A Brief Guide to the
METHOD CHOICE FRAMEWORK
A framework to expand contraceptive method choice in client-centered family planning programs

2019 version

Introduction
In collaboration with USAID, FHI 360 developed the Method Choice Framework to help family planning (FP) programs ensure efforts are client-centered and informed by contraceptive method choice. Client-centered programming and contraceptive method choice are intrinsically related. Client-centered FP programs promote method choice by providing services that enable youth, women, men, and couples to voluntarily choose contraceptive methods that best align with their reproductive desires and lifestyle.¹

This guidance document introduces our framework and offers an organized approach to evaluate progress on achieving programmatic milestones. These milestones are accompanied by resources and sub-divided into four principle factors (or theme-areas) that influence contraceptive method choice: client values and preferences, enabling environment, method mix, and service readiness.

Many milestones identified in this framework are applicable across several factors. Though milestones are often highly inter-related, for the sake of organizational clarity, we chose to attribute each to its most relevant theme-area.

Adapting the SEED™ model
EngenderHealth’s Supply-Enabling Environment-Demand (SEED) Programming Model™ serves as the foundation for the method choice framework.² We adapted language from SEED to fit our objective of expanding contraceptive method choice in client-centered FP programs. Like SEED, this framework underscores the need to weight all factors equally to holistically approach FP programming.

The method choice framework differs from SEED in a few notable ways. First, this framework draws particular attention to clients’ values and preferences and offers accountability mechanisms. Second, we distinguish method mix as a stand-alone category to emphasize the importance of offering a range of methods that adequately address diverse demands of populations served (including youth and men).
How to use this framework

The following four steps (outlined in the right-hand figure and detailed below) provide an overview of how programs may apply this framework. This framework offers a comprehensive approach to integrating contraceptive method choice in client-centered FP programs. Although the framework equally weights all four factors influencing method choice, programs may prioritize certain areas due to resource limitations or feasibility concerns.

**STEP 1:** Ensuring contraceptive method choice and enabling clients to choose methods that best align with their reproductive desires and lifestyles necessitates a total market approach to FP. Harnessing resources across public, private (nonprofit or for-profit commercial) and donor agencies is vital to providing high-quality, affordable counseling, services and products. Further, identifying key stakeholders to serve as champions for contraceptive method choice and as leaders to identify strengths and challenges is critical.

**STEP 2:** Prior to implementing new strategies, identified stakeholders and program leaders should use this framework to systematically assess existing strengths and weaknesses. Programs might approach this process by going through milestones in each theme-area and highlighting weaknesses.

**STEP 3:** Resource limitations and financial constraints may restrict a program’s ability to work across all four factors simultaneously. Program leaders should triage areas of highest importance (i.e. prioritize high-impact practices, attend to low resource and/or high risk populations) if resources are limited. These priority areas may differ considerably between programs.

**STEP 4:** After identifying priority areas, programs should use resources provided in this framework to design and implement evidence-based strategies to overcome, as well as continuously monitor and evaluate progress toward achieving goals.

**Country adaptation**

We envision the *Method Choice Framework* will be adapted and utilized in diverse country settings and programmatic contexts. We plan to pilot this framework in several countries in southern Africa, including: Namibia, Botswana, and eSwatini. These countries were chosen based on two criteria: (1) they are not current USAID family planning (FP) priority countries and (2) are recipients of PEPFAR funds.

Piloting this framework will entail drawing upon tools referenced in this framework to address independent, country-specific needs. Following this piloting phase, we plan to share pilot experiences to summarize standard processes to facilitate adaptations in additional countries.
Method choice exists when client-centered information, counseling and services enable women, youth, men, and couples to decide and freely choose a contraceptive method that best fits their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, and change.¹

Why Method Choice?  

Client-centered FP programs listen to multifaceted needs of clients and respond with strategies that expand informed, voluntary contraceptive choice.³ By promoting contraceptive method choice, programs enhance efforts to uphold rights and quality of care for their clients. Further, efforts to ensure voluntarism may improve method satisfaction and prevent discontinuation.

Globally, 214 million women have an unmet need for contraception.⁴ Recent analyses demonstrate that each additional method accessible to at least half of the population in a given country may increase contraceptive use by as much as eight percent.⁵ Uptake increases across all available methods and not solely the newly introduced method.⁶ Offering a range of affordable methods, engaging youth and men, providing client-centered, comprehensive counseling, and employing a variety of service delivery approaches are a few ways programs may expand individuals’ contraceptive choices.

Prioritizing contraceptive method choice and acknowledging its importance in programming has the potential to impact not only individuals, but also entire communities. Contraceptive method choice empowers more youth, women, men and couples to realize their reproductive intentions, and helps communities and nations achieve their development goals.³ For all of these reasons and many more, we encourage programs to integrate contraceptive method choice in client-centered FP programming.

