

ADVANCE FAMILY PLANNING COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

Advance Family Planning (AFP) is making significant progress against its goal to persuade policy-makers to honor their Family Planning 2020 (FP2020) commitments and, in general, seek increased political commitment and funding for family planning at the global, regional, country and local levels.

More national and subnational governments and private companies are making and increasing financial commitments to family planning information, services, and supplies. From November 2015 to October 2017, AFP and its partners achieved over 700 advocacy wins and mobilized US \$30.5 million in family planning funding.

In the last project year alone (November 2016 to October 2017), AFP advocates engaged with national and local decision-makers, producing 364 budget allocations totaling \$18.2 million for family planning across all levels. This funding consists of large national budget allocations, smaller amounts from subnational government authorities, and corporate funding. Sixty-eight percent of these 364 budget allocations represent first-time family planning budget allocations and 19% were sustained or increased allocations from the previous year. Private companies in two countries (DRC and India) invested a total of \$165,821 in new family planning funding in 2016-2017.

In tandem with increasing resources for family planning, AFP works to improve the policy environment for improved and equitable access. From November 2015 to October 2017, 186 family planning policy wins in 10 countries and the Opportunity Fund enabled better access to contraceptive information, services, and supplies. AFP advocated for new policies and implementation of existing policies and recently incorporated a more explicit focus on youth, post-partum family planning, and quality of care. The resulting advocacy wins improved access to quality family planning services; facilitated choice of a wider range of contraceptive methods; increased the types of health workers that can provide methods; improved accountability mechanisms; and revised family planning curricula and training.

As a result of direct advocacy and expansion efforts, AFP's potential reach at subnational levels nearly quadrupled from 22.2 million women of reproductive age to 85.7 million. AFP's presence and influence increased from 239 subnational geographies in November 2015 to 367 by October 2017.

One of AFP's best practices is use of the AFP SMART advocacy approach. AFP has strengthened the ability of local and international NGOs to apply the SMART approach to advocate effectively with policymakers. By the end of 2017, we cultivated a corps of more than 260 individuals and 26 organizations that are able to effectively develop and implement advocacy strategies using AFP SMART. More than 100 of these individuals are trained master facilitators and are capable of further leading advocacy strategy development. We know that this expanded community of practice is key to global-scale advocacy and sustained leadership on family planning.

AFP is committed to strengthening advocacy effectiveness—locally and nationally—to ensure that momentum is not lost and that countries assume greater ownership of the family planning agenda. This ownership is essential to meet FP2020 and broader health and development goals, including the Sustainable Development Goals, and to improve the prospects of individuals, families, and communities.

NEW COMMITMENT: With its many partners, Advance Family Planning will persuade policy-makers to honor their London Summit on Family Planning commitments and, in general, seek increased political commitment and funding from public and private sources for family planning at the global, regional, country and local levels. AFP's focus countries are: Bangladesh, Burkina Faso, Democratic Republic of Congo, India, Indonesia, Kenya, Nigeria, Senegal, Tanzania and Uganda.

NON-FINANCIAL COMMITMENT PROGRESS

Have you determined since your last report or since your commitment was made if this is your first report, an estimated value for your non-financial commitment?

Don't Know

THEMATIC COMMITMENT PROGRESS

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods

Adolescent birth rate (10-14, 15-19) per 1000 women in that age group

Increase financial resources for family planning; Improve policies for family planning; Increase advocacy capacity for family planning

Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?

Global
Regional
Country
Sub-country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

Please provide details on how your organization selected its commitment-related objectives and/or targets. Responses should describe the overall process and any consultations held with government, non-government, and/or civil society entities during this process, if any.

AFP's in-country partners engage key local stakeholders (including government, non-government, and civil society entities, as well as service providers) to map the family planning landscape in the local context and identify barriers and opportunities for advocacy, via existing government structures or AFP-initiated advocacy

working groups. The group undergoes an AFP SMART facilitation, whereby specific, measurable, attainable, relevant, and time-bound advocacy objectives are set and an advocacy workplan is developed. Through this process, the objectives are locally owned and advocacy objectives are carried out by members of the working group, with technical and/or financial support from AFP.

