

November 2016

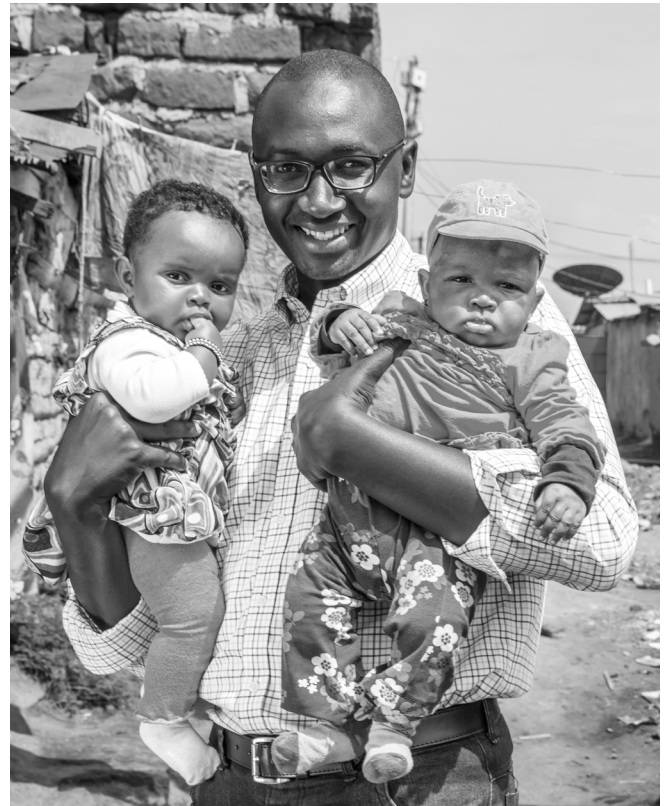
## Opportunistic Advocacy to Advance Family Planning

CASE STUDY

At the 2012 London Summit on Family Planning, government leaders in both developed and developing nations set an aspirational goal: to enable 120 million more women and girls to use modern contraceptives by 2020. Encompassing 36 individual country commitments to date, this unprecedented goal—now called Family Planning 2020 (FP2020)—likewise requires an unprecedented advocacy effort to ensure that leaders act upon their promises. The Advance Family Planning (AFP) initiative and its Opportunity Fund<sup>1</sup> are uniquely positioned to support local advocates to do just that.

Managed by PAI, the Opportunity Fund was initially intended as a companion small-grants mechanism to help civil society organizations (CSOs) outside of the core AFP initiative seize one-time advocacy “tipping points.” But it has accomplished much more. The Opportunity Fund has become critical to AFP’s ability to expand into new geographies, deepen efforts in focus countries, take risks on new objectives, leverage additional funding for advocacy, and improve the capacity of local advocates to lead successful family planning advocacy efforts in their communities.

Since 2013, the Opportunity Fund has enabled 31 local civil society organizations to undertake strategic



Fadhili Msuri, executive director of the Kenya Muslim Youth Development Organization, here with local children in Nakuru County, utilizes the AFP SMART approach with policymakers to forward family planning policy and funding objectives.

## Opportunity Fund Achievements

- 12 government budget allocations for family planning totaling US \$6.8 million
- 10 policy improvements that expand contraceptive access and choice

advocacy in 17 FP2020 countries, resulting in 22 advocacy wins and counting (see *Table 1*). The experience of the Opportunity Fund demonstrates the collective power of small grants to catalyze significant policy changes when channeled to local advocates focused on a specific policy change and paired with advocacy capacity building.

## Opening Up Opportunities for Local CSOs

The idea for the Opportunity Fund was born out of AFP and PAI's early success in providing support to focused, short-term advocacy objectives outside of plans in AFP focus countries. For example, a small grant was made to a working group of advocates within the Reproductive Health Supplies Coalition, led by Marie Stopes International. The group coordinated advocacy efforts to ensure that family planning was included in the World Health Organization's global guidance on maternal and newborn health task-sharing. When AFP significantly expanded its advocacy efforts in 2012, PAI agreed to formalize this approach and launch the Opportunity Fund, with a view toward supporting more local CSOs in developing countries engage their governments to achieve FP2020<sup>2</sup> and Ouagadougou Partnership<sup>3</sup> commitments.

Since 2013, the Opportunity Fund has disbursed 41 grants totaling \$1,671,500. These grants range in size from \$9,000 to \$96,500, with \$40,600 awarded on average. The Fund has awarded most grants (39) to organizations in sub-Saharan Africa, almost evenly split between Francophone (18) and Anglophone (22) countries. The other grant was provided for advocacy in the Philippines.

