

GLOBAL PROGRAMME TO ENHANCE REPRODUCTIVE HEALTH COMMODITY SECURITY



UNFPA Global Consultation on Family Planning

The Bill & Melinda Gates Foundation project 'Strengthening Transition Planning and Advocacy at UNFPA'
with the Global Programme to Enhance Reproductive Health Commodity Security

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Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
BCC	behaviour change communication
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CPR	contraceptive prevalence rate
CSO	civil society organization
DFID	Department for International Development (UK)
FP	family planning
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HIV	human immunodeficiency virus
IEC	Information, education and communication
ICPD	International Conference on Population and Development
LAPM	long-acting and permanent methods
MNCH	Maternal, Newborn and Child Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
NFPCIP	National Family Planning Costed Implementation Programme
NGO	non-governmental organization
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infections
SMART	Specific Measurable Attainable Relevant Time-bound
SWAp	sector-wide approach
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

INTRODUCTION

UNFPA, the United Nations Population Fund, organized a technical consultation on advocacy for family planning with 18 countries receiving support through the project 'Strengthening Transition Planning and Advocacy at UNFPA'. UNFPA would like to acknowledge the project grant from the Bill & Melinda Gates Foundation for reform activities to improve UNFPA's strategic intervention in countries with high unmet need for family planning. The grant is complementary to ongoing work on unmet need for family planning, and supports the UNFPA Executive Director and his leadership team. Fourteen of the countries present at the June 2012 event in Dar es Salaam also participate in the UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GRPHCS).

The objective of the technical consultation was to share experiences and lessons learned in implementing reproductive health interventions, including family planning, and to set the pace for strengthening UNFPA's lead role in ensuring universal access to reproductive health commodities, especially modern contraceptives. It gathered input on the agency's reform processes and reviewed progress in countries participating in the GPRHCS.

The meeting produced agreement on next steps in the form of 'advocacy action plans' and identified

time-bound tasks in order to expedite the reform process. The group agreed that priority areas for action are to: (1) finalize structural and operational processes within the organization to facilitate prioritization of family planning among donors and at country level; (2) understand the country context to maximize impact from the various interventions, especially policy dialogue and advocacy; and (3) situate UNFPA strategically as a global leader in family planning, which requires increased resources.

The UNFPA Executive Director and Deputy Executive Director rallied the group to accelerate access to family planning at the country level. The group addressed many key issues, from the level of coding and indicators to the conceptual and technical details of the UNFPA Family Planning Strategy. Participants emphasized the great need for UNFPA to give visibility to its remarkable contribution in reproductive health and family planning by effectively documenting and disseminating its successes, good practices and lessons learned. They acknowledged the need to strengthen advocacy to increase resources and create an enabling policy environment for family planning, with such advocacy efforts building on partnerships and enhanced collaboration. Forward-looking discussion focused on opportunities to build on the success of the GPRHCS in the future.



1.1 About UNFPA and family planning

UNFPA is the United Nations' lead agency on family planning programming and reproductive health commodity security. UNFPA is committed to delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Action supported by UNFPA aims to fulfill the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which states:

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. (Principle 8).

The Programme of Action adds:

The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. (Para 7.12).

Reproductive health, including family planning, was high on the global agenda at the time of the ICPD. Since the mid-1990s, however, the allocation of global aid to population issues has shifted dramatically, leaving the share of funds for family planning significantly reduced. Funding for family planning services decreased from 40 per cent of total population assistance in 1997 to 5 per cent in 2007. Funding for basic reproductive health services decreased from 33 per cent to 17 per cent during the

same period, impacted by the response to the HIV/AIDS pandemic.¹

This drop in expenditure on family planning has created a resource gap between support and need. Demand for family planning is projected to increase from 818 million to 933 million women in developing countries between 2008 and 2015. The number of family planning users is projected to rise from 603 million to 709 million during the same period. UNFPA alone will require \$163.5 million per year by 2015 to address unmet need for family planning.

The resource gap calls for UNFPA's global leadership to ensure that family planning services reach the 260 million women and youth with unmet need. This entails addressing challenges such as frequent contraceptive stock-outs and issues of access and equity. It also calls on countries to take ownership and leadership of family planning financing and accountability. UNFPA has been engaged in reform since 2010 to improve its efficiency to enhance its leadership in re-energizing the global family planning agenda. Reforms aim to strengthen existing internal mechanisms (to assist countries to make rapid progress), increase accountability and bring greater visibility to family planning to mobilize political will and financial commitment.

¹ ECOSOC, from: *Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development*, Report of the Secretary General to the 42nd Session of the Commission on Population and Development. New York: United Nations; 2009.

1.2 About the meeting: Objectives

Forty-nine members of the UNFPA staff participated in the four-day technical consultation in Tanzania. It was attended by Country Representatives or Deputy Country Representatives; senior technical advisers from UNFPA Regional Offices of Africa, North Africa and the Middle East, Asia and Latin America; and staff from UNFPA Headquarters in New York. The event was organized by the UNFPA Commodity Security Branch and the Office of the Executive Director.

The meeting provided a forum for exchange of ideas on the following objectives:

- Share country updates on family planning and reproductive health commodity security, describing experiences, lessons learned, challenges and opportunities;
- Gather input on the reform process within UNFPA;
- Discuss the process of the London Summit on Family Planning;
- Contribute input to the draft Family Planning Strategy;
- Establish in-country Advocacy Action Plans for family planning;
- Examine the tracking of family planning resource expenditures in Atlas.
- Review the annual progress of countries in the GPRHCS.

Participants deliberated on UNFPA's forward-looking approaches to strengthen its global leadership role in family planning, focusing on advocacy to mobilize political and financial resources. The meeting reviewed progress and provided an opportunity for countries to share experiences and lessons learned regarding access to and quality of family planning services in developing countries.

The meeting was conducted in a participatory manner that included various techniques such as paper presentations, group presentations, question-answer sessions during plenary, group work sessions in country teams, groups with teams of staff of varying levels and years of experience in UNFPA, and brainstorming sessions involving participants seated around every table. The meeting also used gallery walks and video conferencing as channels for information exchange, learning and providing feedback/input to ongoing operational processes in the Fund. UNFPA Country and Regional Representatives made presentations and responded to questions and comments.

