthened, as per mandates?
- What are stakeholders (government, NGOs, international agencies, etc.) already working on? Can your organization (civil society, implementing partner, donor agency, etc.) contribute to any of those existing efforts? For example, could your organization further advocacy for major governance initiatives like passage of open civil society bills, access to information bills, or domestication of gender charters/global commitments?



Step 8: Draft initial set of recommendations

8.1: Group similarly themed patterns and issues together in a recommendations table

Table 3 provides a way to document draft recommendations; related laws, policies, or regulations; the status of the laws, policies, or regulations; and actions needed. To populate the table, first refer to the identified action items developed in Table 2. Use the questions in the final row of Table 2 to distill significant potential action items. Place these distilled action items (this should not be every action item identified in Table 2), into the first column of Table 3. Then, populate the “relevant law, policy, or regulation” column with the appropriate global or national documentation that is meant to support the issue at hand. Keep in mind it is likely there will be multiple laws, policies, or regulations that influence a single issue. Next, populate the “status” column to outline the current context: what is happening, what is not working, what are the contradictions in laws, regulations, and policies, etc. Finally, input the actions needed to achieve the recommendation. These will have likely emerged from your consultations. It is important to be as actionable as possible. At this point, do not worry if the actions are too broad or general. Note what is needed to influence change and think through the various stakeholders (specifically, who is responsible), structures, processes, and systems involved. Actions should directly address the status and are essentially sub-recommendations/steps to ensure the execution of the main recommendation.

8.2: Share and reflect on draft recommendations with a wider, trusted group, where feasible (optional)

If possible and appropriate, share the initial set of draft recommendations with others, possibly within your organization or within the sector. This will serve to further catalyze ideas and generate joint ownership. Key guidance to provide to reviewers can include:

- Do the proposed actions make sense?
- Have we made too many assumptions?
- Are recommendations action-oriented?
- Are the actions feasible/achievable?

Following this discussion, reflect further on the recommendations and make revisions if necessary.

8.3: Compare draft recommendations and associated actions needed against prioritization checklist

You will likely have a large list of recommendations to start with. Attempting to implement too many recommendations may dilute your efforts and reduce your impact. Prioritizing recommendations can increase the probability of success. Once the initial set of recommendations and actions needed have been drafted and vetted internally (if possible), chart them against prioritization criteria to ensure the actions are relevant and the number of recommendations are manageable. Table 4 provides a sample checklist with six prioritization criteria as a guide, which should be revised to fit your context. Review each recommendation against the criteria, marking yes or no as relevant.



Table 3. Example Recommendations Table

Recommendation	Relevant law, policy, or regulation	Status	Action needed
<p>Strengthen public and stakeholder accountability for public health service delivery (including reproductive healthcare) through advocacy</p>	<p>Draft Bill of Rights for Zambian Constitution (2012): Person has right of access to information held by the state or another person which is lawfully required for the exercise or protection of a right or freedom ... The state shall proactively publicize information that is in the public interest or affects the welfare of the nation.</p> <p>Freedom of Information Bill (2002): Every person shall have the right of access to information which is under the control of a public authority; every public authority shall make available to the general public, or on request, to any person information which is under its control.</p>	<p>The Freedom of Information Bill was first proposed over 10 years ago with significant work done on it. Its objective was to establish a right on the part of citizens, but especially interest groups like CSOs, to be able to demand information. Prior to it being presented to Parliament in 2009, the government retracted the bill and announced it would not move forward until after elections in 2011.</p> <p>In 2012 the bill was renamed as the Access to Information Bill but the government withdrew the bill after its first reading in Parliament, labeling it confidential. It has never gone back to Parliament. Since that time, the draft bill was reviewed by the Law and Development Commission; in March of 2019 the Minister of Information announced that Cabinet had approved the bill.</p> <p>Passage of this bill into law will allow civil society to have insight into:</p> <ul style="list-style-type: none"> • The dissemination of family planning service provision information by duty bearers • Budget disbursement, enabling budget tracking • Budgeting for commodity distribution at the district level 	<p>CSOs, particularly those involved in family planning/sexual and reproductive health, could join efforts with other CSOs involved in process of enactment of the Access to Information Bill for presentation of the Cabinet-approved bill in Parliament.</p> <p>The National Family Planning Technical Working Group (TWG) should leverage its presence to seek support of the ministers of health, justice, and information for the enactment of the Access to Information Bill as it has huge implications on the provision and accountability of family planning services.</p> <p>Family Planning TWG members with structures at the local level must engage the office of their respective area members of Parliament to solicit their support in the enactment of the Access to Information Bill and promotion of accountability for family planning services.</p>



