Costed Implementation Plan Resource Kit

Approaches for Mobilizing Resources for Family Planning Costed Implementation Plans: Examples of Success

May 2022

Produced by:

HEALTH POLICY PLUS

FP2030.org/cip

Disclaimer

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This resource was reviewed in 2022 by the CIP Technical Working Group, including technical contributions from Knowledge Success, Momentum Country and Global Leadership, and Track20.

Contact Us

Health Policy Plus
Palladium
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Phone: (202) 775-9680
Email: policyinfo@thepalladiumgroup.com
Web: www.healthpolicyplus.com

Table of Contents

Introduction

One of the key functions of costed implementation plans (CIPs) is to inform government and other stakeholders of the financial resources needed to meet family planning goals. In many cases, the level of resource requirements surpasses previously budgeted or allocated amounts for family planning. The higher level of resource requirements, coupled with competing priorities for funding, calls for both expanded resource mobilization efforts as well as using existing resources more efficiently. The lack of resources is a key barrier to executing the CIP and limits achieving family planning goals and objectives.

This resource is aligned with Step 10 in the CIP planning, development, and execution process and is part of FP2030's CIP Resource Kit.

According to FP2030's *Measurement Report 2021*, donor governments account for approximately 40 percent of total funding for family planning in low- and middle-income countries. The approach to domestic resource mobilization has undergone a perceptible shift since the 2012 London Summit. By 2020, 44 of the 48 commitment-making FP2020 countries included a domestic financial commitment with their pledge. As countries prepare their new commitments to the FP2030 partnership, they are expected to outline a specific objective for domestic financing (in keeping with their fiscal context), with a view to ensuring overall sustainability for the family planning program through 2030. Domestic expenditure is defined as all government expenditures that support family planning, including but not limited to commodity purchases, demand-creation campaigns, investments in training and research, and service delivery. Total spending on family planning is comprised of three main segments: domestic government expenditure, international donor contributions, and out-of-pocket spending by consumers who access services in the private sector or pay fees for public sector services.

In a country that has achieved universal health coverage (UHC), women and their partners who want to use family planning should have access to a range of affordable family planning methods across a range of providers. Many countries still have a long way to go before achieving UHC, and family planning may not be considered by key stakeholders when designing, introducing, or scaling up UHC schemes. Therefore, champions need to reinforce the importance of family planning to broader UHC reforms and advocate for it being included in the design and implementation of reforms.

At the same time, community health programs play an important role in expanding access to contraception for millions of women. Many CIPs prioritize these programs, yet resource mobilization for community health workers can be challenging as countries often include a variety of public and private health workers, some who are salaried and some who are volunteers.

CIPs cover a wide range of programmatic areas, from commodities and supplies to service delivery strategies to social and behavior change interventions. They also include interventions related to improving the enabling environment for family planning that are often overlooked in resource mobilization efforts. This document summarizes examples of successful resource mobilization efforts for CIPs in different contexts, some on a more sustainable basis and others as one-time success. While most of the examples relate to either service delivery or commodity/supply procurement, all CIP program areas need resources for a CIP to be fully executed and for countries to achieve their goals and objectives.

The following examples focus on two key questions: what was accomplished, in terms of resource mobilization, and how it was accomplished, providing details on contextual issues, stakeholder efforts, and results. The examples are presented under three types of approaches to mobilize resources for CIPs: national-level public sector, subnational-level public sector (including districts/states/provinces, health sector jurisdictions, and municipalities), and private sector. A fourth category focuses on other innovative examples of how resources can be mobilized. Following the examples are lessons learned from these experiences that may be useful to help family planning stakeholders harness opportunities to mobilize needed resources for CIP execution.

Developing a resource mobilization plan is, in many ways, like developing an advocacy plan. Both require an understanding of the context and data, may rely on champions to lead efforts forward, and can be reversed without stakeholder vigilance. While no single resource mobilization effort is likely to resolve the need for resources, every contribution helps countries move toward achieving their family planning goals and following through on commitments.