A team of resource persons from UNFPA Regional Offices and Headquarters in New York guided the meeting proceedings in collaboration with a professional facilitator from Geneva, Switzerland.



2.1 Opening statements

The official opening in the afternoon of June 5 featured three main speakers. All of the speakers emphasized the need for investing in family planning as the most cost-saving intervention in national development. They said that a number of countries in Africa and in other parts of the developing world were making significant progress towards universal access to reproductive health services.

Parliamentarians have an integral role to play as champions of family planning, said the Hon. Jenista Mhagama, a Member of Parliament from Tanzania, who spoke on behalf of the Tanzania Parliamentary Family Planning Club. Advocacy by the Club was instrumental in increasing the Government's allocation for family planning. Funding from national sources increased from 0.5 billion to about 1.2 billion Tanzanian shillings between fiscal year 2010/11 and 2012. The Club, which included members from various Parliamentary Standing Committees, will



continue its dialogue with the Government at national and local levels to urge allocation of more resources for universal access to reproductive health services, especially in meeting the country's unmet need.

Kate Gilmore, UNFPA Deputy Executive Director, described the organization's reform processes and underlined UNFPA's leadership in family planning since 1969. There are tremendous opportunities for the world to deliver on this agenda through continued collaboration and partnership, she said.

Investing in family planning is a win-win situation for poverty reduction, women's rights and human rights said Dr. Rugaro Chatora, a representative of WHO, the World Health Organization. It averts unplanned pregnancies and contributes to human health, human security and social development. He spoke on behalf of the UN system in Tanzania (Delivering as One), acknowledged family planning stakeholders' efforts in the implementation of the National Family Planning Costed Implementation Programme (NFP CIP).

During the opening ceremony, representatives of implementing partners involved in family planning and reproductive health in Tanzania introduced themselves and made the following remarks on the role of UNFPA role in family planning:

- Strengthen interventions to reach young people and adolescents with a view to preventing early/unplanned pregnancies and increasing access to youth-friendly services;
- Facilitate processes to minimize procurement hurdles to ensure timely delivery of family planning commodities;
- Take full advantage of the One UN approach in Tanzania and prioritize family planning in the

UN agenda; sexual and reproductive health and reproductive rights should be a fundamental concept/agenda and efforts should not only focus on service provision;

- Improve access to family planning information, services and commodities for youth and adolescents;
- Build partnerships with and support local organizations that are strong in advocacy for family planning and maternal and child health.

2.2 Discussions with UNFPA leadership

Throughout the meeting, participants enjoyed opportunities to engage in dialogue with UNFPA leadership and provide input to the ongoing developments within the Fund. Discussions centred on the UNFPA reform process, its decision to prioritize family planning, how the Fund could mobilize more resources and ensure family planning commodities are delivered to facilities, and the need to generate evidence-based data for resource mobilization.

UNFPA Executive Director Babatunde Osotimehin

interacted with the participants via a videoconference, calling on the group to prioritize family planning within the human rights context and strive to reposition the organization to serve the constituency better. He spoke about the need to have countries or governments look at reproductive health/family planning as an integral component in promoting development. UNFPA must continue advocating for more resources at country level because that is key to sustainability of family planning programmes, he said. He also noted the importance of evidence-based advocacy and sharing good practices.

UNFPA Deputy Executive Director Kate Gilmore

attended sessions on the first and second days of the meeting, spoke about the need to have the conviction that reproductive health/family planning issues matter and that family planning is a means to another end, e.g. women's empowerment, better maternal

and child health and improved family welfare. She noted that challenges of a small staff with a vast mandate, and the need to make choices with regard to economy of scales that may demand significant change in New York and at country level. In every respect family planning is critical in global issues and to be a main player, UNFPA will need to undertake an organizational appraisal of our capacity to deliver. As a value-based organization, we need to talk about collaborative advantage as opposed to competition and to be narrow, deep and sharp for coordinated and coherent delivery of results. We need to be where need is greatest: with young people. UNFPA is trusted and entrusted with resources, and has an opportunity to deliver with accountability, she said.

2.3 London Summit on Family Planning

A presentation about the upcoming Summit provided participants with an update on preparations, including invitations and some refining of the agenda. Participants worked in country teams to make suggestions about how to ensure the outcomes of the Summit are sustained.

On 11 July 2012, the UK Government and the Bill & Melinda Gates Foundation with UNFPA and other partners will host a groundbreaking summit that will mobilize global policy, financing, commodity, and service delivery commitments to support the rights of an additional 120 million women and girls in the world's poorest countries to use contraceptive information, services and supplies, without coercion or discrimination, by 2020.

Several countries represented at the meeting had confirmed participants, and more confirmations were expected prior to the Summit. Participants brainstormed about how countries can benefit from the current global momentum around family planning. Country teams placed emphasis on the importance of linking family planning and maternal health, and raising awareness of the fact that family planning is within the context of MDGs 4 and 5.

3

FOCUSING ON THE FAMILY PLANNING STRATEGY

3.1 How UNFPA is developing a new strategy

The meeting in Tanzania offered an opportunity to provide input to the process of developing a Family Planning Strategy.

UNFPA is re-writing its family planning strategy to ensure that systematic and scaled-up support is provided to developing countries to achieve universal access to, and coverage of, family planning as part of integrated sexual and reproductive health.

The strategy is part of UNFPA's resolve to prioritize family planning within its broader mandate and is

based on the Fund's commitment to a 15-point reform agenda intended to improve business as a global leader in family planning (see box). The reform process is intended to further consolidate ongoing family planning initiatives such as the Global Programme to Enhance Reproductive Health Commodity Security and other activities within a larger reproductive health effort including maternal health, prevention of sexually transmitted infections (STIs) and adolescent outreach.

The family planning strategy has two key objectives: to support and strengthen country efforts in family planning and to strengthen internal organizational capacity in family planning.