Table 4. Checklist for Prioritizing Recommendations

Criteria	Recommendation								
	1	2	3	4	5	6	7	8	9
Aligned with country’s family planning goals? Does it link to what the government has committed to? Is there sufficient political/stakeholder support?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Feasible? Can it be implemented?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Realistic? Does it take into account constraints, motivations, and blocks within the given context?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Impact? Will it make a difference toward greater accountability for family planning?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Specific? Is it concrete, detailed, and well defined? Have you determined who is responsible for the recommendation?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Enabling environment consideration? Does it take into account one of the five roles government and other stakeholders play in ensuring accountability (i.e., mandating, facilitating, resourcing, partnering, and endorsing)?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N



8.4: Refine list of recommendations

To create the final set of draft recommendations, select the recommendations that received the most “yes” responses in the prioritization checklist. Those that have more “no” responses should be discarded or strengthened in order for them to be considered for a recommendation.

Step 9: Validate and prioritize final recommendations, develop an action plan, and disseminate

9.1: Validate and prioritize draft recommendations with relevant stakeholders

The purpose of validation activities is two-fold: (1) to vet the recommendations you have drafted to ensure they are relevant and impactful and (2) to ensure support for the final recommendations, generating further interest in the results. Without stakeholder ownership of these recommendations, it is unlikely that actions will be implemented. Recommendations should list the relevant responsible party to implement the necessary actions. This may be a family planning or maternal, neonatal, and child health technical working group (TWG) that oversees coordination and accountability of family planning-related programming (see Box 3).

This exercise can be done in person or remotely. There are a number of different ways to do this:

- In-person presentation within an existing forum that convenes the relevant stakeholders (i.e., family planning TWG or other coordination mechanism)
- Virtual meeting (Zoom, skype, etc.) convening stakeholders (recommend no more than 10)
- Email communication to stakeholders asking them to provide input on the draft recommendations on their own time

It may be useful to share the draft recommendations with relevant stakeholders prior to validation via an online survey tool (e.g., Survey Monkey or Microsoft Forms), asking them to review and prioritize the recommendations. This has the potential to save time in group discussion for debating the most important recommendations and obtaining a wide range of feedback. Whether done prior to or during validation, no more than **five** recommendations should be prioritized. This ensures adequate resourcing and greater likelihood of implementation, rather than spreading resources too thinly.

Participants should be invited to provide their thoughts openly and constructively. Some recommendations will need to be adjusted moderately while others may need substantial revisions. This is expected in a consultative process and will only strengthen the final set of recommendations. Lively debate is healthy and should be welcome.

Box 3. Engaging Relevant Stakeholders in Zambia

When applying the Legal and Policy Framework to Accountability approach in Zambia, HP+ worked with the national family planning TWG, comprised of government, implementing partners, NGOs, and CSOs. The approach was introduced prior to consultations; the majority of respondents were members of the family planning TWG. Recommendations were shared with the TWG for validation and further action planning.



Key questions to structure a group discussion to validate and prioritize the recommendations include:

- Do we agree with this list of priority recommendations? Should any be removed or added?
- Which recommendations are most relevant to improving accountability for family planning?
- Which recommendations are most feasible for this group to undertake?