Key Lessons Learned

Stakeholders:

- Engage stakeholders together and foster competition
- Consider a broad set of stakeholders, including private businesses
- Know your audiences and their hot button issues

Government structures and systems:

- Understand the budget cycle
- Remember to work with subnational governments and systems
- Work with oversight agencies
- Find ways to reduce or eliminate import taxes on contraceptive commodities

National-Level Public Sector Approaches

Burkina Faso

What was achieved? In Burkina Faso, the Ministry of Finance's 2018 general budget included a line item for the purchase of contraceptives, which represented 68 percent of the total estimated cost of contraceptives the country requires for 2018. The ministry recommended an increase from CFA 500 million to CFA 1.3 billion (USD 2.6 million) to purchase contraceptives for the subsequent year.

How was this achieved? The decision to increase domestic resources for family planning commodities was based on the activities outlined in Burkina Faso's 2017–2020 CIP, which included a goal of increasing the modern contraceptive prevalence rate to 32 percent by 2020. Burkina Faso had demonstrated increased political commitment to family planning, as exemplified by creating a Secretariat to Accelerate the Demographic Transition to help capture a demographic dividend. Moreover, the wife of the prime minister became a family planning champion, talking to the president about investing in family planning. Advocacy tools, such as RAPID, DemDiv, and ImpactNow, all created evidence that were persuasive in reaching decisionmakers, as was the Ouagadougou Partnership donors' caravan, which focused on mobilizing resources for family planning. Caravan members met with the minister of finance and made the case for increasing support for commodities so that Burkina Faso could be on track to achieving its commitments.

Kenya

What was achieved? The government of Kenya has been increasing funding for contraceptives, covering 30 percent of the total cost by fiscal year (FY) 2021/22. At the same time, donors are expecting the government to fully cover the cost of contraceptives by 2027. Between FY 2022/22 and 2022/23, the Family Health Division of the Ministry of Health has secured a 15 percent increase in funding for family planning commodities—from USD 8.6 million in FY 2021/22 to around 12 million in FY 2022/23.

How was this achieved? Improved public financial management helped ensure funds were spent in a timely way and that unspent funds were not reallocated to other programs. The Family Health Division began to engage more effectively in the budget planning process, including estimating the resources needed for contraceptives and developing family planning advocacy materials directed toward treasury officials. In addition, the division was better able to track how family planning funds flowed to the Kenya Medical Supplies Authority. This ensured funds were applied to contraceptives rather than going unspent, resulting in lost funds for commodity procurement. Historically, underreporting of family planning consumption had affected forecasting and quantification for the next year; unspent funds in a given year means that the funds available for the next year are reduced. This issue was improved through technical support to the Family Planning Commodities & Logistics Technical Working Group, which began harmonizing various funding streams, procuring commodities more efficiently, and increasing its expenditure rate.

Niger

What was achieved? The government of Niger signed a 2019 budgetary reallocation for FCFA 200 million for the purchase of contraceptives in November 2018.

How was this achieved? This was achieved after establishing an advocacy committee in Niger following a SMART advocacy training workshop attended by members of the West African Health Organization Network of Champions, including Niger's representative, who was an advisor to the country's prime minister. Initially, as a result of an administrative error, the reallocation was only FCFA 20 million, but through persistent engagement with members of parliament, the Ministry of Finance, and with the minister of health and his permanent secretary, and through the leadership of the Directorate of Mother and Child Health, the reallocation was corrected to FCFA 200 million. Ultimately, the Ministry of Finance told stakeholders to focus their attention on the minister of health because a budget reallocation was his decision to make, whereas budget development and approval requires a broader set of policy actors.

Senegal

What was achieved? Between 2016 and 2020, Senegal experienced a steady decline in its allocation for contraception—from CFA 300 million to CFA 117 million. In 2021, Ministry of Health Cabinet Director Alphonse Ousmane Thiaw announced an increased allocation for contraceptives of CFA 500 million (USD 926,000), which aligned with the country's FP2020 commitment. The 2021 allocation supported the annual contraceptive needs of approximately 160,000 family planning users.

