

Advocacy Wins 2009–2020



Bill & Melinda Gates Institute for
Population and Reproductive Health



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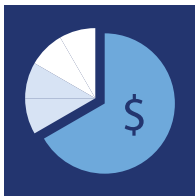
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Advance Family Planning (AFP) is an advocacy initiative that aims to increase the financial investment and political commitment needed to ensure access to quality, voluntary contraceptive information, services, and supplies.

AFP achieves this goal by mobilizing political, religious, and business leaders; funders; civil society members; journalists; service providers; and other stakeholders. Collectively, we identify opportunities for change and act on them.

We focus our advocacy efforts on the discrete policy and funding decisions critical to advancing family planning in a given setting. Once achieved, these incremental changes—termed “**advocacy wins**”—demonstrate progress and accelerate momentum toward long-term goals.

AFP’s advocacy wins are categorized by:



Funding mobilized
\$ refers to US dollars.



Policy Improvement



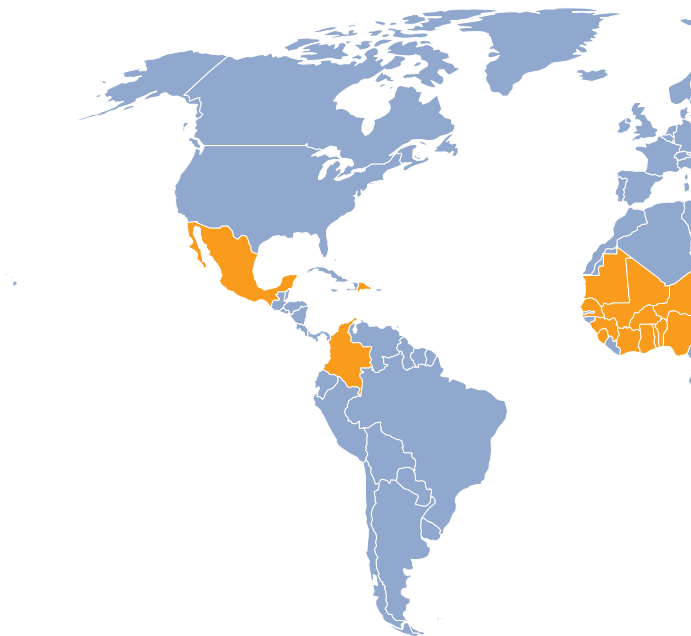
Visibility Gain

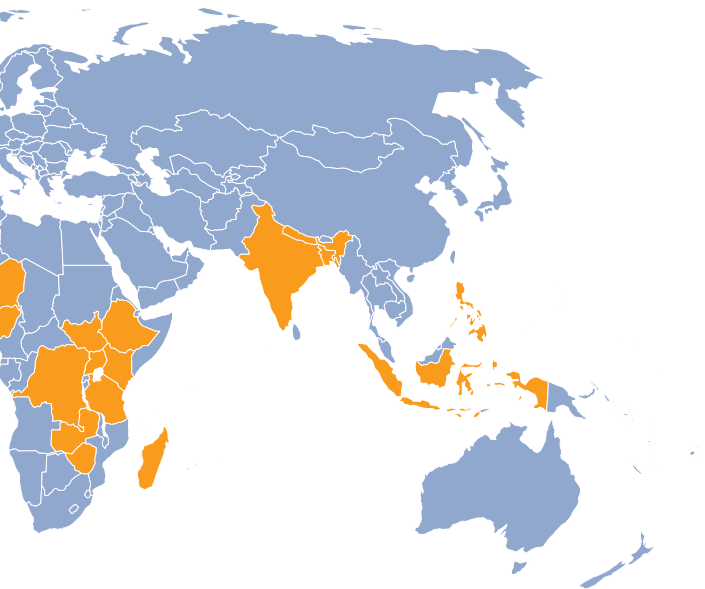
Since 2009, Advance Family Planning has achieved more than **2,200 advocacy wins** that have set policy, generated financial investment, and brought family planning priorities to the forefront. These wins, in 29 countries and over 500 subnational geographies, have mobilized more than **\$111 million US dollars** in funding for family planning since 2012.

We have enabled more than **750 policies** that expand access to quality family planning—including improvements in commodity supply chains, health worker education and training, and the quality of counseling and range of contraceptive choices available, to name just a few. Strategic media advocacy engagement continues to grow the visibility for family planning.

AFP uses the SMART—Specific, Measurable, Attainable, Relevant, and Time-bound—framework and a disciplined, collaborative approach to developing an advocacy strategy. Adapted from established decision-making best practices, it allows advocates to respond quickly, advantageously, and decisively to opportunities for action. The approach transforms the way family planning champions maximize their time and funds to effectively persuade those in power to act.

WHERE WE'VE WORKED





BANGLADESH

PARTNER: Marie Stopes Bangladesh

2020

Union councils in the Bagerhat district adopted a community-based monitoring tool in September to track how effectively funds allocated for family planning are used.



Between August and September, five companies in the Bagerhat and Khulna districts signed a letter committing to provide on-site family planning counseling and services in partnership with their district family planning offices.



202 union councils in the Bagerhat, Barisal, and Pirojpur districts revised their annual development plans and allocated 37.5 million BDT (\$451,483) between July and September to improve the quality of family planning services in their respective family welfare centers.



On July 1, the head of the television channel News 24 issued a formal letter to telecast programs on family planning and reproductive health issues. The first program aired on July 11th and covered family planning during COVID-19, child marriage, and youth issues.



The Directorate General of Family Planning's (DGFP) Maternal and Child Health Unit developed a training plan to build service provider capacity on adolescent sexual and reproductive health and allocated 17.4 million BDT (\$209,006) to train 2,150 providers in June.



In June, the DGFP allocated funds for provider training in the following areas:

- Provide intrauterine devices (IUDs) using a revised curriculum, 2.2 million BDT (\$26,666);
- Conduct tubal ligation and laparoscopy using new techniques, 1.2 million BDT (\$14,907); and
- Train private providers and medical college hospitals to provide services, 1.2 million BDT (\$13,874).



The Ministry of Health and Family Welfare allocated 9.9 million BDT (\$119,830) in June to conduct operational research on subcutaneous DMPA (DMPA-SC).



On February 24, the editor of the daily newspaper Projpur Kantho signed a letter committing to publish articles on family planning issues. They have since published seven articles focused on unmet need for family planning, rural women's access to family planning, and the consequences of COVID-19 on women's health, among other topics.



Bangla TV's program manager committed to telecast four programs on family planning issues on January 21st. After initial delays due to COVID-19, the first program aired on July 30th covering family planning service disruptions and their consequences for women's health and well-being.



On January 18, the editor and advisor of the newspaper Daily Janmobhumi signed a letter committing to publish articles on family planning issues. The newspaper closed briefly during the COVID-19 pandemic but has followed through on publishing two articles since reopening.



The DGFP approved Marie Stopes Bangladesh to monitor and track family planning budget expenditures for all its units in January. This will help ensure social accountability and allow civil society organizations to advocate with the government for increased expenditure of family planning funds.



2019

In September, local administrative officers in three districts issued directives to their 214 union councils to allocate funds for family planning services. The directives sustain funding for family welfare centers to provide family planning services.



In September, union councils in the Barisal and Pirojpur districts adopt a community-based monitoring tool to track the effective use of funds allocated for family planning.



The national family planning program introduces the laparoscopic approach in August to conduct female sterilizations and allocates 3.9 million BDT (\$48,084) to train providers to use a laparoscope.



In August, the national family planning program approved the use of tubal hook and uterine elevator to conduct tubal ligation procedures. The DGFP then allocated 400,000 BDT (\$4,822) for instrument procurement and 1.2 million BDT (\$13,958) to train providers on the new procedure.



On July 9th, five fishing companies in the Bagerhat and Khulna districts signed a letter committing to provide family planning services to their employees. The letter allows the district family planning officers to work with companies to establish family planning corners where employees can receive counseling and services.



The first 120 medical officers participated in a week-long training in June on a revised IUD curriculum, which was approved in April 2018. Representing both public and private providers from across the country, the trainees built skills on needs-based family planning counseling, client screening techniques, IUD insertion and removal, and post-insertion follow-up.



191 union councils in the Bagerhat, Barisal, and Pirojpur districts revised their annual development plans and allocated a total of 33.4 million BDT (\$393,394) in May to improve the quality of family planning services in their family welfare centers.



The Bangladesh Nursing and Midwifery Council includes practical, hands-on family planning skills in their course curriculum in February, creating the opportunity for nurses to provide IUDs, implants, contraceptive injectables, and oral contraceptive pills for the first time.



2018

For the first time in December, two private medical colleges and hospitals offer free family planning services in urban areas after signing a memorandum of understanding with the Bangladesh Directorate General of Family Planning (DGFP) and Marie Stopes Bangladesh.



Bangladesh National Technical Committee approves operational research and pilot of subcutaneous DMPA (DMPA-SC) within its public health system in September.



As of August, 48% (128 out of 268) of vacant family planning positions at union health and family welfare centers in Barisal and Pirojpur districts have been filled by the union councils.



102 union councils in the Barisal (71) and Pirojpur (31) districts of Bangladesh continue to allocate funds for family planning. As of September, a total of 4.7 million BDT (\$56,759) was allocated to improve family planning services at family welfare centers.



In September, 102 union councils in Barisal and Pirojpur revised their revenue budget guidelines to include a clause for annual allocation of funds for family planning.



Between April and August, the Bangladesh DGFP approves a revised intrauterine device (IUD) training curriculum and allocates 2.8 million BDT (\$33,764) for training of 120 trainers across the country.



2017

102 local governments in the Barisal and Pirojpur districts of Bangladesh allocate a total of 11.2 million BDT (\$139,000) as of October to improve family planning services at family welfare centers.