9.2: Develop an action plan

To ensure that the recommendations lead to improvements in the accountability ecosystem for family planning, stakeholders should look at the recommendation to develop an action plan, asking the following questions:

- Do any of the priority recommendations need revising to make them more actionable or effective?
- Who is responsible for carrying out this recommendation?
- Do any other key actors need to be engaged to ensure that key recommendations are taken forward?
- Are the recommendations missing any key actions?

9.3: Determine and advocate for a monitoring committee to oversee implementation of the recommendations and relevant action plans

It is best for monitoring to be done by an existing committee, like a family planning or maternal, neonatal, and child health TWG, that is already meeting regularly to ensure family planning programming is taken forward. Within this group, the TWG should establish a sub-group that has the authority, interest, and incentive to oversee the implementation of the action plans.

9.4: Determine how to best package the recommendations and associated action plans for further dissemination

With the monitoring committee, agree on a dissemination package that is simple and useful. Examples of packaging may include:

- Short brief
- Inclusion in an existing newsletter
- Email communication
- PowerPoint presentation
- Social media



9.5: Revise recommendations and associated action plans based on feedback from the validation exercise

Based on the validation and prioritization exercise, incorporate feedback directly into the recommendations and action plans. Based on what was agreed within the validation exercise and what is feasible from your side, package the recommendations and action plans into the preferred manner for wider dissemination. Action plans should include responsible parties, deadlines, and any other details to ensure follow-through is specific and actors can be held accountable.

9.6: Disseminate recommendations and action plans to key stakeholders interviewed and beyond, where appropriate

To disseminate the recommendations widely, share them with the people you interviewed, stakeholders who provided input, any relevant TWG, the monitoring committee, and other channels. Recommendations can be implemented by including them in:

- Annual government workplans (working with relevant government offices for those recommendations that need to be carried out by the government)
- Advocacy toolkits for policymakers and decisionmakers
- Family planning costed implementation plans
- Annual plans for existing coordination mechanisms (e.g., family planning TWGs)
- CSO and/or coalition and implementing partner workplans and budgets
- Donor strategies, annual workplans, and budgets

Step 10: Monitor action plans

10.1: Follow up regularly with the monitoring committee or wider family planning TWG to ensure action plans are being implemented

Some actions will be easier to implement compared to others and some actions may need to be revised or adapted due to barriers encountered. A real-world issue is that action may be restricted due to financial resources and/or limited scope of partners to undertake the work. When this is the case, it is important to consider where existing initiatives can be leveraged and how to best maximize resources. There may also be opportunities for grant funding to support these initiatives or to advocate for the government to provide resources for processes/structures that are already mandated.

Conclusion

The Legal and Policy Framework to Accountability approach is intended to be used by CSOs, implementing partners, public sector stakeholders, and donor agencies to understand the existing global, national, and subnational legal and policy frameworks so that they can effectively address challenges in the accountability system for family planning. The approach uses an inclusive and participatory approach—including the engagement of a diverse, multisectoral group of stakeholders at the national (and in some cases, subnational) level, among both health and non-health sectors—to develop recommendations. Stakeholders should use these recommendations to develop action plans that can be integrated into annual workplans and budgets or into specific advocacy plans with the aim of creating a more supportive policy environment for family planning. The actions identified should be distributed across responsible parties and followed up for effective change.

The approach provides a structure for identifying the overarching legal and policy framework in a given country context and its impact on accountability for family planning. The approach can be used in complementarity with other existing and effective accountability tools. The guidance provided in this document can be tailored to meet the context-specific needs of each country. The value added of the Legal and Policy Framework to Accountability approach is that it uses a wider lens (i.e., beyond the health-sector) to understand what is affecting accountability for family planning. Through this identification and through better understanding the legal and policy environment, we can better determine deliberate and targeted actions to improve accountability for family planning.

