

Accelerating Contraceptive Choice (ACC)
Expanding Options through Country Leadership in Sub-
Saharan Africa

East Africa Progress Report
May 2014 – February 2015

Overview

This report summarizes progress made by three countries—Kenya, Tanzania, and Uganda—on plans developed during the April 2014 Accelerating Contraceptive Choice (ACC) meeting in Nairobi¹. Country experts at the ACC meeting identified specific objectives for collective action to increase access to high-quality family planning services in their respective countries. The plans integrated evidence from throughout East Africa and supported the goals of Family Planning 2020 (FP2020).

The meeting discussion and resulting country work plans reflected two key objectives:

1. To identify country-level needs and advocacy priorities for accelerating contraceptive choice.
2. To develop work plans that set specific advocacy objectives aimed at influencing policy change, implementing existing policy, and bringing effective interventions to scale – and that have a good chance of accelerating contraceptive choice within six months to one year.

Participants from each of the three focus countries identified priority actions and committed to a collaborative, strategic, and evidence-based advocacy effort. Next steps were designed to support partnership with government leaders in the next six to 12 months to 1) speed progress related to contraceptive method mix within existing national plans and priorities, 2) leverage existing resources, and 3) build a critical mass of expertise and champions to advance leading-edge family planning.

The Advance Family Planning (AFP) initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health and Johns Hopkins Bloomberg School of Public Health led and supported the meeting organized by a steering group of East African and global family planning agencies. Jhpiego, AFP's Kenyan partner, provided substantive and logistical support.

Kenya

Priority Objective

A nationally guided county budget template with a dedicated family planning line item by October 2014.

Milestones

The central government developed a nationally guided county budget template with a dedicated line item for family planning and circulated to all counties — See Appendix 1 (Pg 29, Ministry of Health, P5 – Maternal Health, SP 2.1). ACC participants realizing this objective included a wide stakeholder community of family planning advocates, implementing partners, and government agency National Council for Population and Development.

- a. *Dr. Josephine Kibaru, Director General, National Council for Population and Development (NCPD) agreed to chair the ACC Kenya agenda.* NCPD is a government agency that works to provide leadership in development, coordination, and implementation of population, related policies and programs for improved quality of life of all Kenyans. During the ACC, the Kenyan participants identified NCPD as a critical chair in this effort.
- b. *Two Post-ACC meetings convened on 9th October 2014 and 16th December 2014.* With financial and secretarial support from the Jhpiego AFP program, the two meetings sought to: establish a national family

¹ <http://advancefamilyplanning.org/resource/accelerating-contraceptive-choice-meeting>

planning advocacy technical working group (NFPATWG); brainstorm further on partners' coordination to achieve the ACC advocacy objectives; and explore mechanisms of establishing county family planning technical working groups (CFPTWG) to focus on advocacy as well as service delivery. Terms of reference (ToR) to guide coordination of collective efforts for both the NFPATWG and the CFPTWG have been developed, reviewed, and endorsed — See Appendix 2 and 3.

- c. *ESHE, an initiative of Futures Group, facilitated a budget-making process orientation for members of the NFPATWG.* The session, led by the Transition Authority, a government agency set up to oversee transition of the new devolved system of governance, was designed to familiarise the membership on the county level budget making process as well as provide a foundation for the review and update of 2015 advocacy priorities needed to achieve the ACC vision — See Appendix 4 (PPT by the Transition Authority).

Next Steps

1. Meeting to update the ACC advocacy strategy for 2015 to be held by April 2015 — See Appendix 5 (April 2014 Kenya ACC meeting advocacy priorities matrix).
2. Formation of county technical working groups following countrywide mapping of ongoing family planning advocacy projects. Mapping and formation of CFPTWG's to be completed by end of July 2015 in most counties — See Appendix 6 (Draft mapping tool under review by partners).

Tanzania

Broad Objective

Increased utilization of a broader range of contraceptives to communities in eight regions with low contraceptive prevalence rate (CPR) by December 31st 2015 (within the government's National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008-2015). Tanzania partners committed to further strengthen ongoing family planning efforts targeting the Lake and Western zones and build on existing coordination mechanisms.

Milestones

Activity 1. Provision of services (including method availability) and frequency of use mapped in eight regions of Lake and Western Zones to provide basis for funding and monitoring and evaluation by June 2015.

