policy

September 2015

FAMILY PLANNING FUNDING GAPS IN WEST AFRICA

Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo

This publication was prepared by Elise Lang and Sarah Fohl of the Health Policy Project.

USAID FROM THE AMERICAN PEOPLE

HEALTH POLICY PROJECT

Suggested citation: Lang, E. and S. Fohl. 2015. *Family Planning Funding Gaps in West Africa: Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-134-6

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Funding Gaps for Family Planning in West Africa

Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo

SEPTEMBER 2015

This publication was prepared by Elise Lang[1] and Sarah Fohl [2] of the Health Policy Project.

[1] Futures Group, [2] Consultant

CONTENTS

LIST OF FIGURES AND TABLES

ACKNOWLEDGMENTS

The USAID-funded Health Policy Project would like to thank the Ministry of Health, Department of Family Health in Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo for their support in coordinating meetings, workshops, and providing data for these analyses. We would also like to thank the numerous developing and implementing partners and civil society organizations that participated and contributed to the results of these studies. We thank USAID/Washington and USAID/West Africa for their support of this project.

ABBREVIATIONS

AgirPF	Agir pour la planification familiale
CIP	costed implementation plan
CPR	contraceptive prevalence rate
FP	family planning
HPP	Health Policy Project
M&E	monitoring and evaluation
MOH	Ministry of Health
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

FAMILY PLANNING IN WEST AFRICA

Introduction

Reducing unplanned pregnancies and supporting birth spacing through the use of family planning (FP) is a cost-effective strategy to save the lives of thousands of mothers, infants, and children each year. However, countries in West Africa—most of which are marked by a high-need for, yet low-use of, FP services—are struggling to adequately fund comprehensive FP programs. Twenty-eight percent of women of reproductive age in West Africa have an unmet need for family planning. In other words, over one-quarter of women who wish to prevent or delay childbearing are not currently using a contraceptive method. The current contraceptive prevalence rate (CPR) among married women (ages 15-49 years) is 16 percent for all methods and only 12 percent for modern contraception methods (PRB, 2015). In addition, West Africa has a high fertility rate (5.4 children per woman) and a young population (44% of the population of West Africa is less than 15 years old). This means a large number of couples will soon reach their childbearing years, adding to the region's challenges of meeting the health and development needs of its people. In light of these converging factors, strong, coordinated, and effective FP programing is critical.

In February 2011, representatives from eight francophone West African countries attended the Population, Development, and Family Planning in West Africa: An Urgency for Action Conference in Ouagadougou, Burkina Faso to discuss how to accelerate progress in family planning. The result was a region-wide commitment to supporting family planning. While West Africa has made strides towards increasing FP use, efforts there are still limited due to low political will; weak engagement of the private sector; limited coordination between government, NGOs, donors and implementing partners; and inadequate government funding of FP programs.

Development of CIPs

Since the Ouagadougou Conference in 2011, many countries have developed, with support from the USAID- funded Health Policy Project (HPP), a costed implementation plan (CIP) for FP to strategically plan and budget for FP activities across all sectors. A CIP is a multi-year roadmap that identifies evidence-based strategies and approaches to improve FP programs and estimates the costs of implementing those strategies. A CIP is built through a 10-step participatory process, as seen in Figure 1. HPP has been a lead partner in the development of CIPs. The process brings together government and FP partners to strategically plan and prioritize specific FP activities over a three to six year time period (usually aligned with the FP or maternal and child health strategic plans) and budgeting each activity. All components of a FP program are addressed and budgeted for in the CIP, including:

1. Contraceptive commodities
2. Demand creation
3. Service delivery and access
4. Contraceptive security
5. Policy and enabling environment
6. Monitoring, evaluation and coordination

A CIP can also address equity issues, helping ensure that marginalized and underserved populations, such as 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 the organizations involved in a program to eliminate duplicative efforts and increase accountability.

After a country develops a CIP, the next step is often to complete a financial gap analysis to determine the funding gap between the costs of carrying out the CIP and what funds the government and partners have available to support the FP.

Purpose

There are three main purposes for carrying out these gap analyses: to help the Ministries of Health better implement the CIPs; to plan and manage future funding; and to understand what thematic areas in the CIP are fully, partially, or under-funded. Results reveal varying gaps in different thematic areas and in different years for each plan. Overall, four of the six countries are experiencing or will experience a financial gap over the course of their CIP.

Figure 1: 10-Step Costed Implementation Plan Process

Source: HPP and K4Health, 2015

Knowledge of the CIP's financial gaps will allow the government and partners to:

1. **Plan budgets and determine key activities for funding:** The gap analysis provides insight into the actual funding situation of the country's agreed-upon priorities. In the event that thematic areas are currently over-funded, the gap analysis can highlight potential areas for reallocation.

2. **Encourage discussions between development partners and the government:** The gap analysis contains information on annual financial gaps for each thematic area. This information can help facilitate the discussion and reevaluation of planned funding for future years.
3. **Advocate for increased funding:** The level of detail provided by the gap analysis allows the government and partners to track areas that are key to donors and government officials, making it easier to conduct specific resource mobilization efforts.
4. **Increase visibility and accountability:** As part of the gap analysis, requests are sent to each stakeholder regarding their planned financial FP commitments. This encourages each organization to reflect on their contributions in relation to the government plan. It also increases transparency, allowing the MoH to understand partner commitments and timing for activities. The analysis highlights differences between partner and government funding and assists the country in aligning partner workplans with the CIP.

METHODOLOGY

From May through July 2015 HPP conducted a financial gap analysis of CIPs in six West African countries: Burkina Faso, Cameroon, Côte d'Ivoire, Mauritania, Niger, and Togo. This allowed HPP to compare the annual funding available from the government and partners for family planning relative to each of the CIP budgets. In this study, "funding available" can be defined as any future funding that is promised, expected or estimated to be allocated to FP; in the case of past years, "funding available" refers to actual funds spent on FP, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.).

CIP Gap Analysis Methodology

- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to reported funding from government and partners

Before data collection began, HPP led a regional training on the CIP gap analysis to introduce the government and partners to its purpose and advantages, as well as to conduct a tutorial on how to use the tool. This support, combined with FP stakeholder meetings in each country, helped to solidify understanding and ownership of this process. The government and implementing partners provided information on their planned FP activities for the time period of the plan (3-7 years). All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas in the excel-based tool.

