



**Strategic Budgeting
Process for Scale-Up of
Family Planning**

Costed Implementation Plans
(CIPs) for Family Planning

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policy


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- Ouagadougou Partnership
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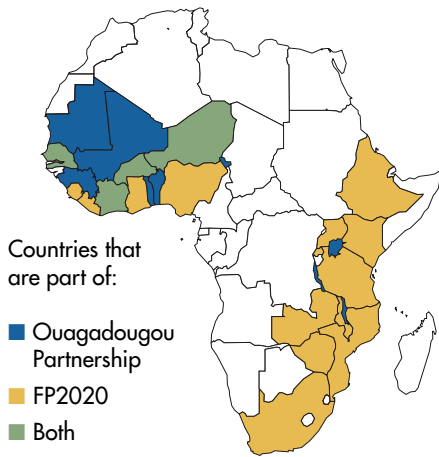


At the Ouagadougou Partnership and Family Planning 2020 (FP2020) meetings, governments committed to improving access to family planning (FP) services and information. National Costed Implementation Plans (CIPs) for family planning provide a framework and tools for governments to achieve these international family planning commitments.

This booklet:

- Introduces the methodology and tools behind national Costed Implementation Plans for family planning
- Walks through ten steps for designing and implementing a national CIP for family planning
- Shares experiences from African countries that have developed a national CIP for family planning to inform their decision making

The Ouagadougou Partnership & FP2020 Countries



- The Ouagadougou Partnership and FP2020 meetings generated global commitments from countries to make high-quality, voluntary family planning services, information, and supplies more available, acceptable, and affordable
- Core goals of these commitments are country-driven planning and accountability for national family planning programs
- Donors committed to support funding, technical assistance for implementation, and monitoring

Using CIP tools and methodologies, countries can develop a targeted national plan to address priority family planning needs.

Issue: Meeting Ouagadougou Partnership and FP2020 commitments without a systematic, national action plan for family planning is challenging.

Solution: Countries analyze family planning needs, develop national strategies, and determine approaches to attain the ambitious commitments made in the Ouagadougou process and at the London FP Summit to be implemented through FP2020.



Benefits of Costed Implementation Plans for family planning include that they:

- **Clarify country strategies**—CIPs articulate the country's consensus-driven priorities for family planning
- **Detail activities and an implementation roadmap**—Ensure that all necessary activities are included with defined targets
- **Determine impact**—Develop estimates of the demographic, health, and economic impacts of the national family planning program
- **Define a budget**—Determine detailed costs associated with the national family planning program
- **Secure commitment**—Determine and secure current donor and national government commitments, identify funding gaps, and develop an advocacy plan to ensure adequate funding is raised
- **Monitor progress**—Measure activity implementation to help ensure country objectives are met

Building in country ownership from the start is essential to the development of CIPs

- Good coordination among the ministries, civil society, and implementing partners is critical
- The CIP process ensures that existing coordinating mechanisms, ongoing efforts, and technical and financial partners in the specific country are involved
- Each CIP is unique because it addresses the specific country context and strategic priorities for family planning, and leverages existing local resources and expertise

10-step methodology to develop country-owned national Costed Implementation Plans for family planning

- 1 Government requests a Costed Implementation Plan
- 2 Develop a Technical Support Team
- 3 Conduct a landscape analysis for FP
- 4 Prioritize key FP interventions
- 5 Refine the National Action Plan for FP
- 6 Estimate the demographic, health, and economic impacts
- 7 Finalize the National Action Plan for family planning
- 8 Estimate costs and financing gaps
- 9 Performance management
- 10 National Advocacy Day

Costed Implementation Plans include:¹

- A National Action Plan for family planning
- A detailed list of activities to be implemented with a corresponding timeline
- Detailed activity-based budgets
- An estimate of costs for the National Action Plan with financial gap analysis

