Accelerating Contraceptive Choice

Expanding Options through Country Leadership in Sub-Saharan Africa

Working Meeting Report

The Boma Hotel, Nairobi, Kenya
April 2-4, 2014

FINAL

Contents

Overview

From 2-4 April 2014, stakeholders in East Africa convened in Nairobi for Accelerating Contraceptive Choice, a regional meeting to support the goals of the Family Planning 2020 (FP2020) global partnership: to enable women and girls to decide, freely and for themselves, whether, when, and how many children they want to have. The meeting's aim was to increase access to high-quality family planning services in sub-Saharan Africa, beginning in East Africa. Specifically, so that women and men will have access to the widest possible range of contraceptives and accurate information on these methods, enabling them to make an informed, voluntary choice about the method which best fulfills their desires and needs.

The meeting brought together 80 experts in program and policy development and implementation in East Africa and emphasized gains to be made in Kenya, Tanzania, and Uganda to accelerate contraceptive choice. It provided a platform for exchange of key technical resources, research findings, shared experiences, and the impediments and opportunities for large-scale uptake of proven interventions.

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 6 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. See Appendix I for the initial country work plans.

This report presents the information and resulting discussion on why contraceptive choice matters and gaps in what women want, learning from the experiences of Ethiopia and Malawi. The report provides a snapshot of how effective interventions could be taken to scale and advanced by political and donor leadership and investment in the region. See Appendix II for the full agenda. See Appendix III for a list of relevant technical resources.

The meeting was organized by an East African and international planning committee, convened within the Advance Family Planning initiative of the Bill & Melinda Gates Institute on Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. Jhpiego Kenya and Partners in Population and Development, Africa Regional Office provided substantive administrative and logistical support. The meeting was supported with funding from the Bill & Melinda Gates Foundation, William and Flora Hewlett Foundation, David & Lucile Packard Foundation and in-kind contributions from all participants. See Appendix IV for the planning committee and participants list.

Contraceptive choice in context: Why does it matter?

Africa has experienced much progress toward universal access to family planning in the last decade. Virtually every country has official policies supporting family planning. Information

and services are much more available. Contraceptive use has increased dramatically in many countries.

However, the rate and form of progress has been uneven. West and Central African family planning efforts are nascent. All countries experience significant urban/rural and rich/poor disparities with the rural poor being especially underserved. Contraceptive choices are often limited to condoms, pills, and injectables. The reproductive health needs of youth are neglected. Post-abortion care is seldom discussed, much less provided.

What makes the challenges to universal access to family planning different today than in the past is that these challenges have been increasingly and effectively addressed in Africa. There are now scores of programs and projects that have demonstrated ways to overcome barriers to universal access. Yet, building on the rich evidence base resulting from these efforts, much more can be accomplished to increase the availability of a diversity of contraceptive methods as well as high-quality, voluntary family planning services.

Research findings shared with the meeting participants show that providing more contraceptive choices helps to attract new users and support continued and effective use, leading to fewer unintended and unwanted pregnancies. It also supports human rights and leads to improved reproductive health. In considering ways in which to increase access to a greater number of contraceptive methods, key opportunities exist:

- **Empowering women to seek and receive information and family planning methods** that are best suited to their needs can be better integrated within service provision as well as community outreach and demand creation. Involving men and boys along with women's empowerment is also critical.
- **Adapting to the specific needs of those who are most at risk of an unintended pregnancy**, particularly young people and those living in rural areas, is critical to achieving equity in access to family planning. Bringing young and rural women into the development of policies and programs can improve the likelihood of their own investment in information and service delivery.
- **Engaging the private-sector** can significantly reduce barriers to accessibility of services and affordability of methods.

Where are the gaps in what women want and need?

Global megatrends, such as the rising cost of living and increased urbanization, are driving increased demand for family planning worldwide. Africa is no exception. Yet, in a significant number of countries, one family planning method is predominant and, in some cases, as many as 60 percent of contraceptive users rely on that method. A review of the experience of developed countries with a diversity of contraceptive methods showed that there is no 'ideal' method mix and that each country experiences a variety of factors that influence access and use.