CIPs in West Africa

Although each country's MOH developed a unique CIP, all plans for the six West African countries were developed between 2013 and 2015. Most are five or six year plans, except for Burkina Faso's which is a three-year plan and Niger's which is a seven-year plan. The CIPs also vary greatly in terms of total cost, ranging from US$10.7 million for five years (Mauritania) to US$92 million for the seven years (Niger). Most of the CIPs are divided into at least four or more of the following thematic areas of FP activities:

- **Contraceptive commodities:** Procurement of contraceptive commodities and directly-related supplies (e.g., surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** Increasing demand for FP services, including developing and implementing a targeted, holistic, and evidence-based socio-behavior change communication program
- **Service delivery and access:** Training and equipping healthcare workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** Processes, equipment, and management needed to quantify, procure, and distribute FP contraceptives and related supplies
- **Policy and enabling environment:** Ensuring that national and local policies and guidelines and policymakers are supportive of the goal of universal FP access
- **Monitoring and evaluation (M&E) and coordination:** Ensuring that coordination, management, and M&E efforts are in place at the national and district level to manage all FP activities

Burkina Faso

The CIP for Burkina Faso highlights priority activities to extend and improve FP services and education with the goal to increase CPR among married women by 10 percentage points, from 15 percent in 2010 to 25 percent in 2015, through three years of programming (Table 1). The three-year plan has an estimated budget of US$25 million (Table 1).

Table 1: Burkina Faso CIP for Family Planning (2013–2015) Annual Expected Costs (US$)

Priority Intervention Area	2013	2014	2015	TOTAL
Contraceptive Commodities	2,500,923	3,005,692	3,348,024	**8,854,639**
Demand Creation	2,299,097	1,774,681	1,857,223	**5,931,002**
Service Delivery and Access	2,840,521	2,192,607	2,294,588	**7,327,717**
Contraceptive Security	435,351	336,049	351,679	**1,123,080**
M&E, Management, and Coordination	527,758	407,378	426,326	**1,361,461**
TOTAL	**8,603,651**	**7,716,407**	**8,277,840**	**24,597,898**

* Amounts converted from local currency (595.62 Franc CFA to US$1)

Cameroon

Cameroon's CIP (2015-2020) became part of the *Strategic Plan for Reproductive, Maternal, Neonatal, and Infant Health* (2014-2020) and aims to increase CPR from 16.1 percent in 2011 to 30 percent by 2020 (over 2% increase each year for six years). The CIP is the second most expensive of the six countries analyzed with an estimated cost of US$63 million (Table 2).

Table 2: Cameroon CIP for Family Planning (2015–2020) Annual Expected Costs (US$)

Priority Intervention Area	2015	2016	2017	2018	2019	2020	TOTAL
Contraceptive Commodities	2,354,226	2,690,986	3,045,194	3,417,854	3,809,935	4,224,472	**19,542,668**
Demand Creation	921,059	857,762	783,327	751,480	654,324	695,894	**4,663,847**
Service Delivery and Access	4,023,854	2,264,481	2,458,740	2,089,469	1,541,779	1,415,860	**13,794,182**
Contraceptive Security	1,086,444	992,645	41,257	41,257	41,257	20,102	**2,222,960**
Policy and Enabling Environment	135,570	348,644	252,188	47,005	87,646	43,088	**914,141**
M&E, Management, and Coordination	3,454,132	855,104	865,853	855,104	865,853	855,104	**7,751,150**

Priority Intervention Area	2015	2016	2017	2018	2019	2020	TOTAL
Youth and Adolescent Reproductive Health	1,176,088	2,535,324	2,501,482	2,501,482	2,452,122	2,480,923	**13,647,423**
TOTAL	**13,151,373**	**10,544,947**	**9,948,040**	**9,703,651**	**9,452,916**	**9,735,444**	**62,536,371**

* Amounts converted from local currency (595.62 Franc CFA to US$1)

Côte d'Ivoire

The primary objective of Côte d'Ivoire's CIP is to provide a roadmap for increasing CPR from 19.4 percent in 2014 to 36 percent in 2020. This ambitious goal of over 16 percentage points during a six year period will require more than doubling the number of modern contraceptive users from 1,185,046 to 2,580,629. Annual expenditures in each priority intervention area are detailed in the CIP and outlined below. The six-year plan has an estimated budget of US$56 million (Table 3).

Table 3: Côte d'Ivoire CIP for Family Planning (2015–2020) Annual Expected Costs (US$)

Priority Intervention Area	2015	2016	2017	2018	2019	2020	TOTAL
Contraceptive Commodities	2,960,437	3,460,801	3,998,989	4,546,417	5,116,985	5,711,558	**25,795,187**
Demand Creation	1,350,620	1,450,818	1,462,668	1,408,382	1,243,950	1,374,064	**8,290,517**
Service Delivery and Access	2,539,351	2,331,848	2,134,935	1,809,370	1,473,914	1,438,145	**11,727,563**
Contraceptive Security	248,510	219,943	35,397	35,397	35,397	30,318	**604,962**
Policy and Enabling Environment	229,113	885,947	304,684	47,094	89,505	44,946	**1,601,290**
M&E, Management, and Coordination	2,743,601	1,133,059	1,139,401	1,133,059	1,139,401	1,133,059	**8,421,581**
TOTAL	**10,071,647**	**9,482,416**	**9,076,074**	**8,979,720**	**9,099,152**	**9,732,091**	**56,441,101**

* Amounts converted from local currency (595.62 Franc CFA to US$1)

Mauritania

Activities described in Mauritania's CIP for 2014-2018 intend to help increase the CPR from 11 percent in 2013 to 18.5 percent in 2018. The five-year plan has an estimated budget of US$11 million (Table 4).

Table 4: Mauritania CIP for Family Planning (2014–2018) Annual Expected Costs (US$)

Priority Intervention Area	2014	2015	2016	2017	2018	TOTAL
Contraceptive Commodities	162,014	182,290	203,466	225,570	249,518	**1,022,869**
Demand Creation	1,001,288	511,741	571,159	511,741	511,741	**3,107,670**
Service Delivery and Access	1,268,527	533,526	576,712	563,672	563,672	**3,506,109**
Contraceptive Security	161,223	9,864	15,984	9,864	15,984	**212,918**
Policy and Enabling Environment	120,759	34,215	75,558	31,306	31,306	**293,145**
M&E, Management, and Coordination	570,965	547,283	483,082	547,283	483,082	**2,631,695**
TOTAL	**3,284,777**	**1,818,918**	**1,925,972**	**1,889,436**	**1,885,303**	**10,774,407**

* Amounts converted from local currency (308 Mauritanian Ouguiya to US$1)

Niger

Niger's CIP (2012-2020) was planned to begin in 2012, however, implementation did not begin until 2014. Therefore in this study, only estimated annual costs for activities planned from 2014 onward were included. The plan is the most expensive and longest of the six countries, totaling US$92 million over seven years (Table 5). The objective of the plan is to increase the CPR from 16 percent in 2010 to 25 percent in 2015 and to 50 percent in 2020.