## Shifting Tactics to SMART Advocacy

The methodology underpinning all Opportunity Fund advocacy is the AFP SMART (*Specific, Measurable, Attainable, Relevant and Timebound*) approach. AFP SMART outlines a proven, 9-step framework for developing a focused, collaborative advocacy strategy that leads to advocacy "wins," or the discrete, critical policy or funding decisions that must occur in the near term to achieve a broader goal.

The approach allows advocates the flexibility to adapt the steps to their country contexts, develop a concrete objective, identify and understand their decisionmakers, and build consensus on undertaking only the key activities needed to achieve that objective. For many grantees, it is the first time they are oriented to a strategic advocacy approach. "I have really changed. I thought advocacy was just talking to opinion leaders and now you can have a specific ask. I think it's more effective," said one grantee. Another agreed, "We usually go wide and achieve very little, but after orientation, we could pick SMART and very specific objectives."

While Opportunity Fund grantees devise and execute all advocacy activities, PAI supports the organizations at every stage—from reviewing and improving proposals, to facilitating advocacy strategy development, to providing assistance when needed during the advocacy process, and in documenting results.

## Contributing to Significant Advocacy Successes

Opportunity Fund grantees have achieved significant advocacy wins, including: increasing national or subnational budgets for family planning; amending task-sharing policies to expand the cadre of workers who can provide certain methods; advocating for implementation where policies already exist; and expanding contraceptive information, services, and supplies to young people. Notable wins include:

- **Benin**, where the Ministry of Health allocated 200 million FCFA (approx. \$466,000) for contraceptives in the 2015 budget, quadrupling the 2014 allocation, following advocacy by Opportunity Fund grantee OSV-Jordan.

**TABLE 1: 22 ADVOCACY WINS SUPPORTED BY THE OPPORTUNITY FUND**

|                     |  |
|---------------------|--|
| <b>Benin</b>        | Ministry of Health allocates 200 million FCFA (approx. \$466,000) for contraceptives in the 2015 budget, quadrupling the 2014 allocation.  |
| <b>Burkina Faso</b> | First-ever budget allocation for family planning (FP) in the five-year development plans (2015–19) of the municipalities of Kelbo (3.7 million FCFA – approx. \$5,500) and Dori (2.3 million FCFA – approx. \$4,600) in the Sahel region.                                  |
|                     | Inspired by Kelbo and Dori, the municipalities of Tin-Akoff and Boundore also budget for FP in their five-year development plans (2015-19), allocating 1.2 million FCFA (approx. \$2,400) and 1.3 million FCFA (approx. \$2,660) for FP activities, respectively.          |
| <b>Kenya</b>        | Busia and Homa Bay counties approve multi-year, costed FP and reproductive health (RH) strategies. Both counties establish family planning technical working groups and begin implementing key elements of their respective strategies.                                    |
|                     | Busia County includes “the percentage of women of reproductive age practicing family planning” among its health indicators.  |
|                     | Kitui County allocates funds for family planning for the first time—\$162,000—in its 2015/16 budget.   |
| <b>Mali</b>         | New national procedures related to the provision of tubal ligation services at health center level are implemented in 15 districts.  |
|                     | First-ever budget allocation for FP in the 2016 budget of the Council of Bougouni, as well as in the budgets of 10 communes, totaling 25 million FCFA (approx. \$50,000).  |
| <b>Mauritania</b>   | First-ever budget allocation for RH supplies, including contraceptives, of 15 million MRO (approx. \$51,000) in 2014; allocation increases by 33% in 2015 (\$67,830).  |
|                     | New RH bill developed and approved by Ministry of Islamic Affairs; the Ministry of Family and Social Affairs; Ministry of Health; and the Council of Ministers. Bill now submitted to Parliament for approval.   |
| <b>Senegal</b>      | Ministry of Health and Social Action authorizes the initial prescription of the pill by community health workers serving in 10 of the 14 regions of the country.   |
| <b>South Sudan</b>  | The Imotong State Assembly passed a specific budget line for family planning in the Ministry of Health budget for fiscal year 2016–2017.   |
| <b>Togo</b>         | Ministry of Health revises policy authorizing community-level provision of injectables and initial prescription of the pill.   |
|                     | Ministry of Health approves the Manual of Procedures for implementing this task sharing policy in June 2016.   |
| <b>Zambia</b>       | Government allocates 12 million ZMW (approx. \$2 million) of its own funds for reproductive health supplies, including contraceptives, in the 2014 budget. The RH supplies budget is spent each year, and received an increase of 5% in allocations in both 2015 and 2016. |
|                     | Ministry of Health approves task-sharing policy in January 2016 allowing community health workers to provide injectable contraception.   |

