

Getting On Track: Lessons Learned from Developing Costed Implementation Plans for Family Planning

Suneeta Sharma, Project Director

Health Policy Plus (HP+)

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REPRODUCTIVE HEALTH
SUPPLIES COALITION

10-14 OCTOBER 2016

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HP+ Overview

Health Policy Plus (HP+) is a five-year cooperative agreement funded by USAID. The project's HIV activities are supported by PEPFAR.

HP+ improves the enabling environment for equitable and sustainable health services, supplies, and delivery systems through policy development and implementation, with an emphasis on voluntary, rights-based health programs



What is a CIP?

- Are concrete, specific plans for achieving the **goals** of a national FP program
- Detail the **program activities** necessary to meet national goals
- Detail the **costs** associated with activities
- Indicates the **resources** a country must **raise** domestically and from partners



Countries with completed CIPs for FP

West & Central Africa

- Benin*
- Burkina Faso*
- Cameroon*
- Côte d'Ivoire*
- Democratic Republic of the Congo
- Ghana*
- Guinea*
- Liberia (2016-17)*
- Mali*
- Mauritania*
- Niger*
- Nigeria (federal),* Gombe State, Kaduna State,^o Lagos State^o, Kano State (in progress)
- Senegal
- Sierra Leone (2016-17)*
- Togo*

East & Southern Africa

- Burundi
- Ethiopia*
- Kenya
- Madagascar* (in progress)
- Malawi^o
- Mozambique
- Tanzania
- Uganda
- Zambia
- Zimbabwe (in progress)

Asia

- Bangladesh
- India
- Indonesia
- Myanmar^o
- Nepal
- Pakistan (Sindh completed, Punjab and KP in progress)

* completed with support from HPP/ HP+

^o completed with support from Palladium

10-Step Costed Implementation Plan Process

Stakeholder
Engagement

Capacity
Development

Advocacy

PLAN

- STEP 1 Obtain Government and Key Stakeholder Buy in
- STEP 2 Detail Road map and Secure Resource For CIP Development

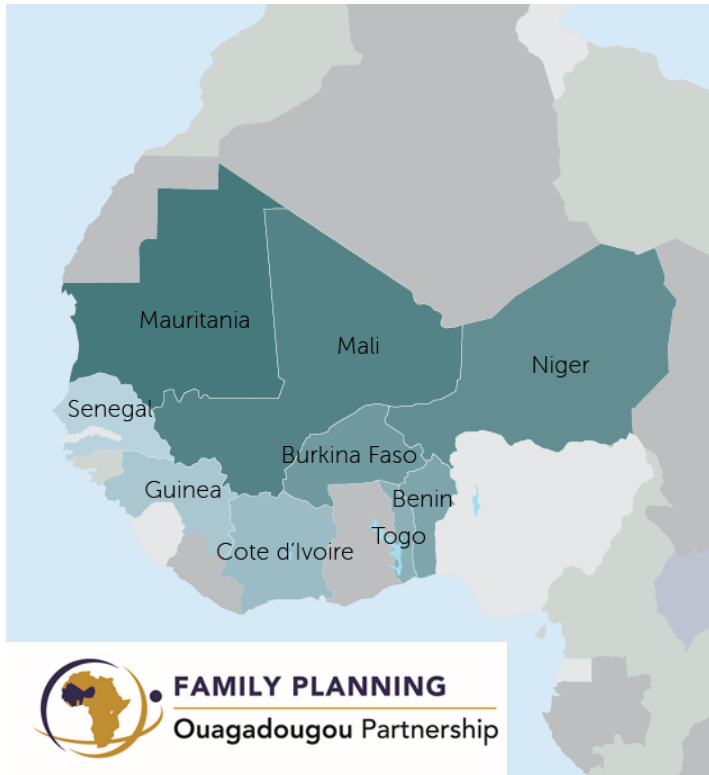
DEVELOP

- STEP 3 Conduct a Family Planning Situational Analysis
- STEP 4 Detail and Describe a Technical Strategy with Sub-Activism and Timeline
- STEP 5 Estimate Resource and Costs
- STEP 6 Identify Financing Gaps
- STEP 7 Secure Final Approval and Launch the Plan