On September 4, the Bangladesh DGFP approves a pilot project to introduce tubal hook and uterine elevator for tubal ligation surgery in four public and private facilities.



The DGFP issues two government orders in September— 1) allowing community-level providers to administer second and subsequent doses of contraceptive injectables and 2) providing community-level providers with direct access to family planning commodities.



In September, the DGFP developed and approved a standardized training module for community-based health workers who provide family planning services. For its implementation, the DGFP allocated 9.4 million BDT (\$113,000) from their sector development plan to support the community-based provision of short-term contraceptive methods over a five-year implementation period (2017–2022).



On February 22nd, the DGFP approved a refresher training for paramedics with an IUD curriculum focusing on infection prevention, client screening, and complication management.



BURKINA FASO

PARTNER: Équilibres et Populations

The country program in Burkina Faso phased out in 2018.

2018

In July, the Ministry of National Education and Literacy trained 51 teachers on how to teach reproductive health and family planning modules to students in primary and secondary schools in six regions in Burkina Faso.



2017

The Ministries of Health and Finance spent the FY 2016 budget of 500 million XOF (\$845,823) by October on the purchase of contraceptives.



Following a convening of 15 mayors on family planning in April, five mayors in Burkina Faso allocated a total of 12.4 million XOF (\$20,606) for family planning. The funds will be a part of supplementary budgets for FY 2017 or FY 2018.



2016

The national budget allocation for the purchase of contraceptives increases to 500 million XOF (\$813,200) from 375 million XOF (\$609,900) on June 21.



On September 20, the mayor of Léo commune prioritizes family planning in his communal development plan.



Prime Minister Thieba recommends integrating sexual and reproductive health modules into curricula for students aged 10-24 in a policy statement to parliamentarians on February 5. A majority of the country's 125 parliamentarians voted to prioritize it on the Prime Minister's policy agenda.



2015

The Commune of Bobo Dioulasso adopts first-ever budget allocation of one million XOF (\$2,000) for family planning services on March 10 to be included in its Municipal Development Plan 2014–2015.



2014

The Minister of Health signs a memorandum of understanding with Équilibres & Population on November 8 authorizing a task sharing pilot project for family planning services.



16 mayors sign a written commitment on October 29 to include family planning in their communal development plans.



On October 22, Mayor of Kindi commune allocates 250,000 XOF (\$500) for family planning in his communal development plan (CDP) and calls on all Association of Municipalities of Burkina Faso mayors to include family planning in their CDPs.



DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

PARTNER: Tulane International

2020

In December, the DRC government allocated \$4.4 million for FY 2021 to purchase contraceptives.



Between September 2019 and October 2020, the Radio Communautaire Libre (Free Community Radio) station in Lualaba province broadcast stories about the importance of contraceptive use on five health-focused shows and produced two weekly shows exclusively on family planning at their own cost.



In August, a talk show on continuing family planning activities in the context of COVID-19 aired thanks to advocacy efforts led by the National Permanent Multisectoral Technical Committee (CTMP) and the Network of Journalists for the Promotion of Reproductive and Sexual Health. The show aired on the National Congolese Television and Radio Network and the television channel CMB DIGI.



2019

The National Congolese Television and Radio Network broadcast a television talk show in December covering the government's renewed commitments in favor of family planning. The talk show also aired on five other television channels: B One, RTGA, Numérica, RTVS 1, and Kin24.



In December, the DRC government renewed its commitment in favor of family planning at the 4th National Family Planning Conference.



The DRC government allocated \$7.1 million for the purchase of contraceptives for FY 2020 in December, a 19% increase over its prior year allocation of \$6 million.



The Directorate of Health Science Education updated the nursing school curriculum in March –integrating training on DMPA-SC self-injection, the administration of emergency contraception, and Implanon NXT removal by 4th-year students.



2018

In December, the President signed the public health bill into law, including two provisions specifically on family planning.



In November, the Senate voted on and passed all provisions of the public health law, including two provisions specifically on family planning.



The Ministry of Health finalizes its essential medicines list to include DMPA-SC in October, enabling the government to procure it.



In October, the National Assembly voted on and passed all provisions of the public health law, including two provisions specifically on family planning.



In February, with help from the National Permanent Technical Multisectoral Committee (CTMP) for Family Planning, the South Kivu CTMP secures 50,000 Jadelle® implants from the Government of Burundi to avoid a stock out in the province and enable health zones to redistribute commodities.



Between November 2017 and January 2018, three provinces (Haut Katanga, Lomami, and Tshopo) budget \$93,705, \$7,772, and \$9,375 respectively, for the purchase of contraceptives for the first time.



2017

In September, the Ministry of Health approved medical and nursing students to administer DMPA-SC and insert the Implanon NXT implant based on results from a successful pilot study. Sixteen nursing schools in Kinshasa and six in Kongo Central now have a standardized training program for incoming students.



In 2017, three provinces in the DRC (Lualaba, Nord Kivu, and Sud Kivu) budgeted for the purchase of contraceptives for the first time.



Orange Corporation develops and finances a mobile application based on the cycle bead method. As of August it had around 500,000 subscribers, of which nearly 70,000 are regular users.



On July 1, the DRC government announces an allocation of \$2.5 million for the purchase of contraceptives in FY 2017. The allocation ensures the implementation of the National Strategic Plan for Family Planning (2014–2020).



2016

In December, the DRC government makes \$1 million available to UNFPA for the purchase of contraceptives. The release of funds follows through on a commitment made at the 3rd National Conference on the Repositioning of Family Planning in December 2014.



DRC establishes six Provincial CTMPs for Family Planning in the provinces of Kongo-Central (March 2), Kasaï-Central (April 26), Bas Uele (August 25), Bas Tshopo (August 31), Lualaba (September 16), and Sankuru (October 20). A total of ten committees have been formed over two years.



For the first time, the DRC National Assembly votes unanimously in favor of a budget request for the “purchase of contraceptives” to be included in the Ministry of Health’s annual budget. The national commitment is approved during the September – December 2015 parliamentary session, resulting in an allocation of \$3.5 million.



2015

Contraceptive products purchased with government funds (\$300,000) are officially distributed to beneficiaries (health zones and partners) by the Ministry of Health on July 7.



Following the lead of the National CTMP, provinces in the DRC establish CTMPs. North Kivu province’s working group launches first on June 12. South Kivu’s launches on June 18. Katanga’s launches on June 29.



The Ministry of Health authorizes a six-month pilot in March to assess the feasibility of using medical and nursing students in the community-based distribution of DMPA-SC and other methods.



The Prime Minister signs a decree on March 6 officially recognizing the National CTMP, which has been a strong family planning driver.



2014

A proposed Reproductive Health Law favorable to family planning is put on the docket of the National Assembly plenary session for consideration as a replacement for the antiquated law in place.



2013

The government makes a Family Planning 2020 commitment at the International Conference on Family Planning, Addis Ababa, November 15 pledging \$1 million for the purchase of contraceptives for the first time.



PARTNERS: Foundation for Reproductive Health Services India, Jhpiego, Pathfinder International, and Population Foundation of India

The country program in India phased out in 2019.

2019

The National Health Mission in Jharkhand expanded the family planning program to increase newly married couples' access to and use of family planning services to the Chatra and Garwah districts, leading to a 281% increase (from 2,229 in February to 8,502 in September) in uptake.



96 health subcenters in the Baran, Barmer, Bhilwara, Pali, Sawai Madhopur, and Sirohi districts in Rajasthan integrated family planning services into maternal, child, and newborn health sessions in September.



On August 12th community health centers and a district women's hospital in the Mau and Pratapgarh districts of Uttar Pradesh began weekly fixed day services for female sterilization. Nine centers were providing services for the first time. In addition, the Pratapgarh district government invested 750,000 INR (\$10,610) to strengthen their facilities. Between August and September, more than 400 clients benefitted from these services.



Between August and September, 119 primary health centers in the Lucknow and Unnao districts of Uttar Pradesh started providing injectable DMPA services for the first time. The district governments trained 220 medical providers to provide services and 1,000 accredited social health activists to conduct outreach. Since August, more than 2,900 clients have received services.



Newly married couples' access to and use of family planning services increased by 1,544% (from 361 clients in February to 5,935 clients in August) in the Bahraich and Basti districts of Uttar Pradesh following the expansion of the National Health Mission's program. District governments allocated 135,440 INR (\$1,916) to support implementation.



The Pune district in Maharashtra scaled up the community outreach approach for female sterilization at 40 fixed day sites in August.



In August, seven districts in Jharkhand (Bokaro, Chatra, East Singhbhum, Garhwa, Hazaribagh, Palamu, and Ranchi) introduce a client feedback mechanism for family planning methods to improve the quality of care and services.



The Banswara district in Rajasthan established 60 family planning counseling corners in June – 18 in community health centers and 42 at primary health centers – to improve informed choice.



The government of Rajasthan issues an order and guidelines to establish family planning counseling corners at all public health facilities in the state in June. In six AFP districts, this order led to the creation of 681 new counseling corners.



In June, the Baran district of Rajasthan saw an increase in non-scalpel vasectomy clients from 28 clients in FY 2015–16 to 321 clients in FY 2018–19, leading the way for male involvement in family planning in the state.



The Baran, Barmer, Bhilwara, Pali, Sawai Madhopur, and Sirohi districts of Rajasthan initiated IUD services in 43 health subcenters in June.



The Bokaro district and Jamshedpur city in Jharkhand initiated family planning counseling on urban health and nutrition days at eight urban primary health centers in May.



In May, the Gonda division of Uttar Pradesh issued a letter to scale up the balanced counseling strategy in all urban health facilities in the Balrampur and Shravasti districts.