- **Togo**, where the Ministry of Health revised its policy authorizing community-level provision of injectables and initial prescription of the pill in addition to approving the Manual of Procedures for implementing this policy in June 2016. L'Association Togolaise pour le Bien Etre Familial (ATBEF) coordinated these wins with support from two Opportunity Fund awards.
- **Zambia**, where the government allocated 12 million Zambian Kwacha (US \$2 million) of its own funds for reproductive health supplies, including contraceptives, in its 2014 budget. Through a series of subsequent grants, this budget increased in 2015 and 2016. In addition, the government also approved a task-sharing policy in 2016 to enable community health workers to provide injectable contraception.

### Expanding Efforts and Building on Multiple Wins

The Opportunity Fund has expanded advocacy efforts to 12 countries beyond AFP's core focus areas<sup>4</sup>: Benin, Cote d'Ivoire, Ethiopia, Ghana, Madagascar, Mali, Mauritania, Sierra Leone, South Sudan, the Philippines, Togo, and Zambia. Some countries proved to be fertile ground for successive grants to partner organizations, capitalizing on each other's success and utility with AFP SMART.

Efforts in **Mauritania**, for example, began in early 2014 with two small grants of \$10,000 to each of two organizations. One advocated for a first-time budget allocation for contraceptives within the national health budget; the other, for a new national reproductive health bill. Building on promising success, the Opportunity Fund awarded another two grants of \$25,000 the two organizations later that year. The first focused on making sure the allocation was disbursed as intended and the second on facilitating the reproductive health bill's approval. Both organizations work in tandem and amplify each other's efforts.

Beginning in 2014, prospects arose in two AFP focus countries where the Opportunity Fund could help increase advocacy momentum (see "Spotlight on Kenya," as an example). AFP made a strategic decision to open up Opportunity Fund awards to new civil society organizations in countries with existing advocacy efforts. This collaboration has augmented the overall AFP initiative—by supporting objectives that complement and strengthen existing efforts, targeting new key decision-makers, addressing a new issue, or expanding into new geographies. The Fund has now provided awards to local partners in six of AFP's ten focus countries (Burkina Faso, Democratic Republic of the Congo, Kenya, Nigeria, Senegal, and Uganda).



Nurse and Family Planning Counselor Fancy Rono meets clients at Kapkures Clinic in Nakuru County, Kenya.



At AFP's "Fostering Locally-Driven Advocacy for Family Planning" workshop, Betty Kyaddondo greets a local family planning champion during a site visit to Karanganyar district in Indonesia.

## Spotlight on Kenya

When a new government system went into effect in Kenya in 2013, the national government transferred governing authority for health programs and budgets to county governments. AFP's lead partner in Kenya, Jhpiego Kenya, developed a strategic advocacy approach to orient county leadership on family planning and develop county costed implementation plans for family planning in four counties. These plans mirrored the national one, and laid the framework for budget allocations and improved policies at the county level. However, Jhpiego Kenya did not have the resources at the time to reach all of Kenya's 47 counties.

Opportunity Fund grants to four local CSOs—Kisumu Medical Education Trust, the Centre for the Study of Adolescence, the Kyeni Foundation, and World Provision Centre—helped replicate this approach and reach an additional four counties, in effect doubling AFP's impact.

## Supporting Advocacy in Risky Environments

The short-term nature of the Opportunity Fund grants can enable advocacy efforts in areas deemed too risky for more long-term projects. One grantee in South Sudan has shown that this investment can still pay off. Although conflict led to the project being put on hold for three months, Impact Health Organization made impressive progress in a place with extreme unmet need for family planning. Working in a particularly challenging environment, the grantee advocated successfully for a family planning budget line item in Imotong State in September 2016. No other donor is supporting family planning advocacy in South Sudan.

## Improving Advocacy Capacity Among Local CSOs

One critical contribution of the Opportunity Fund is its success in expanding the number of practitioners of strategic, decisionmaker-focused advocacy. Although it can take considerable time and effort to orient grantees to the AFP SMART methodology, this investment has proved worthwhile. Even when Opportunity Fund grants end, more advocates are able to carry this experience forward in future advocacy efforts.

Several grantees have now mastered AFP SMART and become facilitators themselves. For example, after participating in two AFP SMART strategy sessions in 2014 and a monitoring and evaluation session in 2015, one grantee in Zambia is now facilitating AFP SMART strategy sessions for other Zambian organizations.