EXECUTE

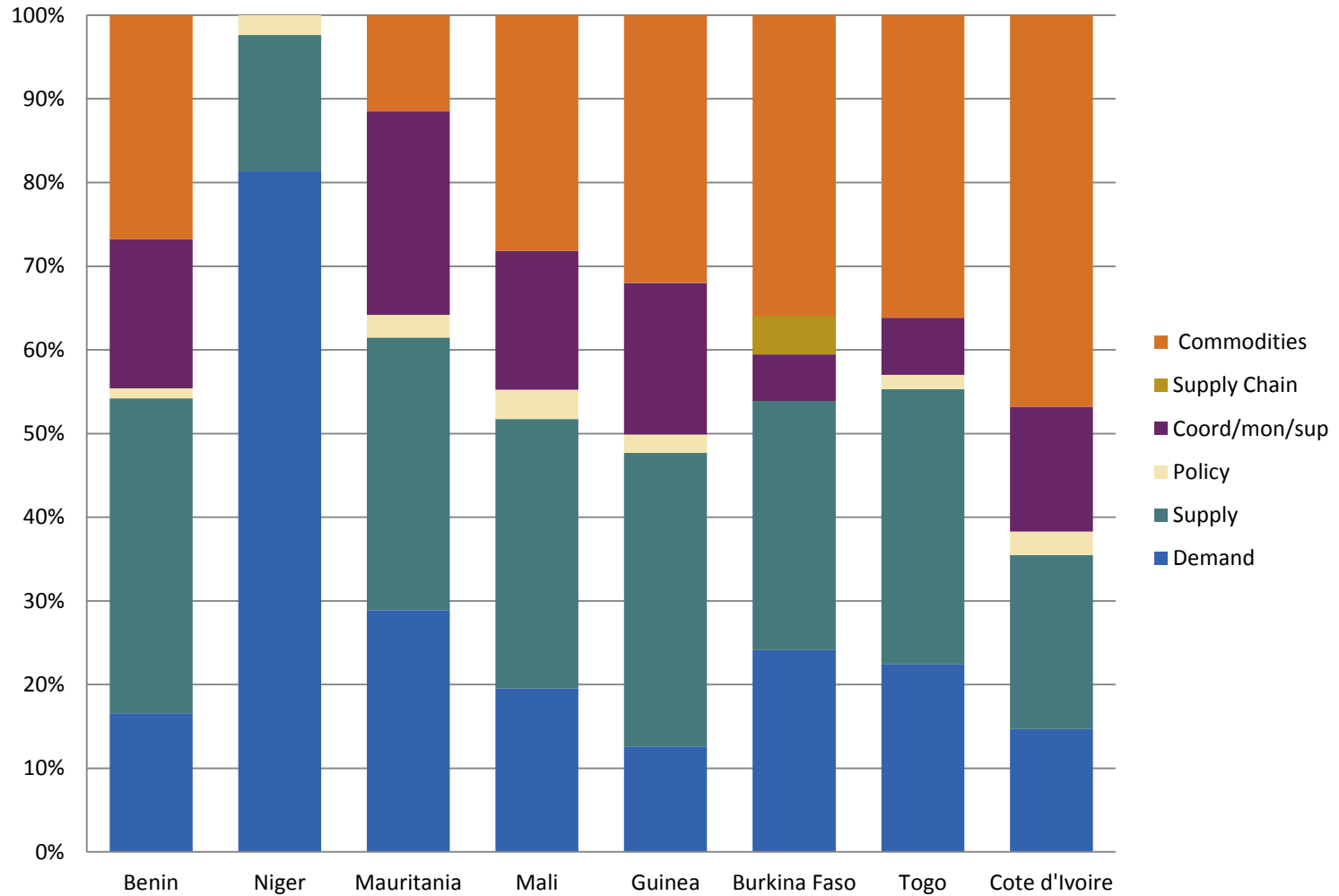
- STEP 8 Set Up and Manage Institutional Arrangement for Implementation
- STEP 9 Design and Implement Performance Mentoring Mechanism
- STEP 10 Develop and Implement a Resource Mobilization Plan

Evolution of CIPs : Version 1.0



- Mainly supply-side focused
- Commodity costs included
- Little emphasis on:
 - Demand
 - Policy environment
 - Performance management
- Donors pledged some support