Table 5: Niger CIP for Family Planning (2014–2020) Annual Expected Costs (US$)

Thematic Area	2014	2015	2016	2017	2018	2019	2020	Total
Contraceptive Commodities	2,569,646	3,147,549	3,803,650	4,459,750	5,115,851	5,771,952	6,428,052	31,296,449
Demand Creation	3,730,852	4,052,073	3,869,971	4,098,222	4,247,578	4,487,912	4,608,632	29,095,241
Service Delivery and Access	3,169,661	3,436,181	3,183,326	3,474,970	3,407,753	3,739,982	3,147,574	23,559,448
Contraceptive Security	70,135	91,940	28,162	1,083,850	28,162	91,940	28,162	1,422,353
Policy and Enabling Environment	-	-	-	-	-	-	-	-

Thematic Area	2014	2015	2016	2017	2018	2019	2020	Total
M&E Management, and Coordination	985,994	1,093,143	886,234	876,628	867,909	881,394	1,036,243	6,627,546
Financing	-	-	42,301	-	-	42,301	-	84,603
Total	10,526,288	11,820,886	11,813,645	13,993,421	13,667,253	15,015,482	15,248,665	92,085,639

* Amounts converted from local currency (595.62 Franc CFA to US$1)

Togo

The goal of Togo's CIP is to increase the CPR from 15.2 percent to 24.3 percent in five years by reaching 154,033 additional contraceptive users in 2015 and almost doubling that amount to 273,406 in 2017. This is expected to cost an average of US$2.9 million per year or a total of US$15 million for the three-year plan (Table 6).

Table 6: Togo CIP for Family Planning (2013–2017) Annual Expected Costs (US$)

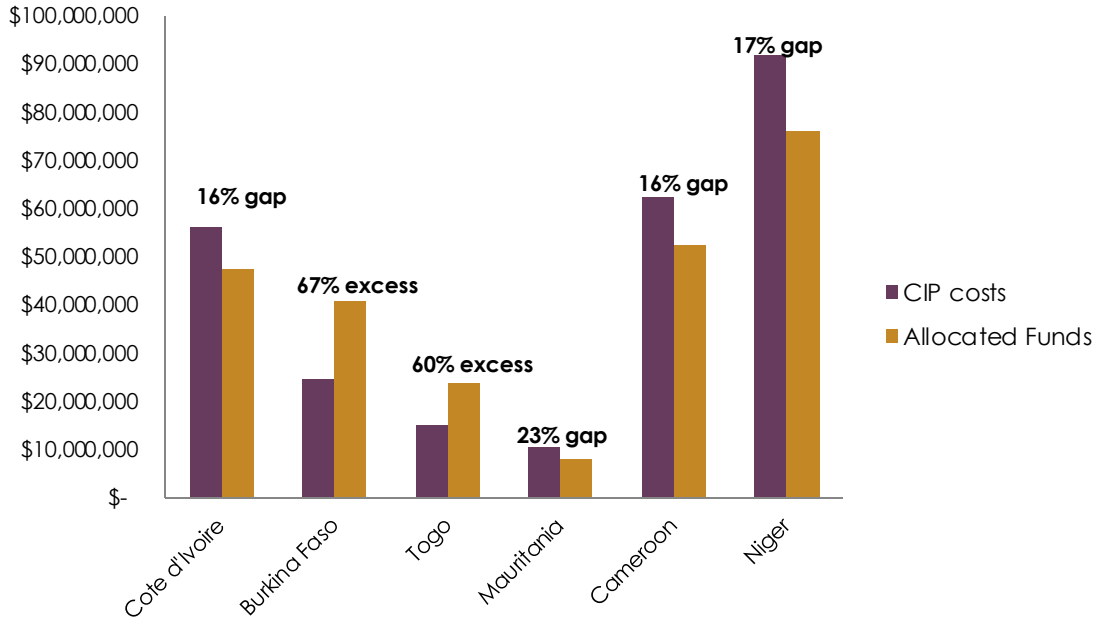
Priority Intervention Area	2013	2014	2015	2016	2017	TOTAL
Contraceptive Commodities	571,037	646,181	721,349	801,977	892,831	**3,633,375**
Demand Creation	766,675	655,910	650,588	650,588	650,588	**3,374,349**
Service Delivery and Access	1,145,091	1,021,103	781,711	851,440	851,440	**4,650,785**
Contraceptive Security	403,447	318,837	345,143	355,820	384,464	**1,807,711**
Policy and Enabling Environment	113,507	37,016	37,016	37,016	37,016	**261,571**
M&E, Management, and Coordination	319,636	171,607	180,247	175,637	180,247	**1,027,374**
TOTAL	**3,319,393**	**2,850,654**	**2,716,054**	**2,872,478**	**2,996,586**	**14,755,165**

* Amounts converted from local currency (595.62 Franc CFA to US$1)

Gap Analysis Results The CIP Gap Analysis Tool was used to estimate additional resources needed to fully implement each priority area identified in each country's CIP.

An analysis of actual and projected expenditures indicated that Burkina Faso and Togo have sufficient funds to implement their plan, while the other countries see an average 18 percent funding gap (Figure 2, next page).

Figure 2: Country Comparison of CIP Costs, Allocated Funds, and the Overall Funding Gap (US$)



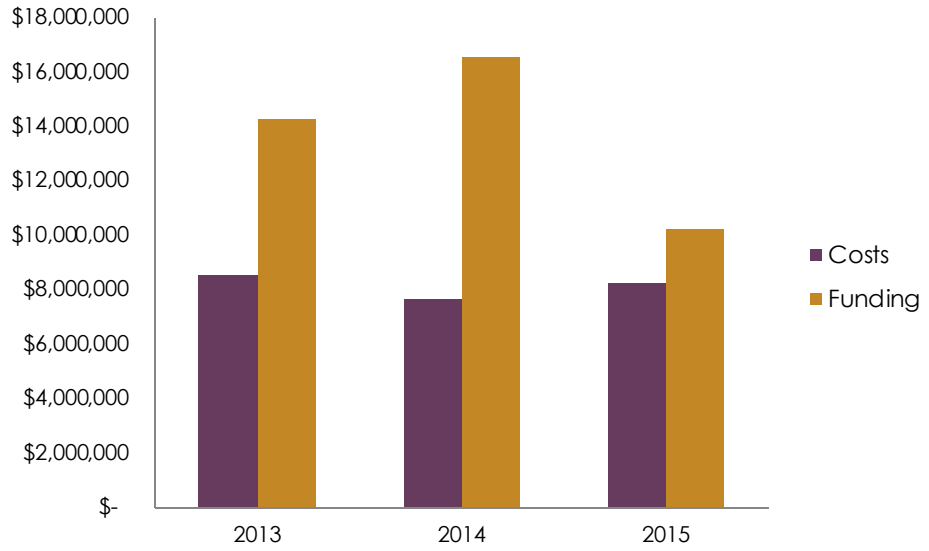
Source: Authors

The section below describes detailed findings for each of the six countries.