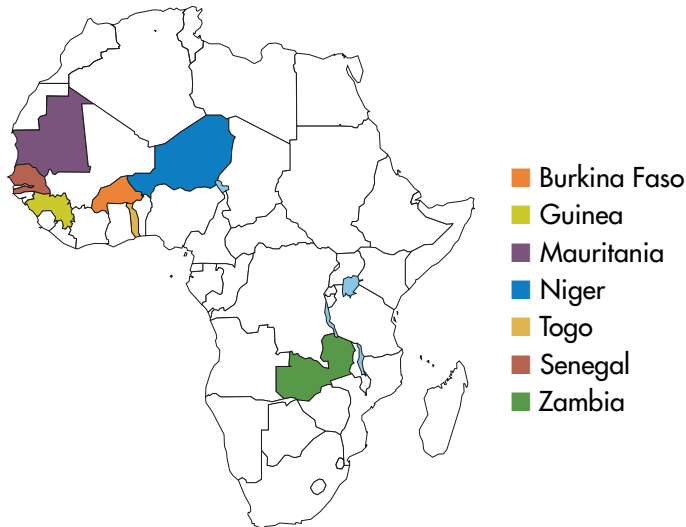
Optional elements that countries may select include:

- Impact estimates of demographic, health, and economic impacts
- A national landscape analysis for family planning
- Monitoring and evaluation (M&E) tools
- Regionalization of activities and budgets
- Marketing and communications materials

¹ Zlatunich, N. 2013. *Costed Implementation Plans for Family Planning*, Washington, DC: Futures Group, Health Policy Project.

Lessons Learned from
African Countries

Lessons learned from implementing CIPs for family planning in the following countries:

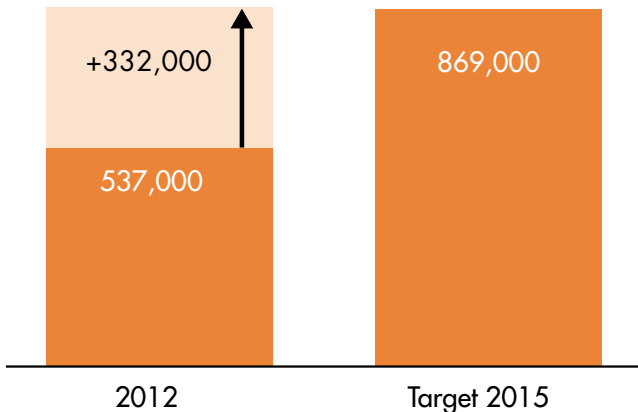




At the Ouagadougou Partnership meeting, Burkina Faso set an ambitious target to increase its contraceptive prevalence rate (CPR) to 25 percent by 2015, which will require an additional 332,000 new modern contraceptive users.

Modern Contraceptive Usage

Married women 15–49 years old



To achieve its international commitments, Burkina Faso decided to develop a Costed Implementation Plan for family planning.

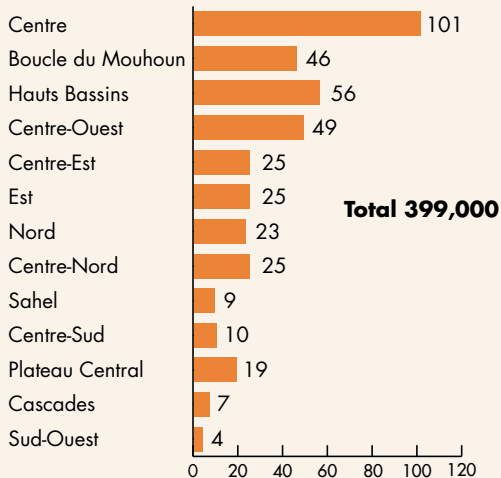
The CIP process in Burkina Faso included:

- Convening the government of Burkina Faso, donors, civil society, and representatives from the community to prioritize key family planning needs
- Using data and interviews on family planning policies, programs, and financing to inform the National Action Plan on family planning and impact measures
- Projecting future family planning needs based on existing demography and FP services



As a result of implementing a CIP for family planning, by 2015 an additional 399,000 women will have access to modern contraceptive methods in Burkina Faso.