In Kenya, Uganda, and Tanzania, contraceptive injectables dominate among women who wish to space their births as well as those who want no more children. Worldwide, except in West and Central Africa, demand for contraception to limit childbearing exceeds that for spacing. In some settings within a country, as in the case of five cities in Kenya, more women use family planning for birth spacing than to limit pregnancies and births.

In filling the gaps to meet women's needs and desires for various contraceptive methods, evidence suggests that several opportunities exist:

- **Providing postpartum women with information, services, and methods suited to their needs** would help the majority who say that they want to avoid pregnancy within the next two years. These women represent 40 percent of all unmet need in low resource countries.
- **Strengthening implementation of task-sharing policies and programs** can build on high-impact practices as well as global recommendations such as those of the World Health Organization (WHO) and the experience of researchers and implementing agencies.
- **Advocating for government scale-up of existing policies** to ensure that they translate to service delivery and greater access to family planning and contraceptive choices. Health advocates can work more strategically with community organizations, the women's movement, and those committed to poverty reduction and development.

Ethiopia and Malawi: How did they do it?

Both Ethiopia and Malawi have achieved significant progress in increasing contraceptive prevalence rates (CPRs) and choice of methods, particularly those that are long-acting and permanent. Though the need for family planning is not yet fully met in either country, their experiences provide guidance to other countries in East Africa as to how they might replicate their achievements.

From 2005 to 2011, **Ethiopia's** CPR doubled from 15 to 29 percent, according to the Demographic and Health Survey[1]. Major factors in the improvement include government leadership to expand the Health Extension Program; scale-up of training to provide access to long-acting and permanent contraceptive methods (e.g. implants); focus specifically on the needs of rural women; and engagement of the faith community.

The Ethiopian government has provided an enabling policy environment while at the same time taken the driver's seat in accelerating contraceptive choice. The Constitution provides for family planning as a right, and the federal government has waived tax on contraceptives. Further, the government allocated funding for procurement of contraceptives from its own internally-generated funds in addition to those from donors. Ethiopia's four major regions followed suit and committed their own funds to support

[1] Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International. Available at http://dhsprogram.com/pubs/pdf/FR255/FR255.pdf.

contraceptive security. This significant financing, while not yet sufficient, has reduced historical overreliance on contraceptive donor financing.

In **Malawi,** progress has also been accelerating. From 1992 to 1996, CPR rose modestly from 7 to 11 percent, according to the Demographic and Health Surveys[2]. In the next four-year period (1996 to 2000), CPR rose by 15 percentage points, from 11 to 26 percent[3]. Key drivers of this change included strong political commitment, increased task shifting, and strengthening of the supply chain system. Sustained advocacy; greater access to information and services, such as female sterilization; and mobilization of both financial and technical resources all contributed to the new peak in CPR.

Lessons learned include:

- **Engaging professional bodies** in Ethiopia to overcome initial resistance to task sharing that allowed non-clinical service providers to administer long-acting methods and engage them in the development of guidelines and tools.
- **Developing a phased approach to the scale-up** of training for task sharing in Ethiopia mitigated challenges to providing services countrywide. Scale-up and access were also facilitated by locally-managed trainings and compensation of providers at the community level.
- **Anticipating the needs of implant users for removal services** in Ethiopia helped to develop a system for supporting health extension workers with training, referral services, and community visits specifically to meet the need for removal.
- **Focusing on the interplay between CPR and total fertility rates** in Malawi led to better assessment of women's needs. While Malawi increased its CPR, there was no corresponding drop in the total fertility rate (TFR), owing to a lack of long-acting and permanent methods. Even with an increase in women undergoing sterilization, fertility did not decrease significantly as over 76 percent had a minimum of five children at the point of sterilization.
- **Translating political leadership to improved access** was essential in both countries. National commitment and prioritization of family planning within health budgets was essential to the progress made.

