

Choices in Family Planning

Preliminary Assessment Guide

1. Service Options Are Available.

What to strive for

- Family planning (FP) services are available where and when individuals need them.
- A choice of methods is offered.
- Options are affordable.
- Referral mechanisms are in place for other methods.
- Linkages exist with other health services.

Individual/Community Factors

| Challenges/Considerations | Supports |
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Service-Delivery Factors

| Challenges/Considerations | Supports |
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Policies

| Challenges/Considerations | Supports |
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2. The Decision-Making Process Is Voluntary.

What to strive for

- Individuals are free to decide whether or not to use services, without coercion or constraint.
- Clients are free to choose among available methods, without coercion or constraint.
- A range of service options is accessible to all categories of clients, including adolescents and unmarried individuals.
- Service providers are objective regarding all clients and methods.
- The individual’s right to choose is respected and supported.

Individual/Community Factors

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Service-Delivery Factors

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3. Individuals Have Appropriate Information.

What to strive for

- Individuals have access to appropriate and accurate information about services and options.
- Individuals understand their risk for STI/HIV/AIDS and the protection that FP method options provide.
- Service providers assess clients' knowledge, fill any gaps, and correct any misinformation.
- Comprehensible posters and flipcharts are clearly in clients' view.
- Samples of FP methods are available for clients to see and touch.
- Clients understand their options, the essential information about their chosen method or treatment (including benefits and risks, conditions that would render it inadvisable for use, and common side effects),* and the way their choice may affect their personal circumstances.

* Tiahrt Amendment, 1998.

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4. Good Client-Provider Interaction (CPI), Including Counseling, Is Ensured.

What to strive for

- Clients and service providers have dynamic, two-way interaction.
- Clients actively participate in discussions and are encouraged to ask questions.
- Staff have good communication skills (talking, listening, eliciting, probing, assessing).
- Counseling staff provide individualized care, tailoring the client-provider interaction (CPI) and information to what clients want and need, and addressing individual circumstances and concerns.
- All staff use language and terms that clients can understand.
- Counseling staff have complete and correct information about SRH and available services.
- Staff answer clients' questions fully and clearly.
- All staff are empathetic, respectful, nonjudgmental, and sensitive to power imbalances and gender differences between clients and providers.
- All staff maintain clients' privacy and confidentiality.
- Trained staff are assigned to counsel clients as a routine component of service delivery.
- Counseling serves as the checkpoint to ensure informed and voluntary decision making.
- Memory aids are used by providers and provided to clients.
- The service setting is organized, clean, and cheerful to put clients at ease.
- Auditory and visual privacy are ensured for counseling, regardless of the setting.
- Adequate seating is available during counseling for counselors, clients, and anyone else the clients choose.

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5. The Social and Rights Context Supports Autonomous Decision Making.

What to strive for

- Laws, policies, and social norms support the following:
 - ▼ Gender equity
 - ▼ Individuals’ rights to decide whether and when to have children, and how many*
 - ▼ Clients’ right to access SRH information and services regardless of age, sex, marital status, or sexual orientation*
 - ▼ Clients’ right to make decisions and to exercise control over their sexuality and reproduction free of discrimination, coercion, and violence
 - ▼ Clients’ right to protect their health and prevent disease
 - ▼ Clients’ right to privacy, confidentiality, dignity, and safety

* ICPD Programme of Action, 1994.

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