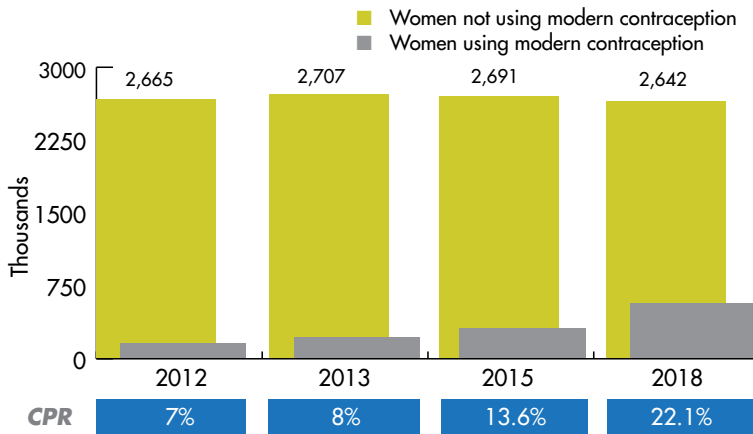
Regions **Additional women using modern contraceptives, 2013–2015**
(in thousands)



At the Ouagadougou Partnership meeting, Guinea set the ambitious target of increasing its contraceptive prevalence rate to 22.1 percent by 2018, requiring an additional 521,000 new users of modern contraceptives for a total of 772,000.



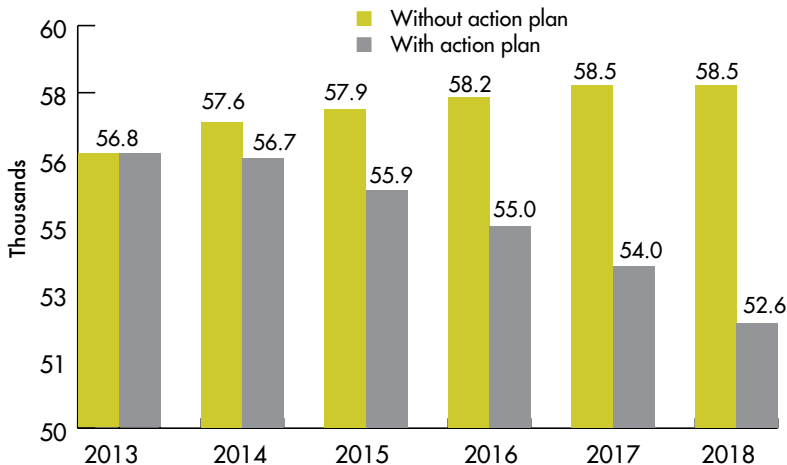
Modern Contraceptive Usage • Married women 15–49 years old





To achieve the international commitments it made at FP2020, Guinea developed a national CIP for family planning. Implementing Guinea's national CIP for family planning would avert 16,500 infant deaths and 2,000 maternal deaths by 2018.

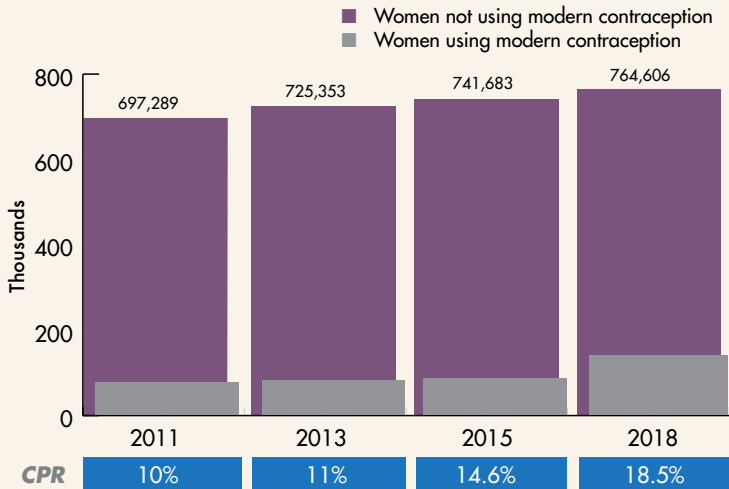
Infant Mortality Rate • Implementation of CIPs, 2013–2018



Mauritania set the ambitious goal of increasing its contraceptive prevalence rate to 18.5 percent by 2018, requiring 55,000 new users and a total of 115,000 women using modern contraceptives.



Modern Contraceptive Usage • Married women 15–49 years old



To achieve the international commitments it made at FP2020, Mauritania decided to develop a Costed Implementation Plan for family planning. Implementation of the CIP from 2014–2018 would give 55,000 more women in Mauritania access to modern contraceptives.

