



SUBAWARD RESOURCES & GUIDANCE

ADVANCING PARTNERS & COMMUNITIES

FAMILY PLANNING COMPLIANCE MONITORING PLAN
FOR SUBAWARD RECIPIENTS



Advancing Partners & Communities

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ACRONYMS

APC	Advancing Partners & Communities
CBD	community-based distributor
CBFP	community-based family planning
CHW	community health worker
FP	family planning
NGO	non-governmental organization
PIO	public international organization
PVO	private voluntary organization
SDP	service delivery point
USAID	U.S. Agency for International Development
USG	United States Government
VS	voluntary sterilization

GUIDANCE FOR FAMILY PLANNING COMPLIANCE MONITORING PLAN

INTRODUCTION

This document serves two purposes: (1) to provide information on United States Government (USG) family planning (FP) legislative and policy requirements, and (2) to provide recipients of U.S. Agency for International Development (USAID) funds with the requirements and resources to develop a FP Compliance Monitoring Plan.

USAID requires all projects that are providing any FP services to complete a plan indicating how the project will prevent any legislative violations, monitor project activities, and respond if a violation occurs. It is the responsibility of all USAID funding recipients (and their subawards, if applicable) to develop and implement their projects in accordance with USG policy and host country laws. All requirements apply to both U.S. and non-U.S. recipients.

In addition to your written FP Compliance Monitoring Plan, all grantees should review local guidelines at least annually and assess a sample of field sites to ensure compliance. This documentation should remain on file should USAID conduct a field audit of FP regulations.

REGULATIONS FOR USAID-FUNDED FAMILY PLANNING PROJECTS

The following section provides a brief overview of major USG family planning requirements. For a summary of all USG family planning requirements, see Appendix 2. All USAID grantees must review and familiarize themselves with the policies and requirements. Further information can be obtained at <http://www.usaid.gov/what-we-do/global-health/family-planning/usaid-family-planning-guiding-principles-and-us-0>, or the resource webpages highlighted in Appendix 3.

All of the requirements apply to all entities receiving USAID FP assistance (i.e., U.S. non-governmental organizations [NGOs], foreign NGOs, public international organizations [PIOs], and governments). NGOs would include, for example, non-profit organizations, private institutions of higher education, and commercial organizations.

All of the requirements apply to all types of USAID funding mechanisms, including contracts, cooperative agreements, and grants. All funding recipients implementing any FP activities are required to comply with USAID's legislative requirements. Some of the legislative requirements below apply to all foreign assistance funds, while others only apply to funds for FP activities.

Overall, USAID places highest priority on ensuring that its Family Planning/Reproductive Health (FP/RH) activities adhere to the principles of voluntarism and informed choice.

- *Voluntarism* is the principle of relying on voluntary action. It is further defined as a decision based upon the exercise of free choice that is not obtained by any special inducements or

any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.

- *Informed choice*, as defined by USAID, is to include effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services; to seek, obtain, and follow up on a referral; or simply to consider the matter further.

Tiahrt Amendment

Enacted by Congress in 1999, the Tiahrt Amendment sets forth requirements for voluntary FP projects funded by USAID. The amendment reinforced the need for ascertaining and ensuring individual choice and volition when introducing and providing FP services.

The Tiahrt Amendment applies to FP activities funded from any USAID account, more specifically to FP service delivery projects that receive FP assistance from USAID. It applies to projects providing funds, technical assistance, commodities, and training related to FP.

There are five main requirements of the Tiahrt Amendment:

1. Service providers or referral agents shall not implement or be subject to quotas/targets relating to numbers of births, family planning acceptors, or acceptors of a particular FP method.
2. No payments, incentives, bribes, or financial rewards shall be provided to individuals in exchange for becoming acceptors or to program personnel for achieving targets or quotas for numbers of births, FP acceptors, or acceptors of a particular FP method.
3. There shall not be denial of rights or benefits, as a consequence of an individual's decision not to accept FP.
4. FP acceptors must receive comprehensible information on the health benefits and risks of the method chosen.
5. Experimental contraceptive drugs and devices, and medical procedures may only be provided in the context of a scientific study in which participants are advised of potential risks and benefits.