References

- Brinkerhoff, D. W. 2004a. “Accountability and Health Systems: Toward Conceptual Clarity and Policy Relevance.” *Health Policy and Planning* 19(6): 371–379.
- Brinkerhoff, D. W. 2004b. *The Enabling Environment for Achieving the Millennium Development Goals: Government Actions to Support NGOs*. Paper presented at: George Washington University Conference.
- Halloran, B. 2019. *Strengthening Accountability Ecosystems: A Discussion Paper*. Transparency and Accountability Initiative.

Annex A: Desk Review Table Templates

The following three sets of tables are intended to help document findings from a desk review using the Legal and Policy Framework to Accountability approach. The tables should be tailored so that they are useful for the country context. The categories and example laws, regulations, and policies are by no means exhaustive, which is why “other” has been included in the templates. Add any relevant laws, regulations, policy statements, or thematic areas that are applicable to the country you are working in.

Political/Democratic Accountability Table

Ensuring the government delivers on electoral promises, fulfills the public trust, aggregates and represents citizens’ interests, and responds to ongoing and emerging societal needs and concerns.

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Country’s global commitments to family planning	FP2020		
	Campaign for Accelerated Reduction of Maternal Mortality		
	Every Women Every Child: Global Strategy for Women’s, Children’s and Adolescents’ Health		
	Sustainable Development Goals		
	African Charter on Human and Peoples’ Rights and Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol)		
	African Youth Charter		
	Southern African Development Community Protocol on Gender and Development		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Country's global commitments to family planning <i>(continued)</i>	International Convention on the Elimination of All Forms of Racial Discrimination		
	International Covenant on Economic, Social, and Cultural Rights		
	International Covenant on Civil and Political Rights		
	Convention on the Elimination of All Forms of Discrimination Against Women		
	Convention on the Rights of the Child		
	Convention of the Rights of Persons with Disabilities		
	Other		
Country's national commitments to family planning or wider sexual and reproductive health	National Vision and National Development Plan		
	Roadmap for Accelerating Reduction of Maternal, Newborn, and Child Mortality		
	Accountability Roadmap		
	Public Health Act		
	National Population Policy		
	Reproductive Health Policy		
	Penal Code		
	Abortion Laws/Acts		
	Bill of Rights		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Country's national commitments to family planning or wider sexual and reproductive health <i>(continued)</i>	Age of Consent Laws (sexual intercourse, access to contraception, medical services, etc.)		
	National Health in All Policies Framework		
	National Social Protection Policy		
	Other		
Legislation or regulations that specify standards of probity, ethics, integrity, and professional responsibility	Medical and Allied Professions Act		
	Professional Code of Ethics and Discipline: Fitness to Practice		
	Other		
Legislation or regulations that guarantee (or limit) free speech (in particular, that which prohibits marketing or advocacy around family planning/ reproductive health)	Bill of Rights		
	Other		
Legislation or regulations that guarantee (or limit) freedom of information	Bill of Rights		
	African Youth Charter		
	Freedom of Information Bill/Act/Law		
	Other		
Legislation or regulations that guarantee (or limit) freedom of the media	Bill of Rights		
	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legislation or regulations that guarantee (or limit) rights of association	Bill of Rights		
	African Youth Charter		
	Public Order Act		
	Other		
Legislation or regulations that guarantee (or limit) rights of assembly	Public Order Act		
	Other		
Policies or legislation related to state-civil society relations	Nongovernmental Organization Act/Civil Society Act		
	Other		
Legislation or regulations that ensure (or limit) transparency of health sector data	Other		
Legislation or regulations on child rights	Constitution		
	Education Act		
	Bill of Rights		
	Domestication of the Maputo Protocol		
	Juveniles Act		
	Customary versus Civil (Statutory) Marriage Laws		
	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legislation on ethics, human rights violations, etc.	Constitution		
	Human Rights Commission Act		
	Bill of Rights		
	Public Protector Act		
	Role of the Public Protector Ombudsman		
	Other		
Laws or policies related to education that link to family planning/ reproductive health	School Re-entry Policy		
	Comprehensive Sexuality Education Guidelines		
Laws or regulations around the provision of sexual and reproductive health services in or near schools	Other		
Laws or policies around gender equity and equality	Constitution		
	Bill of Rights		
	National Gender Policy		
	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legislation or regulations specifically on women's rights/autonomy (including property and divorce)	Constitution		
	Bill of Rights		
	Land Policy		
	Local and Subordinate Courts Acts		
	Marriage Act/Laws		
	Domestication of the Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages		
	Bill of Rights		
	Maintenance and Inheritance Laws		
	Other		
Legislation or regulations on gender-based violence	Anti-Gender-Based Violence Act		
	Penal Code		
	Other		

