In January 2016, 22 family planning advocates from 14 countries gathered in Nusa Dua, Indonesia to take part in the first international advocacy diffusion workshop hosted by the Advance Family Planning (AFP) initiative. For participants, it was an opportunity to learn about AFP’s evidence-based advocacy approach, apply it to their own work, and receive a small grant to implement their plans. For AFP, the workshop provided an opportunity to take strategic advocacy efforts to scale—broadening the initiative’s reach to new geographies and demonstrating the value of investing in advocacy to more organizations.

After the workshop, nine organizations in eight countries successfully applied for grants to implement their advocacy strategies (Table 1). Within a year of receiving funds, five accomplished their advocacy objectives—resulting in 16 advocacy wins—with the four remaining nearing completion as of late 2017.

**Taking Advocacy Efforts to Scale**

Since 2009, AFP’s SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) advocacy has proven to be an effective approach for achieving funding and policy wins in multiple country contexts across Africa and Asia. It is reliable not only for intensive advocacy investment among AFP’s partner organizations, but also...
Beginning in 2015, AFP recognized that, in order to achieve the Family Planning 2020 goal of enabling 120 million more women and girls to use contraceptives by 2020, countries needed an unprecedented increase in strategic advocacy efforts. Many organizations had already expressed interest in receiving training to facilitate AFP SMART advocacy efforts. AFP built upon this interest and reached out to other organizations well-suited for advocacy collaboration.

The 2016 International Conference on Family Planning (ICFP) in Indonesia—an AFP focus country—provided a unique opportunity: with advocates from the Global South and program implementers already attending the event, AFP could leverage travel costs of other organizations while showcasing its own advocacy success firsthand.

AFP solicited nominations from its broad network of partners and collaborators for individuals from developing country organizations to take part in a four-day AFP SMART workshop prior to the conference. Sponsoring organizations needed to demonstrate support for expanding advocacy expertise and action at the country level. Nominated individuals needed to come to the workshop with an initial advocacy objective in mind and be able to lead a refined advocacy strategy when they returned home.

Facilitating South-South Learning and Mentorship

From its inception, the diffusion workshop was intended to be led by and for Southern advocates. Prior to the workshop, AFP paired each participant with an experienced advocate from his or her own country or one nearby. AFP advocates mentored the participant—helping them prepare for the workshop, supporting them throughout, and following up with them afterwards to provide ongoing coaching.

AFP partners from Democratic Republic of Congo (DRC), Kenya, Tanzania, and Indonesia co-facilitated the workshop and presented case studies from their own work. They led participants in developing SMART advocacy objectives and draft action plans specific to their contexts.

As hosts, one of AFP Indonesia’s partners, Yayasan Cipta Cara Padu, organized a site visit to Karanganyar district in central Java, where participants observed firsthand how advocacy improved not only the political environment for family planning in local government but also quality of services delivered by local health staff.

Following the workshop, some participants continued their advocacy independently, using their own organizations’ resources. The nine advocates awarded small grants through the Opportunity Fund received additional technical assistance from PAI in facilitating their advocacy efforts.

Increasing Family Planning Investment in Burkina Faso’s Sahel region

Following just under six months of advocacy by the FCI program of Management Sciences for Health Burkina Faso, in February 2017, the rural communes of Gorgadji and Seytenga included funding for family planning activities in their 2017 annual communal investment plans—a first for communes in Burkina Faso.

Gorgadji commune allotted 2 million West African francs (XOF) (US $3,200) for family planning activities. Of that, 1.5 million is earmarked for the purchasing of contraceptives and 500,000 XOF for family planning education. Seytenga commune allocated 500,000 XOF ($800) for information, education, and communication activities around family planning.

Notably, Gorgadji and Seytenga are located in the Sahel—the poorest region in Burkina Faso, with a dire unmet need for family planning. The contraceptive prevalence rate there is estimated at only seven percent. This win demonstrates that there is leadership and will to prioritize family planning even among the most remote and challenging environments.