Taking effective interventions to scale

A central aim of the Accelerating Contraceptive Choice meeting was to focus on impediments to large-scale uptake of successful interventions. Where there is no doctor, women should not be denied access to services by unnecessary restrictions on the services that their local health worker can be trained to provide safely. In Kenya, Uganda, Tanzania, and much of East Africa, policies regarding task sharing for the provision of family planning services are very progressive and in line with WHO guidance. Their

[2] National Statistical Office (NSO) and ICF Macro. 1997. Malawi Knowledge, Attitudes and Health Practices Survey 1996. Zomba, Malawi, and Calverton, Maryland, USA: NSO and Macro International Inc. http://dhsprogram.com/pubs/pdf/FR85/FR85.pdf.

[3] National Statistical Office (NSO) and ICF Macro. 2011. Malawi Demographic and Health Survey 2010. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro. http://dhsprogram.com/pubs/pdf/FR247/FR247.pdf.

promise for providing more contraceptive options for more women, however, has yet to be fully realized.

Ugandan colleagues shared an example of the challenges in moving from evidence to policy to program implementation and scale-up. Studies of pilot interventions related to community-based distribution of contraceptive injectables demonstrated that community health workers can safely and effectively provide the method. Yet, evidence alone was insufficient to persuade key policymakers to endorse provision of contraceptive injectables to this cadre of health care providers.

A field visit to rural Uganda proved pivotal for policymakers to verify the safety of provision by community health workers and hear from women about their family planning needs. The visit led to an initial policy decision in late 2010. In March 2011, amendments were made to the *Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health* allowing for contraceptive injectable provision by trained community health workers. However, scale-up has been slow, and service providers continue to seek greater support from the government of Uganda to reach rural women more equitably.

In early 2013, the Kenya Ministry of Health issued a similar circular on provision of contraceptive injectables based on research there. Evidence generated there was also influential as was the involvement of the medical community. Scale-up there has also been slow, but is now increasing.

Provision of tubal ligation by clinical officers is another option for improving availability, yet also requires dedicated resources for scale up. For example, the *Uganda National Policy Guidelines and Service Standards for Sexual and Reproductive Health* recently included a provision for clinical officers to perform tubal ligations, but the provision had not been implemented due to lack of locally-generated evidence on safety and efficacy.

Marie Stopes Uganda conducted a study of 518 women receiving tubal ligations that demonstrated low complication rates (only 1.5 percent of the women experienced a complication)[4]. An international comparison showed that Ugandan clinical officers performed tubal ligation at least as well or better compared to providers in other countries. With this new evidence, clinical officers were approved to provide tubal ligations, and private service delivery organizations have begun to roll out additional services. National scale-up through the public sector is still awaiting decisions, however, on how best to implement training, referral mechanisms, and operational research.

In ensuring that policies are implemented to scale, it is important to anticipate the:

- **Underestimation of scale-up costs.** Scale-up costs are not simple multipliers of the cost of pilot projects. Factors such as economies of scale, differences in the entity providing services, and

[4] Dietiker C, Gordon-Maclean C, Nantayi L K, Quinn H, Ngo T D. Task sharing: Safety and acceptability of tubal ligation provision by trained clinical officers in rural Uganda. Research Brief Series 2013. London: Marie Stopes International, 2013. http://mariestopes.org/sites/default/files/MSI_TS%20TL%20Research%20Brief%20FINAL.pdf

changes in intervention content or program need to be considered as well as timelines that may not correspond with funding.

- **Need for strategic advocacy towards implementation**. Evidence and policy change are important but insufficient. For any scale-up, it is critical to secure local ownership, engage champions, and strengthen partnerships within and outside government.
- **Complexity of scale up.** Many factors influence the successful national implementation of a policy or program. Government leadership at the national and subnational level is critical as are infrastructure issues and the development of strong partnerships between public and private providers of services.