## Leveraging Advocacy Expertise

Some organizations are using this expertise to leverage funding from additional sources. For example, a grantee in Mauritania received support from EngenderHealth and Health Policy Plus to continue advocacy work, and another in Kenya will pursue its efforts with resources from Jhpiego.

The Opportunity Fund's success also led to PAI developing the Faith Plus Family Planning Fund. With AFP SMART at its core, PAI provides faith-based organizations in the developing world with small grants and technical

support to hold governments accountable for providing quality family planning and reproductive health services. Opportunity Fund managers also strategize with other grant-making bodies, such as FP2020's Rapid Response Mechanism, to share information about grantees and opportunities, and coordinate investments where and when feasible.

## Lessons Learned

The Opportunity Fund is more than just a small grants mechanism—its focused financial support combined with technical assistance is an effective way to help realize FP2020 and Ouagadougou Partnership commitments and to strengthen the advocacy capacity of local organizations. Lessons learned from three years of experience include:

- **Strategic advocacy works.** AFP SMART is popular and powerful and can be successfully applied for short, one-time advocacy “tipping points.” It is flexible and dynamic, a critical factor for opportunistic advocacy.
- **Devolution of governance in many countries creates a need for more local partners to advocate at lower levels of government.** Small grants can play a key role in gaining support and strengthening commitment subnationally.
- **Building advocacy capacity pays off.** AFP drew on PAI's experience in supporting new Opportunity Fund awardees to develop a three-day advocacy strategy workshop in conjunction with the 2016 International Conference on Family Planning. Nine of the 21 participants are now working to achieve AFP SMART advocacy objectives.
- **Wins often lead to a need for further grants.** The Opportunity Fund has wrestled with the reality that an advocacy win often begets further advocacy to ensure the win is implemented and produces results. This has led to several follow-on grants to grantees. It also demonstrates the need for strong local advocates to make sure wins are sustained and built upon to lead to longer-term changes.
- **The Opportunity Fund facilitates cross-country collaboration** in sharing resources and model policies. For example, the Opportunity Fund

circulated Sierra Leone's national teen pregnancy strategy (2013-2015) with Zambian advocates, who immediately took it up and adapted it for their context. Similarly, family planning task-sharing evidence, policies, and training manuals from Kenya, Uganda, Nigeria, Togo, and elsewhere continue to be shared among national family planning technical working groups. These groups are charged by MOH to assist in drafting relevant policy documents. This "clearing-house" function has proved to be a time-saver for many advocates and technical allies.