Though not large, the allocations set a precedent of communal investment in family planning and provide a
TABLE 1: AFP DIFFUSION WORKSHOP SPARKS NINE NEW ADVOCACY EFFORTS

<table>
<thead>
<tr>
<th>Achieved</th>
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<tbody>
<tr>
<td>1. Burkina Faso—Family Care International (FCI) program of Management Sciences for Health: Gorgadji and Seytenga towns in the Sahel region allocate funding for family planning in their 2017 annual communal investment plan.</td>
</tr>
<tr>
<td>2. Kenya—World Provision Center: Machakos County executive branch allocates dedicated family planning funds in 2017/18 budget and develops a five-year family planning costed implementation plan.</td>
</tr>
<tr>
<td>3. Nigeria—Marie Stopes International: Community health extension workers’ pre-service curriculum is amended to include long-acting and reversible contraception competency-based training.</td>
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<table>
<thead>
<tr>
<th>Partially achieved/ Ongoing</th>
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<tbody>
<tr>
<td>5. Ghana—Marie Stopes International: The Ghana Health Service issues a policy enabling task-sharing intra-uterine device insertion and removal by community health nurses.</td>
</tr>
<tr>
<td>6. Madagascar—Management Sciences for Health: The National Assembly and Senate approve a revised reproductive health law promoting adolescent and youth access in accordance with Madagascar’s Family Planning 2020 commitments.</td>
</tr>
<tr>
<td>7. Philippines—Forum for Family Planning and Development: Cebu’s City Council amends the Cebu City Youth Development Commission (CCYDC) to include reproductive health support for night high school students; the CCYDC budget increases by 10% for 2018 to cover the program; and the superintendent issues a memorandum approving use of a teaching guide on sexual reproductive health at night high schools.</td>
</tr>
<tr>
<td>8. Uganda—FHI 360: The National Drug Authority board reclassifies injectables from Class B to C, enabling private drug outlets to stock and dispense the method.</td>
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<table>
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<tr>
<th>Refined/ Re-adjusted</th>
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<tr>
<td>9. Zambia—Centre for Reproductive Health and Education: Zambia’s Eastern Province creates a family planning budget line within its health budget.</td>
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</table>

baseline for future advocacy efforts. The inclusion of family planning in communal investment plans will make it more likely that the upcoming drafting of five-year communal development plans will also prioritize family planning.

Supporting Costed Implementation Plan and Budgets for Family Planning in Kenya’s Machakos County

In March 2017, Kenya’s Machakos County launched its first family planning costed implementation plan (2017-2021). The plan lays the groundwork for prioritizing, coordinating, and budgeting for family planning throughout the county, which comprises nearly 1.3 million people. For nearly 7 months, grant recipient World Provision Centre (WPC), a local civil society organization, worked closely with local AFP partner Jhpiego Kenya and the Machakos County Department of Health and Emergency Services to develop the plan.

The plan aims to increase the county’s modern contraceptive prevalence rate from 68% to 83% and reduce the unmet need for family planning from 24% to 10% by 2021. While Machakos has relatively strong family planning indicators compared to the national average, advocates saw a need for a concerted strategy to improve family planning interventions, particularly in rural areas.

With the family planning costed implementation plan in place, in May 2017 Machakos County approved a budget line for family planning, with a significant initial allocation of 20 million Kenyan Shillings ($200,000) for the 2017/2018 fiscal year. WPC worked alongside the newly-established county family planning technical working group and the county assembly health committee to secure the allocation.

“[Because of the plan] never again a matter as important as family planning funding will be left to guess work,” said Dr. Jacks Nthanga, Chief Officer of the Department of Health and Emergency Services in Machakos County.

Improving Community Health Worker Training in Nigeria

In April 2017, the Nigerian Minister of Health released an updated training curriculum for Community Health Extension
Workers (CHEWs) that incorporated guidance on the provision of long-acting reversible contraceptives (LARCs). The revised curriculum builds on Nigeria’s 2014 task-sharing policy that authorizes CHEWs to insert implants and intra-uterine devices—a critical step to help women in rural, hard-to-reach areas access contraception.