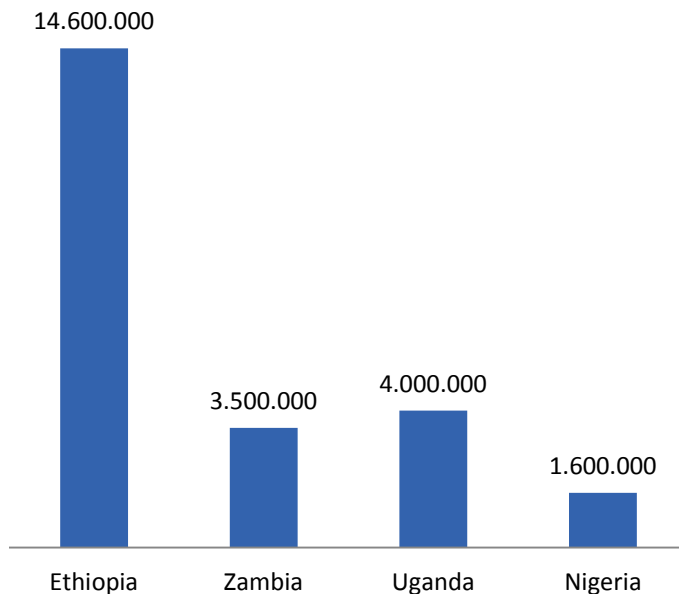
CIP Budget by Category



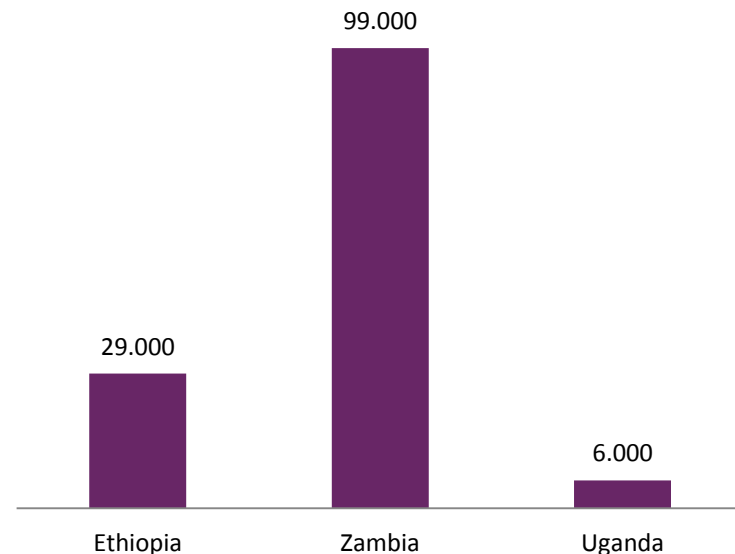
Evolution of CIPs : Version 2.0

- Stronger situation analysis
- Map to FP2020 commitments
- Detailed activity matrices, indicators, and targets

Unintended pregnancies averted



Maternal deaths averted



Evolution of CIPs : Version 3.0

Focusing on implementation of the plans, or execution



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Lessons we have learned from our experience developing and implementing CIPs

The right timing matters

- Adjust the length of the CIP process to maximize engagement
- Synchronize the CIP with other strategic processes taking shape in-country
- Take advantage of political momentum

Photos by UNFPA Uganda, Uganda State House



A truly consultative process contributes to overall success

- Actively engage stakeholders to foster commitment
- Capitalize on the synergies that a consultative approach elicits between stakeholders
- Assign clear roles and responsibilities at the start

Photo by Nichole Zlatunich



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For a CIP to act as an effective roadmap to achievement, it must be evidence- and reality-based



Photo by Nichole Zlatunich

- Commit to honestly reflecting the FP program's current weaknesses and challenges
- Set goals that are ambitious, but realistic to the country's context
- Take time to complete an accurate, activity-based costing exercise

Incorporating best practices and cross-country learning can ensure high-quality, innovative programming

HIP FAMILY PLANNING HIGH IMPACT PRACTICES **Community Health Workers:** Bringing family planning services to where people live and work

Community Health Workers

What is the proven high-impact practice in family planning service delivery?


Integrate trained, equipped, and supported community health workers (CHWs) into the health system.

Background

When appropriately designed and implemented, community health worker (CHW) programs can increase use of contraception, particularly where unmet need is high, access is low, and geographic or social barriers to use of services exist. CHWs are particularly important to reducing inequities in access to services by bringing information, services, and supplies to women and men in the communities where they live and work rather than requiring them to visit health facilities, which may be distant and inaccessible.

CHWs "provide health education, referral and follow up, case management, basic preventive health care and home visiting services to specific communities. They provide support and assistance to individuals and families in health and social services system" (ILO, 2008). "The level of education, the scope of work, and the employment status of CHWs vary across programs. CHWs are referred to by a wide range of titles such as "community worker," "community-based distributor," "community health aide," "health promoter," "health extension worker," or "lay health adviser."