- ✓ Mapping completed, gaps identified, data to be made user-friendly and accessible in Ministry of Health's (MOH's) Reproductive & Child Health Section (RCHS) website.
- ✓ Government issued a directive/circular demanding districts to budget and allocate funds for family planning.
- ✓ Assessment on human resources for health for family planning finalised² in the low CPR regions of Lake and Western Zones, and one covering the whole country is being finalized.

Activity 2. Outreach services prioritized to catchment areas where faith-based health facilities do not provide family planning by October 2015.

² This effort is not directly linked to the Tanzania ACC partner activities, but complements family planning efforts to increase access to quality family planning services through availability of skilled service providers.

- ✓ Green Star campaigns re-launched to enhance demand and access to family planning services in communities in five regions in the Lake Zone (Mwanza, Shinyanga, Simiyu, Geita, Mara) and two regions in the Western Zone (Tabora and Kigoma).
- ✓ In April 2014 reproductive health and family planning leaders in the Lake Zone committed to key action points to prioritize family planning (i.e. ensure that family planning is included in their development plans), strengthen gathering of data on contraceptive utilization, and facilitate prompt ordering of commodities to avert stock outs.

Activity 3: Districts requiring capacity building to conduct outreach for accelerated contraceptive choice, map use and initiate partners' capacity building roles in Lake and Western zones by December 2015.

- ✓ Implanon NXT registered in the country (September 2014) to enhance choice; Merck to train 30 master trainers; All pre- and in-service trainings in long-acting and reversible contraception (LARC) would include Implanon NXT beginning this year.
- ✓ The number of facilities without providers trained in any implant is now known. In the Lake and Western zones: 1,086 dispensaries and 100 hospitals and health centres. Countrywide: 5,297 dispensaries and 557 hospitals and health centres.

Activity 4. Council Health Management Teams (CHMTs) build capacity to plan, budget, and undertake family planning outreach in the Lake and Western Zones by December 2014.

- ✓ Training and orientation of CHMTs with a focus on the Lake and Western Zones completed by Marie Stopes Tanzania (MST), EngenderHealth, and Population Services International (*details on actual numbers is being gathered*).

Activity 5. A letter from the government to allow Community Health Workers (CHWs) to be trained to provide family planning injectables obtained by May 2015.

- ✓ The Ministry of Health and Social Welfare (MoHSW) has approved an Ifakara Health Institute (IHI) pilot study aimed at introducing Depo Provera into the work package of CHWs. The first phase is ongoing in the Kilombero district. It will be evaluated against quality of care and contraceptive continuation at end points. Evidence that CHWs (referred to as CHA in the IHI study *with 9 months training in integrated, community-based primary health care, provide a range of services including contraceptive distribution*) can safely and effectively provide Depo Provera is critical in broadening access and choice.

Activity 6. Quantification of contraceptive needs for Lake and Western Zones to increase family planning access and utilization using Reality Check completed by December 2014.

- ✓ John Snow International and UNFPA (in collaboration with other partners) conducted a national quantification exercise in November 2014 to project contraceptive needs up to 2016.
- ✓ No quantification was done specifically for Lake and Western Zones, however sufficient contraceptives were shipped to the zones during the Green Star re-launch activities.

Activity 7. Existing work plans reviewed to integrate youth focused services by May 2015.

Related developments that further inform and leverage Tanzania's ongoing ACC efforts

- A government circular—released in November 2014—directing all local government authorities to allocate resources for family planning.
- A government move to operationalize community health workers (CHW) program is underway evidenced in putting CHW policy guidelines in place, approving a CHW and injectable pilot study; working on a revised CHW curriculum.
- National Operational Guidelines on Integration of Family Planning in Maternal, Newborn and Child Health has been circulated at district level.
- Enhanced implementing partners collaboration and coordination in key FP areas such as youth, supply chain management, and human resource for health.

- ✓ Youth focus is embedded within the United Nations Commission on Life Saving Commodities (UNCoLSC) key activities for 2015/16;
- ✓ MST is coordinating a Youth Coalition, advocating for prioritization of family planning and young people's sexual and reproductive health needs on the 2015 election agenda.
- ✓ AFP is coordinating family planning partners working in higher learning institutions (HLIs) to meet youth's sexual and reproductive health needs;

Next Steps

A mini-strategy session held in February 2015 mapped out the following additional priority areas for partners' joint advocacy efforts. The 2014 milestones will continue to be pursued for completion in 2015.