Burkina Faso

The application of the gap analysis in Burkina Faso showed that there are sufficient funds available to implement the three-year CIP (2013-2015), largely due to continued and increased commitments from donors in almost all the thematic areas and as a mostly retrospective study (except 2015 estimates), due to partner knowledge of current and past spending. However, gaps in certain years in multiple intervention areas show that some activities suffered from a lack of financial support throughout the three-year plan. Overall, the government and partners contributed an estimated US$41.1 million to family planning compared to the US$24.5 million budget detailed in the CIP (Figure 3, next page).

Figure 3: Burkina Faso CIP Costs and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2013–2015 (US$)



Source: Authors

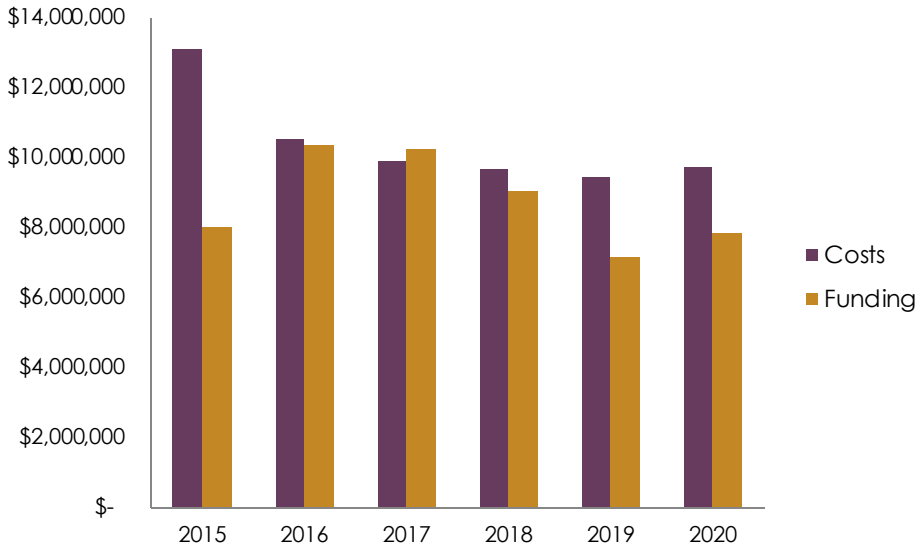
Despite a surplus of funds compared to Burkina Faso's three-year CIP, erratic changes in financing from donors indicate insecure programming. While funding for contraceptives was strong and consistent in 2013 and 2014, there was a slight gap of 5 percent in 2015 (US$157,000). Demand creation and contraceptive security are the areas that have the most significant financial gaps. Regardless of overall sufficient financing for demand creation activities for the entire three-year budget, there were significant gaps in funding in 2013 (10% deficit) that more than doubled in 2015 (26% deficit), despite a smaller 2015 CIP budget for demand creation compared to the first two years. In addition, there was a financial gap for contraceptive security in the first year of the plan representing 34 percent of the CIP costs. Additional donor commitments in 2014 and 2015 secured sufficient funds for the last two years of the plan.

The plan received the most financial support in 2014 in every thematic area, particularly for activities focused on M&E and program coordination which received more funds than originally programed in the CIP (139% surplus). Additionally, there are sufficient funds for programs focused on service delivery every year of the plan (90% surplus). Despite overall sufficient funds, financial gaps in various years across multiple thematic areas may limit advancement towards the CIP goals.

Cameroon

Based on this analysis, the government and partners are currently planning to contribute US$52.7 million to family planning in Cameroon from 2015 to 2020. Compared to the CIP, this analysis indicated an overall gap of 16 percent of the total CIP budget, equivalent to US$9.8 million over five years. Figure 4, next page, compares the costs budgeted in the CIP with the funds allocated by partners over the six years of the plan. Overall, there are consistently large financial gaps in M&E and youth-focused activities.

Figure 4: Cameroon CIP Costs and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2015–2020 (US$)



