



# Agir pour la Planification Familiale

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## Strengthening the Advocacy Capability of Key Players to Improve the Policy Environment for Family Planning: A Collaborative Effort by RCPFAS WAHO, and AgirPF

### INTRODUCTION

Within the past four years, several countries have employed a participatory process to enlist key stakeholders from all sectors in the creation of an action plan to “reposition” family planning (FP) as a national priority. Political will and strong leadership will be instrumental in mobilizing the needed resources for implementing the plans and garnering the widespread support required to lower existing barriers to services. Agir pour la Planification Familiale (AgirPF) is committed to the implementation of these action plans in five francophone West African countries (Burkina Faso, Côte d’Ivoire, Mauritania, Niger, and Togo) and is supporting advocacy<sup>1</sup> to improve the policy environment.

This brief describes collaborative efforts to strengthen the capacity of national Networks of Advocacy Champions for Adequate Health Financing (Réseau de Champions en Plaidoyer pour le Financement Adéquat de la Santé, or RCPFAS), which were created with support from the West African Health Organization (WAHO) to advocate with policymakers on FP in four intervention countries of AgirPF that are members of the Economic Community of West African States (ECOWAS): Burkina Faso, Côte d’Ivoire, Niger, and Togo.

### CONTEXT

Resource mobilization constitutes a major issue for African states and for the agencies managing social programs, particularly those in the health sector, with its high costs and current dearth of resources. In efforts to meet these challenges, stakeholders acknowledge an urgent need for monitoring information about sources of project financing, preparing more timely and appropriate project proposals, overcoming difficulties in communication, having greater mastery over the rules and procedures governing funding from development partners, strengthening capacity for managing relationships with these partners, and fulfilling agreements entered into at the highest level of government—especially those related to health care financing, such as the Abuja Declaration of 2001, in which countries pledged to increase government funding for health to at least 15% of their budgets.

An additional important step toward improved health resource mobilization is more targeted, effective advocacy with donor agencies and governments during the budget appropriations process. Such a step requires a significant investment in skills, tools, and innovative strategies for those engaged in advocacy.

The RCPFAS grew out of efforts to examine progress toward the goal of the Abuja Declaration. During a 2011 meeting of parliamentarians and Ministry of Finance officials from ECOWAS countries with WAHO, a strong recommendation was

<sup>1</sup> The ultimate goal of advocacy supported by AgirPF is a change in “policy,” which for the purposes of this brief is defined to include laws, regulations, and policies at the national and regional levels, as well as operational policies, formal positions, and any other practices and principles that guide decision making and resource allocation within government agencies and nongovernmental entities and any organized secular or religious communities.

made that countries institute national networks with the following missions:

- Contribute to the improvement of adequate funding for health in general, with its corollaries of good governance of resources for health and synergy among different intervention partners
- Monitor and accelerate the effective implementation of various financial agreements in general, and the Abuja Declaration in particular

RCPFAS networks are now in place and functioning in several ECOWAS countries, including the four intervention countries of AgirPF, with a certificate of recognition issued by their governments, a bank account, a physical and electronic address, and an annual action plan. The number and profile of members vary from one country to another, but these generally represent multiple sectors in the public and private spheres, including financing, health, management, business, planning, and development.

RCPFAS networks constitute an important new health sector advocate in the region. The presence of known and respected individuals within the networks and strong support from WAHO hold promise of significant progress toward increased health sector resource mobilization. The range of expertise, qualifications, and experience of network members opens the way to different advocacy approaches.

## OBJECTIVE

The objective of strengthening the FP advocacy capacity of RCPFAS networks in the four countries is to diversify the strategies being used to increase political support for FP by enlisting a group that has not previously been involved.

From their different professional backgrounds, the members are in a position to offer other perspectives about the essential role of FP in the country's development, and they have the credibility to effectively communicate with local authorities on this subject. Equipping them to use advocacy tools such as Resources for the Awareness of Population Impacts on Development (RAPID) computer models<sup>2</sup> would be a valuable contribution in the effort to convince leaders of the important benefits of "planned fertility," including individual well-being and the "demographic dividend."<sup>3</sup>

## METHODOLOGY

Among the priorities in their first annual plans, RCPFAS networks expressed the need to strengthen their capacity for advocacy. In response, in March 2014, WAHO collaborated with AgirPF to conduct a workshop for RCPFAS networks in Lomé, Togo, on advocacy techniques and resource mobilization. The goal and objectives were directed at the broader mission of RCPFAS to advocate for increased resources for the health sector in general, but the content of the workshop drew from FP for practical application in various skill areas, providing an opportunity to acquaint networks with the particular challenges facing the financing of national FP action plans. The following knowledge and skills were transferred to participants:

- An introduction to advocacy
- The importance of networking
- The strategic planning process
- Problems of resource mobilization within countries
- An overview of data sources
- The use of data in decision making and advocacy
- Techniques of communication in advocacy
- The role of computer models in policy dialogue for resources mobilization
- The design and implementation of an advocacy plan
- The presentation of a framework for the submission of project proposals
- Potential sources of financing
- Preparation of applications for financing

Subsequent to this workshop, it was determined that if the networks were to advocate for FP action plans and a reduction of barriers to FP services, they would need greater in-depth knowledge of the FP situation in their respective countries, an awareness of the impact of unmet need and "unplanned fertility" on individual and national development, and an understanding of the demographic dividend.