A single violation of requirements (1), (2), (3) or (5), and a pattern or practice of violation of requirement (4) must be reported by USAID to Congress within 60 days of the USAID Administrator's determination that a violation occurred.

PD-3 Policy

PD-3 is a USAID policy and is consistent with the Tiahrt Amendment. PD-3 relates to voluntary sterilization (VS). PD-3 is complementary to Tiahrt in that it requires that clients give informed consent for a sterilization procedure.

- *Informed consent* is defined as the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, expected benefits, the availability of alternative family planning options, the purpose of the operation and its irreversibility, and the option to withdraw consent at any time prior to the operation.

The PD-3 policy has the following key requirements:

- I. Written informed consent prior to the procedure.
- II. Ready access to other methods of FP.
- III. Payments cannot be used as an incentive to accept, provide or refer for VS services (certain payments are not considered incentives provided they are reasonable and related to the procedure).

PD-3 requirements must be applied if USAID funds are used for whole or partial support of the performance of VS activities.

DeConcini Amendment

The DeConcini Amendment requires that all FP projects offer, either directly or through referral, a broad range of FP methods and services. This applies to all funds used for FP activities.

Livingston Amendment

The Livingston Amendment ensures that applicants for natural FP grants will not be discriminated against because of their religious or conscientious commitment to offer only natural FP. However, these applicants must still comply with the DeConcini Amendment regarding referral and information on other methods if they receive USG funds for FP activities.

Helms Amendment

The Helms Amendment states that no funds provided by the USG under the Foreign Assistance Act may be used by any recipients (including U.S. NGO's, foreign NGOs, Public International Organizations [PIOs], and governments) to pay for the performance of abortion as a method of FP or to motivate or coerce any person to practice abortions.

Kemp-Kasten Amendment

The Kemp-Kasten Amendment requires that no funds provided by the USG under the Foreign Assistance Act may be made available to an organization that supports the management of programs involving coercive abortion or involuntary sterilization.

Biden Amendment

The Biden Amendment states that no funds provided by the USG under the Foreign Assistance Act may be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of FP.

Siljander Amendment

The Siljander Amendment requires that no funds provided by the USG under the Foreign Assistance Act may be used to lobby for or against abortion.

Leahy Amendment

Lastly, the Leahy Amendment clarifies that the term “motivate,” as it relates to the Helms Amendment, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options. This applies to all recipients of USG Foreign Assistance Act funds.

COMPLIANCE MONITORING PLAN GUIDANCE

USAID funding recipients must ensure compliance with the above described USG FP requirements through activities to prevent violations, promote ongoing monitoring of FP activities, and provide active response if a violation occurs (detailed descriptions of each are below). Your Compliance Monitoring Plan is due at the beginning of your project, however, it is encouraged that all grantees review and modify the compliance plan after six months of implementation and annually thereafter to reflect any changes to project activities.

The compliance plan should show all the steps you will take to ensure that your project will meet all of the USG legislative and USAID policy requirements. The plan should illustrate the steps your project will take to ensure that funds made available under your award will not be used to coerce any individual to practice methods of FP inconsistent with their moral, philosophical, or religious beliefs. The plan should also show how project activities will safeguard the rights, health, and welfare of all individuals who take part in the program.

Required Sections for the Family Planning Compliance Monitoring Plan

A template for the FP Compliance Monitoring Plan can be found in Annex I. At a minimum, your FP Compliance Monitoring Plan should include the following sections:

- 1) Certificates of completion for all personnel working on the project of the USAID e-learning course on U.S. Abortion and FP Requirements-2013
- 2) Voluntary Family Planning Risk assessment

- 3) Completed Certification Letter for NGOs
- 4) Analysis of Applicability of Legislative and Policy Requirements to USAID-Supported Activities table.