How was this achieved? In 2019, the Ministry of Health and other family planning stakeholders identified and evaluated opportunities to catalyze domestic resources for family planning. Stakeholders were trained in budget advocacy and developed an action plan to influence the

next budget cycle. Several months after the work with stakeholders was completed, an article on the increased funding for family planning appeared in a local newspaper. The story included Dr. Thiaw's reference to the consultation on mobilizing domestic resources for family planning, quoting the analysis that focused on national and subnational government advocacy and the need to strengthen support for family planning under Senegal's agency for universal health coverage.

Subnational-Level Public Sector Approaches

Butaleja District, Uganda

What was achieved? In 2017, a budget for UGX 10 million (approximately USD 2,800) was approved in the district budget and the district chairperson successfully lobbied for additional funding from implementing partners.

How was this achieved? Before 2017, the Butaleja District Health Office did not have a family planning workplan or budget. With technical assistance, the district led a stakeholder meeting, chaired by the district's chief administrative officer, to plan and budget family planning activities in FY 2017/18 that reflected the key priorities of the family planning CIP. The plan was presented to the district technical planning committee and district chairperson for approval and incorporation into the district council budget. Further, to correct staff shortages, the district service commission recruited 20 additional midwives and trained 35 village health team members to offer family planning services in three sub-counties (with eight additional sub-counties for FY 2018/19).

Machinga District in Malawi

What was achieved? Four districts in Malawi included CIP activities in their 2017–2018 district implementation plans (DIPs). While three districts worked with development partners to identify resources to support the CIP activities included in their DIPs, Machinga allocated its own budget resources (referred to as "other recurrent transaction" funds) for demand-generation and community awareness-raising activities included in the CIP. Machinga maintained the funding for family planning in 2020 and 2021 but was not able to in 2022 due to the COVID-19 pandemic's negative impact on national government funding to districts. In 2022, resources for family planning activities in Machinga were supplemented by partner funds.

How was this achieved? From 2016–2019, stakeholders in six districts received technical assistance to engage key decisionmakers to make the case for integrating prioritized high-impact, evidence-based family planning activities into their DIPs. The districts were selected by the Ministry of Health based on the need for improvement in family planning and adolescent sexual and reproductive health indicators. In 2021, a co-creation workshop with the CIP acceleration districts and technical assistance projects was held to design family planning action plans, with the goal of incorporating family planning activities into DIPs. The districts also formed multisectoral task forces to champion the inclusion of CIP activities in the DIPs with their respective sector heads. Task force members were oriented on family planning and population and development issues and strengthened their capacity for advocacy—including strategic use of evidence—program development, implementation, and monitoring. The technical assistance projects provided catalytic funds of USD 4,000, which were matched by government in-kind contributions, to enable coordination with partners and implementation of priority activities to increase the modern contraceptive prevalence rate.

Mombasa County, Kenya

What was achieved? In Mombasa County, Kenya, a county-level budget line for family planning was created, which allows for ongoing funding to be allocated. This required the health department and the treasury to link the integrated financial management information system and the health annual workplan, while following guidance on program-based budgeting. This effort ensures funds to family planning commodities and their distribution, as well as for demand creation.

How was this achieved? The Mombasa County Reproductive Health Coordinator prioritized family planning interventions in a Health Sector Working Group report as a way to advocate for county-level family planning funding. The report included a proposal to establish a budget line for family planning in the health department's program-based budget for FY 2022/23. Through the budgeting process, Mombasa County requested USD 20,000 for family planning demand-creation activities in FY 2022/23 (budget to be finalized in March 2022). These efforts also led to dialogue between county and federal decisionmakers about how to address (1) family planning commodity challenges despite a dashboard showing the availability of commodities in county stores and (2) counties having to pay the logistical costs of picking up commodities from central medical stores.

Municipality of Bobo Dioulasso, Burkina Faso

What was achieved? The mayor of Bobo Dioulasso in Burkina Faso mobilized FCFA 20 million (USD 33,000) from the city budget and later mobilized additional funds from the International Association of Francophone Mayors, bringing the total to approximately FCFA 74.7 million (nearly USD 124,000) to support family planning activities in the municipality.