RCPFAS members were therefore invited to participate in in-country workshops, which would prepare and validate RAPID models demonstrating the critical link between repositioning FP and achieving national development goals. Components of these workshops included:

<sup>2</sup> RAPID is one of a suite of models known as SPECTRUM, easy-to-use policy models that provide policymakers with an analytic tool to support the decision-making process. The models have been developed over the past four decades in response to needs expressed by donors, international development organizations, and national governments.

<sup>3</sup> The demographic dividend refers to the positive impact of a decline in fertility, which would increase the proportion of working-age people relative to dependent children, allowing resources to be diverted from expenditures on dependents to improvements in health and education and economic policies that attract investment and create jobs, resulting in accelerated economic growth.



RCPFAS advocating with Burkina Faso's National Assembly and the Social and Economic Council for strong commitments in favor of FP, including increased funding.

- Effective advocacy
- An analysis of policy barriers to FP
- Identification of priority challenges and issues
- The importance of data in policy dialogue
- Communication techniques
- Use of RAPID models
- Preparation of advocacy plans
- Preparation of grant applications to support advocacy objectives

During additional workshops and follow-up consultations, networks have reinforced their skills in leadership, management, and governance, by analyzing and targeting FP policy barriers on which they intend to focus their efforts, preparing and strengthening their advocacy plans, and identifying other sources of support for their implementation. AgirPF provides technical and financial support, including a part-time consultant in each country to offer ongoing assistance to the networks in the implementation of their advocacy strategies. The process is facilitated by the U.S. Agency for International Development's Leadership, Management and Governance/ West Africa (LMG/WA) project,<sup>4</sup> through WAHO. (LMG/WA assists WAHO in its regional leadership role, including an advocacy and communications component that has already produced a communication strategy helping WAHO

to promote advocacy tools among ECOWAS member countries.)

Plans are being made to document the successful experiences of RCPFAS in Burkina Faso, Côte d'Ivoire, Niger, and Togo as best practices and to organize a regional workshop to share and promote these experiences within all ECOWAS countries, in collaboration with WAHO and the Sahel Women's Empowerment and Demographic Dividend (SWEDD) and LMG/WA projects.

## RESULTS

As a result of this collaborative effort, RCPFAS members in each country have more fully examined their national action plan for repositioning FP and better comprehend its link to achieving national development goals. They have acquired skills in the use of RAPID models as advocacy tools to reduce policy barriers to FP and have prepared advocacy plans that they are now seeking to implement.

From 2014 to 2015, RCPFAS members in Togo, Burkina Faso, Côte d'Ivoire, and Niger were trained to use RAPID at the national level and in the intervention cities of AgirPF; they prepared specific advocacy plans that they will implement. In 2016, RCPFAS members were supported to update and prepare more specific advocacy strategies aimed at 1) increased financing for FP to the costed FP action plan; 2) increased financing for FP in the municipal budgets of targeted cities; 3) integration of FP into other

<sup>4</sup> Implemented by Management Sciences for Health.

reproductive health (RH) services; 4) task shifting to increase the types of FP services to be provided by health workers; 5) strengthened commitment of other government institutions in favor of FP; 6) adoption of regulations for better implementation of the national RH law; and 7) in Côte d'Ivoire, adoption of a national RH law.

Second, the promising advocacy experiences that are underway within the RCPFAS networks in the AgirPF intervention countries have led to an agreement with the SWEDD project (financed by the World Bank) and LMG/WA, under the leadership of WAHO. The objective is the organization of a series of joint advocacy activities to promote FP and the demographic dividend. It supports the following:

- Documentation of RCPFAS experiences in Burkina Faso, Côte d'Ivoire, Niger, and Togo
- Organization of a regional workshop to share the documented experiences with other countries, particularly within ECOWAS, and the creation of a regional RCPFAS coordination mechanism armed with a work plan
- Implementation of the work plan of the regional RCPFAS coordination entity, and particularly support for:
  - Countries that choose to adapt and replicate practices judged the most appropriate in their respective national contexts
  - Creation and reinvigoration of the RCPFAS networks in Mauritania, Mali, and Chad and

other countries, where necessary

- Advocacy training for RCPFAS of Mauritania, Mali, and Chad
- Financial assistance to RCPFAS of Burkina Faso, Côte d'Ivoire, Niger, Togo, Mauritania, Mali, and Chad, to implement their respective advocacy actions
- Organization of a meeting of the regional RCPFAS coordination entity during the last quarter of 2017 to appraise progress

## CONCLUSION AND RECOMMENDATIONS

The RCPFAS networks have strengthened stakeholders' capacity to advocate for removal of selected FP policy barriers and for increased resources for FP, by making the case to policymakers that in addition to meeting the needs of individuals and families, lower fertility will lead to a demographic dividend that will advance their country's development.

A specific recommendation is that WAHO and its partners, like AgirPF, should continue to support the networks in the process of updating advocacy plans, preparing detailed budgets, implementing the agreement with SWEDD, and soliciting additional technical and financial support for their implementation.



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Avenir Health, an AgirPF subcontractor that provides technical assistance to its policy advocacy efforts, contributed to this brief. Avenir Health staff are pioneers in the field of demographic and projection modeling. They have produced many of the models currently being used by reproductive health and HIV and AIDS experts around the world, including the RAPID tool.

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