Grant recipient Marie Stopes International Organisation Nigeria (MSION) worked over a period of eight months to advocate for the curriculum’s revision. Beginning in August 2016, MSION engaged the National Family Planning and Reproductive Health Technical Working Group, collaborating with a coalition of government and civil society organizations: the Federal Ministry of Health, the Community Health Practitioners Registration Board, the Association for Reproductive and Family Health, Clinton Health Access Initiative, Jhpiego, Palladium, Pathfinder Nigeria, Society for Family Health, and the U.S. Agency for International Development.

While MSION had already actively engaged in advocacy, AFP’s diffusion workshop helped them focus efforts around the right decision-maker and build a strong base of support to advocate from a unified coalition rather than as an individual organization.

As a next step, MSION will continue to work with the Federal Ministry of Health and the Community Health Practitioners Registration Board to support implementation of the task-sharing policy, including ensuring trainers are equipped to teach LARC method insertion and training CHEWs that are already serving.

Implementing a Commodity Security Policy in Uganda’s Mubende District

Stock-outs of three popular contraceptive commodities fell by 27% on average in Mubende district after officials implemented a commodity security policy with support from national and local stakeholders. Grant recipient National Population Secretariat Uganda (NPC) persuaded district leaders in Mubende to make the necessary changes following seven months of strategic advocacy.

Uganda has long experienced an uneven supply chain system for medicines, including contraceptives, with some health facilities stocked out of methods and others over-stocked, with methods expiring on the shelf. To alleviate this problem, in November 2012, the Ministry of Health approved the Uganda National Reverse Redistribution Strategy for Prevention of Expiry and Handling of Expired Medicines and Health Supplies. The policy empowered health workers to be able to redistribute any medicines and supplies that are not needed or are about to expire to other facilities. However, due to lack of awareness of the policy and the time and cost required to undertake a systematic assessment of stock levels, it is rarely implemented by district officials.

Following NPC’s advocacy, district leaders quickly recognized the need to track family planning commodities and were prepared to act, but admitted they needed technical assistance to facilitate redistribution. NPC worked
with the Mubende District Health Team to develop a tool to track family planning commodities, establish a multi-sector family planning assessment team chaired by the district health office, and support stock assessments at 60 of the district’s 75 health facilities. They worked with local leaders to share the assessment’s results and develop a plan for re-distribution.

Stock assessments over the course of the plan’s implementation showed a notable reduction of stock-outs for Jadelle and Implanon implants and the contraceptive injectable Sayana® Press. However, shipments from National Medical Stores during this period also helped boost the re-distribution plan’s results.

Next, NPC is seeking to work with local leaders to standardize, expand, and sustain tracking efforts.

**Enabling Community Health Nurses to Provide IUDs in Ghana**

In May 2016, the Ghana Health Service approved a pilot training of community health nurses to provide insertion and removal of intra-uterine devices (IUDs), one of the most effective LARCs, in the Ashanti Region. The uptake of IUDs, estimated at 1% nationally for married women, has long been hindered in part by the limited range of health workers trained and able to provide them.

The pilot was a partial victory for grant recipient Marie Stopes Ghana, towards their ultimate objective of a nationwide task-sharing policy. Policymakers decided they needed to build the locally-relevant empirical evidence before making an informed decision on that step. Ahead of the pilot, Marie Stopes Ghana worked with the Ghana Health Service to draft and finalize an IUD training manual for community health workers, which is in the final stages of completion. The pilot’s results are due by December 2017.

While the pilot is underway, Marie Stopes Ghana is cultivating broad support for task-sharing and preparing to launch a targeted advocacy strategy for nationwide passage, so that stakeholders will be ready to support the policy when the pilot is complete.

**Reviving a Reproductive Health Bill in Madagascar**

Civil society and government in Madagascar—a new AFP geography—helped revive draft legislation for a new reproductive health and family planning bill, replacing an antiquated law that prohibited “contraceptive propaganda” in the country. After progress had stagnated for three years, grant recipient Management Science for Health (MSH) Madagascar helped re-shape the advocacy strategy around the bill and shepherd the legislation through eight of the nine steps needed for the bill’s passage into law.