15-point reform agenda for UNFPA

UNFPA family planning strategy

1. Increase financial commitment for FP by supplementing FP resources with core resources (for staff);
2. Elevate FP leader and management team with direct reporting to the Executive Director;
3. Reallocate staff time to FP at global/regional levels.

Procurement process

4. Increase number or products procured from southern manufacturers through ERP approval to decrease prices
5. Develop robust local demand forecasts; ensure coordination for supply planning across procurement stakeholders;
6. Tackle emergency stock-outs through scaling up product availability in AccessRH strategic inventory;
7. Reduce stock-outs through development of plans for in-country supply chain management and escalation protocol;
8. Address cyclical funding gaps by creating an interest-free fund that can be used until disbursement occurs.

Metrics and monitoring

9. Develop a supplementary scorecard of 10 key metrics for reporting to donors semi-annually;
10. Introduce performance management for countries by implementing a needs-based and performance-based evaluation funding system;
11. Track funding/spend across all FP-related activities.

Other reforms

12. Up-skill in-country staff responsible for supply chain management, service delivery, monitoring and reporting;
13. Revamp performance management across all UNFPA FP employees;
14. Increase external stakeholder involvement by setting up a Steering Committee chaired by UNFPA together with a donor representative on a rotational basis. Explore a possible role for external stakeholders in UNFPA Executive Board;
15. Scale up comprehensive support from 46 to 69 countries.

The strategy presents five intervention areas:

- **Enabling environment** (policy change governance of health sector, financing for family planning and resource mobilization);
- **Demand** (community mobilization, BCC/IEC, sexuality education, male involvement);
- **Supply** (availability of contraceptives, in-country supply chain management system and related national capacity, appropriate location, orientation and resourcing of service provision including broad method mix);
- **Access and quality** (integration of FP in primary health care, total market approach, linkages between FP and HIV; maternal and child health and youth-friendly services); and
- **Knowledge management** (data collection and analysis, data utilization and dissemination, monitoring and evaluation).

The strategy's guiding principles incorporate a rights-based approach; support national priorities; ensure gender equity and geographical, social and economic equity in FP services; and ensure a focus on innovation, efficiency and results.



3.2 Participants' input on family planning strategy

An interactive session during the meeting engaged participants in thinking about the new family planning strategy. Participants worked in groups of twos, and mixed groups of six to seven individuals with varying levels of experience in UNFPA, to respond to eight key questions. The questions centred on pertinent issues of strategy implementation such as proposed interventions and how best to capture results, issues of monitoring, procurement systems, staff skills, and ensuring ownership of the strategy at different levels. Each question had its own poster-sized paper on standing flip charts where participants used different coloured marker to record their comments. Their



responses are captured in Table 1. This input will be taken into consideration in the finalization of the family planning strategy. For example, participants noted the importance of linking family planning to maternal health because, in many countries, a number of socio-cultural barriers are attached to family planning.

Table 1: Participants' input on the UNFPA family planning strategy

Questions	Responses from participants
1. How can the outputs best capture the key results that should be achieved on FP at different levels?	CL: Indicators should be SMART. Evidence-based, data collection and analysis, accountability, cost benefit analysis, country context and priorities, advocacy
	RO: Clear deliverables, capacity building, sharing evidence-based practices, advocacy, supervisory support to Country Offices, accountability to HQ
	HQ: Coaching for quality assurance at regional levels, policy and results framework, define indicators at global level, commitment to donors and resource mobilization
	Comment: Regarding staff for implementation of new strategy: include in job description. Does staff have time to implement?
2. How can the proposed strategic approaches/ interventions better reflect the necessary steps to achieve the outputs?	Focus and clarity, financial and human resources, programme design.
	Guiding principles: innovation, result-oriented, clear division of labour, humanitarian-sensitive (participation and consultations)
3. How can we further improve UNFPA's role in monitoring in-country stock status?	CL: Capacity building in LMIS, coordination committee for reproductive health commodity security (RHCS), use of IT (m-Health), monitoring and evaluation capacity
	RO: Provide technical assistance in the above areas. Document and share good practices in monitoring systems.
	HQ: Broaden the number of supplies (LTN), facilitate pre-qualifications (WHO), broaden the catalogue (items) list

KEY: **CL** is Country Level
RO is Regional Office
HQ or **NY** means Headquarters or New York Office

Table 1: Participants' input on the UNFPA family planning strategy

Questions	Responses from participants
4. How can we further improve the UNFPA procurement system?	CL: Build capacity of national staff and build capacity of national systems, integration of procurement system, improve data management and procurement, planning, monitoring
	RO: Clarify regional roles, capacity building, improve communications and monitoring
	HQ: Prequalified local suppliers (PSS), long-term agreements (LTA), reduce bureaucracy and lead time, timely release of funds, improve communications with PSS, improve coordination among partners
5. What additional skills are required to implement the FP strategy at different level?	CL: Advocacy/communication skills, behaviour change communications (BCC), cost benefit analysis, social mobilization, forecasting, logistics, data generation/analysis, M&E, leadership, strategic thinking and management, demand generation
	RO: Sharing of good practices, hire specialization costing, demand generation, contraceptive technology, M&E, analysis of reports
	HQ: Resource mobilization, giving strategic direction, M&E
6. How can the present GPRHCS monitoring and evaluation framework better cover the broad range of FP interventions?	Alignment with existing frameworks (SP, CPAP, MHTF, etc.), broaden indicator framework to capture quality of care, demand creation, should include service statistics
7. How can we revamp performance management (including monitoring of performance) across all UNFPA especially in relation to FP?	CL: Indicators that measure performance of staff, funding mobilized, FP programme implementation, select the key indicators (result-oriented included with tangible indicators (e.g. new acceptors)
	RO: Identify deliverable and realistic indicator, capacity and accountability development, more staff to cover the 15 commitments
	HQ: Be courageous to get the wrong people out; develop the PAD system with outputs on FP, develop materials/systems to build the capacity in UNFPA and beyond (government and partners), capacity and accountability development
8. How can we ensure ownership of the FP strategy at the different levels?	CL: Participatory approach, investing country offices with directional feedback including communications, share the FP strategy with Country Office staff, share with national key stakeholders (e.g. government, NGO partners, donors), evidence-based advocacy for national ownership and budget support
	RO: Provide technical assistance to Country Offices to operationalize the strategy, consolidate Country Office feedback and send to New York, communicate frequently in-house and with country offices and regional offices
	HQ: Take into account feedback from Country and Regional Offices, promote the FP strategy to donors for resource mobilization

KEY: **CL** is Country Level
RO is Regional Office
HQ or **NY** means Headquarters or New York Office

4.1 About the GPRHCS

Reproductive health commodity security (RHCS) is achieved when all individuals can obtain and use affordable, quality reproductive health commodities of their choice whenever they need them.