Financial Accountability Table

Ensures tracking and reporting on allocation, disbursement, and utilization of financial resources using auditing, budgeting, and accounting tools.

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Policy regarding inclusion of family planning line item in budgets	Other		
Law requiring family planning to be free for key socioeconomic status groups	Other		
Law mandating public access to fiscal information (revenue and expenditure) relating to family planning	Other		
Legislation around procurement (including public access to procurement information and appropriate procurement practices)	Public Procurement Act		
	Other		
Legislation establishing internal audit systems and reporting at all levels of ministries	Constitution		
	Public Finance Management Act		
	Public Audit Act		
	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Policies that establish an independent external audit institution and policies that mandate submission of audit reports to legislature and transparent scrutiny of audit reports	Other		
Laws that prevent providers/service delivery points from charging informal fees or higher fees for specific methods	Other		
Healthcare financing policies/regulations	Healthcare Financing Strategy		
	FP2020 Commitment Self-Reporting Questionnaire Update		
	National Health Insurance Act		
	Social Health Insurance Scheme		
	Other		
Regulations specifying levels of facilities that must stock family planning commodities and related supplies (including specification of method mix)	National List of Essential Medicines		
	National Contraception Security Policy		
	Pharmaceuticals Act		
	Medical and Allied Substances Act		
	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legal barriers regarding importation or marketing of contraceptives	Other		
Insurance or payer regulations for district or city minimum stock standards	Other		
Costed implementation plan for family planning	Costed Implementation Plan		
Law or regulations for specifying operationalization of National Health Accounts	Other		
Law or policies for outlining operationalization/authority for decentralization	Decentralization Implementation Plan		
	Other		

Performance Accountability Table

Ensures performance is based on nationally agreed-upon standards of healthcare.

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legislation or regulations that allow the Ministry of Health to measure public and private sector family planning services, outputs, and results (may not be specific to family planning)	Other		
Legislation or regulations that allow the Ministry of Health to develop and implement family planning programming (may not be specific to family planning)	Other		
Legislation or regulations that guarantee (or limit) access to family planning services, including by youth	Other		
Policies that encourage male engagement in family planning	Reproductive Health Policy		
	Other		
Legislation or regulations that have a “conscience clause” for providers to opt out of providing family planning services and provisions for clients in case providers opt out	Other		

Type of law, regulation, or policy statement	Specific law, regulation, or policy statement	Assessment, status, responsible authority	Notes (What are the accountability gaps?)
Legislation or regulations that ensure provision of high-quality family planning services	Other		
Policies related to task-shifting (in particular, for community health workers or community-based distribution agents to provide contraception)	Other		

Annex B: Stakeholder Discussion Guide

Link between Accountability for Family Planning and the Broader Legal Framework

Section 1: Introduction

This discussion guide can be used to conduct semi-structured stakeholder consultations as part of a process to better understand the link between accountability for family planning and the broader legal framework in your country. The guide lists a variety of topics, with suggested probes in each. Before each consultation, the interviewer will determine which topics to cover depending on which stakeholder is being interviewed. Therefore, no one interviewee will be asked all of the questions.

Begin the consultations by introducing yourself and explaining the purpose of the consult. For example:

We are conducting this activity to understand the linkages between the overarching policy and legal framework within the country and its influence on accountability for family planning. In some cases, this may go outside of the health sector entirely. For example, we may explore what the operating space looks like for civil society. As you can imagine, in cases where the operating space is restrictive, it would be more difficult for civil society organizations, including those working in family planning, to do their work. It's these sorts of linkages we want to better understand.