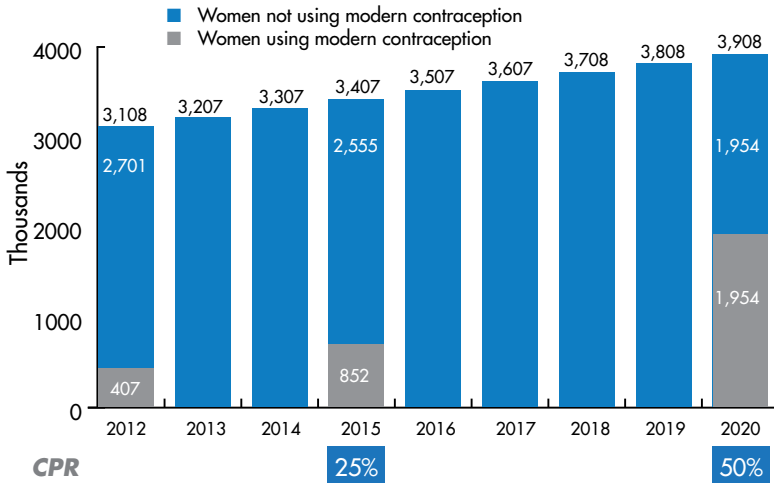
The CIP process in Mauritania included:

- Convening the government of Mauritania, donors, civil society, and representatives from the community to develop a detailed plan that addresses family planning holistically by focusing on increasing the demand and supply of family planning services and commodities, creating an enabling environment for family planning, and improving monitoring and coordination
- Using data on family planning policies, programs, and financing to inform the National Action Plan on family planning and to project future financial gaps
- Launching an Advocacy Day to disseminate the CIP and advocate for international donors to partner with Mauritania to implement its National Action Plan

Niger set the ambitious target of increasing its contraceptive prevalence rate to 25 percent by 2015, and to 50 percent by 2020, requiring 450,000 new modern contraceptive users by 2015.



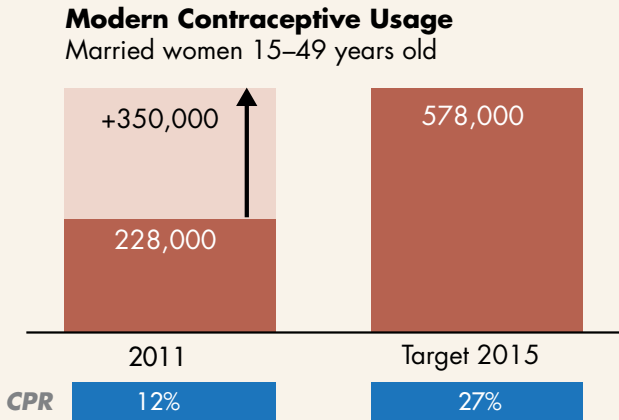
Modern Contraceptive Usage • Married women 15–49 years old



To achieve its international commitments, the government of Niger developed a CIP for family planning. Implementation of the CIP would give 499,000 more women access to modern contraceptives by 2015.

Region	Annual target CPR	Additional women who have access to modern contraceptives
Niamey	+6.0%	+76,000
Agadez	+3.3%	+14,000
Dosso	+4.0%	+59,000
Tahoua	+4.0%	+78,000
Tillabéri	+5.0%	+85,000
Zinder	+5.0%	+96,000
Maradi	+3.0%	+85,000
Diffa	+1.5%	+5,000
Total	+4.5%	+499,000

At the Ouagadougou Partnership and FP2020 meetings, Senegal set an ambitious goal of increasing its contraceptive prevalence rate to 27 percent by 2015 and to 45 percent by 2020, requiring the addition of 360,000 new modern contraceptive users by 2015.



To achieve the international commitments it made at the Ouagadougou Partnership and FP2020 meetings, the Republic of Senegal developed a CIP for family planning.