UNFPA launched the Global Programme to Enhance Reproductive Health Commodity Security to address the problem of an unreliable supply of contraceptives,

condoms, medicines and equipment in developing countries. The GPRHCS is now UNFPA's flagship programme for family planning, supporting commodity procurement and capacity development in 46 countries in 2011. Launched in 2007, the programme has mobilized \$450 million to complement UNFPA country programme support to national efforts to improve reproductive health commodity security. The programme is yielding measurable results through strategic, catalytic support that assists countries in



planning for their own needs, with a focus on essential reproductive health supplies as well as capacity development to strengthen health systems.

UNFPA staff from each of the 18 countries represented at the meeting delivered a presentation. Presentations covered 11 Stream 1 countries that receive sustained multi-year support and three Stream 2 countries that receive targeted support. Presentations also covered four countries (Bangladesh, Kenya, Philippines and Tanzania) that are not in the GPRHCS but in the Bill & Melinda Gates Foundation project 'Strengthening Transition Planning and Advocacy at UNFPA'.

4.2 Reflection on country presentations

UNFPA staff described key interventions, advocacy initiatives, challenges, opportunities and lessons learned. They also looked to the near future with priorities, expected results and technical assistance needs for 2012-2013. The group reflected on the presentations and offered a number of observations:

- Political commitment for family planning is still low despite a good enabling policy environment in Africa. Government leadership and ownership is critical;
- It is important to know the terrain to respond effectively to family planning needs. Strong and diverse in-country partnerships are critical and all 18 countries have shown different ways of working with partners;
- Advocacy efforts need to use data from cost-benefit analyses or use actual numbers to convince governments to support family planning;
- Use innovative approaches in SWAp and Basket Fund proposals, e.g. male involvement, community-based distribution, involvement of civil society organizations in family planning, data collection via mobile phones, and other community-based approaches;
- Routine data collection on reproductive health commodity security is better than conducting annual surveys;
- Capacity building in long-acting and permanent methods of modern contraception increases



- client choice and uptake of family planning; most countries have huge unmet need;
- Managing stock-outs at service delivery points still remains a challenge.

Regarding advocacy interventions, most country presentations highlighted behaviour change communication (BCC) and information education and communication (IEC) activities. The BCC/IEC are a mid-point to advocacy as they create awareness and strengthen the understanding of issues being advocated for but cannot lead to an action for policy change or increased resources. Advocacy is about influencing leaders to act on proposed changes in policy, strategy, programme or resources. Advocacy involves identifying the issue, understanding the dimension, positioning the issue, framing it within the context of the desired change, and targeting decision makers or the desired audience through simple messages and credible messengers.

Table 2: Snapshot of experiences from the field in strengthening RHCS, 2009-2012

<p>Common Key Interventions</p>	<ol style="list-style-type: none"> 1. Integrating FP commodities in HIV/TB/Malaria and essential medicines; 2. MNCH Stock availability surveys to determine gaps; Community-based distribution targeting minority groups; 3. Engaging government in leveraging resources/ increased budget line for FP commodities; 4. Comprehensive condom programming; 5. Training in logistics and CHANNEL at district, regional and national level; 6. Importing emergency pills for public sector; 7. Donor collaboration initiatives under UNFPA leadership; 8. Capacity and systems strengthening (improve national supply chain system, training on warehousing); 9. Building strong partnerships (journalists, religious/traditional leaders, women's networks, CSOs), FP campaigns, national health weeks; 10. Institutionalized RCHS trainings at pre and in-service trainings, training in contraceptive technology; 11. Postpartum and post-abortion contraception; 12. Reliable RH data for planning; 13. Procurement of contraceptives, equipment; 14. Demand generation; 15. Technical assistance to Ministry of Health; 16. Quantification and forecasting of contraceptive needs for public sector; 17. Promotion of access to FP commodities in private sector using social marketing; 18. Targeting the poor in urban areas; 19. Changing from a push to pull system.
<p>Common Challenges</p>	<ol style="list-style-type: none"> 1. Stock-outs of long-acting and permanent methods/contraceptive shortages; 2. Sustaining national budgets, finding new funding sources; 3. High discontinuation rate; 4. Weak supply chain management system and coordination, and logistics information management system; 5. Weak capacity in forecasting; 6. Limited staff and staff skills; 7. Difficulty in reaching women in remote areas; 8. Existence of parallel logistics system of RH commodities and essential drugs; 9. Military coup/socio economic turmoil affecting access to services; 10. Government pro-natalist policy/sensitivity to family planning; 11. Nomadic populations; 12. Cultural barriers to access services by youth; 13. Inhibitive education policies; 14. Poor transportation and distribution networks.
<p>Common Key Successes</p>	<ol style="list-style-type: none"> 1. In-country lead time reduced; 2. Improved integrated supply chain management system; 3. Computerized national supply management system implemented, e.g. CHANNEL software; 4. Improved access and demand for family planning services; 5. Increase in government funding (though in small amounts); 6. Increased percentage of service delivery points with no stock-outs; 7. Service delivery and health workers competency improved; 8. Reliable reproductive health data for planning; 9. Increased choice of family planning methods users; 10. Increased contraceptive prevalence; 11. Decreased unmet need for family planning.