The Agra district of Uttar Pradesh initiated youth-friendly family planning services on fixed days in December 2018. The district health office then trained eight counselors to provide adolescent and youth-friendly services. As a result, between December 2018 and May 2019, more than 4,000 young people received counseling on family planning.



278 facilities in the Araria, Jehanabad, Kishanganj, and Siwan districts of Bihar expanded access to intramuscular DMPA at subhealth centers and additional primary health centers in May.



In May, eight health care facilities in the urban areas of Pune district in Maharashtra initiated postpartum IUD services through task sharing with staff nurses. The district health office allocated 13,440 INR (\$190) for the nurses' training.



Five districts in Rajasthan saw a steady increase in the district's family planning program expenditure in May, from \$1.21 million in FY 2017–18 to \$1.63 million in FY 2018–19.



Fourteen comprehensive abortion care sites in the Bahraich, Basti, Gonda, and Sant Kabir Nagar districts of Uttar Pradesh initiated post abortion family planning services in May.



The Barpeta, Darrang, Dhubri, and Morigaon districts of Assam initiated a client follow up mechanism for postpartum IUD, intramuscular DMPA, and sterilization services in 37 public health facilities in May. The districts mobilized 1.6 million INR (\$23,285) to support this effort.



IUD acceptance rates rose among postpartum women following a series of improvements to the quality of family planning services provided in four districts in Assam state. Postpartum IUD insertions in 25 facilities increased to 7.8% of all deliveries (March 2018 to April 2019), compared to just 1.4% of deliveries before the improvements (August 2017 to February 2018).



The government of Rajasthan developed an online portal for the accreditation and reimbursement of private providers delivering family planning services for the first time in April. UNFPA allocated 100,000 INR (\$1,415) to support the portal's development.



The Bokaro, Chatra, Garwah, Hazaribagh, Palamu, and Ranchi districts in Jharkhand state established 11 block level quality improvement circles in April to decentralize decisions on improving quality of care in family planning services.



In April, the districts of Bahraich, Basti, Gonda, and Sant Kabir Nagar in Uttar Pradesh initiated a client exit survey and feedback mechanism for IUD, intramuscular DMPA, and sterilization services in four public health facilities.



50 public health facilities across the Barpeta, Darrang, Dhubri, and Morigaon districts of Assam and the Bahraich, Basti, Gonda, and Sant Kabir Nagar districts of Uttar Pradesh initiated interval IUD services in April. Additionally, the districts in Assam allocated a total of 216,000 INR (\$3,056) to initiate services.



Assam and Uttar Pradesh initiated in-home family planning communication services in eight districts using accredited social health activists. Assam's National Health Mission (NHM) allocated 1.7 million INR (\$24,120) for their orientation.



Eleven primary health centers in the Ahmednagar and Pune districts of Maharashtra integrated family planning services (IUD and intramuscular DMPA) with immunization counseling and antenatal care days in April.



Thirteen facilities in the Ahmednagar and Pune districts of Maharashtra integrated family planning counseling into existing integrated HIV counseling, screening, and testing centers for the first time in March 2019.



Twenty-six public health facilities in the Ahmednagar district of Maharashtra saw a 26% increase in the number of clients receiving postpartum IUD services between April 2018 and March 2019 compared to the same period the prior year. This increase in uptake follows renewed government efforts to enhance provider training on family planning counseling and postpartum IUD service delivery across the district.



Uttar Pradesh state began offering pre-registration for female sterilization services provided in the public health system in March, aligning with their commitment to increase the quality of family planning services. Uttar Pradesh's NHM allocated 455,660 INR (\$6,446) for printing of pre-registration registers and slips.



Six districts (Araria, Gopalganj, Jehanabad, Kishanganj, Sheohar, and Siwan) in Bihar invested a combined 1.4 million INR (US \$20,441) and established 44 family planning counseling corners in March.



The NHM in Bihar approved a budget increase of 242.7 million INR (\$3.4 million) in February, for delivering family planning messages and referral services through the state-wide network of self-help groups.



852 health facilities in the Baran, Barmer, and Pali districts of Rajasthan provided injectable contraceptive services for the first time in January.



2018

Following a government directive revising reimbursement protocols for clinical outreach teams, 16 additional private providers in Rajasthan (13) and Bihar (3) began providing sterilization services in public health facilities. These providers covered 16 districts, outreach to 140 public sector facilities, and provided services to 16,100 clients by December.



The government of Rajasthan issued a letter in December to the district program managers in 14 high priority districts to take the lead on facilitating district level project implementation body meetings using AFP's SMART approach.



In November, four districts (Bahraich, Basti, Gonda, and Sant Kabir Nagar) in Uttar Pradesh state establish 33 block level quality improvement circles to decentralize decisions on improving quality of care in family planning services.



Nine districts in Uttar Pradesh (Barabanki, Deoria, Firozabad, Jaunpur, Jhansi, Lucknow, Pratapgarh, Sultanpur, and Unnao) initiate fixed day IUD services in 149 facilities. In October, the state technical partner for IUD training instructed 253 service providers (medical officers, auxiliary nurse midwives, and staff nurses) on IUD insertion.



To support the initiation of Fixed Day Services (FDS), nine districts in Uttar Pradesh (Barabanki, Deoria, Firozabad, Jaunpur, Jhansi, Lucknow, Pratapgarh, Sultanpur, and Unnao) invested a total of 251,000 INR (\$3,741) to strengthen health facilities, procure IUD kits, and orient staff on information, education, and communications materials.



In October, seven districts in Uttar Pradesh (Barabanki, Firozabad, Lucknow, Pratapgarh, Sultanpur, Unnao) establish dedicated family planning counseling services in 42 facilities following a 105,000 INR (\$1,563) investment by the facility in-charges. They used the funds to train 85 service providers (staff nurses; auxiliary nurse midwives; and reproductive, maternal, newborn, child, and adolescent (RMNCAH) sexual and reproductive health counselors) on family planning counseling.



By September, seven comprehensive abortion care facilities in four districts (Basti, Bahraich, Gonda, and Sant Kabir Nagar) of Uttar Pradesh initiate documentation and recording of abortion and post abortion family planning services (PAFP) in the health management information system. Overall, PAFP acceptance at these facilities reached 53% from July to September 2018.



The State Innovations in Family Planning Services Agency governing board approves 14.8 million INR (\$225,000) to establish youth-friendly centers in 40 colleges across 18 districts in Uttar Pradesh to provide sexual and reproductive health counseling and referral services in September.



For the first time, between January and September, seven comprehensive abortion care facilities in Basti, Bahraich, Gonda, and Sant Kabir Nagar districts of Uttar Pradesh operationalized PAFP services.



Six districts (Baran, Barmer, Bhilwara, Pali, Sirohi, and Sawai Madhopur) in Rajasthan initiate FDS for female sterilization at 11 community health centers in August.



Between March and August, six additional private service providers initiate family planning services in public facilities through the clinical outreach team approach in Rajasthan, expanding availability of and access to family planning services in hard-to-reach areas of Rajasthan.



Twenty-four additional sub-health centers across six districts (Baran, Barmer, Bhilwara, Pali, Sawai Madhopur, and Sirohi) in Rajasthan state initiate IUD services between March and August.



Between January and August, district health officers establish 22 family planning counseling corners at block level health facilities across six districts (Baran, Barmer, Bhilwara, Pali, Sirohi, and Sawai Madhopur) in Rajasthan state.



In July, two existing urban primary health centers in the Jehanabad district of Bihar operationalize family planning counseling and services, offering a range of methods (injectables, condoms, oral contraceptive pills, emergency contraceptive pills, and IUDs).



In July, Barpeta, Darrang, Dhubri, and Morigaon districts in the state of Assam establish a comprehensive mechanism to provide family planning counseling and services for eligible couples in 29 high delivery load public health facilities.



Four districts (Barpeta, Darrang, Dhubri, and Morigaon) in the state of Assam improve facility readiness and ensure trained providers and commodities are available in July to increase the availability of postpartum IUD services in 25 public health facilities.



In July, the Government of India approves 23.5 million INR (\$350,105) for procurement of family planning equipment in Jharkhand state; this represents both a continued and increased allocation for the last three years since the first win in July 2016.



On July 5th, the Government of Uttar Pradesh approves a policy to provide direct reimbursement of family planning costs to clients and motivators via bank transfer. By relieving private providers of being the fiscal intermediary for government reimbursements, the policy frees up funds for the expansion of access to family planning services in the state.



Between November 2017 and July 2018, four community health centers (two in Bokaro and two in Ranchi district in Jharkhand state) introduce a “pre-registration” approach for female sterilization services to eliminate the camp approach. Of the 1,357 clients who received sterilization services between November 2017 and September 2018, 67% (913) were pre-registered.



For the first time in India, on July 11th, the Government of Rajasthan launches a web-based software (AntaraRaj) in partnership with IPE Global for follow up of injectable contraception users. IPE Global allocated a budget of 793,000 INR (\$12,200) to support software development.



In June following revised policy and funding guidelines from the Government of India, four national health missions in several states increased their FY 2018–19 allocations for clinical outreach teams.

- Rajasthan increased by 10.3 million INR (\$153,183)
- Uttar Pradesh increased by 40.1 million INR (\$597,354)
- Jharkhand increased by 2 million INR (\$29,775)
- Bihar increased by 53 million INR (\$789,028)



In June, the Government of India earmarked 27.5 million INR (\$410,093) to expand its “Ensuring Spacing at Birth” scheme across all 34 districts in Maharashtra. Advocates initially sought to extend the effort into one district but incited a larger advocacy movement for state-wide expansion. This allocation for Maharashtra state is a 733% increase from the previous year’s budget of 370,000 INR (\$5,642).