Integrating CHWs into the health system is one of several proven practices in family planning" (HIPs) identified by technical advisory groups of international experts. A proven practice has sufficient evidence to widespread implementation as part of a comprehensive family planning strategy, provided that there is monitoring of coverage, quality, and cost as well as implementation research to strengthen impact (HIPs, 2014). For more information about other HIPs, see <http://www.familyplanninghighimpactpractices.org/about>




A community health worker in Togo with his supplies.

"...CHWs provide a critical link between their communities and the health services system."

Service Delivery HIP

Ensuring human rights in the provision of contraceptive information and services

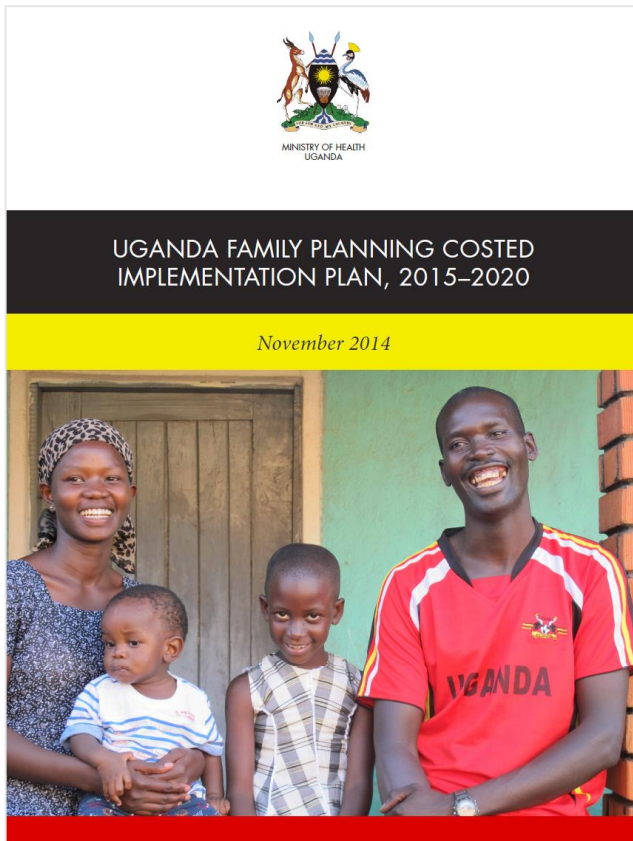
Guidance and recommendations



World Health Organization

- Consider and include evidence-based best practices where relevant
- Ensure rights and rights principles are incorporated