Table 2: Snapshot of experiences from the field in strengthening RHCS, 2009-2012

<p>Key Advocacy Approaches</p>	<ol style="list-style-type: none"> 1. Facilitating study tour on RHCS for Senate, Parliament, women’s networks, CSOs and MoH; 2. Using RAPID Model to galvanize political/policy commitment; 3. High-level advocacy meetings; 4. Policy dialogue on increased budget allocation for FP commodities; 5. Creating family planning champions; 6. Integrating family planning into non-health NGOs’ activities; 7. CARMMA implementation through ambassadors, first ladies; 8. Dialoguing with donors on family planning and demography; 9. Production of facts sheets/position papers for policy dialogue and action; 10. Advocacy strategy; 11. Building partnerships and networks; 12. Task shifting: community-based access to injectable contraceptive methods by community health workers; 13. Focusing on family planning needs of adolescents and youth; 14. Focusing on family planning needs of hard to reach areas; 15. Using NFP CIP to spearhead FP programming.
<p>Key Lessons Learned</p>	<ol style="list-style-type: none"> 1. Solving unmet needs through generalized use of long-acting contraceptive methods can yield quick wins; 2. Institutional capacity building is key to sustainability; 3. Private sector involvement contributes to effective delivery of commodities; 4. Integration of FP into primary health care increases demand and access to family planning; 5. Understanding clients’ perception key to determining programme direction; 6. Contraceptive security/RHCS committee is critical in prioritizing inclusion of contraceptives in national budgets; 7. Mapping of family planning partners strengthens synergy; 8. Involvement of community actors increases demand and access to services.
<p>Opportunities</p>	<ol style="list-style-type: none"> 1. Building on the health extension worker programme structure; 2. Establishing strong partnerships and coordination; 3. Incorporating routine data collection of RHCS key indicators instead of yearly survey; 4. Conducting more outreach activities; 5. Tacking advantage of current priorities for many donors and Ministries of Health, i.e. establishing a functional logistics management information system and improving maternal and child health Using community health workers programmes for commodity distribution; 6. Recognizing high population growth as a barrier to food and nutritional security and economic prosperity; 7. Leveraging upcoming national family planning summits; 8. Creating a conducive policy environment, e.g. free contraceptive policy, greater political commitment; 9. Increasing the availability of advocacy tools; 10. Ensuring a well-established service delivery infrastructure.

5

GPRHCS COUNTRY PERFORMANCE REVIEW

The meeting served two purposes. In addition to the global consultation on advocacy for family planning, it was an opportunity to hold the GPRHCS annual review meetings. These yearly reviews focus on country performance in reproductive health commodity security. The programme has a no-cost extension through 2012, at which point it will end or continue in a new phase.

Participants described some notable results attained by the GPRHCS in several years of operation, including enhanced capacity in contraceptive distribution, and reliable data for advocacy to influence investments in commodity security. UNFPA has an opportunity to show leadership by addressing stock-outs of essential reproductive health supplies.

Avoiding shortfalls remains a challenge, however. In 2011, some countries reported poor results against the indicator measuring the percentage of service delivery points reporting 'no stock-out' of contraceptives within the last six months. A report (shared at the meeting) by McKinsey & Company, the consulting firm assisting UNFPA in its transformative processes to strengthen its leadership role in family planning, noted UNFPA's inability to address the stock-out issue. Burkina Faso, Mali, Mongolia, Mozambique and Sierra Leone shared reasons and experiences that affected their efforts to attain set targets, hence their poor performance in avoiding stock-outs. These reasons ranged from in-country divisions of roles whereby other UN agencies (and not UNFPA) undertook contraceptive distribution, bureaucracy in transporting contraceptives from countries with high stock levels to those experiencing shortages, lack of clarity on the methodology that evaluation consultants/ researchers used to assess the GPRHCS, and other factors.

Some countries disagreed with the reporting on stock-outs, concerned that the data collection tool and research guidelines are flawed. For example, insufficient understanding among researchers on the definitions of questions in the assessment guidelines prior to embarking on data gathering posed a challenge. Participants at the meeting proposed several responses:

- Form a steering committee to discuss the tool for monitoring stock-outs;
- Disaggregate contraceptive data by different methods;
- Conduct briefing and de-briefing sessions for all evaluation consultants/researchers with UNFPA Country Offices; and
- Clarify the categorization of service delivery points.



6.1 Intensified focus on family planning

UNFPA's intensified efforts in family planning are anchored by its new leadership headed by a new Executive Director, a revised strategic plan with clear outputs on family planning, the Global Programme to Enhance Reproductive Health Commodity Security (a thematic fund), and support from the Bill & Melinda Gates Foundation for the project 'Strengthening Transition Planning and Advocacy at UNFPA'.

The project's main objectives are:

- Strengthen efforts for addressing unmet need for family planning, within the context of sexual and reproductive health, in the revised UNFPA Strategic Plan and the new Executive Director's Business Plan;
- Improve tracking of resources allocated to family planning; and
- Advocate to donor partners and policy makers in target countries for increase in commitment to address the unmet need for family planning (18 countries selected).²

The June consultations in Tanzania with the 18 focus countries served to set the stage for meeting most of the project's milestones. The Strategic Plan and the Executive Director's Business Plan have been completed, and the remaining milestones pertain to resource tracking and resource mobilization through advocacy. Updates on ongoing financial and accounting processes were presented and participants provided input. To help achieve the resource

² Afghanistan, Bangladesh, Burkina Faso, DRC, Ethiopia, Haiti, Kenya, Lao PDR, Madagascar, Mali, Mongolia, Mozambique, Nicaragua, Niger, Nigeria, Senegal, Sierra Leone and Tanzania.

mobilization milestone, participants at the meeting were asked to develop country-specific Family Planning Advocacy Action Plans (see Annex 1).

6.2 Tracking resources exclusive to family planning: New coding

Tracking expenses is crucial to ensure monitoring and reporting, increasing overall accountability and transparency. However, the current expense tracking system used by UNFPA does not track resources spent by thematic area, including on family planning. Gathering and analyzing information on patterns of resource allocation to family planning will allow UNFPA to use the findings to make informed decisions for future resource allocation.

Discussion on this topic was supplemented by a videoconference with UNFPA New York staff members Vivienne Wang and Arasu Jambukeswaran. They explained that a sample coding system was being developed and would be implemented by March 2013.

