



GETTING IT RIGHT

LESSONS LEARNED FOR FAMILY PLANNING COSTED IMPLEMENTATION PLANS

Brief

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Background

In the three years since the 2012 London Summit on Family Planning, governments have formally declared their support for family planning through financial, policy, and program commitments to increase access and choice for women and girls. Many have gone further to develop Costed Implementation Plans (CIPs) for family planning (FP) that include measurable goals, detailed roadmaps for execution, and plans to mobilize additional domestic and external resources to expand and improve services.

A CIP is a multi-year roadmap that identifies evidence-based strategies and approaches to improve FP programs, and estimates the cost of implementing those strategies. All components of an FP program—demand, service delivery and access, procurement and supply chain, policy and enabling environment, financing and resource mobilization, supervision, and monitoring and evaluation—are addressed and budgeted in the CIP. A CIP can also address issues like equity—helping to ensure that marginalized and underserved populations, including adolescents and people living

in rural areas, are included when FP information and services are scaled up. A CIP can outline the roles and responsibilities of all organizations involved in the FP program's implementation as a way to eliminate duplicative efforts and increase accountability.

The approach to developing and executing CIPs varies across countries, as the plans align with ongoing initiatives and systems and address each country's unique context. Each new CIP provides an opportunity to tailor technical assistance and tools to help countries achieve their goals, apply lessons learned, strengthen the CIP development process, and enhance the potential impact of the plans when executed.

CIP Lessons Learned

The learnings and examples presented here have been informed by the combined experience of the USAID-funded Health Policy Project (HPP) and Futures Group in supporting sixteen countries¹ to develop and implement CIPs; and by the experiences of other technical assistance providers, donors, and governments who have shared their learnings through a variety of CIP expert consultations, interviews, and public events.

The right timing matters.

- **Adjust the length of the CIP process to maximize engagement.** The CIP process is intense and, to be successful, requires engagement of a variety of stakeholders. Our experience has shown that a comprehensive CIP is best developed over a period of 4–8 months, depending on the scope of the plan. National CIPs usually take 6–8 months, while subnational CIPs can be completed in a shorter time period (4–6 months) if a national CIP already exists. Briefer timeframes do not allow adequate opportunity for consultation and input from partners. However, if a CIP process becomes too drawn out, momentum is lost as stakeholder energy, enthusiasm, and availability fade.
- **Synchronize the CIP with other strategic processes taking shape in-country.** The CIP is not meant to subvert existing strategies; it should incorporate relevant strategies and provide a cohesive roadmap for FP contributions to those initiatives. Strategic timing of the CIP process to feed other ongoing processes in-country is a smart way to leverage resources across efforts and highlight family planning in processes where it may not have been a priority. In Ethiopia, the CIP timing allowed the plan to form the backbone of the broader reproductive health (RH) strategy that was being developed concurrently. Malawi's CIP will be used to inform the country's health sector strategy, providing an important opportunity to highlight and elevate family planning within reproductive health (and health, more broadly).

A truly consultative process contributes to overall success.

- **Active stakeholder engagement breeds commitment.** The CIP process generally includes several consultative structures that meet regularly. This ongoing engagement allows partners to be active and informed participants, giving substantive input throughout the process, and cultivates a sense of ownership that translates into a commitment to fully execute and fund the plan. In Nigeria, leading members of the Family Planning/ Reproductive Health Technical Working Group (TWG) felt a real sense of ownership for the National Blueprint (CIP) because they were able to provide essential technical inputs to the document through

consultations; the TWG proved instrumental in leading efforts to get buy-in from the government and other CIP stakeholders. In West Africa, government leadership has been critical to the creation of plans that are more likely to be fully implemented. During the CIP process in various West African countries, governments reactivated coordination and monitoring mechanisms for national health plans to strengthen these bodies and avoid duplication of structures and efforts. Governments' commitment to the CIP process was maximized as they provided working space to technical support providers; in some countries, governments deployed 5–6 full-time staff to work with the technical team throughout the entire CIP process.

- **Capitalize on the stakeholder synergies elicited by a consultative approach.** The consultative process brings together diverse stakeholders who may not regularly work together or share information, but who share a common goal. In Uganda, the consultative working groups structure helped organizations better understand others' work in family planning and facilitated conversations that otherwise might not have happened. Different organizations were seated together at work sessions, which helped break down information-sharing barriers and broadened groups' understanding of each other's work in areas related to sexual and reproductive health and rights.
- **A CIP process is most successful when clear roles and responsibilities are assigned from the start.** In Uganda, the Ministry of Health (MOH) established and led a CIP task force comprised of representatives from donors, the private sector, and civil society. The task force was responsible for directing the CIP process and securing required resources. A clear scope of work for all bodies was developed by the technical support team, a small group of in-country and external experts who provided technical support throughout the CIP process, from initiation to launch, and who reported to the task force.

An effective CIP must be evidence- and reality-based.

- **Commit to an honest reflection of the FP program's current weaknesses and challenges.** To best tackle real, on-the-ground challenges that limit the impact

of an FP program, CIP stakeholders must look honestly and critically at current programming and the political, social, and economic environment. The government and its partners in Ghana were very open to reflection about the weaknesses and limitations of the country's FP program. These insights resulted in an honest and comprehensive landscape analysis that created opportunities for real changes and improvements.