Between November 2017 and June 2018, the government of Maharashtra supports 15 public health facilities in two districts of Pune and Ahmednagar to improve their PAFP services. Overall PAFP acceptance in two districts increased to 32% during April-June 2018, compared to 25% in April-June 2017.



In June, the National Health Mission (NHM) of Assam approves a budget of 604,200 INR (\$8,995) in the FY 2018–19 State Program Implementation Plan for family planning counseling, IUD, and accredited social health activist orientation in the state, as well as 19,668,000 INR (\$293,101) for the printing of family planning manuals, registers, and formats and procurement of 3,000 postpartum IUD kits.



The Baran district government revives focus on improving outreach and access to non-scalpel vasectomy, leading to more than a 760% increase in uptake (from 23 cases in 2016–2017 to 198 cases in 2017–2018) when compared to the other 14 Mission Parivar Vikas Districts in Rajasthan.



In March, the Government of Rajasthan adds injectable DMPA to the Non-Essential Drug List, allowing the state government to procure injectable DMPA directly in the event of a commodity stock-out at the national level.



Ashok Alco-Chem, a chemical manufacturing company, includes family planning counseling and services as a part of their corporate social responsibility program and organizes health camps for the first time in February.



In January, the Daya Foundation allocates 70,005 INR (\$1,042) to train 99 team members (72 health executives and 27 district coordinators) from Uttar Pradesh on family planning counseling and services.



Between December 2017 and January 2018, 13 private health facilities and clinics in the Sultanpur district of Uttar Pradesh provide free family planning counseling and services on one day every month.



2017

In December, the NHM recognized the clinical outreach team approach as a distinct service delivery model in its Public-Private Partnership policy. In recognition of the crucial role clinical outreach teams play, the NHM increased their reimbursement rate by an additional 1,000 INR (\$15.40) per sterilization procedure.



After a year-long gap without replenished family planning supplies, Uttar Pradesh state Director of Family Welfare and Health enabled the supply of commodities in the Mau district. In December, Mau and two additional districts from the Azamgarh Division were supplied with approximately 1.5 million condoms, 140,000 packets of oral contraceptive pills, 48,900 pregnancy testing kits, and 14,500 falope rings used for sterilization.



The Jaunpur district of Uttar Pradesh expands FDS for minilaparotomy for female sterilization to all six facilities at Tehsil Headquarters including Shahganj, Badlapur, Jaunpur, Kerakat, Machhlisahr, and Mariahu in October.



629 sahhiyas are trained as ‘family planning communicators’ in October as a part of a pilot initiative approved by the Community Mobilization Cell and the Family Planning Cell of the Government of Jharkhand in March.



State health officials acquire contraceptive counseling wheels and family planning tracking materials for all service providers in public health facilities located within India’s Maharashtra state in October.



Between May and October, the Jhansi district of Uttar Pradesh strengthens 11 facilities to provide quality female sterilization services – eight of which began providing the services for the first time.



In September, all 24 districts in the State of Jharkhand establish an accreditation process for FDS for family planning.



The Government of Jharkhand’s NHM approves a budget of 2.2 million INR (\$33,230) to establish family planning counseling corners in 72 high-load facilities across all 24 districts in September.



In September, the Government of Jharkhand’s NHM approves a budget of 604,000 INR (\$9,230) for quarterly family planning review meetings in the state’s 15 non-Mission Parivar Vikas districts and 458,000 INR (\$7,000) for the establishment of minilaparotomy and non-scalpel vasectomy training sites in the 2017–2018 State Program Implementation Policy.



The Jhansi district of Uttar Pradesh operationalizes IUD services in all five Urban Primary Health Centers (Basti, Imlipura, Nagra, Mayi, and Sipri) by mobilizing 20,000 INR (\$323) for the orientation of health workers and purchase of equipment in September.



The Lucknow district of Uttar Pradesh operationalizes a monthly family planning day in 18 model health sub-centers across the district in September to provide counselling services, IUD insertions, and FDS for sterilization at the block level, bringing services closer to clients.



Uttar Pradesh's Jhansi district working group resolved client verification and reimbursement issues for private family planning clinics through the accreditation of six private centers, resulting in a combined reimbursement of 355,000 INR (\$5,720) for their services in September.



Six districts (Barabanki, Jhansi, Kishanganj, Pratnagarh, Siwan, and Unnao) in the states of Uttar Pradesh and Bihar began providing FDS for non-scalpel vasectomy by initiating service provision in 15 facilities (3 in Bihar, 12 in Uttar Pradesh) between November 2016 and September 2017.



Between August and September, two blocks in the Pali district of Rajasthan establish two dedicated family planning counseling corners at the sub-district hospital Sojat and the Raipur community health center.



The NHM approves a total increased budget of 45.1 million INR (\$688,000) for developing and procuring information, education, and communication materials and postpartum IUD insertion forceps in Maharashtra state's budget for FY 2017-18.



Fifty health sub-centers in the district of Sitapur, Uttar Pradesh operationalize FDS for IUD insertions in partnership with private provider Foundation for Reproductive Health Services India in August.



Four districts (Araria, Kishanganj, Siwan, and Unnao) in the states of Uttar Pradesh and Bihar began providing FDS for IUDs by investing 642,000 INR (\$9,519) in 68 facilities (29 in Uttar Pradesh and 39 in Bihar) between November 2016 and August 2017.



3,524 front line health workers were trained in the districts of Araria, Jehanabad, Kishanganj, Sheohar and Siwan in Bihar through an investment of \$2,740 which was raised from various sources by the districts between November 2016 and August 2017. The Deoria and Mau districts in Uttar Pradesh invested \$4,355 to build capacity of approximately 8,933 front line workers and 516 auxiliary nurse midwives between April and August 2017.



Between July and August, the Bhilwara district of Rajasthan established two dedicated family planning counseling corners in the district hospital at Bhilwara and the Suhana community health center.



Twenty-five health sub-centers in the Sitapur district of Uttar Pradesh that initiated FDS for IUD services are beginning to see results. Uptake of IUDs increased 30-fold, from 20 insertions between July 2016 and June 2017 to 685 insertions between July 2017 and June 2018. Of the 25 facilities, 10 facilities previously provided IUD services on an irregular basis, while 15 began providing IUD services for the first time.



Agra district Department of Information & Broadcasting committed to air key information developed by the Department of Health and Family Welfare on the availability of family planning services for men. After running informative messaging from August to October on five local television channels and in five leading newspapers, they extended the contract for an additional five months.



On July 22, the President of the Industrial Association in Firozabad, Uttar Pradesh approved a policy for male industrial workers to receive three days of paid leave if they elect to receive non-scalpel vasectomy services, as a result of advocacy by the Firozabad district working group.



The Sheohar district of Bihar expands FDS for female sterilization by investing 100,000 INR (\$1,613) in the Jahangipur Additional Primary Health Centre to make services operational in July.



On July 11, the Spark Minda Foundation joins 15 other private sector partners in making a Family Planning 2020 commitment at the 2017 London Summit. Spark Minda, a leading manufacturer of automobile components in India, allocates 1.1 million INR (\$17,190) per year until 2020 to sensitize 3,000 women and men in the rural areas of Maharashtra, Tamil Nadu, Uttarakhand, and Uttar Pradesh states about family planning, reproductive health, and menstrual hygiene by 2020.



Between June and July, the Araria and Kishanganj districts in Bihar operationalize FDS for female sterilization through a public-private partnership in 19 facilities across the districts to improve quality and provision of services throughout the year.



The districts of Baran, Bhilwara, Sawai Madhopur, Sirohi and Pali in Rajasthan state established 28 family planning counseling corners between July and October. These dedicated spaces, in addition to the two previously established, will improve patient counseling on modern contraception methods as well as the quality of contraceptive service provision in the respective facilities.



On June 5, Jindal Stainless Ltd., one of the largest stainless steel conglomerates in India adds a family planning intervention to their corporate social responsibility program. Jindal Stainless Foundation invested 819,000 INR (\$12,800) for a project aiming to reach 1,000 beneficiaries with better family planning information and counseling services in Haryana state.



In June, the State Family Planning Cell and the Community Mobilization Cells for the Government of Jharkhand agreed to strengthen community linkages for the sterilization of clients on fixed days in four FDS sites in two districts of Jharkhand.



The Government of Rajasthan allocates 1.1 million INR (\$17,105) for service provider training on contraceptive injectables for the Bhilwara district in their 2017–2018 Program Implementation Plan in June.



The Transport Corporation of India (TCI), a leading government-owned logistics company, included family planning in its corporate social responsibility policy for the first time in May. TCI core team members will train their clinic staff and guide them in integrating and implementing family planning counseling at the community-level across several states.



As of May 27, three more drugs are included on the essential drugs list for Rajasthan state, ensuring that they will be available at the primary health center level. These drugs are vital for treating the side effects of contraceptive injectables.



On May 27, Rajasthan becomes the second state in India to provide intramuscular DMPA free of cost across all levels of 132 public health facilities.



In April, Mylan Pharmaceuticals, an international leading specialty and generics pharmaceutical company, supplies 19,008 units (out of a committed 25,000 units worth \$68,061) of intramuscular DMPA to the NHM in Rajasthan, so the state can provide injectables across public health facilities.



Sawai Madhopur and Sirohi districts in Rajasthan state establish private, dedicated counseling corners in local public health facilities in April.



After three community health centers in Agra district, Uttar Pradesh begin providing postpartum IUD services, each of the facilities recorded a significant service uptake – 21% in Barauli Aheer, 15% in Bichpuri, and 10% in Kheragarh. Between December 2015 to March 2017, a total of 5,939 women delivered at these facilities and, of those women, 895 (15%) chose an IUD as their postpartum family planning method.