Objective 1: Implementation Science to support evidence-based advocacy following completion of IFAKARA institute operations research compiled by April 2015.

Objective 2: Young people's family planning needs prioritized in districts and national plans – Demographic Dividend - as best buy by October 2015.

Objective 3. District/Council Health Management teams' capacity on supply chain data management (eLMIS) strengthened by October 2015.

Objective 4: Business case compiled by June 2015 arguing the added value for private corporations to support family planning services.

Uganda

Objective

National scale-up of comprehensive family planning method mix through task sharing with diverse activities aiming to synergize and leverage existing resources and technical expertise.

Milestones and Next Steps

A family planning costed implementation plan (CIP) for 2015 - 2020 was finalized and launched in December 2014 — See Appendix 8. This process continues to be an opportunity for Uganda ACC participants to partner with the Ministry of Health to incorporate an improved contraceptive method mix in the CIP and prioritize task sharing.

- ✓ A September 2014 brainstorming meeting, led by the Ministry of Health (MoH), focused on possible approval of drug shops to provide family planning services to accelerate progress and expand method mix. The meeting resolved to: a) develop a concept paper documenting provision of contraceptives in drug shops for presentation to the national family planning technical working group; b) include injectable contraceptives in the essential medicines list currently being revised; and c) hold a high-level advocacy meeting to present the proposal.
- ✓ A three-day meeting held in October 2014 aimed to harmonise district family planning advocacy models used by different partners into a single tool. It is expected that districts' advocacy family planning teams will be established and oriented on the new tool to identify districts' advocacy priorities for district

planning and budgeting processes and improve coordination family planning reporting indicators. The meeting included local government participants from seven districts.

- ✓ With funding from Marie Stopes Uganda (MSU), Partners in Population Development Africa Regional Office set up a high-level task sharing committee comprising top-level policymakers including the Chair Obstetrician and Gynaecology and the Nursing Associations. This committee's first priority is to push for operationalization of the Clinical Officers provision of tubal ligation policy. An implementation science paper is currently being packaged following MSU operations research in 2014.

In January 2015, a partners retreat organized by Uganda Family Planning Consortium (UFPC) with funding and secretarial support from Reproductive Health Uganda (RHU) agreed upon the following 2015 collective advocacy priorities:

National Advocacy Priorities for 2015

Objective 1: National high-level task sharing committee set up by December 2014 continues to work on Clinical Officers Female Sterilization task sharing objective in 2015.

Objective 2: Evidence Pack on task sharing implementation science for policy and implementation direction compiled by June 2015.

Objective 3: Legal framework approving Clinical Officers to provide surgical contraceptives in place by October 2015.

Objective 4: Pre- and in-service curriculum for Clinical Officers to carry out surgical contraception procedures approved by the State Minister for Higher Education by October 2015.

Objective 5: MoH Village Health Teams (VHT) Strategy revised to include Community Based Family Planning (CBFP) by October 2015.

Objective 6: Short Term Hormonal Contraceptive Methods declassified from Class B to C for inclusion in drug shops for expanded method mix provision by October 2015.

Objective 7: Family planning indicators (number of new family planning users, continuing clients, and switching clients) incorporated in Output Budgeting Tool by October 2015.

District Level Advocacy Priorities

Objective 1: Harmonized Advocacy Tool for districts' family planning prioritization through planning and budgeting continued from 2014 and finalized by April 2015.

Objective 2: District advocacy family planning prioritization tool through planning and budgeting introduced to at least four new districts by October 2015.

Objective 3: Family planning prioritized in six districts' plans and budgets in fiscal year 2015/2016, including the five-year development plans, by July 2015.

Developing thoughts

1. Conduct a situation analysis to identify the family planning issues in the district.
2. Using the results of the situation analysis, develop a conceptual framework to explain the linkages between family planning and socio-economic development.

Under the auspices of UFPC, ACC meetings will be held initially once every two months to assess progress.

For More Information










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Appendices

-  Appendix 1 - MTEF_BUDGET_GUIDE
-  Appendix 2 - ToR-National FP Adv
-  Appendix 3 - ToR-County FP Adv
-  Appendix 4 A - Revised County bud
-  Appendix 4 B - Budget Process
-  Appendix 5 - ACC Kenya Priorities Stat
-  Appendix 6 - FP Advocacy TWG partn
-  Appendix 7 - Tanzania Post ACC
-  Appendix 8 - Uganda CIP_FINAL F