We started this activity by conducting a desk review of available resources, including global commitments (like FP2030) and national guidance (laws, regulations, policies, strategies, etc.). We are now meeting with a range of stakeholders, both inside and outside the health sector, for further insights. Following our consultations, we will develop a set of actionable recommendations that can be shared and used to ultimately strengthen accountability mechanisms and structures for family planning in our country.

Section 2: Interviewee Consent

The interviewer should obtain consent from each interviewee, using a form such as the following.

We would like to assure you that we will safeguard the identities of everyone we speak with. If we use any of your statements in any documentation, we will cite the source of the statement with a general descriptor such as: respondent, healthcare provider, or national leader. Your responses will be anonymous, so please speak freely. You can decline to participate at any time. If you do not wish to answer any question, you're welcome to skip it. We may end up transcribing responses during our analysis but tapes and/or transcripts will be stored securely and deleted following finalization of the analysis.

The interview addresses the link between accountability for family planning and the broader legal framework in *[insert country]*. Specifically, the interview addresses:

- The overarching legal, regulatory, and policy context that affects family planning
- Health sector policies and regulations with indirect and/or direct linkages to family planning service delivery, access, promotion, and use
- How laws and regulations related to family planning are implemented, enforced, resourced, and endorsed, including whether these play an enabling or constraining role for family planning service delivery, access, promotion, and use
- The extent to which communities are engaged in family planning programming, specifically, how and if citizens seek to utilize judicial procedures (formal or informal) to address family planning issues
- The extent of accountability and responsiveness for the provision of family planning in *[insert country]*

If you have any concerns about the interview process or about your statements being kept in strict confidence, please contact *[insert name]* at *[insert email address and/or phone number]*.

The interview should take about 60 minutes.

Verbal consent provided to participate (check one): Yes () No () – do not continue

Willing to be recorded for data analysis purposes only (check one): Yes () No ()

Unique ID number of respondent: _____ (copy number onto interview notes)

Date of interview: _____ Time started: _____ Time ended: _____

Name of interviewer: _____

Name of notetaker/analyst: _____

Section 3: Discussion Questions³

We are going to touch on several areas to better understand existing national and subnational legal frameworks so that we can more effectively address challenges to accountability systems for family planning in [insert country]. Questions will cover the progress of programming over the years, challenges, endorsement, community engagement, civil society engagement, and recommendations.

1. **Progress:** How have you seen family planning programming evolve over the past several years?

Probes for discussion:

- What factors have been behind advances or setbacks in the program?
 - Democratic/political (post 2012 London summit)
 - Financial
 - Programmatic/performance
 - Cultural/traditional norms

2. **Overarching challenges for family planning:** What are some of the biggest legal/policy challenges that impact your family planning work?

Probes for discussion:

- Wider enabling (or restrictive) environment
 - Restrictive civil society space [reference relevant acts, bills, and laws]
 - Gender [reference relevant gender equity and equality act, anti-gender-based violence act, marriage laws, etc.]
 - Cultural/traditional norms
 - Civil versus customary/traditional law in practice
- Enforcement of existing laws/policies
 - Clear roles and responsibilities in terms of how to hold parties accountable
 - Decentralization (including lack of autonomy and unclear roles and responsibilities)
 - Dissemination of laws/policies to health providers (i.e., how does the Ministry of Health communicate laws/policies/guidelines to subnational levels?)
 - Implementation planning (or lack thereof)
- Resourcing for family planning
 - Domestic resources available for ensuring accountability for family planning
 - Management/coordination of donor resources
 - Resources at the national versus subnational level

³ Questions were adapted from: Brinkerhoff, D.W., O. Indriamihaja, A. Lipsky, and C. Stewart. 2017. *The Legal Environment for Family Planning and Reproductive Health in Madagascar*. Washington, DC: Palladium, Health Policy Plus; and EngenderHealth. 2011. *The SEED Assessment Guide for Family Planning Programming*. New York: EngenderHealth.