The proposed coding system will classify and track expenditures at the output level by thematic area and by function in a matrix structure. To ensure that the number of possible combinations is kept to a management and user-friendly level, only up to 15 thematic areas and 15 functions will be allowed (in a 15 x 15 structure).

Comments included a variety of ideas about how UNFPA should track its resources and expenditures:

- The new coding system should be realistic, accurate, user-friendly and manageable; it should be less complicated and allow countries to provide input to the overall process;



- The new coding systems should show the way we work despite the complexity in tracking resources;
- It is important to agree on what is being tracked because there are many sources of family planning funding.
- Coding should be based on the country context, e.g. consider countries with SWAps and technical support provided by UNFPA;
- It is difficult to track and report on expenditures that

are part of the UNFPA contribution to health sector basket funds or to service delivery, which includes family planning as well as maternal, newborn and child health;

- The proposed system already represents a significant improvement over the existing system, e.g. foreseeing 225 possible codes compared to the over 1000 codes currently existing. However, UNFPA should look into further simplifying it by further reducing the number of possible thematic areas and functions.

An interactive group exercise generated a list of concrete suggestions regarding how to code this work (see Table 3). Group discussions focused on topics such as service delivery coordination, programme management, humanitarian situations, reproductive health commodity security, and institutional capacity building.

Table 3. Suggestions for new coding of thematic and functional areas

<p>Proposed functional areas (narrowed down after rounds of discussion)</p>	<ol style="list-style-type: none"> 1. IEC/BCC (become a thematic area) 2. Capacity development of human resources (providers, managers, staff training) 3. Capacity development of systems 4. Advocacy and policy dialogue (in particular around supply chain systems) 5. Data collection and dissemination 6. Research 7. Monitoring and evaluation (M&E)
<p>Additional functional areas to be considered</p>	<ol style="list-style-type: none"> 8. Commodity security (equipment and supply chain) 9. Supply chain management (including procurement) 10. Partnerships development 11. Programme planning 12. Resource mobilization 13. Sex education (including peer education) 14. Community mobilization 15. Capacity development of institutions (for coordination and management) 16. Operational costs 17. Programme management 18. South-South cooperation 19. Service delivery 20. Provision of equipment and supply 21. Male involvement
<p>Other comments</p>	<ul style="list-style-type: none"> • Could align to UN functions, e.g. policy dialogue, capacity building, technical assistance and knowledge management • Should reflect humanitarian situations

6.3 Country advocacy action plans

More interventions in policy and advocacy are needed if UNFPA is to mobilize increased resources to meet the unmet need for family planning. This includes working with the private sector and networks and coalitions at the national and international levels. Objective 3 of the Bill & Melinda Gates Foundation project is to advocate to donor partners and policy makers in target countries for increased commitment to address the unmet need for family planning. It has two main activities:

- Strengthen resource mobilization activities for increased donor funding to meet the unmet need for family planning; and
- Conduct advocacy activities for increased commitment and resources for scaling up family planning demand generation activities in target countries.

Participants worked in country teams to develop advocacy action plans for the period June 2012 through January 2013 (see Annex 1 for the first year). Each plan included certain elements: two (SMART)



outcomes; several outputs; key activities; stakeholders (as partners/decision makers); timeline; budget.

The advocacy action plans were submitted to the Secretariat of the meeting. The target countries also identified five key activities and a timeline (see Table 4). Countries will receive funds to implement their plans soon after submission.

The participatory methodology applied during the advocacy planning process facilitated the exchange of experiences and lessons.



It also inspired the possible replication of some interventions, such as the economic benefit analysis of investing in family planning, and engaging the private sector. There were many similarities in the nature of activities especially with regard to advocacy for resource mobilization. Most activities were planned in 2012.

Country teams made the following comments as they created their action plans:

- We need to identify indicators of success within the country context;
- More data collection for evidence-based advocacy and more documentation of success stories, good practices and lessons learned at the national and regional levels is needed;
- We need to document the good work on the ground and share the stories at all levels;
- Ensure clarity in the concepts, such as the differences between behaviour change communication and advocacy, and define how the two interventions are mutually supportive;



- One reason why UNFPA must strengthen its result-oriented approaches is because the Bill & Melinda Gates Foundation operates as a private enterprise;
- The focus on managing results is essential for donors, which means there is an urgent need for clarity on how UNFPA moves forward;
- Planning for the future should take into consideration the different stages that countries are in with respect to family planning implementation.



7

WHAT'S NEXT: KEY ACTION POINTS

The meeting concluded with an agreement on the following next steps and a timeline:

Table 4: Five next steps and a timeline

Action area	Tasks	Timeline
1. UNFPA family planning strategy	Participants will send feedback on the draft	By June 14
2. Advocacy plan	<ul style="list-style-type: none"> Participants will finalize and send their final action plans to the project management team Gates project to send funds as soon as workplans are received Send the latest McKinsey document to all Country Offices to retain proportion of budget from core funds and GPRHCS 	By June 15
3. Expenditure tracking	<ul style="list-style-type: none"> Participants will discuss with their country teams and send feedback to the project management team 	By June 15
4. Intensify FP activities	<ul style="list-style-type: none"> Clarification on communication regarding: FP summit will be obtained from New York office and shared with the countries for their follow-up Countries will provide feedback on the progress to highlight family planning in the countries Mark World Population Day and report to the project management team Country Offices to be proactive in integrating family planning in everything they do 	
5. Conclusion on stock-outs survey	<ul style="list-style-type: none"> Retain 6 months in definition Report on each commodity and also all commodities Country Offices to validate results and agree with survey team before sharing with Commodity Security Branch (CSB) CSB to send definitions of indicators 	