- **Set goals that are ambitious, but realistic to the country's context.** For the CIP to function as an actionable roadmap, the goals around which the strategy is designed should be bold, but not unreachable. Overly ambitious goals can actually demotivate stakeholders and skew resource mobilization efforts. A country's goal setting should carefully consider context and not be swayed by political influence. Some countries took advantage of the timing of the CIP process to set realistic but ambitious goals. For example, Ghana held a “reality check” consultation to present various contraceptive prevalence rate (CPR) scenarios and obtain buy-in from national and regional governments on the agreed-on CPR objectives.
- **Take time to complete an accurate, activity-based costing exercise.** In the past, many strategies and budgets were based on assumptions about general costs for large swaths of programming, rather than on accurate locally based data. Without an accurate presentation of all inputs, upon which costing for activities is based, it is easy to under- or overestimate the cost of strategies.

The incorporation of best practices and cross-country learnings can ensure high-quality, innovative programming.

- **While implementing a one-size-fits-all FP program is not recommended, evidence-based best practices should be considered and included where relevant.** While a country's unique context should ultimately influence the design of its FP strategy, the application of cross-country learnings can help countries avoid reinventing the wheel or investing in approaches shown through experience to have little to no impact. Best practices adopted should be tailored to fit country needs. For example, during Uganda's CIP process, the technical support team presented

and incorporated a number of best practices that were vetted by stakeholders, assessed for impact and feasibility, and modified for best fit to the country context.

CIPs must be living documents.

- **Set systems and expectations that allow the CIP to shift and adapt as necessary to meet goals.** Fostering systems and a culture that recognize the CIP as a living document that requires updating and adjusting for proper execution will support smooth implementation and achievement of goals. Annual CIP reviews—including gap analyses to identify resource gaps—help each country's task force develop action plans based on the current situation rather than a fixed goal identified years earlier.
- **Schedule yearly reviews and adjust to shifts in country and global contexts.** Annual reviews of planned CIP activities provide an opportunity to renew stakeholders' engagement with their roles in the roadmap, and to adjust scheduled activities based on revised priorities, newly available data, and regional best practices. In Zambia in 2015, the Ministry of Community Development, Mother and Child Health hosted a two-day annual review workshop that featured reports from each province on challenges and best practices in implementation, technical updates from government and partners on progress toward the CIP's input and output indicators, and breakout sessions to develop the new family planning annual workplan based on the CIP.

The CIP is not “done” at the launch.

- **Make technical assistance available to countries beyond the CIP launch.** Even after the CIP is adopted and launched, those tasked with executing the strategy will have questions and may benefit from support on a variety of topics, including (among others) the reconciliation of funding gaps and the adjustment of activities that fall off schedule. Additional technical assistance may be required for performance monitoring, partner coordination, and capacity building to support other ongoing implementation issues. Senegal's success in implementing its CIP can be attributed, in part, to regular quarterly meetings of stakeholders and ongoing technical support on tracking progress and plan implementation.

- **Develop more robust systems for CIP performance management.** Some countries, including Tanzania and Senegal, have developed CIP performance management systems that can improve the government's knowledge of its partners' contributions. It is important that the data are collected transparently and consistently used to inform decision making. When CIP monitoring is included in donor support to countries, there is an opportunity for longer-term capacity building within the government to allow for better internal performance management of the FP program, rather than full reliance on external partner expertise.
- **Do not overlook the importance of disseminating the CIP.** It is easy to assume that once the strategy is approved and launched, it will be distributed to all parties tasked with various aspects of implementation, at both national and decentralized levels. This is often not the case. In some cases, the obstacle can be as basic as a lack of funding to print hard copies. Developing a dissemination plan and allocating resources for execution should be included in the CIP process.
- **Subnational planning and implementation are critical, particularly for decentralized countries.** CIP implementation must occur at subnational levels, particularly in decentralized countries like Kenya, Nigeria, Pakistan, and Tanzania. Nigeria has a subnational plan for Gombe state, and CIPs for Lagos and Kaduna states are underway. Subnational plans for Sindh and Punjab provinces in Pakistan are also in development. In Senegal, regions were involved in the CIP development process, and the CIP and subnational targets were discussed and agreed on for each region and district. In Nigeria, subnational targets for CPR rates were developed for each state, based on data and refined with the input of local experts and subnational government officials.

Conclusion

CIP development and execution is a living process that should evolve and strengthen with each application. The documentation and sharing of lessons learned is critical to further strengthen CIPs and increase the likelihood that countries will meet their ambitious goals.

Over the past three years, HPP has supported 16 countries in developing and implementing CIPs. We now know that

- The right timing matters.
- A truly consultative process contributes to overall success.
- An effective CIP must be evidence- and reality-based.
- The incorporation of best practices and cross-country learnings can ensure high-quality, innovative programming.
- CIPs must be living documents.
- It is essential to widen the net to capture resource mobilization opportunities.
- The CIP is not “done” at the launch.

To promote the development of more detailed and standardized CIPs and share best practices and tools, HPP worked with experienced governments, donors, and implementing partners to develop the *Costed Implementation Plan Resource Kit*. Endorsed by USAID, FP2020, and the United Nations Population Fund, the resource kit includes guidance documents and tools. It is intended to help program planners, ministry representatives, and technical assistance providers plan, develop, and execute a robust, resourced family planning strategy based on lessons learned. The resource kit is available online at www.familyplanning2020.org/cip.

Note

¹ Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Malawi, Mali, Mauritania, Myanmar, Niger, Nigeria, Togo, Uganda, Zambia

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