Prevention Activities

Prevention refers to activities carried out that will mitigate any potential vulnerabilities or violations to the USG or USAID FP requirements. Activities include training staff on USAID and USG FP regulations and the dissemination of information related to voluntarism and informed choice to clients. Each grantee must ensure that all project staff and project partners are made aware of the USG's statutory and regulatory FP requirements and provide training on the relevant requirements. Grantees must also implement a systematic plan to ensure prevention activities are disseminated to project recipients and are included in the project work plan. As a grantee you are required to implement two major prevention activities: 1) training and 2) distribution of electronic material.

- 1) Training: An e-learning course, [U.S. Abortion and FP Requirements 2013](http://www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013), on ensuring compliance with FP requirements is available at the Global Health E-learning website, <http://www.globalhealthlearning.org/course/us-abortion-and-fp-requirements-2013>. All key staff from headquarters and project sites (including program managers) should complete this course. The course is currently in English, Spanish and Portuguese.
- 2) Certification of Staff or Provider Training: Project staff, community health workers (CHWs), or other project recipients should be awarded certificates noting the completion of training. These certificates should be available for display in the clinic or to carry with them, in the case of CHWs.
- 3) Distribution of educational material: Grantees will provide Tiahrt Amendment charts, job aids, and other relevant materials to relevant groups (e.g., sub-partners and individual providers) and develop mutual agreements about where and how they will be displayed. Any job aids or other materials should reflect similar message to the Tiahrt Amendment chart.

Monitoring Activities

Monitoring activities should be twofold: (1) monitor the completion of the prevention activities listed in the previous section and (2) monitor program activities based on your workplan to ensure that all USG and USAID requirements for FP are met. Monitoring of compliance should be integrated into the regular and routine project monitoring systems and activities. The reason for this is to make efficient use of available resources and reduce cumbersome processes and procedures. This will also allow regular collection and reporting of data and will reinforce the importance of complying with the requirements.

Recipients should detail all monitoring activities in their FP Compliance Monitoring Plan (in the *Analysis of Applicability of Legislative and Policy Requirements to USAID-Supported Activities Table*). For ideas on how to

monitor these activities, please see Appendix 4 which contains a *Sample Checklist for Monitoring Compliance with USAID FP Requirements*.

When considering monitoring activities, you should consider:

- 1) Type of monitoring activities may include staff training, supervision visits, observation, monitoring of reports, etc.
- 2) The indicators, and corresponding data, that will be used to monitor compliance may include:
 - Documenting if and when job aids describing different FP methods were ordered and distributed to community health workers
 - Documenting if and when wall chart posters describing the different methods of FP were ordered and placed in service delivery sites
 - Describing any monitoring activities conducted to assess for compliance with FP regulations
 - Describing any project staff or provider trainings conducted to ensure compliance.

The data collected during this process should be easily accessible and aggregated for any necessary reporting to USAID.

Response to Possible Violations

Stringent mechanisms must be put in place to respond to any possible vulnerability or violation noted during the supervisory visits, during routine monitoring, or as highlighted by project staff. If grantees suspect that a partner is not complying with FP policies, they are required to report this to key individuals at country level, as well as their funder point of contact, as laid out in the compliance plan. It is important to carefully evaluate suspected non-compliance and to maintain adherence to the response plan as laid out in the organization's compliance plan, which should include a process for investigating a suspected vulnerability.

Additional Resources Available

Please see Appendix 3 for additional resources on FP requirements, training materials or job aids.

APPENDIX I: USAID FAMILY PLANNING COMPLIANCE PLAN TEMPLATE

I. COMPLETION OF E-LEARNING COURSE

Include a list of all staff, including name and title, and the dates they completed the USAID e-learning course on U.S. Abortion and FP Requirements. Certificates of completion should also be included; these can be attached as an appendix.

Currently, this training course is only available in English, Spanish and Portuguese. Please reach out to your funder point of contact if language is a constraint in completing this requirement.

II. VOLUNTRAY FAMILY PLANNING COMPLIANCE RISK ASSESSMENT

Date: _____

Country: _____

Organization: _____

Organization is U.S. _____ **or non-U.S.** _____ (Check as appropriate)

Country Context

Is abortion practice officially legal or illegal in this country? _____

Has there been any recent change in the legality of abortions or any reason for expected change in the next two years?