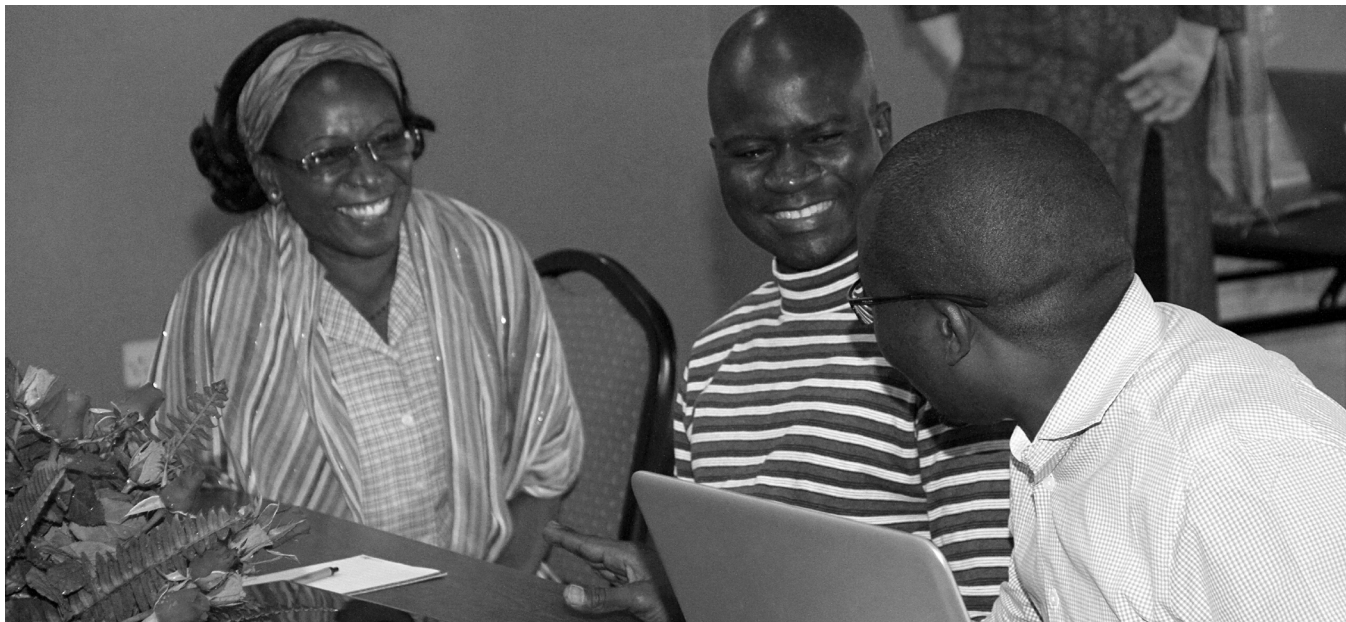
## References

- <sup>1</sup> [www.advancefamilyplanning.org/oppfund](http://www.advancefamilyplanning.org/oppfund)
- <sup>2</sup> [www.familyplanning2020.org](http://www.familyplanning2020.org)
- <sup>3</sup> [partenariatouaga.org/en/](http://partenariatouaga.org/en/)
- <sup>4</sup> Burkina Faso, Democratic Republic of the Congo, India, Indonesia, Kenya, Nigeria, Senegal, Tanzania, and Uganda. Bangladesh was added as a focus country in 2016.

Photo page 1: Sala Lewis; page 4: Sala Lewis; page 5: Yayasan Cipta Cara Padu; page 8: PAI

## OPPORTUNITY FUND GRANTEES

| Country              | Organization  |
|----------------------|---|
| <b>Benin</b>         | OSV-Jordan  |
| <b>Burkina Faso</b>  | FCI/MSH   |
|                      | SOS/Jeunesse et Défis (SOS/JD)  |
|                      | Family Care International (Burkina Faso office)                             |
| <b>Cote d'Ivoire</b> | Médecins du Monde   |
| <b>DRC</b>           | Afia Sante  |
| <b>Ethiopia</b>      | Partners in Population & Development, African Regional Office               |
| <b>Ghana</b>         | Marie Stopes Ghana  |
|                      | Alliance for Reproductive Health Rights                                     |
| <b>Kenya</b>         | World Provision Centre (WPC)  |
|                      | Kyeni Foundation  |
|                      | Kisumu Medical Education Trust (KMET)                                       |
|                      | Centre for the Study of Adolescence (CSA)                                   |
| <b>Madagascar</b>    | MSH   |
| <b>Mali</b>          | Family Care International (Mali office)                                     |
|                      | Marie Stopes International-Mali   |
| <b>Mauritania</b>    | Association Mauritanienne pour la Promotion de la Famille (AMPF)            |
|                      | Association Mauritanienne de Lutte contre le Sida (STOP SIDA)               |
| <b>Nigeria</b>       | Marie Stopes International Organization Nigeria                             |
| <b>Philippines</b>   | Forum for Family Planning and Development                                   |
| <b>Senegal</b>       | Action Et Developpement (AcDev)   |
| <b>Sierra Leone</b>  | Marie Stopes Sierra Leone (MSSL)  |
| <b>South Sudan</b>   | Impact Health Organization  |
| <b>Togo</b>          | L'Association Togolaise pour le Bien Etre (ATBEF)                           |
| <b>Uganda</b>        | FHI360  |
|                      | National Population Council Secretariat                                     |
|                      | Hope Foundation for Development   |
| <b>Zambia</b>        | Marie Stopes Zambia (MSZ)   |
|                      | ChildFund Zambia  |
|                      | Centre for Reproductive Health and Education (formerly Youth Vision Zambia) |
|                      | Planned Parenthood Association of Zambia (PPAZ)                             |



Zambian advocates, including Opportunity Fund grantees, participate in an AFP SMART strategy session.

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## Acknowledgments

Many thanks to Opportunity Fund recipients who provided input for interviews and a survey to help in the development of this case study. AFP and PAI appreciate their energy and hard work alongside government colleagues in advancing reproductive health laws, policies, and budgets in the face of many challenges. Many thanks also to Julie Solo for authoring this case study.

AFP is an initiative within the Bill and Melinda Gates Institute on Population and Reproductive Health in the Johns Hopkins Bloomberg School of Public Health.

**The Opportunity Fund awards are supported by AFP through the Bill & Melinda Gates Foundation, the David and Lucile Packard Foundation, The William and Flora Hewlett Foundation. TJ Mather supported one award in 2016.**

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