What does it take? The role of political will and donor investment

Good will from political leadership has the possibility of translating promising interventions and policy commitments into tangible actions that accelerate contraceptive choice. Advocacy that engages decisionmakers can be done within and outside government. Strategic agencies within government can be used to influence decisions made by higher echelons of government.

Conversely, in the absence of such leadership, even the most well-intentioned technocrats within government and within service delivery agencies find it challenging to move policies and programs forward. To this end, civil society organizations play a critical role in advocating for political support and actions—from national guidance to budget allocations. The donor community also plays a role in raising specific concerns or making proposals that could influence acceleration of contraceptive choice.

Securing political will and investment by all actors involves utilizing various strategies to work in partnership with government and their allies. Good evidence should also be generated and communicated in ways that can be easily understood by policymakers and that are directly applicable to the challenges they face and their aspirations while in office. Regional inter-governmental bodies can also be used to influence actions by affiliated countries.

In mobilizing political will and investment there are several challenges:

- **Turnover.** Elected and appointed officials have a high turnover rate that requires flexibility and persistence to build champions with the commitment to advocate for contraceptive choice even when they are out of power.
- **Complacency.** Advocates should capitalize on windows of political good will and avoid assuming that support will continue once it is secured. At the same time they can also invest in processes that last beyond a regime or policymaker's tenure and periods of support or opposition.
- **Relationships.** Identifying those with the power to accelerate contraceptive choice and developing an understanding of their concerns and priorities is essential to working in partnership with government.

- **Competition among civil society organizations (CSOs).** As competitors for funding, CSOs often work at crossroads, which enables governments to play one organization against one another. To be effective, CSOs need to marshal collective evidence and messages and plan together to see that policies and programs reach intended beneficiaries.

Conclusions and next steps

At the meeting's conclusion, Kenya, Tanzania, and Uganda teams presented initial priorities for actions needed to increase access to a greater number of contraceptive options in their country. Participants committed to engaging a broader set of stakeholders, including policymakers, to see that progress was made quickly.

Subsequent plans would be refined and budget needs identified, but the strength of each plan was the leveraging of collective resources around a common theme. Each plan focused on windows of opportunity, such as the Government of Tanzania's 500-day plan to realize Millennium Development Goal 5 to improve maternal health, which was released the week after the meeting.

Whereas Advance Family Planning's advocacy approach informed the process, the priorities and plans were wholly owned by all participants. The level of engagement and use of evidence and technical resources was impressive; increasing the likelihood that collaboration will be sustained and succeed.

Advance Family Planning is prepared to provide additional technical resources and modest financial resources if needed. They will also help to document any gains made and ensure attribution of all those involved. Representatives from other organizations, such as the WHO; U.S. Agency for International Development; UNFPA; and the East, Central and Southern Africa Health Community (ECSA) also offered regional and country-level assistance.

Several additional suggestions emerged from the closing discussion:

- **Align priorities with national plans and FP2020 commitments.** This will ensure greater buy-in as well as build momentum behind existing policy and program initiatives.
- **Engage all policymakers in a similar way.** It is important that evidence and experience also inform the opinions of elected and appointed government officials. As more decisions are made at the subnational level, engaging and exchanging information with district and county leadership would be useful.
- **Share advocacy issues at various strategic platforms.** The International Conference on Family Planning, planned for 2015, is one such venue and the outcome of the efforts undertaken as a result of this meeting could inform others to take similar action.
- **Build partnerships with other initiatives and bodies.** Implementing Best Practices, ECSA and partners would explore possibilities of influencing the agenda of ECSA Ministers through a pre-conference on acceleration of contraceptive choice. AFP and USAID are prepared to explore the possibilities for similar convening in West Africa and select countries.

In sum, the meeting exceeded its aims, providing a useful platform for learning and collaborating strategically to put contraceptive choice at the forefront of country and regional agendas. It built on the strength of the evidence as well as the considerable technical capacity of implementing and funding agencies. The reality is that stakeholders are stronger together when they leverage their comparative advantages, dovetail short-term objectives with longer term priorities, and think beyond the day-to-day to accelerate progress.