How was this achieved? In 2018, at a subregional family planning workshop, Bobo-Dioulasso Mayor Bourahima Fabéré Sanou made a commitment to allocate FCFA 20 million (approximately USD 33,000) to support the implementation of family planning activities in the city. To put action behind his commitment, he designated a municipal agent to lead and monitor execution of family planning activities for the city. He advocated within the Association of Municipalities of Burkina Faso to convince his peers to get engaged in family planning initiatives. In addition—and perhaps most importantly—he created a budget line for family planning within the municipal budget. Under Mayor Sanou's stewardship, the municipality mobilized additional financial resources from the International Association of Francophone Mayors, bringing the total amount of family planning funding to approximately FCFA 74.7 million (nearly USD 124,000). The funds were used to support family planning activities by formal and informal health workers, community leaders, and school-based peer educators. Activities included the acquisition of informational materials and equipment, logistical costs for campaigns and events, and support for a series of advocacy sessions and family planning campaigns.

Municipality of Dosso, Niger

What was achieved? In the southwestern city of Dosso, Mayor Issoufou Idrissa invested FCFA 57 million (USD 97,500) over a period of six months for the family planning program and the financing of income-generating activities for women in the municipality—about 2.7 million individuals.

How was this achieved? Following a regional workshop in August 2018 aimed at engaging community leaders in family planning advocacy to support CIP implementation, local leaders

began to take action. Of the FCFA 57 million, 40 million (USD 68,000) was allocated to refurbish health centers; FCFA 9 million (USD 15,000) was allocated for implants and intrauterine devices (commodities and consumables for insertion and removal) and for supplies for antenatal care and delivery; and FCFA 8 million (USD 14,000) was allocated for income-generating activities for women. These resources enabled health facilities in the municipality to provide high-quality family planning and reproductive health services to 966 new users.

Subnational Councils in Tanzania

What was achieved? The authority that oversees local government—the President's Office, Regional Administration and Local Government, or PO-RALG—issued a budget directive that funding for family planning interventions must be included in subnational health plans, known as comprehensive council health plans (CCHPs). Guidance was expanded and a budget review process was put in place to ensure that funding for CCHPs aligned with priority interventions in the CIP.

How was this achieved? During the execution of the first national family planning CIP in Tanzania for 2010–2015, family planning stakeholders advocated to local government authorities to mobilize resources for family planning from district councils. Advocacy efforts led the PO-RALG to issue a budget directive to include family planning in CCHPs and to subsequently revise PlanRep3—a database designed for planning and reporting—to include family planning as a priority area. In addition, district capacity was strengthened to be able to plan and budget for family planning interventions using a national package of essential family planning interventions for CCHPs, which aligned with the country's CIP. Later, this capacity strengthening was expanded to include representatives from most of the 185 district councils. When the CCHPs were drafted, PO-RALG and the Ministry of Health held a session to assess whether the CCHPs adequately included family planning activities. This process led to a threefold increase in per capita funding for family planning per woman of reproductive age.

Private Sector Approaches

Espace Architecture, Togo

What was achieved? Espace Architecture, a private business located in Lomé, committed to fund family planning activities to help implement the CIP in Togo by allocating FCFA 3,000,000 (about USD 6,000) for family planning services and supported the nongovernmental organization Action Contre le SIDA (ACS) to organize free family planning sessions from May to August 2019.

How was this achieved? Espace Architecture's commitment followed the same regional workshop that was organized to better inform private sector decisionmakers on the demographic dividend and the need to invest more in family planning. The funds committed were used to provide family planning outreach from May to August 2019 in Lomé Commune and elsewhere in the Maritime region in Togo, reaching 500 men and women and providing 268 women with free family planning services, including long-acting contraceptive methods. Under the leadership of the Ministry of Health through the Division of Maternal-Child Health and Family Planning, ACS also conducted a mapping of hard-to-reach locations where free open-door family planning campaigns were not running so that access to contraception could be improved.

International Management Group, Côte d'Ivoire

What was achieved? The International Management Group (IMG), a private company from Cote d'Ivoire, committed to donating FCFA 15 million (approximately USD 25,000) to fund family planning activities in Abidjan, Côte d'Ivoire in December 2018. The contribution provided sensitization on family planning and access to voluntary contraception for women and men.