ANNEX 1: Country Advocacy Action Plans for the coming year, 2012-2013

June	July	August	September	October	November	December	January	February	March	April	May
Sierra Leone											
Country Office or-ganize stakeholders meeting on FP as Govt's flagship programme in the PRSP 2013-17	June-July mass media campaign on FP with FP week; CO develop film/documentary on FP as FP advocacy tool; Engage at least two private sector groups on FP; Prepare fact sheets	Cost the value of FP for the MDGs							OFL to dialogue with TRL and senior gov't people on FP	Parliamentarians capacitated to advocate for FP resource allocation	
Nicaragua											
	Conduct situation analysis		Develop fact sheets						Develop local campaign; Meeting with MoH, MoE		Meeting with local authorities
Nigeria											
	Consultative meeting to build support for FP at state levels	Consultative meetings to advocate for increased funding for procurement of contraceptives based on revalidated forecast 2012-15	Nationwide advocacy campaign and launch of FP logo								
Democratic Republic of Congo / DRC											
	Stakeholders meeting on FP repositioning	Sensitize on FP issues; parliamentarians, FBOs, journalists networks, women's rights organizations			Build the coalition with national key stakeholders for FP			Train CSOs leaders on FP		Advocacy activities targeting political and religious leaders	
Haiti											
Policy and advocacy material development								Policy and advocacy material	Capacity building for MoH and partners on advocacy on FP	Advocacy workshop with parliamentarians/ Senate	

June	July	August	September	October	November	December	January	February	March	April	May
Philippines											
	Policy dialogue with legislators for passage of RH Bill; Advocacy with the President and his cabinet on FP	Sustained advocacy with CBCP (Catholic Bishops)		Private sector summit to support RH/FP. National interfaith conference on RH and Pop Dev		Political mapping to identify ASRH, including FP champions	Mobilize men opposed to violence, e.g. Muslim religious leaders; Expand advocacy to local groups (MOXE, MRLS, FP satisfied users; Formulate gov't administrative orders on revitalized FP programme				
Mongolia											
	Develop cost benefit fact sheets	Develop of behavior change communication strategy	Five brief meetings with MPs/ policy makers		Market segmentation	Costing of FP needs					
Niger											
	Support gov't and donor roundtable meeting	Donor breakfast meeting on FP		Special event forum of traditional chiefs; Training of journalists; Training of resource persons							
Senegal											
	Working sessions with MoH & her team on national budget line for contraceptives	Working session with Commission on Health at Parliament and Senate on national budgeting for contraceptives		Caravane FP in selected three regions	Working session with private sector to increase resource mobilization for FP			Media campaign for FP sensitization			
Burkina Faso											
	Documentation of best practices			Cost-benefit analysis/costing of strategic plan	Secondary analysis of DHS				Workshop with parliamentarians	Workshop with local officials	

June	July	August	September	October	November	December	January	February	March	April	May
Ethiopia											
	Faith-based organizations, regional consultations ongoing	Mapping of potential private sec- for umbrella organizations	National forum on FP Develop Zanzibar FP Costed Implementation Program	Quick analysis of corporate social responsibility to determine entry point for advocacy	Mapping of adolescent SRH services Facilitate dialogue for a between key government institutions and FP stake-holders on FP financing	EDHS in-depth analysis of adolescent FP unmet needs	Training of media houses	National forum on young people Conduct targeted advocacy meeting with selected private sector actors			
Kenya											
			Development of concept and background material			Stakeholders meeting				Kenya meeting for Members of Parliament	Kenya study tour for Members of Parliament (south-south)
Mozambique											
			FP strategy by gap analysis, Advocacy package	National Advocacy Meeting	Develop behaviour change communication strategy						
Lao											
				Launch and disseminate 2012 LSIS				Workshop to orient policy makers in health and education sectors on revised curriculum		Advocacy workshops in priority provinces	
Bangladesh											
		ToR for stakeholder coalition				Cost-benefit analysis	Establish helpline	KAP study adolescent stakeholders, LLP			
Madagascar											
				Stakeholder meeting		Produce evidence-based ADV paper for increasing budget line for gov't procurement of FP methods					Stakeholders meeting
Africa Regional Office											
Integration of FP into all ARO activities - youth, CARMMA, AU Ministers			Evidence-based economic benefit analysis on investing in FP		Media documentation of FP (foreign regional media) of success stories		Facts sheets on evidence-based stories shared		Partnership forum on FP with private sector, regional CSOs, donors, foundations		

ANNEX 2: Agenda

Tuesday 5 June		
09:30	09:45	Welcome, Introduction and Meeting Objectives Mariam Khan and Kechi Ogbuagu
09:45	10:15	Participant Mapping, and Table Introductions Facilitator
10:30	11:00	Overview of the Gates Project and UNFPA Increased Efforts in Family Planning Kechi Ogbuagu, Elena Pirondini
11:15	12:30	Country Review Part I: Country Presentations (7 minutes each)
14:00	14:45	Official Opening <ul style="list-style-type: none"> • Remarks by the Deputy Executive Director (Programme) • Remarks by the Minister of Health • Remarks by country-level FP stakeholders
15:00	15:30	Country Review Part II: Country Presentations
15:30	15:45	Remarks by the UNFPA Executive Director Dr. Babatunde Osotimehin
15:45	17:00	Overview and Discussion of the London Summit on Family Planning Via video: Dr. Babatunde Osotimehin, Kate Gilmore, Delia Barcelona, Jagdish Updahyay
17:00	17:45	Meeting between the DED (Programme) and the Country Representatives/Deputy Representatives Kate Gilmore, Country Representatives, Deputy Representatives
Wednesday, 6 June		
08:45	10:15	Country Review Part III: Country Presentations
10:30	11:45	Country Review Part IV: Country Presentations (with table reflection to identify replicable ideas)
11:45	13:00	Presentation and Discussion of the Draft Family Planning Strategy Document Plenary Discussion and Q&A Kechi Ogbuagu, Gifty Addico, Rita Columbia
14:00	14:30	Discussion of the draft Family Planning Strategy Document - Crowdsourcing exercise around key questions
14:30	15:30	Discussion of the draft Family Planning Strategy Document - Break-out groups discussion around results of Crowdsourcing (assignment of questions to tables for analysis of responses)
15:45	16:45	Discussion of the draft Family Planning Strategy Document -Gallery Walk and Reporting of responses
16:45	17:45	Update on work being undertaken on tracking the FP expenditures Elena Pirondini, Kechi Ogbuagu, Vivienne Wang (via VC), Arasu Jambukeswaran (via VC)