The CIP process in Senegal included:

- Three Technical Committee meetings and workshops to ensure the process was country-owned and country-driven from inception
- A landscape analysis of family planning policies, programs, and financing
- Meetings with Chief Medical Officers in two regions, the Minister of Health and Social Welfare, and the Cabinet to approve the National Action Plan for family planning
- Establishment of working groups to define strategic actions in Senegal
- A calendar for implementation
- Development of performance measures
- A national Advocacy Day

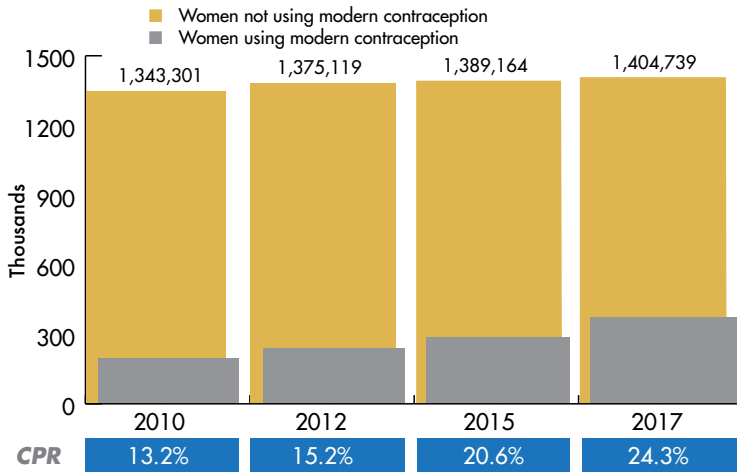
Implementation of Senegal's CIP includes plans to increase investment in communication and advocacy, and in the availability of FP services and commodities. The **real impact** of implementing the CIP in Senegal would mean an additional 360,000 women will have access to modern family planning methods by 2015.





At the Ouagadougou Partnership meeting, Togo set the ambitious target of increasing its contraceptive prevalence rate to 20.6 percent by 2015, requiring an additional 211,683 new modern contraceptive users.

Modern Contraceptive Usage • Married women 15–49 years old

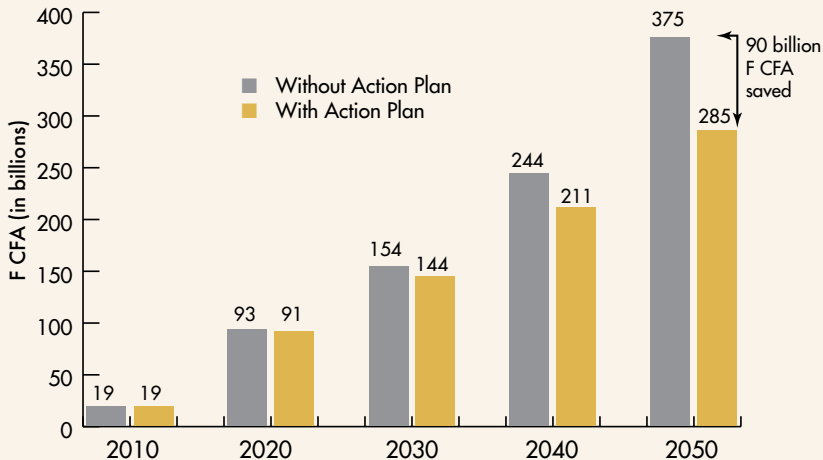


To achieve the international commitments it made at the Ouagadougou Partnership meeting, Togo decided to develop a Costed Implementation Plan for family planning.

The CIP process in Togo included:

- Developing a landscape analysis of family planning in Togo which guided the development of national strategies that build on existing community-based efforts to improve family planning
- Using data and interviews on family planning policies, programs, and financing to identify finance gaps and opportunities
- Developing seven mechanisms to monitor, evaluate, and coordinate family planning efforts at all levels

The **real impact** of implementing Togo's Costed Implementation Plan for family planning would avert 369,000 infant deaths and 17,500 maternal deaths by 2050. By 2050, the CIP would also save a total of USD\$185 million (90 billion F CFA).



At the FP2020 meeting, the government of Zambia pledged to increase the contraceptive prevalence rate from 33 percent in 2007 to 58 percent by 2020. The government decided to develop a CIP to ensure that current gaps in family planning in Zambia will be adequately addressed.