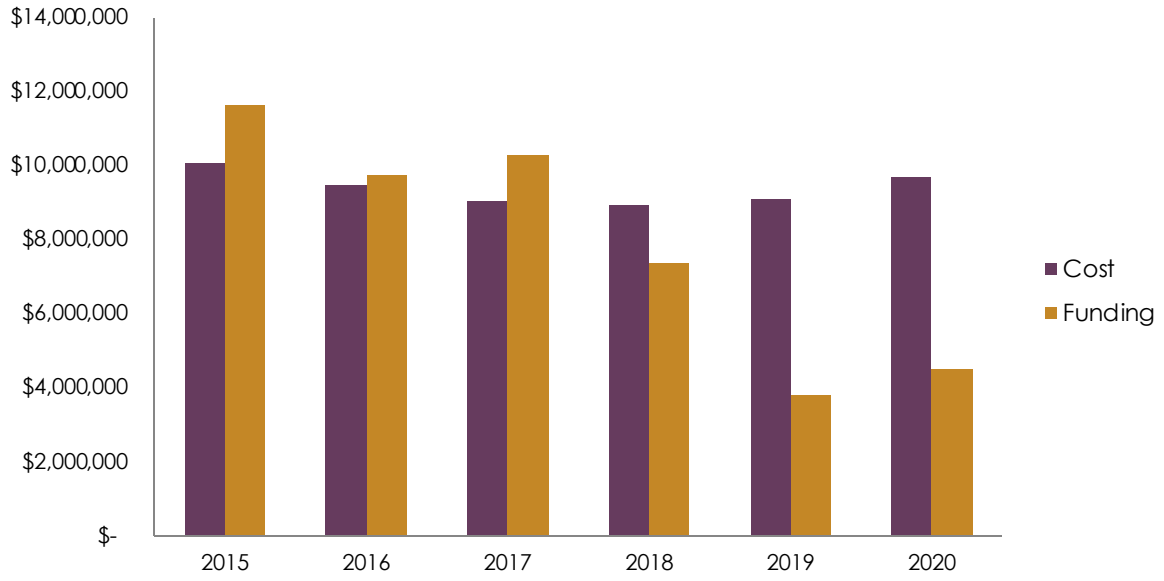
Source: Authors

The thematic areas with the largest and most consistent funding gaps are in M&E, management and coordination activities and activities focused on youth and adolescent reproductive health. These areas are expected to be 79 percent to 95 percent unfunded each year, over the course of the plan. In addition, activities to support a favorable political environment for family planning will experience financial gaps the first few years, primarily in 2016 and 2017, leading to an 8 percent financial gap in this area. Conversely, programs focused on contraceptive commodities and demand creation are expected to receive slightly more funding in the first four years of the plan than the CIP cost and to experience slight financial gaps for the last two years (overall 14% and 12% surplus). Programs focused on contraceptive security will receive significantly more funding than planned for in the CIP, mostly due to the decrease in costs allocated to contraceptive security in the CIP from 2017 to 2020 (US$5 million surplus). Overall, the large funding gaps in M&E, management and coordination and youth and adolescent reproductive health will significantly affect education, demand creation, and use of FP among youth and the ability to monitor progress towards the CIP objectives.

Côte d'Ivoire

The CIP gap analysis found that funds expected from the government and partners are partially in line with budgeted amounts laid out in each of the CIP thematic areas. However, significant commitments are lacking from 2018 through 2020 overall, and three thematic areas (contraceptive commodities, M&E activities, and policy and enabling environment) experience large gaps almost every year of the plan. Based on the analysis, the government and partners are expected to contribute US$47.4 million over six years, resulting in an overall 16 percent funding gap (Figure 5, next page).

Figure 5: Côte d'Ivoire CIP Costs and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2015–2020 (US$)



Source: Authors

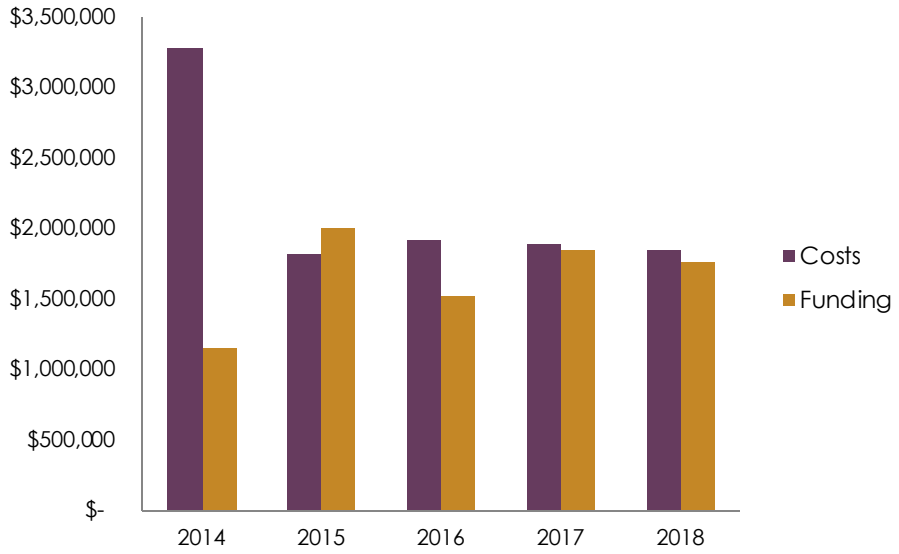
Although sufficient funds are expected to be available for contraceptive commodities in 2016 and 2017, there was a 12 percent funding gap in 2015. There are no allocations recorded for commodities in the 2019 and 2020 budgets, thus a 100 percent funding gap. The 41 percent deficit in this program area (from 2015 to 2020) could primarily be due to either a lack of commitment or uncertainty from partners regarding future programming specifically allocated for family planning. M&E, management and coordination activities also suffer from significant financial gaps each year of the plan, presenting an overall funding gap of 54 percent. Additionally, programs supporting a favorable political environment for family planning are expected to see significant gaps in 2016 (90% of the budget), and there are no funds allocated for these activities in 2019 and 2020. Despite a lack of funding for contraceptives, funds for contraceptive security total more than the amount budgeted in the CIP (additional US$4.2 million). For service delivery and access, while funding is relatively constant, a large decrease in CIP costs in the last three years helps explain the fluctuation in the gap each year. Overall, there are sufficient funds for service access and delivery (10% surplus). On the other hand, while CIP costs for demand creation are relatively constant, there is an expected decrease in partner support from 2018-2020, resulting in financial gaps during those years. However, the excess funds in first few years counter balance the gap (22% surplus). In summary, there are significant funding gaps in the areas of contraceptive commodities; policy and the enabling environment; and M&E, management and coordination. These gaps may limit the number of women who have access to contraceptives, inhibit advancement towards developing an enabling environment for family planning, and reduce the amount of M&E and data that is collected regarding these activities.

Mauritania

The analysis demonstrates that funds allocated by the government and partners in Mauritania fail to meet the expected costs for activities outlined in the CIP for most thematic areas. The government and partners have allocated an estimated US$8.2 million to family planning over the six-year CIP, resulting in a 23 percent funding gap (US$2.5 million). There are significant funding gaps for commodities, demand creation, service delivery and access, and M&E, management and coordination. Due to a large funding

allocation for contraceptive security, these gaps are not as prominent when analyzing the budget as a whole. Figure 6 shows overall funding situation by year of the plan.

Figure 6: Mauritania CIP Costs and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2014–2018 (US$)