Framework overview  

Central to contraceptive method choice is client-centered programming, focused on honoring clients’ full, free and informed choice by improving access and assuring quality services. By framing contraceptive method choice within this context, we position contraceptive method choice as a fundamental public health and human rights based issue. Expanding contraceptive method choice respects the rights, preferences, and needs of all current and future contraceptive users – factors central to defining success for FP programs.
Framework overview

Programs must consider a variety of factors ranging from individual preferences to national policies to better integrate contraceptive method choice in client-centered FP programming. To organize this task, we divide our framework into four major factors that influence contraceptive method choice (below). Raising awareness of and increasing access to information about methods is an integral part of each component.

The Method Choice Framework
Understanding client values and preferences is essential to successfully integrating contraceptive method choice in FP programs. “Client” encompasses not only women (married and unmarried), but also youth and men. Client values and preferences should inform strategies across facilitating an enabling environment, ensuring an adequate method mix, and strengthening service readiness. This theme-area underscores the need for informed contraceptive method choice and voluntarism. To do this successfully, programs should invest in efforts to expand clients’ capacity and knowledge to make informed decisions about their reproductive lives, participate meaningfully in discussions related to FP, and act on preferences to achieve desired contraceptive outcomes free from coercion, bias, stigma or retribution.

**Milestones Checklist (in no particular order):**

- Client values and preferences inform activities across all theme-areas (programs embrace a “bottom-up” approach)
- Programs encourage clients to express their child-bearing desires, fertility and method preferences, to partners, providers, and others
- Programs provide unbiased information about contraceptive methods regardless of age, sex, marital status, and number of children
- A range of programs (i.e. health education, gender) build supportive social norms, empowerment and self-respect among clients, as well as foster skills to navigate conversations about contraceptive choice with providers and partners
- Programs provide accurate, evidence-based information through counseling, peer-groups, advertising, digital technology (mHealth), and other forms of communication to ensure clients are well-informed and empowered to choose methods best suited to their FP needs
- Community-level champions are identified, trained and supported with appropriate facilitation and educational tools to lead individual and/or group discussions and dialogues on FP and facilitate community action
- Programs are in-tune to shifting power dynamics, both in sexual/marital relationships and in client-provider relationships to ensure individuals can participate in meaningful decisions
- Programs empower clients to embrace evidence-based self-care interventions for FP

**Client Values and Preferences Key Resources:**

- Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations (Interagency Gender Working Group)
- WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights
Enabling Environment

An enabling environment for contraceptive method choice integrates a range of sociocultural, economic, and policy factors, as well as social norms and practices related to health. Implementation of evidence-based policies, proper management, supportive social norms, and gender equity are but a few components that comprise an enabling environment. Strong leadership and diverse stakeholders are crucial to forming communities that champion contraceptive method choice and further advance client-centered FP practices.

Milestones Checklist (in no particular order):

- Strong, effective leadership across national, regional and community levels promote evidence-based policies that advance contraceptive method choice as a public health and human rights-based issue
- Supportive laws, policies and guidelines that enable clients (regardless of sex, age, marital status, fertility goals) to exercise voluntary contraceptive method choice are operational at all levels. This might include reduction of medical and/or legal barriers to accessing contraceptives, such as:
  - Elimination of spousal or parental consent for accessing contraceptive methods
  - Eliminating eligibility requirements based on age
  - Eliminating eligibility requirements based on parity
- FP programs foster positive social norms and transform gender roles such that youth, men, and women freely participate in voluntary contraceptive method choice
- FP programs engage hard-to-reach and/or underserved populations, including populations that historically underutilize FP (i.e. youth and men), in community-outreach efforts and policies
- Funding for FP program is generated from diverse sources (i.e. government, donors, the private sector, clients) to ensure adequate human and financial resources are available for FP and allocated effectively (i.e. salaries are adequate to retain highly motivated staff, funds are dispersed to both high-density and hard-to-reach areas)

Enabling Environment Key Resources:

- How to mobilize communities for health and social change (Field Guide by Health Communication Partnership)
- The Gender-Equitable Men (GEM) Scale (Compendium of Gender Scales, C-Change)
- The Positive Youth Development Measurement Toolkit
- Overview: Key elements of youth friendly reproductive health programs (Table by Pathfinder International)
- Thinking outside the separate space: A decision making tool for designing youth-friendly services (Evidence To Action – E2A for USAID)
Method Mix

Method mix is often used as a measure to evaluate FP programs. The WHO defines method mix as “the menu of contraceptives available in a country,” while Measure Evaluation describes this as “the percent distribution of contraceptive users in a country.” One authority perceives method mix as an input for programs and the other an output; method choice integrates the processes of counselling and services necessary to shift from input to output. There is no gold standard for an “ideal” method mix – the needs, values and preferences of contraceptive users vary by context and evolve over time. Achieving contraceptive method choice, however, requires extension beyond diversifying the method mix. Programs need not only assure the availability of methods align with client values and preferences, but also that supply chains are diverse, high-quality, sustainable, widely distributed, and offer methods at an affordable cost. Programs must also ensure clients are aware and informed of choices available to them.