How was this achieved? IMG's donation followed its participation in the same regional workshop as Espace Architecture that was organized to educate private sector decisionmakers about the demographic dividend and the need to increase investments in family planning. As part of its contribution, IMG funded a private clinic for the provision of free family planning sessions. During the sessions, 300 men and women were sensitized on family planning issues and 121 women were provided with voluntary contraception, including long-term methods. During the opening ceremony for the free clinic days, IMG's director reiterated the group's commitment to sustain the activity.

Other Innovative Approaches

AAR Insurance in Tanzania

What was achieved? AAR, a private insurance company in Tanzania, included family planning in its benefits packages.

How was this achieved? In November 2015, stakeholders successfully advocated with AAR Insurance management to integrate family planning into wellness services, explaining that providing clients with family planning counseling and methods would reduce clients' stress levels and would improve efficiency and productivity of the company. AAR management approved clients accessing up to TZS 300,000 (approximately USD 138) of family planning services (including a range of short-acting, long-acting, and permanent methods) and associated charges annually without paying out-of-pocket fees.

Community Support in Niger

What was achieved? The head religious leader of Tessaoua, a canton in the Maradi region of Niger, set up a system to collect millet to be sold to generate funds for family planning services, emergency evacuation, and essential drugs.

How was this achieved? At a March 2019 meeting of community, cultural, and religious leaders of the canton, the head of the canton talked about promoting family planning services and shifting the population age structure to capture a demographic dividend at the canton level. He also spoke about the benefits of family planning at the community level and dispelling rumors and misinformation. Following the meeting, the head of the canton announced the establishment of a system whereby households contribute millet, which would be sold to fund needed reproductive health services. As of March 2019, more than 26 tons of millet had been contributed to support these health needs.

Tax Exemption for Contraceptives in Madagascar

What was achieved? The government of Madagascar repealed a 20 percent import tax on contraceptive commodities.

How was this achieved? Considering the USD 67.8 million funding gap to execute the 2016–2020 CIP for family planning and the lack of access to family planning services by all, the Family Planning Committee, organized by the Family Health Directorate, advocated for tax exemption of contraceptives, increased funding commitments by family planning partners, and government support to implement the CIP. In addition to organizing the multisectoral committee, the Family Health Directorate developed an advocacy kit, held advocacy preparation meetings, and led the advocacy meeting with the minister of public health. Following advocacy using data from a CIP financial gap analysis, in December of 2019 parliament adopted a 2020 initial financial law integrating tax exemption for contraceptives. This tax exemption will help ensure engagement of private clinics, pharmacies, and drug stores in offering family planning services and will support a total market approach to family planning service provision while working toward the family planning goals laid out in the CIP.

Youth Engagement in Malawi

What was achieved? Youth successfully advocated to district decisionmakers for approximately USD 35,000 and raised their own funds to support youth-friendly health services.

How was this achieved? Youth have been engaged in various capacity strengthening activities in Malawi that have sharpened their skills for advocacy and resource mobilization for family planning. One youth champion in Phalombe district engaged district decisionmakers to increase investments in youth-friendly health services, which included family planning services. As a result, the district allocated approximately USD 35,000 to this health area, representing a very large increase over previous years. In addition, youth clubs with entrepreneurship training and mentorship also invested some of their profits into improving access to youth-friendly health services. These investments include building a site for youth to receive services privately, providing bicycles for youth in rural areas to get to a clinic, and paying for youth-friendly health service coordinators to provide family planning counseling and services. These examples illustrate how youth recognize the importance of family planning and are thinking creatively to increase resources to help young people feel comfortable obtaining family planning information and services.

Lessons Learned

These experiences provide ample opportunity to identify lessons for future efforts at resource mobilization. The lessons can be categorized in a variety of ways; here they are divided into two groups about stakeholders and government structures and systems.

Lessons Learned: Stakeholders

Engage stakeholders together and foster competition. Bringing together the private sector for a joint meeting can be a way to raise the visibility of family planning and its benefits to local businesses. A regional advocacy workshop for family planning in Senegal engaged businesses throughout the region to support family planning at national and local levels and mobilized USD 630,000 for family planning throughout the region. This type of regional training can stimulate creative thinking, fosters competition, and widens the circle of family planning stakeholders and champions in a country. Some of the success of the Ouagadougou Partnership may be due to a healthy competition among neighboring countries.