Source: Authors

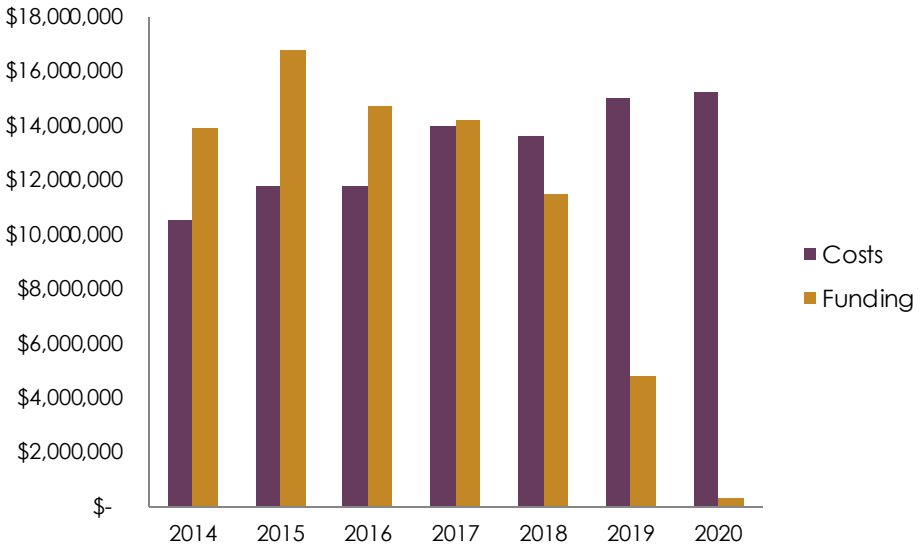
Reduced funding allocated for service delivery in 2014 left a 77 percent budget gap. That gap decreased in 2015 and 2016, and the last two years of the plan are expected to receive sufficient funding. Demand creation activities also experienced a large financial gap in 2014, but the gap decreases in the following years. In fact, the gap halves each year until 2017, which is somewhat due to a halving of its budget within the CIP in 2015. Overall, there is a 24 percent deficit for service delivery and access and 30 percent for demand creation. Financing for M&E is consistently lacking funding. Over five years, there is an 89 percent funding gap equal to a US$2.3 million for these activities. Contraceptive commodities are also consistently underfunded (overall 20% deficit) each year of the plan except for 2015, which is due in large part to the United Nations Population Fund's (UNFPA's) program cycles and future commitments to family planning in the country. Conversely, expected funds for contraceptive security are drastically higher than costs laid out in the CIP: as much as 80 times higher than the 2015 budget, and an average of eight times higher than its budget over the life of the plan. This is partially due to current and future commitments made by UNFPA and information from USAID's DELIVER (for 2015 only). Also, the CIP budget for contraceptive security reduces significantly after 2014, which accounts for why while the funding remains relatively consistent, excess of funds are seen in this thematic area. Despite significant financial gaps in 2014 and 2016 to support a favorable political environment for family planning, commitments in the other years compensate for the gaps overall. In summary, Mauritania's CIP is not sufficiently funded in most thematic areas, yielding strong concerns about the future financing of the country's FP program.

Niger

The results of this analysis indicate that the government of Niger and FP partners are planning to contribute US$76 million to family planning from 2014 to 2020. Compared to the CIP, this analysis indicated an overall gap of 17 percent of the total CIP budget equivalent to US$15.7 million over seven

years. Figure 7 compares the costs budgeted in the CIP (2014-2020) with the funds allocated over the seven years of the plan.

Figure 7: Niger CIP Costs and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2014–2020 (US$)



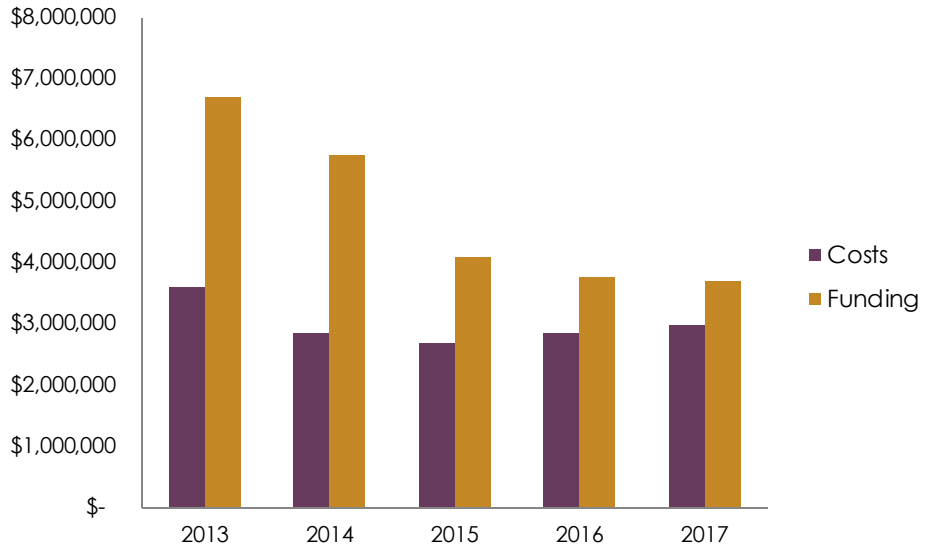
Source: Authors

All thematic areas are expected to experience a financial gap in at least one year and contraceptive commodities, demand creation, contraceptive security, and financing are all expected to suffer from severe lack of funding over the course of the plan. The majority of the funding gaps occur in the last three years of the plan, most likely due to uncertainty among partners concerning their future funding. Overall, there is a 57 percent deficit for contraceptives, a 34 percent deficit for demand creation, and a 61 percent deficit for contraceptive security activities. Service delivery and access and M&E, management and coordination are sufficiently funded. While policy and the enabling environment was a key thematic area in the CIP, no costs were budgeted between 2014 and 2020. During this study, partners stated they would support US$974,000 of programming for policy and improving the enabling environment. On the other hand, while financing for family planning was part of the CIP, neither the government nor the partners reported contributing to financing. The large funding gaps, particularly in contraceptive commodities and contraceptive security may limit the country's ability to maintain and increase the use of FP methods.

Togo

Overall the government and partners are currently planning to allocate US$24 million over the course of the five-year plan, compared to the US$15 million originally budgeted in the CIP (Figure 8, next page). Although sufficient funds for family planning in Togo is a positive indicator of FP commitments in the country, the financial gaps in the areas of contraceptive security (53%) and demand creation (23%) activities may negatively impact objectives to increase CPR and the number of additional users.

Figure 8: Togo CIP Budgeted Amounts and Funds Allocated by the Government and Donors to Support Family Planning Programming, 2013–2017 (US$)



Source: Authors

The first year of the plan had the largest commitment and is the only year in which the government allocated funds, which are only designated for programs and activities focused on demand creation and service delivery. A closer look at the results for each priority intervention area reveal a large overall surplus of funds allocated for contraceptive commodities (149% or US$5.4 million) and policy and enabling environment (200% or US$522,934). There are also sufficient funds allocated for activities and programs focused on service delivery and access and M&E, management and coordination.

The most significant financial gap is for contraceptive security, in which 53 percent of the CIP is unfunded. In addition, there are financial gaps for demand creation activities every year except 2014. A large financial gap for contraceptive security programs will decrease the quality of services, access, and availability of contraceptives, thereby contributing to a low CPR and few additional users. Lack of demand creation activities my decrease the potential number of new and existing FP users.

DISCUSSION

A comparison of the results in each country reveals the dynamic political, financial, and cultural influences on the funding of FP programming. Results from the CIP gap analysis reveal varying gaps in different priority intervention areas and in different years for each plan. Overall, the total CIP and allocated funds for each country show that four of the six countries are or will experience an overall financial gap over the course of their CIP.