Appendix I

Country Actions for Accelerating Contraceptive Choice

Kenya — Lead: National Council for Population and Development (NCPD)

O1	**Objective: A nationally guided budget line item for family planning for the counties by September 2014**			
Obj./Step	**Next steps**	**Responsibility**	**Budget & Technical Assistance (TA)**	**Timeline**
S1	Identify an influencer/messenger—Director General, NCPD	AFP, Futures Group, IntraHealth, Ministry of Health	N/A	End April 2014
S2	Identify and engage with multi-sectoral team to provide input on advocacy package to Government of Kenya (GOK) Treasury	AFP, Futures Group, IntraHealth	Activity budget to be developed; TA	Mid May 2014
S3	Support to Director General to prepare an Executive Brief on omission of family planning in the national budget	AFP	TA	End May 2014
S4	Meet with key decisionmakers	NCPD Director General	Activity budget to be developed; TA (materials, meeting logistics)	End July 2014
S5	**PMA2020 Launch (focal event)*	*PMA2020, International Centre for Reproductive Health*		TBD
S6	Submission of budget proposal recommendation for restoration of family planning budget line(FY 2015/16) to GOK budget steering committee	ACC Team; Ministry of Devolution and Planning—Permanent Secretary (PS) and Cabinet Secretary (CS); National Treasury		September 2014

Influencer /Messenger:						
Obj./Step	**Name**	**Reason**	**Core value**	**Knowledge**	**Values**	**Willingness to act**
O1	NCPD Director General	Proven track record as a family planning champion; coordinator of FP2020 efforts in Kenya, previous experience in East, Central and Southern Africa Health Community (ECSA), well connected	Results focus	Wide and in-depth, knowledgeable, gynecologist, researcher (well published), country and regional experience	Integrity, high level of commitment, passionate, strong leadership	Very willing
	PS/CS, Ministry of Planning and Devolution	Responsible for actual endorsement of the budget line	TBD	Knowledge about development issues but not specific to family planning or health	TBD	TBD

Challenges and opportunities				
Obj./Step	**External challenges**	**External opportunities**	**Internal challenges**	**Internal opportunities**
O1	▪ Short timelines in budgeting process ▪ Competing priorities for resources nationally and sub-nationally ▪ Lack of clarity about budgeting and planning in devolved system	▪ Country's commitment to FP2020 ▪ Constitution supports reproductive health as a right ▪ High-level focus on maternal health ▪ Devolution of health may be an opportunity for localized rapid improvements ▪ Governors' Council as a forum	▪ Competing programmatic priorities among ACC partners ▪ Lack of clarity about budgeting and planning in devolved system ▪ Modalities of cost-sharing/leveraging resources among ACC team	▪ AFP providing a steering role ▪ Broad range of experience and contacts among ACC team ▪ Some ACC partners are already supporting this area; an opportunity to build momentum

		for advocacy		

Tanzania — Lead: United Nations Population Fund

O1	**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 500-day GOT plan for Reproductive, Maternal, Newborn and Child Health)***			
	Next steps	**Responsibility**	**Budget and Technical Assistance (TA)**	**Timeline**
S1	Map provision of services (including method availability) and frequency in eight regions of lake and western zones to provide baseline for monitoring and evaluation	EngenderHealth	N/A	May 16 2014
S2	Identify districts where designated health facilities are not providing family planning (including youth-focused services and as low as ward level) and gaps to be filled	Pathfinder International	UNFPA	End June 2014
	a. Advocacy with health facilities operated by faith-based organizations (FBOs) to provide family planning	Health Promotion Tanzania	UNFPA	TBD
	b. Prioritize outreach services to catchment areas where FBO health facilities do not provide family planning	Marie Stopes Tanzania (MST), Engender Health, PSI, UMATI	N/A	TBD
	c. Identify districts requiring capacity building to provide outreach services	EngenderHealth	TBD	End June 2014
	d. Build capacity of Council Health Management Team (CHMT) in districts in need to plan, budget and provide outreach services	MST, Engender Health, PSI, UMATI	TBD	TBD
	e. Obtain GOT letter/circular to allow community health workers (CHWs) to be trained in providing contraceptive injectables	Ifakara Health Institute	TBD	May 2014