- Medical restrictions on access to services
 - Age of consent
 - Abortion/termination of pregnancy
 - Surgical restrictions, for example, on long-acting reversible contraceptives
- Adolescent/youth access [reference relevant education act, school re-entry policy, comprehensive sexual education guidelines, reproductive health policy, etc.]

3. Health sector challenges for family planning: What are the most relevant laws, policies, or regulations related to family planning or sexual and reproductive health?

Probes for discussion:

- How are these laws, policies, and regulations communicated/disseminated to relevant actors and stakeholders? How is this monitored and supported?
- Are there mandated coordination mechanisms to harmonize efforts? [Reference relevant national family planning working group, adolescent health technical working group, etc.] How effective are they? How are these ensured and monitored?
- Are there any important policy gaps related to family planning and sexual and reproductive health? What efforts are underway to address these gaps?
- Has a long-range costed implementation plan been developed? To what extent has it been funded?
- Are there legal barriers that affect contraceptive commodity importation and/or provision?
- How do current laws, policies, and regulations affect the promotion of family planning? For example, those related to:
 - Freedom of information and freedom of media
 - Government-led communications/mass media
 - Outreach at the community level
- Are there any laws/policies/regulations that enable or restrict provision of family planning services?
 - Age of consent (Are current policies defined in terms of age of consent?)
 - Family planning guidelines/protocols
 - Administration of ethical code of conduct
 - Conscientious objection clause
- Are there gaps in national family planning guidelines? How are guidelines disseminated? How well do providers understand them? How is their use monitored? [Reference Professional Code of Ethics and Discipline, Health Professionals Act.]
- Is there room/appetite for the private sector to play a role in family planning service delivery (including government encouragement of private sector participation through tax breaks, incentives, etc.)?

4. **Endorsing family planning:** What is the level of political commitment to and leadership on the issue of family planning?

Probes for discussion:

- How would you describe national leadership and commitment to family planning?
- Do heads of government and other officials speak publicly and favorably about family planning?
 - How often?
 - What form does this take?
 - If no, why not? Because of political opposition, religious considerations, lack of interest, etc.?
- Are certain ministries more/less supportive of family planning/reproductive health? What effect does this have on an enabling or restrictive family planning environment?
- Where there is support, what tends to be prioritized by leadership?
 - Budgeting processes
 - Funding allocations
 - Training (pre-service and in-service)
 - Logistics systems
 - Supervision and management systems
 - Commodities
- How broad is support for family planning (or is it targeted to certain groups or focused on specific methods)? What is it informed by (e.g., evidence versus beliefs/politics)?
- Are you aware of any family planning-related advocacy efforts under way? How are these received by high-level decisionmakers?
- Has the national-level communications strategy for family planning been launched? What is its focus? If so, how has this been received by the public?
- Has political commitment/leadership endorsed media to report on family planning, reproductive health, and youth inclusion?
- How would you describe subnational/local leadership and commitment to family planning? What, if any role/impact do family planning champions have?

5. **FP2020 [2030 where they have been set] commitments:** While [insert country] is making progress toward some of its FP2020 commitments, some commitments are proving to be more challenging, including: financial allocations, access to family planning services for youth and young people, and community involvement. In your experience, what are some of the biggest challenges you have faced in working toward these commitments?

Probes for discussion:

- Legal/policy support
- Financing/resourcing for family planning

- Is there a dedicated line item for family planning in the national budget? Is there one in the Ministry of Health budget?
- Are budgets tracked and is there timely release of funds?
- Are subnational levels adequately budgeting for family planning?
- Decentralization (lack of clarity over roles/responsibilities, autonomy, etc.)
- Traditional systems
- Social norms
- Client/user access
- Health service quality
- Capacity, including task-shifting
- Infrastructure
- Information systems
- Monitoring progress
- Community engagement
- Supplies

6. **Youth:** In your experience, what have been some of the barriers or facilitators to increasing supply and demand of family planning/reproductive health for youth?