Beginning in June 2016, MSH re-engaged a number of partners including USAID’s Health Policy Plus project, the Ministry of Health’s Directorate of Family Health, the Ministry of Youth and Sports, and the Ministry of Population as well as many others. Together, they successfully advanced the bill through approval and adoption by 1) the national family planning committee; 2) the Ministry of Health; 3) the Government Council; 4) the Ministerial Council, chaired by the country’s president; 5) the health commission for the National Assembly; and 6) the socio-cultural commission of the senate. Notably, the National Assembly, the nation’s legislators, adopted the bill. However, during the bill’s last step, approval by the Senate, it was unexpectedly blocked.

Advocates have yet to give up, however; in late 2017, when the Assembly and Senate meet again, they will revive the bill for a final vote.

**Addressing Adolescent Pregnancy in the Philippines**

In March 2017, the Cebu City Mayor endorsed a teaching guide for sexual and reproductive health for students of night high schools. About one in three high school students—typically those from the city’s most vulnerable communities—attend classes at night. The program, put in place to accommodate the increased population and enable adolescents to complete their education while working, does not offer the same reproductive health information and counseling as day students. One month following the mayor’s endorsement, the school superintendent for the Cebu City Department of Education issued a memorandum requiring night high school teachers and guidance counselors to attend a training on teaching sexual and reproductive health.

These incremental advocacy wins, led by grant recipient Forum for Family Planning and Development (FFPD), aimed to reduce the city’s growing teenage pregnancy rate. While advocates found a champion in the mayor, his party is a minority on the city council, and FFPD encountered some religious opposition. As a result, FFPD struggled to
find support for their complementary budget advocacy objective involving the city council.

To help overcome the opposition and leverage support from the mayor’s office, FFPD worked through the city’s Local Youth and Development Office to establish the Adolescent Health and Development Council, a multi-stakeholder central advisory, policymaking, and monitoring and evaluating body. For the 2018 fiscal budget, FFPD is working with the youth and development office to increase its budget request and ensure a specific allocation for adolescent reproductive health promotional activities. City and village budgets will be submitted in late 2017 for approval at national level.

**Increasing Access to Contraceptive Injectables in Uganda’s Drug Shops**

In July 2017, the Ugandan National Drug Authority (NDA) Board authorized private drug shops to stock injectable contraception in select districts. With nearly 10,000 registered throughout the country, drug shops—often women’s closest healthcare establishment—have the potential to fill a crucial gap in contraceptive service delivery. FHI 360 Uganda’s Advancing Partners & Communities project, a grant recipient, spearheaded a year-long advocacy effort in collaboration with AFP’s local partner Reproductive Health Uganda (RHU) to reclassify injectable contraceptives so they could be administered in drug shops.

Central to the advocacy win was the previously-established Drug Shops Taskforce, comprised of the NDA, the Ministry of Health’s Reproductive Health and Pharmacy Divisions, the Uganda Family Planning Consortium, the Uganda Health Marketing Group, RHU, and Jhpiego Uganda. Navigating the complex structure of a regulatory body like the NDA required flexibility. With the NDA’s guidance, the Taskforce developed a scale-up implementation plan, detailed a risk management strategy, and adjusted their strategy to avoid the cumbersome parliamentary process required for legal reclassification.

Their implementation plan was presented to and approved by the NDA Board Committee for Essential Medicines on June 23, 2017, and a month later approved by the full Board. This authorization will allow the Ministry of Health and implementing partners to scale up provision of injectable contraceptives in drug shops in 20 districts over a one-year period, and is a crucial step to build towards the longer-term goal of full legal reclassification.

“We’ve relied very much on the AFP SMART approach as we’ve been doing our work—having very clear and SMART objectives, knowing who the key influencers are and their key concerns and interests, and being very clear about our asks at each level,” said Frederick Mubiru of FHI 360 Uganda.

**Improving Family Planning Services and Supplies in Zambia’s Eastern Province**

Officials in Zambia’s East Province demonstrated a strong commitment to improve family planning services and reduce contraceptive shortages and stock-outs. Grant recipient Centre for Reproductive Health and Education (CRHE) led an advocacy strategy to strengthen local support for contraceptive forecasting, quantification, and budgeting for family planning.