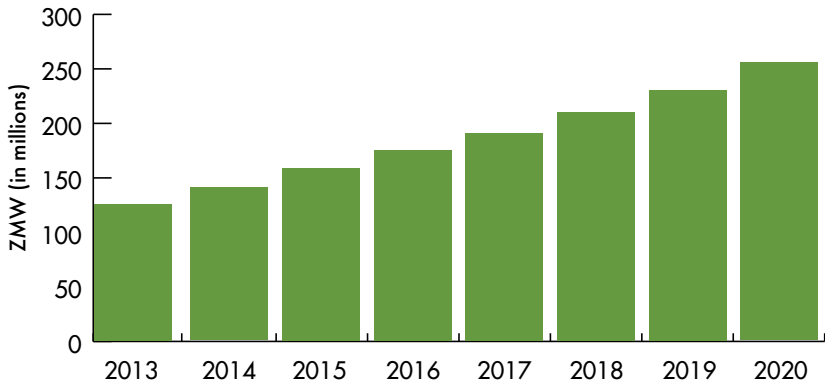
Strategic priorities in Zambia include:

- FP demand generation and behavior change communication
- Adolescents and youth
- Staff and training
- Access to FP services for rural and underserved populations
- Stockouts at service delivery points
- FP governance structure and FP policy monitoring and coordination

Implementation of Zambia's CIP from 2013–2020 would:

- Avert 3.5 million unintended pregnancies
- Avert 104,177 child deaths and 9,926 maternal deaths
- Save 1,492 million Zambian kwacha (ZMW)

Savings due to implementation of the CIP







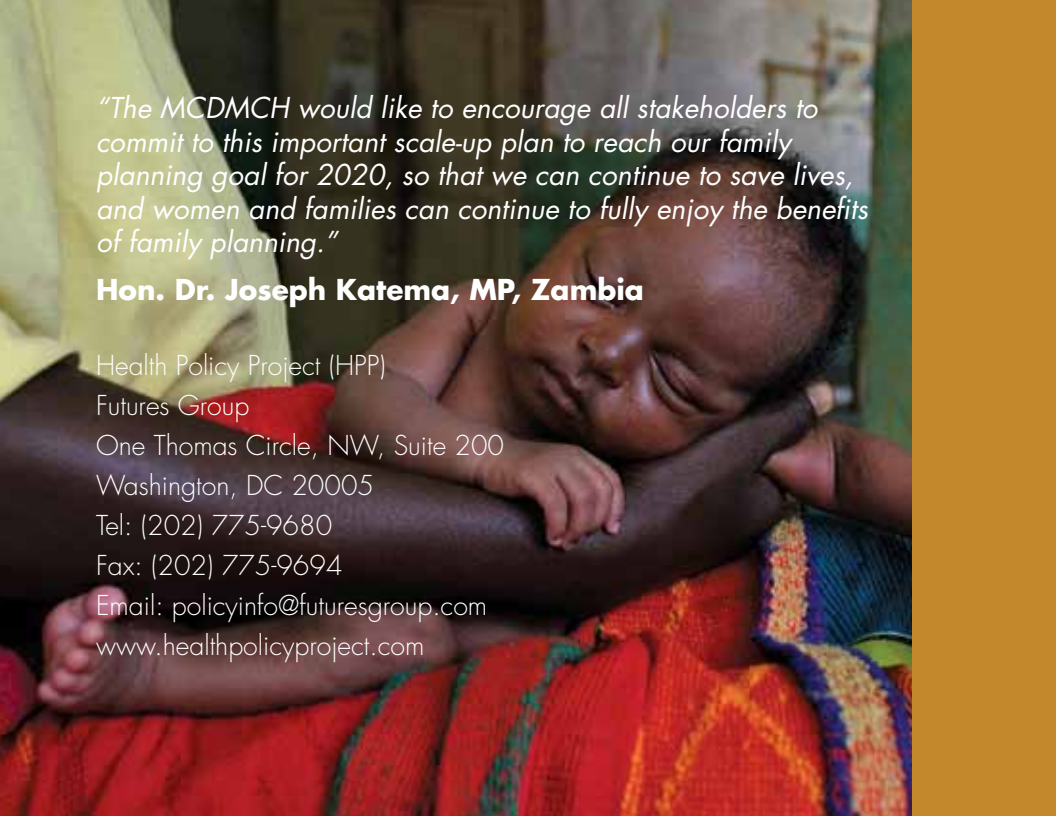
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“The MCDMCH would like to encourage all stakeholders to commit to this important scale-up plan to reach our family planning goal for 2020, so that we can continue to save lives, and women and families can continue to fully enjoy the benefits of family planning.”

Hon. Dr. Joseph Katema, MP, Zambia

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