Geographical Updates. Have you made any changes to the geographical focus of your commitment?

Yes

AREAS TO ADD

Regions:

Africa

Southeast Asia

Countries:

Bangladesh

Burkina Faso

Democratic Republic of the Congo

India

Indonesia

Kenya

Nigeria

Senegal

Uganda

United Republic of Tanzania

Sub-country:

367 Subnational geographies, as of October 2017: Bangladesh (2 districts), Burkina Faso (32), DRC (11 provinces), India (39 districts), Indonesia (3 provinces, 46 districts), Kenya (17 counties), Nigeria (12 states), Senegal (41 communes), Tanzania (133 LGAs), and Uganda (31 districts). See full geographic coverage attached in resources.

EVERY WOMAN EVERY CHILD FOCUS AREAS

Adolescent and Young Adult Health and Well-being

Applicable

Adolescent and Young Adult Health and Well-being data

Current Status: Ongoing

Activities Implemented: Since September 2015, AFP intensified efforts to expand access to contraceptives for married and unmarried young people. These efforts included building political will and action for dedicated funding and services for all young people in countries where laws enable us to do so (i.e., East and Southern Africa) and among young married couples where laws do not (i.e., Indonesia). AFP is also supporting young people to effectively advocate for themselves and gain sexual and reproductive health information. Young people have joined the ranks of national and subnational family planning advocacy working groups in AFP geographies, and AFP partners have facilitated SMART advocacy strategy sessions with youth-focused and youth-led organizations and coalitions.

Results Achieved:

In December 2017, Uganda's Bushenyi district chief administrative officer directed sub-county governments to allocate one percent of their total budgets to providing youth-friendly services, including family planning. In Uganda, the Mbarara district chief administrative officer (CAO), Fred Kalyesubura, issued a directive on November 6, 2017, to all health facilities to dedicate a specific day to provide youth-friendly health services. The services will include family planning.

In Zambia, Opportunity Fund partners successfully advocated for the creation of a national adolescent health budget, through which the government approved an initial allocation of US \$35,000 for fiscal year (FY) 2017. Advocates also convinced the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis, and Malaria to include adolescent and youth sexual and reproductive health (AYSRH) in its final proposal. The new Global Fund program for Zambia, which begins in 2018, includes an earmark for \$12 million for AYSRH.

In Burkina Faso, the government's new three-year costed implementation plan (CIP) for family planning doubled activities dedicated to adolescents and young people, from 14% of activities in the 2013-2015 plan to nearly 30% in the 2017-2020 plan. AFP through the Opportunity Fund supported the meaningful participation of young people throughout the CIP review and development process.

In August 2017, Zambia launched the Adolescent Health Strategy 2017-2021, which emphasizes reducing the teenage pregnancy rate by one-third by 2021.

Four Kenyan counties expanded access to contraceptive information and services for young people, including adolescents. More than 7,000 young people received services in 2017. o Kwale and Narok counties developed and implemented multi-sectoral action plans to address the high teenage pregnancy rates in those two counties. Education and health ministries joined together with teachers, community-based health administrators, and religious leaders to design a referral program for high school students to access contraceptive information and services. Since March 2017, about 3,000 students in Narok County from more than 10 schools received contraceptive information and services, of which 55 adolescents (10-14 years of age) were provided with contraception as new, first-time clients, while 16 were revisiting clients. Among students ages 15 to 19 years old, 244 received contraception as new clients with 156 as revisits. o Kakamega County revitalized former "youth corners" after radio broadcasts drew attention to the adolescent need and demand for contraceptive information and services. Between February and September 2017, 3,138 adolescents received contraception services, mainly implants, and over 15,000 accessed general health information. o In Nyeri, the county government established a youth clinic with six colleges committing to set up a referral system for students to access comprehensive health services. In Uganda, Dokolo and Mbarara district governments decreed specific days at all health facilities for the provision of youth-friendly health services, including family planning.

Tanzania's Katavi region, which has the highest teenage pregnancy rate in the country, developed and launched a regional action plan to address teen pregnancy in September 2017.