As a result of CRHE’s advocacy, Eastern Province included the first-ever line item for family planning in its October 2016 budget request to cover contraceptive supply chain costs. However, unbeknownst to them, the Ministry of Health had accepted an offer from an international donor to cover these same costs. This rendered the budget commitment duplicative and hindered the province’s first steps toward local ownership of the family planning program.

Despite this setback, commitment among the provincial and district health officers to prioritize family planning—especially with regard to monitoring contraceptive stock status—remained strong. Working alongside the Reproductive Health Technical Working Group, over a period of 8 months, CRHE helped district and provincial officials establish a tracking and monitoring process for contraceptive supplies.

District health officers in Eastern Province now report on their family planning supplies and services data every month to a provincial medical officer who, in turn, share the data with the working group for routine monitoring of stock levels across the province. After family planning was added to the agenda of quarterly reproductive health technical working group meetings, in June 2016 stakeholders agreed that family planning services should be provided every day at all public sector health facilities, as opposed to only on select days.
Lessons Learned

- **Diffusion delivers results.** The Nusa Dua experience met an expressed need by other organizations—to improve their ability to advocate effectively. It set the stage for an expanded effort by AFP to refine its curriculum, integrate best practices for facilitation, and engage a wider range and larger number of organizations. A series of workshops in 2017 have built directly on the feedback and success of participants in this initial workshop.

- **A little bit goes a long way.** The advocacy grants made following the workshop were modest—ranging from $9,000 to $90,000, with an average award of $50,000—but yielded important gains. Diffusing AFP SMART among new organizations, particularly large implementing organizations, works best when the advocacy investment is closely tied to existing programmatic work, and when country-level advocacy staff are empowered to take ownership of and drive advocacy efforts.

- **Participants with clout are better able to act on a plan.** Being strategic about participants’ level of experience and organizational support proved invaluable. Grant recipients had the organizational status to convene relevant stakeholders, refine their advocacy action plan, and take it forward almost immediately.

- **An increased emphasis on facilitation aids uptake of AFP SMART.** The four-day workshop did not allocate enough time on how to lead or facilitate the AFP SMART approach, versus understanding and developing SMART advocacy objectives. AFP’s updated workshop curriculum places greater importance on facilitation skills and techniques.

- **The more tangible the advocacy concepts, the better.** Hosting the workshop in Indonesia and having a field visit to Karanganyar district helped make abstract concepts in AFP SMART more real. Participants saw the link between AFP’s advocacy efforts and positive changes in Indonesia’s family planning program.

- **Strategic resource investments paid off.** Holding the workshop in conjunction with ICFP was cost-effective. Even though the initial ICFP was postponed due to volcanic activity, most participants continued to be supported by their organizations. AFP supported accommodation and in-country travel costs.

References


Photo page 1: AFP; page 4: Amunga Eshuchi; page 7: AFP
About PAI

PAI champions policies that put women in charge of their reproductive health. We work with policymakers in Washington and our network of partners in developing countries to remove roadblocks between women and the services and supplies they need. For over 50 years, we’ve helped women succeed by upholding their basic rights.

About Advance Family Planning

Advance Family Planning (AFP) aims to increase financial investment and political commitment needed to ensure access to quality family planning through evidence-based advocacy. Based in the Population, Family and Reproductive Health Department of the Johns Hopkins Bloomberg School of Public Health and led by the Bill & Melinda Gates Institute for Population and Reproductive Health, AFP aims to achieve the goals of the Family Planning 2020 initiative: to enable women and girls in some of the world’s poorest countries to use contraceptive information, services and supplies, without coercion or discrimination. AFP is supported by the Bill & Melinda Gates Foundation, the David & Lucile Packard Foundation, and The William and Flora Hewlett Foundation.

About the Opportunity Fund

The Opportunity Fund, managed by PAI with funding from AFP, is a small grants program that helps advocates seize opportunities to accelerate Family Planning 2020’s success at district, state, national, and regional levels.

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