Mauritania has the largest financial gap, with 23 percent of the overall CIP budget still needing to be funded. This gap is mostly due to the large funding gap (65%) in 2014, the first year of the plan, when the CIP budget is twice the amount of every year thereafter. This is similar to Cameroon, where the CIP budget has its largest gap (39%) in the first year. A financial gap in the first year could be due to a lack of communication between the Ministry of Health (MOH) and all FP partners, as the start-up year usually incurs additional costs for training or equipment and often due to varying funding streams, funding can be delayed.

In addition, the analysis showed a general financial gap towards the end of the CIPs. The Côte d'Ivoire, Cameroon, and Niger CIPs are the most expensive and the longest (six or seven years), but also experience significant funding gaps in the last two years of their plans (2019-2020) and overall financial gaps of 16 percent, 16 percent, and 17 percent of their CIPs respectively. The financial gap towards the end of the plans are most likely due to uncertainty of future available funding that could be influenced by new government leadership, and other donor priorities.

A lack of collaboration and coordination among stakeholders can also be seen when the CIP budget does not align with the funding priorities. Across the region, we see thematic areas that account for a low percentage of the CIP budget and a larger amount of the funds available; particularly in the areas of contraceptive security and M&E, management, and coordination. For example, in Cameroon, contraceptive security represents 4 percent of the CIP costs and 14 percent of the funding available. In Niger, monitoring, evaluation and coordination represent 7 percent of the CIP budget, but 24 percent of funds allocated over the seven years of the plan. In Mauritania, contraceptive security represents 2 percent of the CIP budget, but 25 percent of the funding allocated. These types of inconsistencies are common across countries, except Burkina Faso, and should be discussed with stakeholders to determine whether the CIP high-funding priorities are correct or if priorities and needs have shifted.

The country that received the most additional funding in comparison to the CIP is Burkina Faso, where overall funds reached a total of 67 percent more than the CIP (US$16 million). The analysis for this country was completed retrospectively and, therefore, the government and partners had better knowledge of what was spent than partners in other countries. Interestingly and unlike many other countries, the percentage of funds spent in each thematic area is closely aligned with those in the CIP.

The gap analysis for Togo also revealed that the available funding is 60 percent more than Togo's CIP (US$9 million). Although Togo is arguably the smallest country of this group and has one of the least expensive CIPs (second after Mauritania), it benefits from effective collaboration between the MOH and FP partners.

Main Stakeholders

The primary donor in the West Africa region is UNFPA who provides most, if not all, of the funding for contraceptive commodities in every country. UNFPA is also a primary donor for most other priority intervention areas for some countries. In Mauritania, UNFPA primarily covers contraceptive security and service delivery. UNFPA also covers most funding for contraceptive security, service delivery, and policy

programs in Cameroon. In Burkina Faso, UNFPA provides the most funding for every thematic area except for programs to support policy and an enabling environment for FP. In Niger, UNFPA provides the vast majority of the funding for contraceptive commodities and demand creation but also provides strong support for policy and enabling environment, and M&E, management, and coordination.

Each country also has some primary FP actors in both the public and private sector. For Côte d'Ivoire, contraceptive commodities are covered almost equally between UNFPA and L'Agence Ivoirienne de Marketing Social, a local social marketing organization. Contraceptive security is almost 90 percent covered by Association Ivoirienne pour le Bien-Etre Familial, which receives most of its funding from International Planned Parenthood Federation. The New Côte d'Ivoire State Pharmacy primarily funds programs focused on demand creation and service delivery and the USAID-funded Agir pour la planification familiale (AgirPF) project, led by Engender Health, provides the most funding for activities to support policy and an enabling environment. AgirPF also shares around half of the funding for policy with UNFPA; provides primary funding for M&E in Mauritania; is the primary funder for policy and demand creation programs; and provides around a third of the financing for contraceptive security and M&E in Togo. In Niger, AgirPF provides a third of the funding for contraceptive security and half of the funding for policy and the enabling environment. USAID/DELIVER, Pathfinder, and the World Bank also contribute strongly to contraceptive security; M&E, management, and coordination; and service delivery and access, respectively. In Cameroon, a significant partner for FP is the Cameroon Association for Social Marketing which provides over half of funding for demand creation and youth and adolescent programs (a top priority for the MOH) and almost a third of service delivery activities.

The national governments do not provide substantial funding for family planning. Based on the findings of these studies, the government provides less than 3 percent of the FP funding in all countries except for Burkina Faso, where 8.9 percent of funds over a 3-year period came from the government. While the government of Burkina Faso contributed 20 percent of the FP funding in 2013 in the form of contraceptive commodities, they only contributed 5 percent in 2014 and no support has been reported for 2015. The governments of Cameroon and Niger also reported only committing to providing contraceptive commodities over the course of their CIP. Based on estimated future contributions, the government of Cameroon will contribute 1.9 percent and the government of Niger will contribute 2.4 percent of the funding to implement their CIP. The government of Mauritania plans to contribute to contraceptive security, totaling 2.9 percent of the total funding for FP. The government of Togo was unable to estimate future potential funding for family planning and has only allocated very small amounts (less than 0.5%) of funds to service delivery and demand creation in the past. The government of Côte d'Ivoire contributes to a diverse FP portfolio. Based on this analysis, the government will contribute 20 percent of the funding for policy and the enabling environment; 2 percent of service delivery; 1 percent of demand creation; and 3 percent of M&E, management, and coordination. This equals a total contribution of 1.1 percent of the funds for family planning. These data further highlight the need for domestic resource mobilization and sustainable financing solutions as the heavy majority of FP funding comes from foreign donors or nongovernmental organizations that are supported by international donors.

LIMITATIONS/CHALLENGES

Application of the CIP gap analysis faced challenges across all countries included in the study. Due to the lack of knowledge from the government and partners alike, many program and financial estimations for future years of each plan—specifically for Togo and Cameroon—were based primarily on assumptions and not firm knowledge of actual future commitments. These estimations were also based on a minimum of current budget allocations or projections of a 10 percent increase in current amounts each year. Due to these uncertainties, the analysis should be updated each year with the correct allocations made towards family planning.

Other challenges were unique to each country's specific political, administrative, or cultural environment. While HPP staff and consultants worked diligently with government and FP partner representatives, time constraints negatively affected data collection in some countries, specifically Burkina Faso. A vast and complex network of partners in Burkina Faso presented a significant challenge during data collection and verification. A lack of collaboration and communication between the government and partners in Burkina Faso and Mauritania also contributed to inadequate attempts to collect timely and accurate data. Also, in some countries, family planning is heavily integrated into reproductive health programs, making it difficult for FP partners and HPP staff to separate programmatic costs uniquely designated for family planning. This is particularly difficult in countries like Mauritania, where family planning is exclusively referred to as birth spacing and is rarely separated from reproductive health programming.