Is it relatively easy or relatively difficult to arrange an abortion in this country? Please describe in general terms and describe a representative example of how a woman would arrange to get an abortion? Are those performing the abortion adequately trained? Are medical complications common due to procedures carried out by unqualified practitioners?

Do NGOs typically provide counseling on abortion or provide referrals for abortion services?

Please list any USAID-funded FP programs completed (closed) in the last two years by your organization. Mention the title of the project, the nature of the activities, the approximate total value of the grant, the approximate dates and duration of the grant, and the source of the funding/grantor name (i.e., directly from USAID or from an intermediary organization):

Which positions/job titles have direct client contact regarding discussion and counseling regarding family planning choices? How many staff members are there in these positions?

Which methods of family planning are most likely to be promoted by your staff in their typical counseling sessions/information sharing?

How do you ensure that your staff is providing full information regarding FP choices for clients?

Do written guidelines for counseling exist and how do you know if your staff are following these guidelines (please provide a copy)?

Do you or anyone in your organization discuss or provide quotas or incentives (financial or otherwise) with your staff?

Do you have the USAID FP wall charts displayed in all clinics/waiting rooms where clients may view them?

If you have wall charts what language are they in?

To what extent is sterilization promoted and selected as a method?

How do you ensure that your staff is providing full information regarding the benefits and drawbacks of the sterilization method?

Do clients sign any documents prior to the sterilization procedure? (Please provide a copy.)

Does your staff distribute FP supplies? Do they receive any financial reward or cost reimbursement for distribution? Can they make a profit from the sales/distribution? If incentives exist do they vary by product? Please describe.

III. CERTIFICATION LETTER FOR NGOS

Adapt the below letter for your organization and submit as an appendix on your organization letterhead.

[PLEASE SUBMIT ON ORGANIZATIONAL LETTERHEAD]

To Whom It May Concern:

I hereby certify on behalf of **[organization]** that by accepting a USAID **[type of funding]** **[agreement number]**, we understand and agree to comply with all applicable legislative and policy requirements that govern USG funded assistance for family planning activities.

Requirements on Voluntarism and Informed Choice

The following statements are considered to apply to all project supported family planning activities:

- We do not set targets for the total number of births, number of family planning clients (new or existing), or clients of a particular family planning method for individual service providers or referral agents.
- We do not offer payment of incentives, bribes, gratuities, or financial reward to individuals when they accept family planning, or to program personnel who achieve targets for the total number of births, the number of family planning clients, or clients of a particular method of family planning.

- We do not deny any rights or benefits – such as access to health care – to a person who decides not to accept family planning.
- We ensure family planning clients receive comprehensive, easy-to-understand information on the health benefits and risks of a wide variety of family planning methods so that they can make an informed choice about which method is best for them. Information should be provided in many forms (counseling, posters, brochures, package, inserts, etc.)
- We only offer experimental contraceptives and medical procedures in the context of a scientific study in which participants are advised of potential risks and benefits.

Requirements on Voluntary Sterilization

- We ensure and document the voluntary informed consent from individuals after they are advised of the surgical procedures to be followed, potential discomforts and risks, expected benefits, the availability of other family planning methods, and the option to withdraw consent at any time prior to the procedure.
- We ensure copies of informed consent forms for each procedure are retained for three years.
- We ensure ready access to other family planning methods in locations that offer voluntary sterilization.
- We do not offer payment of incentives, bribes, gratuities, or financial reward to individuals when they accept family planning, or to providers who achieve targets for the total number of births, the number of family planning clients, or clients of a particular method of family planning.

Requirements on Abortion

The following statements are considered to apply to all project supported family planning activities:

- We will not use USG funds to fund the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.
- We will ensure that “motivate,” as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
- We do not carry out any biomedical research related to abortions or involuntary sterilization as a means of family planning with USG funds.
- We do not lobby for or against abortion with USG funds.