In Indonesia, the Karawang District Health Office instructed all 13 hospitals and 50 health centers in the district to provide post-partum family planning counseling and services focusing on young eligible couples and long-acting and permanent methods.

Kakamega County in Kenya mobilized US \$90,000 for a 5-day youth outreach event that resulted in a 40% uptake of implants among young people. This was an advocacy strategy led and implemented by the youth subcommittee within the Kakamega county family planning working group. It was a result of an effective collaboration with the county department of health, AFP, Ipas, AphiaPlus Western, Masinde Muliro University of Science and Technology, and other key champions within the county family planning working group.

In Burkina Faso, in an agenda-setting policy statement to parliamentarians on February 5, 2016, the Prime Minister officially committed to integrating sexual and reproductive health modules into school curricula for students aged 10 to 24. A majority of the country's 125 parliamentarians then voted to prioritize it on the Prime Minister's policy agenda for the year. This is the first official commitment made in Burkina Faso that openly addresses unplanned adolescent pregnancies in schools—a result of AFP advocacy.

Under AFP and International Planned Parenthood Federation/Western Hemisphere Region's Ampliando El Acceso project: In May 2016, the Secretary of Health in the municipality of Rionegro, Colombia formally adopted technical recommendations to implement youth-friendly services in its development and health plan. The Minister of Health in the Dominican Republic validated and publicly presented its new Contraceptive Counseling Care for Youth Protocol in September 2016. The protocol will ensure a budget and socially-monitored accountability mechanism to ensure that health care providers in all public and private health facilities in the country deliver quality and confidential sexual and reproductive health care for young people.

In Mexico, health authorities from the states of San Luis Potosi, Oaxaca, and Hidalgo authorized opening 13 facilities within health centers for implementation of social monitoring tools by youth health promoters.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery: No

Sexual and Reproductive Health and Rights

Applicable

Sexual and Reproductive Health and Rights data

Current status: ongoing

Activities Implemented:

- **Funding**
Increasing funding for family planning is essential to achieving the FP2020 goal of 120 million additional users of contraceptives. Presently, there is a huge funding gap between what is being spent on family planning and what is needed. AFP believes the most promising way this gap can be narrowed is by increasing the amount of funds national and subnational governments contribute to family planning. Also, the more governments invest from their own treasury, the more likely they will have a sustained commitment to family planning. While most of AFP's efforts to increase funds focus on governments, some AFP partners have raised funds in the corporate sector and successfully fought for the inclusion of family planning in countries' Global Financing Facility (GFF) country plans.

Many AFP countries have recently adopted costed implementation plans (CIPs) to guide their development programs. While CIPs are developed and implemented differently from country to country, they are rapidly becoming the development blueprint for national and subnational governments. If CIPs do not have budget lines for family planning, it is unlikely that family planning will be included in the actual budgets. AFP partners have been effective in getting family planning included in CIPs.

All countries' budgetary and funding allocations are complex. Getting family planning in the budget does not guarantee that funds will be allocated or, if they are allocated, that they are released or spent on family planning. Since October 2015, AFP's long-standing partners turned their attention to budget accountability—learning more about the processes for disbursements or requesting funds and exploring ways in which to ensure that disbursed funds were spent as intended.

- **Policy**
In tandem with increasing resources for family planning, AFP works to improve the policy environment for improved and equitable access. AFP advocacy enables better access to higher quality, voluntary contraceptive information, services, and supplies for couples—primarily for women and girls—but also men.

In all 10 focus countries, AFP advocates for new policies and is increasingly focused on their implementation, particularly at the subnational level. Advocacy activities implemented between September 2015 and December 2017 span inclusion of family planning in costed implementation plans; expanding task-sharing policies; improving contraceptive security and service delivery models; and expanding access to DMPA-SC and other methods. A more deliberate focus on the potential of DMPA-SC, youth, post-partum family planning (PPFP), and media advocacy particularly distinguishes advocacy in the second half of this timeframe.