Three community health centers in the Jhansi district of Uttar Pradesh initiated FDS—ensuring that quality female sterilization services are available on a designated day every week, all year long. An analysis of total sterilizations across the three facilities in Babina, Gurusarai, and Mauranipur from July 2016 to March 2017 indicates a 29% increase in total number of sterilizations compared to the same period in the previous year.



For the first time in Jharkhand state between January and March, the Ranchi and Bokaro districts establish family planning counseling corners at 13 community health centers. The counseling corners are dedicated spaces for a skilled provider to provide quality family planning counseling to clients.



In February, Spark Minda, one of India's leading manufacturers of automobile components, incorporates family planning into its corporate social responsibility program for the first time. As part of an agreement to improve awareness and generate demand for family planning, Spark Minda allocates 402,500 INR (\$6,015) for conducting sensitization workshops on family planning and reproductive health.



The Agra District of Uttar Pradesh operationalizes FDS for female sterilization via mini-laparotomy and laparoscopy in the Kheragarh and Kiraoli community health centers in February leading to an 86% uptake of female sterilization services on fixed days between February and August.



The Lucknow district of Uttar Pradesh utilizes 94,000 INR (\$1,513) for the creation of 16 model sub-centers for family planning service provision in January.



The Jharkhand State Family Planning cell issued a directive on December 13, to train auxiliary nurse midwives and staff nurses across all 24 districts in Jharkhand, resulting in 66 additional family planning counselors being trained to provide quality family planning counseling services between December 2016 and January 2017.



2016

In September, Ambuja Cement Limited, a leading cement producing company in India, incorporates family planning for the first time into its corporate social responsibility program—the Ambuja Cement Foundation. Ambuja Cement signed a contract of 39,000 INR (\$586) to deliver family planning techniques and training to 23 foundation staff, who have a reach of 11,500 people.



Jharkhand government releases 5.5 million INR (\$83,848) to procure family planning equipment for all health facilities across 24 districts in September.



52 urban primary health centers in Lucknow district begin IUD services. 56 out of 78 staff nurses are trained in IUD insertion between December 2015 and March 2016. 2,836 women receive IUD services between January and June 2016.



States establish family planning advocacy working groups to enhance the quality of local family planning program and services. Jharkhand establishes one state and two district working groups in April. In Bihar state, six districts with the most urgent need (Araria, Gopalganj, Jehanabad, Kishanganj, Sheohar, and Siwan) form working groups by April. Six districts in Uttar Pradesh (Firozabad, Mainpuri, Mau, Pratapgarh, Sultanpur, and Unnao) also establish working groups.



2015

Uttar Pradesh's NHM adds 1,500 new male health cadres to the family planning workforce as counselors for non-scalpel vasectomy on September 3.



Beginning August 7, Jehanabad District offers weekly quality sterilization services by implementing Fixed Day Static Services at health centers and hospitals—a shift from the camp approach.



State Innovations in Family Planning Services Agency approves establishment of district working groups in three districts of Uttar Pradesh: Agra, Jhansi, and Lucknow. Of the three districts, Agra was the first to establish its working group on June 11.



2014

Population Foundation of India signs a memorandum of understanding in February with the State Innovations in Family Planning Services Agency to review and revise the Uttar Pradesh state population policy.



On October 25, Uttar Pradesh government approves and funds new quarterly family planning program review meetings at the divisional and state level for FY2014–15.



INDONESIA

PARTNERS: Johns Hopkins Center for Communication Programs,
Yayasan Cipta Cara Padu

The country program in Indonesia phased out in 2020.

2020

In June, the Kuningan District Government increased the 2020 family planning budget by 4.4%, from 2 billion IDR (\$145,620) in 2019 to 2.1 billion IDR (\$146,916).



The Ambon and Kuningan districts allocated a total of 1.7 million IDR (\$11,587) to support district working group operations in June.



In June, two villages in Kuningan district allocated 2.7 million IDR (\$18,289) in their family planning budgets.



The Indonesian National Population and Family Planning Board (BKKBN) committed to scale up advocacy in their Strategic Plan 2020–2024 in May, showcasing their commitment to continue to scale up advocacy over the next five years.



In February, the Kuningan District Head issued Decree No. 470/KPTS.89-DPPKB/2019 to continue and sustain the district advocacy working group.



2019

The Karawang District Head issued Decree No. 800/Kep 961-Huk/2018 in December to continue the AFP-Forum for Women and Population, solidifying the sustainability of the Karawang district advocacy working group.



In December, the government of Indonesia issued regulations and guidelines to guide district and municipal authorities to develop family planning activities.



The Ambon and Karawang districts increased their family planning budgets in 2019 compared to the prior year.

- Ambon by 42.3% to 7.5 billion IDR (\$533,331)
- Karawang by 73.6% to 9.3 billion IDR (\$664,613)



In February, the Kunigan Revision District Head issued a decree outlining new members for the district working group.



2018

In December, the Revision District Head for Karawang district issues a decree outlining new members for the district working group increasing the sustainability of the working group model.



Four districts (Ambon City, Bengkulu, Karawang, and Tual City) increased their 2018 family planning district budgets compared to 2017:

- Ambon City by 23.5% to 5.3 billion IDR (\$374,930)
- Bengkulu by 265.9% to 1.6 billion IDR (\$110,407)
- Karawang by 35.0% to 5.4 billion IDR (\$383,128)
- Tual City by 19.9% to 775 million IDR (\$55,146)



In November, the governments of Ambon, Kapuas Hulu, Karawang, Kuningan, and Tual districts committed to sustain their advocacy activities when the Advance Family Planning initiative completes its mentoring and assistance in October 2018. The five districts allocated a total of 457 million IDR (\$34,000) to fund local advocacy efforts for the calendar year.



Four key health organizations in Indonesia issued a joint letter resolving a major training and certification barrier for midwives' provision of IUDs and implants in November. The agreement stipulates that trained midwives who provided three implant insertions and three IUD insertions in the last year (verified by their local-level National Clinical Training Network) will be awarded a certificate of competence.



Two villages in Ambon City allocate 63.7 million IDR (\$4,785) in August, and in October one village in Tual City allocates 9.8 million IDR (\$736) to support family planning village team activities.



Tual City adds seven new family planning field officers in September.



In September, Karawang District's National Family Planning Coordinating Board (BKKBN) allocates 80 million IDR (\$6,001) to its FY 2018 budget to support the district family planning advocacy working group, the Forum for Women and Population.



Aisyiyah, an Islamic women's organization, incorporates AFP SMART into its family planning advocacy national guideline in August.



Four doctors and 44 midwives receive implant and IUD insertion training in Tual City and Ambon City during November 2016, January 2017, and July 2017. Tual City allocates 126.2 million IDR (\$11,472) for the training.



The District Head in Kapuas Hulu approves the one-day service program for long-acting and permanent methods.



Fifteen family planning clinic staff in Southeast Maluku (including Tual City) receive recording and reporting training from the BKKBN Provincial Office of Maluku in July.



The Technical Guideline on Village Budget Utilization for Family Planning is approved by BKKBN in June.



In June, West Kalimantan's provincial government allocates 470 million IDR (\$35,300) of its own funds to scale up 14 family planning advocacy district working groups in 2018–12 of which are newly formed.



In May, 17 villages in Bengkayang, 32 villages in Kuningan, and 6 villages in Kapuas Hulu adopt and scale up village advocacy and integrate it with the national Kampung KB Program.



On March 13, the Head of Karawang's District Health Office issued a letter instructing all 13 hospitals and 50 health centers in the district to provide postpartum family planning counseling and services focusing on young eligible couples and long-acting and permanent methods.



In March, the Ministry of Health issues the Minister of Health Decree No. 4/2017 regarding the Standard of Health Services. This decree guides the implementation of tubectomy coverage in health insurance.



2016

Four out of seven AFP districts increase their 2017 family planning district budget allocations. Karawang increased by 22.3%, Kuningan increased by 51.4%, Kapuas Hulu increased by 19.5%, and Tual City increased by 17.4%, compared to 2016 district family planning budget allocations.



In November, District BKKBN of Tual City receives an additional 175.7 million IDR (\$133,165) through district budget revisions for implant and IUD insertion training, recording and reporting training for family planning clinic staff, and regular district working group meetings.



Kuningan District BKKBN allocates 182.2 million IDR (\$13,687) in November in the FY 2017 budget to support the district family planning advocacy working group.



In November, provincial governments of West Kalimantan, East Java, and West Nusa Tenggara each allocate 400 million IDR (\$30,767), 808.4 million IDR (\$60,736), and 808.4 million IDR (\$60,736) respectively of their 2017 budgets to fund family planning advocacy working groups and/or scale up the AFP approach in their provinces.



BKKBN signs a memorandum of understanding with the Minister of Village Development on the implementation of family planning at the village level in November. The memorandum discusses the utilization of village funds for family planning activities at the village level.



BKKBN, the Ministry of Health, and the Indonesian midwives and OB/GYN associations sign a formal agreement on October 24 to expand the number of assessors of midwives trained in IUD and implant insertion and develop a joint plan to accelerate post-training assessments in 2017.



The Minister of Health issues a ministry decree on October 18 to include interval tubal ligation services in the national health insurance program. With the decree, all modern methods of contraception are now covered under the program.



West Kalimantan Province BKKBN allocates their 2016 provincial budget to support their district working groups' advocacy plans in 12 districts for the 2016 fiscal year, ranging from 100–150 million IDR (\$76–150) per district per year. All remaining 13 districts in West Kalimantan adopt the AFP advocacy approach.



District family planning budgets increase in three districts in FY 2015–16.