The limitation to applying a thematic-area-based gap analysis is that one cannot confirm that the activities that the government and partners are funding align directly with the activities laid out in the CIP. It is possible that partners are implementing other activities that were not built into the CIP budget that were, however, included in the gap analysis. This means that while some thematic areas may appear overfunded or sufficiently funded; these areas may not include the costs of several essential activities, in which case there would be a financial gap. In addition, the costing of each CIP is different. Service delivery and access is usually the largest thematic area in terms of cost and human resources. It is possible that some service delivery costs were excluded during the development of the CIP but were reported during the gap analysis exercise. While human resources are a significant cost to the health sector, they were not accounted for in any of the West Africa CIPs and, as a result, these costs were excluded from the gap analysis.

RECOMMENDATIONS AND NEXT STEPS

Each country must take steps to address current and potential financial deficits in at least one or more thematic area. Although each solution requires a specific approach—including advocating for additional funding overall and/or reprogramming funds to align with CIP priorities—it is recommended that every country take the following steps to examine and analyze current and future FP partnerships.

First, the MOH and departments responsible for family planning should share the CIP gap analysis findings with all partners and create a platform for information exchange and open dialogue. Based on the gap analysis results, the discussion should include strategies for aligning government and partner funding with CIP priorities and the timing of budget allocations to ensure funding is available when activities are planned. If not already in existence, a working group could be formed to review the findings and discuss how to proceed and monitor progress in achieving the CIP goals. The government should lead the creation of an annual workplanning process to include all FP programming and partners in the country, which would facilitate accurate M&E of activities, outcomes, and impact of the CIP. An annual review of all programs, results, and financing would promote transparency, accountability, and a timely opportunity to update future plans and adjust projections accordingly.

As previously stated, the gap analysis should be updated each year based on funding allocated to family planning each year. This will continue to inform stakeholders who is contributing to which thematic area and whether the area is sufficiently funded to reach its goals.

These steps are critical to ensuring that each country's plan is realistic and achievable. Each plan includes ambitious CPR and additional user goals, which require strong and stable financial commitments. As the health system in each country changes and FP services increase and improve, it is imperative that each CIP and all allocated funds are evaluated and adjusted accordingly.

ANNEX 1: DETAILED GAP ANALYSIS RESULTS BY COUNTRY (ALL COSTS IN US$)

Burkina Faso

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$8,854,639	$16,346,332	$(7,491,693)	-85%
Demand Creation	$5,931,002	$6,522,755	$(591,754)	-10%
Service Delivery and Access	$7,327,717	$13,917,138	$(6,589,422)	-90%
Contraceptive Security	$1,123,080	$1,087,456	$35,624	3%
M&E, Management, and Coordination	$1,361,461	$3,248,711	$(1,887,249)	-139%
Total	**$24,597,898**	**$41,122,392**	**$(16,524,494)**	**-67%**

Cameroon

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$19,542,668	$22,239,922	$(2,697,254)	-14%
Demand Creation	$4,663,847	$5,224,718	$(560,871)	-12%
Service Delivery and Access	$13,794,182	$14,897,080	$(1,102,897)	-8%
Contraceptive Security	$2,222,960	$7,263,640	$(5,040,680)	-227%
Policy and Enabling Environment	$914,141	$844,511	$69,629	8%
M&E, Management, and Coordination	$7,751,150	$1,599,337	$6,151,814	79%
Youth and Adolescent Reproductive Health	$13,647,423	$686,320	$12,961,103	95%
Total	**$62,536,371**	**$52,755,527**	**$9,780,844**	**16%**

Côte d'Ivoire

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$25,795,187	$15,230,502	$10,564,685	41%
Demand Creation	$8,290,502	$10,086,217	$(1,795,715)	-22%
Service Delivery and Access	$11,727,563	$12,938,923	$(1,211,359)	-10%
Contraceptive Security	$604,962	$4,876,805	$(4,271,843)	-706%
Policy and Enabling Environment	$1,601,290	$426,389	$1,174,901	73%
M&E, Management, and Coordination	$8,421,581	$3,887,484	$4,534,096	54%
Total	**$56,441,086**	**$47,446,320**	**$8,994,766**	**16%**

Mauritania

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$1,022,869	$821,207	$201,662	20%
Demand Creation	$3,107,670	$2,182,038	$925,632	30%
Service Delivery and Access	$3,506,109	$2,651,199	$854,910	24%
Contraceptive Security	$212,918	$2,032,117	$(1,819,199)	-854%
Policy and Enabling Environment	$293,145	$316,345	$(23,200)	-8%
M&E, Management, and Coordination	$2,631,695	$278,740	$2,352,955	89%
Total	**$10,774,407**	**$8,281,647**	**$2,492,760**	**23%**

Niger

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$31,296,449	$13,459,543	$17,836,906	57%
Demand Creation	$29,095,241	$19,177,023	$9,918,218	34%
Service Delivery and Access	$23,559,448	$23,915,995	$(356,548)	-2%
Contraceptive Security	$1,422,353	$557,438	$864,915	61%
Policy and Enabling Environment	-	$974,312	$(974,312)	0%
M&E, Management, and Coordination	$6,627,546	$18,300,317	$(11,672,770)	-176%
Financing	$84,603	-	$84,603	100%
Total	**$92,085,639**	**$76,384,628**	**$15,701,011**	**17%**

Togo

Thematic Areas	CIP Costs	Allocated Funds	Gap	Percent Gap
Contraceptive Commodities	$3,633,377	$9,052,236	$(5,418,859)	-149%
Demand Creation	$3,374,351	$2,605,151	$769,201	23%
Service Delivery and Access	$4,950,788	$9,147,921	$(4,197,133)	-85%
Contraceptive Security	$1,807,713	$856,888	$950,825	53%
Policy and Enabling Environment	$261,575	$784,509	$(522,934)	-200%
M&E, Management, and Coordination	$1,027,377	$1,607,039	$(579,662)	-56%
Total	**$15,055,182**	**$24,053,742**	**$(8,998,561)**	**-60%**

REFERENCES

HPP and Knowledge for Health (K4Health). 2015. *Costed Implementation Plans for Family Planning: 10-Step Process for CIP Planning, Development, and Execution.* Washington, DC: Health Policy Project, Futures Group and K4Health.

Population Reference Bureau. 2015. "PRB, United States and International Profiles: Africa-Western." Available at: http://www.prb.org/DataFinder/Geography/Data.aspx?loc=256.

For more information, contact:

Health Policy Project
Futures Group
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com