- **Capacity Building**
To meet EWEC and FP2020 goals, more strategic advocacy and stronger advocacy expertise within international, national, and local organizations and coalitions is needed. Over the past year, AFP has worked to diffuse AFP's advocacy approach and see that it is more widely adopted and adapted. Our vision is that increased capacity to advocate effectively among partners, within countries, and within national, international, and local nongovernmental organizations will lead to more effective advocacy, higher-performing coalitions, and more synergy, power, and progress—subnationally, nationally, regionally, and globally.

Specifically, AFP conducted a series of workshops designed to 1) impart AFP's approach and experience in facilitating and implementing advocacy strategies, 2) exponentially increase the number and caliber of advocacy efforts in service of the FP2020 goals, and 3) improve the ability of colleagues to effectively facilitate collective strategy development. Together, the Johns Hopkins University Center for Communication Programs (JHUCCP), PATH, and AFP co-developed and -led a facilitation training curriculum used to train Master Facilitators from US-based international NGOs in Washington, D.C. in February 2017. The curriculum was then refined and cascaded to country-level partners and collaborating organizations. Newly-minted AFP SMART Master Facilitators led local advocacy strategy development workshops in their respective countries throughout late 2017. Master Facilitators used AFP SMART to facilitate advocacy objective and strategy development.

Country Leadership: Yes
Financing for Health: Yes
Community Engagement: Yes
Individual Potential: Yes
Health System Resilience: Yes
Research and Innovation: Yes
Multisectoral Action: Yes
Accountability: Yes
Service Delivery Included: No

Quality, Equity and Dignity in Services

Applicable

Quality, Equity and Dignity in Services data

Current Status: Ongoing

Activities Implemented: AFP advocates for new policies and implementation of existing policies and incorporated a more explicit focus on quality of care beginning in 2015. The resulting advocacy wins improved access to quality family planning services; increased the types of health workers that can provide counseling; improved accountability mechanisms; increased funding for program implementation; and revised family planning curricula and training.

Results Achieved: In Bangladesh, following AFP advocacy, the Directorate General of Family Planning approved a pilot study on use of the tubal hook and uterine elevator for tubal ligation in public and private clinics. This is the first step towards approval of this equipment for tubal ligation and its procurement, and will prompt an update of training policies for improved safety.

Over the past 2 years, 13 districts in Indian states—Uttar Pradesh and Bihar—operationalized the fixed day service (FDS) model for male and female sterilizations and IUDs, as a result of AFP's advocacy. This is an important contribution to improved quality of services and shift from the camp-style service model where sterilizations were performed mostly during a particular time of year, under unsafe conditions, and with significant risk of complications for clients. Under the FDS model, both men and women have consistent and reliable access to quality family planning services in their regular health facilities. This consistent availability of quality services has resulted in increased uptake. For instance, between October and November 2016, 15 facilities in Araria district operationalized FDS for IUD insertions, 7 of which began offering the method for the first time. In the 11 months since services began (November 2016 to September 2017), overall uptake of IUDs in the district increased by 218%, compared to the same period in the previous year.

Between January and March 2017, AFP India advocated for the establishment of 14 counseling corners in Ranchi (9) and Bokaro (5) districts of Jharkhand state. Counseling corners are private, safe, and dedicated spaces for a skilled provider to provide quality family planning counseling within community health facilities. Following the establishment of these counseling corners, the government of Jharkhand decided to scale up this effort across all 24 districts. They budgeted 2,160,000 INR (\$32,941) in the national health mission program implementation plan, which has now been approved. Also, to make counseling available across all districts, Jharkhand state, in partnership with state working group members, trained 66 additional health providers on family planning counseling and provided them with necessary job aids.

Between April and October 2017, the government of Rajasthan in India, established 29 counseling corners in various health facilities across five districts – Baran, Bhilwara, Pali, Sawai Madhopur, and Sirohi. These combined efforts have led to more than 11,000 clients being counseled on their family planning method choices. District working groups will continue to monitor the counseling corners' functionality and advocate for the creation of additional counseling corners in the state.