Make family planning relevant to private businesses. One of the challenges with private sector support is that it may be offered as part of corporate social responsibility, which is good, but not necessarily sustained. With private businesses, stakeholders need to make the case as to why investing in family planning is good for their businesses and follow up with business owners to sustain the support.

Engage the community for in-kind support. Collecting agricultural products at the community level can be an effective way to engage the community in supporting local health services, as happened in Niger. In designing such a program, it is critical to ensure that the contributions are voluntary and that access to the supported services is not limited to those households that made a donation.

Engage a broad set of stakeholders. Mobilizing resources can be a complex issue that can benefit from engaging a broad set of stakeholders from government and civil society. Expanding beyond the usual players and engaging individuals from the ministries of finance, education, gender, and others can provide a stronger basis for making the case for resource mobilization. In addition, a broader set of nongovernment stakeholders can help bring different perspectives to the issue.

Know your audience and their hot button issues. When advocating for resource mobilization, it is important to know your audience and the issues they care about. It is often necessary to reach out to stakeholders and decisionmakers who are not very aware of family planning, so evidence, such as findings from policy models or results of analyses, can be useful to helping them understand the many types of benefits conferred through investing in family planning.

Capitalize on champions. Champions can make a big difference in reaching key decisionmakers to mobilize resources. In Niger, having the advisor to the prime minister, and in Burkina Faso, having the prime minister's wife serve as champions made an important difference in reaching decisionmakers who could approve funding. It is often worth the time needed to invest in champions to bring them up to date on family planning if they are able to reach important decisionmakers.

Mayors as allies for family planning. Garnering support from municipal leaders through evidence-based advocacy can be an essential way to mobilize family planning resources. The way mayors in Burkina Faso and Niger were able to support family planning by mobilizing local resources exemplifies the immediate, effective impact that leaders at all levels can have in improving the health and well-being of their communities. Local decisionmakers may also be able to motivate local private sector businesses to invest in family planning.

Lessons Learned: Government Structures and Systems

Understand the budget cycle. Understanding the timing of different aspects of the budget cycle is essential to mobilizing funds from the national budget. In Kenya, for example, understanding how to take advantage of the budget cycle helped stakeholders advocate to decisionmakers with the right evidence at the right time. In addition, understating public financial management helped the Ministry of Health better track what happened when funds were transferred to the central medical stores.

Remember subnational governments and systems. Local government authorities are an increasingly important source of funding for the health sector. They often have a full mandate for planning, implementing, monitoring, and evaluating health services within a given jurisdiction.

As devolution and decentralization move forward in many countries, there is increasing need to invest in subnational stakeholder capacity strengthening around family planning, advocacy, and resource mobilization.

Work through subnational budget processes. When countries have a set of CIP activities that can be carried out through subnational governments, there can be opportunity to advocate for inclusion of specific activities in local budgets. In Malawi, district-level family planning and youth-friendly health services coordinators were able to engage district councils for CIP activities to be included in district implementation plans. Stakeholders must be vigilant to ensure that funds for approved activities are actually dispersed.

Work with oversight agencies. Working with the national government agencies that provide oversight to subnational governments can help ensure that guidance on funding for family planning is developed. In Tanzania, budget directives and holding budget review sessions with oversight agencies played a critical role in increasing funding for family planning.

Think about a total market approach. While not necessarily linked directly to CIP support, efforts for family planning to be included in private insurance programs can help shift the financial burden from the public sector—especially in a country like Tanzania that has a free-for-all policy for family planning. By shifting the financial responsibility to non-public funders, such as private insurance, the public sector is better positioned to serve those people who cannot afford private services.

Reduce or eliminate import taxes. Efforts to eliminate import taxes on contraceptives can increase the efficiency of programs. Without having to pay taxes on imported commodities, programs may be able to use the funds that would have been used on taxes for other programmatic efforts. Ensuring that the funds are not reprogrammed will likely require additional budget advocacy. At the same time, without having to pay import taxes on commodities, the private sector may be more willing to have a more active role in family planning service delivery.