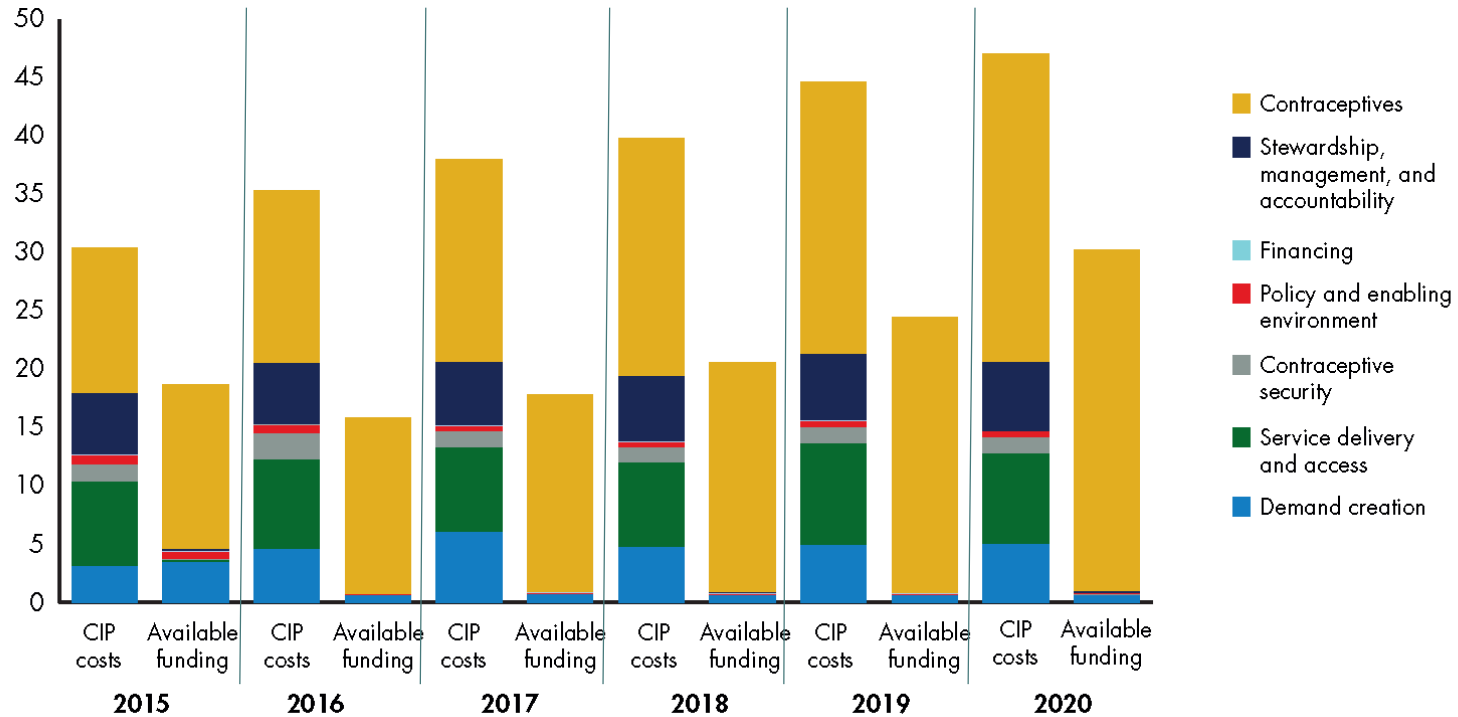
CIPs need to be living documents



- Set systems and expectations that allow the CIP to shift and adapt as necessary to meet goals
- Schedule yearly reviews and adjust to shifts in country and global contexts

Source: Ministry of Health, Uganda. 2014. Uganda Family Planning Costed Implementation Plan, 2015-2020. Kampala: Ministry of Health, Uganda.

It is essential to widen the net to capture resource mobilization opportunities



Source: Nichole Zlatunich and Taryn Couture. 2015. "2015 Gap Analysis for Uganda Family Planning Costed Implementation Plan, 2015-2020." Washington, DC: Futures Group, Health Policy Project.

The CIP is not “done” at the launch

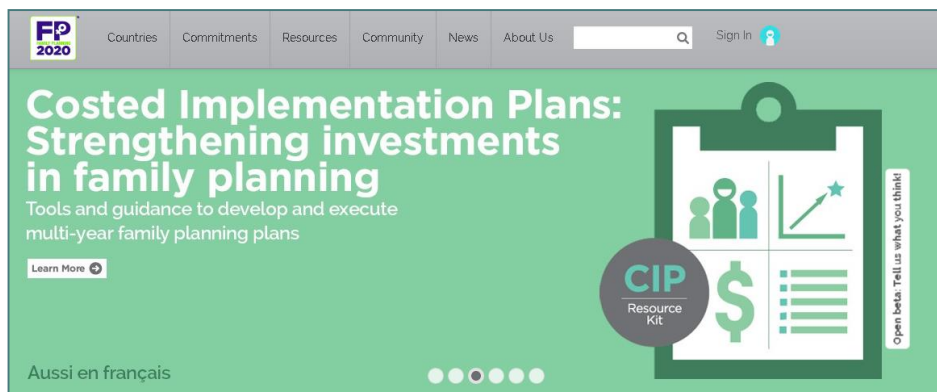
- Technical assistance often needed beyond the CIP launch
- More robust systems for CIP performance management needed
- Do not overlook the importance of disseminating the CIP
- Subnational planning and implementation is critical, particularly for decentralized countries



Photo by Health Policy Project

Additional resources

- FP2020 CIP Resource Kit:
<http://www.familyplanning2020.org/microsite/cip>
- Country examples of CIPs:
<http://www.healthpolicyproject.com/index.cfm?ID=topics-FP2020>
- HPP brief: “Getting it Right: CIP lessons learned”
- HPP brief: “Costed Implementation Plans: Strengthening Investments in Family Planning”
- HPP brief: “2015 Gap Analysis for Uganda Family Planning Costed Implementation Plan, 2015-2020”



HP+

HEALTH POLICY PLUS

Better Policy for Better Health



<http://healthpolicyplus.com>



policyinfo@thepalladiumgroup.com



HealthPolicyPlusProject



@HlthPolicyPlus



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