Milestones Checklist (in no particular order):

❑ There is continual effort to understand the evolving needs of clients (youth, women, men)
❑ A range of short-acting, long-acting, and permanent methods are consistently available to youth, women, and men. Methods may include some, most or all of the following:
  • Short-acting: Male and female condoms, oral contraceptives (including emergency contraception), injectables
  • Long-acting: Implants and IUDs (hormonal or non-hormonal)
  • Permanent: Vasectomy and bilateral tubal ligation (“sterilization”)
  • Fertility awareness: Standard days method and lactational amenorrhea method
❑ Private and public sectors are both involved in the provision of high-quality, affordable FP services
❑ Mechanisms are in place to ensure that FP services in the public and private sector are available and affordable to all (i.e. voucher system is in place, service fees are based on sliding scale, health insurance eliminates or significantly reduces cost)
❑ National health insurance programs include a variety of covered methods in insurance package, provided at a reasonable cost, and available through a variety of outlets
❑ Where the health system allows, government provides public services and commodities free of charge
❑ Programs register new products and update registries on a regular basis
❑ Programs monitor uptake of new and underutilized methods to inform forecasting and procurement
❑ Programs are receptive to introducing new methods
❑ Measures are in place to monitor and address signs of “method skew” (phenomenon in which one or two methods dominate >50% of the method mix)

Method Mix Key Resources:
❖ STATCompiler (Demographic Health Service Survey Data)
❖ Not enough there, too many here: Understanding geographical imbalances in the distribution of the health workforce (Dussault G and Franceschini MC)
❖ Family Planning Logistics Toolkit (K4Health)
❖ Forecasting guide for new and underused methods of Family Planning (IRH Georgetown University, John Snow, Inc. and PSI)
❖ Contraceptive Method Skew and Shifts in Method Mix in LMIC (Guttmacher Institute)
❖ Health Management Information Systems (HMIS) data (MEASURE Evaluation)
❖ Logistics Management and Information System (LMIS) data (WHO)
Service Readiness describes the capacity of FP programs to mobilize commodities through appropriately and consistently stocked outlets by well-trained providers. Diverse FP provision outlets include public, private, NGO/FBO facilities and clinics, pharmacies, drug shops, and community depots; CHWs, and mobile services. Outlets that offer long-acting reversible contraceptives (LARCs) should be adequately stocked with supplies for insertions and removals, as well as offer space for client privacy. A diverse network of providers (including clinicians, peer counsellors, health educators, CHWs) should be adequately trained to provide services and support clients through the counseling and decision-making process to choose or switch methods that best align with client values and preferences.

Milestones Checklist (in no particular order):

- Methods are available and consistently stocked through a variety of service delivery modalities
- Facilities are adequately equipped and staffed to provide quality FP services; this includes, access to up-to-date job aids and resources, as well as available and appropriate client materials
- FP services are geographically accessible to all, and at hours that are convenient for clients
- Providers and facility staff have the necessary skills to offer clients high-quality counseling and services (both insertions and removals of LARCs)
- Providers have access to support, coaching, mentorship, skills training or other supervision approaches to enhance and maintain skills on a regular basis
- Providers are trained to offer unbiased, supportive, client-centered care to ensure clients are aware of options and feel empowered to select methods that best align with their FP needs and preferences
- FP counseling is tailored and comprehensive for the method client chooses
- Provider base is diverse and referral systems are in place to support access to methods and services (particularly for rural communities)
- Task-sharing policies allow lower-level health providers (i.e. CHWs) to provide methods
- Programs attempt to generate demand for and interest in contraceptives (i.e. media)

Service Readiness Key Resources:

- Family Planning Effort (FPE) Index (MEASURE Evaluation)
- Method Information Index (MII) (MEASURE Evaluation)
- Training Resource Package for Family Planning (WHO, UNFPA, USAID and TRP Partners)
- C-modules – a learning package for social and behavioral change communication. Practitioner’s handbook (C-Change)
- Expanding contraceptive choice to the underserved through delivery of mobile outreach services: a handbook for program planners (USAID)
- Family Planning High Impact Practices (USAID)
Key Resources List

The citations listed below correlate with the key resource boxes on the preceding pages. Please use the links available to download relevant tools, guidance documents and articles.

1. **CLIENT VALUES AND PREFERENCES**


2. **ENABLING ENVIRONMENT**
Key Resources List

3. METHOD MIX

- Logistics Management and Information System (LMIS) data. WHO. Link: https://www.who.int/hiv/amds/lmis/en/

4. SERVICE READINESS

- Training Resource Package (TRP) for Family Planning. WHO, UNFPA, USAID (and TRP partners). Link: https://www.fptraining.org/about
References


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