Sincerely,

NAME
TITLE
CONTACT INFO

IV. ANALYSIS OF APPLICABILITY OF LEGISLATIVE AND POLICY REQUIREMENTS TO USAID-SUPPORTED ACTIVITIES TABLE

Complete the table below for your project. The table should provide an overview of the FP activities implemented in your project, the geographic location they will be implemented in, as well as an overview of how each USG or USAID requirement will be met. It is in this table where you will note the specific monitoring activities you will conduct.

Depending on project scope, monitoring activities may not be necessary for each regulation. If a regulation does not apply, please note such and provide an explanation as to why.

Project Name:			
Key Family Planning Activities			
Activities		Geographic Coverage Area	
1.			
2.			
3. <i>add additional rows as needed</i>			
Determine Applicable Requirements			
Requirement	Description of activities	Does the requirement apply?	Necessary compliance monitoring activities
DeConcini			
Livingston-Obey			
Tihart			
PD-3			
AP-1			
Requirements Applicable to All Foreign Assistance			
Requirement	Necessary activities	Necessary compliance monitoring activities	
Helms	No funds pay for the performance of abortions as a method of FP or to motivate or coerce any person to practice abortion		
Leahy			
Biden	No funds pay for any biomedical research relation to methods or performance of abortion or involuntary sterilization as a		

	method of FP	
Siljander	No funds used to lobby for or against abortion	

APPENDIX 2: USAID FAMILY PLANNING REQUIREMENTS – STATUTORY

Provision	Applies To	Statutory Text from the Consolidated Appropriations Act, 2014
Helms (1973) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	None of the funds made available under this Act may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. ⁽⁶⁾⁽⁷⁾
Leahy (1994) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	For purposes of this or any other Act authorizing or appropriating funds for the Department of State, foreign operations, and related programs, the term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options. ⁽⁷⁾⁽⁸⁾
Biden (1981) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for any biomedical research which relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. ⁽⁶⁾⁽⁷⁾
Siljander (1981) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	None of the funds made available under this Act may be used to lobby for or against abortion. ⁽⁷⁾
Kemp-Kasten (1985) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	None of the funds made available in this Act nor any unobligated balances from prior appropriations Acts may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization. Any determination made under the previous proviso must be made no later than 6 months after the date of enactment of this Act, and must be accompanied by the evidence and criteria utilized to make the determination. ⁽⁷⁾
DeConcini (1985) ⁽¹⁾	FP assistance ⁽³⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	In order to reduce reliance on abortion in developing nations, funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services. ⁽⁷⁾
Livingston-Obey (1986) ⁽¹⁾	FP assistance ⁽³⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	In awarding grants for natural family planning under section 104 of the Foreign Assistance Act of 1961 no applicant shall be discriminated against because of such applicant’s religious or conscientious commitment to offer only natural family planning; and, additionally, all such applicants shall comply with the requirements of the [DeConcini Amendment]. ⁽⁷⁾
Tiaht (1998) ⁽¹⁾	FP assistance ⁽³⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	Any such voluntary family planning project shall meet the following requirements: (1) service providers or referral agents in the project shall not implement or be subject to quotas, or other numerical targets, of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning (this provision shall not be construed to include the use of quantitative estimates or indicators for budgeting and planning purposes); (2) the project shall not include payment of incentives, bribes, gratuities, or financial reward to: (A) an individual in exchange for becoming a family planning acceptor; or (B) program personnel for achieving a numerical target or quota of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning; (3) the project shall not deny any right or benefit, including the right of access to participate in any program of general welfare or the right of access to health care, as a consequence of any individual’s decision not to accept family planning services; (4) the project shall provide family planning acceptors comprehensible information on the health benefits and risks of the

		method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method; and (5) the project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits; and, not less than 60 days after the date on which the USAID Administrator determines that there has been a violation of the requirements contained in paragraph (1), (2), (3), or (5) of this proviso, or a pattern or practice of violations of the requirements contained in paragraph (4) of this proviso, the Administrator shall submit to the Committees on Appropriations a report containing a description of such violation and the corrective action taken by the Agency. ⁽⁷⁾
Additional Provisions (1977) ⁽¹⁾ (1986) ⁽¹⁾	All assistance ⁽²⁾ All entities ⁽⁴⁾ All instruments ⁽⁵⁾	None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. ⁽⁶⁾⁽⁷⁾ None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be obligated or expended for any country or organization if the President certifies that the use of these funds by any such country or organization would violate [the Helms Amendment, the Biden Amendment, or the provision above listed as the first “Additional Provision”]. ⁽⁷⁾

(1) Indicates the date the amendment or policy was first enacted. Unless otherwise stated, the amendment or policy remains in effect.