- Bengkayang by 8.5% to 532.6 million IDR (\$48,418)
- Kuningan by 8.6% to 1.9 billion IDR (\$172,273)
- Karawang by 19.2% to 1.3 billion IDR (\$122,407)



On January 27, the Karawang District Head issues a decree instructing all village heads in Karawang to revitalize their family planning teams and allocate village funds.



2015

162 villages in Karanganyar province increase their village budget allocations from 1–5.5 million IDR per village per year (\$75 to \$550) to 1–32.4 million IDR (\$76 to \$2,472) to support family planning programs at the village level by December.



District family planning budgets increase in two districts in FY 2014–15.

- Karanganyar by 13.3% to 1.1 billion IDR (\$173,575)
- Karawang by 32.6% to 1.4 billion IDR (\$102,670)



The Bengkayang District Head recruits 17 new family planning field staff in 2015.



Karanganyar District Mayor signs an endorsement letter on January 27 instructing 162 Village Heads to allocate funds for family planning; 93 villages confirm allocation of funds, ranging from \$75 to \$550.



2014

District family planning budgets increase in four districts in FY 2014–15.

- Bandung by 51% to 11.7 billion IDR (\$994,000)
- Bogor by 62% to 25 billion IDR (\$2.1 million)
- Karanganyar by 37% to 1 billion IDR (\$77,523)
- Karawang by 19.7% to 1.3 billion IDR (\$95,897)



271 villages in Bandung allocate a portion of their village budgets to family planning activities: 5–15 million IDR (\$400 to \$1200) per village.



Family planning field workers, midwives associations, local universities, and religious leaders sign partnership agreements with district working groups in Karanganyar, Lumajang, Tuban, Kediri, Lombok Timur, and Sumbawa.



20 workplaces agree to provide referrals for long-acting and permanent methods in Pontianak district, expanding private sector workplace commitment to family planning for a total of 45 workplaces in FY 2013–14.



Karanganyar District government allocates 15 million IDR (\$1,500) per year to support operations of its district working group, the first self-funded AFP Indonesia working group.



Under the Government of Indonesia's KB Kencana Program, AFP Indonesia expands to an additional 30 districts in four provinces on a cost-share basis with BKKBN: \$231,000 from AFP and \$1.2 million from BKKBN.



District family planning budgets increase in five districts in FY 2013–14.

- Bandung by 14% to 7.7 billion IDR (\$748,000)
- Bogor by 48% to 15.4 billion IDR (\$1.5 million)
- Karanganyar increases family planning budget to 853 million IDR (\$28,644)
- Karawang increases family planning budget to 6.2 billion IDR (\$80,113)
- Pontianak by 14% to 4.9 billion IDR (\$477,000)



Over 100,000 Nurse Midwives who provide three-quarters of all family planning services are included as “covered” providers under the 2014 universal health insurance scheme, creating an important protection for rural women’s access to contraception.



District mayors in Karawang, Bogor, Kediri, Tuban, Lamongan, Sumbawa, Lombok Timur, and Lombok Barat districts issue mayoral decrees to institutionalize AFP-initiated district working groups, creating a sustainably funded mechanism to use evidence to guide district planning and budgets.



2009–2012

District family planning budgets from 2011 increase in two districts in FY 2012–13.

- Bandung district by 20% to 6.74 billion IDR (\$710,000)
- Pontianak district by 60% to 4.31 billion IDR (\$454,000)



270 Bandung village leaders allocate a village budget for family planning for the first time.



25 companies in Pontianak commit to implement workplace family planning counseling and/or services.



Pembinaan Kesejahteraan Keluarga (PKK, a local women's organization) field workers and Posyandu midwives train on counseling for long-acting and permanent methods.



Maternal health care social insurance program (Jampersal) includes subsidies for IUDs and implants.



2020

On September 14th, the Ministry of Health recalled the 2020–30 Reproductive Health Bill for further consultation. The bill would have required parental consent for young people under 18 years old to receive reproductive health information and services.



The Department of Family Health approved the national family planning training package on July 13th and established a training coordination committee for pharmacists and pharmaceutical technologists to provide DMPA-SC.



On June 8th, the Council of Governors issued a memorandum to the Senate Health Committee objecting to the consent requirements for family planning in the draft reproductive health bill and recommending the bill align with the existing Adolescent and Youth Sexual Reproductive Health Policy and the Health Act.



The Siaya County Director of Health issued a circular in June reinforcing the provision of reproductive health, maternal and newborn health, and family planning services amidst COVID-19 disruptions and recent floods.



On May 29th, the Kakamega county health management team used its own domestic resources to revise and validate its 2020–2025 costed implementation plan.



On May 27th, H.E Wycliffe Oparanya, chairperson of the Council of Governors, issued a memorandum to all 47 counties instructing them to continue essential health services including family planning during COVID-19 response efforts.



The Narok County Director of Health issued a circular on May 7th immediately reinstating non-emergency health services, including family planning, which were suspended on March 26th to deploy health care providers to the COVID-19 response.



On April 17th, the Kakamega County Director of Health developed a new initiative designating telephone hotlines for essential services during the COVID-19 pandemic. Local hotlines link expectant women to transportation, helping them get to health centers and ensuring that reproductive, maternal, and newborn health services continue despite curfew restrictions.



2019

In September, Busia County developed multi-sectoral action plans and multi-agency data collection tools to address teen pregnancy.



The Homa Bay County Director of Education issued a circular in September directing all education officers to use a consolidated tool for monthly reporting, monitoring, and course correction of the multi-agency action plan to address teen pregnancy.



In August, Makueni County's assembly passed a family planning bill that includes a provision to allocate 1.5% of the annual health budget to family planning and reproductive health.



The Ministry of Health developed a national training package for pharmacists and pharmaceutical technologists in August to provide DMPA-SC along with other contraceptive injectables and oral contraceptive pills.



By July, seven counties (Kakamega, Kitui, Kwale, Makeuni, Migori, Siaya, and Tharaka Nithi) allocated a total of 85.6 million KES (\$848,270) for family planning in FY 2019–20.



The Ministry of Health approved the inclusion of new postpregnancy family planning indicators in the national health information system in June.



The departments of health in Migori and Narok counties committed to scale up DMPA-SC in health facilities and at the community level by training community health volunteers and commodity procurement in June.



The Ministry of Health developed a DMPA-SC implementation plan for pharmacists and pharmaceutical technologists in April.



The Migori County Director of Education issued a directive in April to hold monthly health talks in schools with high rates of teen pregnancy following media coverage of the issue.



In January, the Migori County health promotion coordinator redistributed commodities in eight facilities after AFP-trained journalists highlighted their contraceptive stock-outs.



2018

In October, Kitui County allocates 50 million KES (\$497,353) for family planning in the FY 2018–19 budget.



On October 9th, during the national family planning validation meeting, Kenya's Ministry of Health amends its family planning guidelines to allow pharmacists and pharmaceutical technologists throughout the country to provide subcutaneous and intramuscular DMPA.



The Ministry of Health amends its guidelines in October to allow clinical officers (a cadre between doctors and nurses) to provide vasectomy and bilateral tubal ligation.



In October, the Ministry of Health makes a policy provision that allows community-based distributors to provide subcutaneous and intramuscular DMPA to hard-to-reach populations.



In September, three counties (Homa Bay, Kakamega, and Kisii) establish a multi-agency taskforce to address prevention of teenage pregnancy and spur progress in adolescent access to contraception.



In September, the Reproductive and Maternal Health Services Unit approves the inclusion of postpartum family planning (PPFP) indicators as part of the reproductive health indicators to be presented to the Health Information System Unit for consideration.



The Ministry of Health develops and launches a national implementation and scale-up plan for DMPA-SC in July.



In July, Narok County adopts a mobile-based monitoring system to track progress of policy implementation on provision of DMPA by community-based distributors.



Seven counties (Kakamega, Kitui, Kwale, Makueni, Migori, Siaya, and Tharaka Nithi) commit to invest and allocate funding to family planning in their five-year (2018–2022) county integrated development plans in July.



The Kwale Accountability Committee adapts a decision-maker accountability self-assessment tool to track progress in family planning in July, including implementation of the county costed implementation plan.



In July, Weru TV and Wendo FM in the Upper Eastern region of Kenya commit to a regular, monthly family planning segment at their own cost.



In July, three counties made allocations for family planning in their FY 2018–19 budgets.

- Makueni allocates 40 million KES (\$397,883)
- Kwale allocates 6.3 million KES (\$62,633)
- Migori allocates 10 million KES (\$99,471)



On May 11, Kenya's Pharmacy and Poisons Board approves an application by Pfizer Laboratories Ltd for a change of label to allow self-injection of DMPA-SC. Now, DMPA-SC contraceptives in Kenya are approved to have a 36-month shelf life, 200-pack presentation, and self-injection label options.



In February, the Ministry of Health in Nyeri County establishes a stand-alone youth-friendly services clinic to provide reproductive health and family planning information and services to young people, including students in institutions of higher learning.



In January, the Migori County Director of Health issues a circular directing facility in-charges to provide and report on PPFP services.



2017

In October, Narok County approves the implementation of a policy to allow community health volunteers to provide DMPA, and trains 30 volunteers to provide the method.



Radio Wikipatyo and County FM each agree to regularly air family planning segments in October. Both Radio Wikipatyo and County FM broadcast in the AFP focus counties of Machakos, Kitui, and Makueni. Additionally, the Makueni County government agreed to use its designated health-focused airtime at Enee FM to air family planning messages for three months starting in November.



In October, the Nyeri County government establishes a youth clinic and six colleges in Nyeri County committed to refer youth for reproductive health information and services, including contraception.



In September, media advocacy triggers revival and establishment of youth corners in Kakamega County.



In July, Makueni County government issues a PPFP circular, which directs all facility in charges and medical superintendents to record and report on PPFP data.