	f. Documentation	AFP	TA	
	g. Conduct an analysis of the cost to the GOT of women not accessing family planning	UNFPA	N/A	Sept 2014
S3	Quantification of contraceptive needs for lake and western zone to increase family planning utilization using reality check tool	EngenderHealth, UNFPA, JSI	Covered	Sept. 2014
	a. Advocate for Medical Stores Department (MSD) to ensure that the MSDs in Mwanza and Tabora are stocked	UNFPA/HDT	UNFPA	TBD
	b. Support MSD logistics for direct delivery	UNFPA	UNFPA	TBD
S4	Review existing work plans and integrate youth-focused services (YFS)	UNFPA/EVIDENCE		End July 2014
	a. Compile and contribute evidence on YFS	EVIDENCE		

Influencer/Messenger*:						
Obj./Step	**Name**	**Reason**	**Core value**	**Knowledge**	**Values**	**Willingness to act**
O1	Regional and District Management Teams	Operational issues are decided at the regional and district level				
	Dr. Mtasiwa, Permanent Secretary, Prime Minister's Office Regional Administration and Local Government (PMORALG)	Dr. Mtasiwa is responsible for health issues in all councils/districts				
	Chief Pharmacist (CP) and Chief Medical Officer (CMO)	CMO and CP oversee Medical Stores Department				
	District Pharmacist (DP), District	DP and DMO are decisionmakers				

	Medical Officers (DMOs)	in ordering medical supplies				

*Details to be populated based on further consultation.

Uganda

Lead: Marie Stopes Uganda

O1	Objective: National scale-up of comprehensive Family Planning method mix through task sharing			
	Next steps	**Organization (person) responsible**	**Budget**	**Timeline**
S1	Review pre-service curriculum for Clinical Officers to enable them to carryout surgical contraception procedures.	Marie Stopes Uganda (MSU)/RHU		Month 1-3
	a. Finalize Curriculum content			TBD
	b. Dialogue with the MoH, MoE and professional councils to get endorsement for COs carryout procedures.			TBD
	c. Clarify legal implications.			Month 1-6
S2	Budget for in-service training	MSU		Month 1-2
	a. Develop costed training plan that includes a national scale up plan			
S3	Village Health Team Strategy to include Community Based Family Planning (CBFP)	FHI360		Month 1-2
	a. Engage Ministry of Health and (MoH) write CBFP section.			

	b. Have a costed CBFP section in the strategy			
	Include drug shops as providers of expanded method mix. (*Products under consideration)*	FHI360		Month 3-6
	a. National dialogue with National Drug Authority and MoH			
	b. Packaging the evidence			

O2	Objective: Expanded prioritization of family planning in district planning and budgeting process			
	Next steps	**Organisation (person) responsible**	**Budget**	**Timeline**
S1	Evaluate the pilot districts	Population Secretariat		Month 1-3
S2	Develop a model for districts to prioritize family planning and Training of Trainers package for the districts	Population Secretariat		Month 4-5
S3	Identify and select the districts	Population Secretariat		Month 1-3
S4	Engage the districts	Partners and MoH		Month 6-12

Influencer/Messenger*:						
Obj./Step	**Name**	**Reason**	**Core value**	**Knowledge**	**Values**	**Willingness to act**
O1,2	Director General of Medical Services, MoH					
	National Curriculum Development Center Ministry of Health					
	National Council of Higher Education					
	Chairpersons of Allied Health Professional Councils					
	Association of Obstetricians and Gynaecologists of Uganda (AOGU)- Dr. Anthony Mbonye					
	Compliance Advisor Ombudsman (CAO)					
	LC V Chair					
	District Council Speaker					

*Details to be populated based on further consultation.