Probes for discussion:

- Social and political barriers
 - Access to information for minors, those who are married and unmarried, and those already with children
 - Age of consent (Are there clear policies and varying ages for different services, such as surgical versus non-surgical or emergency versus non-emergency?)
 - Religion
 - Gender norms
 - Marriage laws (civil and customary/traditional)
 - Taboos
 - Informal rules
 - Role of media
- Intersection with education
 - Acts/regulations supporting comprehensive sexuality education?
 - Is this resourced (teachers trained, etc.)?
 - Is it examinable?
 - Acts/regulations regarding re-entry policies?
 - Are these followed?
 - Are there limits?

- Policies around access to family planning/reproductive health information at school?
- Policies around access to family planning/reproductive health services at school?

7. Community engagement: How do national health policies support and promote the engagement of communities in addressing and improving health?

Probes for discussion:

- What level of policy support is there for community engagement (i.e., facility health committees, neighborhood health committees, ward development committees)? To what extent are community-level champions being involved in these efforts?
- What community health structures exist and what is their role in improving health? Do they hold their health facility to account for ensuring availability of quality services? Does this include family planning services?
- How is their participation in health program planning, design, and evaluation ensured (including the participation of women and disadvantaged and marginalized groups?)
- How do national policies support and promote the involvement of community representatives in health planning and budgeting?
- What efforts have been made to build the capacity of community leaders and groups to promote family planning and address social, cultural, and gender norms that inhibit the use of family planning in their communities? Are community leaders active in addressing social issues that are barriers to family planning use? If so, how?
- Do national/subnational guidelines/tools define roles for communities to play in quality improvement? If so, what specifically is their role?
- What mechanisms exist for grievance and redress for wider health or family planning issues? Are these functional and how are they monitored? Are they linked to national-level structures, such as a human rights commission, professional council, or general nursing council? How are quality family planning services ensured?

8. Specific family planning law: Would you support the enactment of a specific family planning act in [insert country]?

Probes for discussion:

- What should the act include?
- What factors would necessitate such legislation?
- Would you want to define age for those able to access family planning/reproductive health services? What should that age be?
- What gaps should it address (i.e., improved youth access)?
- How would it contribute to FP2020 commitments?
- What challenges would you expect with implementation/enforcement?
- What unintended consequences would you expect?
- How could it leverage cultural/traditional norms to increase chances of success?

- What informal and formal relationships among actors would need to be considered for facilitation of the bill/law's enactment? For example, relationships based on:
 - Ethnicity
 - Political affiliation
 - Religion

9. **Family planning accountability:** In your experience, how has the government fulfilled its responsibilities toward FP2020 commitments?

Probes for discussion:

- What accountability mechanisms are in place to monitor/enforce commitments? What else should be in place?
- Is there anything in the legislative framework related to the following areas that might limit ability to hold the government accountable?
 - Adolescent/youth access
 - Information dissemination
 - Human resources
 - Quality services (including outreach)
 - Task-shifting/community involvement
 - Financing
 - Policy and legal reform
 - Monitoring progress

10. **Civil society engagement:** Civil society organizations (CSOs) are an important watchdog in the fulfillment of government commitments under FP2020 and beyond. In your view, do you think CSOs have been effective in holding government accountable for its national commitments?

Probes for discussion:

- Have any of the following enabled or inhibited CSO engagement?
 - Policy and legal reform
 - Appropriate or improved resourcing (financial and human)
 - Advocacy for family planning
 - Coordination
 - Social accountability structures (i.e., village and ward development committees)
 - Monitoring and reporting
- How regulative is the space for civil society to hold government accountable? For example, is there freedom of information, freedom of association, or freedom of assembly?

11. **Recommendations:** Outside of what has already been discussed, what more do you think should be done to improve accountability for family planning?

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

www.healthpolicyplus.com