(2) Applies to all funds appropriated for any purpose under the Consolidated Appropriations Act, 2014.

(3) Applies only to family planning assistance (from any account) appropriated under the Consolidated Appropriations Act, 2014.

(4) Applies to all entities (e.g., U.S. non-governmental organizations (NGOs), foreign non-governmental organizations (FNGOs), public international organizations (PIOs), and foreign governments).

(5) Applies to all instruments (e.g., grants, cooperative agreements, contracts, and SOAGs (or other similar bilateral agreements)).

(6) Text from Section 104(f) of the Foreign Assistance Act of 1961, as amended

(7) Text from the Consolidated Appropriations Act, 2014.

(8) The term “motivate” refers to language in the Helms Amendment.

APPENDIX 3: KEY DOCUMENTS RELATED TO FP REQUIREMENTS

This list provides names and links to key FP and HIV/AIDS legislative, policy, and guidance documents.

General

For a comprehensive list of family planning requirements, or for translation in Spanish, French, and other languages, go to the USAID Office of Population and Reproductive Health Website (<http://www.usaid.gov/what-we-do/global-health>) or see the USAID Family Planning Policies Chart (above). Specific documents are listed below.

Voluntarism & Informed Choice/Consent (Tiahrt Amendment)

- a) Excerpts from HR 4328 “Omnibus Appropriations for FY 1999”, including Tiahrt Amendment: http://pdf.usaid.gov/pdf_docs/pdabt964.pdf
- b) :
<http://www.usaid.gov/sites/default/files/documents/1864/fy99lang.pdf>
- c) Guidance for Implementing the “Tiahrt” Requirements for Voluntary Family Planning Projects: <http://www.usaid.gov/sites/default/files/documents/1864/tiahrtqa.pdf>
- d) Technical Guidance on the “Comprehensible Information” Paragraph of the Tiahrt Clause: <http://www.usaid.gov/sites/default/files/documents/1864/tiajim3b.pdf>
- e) “Do You Know Your Family Planning Choices?” Chart: http://www.fphandbook.org/sites/default/files/wallchart_english_2012.pdf
- f) USAID Policy Paper on Population Assistance, September 1982: <http://www.usaid.gov/sites/default/files/documents/1864/populat.pdf>
- g) Policy Determination 3 (PD-3) and Addendum: USAID Policy Guidelines on Voluntary Sterilization (Annex to the USAID Policy Paper on Population Assistance): http://www.usaid.gov/sites/default/files/documents/1864/pd3_annex.pdf

Abortion:

- a) <http://www.usaid.gov/what-we-do/global-health/family-planning/usaid-family-planning-guiding-principles-and-us>
- b) Guidance for Implementing the Siljander Amendment:
<http://www.usaid.gov/documents/1864/usaid-guidance-implementing-siljander-amendment>

HIV/AIDS:

- a) AAPD 12-04: Implementation of the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, as amended: http://www.usaid.gov/sites/default/files/documents/1868/aapd12_04.pdf

FP/HIV INTEGRAION:

If any grantees are conducting FP/HIV integration (and not just receiving both types of funds), the following guidance should be included:

- a) OGAC/PEPFAR General Guidance for specific HIV/AIDS areas, including FP/HIV: <http://www.pepfar.gov/reports/guidance/index.htm>

VMMC:

If any grantees are conducting VMMC activities, you can include the following:

- a) PEPFAR's Best Practices for Voluntary Medical Male Circumcision Site Operations: http://www.usaid.gov/sites/default/files/documents/1864/pepfar_best_practice_for_vmmc_site_operations.pdf

APPENDIX 4: SAMPLE CHECKLIST FOR MONITORING COMPLIANCE WITH USAID FP REQUIREMENTS

Instructions: The following checklist is to be used by organizations to monitor their field programs and implementing partners on an annual basis or as appropriate. There are four sections:

- Section A is a questionnaire to be used with program managers and/or senior health facility staff;
- Section B is an observation checklist for use at the sites visited;
- Section C includes questions for the project manager; and
- Section D summarizes findings from the visit and should be completed for all monitoring visits.