Challenges and opportunities				
Obj./Step	**External challenges**	**External opportunities**	**Internal challenges**	**Internal opportunities**
	• Some opposition to task sharing exists • Bureaucracy • District planning cycles and processes not in tandem with work plans	• MoH support • Best Practices: Malawi and Tanzania have already developed guidelines and curricula for clinical officers that can be borrowed • There is a pending advocacy request for proposals; let's collaborate • GoU commitment to FP2020 • Global momentum e.g. AFP funding, PPFA Global Bloomberg funding	• Maintaining consistent focus by all partners • Limited skills and interest in advocacy of some partners	• Foundations are laid: *Evidence is available, curriculum already developed, goodwill and support, advocacy is ongoing.* • Uganda Family Planning Consortium coordinating mechanism is in place

Appendix II

Resources and tools

In implementing their action plans, advocates have an opportunity to access and make use of resources and tools developed by various organizations. Some of the resources and tools discussed during the ACC meeting are listed in the table below.

Resources and tools	Source	Description/comment
Reality Check	The RESPOND Project, EngenderHealth (managing partner)	A family planning programming and advocacy tool. Applies widely available demographic data to estimate resources needed to achieve a CPR goal. The Windows-based application walks users through 'what if' scenarios. For example: What if past CPR rates continue? What if the current CPR rate is maintained? What if we achieve our CPR goal of XXX by year XXX? What if we meet unmet need? What if we increase CPR by XXX annually? What if we change the method mix? The tool provides a flexible level of analysis: national, regional, county, district etc. A new version of the tool is under development and will be released soon. http://www.respond-project.org/pages/download/survey.php?fn=/6_pubs/tools/Reality-Check-Version-2-files.zip
Ensuring human rights in the provision of contraceptive information and services	WHO	A 26-page publication that provides guidance for policymakers, managers, providers and other stakeholders in the health sector on some of the priority actions needed to ensure that different human rights dimensions are systematically and clearly integrated into the provision of contraceptive information and services. http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/
Beginning with the end in mind	WHO/Expandnet	A guide containing 12 recommendations on how to design pilot projects with scaling up in mind, as well as a checklist that provides scalability of a project that is being planned, proposed or implemented. http://whqlibdoc.who.int/publications/2011/9789241502320_eng.pdf
Nine steps for developing a scaling-up strategy	WHO/Expandnet	A publication that facilitates systematic planning for scaling-up. It is intended for program managers, researchers, and technical support agencies who are seeking to scale-up health service innovations that have been tested in pilot projects or other field test and proven successful. http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf

Resources and tools	Source	Description/comment
Fostering Change for Scaling up Effective Health Services	WHO/IBP	This guide, developed by IBP partners, links effective change practices with proven clinical and programmatic practices to achieve results by: • Describing principles fundamental to effective change. • Increasing awareness of proven approaches to effective change. • Providing "how-to" steps for successful change including scale-up. • Describing key challenges of scaling up and recommending strategies, tools or approaches for meeting those challenges. • Offering cases that show how the steps have been implemented in real-life situations. http://www.who.int/reproductivehealth/publications/health_systems/guide-fostering-change/en/
PMA 2020	PMA2020 (presented by International Centre for Reproductive Health Kenya)	A performance monitoring innovation aimed at tracking the 120 million new contraceptive users to be served under FP2020. PMA2020 conducts household and female survey (measuring demand and use) and service delivery point survey (measuring supply and access). Unlike the Demographic and Health Surveys, it is a continuous exercise that uses open source software. http://www.pma2020.org/
Family planning High-impact Practices	USAID, UNFPA, IPPF and over 20 endorsing organizations	A collection of high impact family planning practices in areas such as: post-abortion family planning, drugs shops and pharmacies, family planning and immunization integration, social marketing, policy, health communication, supply chain management, and mHealth. http://www.fphighimpactpractices.org/sites/fphips/files/hip_list_eng.pdf http://www.fphighimpactpractices.org/sites/fphips/files/hip_chw_brief.pdf http://www.fphighimpactpractices.org/sites/fphips/files/hip_pharmacies_drug_shops_brief.pdf http://www.fphighimpactpractices.org/sites/fphips/files/hip_fp_imz_brief.pdf http://www.fphighimpactpractices.org/sites/fphips/files/hip_pac_brief.pdf
Sayana Press	Pfizer, Inc. (presented by	A single dose presentation of subcutaneous formulation of DMPA (Depo-Provera) available in Uniject™ injection system that