Makueni County conducted two trainings on postpartum IUD insertion in which 39 nurses and 37 doctors were trained. Migori County also conducted a PPFP training on the new medical eligibility criteria and postpartum IUD and implant insertion for health workers from 14 facilities.



Kitui County trains 50 health providers in IUD insertion to expand method mix after learning, from PMA 2020 data, that 38% of public health facilities did not offer IUD insertions even though only 2% of its facilities experienced IUD stock-outs.



Narok County health and education sectors develop and implement a joint action plan that expands adolescent access to contraceptive information and services in May. Between August and December, about 3,000 students from more than ten schools received contraceptive information and services.



In March, Migori County launches a family planning costing implementation plan that outlines adolescent access to information and services.



Radio Ramogi in Kenya committed to airing family planning stories once every month to its four million listeners, as part of its role in amplifying women's issues in March. The family planning segment airs within the radio station's "Women's Voice" program every Saturday. Ramogi FM is the leading station in Kenya for Dholuo speakers, and reaches Dholuo speakers in Homa Bay, Kisumu, Migori, and Siaya counties.



In early 2017, the Kwale County ministries of health, education, and youth and gender collaborate to develop a new costing action plan to address the growing concern of teenage pregnancy. The plan aims to increase access to family planning information and services for adolescents and teenage girls aged between 10–19 years.



In January, the Kwale County Government launches its family planning costing implementation plan.



2016

On December 9, the Makueni County Government launches a family planning costing implementation plan (2016–2020). The costing strategy aims to increase access to modern contraceptives to 72% by 2020.



Radio Kaya and Radio Ranet in Kwale County commit to run weekly segments on family planning as a contribution to improving the lives of the people of Kwale. As of October, segments begin airing, triggering stories across multiple subnational and national platforms.



In October, Tharaka Nithi County initiates a data capture and tracking mechanism for community-based distributors of Depo-Provera®. It shows that 26,792 women have received the injectable contraceptive since the 2011 task sharing policy was implemented.



In June, the Council of Governors agree on a mode of procurement for family planning commodities. Procurement will be managed centrally, with funds disbursed to county revenue accounts/treasury, but earmarked for counties as appropriation in aid.



In June, several counties increase their FY 2016–17 family planning budgets.

- Kwale allocates \$100,000 to family planning for the first time
- Tharaka Nithi increases by 167% from 3.5 million KES (\$37,000) to 9.3 million KES (\$93,000)
- Siaya increases by 150% from 2 million KES (\$21,000) to 5 million KES (\$50,000)
- Kitui increases by 390% from 16.1 million KES (\$170,000) to 79 million KES (\$791,000)



Migori, Kwale and Makueni Counties each establish family planning technical working groups in June.



The Kakamega County family planning working group mobilizes \$90,000 to conduct a five-day family planning outreach event for young people on May 28. Forty percent of the 1,377 clients who attended chose to receive contraceptive implants.



For the first time, in April, Makueni County allocates \$200,000 for family planning in the FY 2016–17 budget.



The Council of Governors establish a health advisory team that includes family planning champions in January. Thirteen county first ladies commit to being family planning champions.



2015

Kenya's Reproductive, Maternal, Newborn, Child and Adolescent Health Investment Framework for the Global Financing Facility includes family planning.



The National Council for Population and Development establishes and convenes a National Family Planning Advocacy Technical Working Group as a result of the AFP East Africa Accelerating Contraceptive Choice meeting.



Four counties (Kakamega, Kitui, Siaya, and Tharaka Nithi) allocate approximately \$246,300 towards family planning for the first time in FY 2015–16.



2014

Four county ministers of health and stakeholders approve five-year costed family planning strategies for their respective counties (Kakamega, Kitui, Siaya, and Tharaka Nithi) in August.



The National Treasury budgeting guideline for 2014 includes family planning.



Facilitation of 20 trainers on community-based distribution of Depo Provera in Elgeyo, Marakwet County and for peer educators at Jomo Kenyatta University. Trainees subsequently train 500 community health workers.



2013

National dissemination of policy and training guidelines for community-based distribution of injectables brings 47 counties in Kenya together in task sharing for family planning.



2012

Ministry of Public Health issues policy guidance permitting community-based distribution of contraceptive injectables in high-need areas.



NIGERIA

PARTNER: Pathfinder International

2020

On September 29th, the Benue State health commissioner allocated 82.8 million NGN (\$220,916) for family planning from the 2021 Saving One Million Lives budget.



The chairmen of Funakaye and Nafada local government areas (LGAs) in Gombe State approved the release of 60,000 NGN (\$160) and 220,000 NGN (\$587), respectively, from their local health budgets in June. It is the first time that LGAs in Gombe have allocated and released funds for family planning. The funds will be used for the purchase of consumables such as cotton wool, disinfectants, gloves, and gauze.



The Nasarawa State government released eight million NGN (\$21,333) in May for family planning consumables from the FY 2020 budget.



Media houses in Benue (January 2020), Gombe (January 2020), and Nasarawa (October 2019 and March 2020) states provided free media slots for family planning programming. The media houses are working with their respective state advocacy working groups to host media programs and publish stories featuring family planning dialogues.



Media houses in Niger (February), Ogun (February), and Plateau (March) states commit to provide free spaces for family planning.



The Leadership newspaper renewed its commitment to include a weekly half-page column on family planning topics in February. The column is valued at 405,000 NGN (\$1,080) weekly.



In February, the Kebbi State health commissioner launched the Kebbi State Task Shifting Task Sharing policy. Like the national policy from 2018, the new state policy allows lower cadre health workers to share in providing essential health services, including family planning.



On January 27th, Nasarawa State adapted the national DMPA-SC accelerated introduction and scale-up plan and self-injection guidelines for the state.



Nasarawa State approved a dedicated first-time budget of five million NGN (\$13,333) for adolescent and youth sexual and reproductive health in the State Primary Healthcare Development Agency's FY 2020 budget in January. This new funding for family planning will be used for provider and peer educator trainings, to establish youth clubs in secondary schools, and to print information, education, and communication materials on family planning.



2019

In December, the Kebbi State allocated 100 million NGN (\$266,659) specifically for family planning in the FY 2020 budget. In 2015, a budget and allocation of ten million NGN (\$27,748) was created for family planning, but because there was no follow-up request to release the funding, the allocation was removed in 2017 and family planning was subsumed under the reproductive health budget until 2019 when it was restored as a separate entity.



Gombe State adopted the DMPA-SC accelerated introduction and scale-up plan to expand access to family planning services for women and girls in the state in December.



In October, Plateau State's Primary Health Care Development Board released 21 million NGN (\$58,098) from the 2019 primary health care basket fund for facilities renovation and supervisory training for reproductive health coordinators.



The Kebbi State Budget Director created a dedicated budget in the state's FY 2020 budget for family planning and allocated 100 million NGN (\$276,658) in September.



By September, Nasarawa State released a total of 50 million NGN (\$138,329) from the Saving One Million Lives budget. Of the amount released, nine million NGN (\$24,899) was spent on commodities procurement and the remaining balance on consumables and the training of community health workers to provide long-acting and reversible contraceptives.



Chairpersons in two LGAs, Abeokuta North and Abeokuta South, in Ogun State each released 10,000 NGN (\$28) for family planning in September.



In September, Ogun State released 6.4 million NGN (\$17,706) from the Saving One Million Lives budget for commodities procurement and consumables distribution to 100 health facilities.



The executive secretary of the Primary Health Care Development Board in Ogun State released 450,000 NGN (\$1,245) in March and 576,000 NGN (\$1,594) in August from the primary health care basket fund for family planning outreach activities.



In July, Plateau State released 16.5 million NGN (\$45,649) from the FY 2018 Saving One Million Lives budget for printing family planning data collection tools.



Lagos State allocated 174.8 million NGN (\$483,598) for family planning across multiple agency budgets in June.



The chairman of the Badagry LGA in Lagos State approved an allocation of 10,000 NGN (\$28) per month for consumables at primary health care centers in June.



The Essential Medicines List Committee approved the revised Approved Patent Medicines List in May, which includes DMPA-SC. This will allow patent and proprietary medicine vendors and community pharmacists to provide DMPA-SC and other family planning commodities.



In April, Nigeria's Minister of Health launched its revised national task sharing, task shifting policy allowing patent and proprietary medicine vendors and community pharmacists to provide contraceptive injectables, implants, and DMPA-SC.



In April, Gombe State released 9.2 million NGN (\$25,453) from the Saving One Million Lives budget for child spacing.



The executive secretary of the Primary Health Care Development Board in Plateau State released 5.2 million NGN (\$14,386) from the FY 2018 budget for family planning in March.



In February, the Cross River State Commissioner of Health allocated 189.5 million NGN (\$522,884) for family planning.



The Ogun State Primary Health Care Development Board launched the Adolescent Reproductive Health Strategic Framework 2018–2022 in February.



In January, the Leadership daily newspaper renewed its commitment to publish a weekly one-page column on family planning. The column is valued at 405,000 NGN per insertion (\$1,245), or two million NGN per month (\$5,530).



2018

In September 2018, the Nigeria National Drug Formulary's Essential Medicines List Committee approves inclusion of DMPA-SC on the national essential medicines list. This decision ensures a more sustainable procurement plan for DMPA-SC and allows for the private sector to access and provide this new contraceptive commodity.



Kwara State Commissioner for Health releases 25 million NGN (\$69,900) for family planning services from the state budget and Saving One Million Lives (SOML) in September. The state spent the funds for training on long-acting and reversible contraceptive (LARC) methods, procurement of consumables, and supportive supervision across all family planning service delivery points in the state.