Thursday, 7 June		
08:45	09:15	Advocacy Action Plans: Introduction to the Activities to Develop an Action Plan UNFPA Team with scope and scale
09:15	10:00	FP Advocacy – Country Context Tanzania
10:00	10:30	Developing a Country Advocacy Action Plan for FP – Part I: Defining outcomes of the action plan Adebayo Fayoyin, Beatriz de la Mora
10:30	12:30	Developing a Country Advocacy Action Plan – Part II Defining the outputs, activities and stakeholders
13:30	15:00	Developing a Country Advocacy Action Plan – Part III Completion of the Advocacy Action Plan Template, Timeframing and Budgeting
15:15	16:30	Speedbriefing Exchange of Results: Mixed groups exchange their plans, discuss, feedback
Friday, 8 June		
08:45	09:45	Reflections on the Advocacy Planning exercise: Plenary exchange on most interesting, replicable ideas, and adding any final changes to Advocacy Plans (Table discussions and plenary exchange)
09:45	10:15	Advocacy Planning: Next Steps for programming and potential funding Kechi Ogbuagu
10:45	11:30	Country Work: Review of GPRHCS/FP 2012 Work Plans – identification of any changes to country workplans (flipchart templates) Gifty Addico, Vinit Sharma and Penda Ndiaye
11:30	12:00	Questions and Discussion: Next stages of the programme
12:00	13:00	Closing Ceremony Julitta Onabanjo, Kechi Ogbuagu
14:00	16:30	Networking and Bilateral Discussions

Facilitator general: Ms. Gillian Martin Mehers

ANNEX 3: List of participants

External stakeholders

Organization	Name	Title
Parliamentarian Family Planning Club	Hon. Jenista Mhagama	Chairperson
Engender Health	Mr. Richard Killian	Country Representative
Pathfinder International	Mr. Mustafa Kudrati	Country Representative
Marie Stopes Tanzania (MST)	Dr. Heid Brown	Operations Director
T-MARC	Ms. Diana Kisaka	Managing Director
JHPIEGO	Dr. Lusekelo Njonge	Senior M&E Officer
AMREF	Mr. Koronel Kema	Deputy Country Director
WHO	Mr. Rufaro Chatora	Country Representative
Swiss Agency for Development and Cooperation - SDC	Ms. Geraldine Zeuner	Head of Cooperation
DFID	Ms. Liz Tayler	MDG Team Leader
USAID	Mr. Tim Manchester	Senior FP & RH Advisor
MEWATA	Dr. Serafina Mkuwa	Chairperson
Capacitate Consulting Limited	Mr. Ngasuma Kanyeka	Managing Director
TACAIDS	Dr. Fatma Mrisho	Executive Chairman

UNFPA participants

Country	Name	Title
Bangladesh	Arthur Erken	Representative
	Zaman Ara	National Programme Officer, RH
Burkina Faso	Mamadou Kante	Representative
	Olga Sankara	RH Specialist
Democratic Republic of Congo	Richard Dackam-Ngatchou	Representative
	Dr. Théophile Nemundjare	National Programme Officer, FP
	Albert Lacle'	RHCS Coordinator, DRC
Ethiopia	Benoit Kalasa	Representative
	Meron Negussie	SRHR Programme Analyst
Haiti	Siti Oussein	Deputy Representative
Kenya	Fidelis Zama Chi	Representative
Lao PDR	Dr. Esther Muia	Representative
	Douangchanh Xaymounvong	National Programme Officer, RH
Madagascar	Jozef Maerien	Deputy Representative
	Dotian Ali Wanogo	Technical Specialist, RHCS

Country	Name	Title
Mali	Makane Kane	Representative
	Mariam Cissoko	SRH Cluster Lead
Mongolia	Argentina Matavel	Representative
	Dr. Enkhjargal Khorloo	National Programme Officer, RH
Mozambique	Amir Modan	National Programme Officer, RH
	Pilar de la Molina	Technical Adviser
Nicaragua	Oscar Viscarra	Deputy Representative
	Darlene Omeir	National Programme Officer, RH
Niger	Monique Clesca	OIC – Representative
	Mariama Djakounda Pascal	NPO, SRHR
Nigeria	Koffi Kouame	Deputy Representative
	Nike Adedeji	National Programme Adviser, RHCS
Philippines	Ugochi Daniels	Representative
	Vicente Jurlano	National Programme Officer PDS/ Advocacy
Senegal	Rose Gakuba	Representative
	Selly Kane Wane	National Programme Officer, SR
Sierra Leone	Ratidzai Ndhlovu	Representative
	Dr. Jarrie Kabba-Kebbay	National Programme Officer, RH
Tanzania	Dr. Julitta Onabanjo	Representative
	Mariam Khan	Deputy Representative
	Rutasha Dadi	Assistant Representative
	Rita Noronha	National Programme Officer, RH and HIV/AIDS
	Felister Bwana	Programme Analyst – Reproductive Health
Africa Regional Office	Akinyele Dairo	Senior Programme and Technical Adviser
	Dr. Gifty Addico	Technical Adviser, RHCS
	Adebayo Fayoyin	Regional Communications Adviser
Asia and the Pacific Regional Office	Dr. Vinit Sharma	Technical Adviser, RH & RHCS
Arab States Regional Office	Maha Eladawy	Programme and Technical Adviser
Eastern Europe & Central Asia Regional Office	Dr. Rita Columbia	Programme Technical Adviser/RH&RR
West Africa Sub-Regional Office	Dr. Penda Ndiaye	Technical Adviser
New York	Kate Gilmore	Deputy Executive Director (Programme)
	Dr. Kechi Ogbuagu	Coordinator GPRHCS (TD/CSB)
	Elena Pirondini	Project Coordinator, OED
	Beatriz de la Mora	Resource Mobilization Specialist , IERD/RMB
	Sat Epie	Special Assistant to the DED (Programme)
	Gillian Martin Mehers	Facilitator



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