Resources and tools	Source	Description/comment
	PATH)	provides ease of administration. PATH is experimenting on how it can be administered by village teams to increase choice and users.
Exploring contraceptive use differentials in Sub-Saharan Africa through a health workforce lens	CapacityPlus, IntraHealth	Research that sought to determine the relationship between health workers (not community health workers) and CPR. http://www.capacityplus.org/exploring-contraceptive-use-differentials-in-sub-saharan-africa-health-workforce-lens

Appendix III

List of sessions, presenters, moderators, and rapporteurs

Session	Presenter	Moderator	Rapporteur
Contraceptive choice in context—Why does it matter?	Ian Askew, EVIDENCE, Population Council	Sheila Macharia, USAID Kenya	Kenneth Mugumya, Uganda Family Planning Consortium
Where are the gaps in what women want and need?	Roy Jacobstein, EngenderHealth Discussants: Isaac Malonza, Jhpiego and Advance Family Planning, Kenya Halima Shariff, Advance Family Planning Tanzania, Center for Communication Programs Jackson Chekweko, Reproductive Health Uganda and Advance Family Planning	Roy Jacobstein	Christine Lasway, FHI360
How did they do it?	Malawi-Eliya Zulu, African Institute for Development Policy Ethiopia-Mengistu Asnake, Pathfinder Ethiopia	Yilma Melkamu, International Planned Parenthood, Africa Regional Office	Mariam Khan, UNFPA
What does it take? Taking effective interventions to scale	Angela Akol, FHI360 Deepmala Mahla, Marie Stopes Uganda	Sarah Onyango, USAID East Africa	Lulu Ng'wanakilale, UMATI Tanzania
What does it take? The role of political will and donor investment	Bashir Isaak, Futures Group International	Reginald Munisi, United Nations Association, Tanzania	Jill Keesbury, EVIDENCE, Population Council
Country priority presentations	Country group presenters	Pamela Onyango, Planned Parenthood Global Demet Gural, Pathfinder International	Patricia Odero
Marketplace—Resource and tools;	Reality Check-Melanie Yahmer, EngenderHealth	Patricia MacDonald, USAID	

Session	Presenter	Moderator	Rapporteur
	Sayana- Emmanuel Mugisha, Path Uganda Best practice WHO publications- Suzanne Reier, WHO Contraceptive differentials-Meshack Ndolo & Salome Mwangi, Intrahealth PMA 2020-Peter Gichangi, ICRHK/UON	Vicky Boydell, International Planned Parenthood Federation	
Making Decisions		Suzanne Reier, Implementing Best Practices, World Health Organization	Emmanuel Mugisha, Path Uganda
Supporting follow-up		Duff Gillespie, Advance Family Planning, Johns Hopkins Bloomberg School of Public Health	
Day 1 Moderator		Beth Fredrick, Advance Family Planning, Johns Hopkins Bloomberg School of Public Health	
Day 2 Moderator		Angela Mutunga, Advance Family Planning East Africa, Jhpiego	
Day 3 Moderator		Diana Nambatya, Partners in Population and Development, Africa Regional Office	

Appendix IV

Participants list (A-Z by last name)

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