Sections A, B, and D should be completed for all site visits, while Section C should be completed only when meeting the manager of the partner organization. Each grantee is encouraged to revise the tool as needed in order to make it as useful as possible for their setting.

Date of Field Visit: _____

Name of Person Conducting the Visit: _____

Grantee/Name of Organization: _____

Funding Sources: _____

Site/Location Visited: _____

A. COMPLIANCE WITH POLICIES AND REGULATIONS

The following questions are to be answered by interviewing the program manager or person in charge at the health facility.

	Tiahrt Amendment Compliance	Yes	No	N/A	Comments
1	What does your health facility/project do to encourage personnel to achieve program results? Please describe.				
2	Are project personnel subject to quotas?				
3	Does your health facility/project provide incentives to				

	personnel if they achieve certain results or quotas?				
4	Are monetary incentives offered to FP users?				
5	Are other types of incentives offered to FP users? Please describe.				
6	Do women and men receive information and have access to safe, effective and acceptable methods of FP of their choice? What methods are available?				
7	Are FP users informed about all methods available as well as those available by referral? If they prefer a method through referral, are they given a referral or accompanied to the referral site?				
8	Are FP users given detailed information about benefits and side effects of the contraceptive method selected?				
9	What happens if clients decide not to use a FP method?				
10	Are rights and/or benefits denied to people that do not decide to use a method of contraception?				
11	Does the facility have a way of recording client complaints? If yes, are there any complaints that might indicate the following: (1) coercion, (2) lack of information regarding the FP methods available by the provider and by referral, and (3) lack of comprehensive information regarding how the method works, how to use the method, potential side effects, what to do if they have side effects.				
12	Is the service delivery point (community-based distributor [CBD] or facility level) equipped to provide information and services to those who are illiterate and disabled? Please describe.				
13	Are interpreters available and used when needed to explain information in a language understandable by the client?				
14	Is there a voluntary consent form for FP users?				
15	When is the voluntary consent form signed?				
16	Are the voluntary consent forms filed by health providers according to the guidelines?				

B. SERVICE DELIVERY POINT OBSERVATION

The following checklist may be completed during the visit to a health facility or CBD.

		Yes	No	N/A	Comments
1	Are family planning guidelines available at the service delivery point (SDP)—Resource materials for the provider? Please specify the materials available.				
2	Are logistics norms and procedures manual available at the SDP?				
3	What contraceptives are in the warehouse?				
	Condoms				
	Oral Contraceptives (please specify which ones)				
	Injectables (please specify which ones)				
	Implants (please specify which ones)				
	IUDs				
	Other				
4	What IEC materials are available for clients?				
	Contraceptive methods brochure				
	FP methods poster for the facility				
	Other				
5	Are voluntary consent forms available?				
6	Are voluntary surgical contraception guidelines available?				
7	Have FP counseling session(s) been observed to determine if complete and comprehensible information is provided to the clients?				

C. PROGRAM MANAGEMENT ACTIVITIES

The following questions should be administered to project directors of any project subgrantees and their implementing partners.

1. Have the staff and project partners been trained on the USAID requirements for FP programs? If yes, please give dates of the training and topics covered.
2. Please list names of key staff that have completed the e-learning module on USAID FP requirements. Also include the date they completed the module.

D. FINDINGS FROM VISIT

Please complete the following for each visit.

1. What are the significant findings of this visit? Please describe the findings, actions needed, who is responsible for taking action, and by when.
2. Any additional comments.



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