In India, 52 urban primary health centers in Lucknow District began providing intra-uterine device (IUD) services as a result of AFP advocacy. Fifty-six out of 78 staff nurses from these health centers were trained in IUD insertion between December 2015 and March 2016. The District health society mobilized resources to purchase equipment and provided support to ensure quality service provision. This resulted in an additional 2,836 women choosing to receive IUD services between January and September 2016.

In India, Jehanabad district working group's advocacy to initiate and promote fixed day static services (FDS) a Year 3 quick win, is yielding significant results. The district health society invested Indian Rupees (INR) 217,400 (\$3,294) to address gaps in facilities, prepare current providers, and certify additional providers to ensure availability of services at all block-level facilities. Since August 2015, most sterilizations were conducted

during FDS days (see figure below). An analysis of total sterilizations between August 2014-July 2015 (3,160) and August 2015-July 2016 (3,869), indicate a 22.4% increase in total monthly uptake of sterilization services. This indicates a shift from a “camp” approach to more consistently-available quality services.

As a result of AFP’s advocacy efforts, the Government of Jharkhand, India released funds and issued directives in July 2016 to procure essential medical instruments for the provision of quality family planning services including MiniLap, non-surgical vasectomy, and IUD services in all 24 districts. This opportunity arose out of a baseline assessment conducted by Jhpiego finding a staggering lack of these items in facilities in the Ranchi and Bokaro districts. A total of INR 5,534,000 (\$83,848) was approved by the Government of India in the 2016-17 State Program Implementation Plan and released by the Government of Jharkhand.

In India, Jehanabad and Kishanganj district health societies of Bihar state leveraged a total of INR 3,12,400 (\$4,733) for various family planning activities. This was a result of district working group advocacy to enable access to quality family planning counseling and services.

Country Leadership: Yes

Financing for Health: Yes

Individual Potential: Yes

Health System Resilience: Yes

Research and Innovation: Yes

Multisectoral Action: Yes

Accountability: Yes

Service Delivery Included: No

PROCESS RELATED COMMITMENT PROGRESS

Have challenges faced during the implementation of commitment-related activities resulted in either delays or unsuccessful implementation? Note: If you experience any challenges in completing this questionnaire, please list them under this section

Yes

Describe the factors that contributed to commitment-related activities being delayed or to an unsuccessful implementation. If delayed, what was needed or is needed, if the problem is current, to restart the activities impacted?

Following the money. Though tracking budget expenditures is paramount to increasing access to and use of contraception, it is an arduous task. Even when it is feasible, it is nearly impossible to do it in a timely manner that will allow advocates to respond and take action before the end of the fiscal year. As a result, unspent family planning funds may or may not be lost. Generally, there is a lack of transparency around budget and expenditure processes. Even when governments do release such information, it is often only published in formal financial audit reports that are produced many months or even years after the end of the fiscal year. This underscores how crucial trust and rapport between advocates and decision-makers (or their influencers) are in gaining advocates’ access to information necessary for their work that would be otherwise unavailable to the general public.

Elections and political appointments. One of the most disruptive elements in advocacy is turnover in government officials. As new leaders take office, AFP focuses on making new alliances and recalibrating objectives.

Data availability and quality. Quantifying advocacy activities, especially their outcomes and impact, is extremely difficult. In general, AFP’s partners do not have access to data because it does not exist or is

prohibitively difficult or expensive to obtain. When available, data may not be aggregated at the same level at which AFP is conducting subnational advocacy in all cases and the quality of data is variable.

Have you made any changes to either the funding or implementation partners associated with your organization's commitment?

Yes

All partners listed above are aware of, and consenting to, their inclusion on this commitment, including on the EWEC website or other publications.

Yes

PHOTOS AND VIDEO



If you prefer to share links to your high-quality photos and/or videos, please share it here:

https://www.gatesinstitute.org/sites/default/files/AFP_Wins_2016%5B1%5D.pdf

Additional supplementary documents, reports, etc. can be shared here:

[AFP-PopulationReach.pdf](#)

Please list below the individual/s or organization/s that should be acknowledge below for any video, photo, or document uploaded. If multiple items are uploaded, please specify the acknowledgement by item.

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