Between April and September, Kaduna State releases 75 million NGN (\$209,702) from its 2018 state budget and 23 million NGN (\$64,309) from an additional Drug Management Agency budget. By September the state distributed consumables to all family planning service delivery points across state and local government authorities to abolish user fees at service delivery points.



The Nasarawa State Commissioner of Health launches Nasarawa State's task sharing policy in August, effectively adapting the national task sharing and task shifting policy to the state level.



Ogun State Commissioner of Health releases 16.6 million NGN (\$46,414) for family planning services from SOML and the state budget in August. The state used the funds to procure and distribute family planning related consumables and conduct supportive supervision of service providers.



In July, the Honorable Minister of Health and the Federal Ministry of Health launches the National DMPA-SC Accelerated Introduction and Scale-Up Plan (2018–2020).



Benue State Commissioner for Health releases 17 million NGN (\$47,532) from SOML for family planning activities in July. The funds were used for training on LARC methods and integrated supportive supervision across all family planning service delivery points.



Nassarawa State Commissioner for Health releases 44 million NGN (\$123,025) for family planning services from SOML in July. The state used the funds for provider training on LARC methods, procurement of consumables, supportive supervision and production of job aids and standard operating procedures.



Kaduna State Commissioner for Budget creates a second budget allocation for family planning programs, ensuring that the family planning budget allocation is in line with the state's costed implementation plan in June. The first family planning budget in the state is solely for the procurement of family planning commodities and consumables; the new one will be used to cover all family planning thematic areas, particularly capacity building, supportive supervision, and mentoring of providers.



In June, the Lagos State Commissioner for Health releases 48 million NGN (\$134,209) for family planning services from the state budget. The working group is following up with the government to ensure the cash-backing for the release and proper use of the funds.



The Oyo State Commissioner for Health releases 12 million NGN (\$33,552) for family planning activities in the state from SOML in June. The state used the funds to train 50 health workers on LARC methods, to procure consumables and instruments, and to print data tools and family planning posters.



The Benue State government launches the Benue State Family Planning Costed Implementation Plan (2018–2020) in June, a roadmap for improving access to quality family planning services in the state.



In June, the Benue State government launches the task sharing and task shifting policy for the state, which is adapted from the national policy. The policy promotes rational distribution of tasks (including family planning tasks) across the health workforce to address human resources gaps, improving access to health services in the state.



Gombe State Commissioner for Health releases 9.9 million NGN (\$27,681) for family planning services from SOML in May. The state used the funds for demand generation activities as well as procurement of family planning related consumables.



The Chief Executive Officer of the Leadership newspaper provides a dedicated weekly column for publication on family planning for six months, following advocacy efforts by the media advocacy working group in Lagos State in May.



For the first time ever, Plateau State government approves a dedicated budget allocation of 23 million NGN (\$64,309) for family planning in the state's 2018 budget. The budget was passed into law in February.



In February, the Gombe State government of Nigeria allocated 20 million NGN (\$55,921) for family planning in the Ministry of Health budget. The funds will be used to train healthcare providers, procure family planning consumables, distribute family planning commodities, and support oversight for healthcare workers.



In December, the Nasarawa State Commissioner of Health released five million NGN (\$14,000) from the 2017 state budget for implementation of family planning activities. Two months later, all of the funds were spent as planned—to train community health extension workers, procure family planning-related supplies (e.g. gauze, surgical gloves), deliver LARC services, and provide supportive supervision to healthcare workers.



2017

The Oyo State Commissioner of Health released 16.5 million NGN (\$46,355) from the state 2017 budget for implementation of family planning activities between April to December 2017—more than double the six million NGN (\$16,853) that was budgeted for family planning that year.



Between July and August, Kwara State releases eight million NGN (\$25,636) from its 2017 SOML budget for the purchase of consumables and training of health workers.



Ogun State releases over 8.9 million NGN (\$28,521) from its 2017 budget for family planning, accounting for 25% of its original allocation between March and August. It is using the funds to train 204 community health extension workers on LARCs, review and re-supply meetings, and on-the-job capacity building for health workers.



In August, Kebbi State releases six million NGN (\$19,227) from its 2017 SOML budget for family planning, accounting for 60% of its original allocation, which it is using to train community health extension workers on LARCs.



The Ogun State Commissioner of Health launches the Ogun State's task sharing policy, effectively domesticating the National task sharing and task shifting policy to the state level.



In July, Kaduna State releases 45 million NGN (\$144,205) from its 2017 budget for family planning, accounting for 45% of its original allocation. The funds are being used to distribute consumables to all local government authorities in the state.



The Executive Governor of Plateau State releases five million NGN (\$25,125) from the 2016 state budget for purchase of consumables in July 2017, fulfilling his statement of commitment from earlier this year.



In January, Nasarawa State releases five million NGN (\$16,023) from its 2016 budget for family planning, accounting for 25% of its original allocation, which it is using to hold meetings.



2016

Primary health care facilities in the Yaba Local Council Development Area of Lagos State, Nigeria, remove all user fees for family planning services in November—making family planning services completely free. Yaba is the first locality to follow through on the government of Nigeria's commitment at the 2012 London Summit on Family Planning to provide free family planning services to all Nigerians.



Kwara State increases its family planning budget by 90%, from 2.1 million NGN (\$10,500) in 2015 to four million NGN (\$20,000) on April 7.



Plateau State allocates five million NGN (\$25,125) for reproductive health and family planning implementation in the 2016 state health budget in April. This is the first time the state allocates for family planning separately, in addition to the reproductive health budget.



2015

Kwara State develops a costed implementation plan for family planning by September.



In August, Gombe State approves 17 million NGN (\$85,400) for the FY 2016 family planning and reproductive health budget.



2013

Adamawa State allocates one million NGN (\$6,100) for family planning logistics and adopts permanent budget allocation for family planning logistics in the 2013 budget.



2012

Adamawa State Governor commits 40 million NGN (\$256,000) in the 2013 budget for contraceptives to be delivered to 237 service delivery points and in eight cluster centers in 21 local government areas.



Bauchi State advocates secure a copy of the state budget for the first time and organizes a follow-up budget tracking workshop that results in the State Budget Officer agreeing to commit resources for family planning commodity distribution.



SENEGAL

PARTNER: Réseau Siggil Jigéen

The country program in Senegal phased out in 2018.

2017

The Directorate of Reproductive Health and Child Survival develops an operational plan for adolescents and youth, increasing the budget for youth activities from 1% to 8%, in line with Ouagadougou Partnership recommendations and Senegal's National Strategic Plan for Family Planning.



For the first time in June, seven mayors of the Kaffrine region sign an agreement with insurance providers and commit to 15.2 million XOF (\$25,679) to ensure free post-partum family planning services in their communes.



Twenty Senegalese mayors commit to invest a total of 21.5 million XOF (\$37,700) for family planning for the women in their communities between November 2016 and March 2017.



2016

In October, three mayors allocate one million XOF (\$1,700) for family planning activities.



In August, the Mayor of San Nodaire allocates two million XOF (\$3,400) for family planning activities.



In June, civil society and government collaborate to create a platform to leverage the Global Financing Facility and ensure involvement in all phases of the advocacy process.



In February, nine mayors allocate a portion of their budgets to family planning activities, ranging from one million XOF (\$1,700) to five million XOF (\$8,600) per commune.



In January, the national budget for the purchase of contraceptives increases to 300 million XOF (\$484,200) from 100 million XOF (\$161,400).



On February 24 a prefectorial order authorizes a multi-sectoral committee for family planning to track mayors' commitments at the commune level in Thiès.



2015

The Mayor of Derklé allocates one million XOF (\$1,700) to family planning on November 5.



The Mayor of Tivaouane Diacksao allocates two million XOF (\$3,400) towards family planning on October 5.



The Mayor of Ndiarème Limamoulaye allocates one million XOF (\$1,700) towards family planning for the two health posts in the commune on September 17.



The Mayor of Golf Sud commune allocates an annual amount of two million XOF (\$3,400) towards family planning for the four health posts in her purview on August 28.



North Pikine Mayor Amadou Diarra signs a commitment letter on January 5 to invest 10 million XOF (\$18,300) of the 2015 budget to purchase family planning products for the commune's two health posts.



2014

Djidah Thiaroye Kao's Mayor allocates one million XOF (\$1,900) to two health posts for family planning in Pikine Health District for the first time.



Mbao's Mayor allocates one million XOF (\$1,900) to the purchase of contraceptive commodities for Pikine Health District health posts.



TANZANIA

PARTNERS: Johns Hopkins Center for Communications Programs, Health Promotion Tanzania, Tanzania Communication and Development Center, Tanzania Youth and Adolescent Reproductive Health Coalition, Tanzania Men as Equal Partners in Development, and Zanzibar Nurses Association

2020

By October, 74 local government areas in Tanzania Mainland and Zanzibar allocated a total of 2.3 billion TZS (\$1,015,654) for family planning in FY 2020–21.



In the lead up to Tanzania's national elections on October 28th, journalists used a media guide developed by AFP to ask political candidates about family planning and reproductive health. In response, candidates from 12 parliamentary constituencies across six regions as well as two presidential candidates publicly stated their support for family planning and reproductive health.



In September, the Manyara Region's regional administrative secretary signed the Regional Strategic Plan on Harmful Practices (2020–2025), which aims to reduce harmful social and cultural norms that negatively impact family planning uptake. The plan focuses on addressing the region's high prevalence of gender-based violence, teenage pregnancy, early marriage, and maternal mortality.



The Tabora Regional Medical Officer issued a directive in September to prioritize postpartum family planning. The directive instructs 312 facilities to immediately provide postpartum family planning services and directs skilled doctors from regional and district hospitals to be deployed during community outreach to provide services.



The Katavi regional leadership developed a five-year Adolescent Sexual and Reproductive Health Roadmap (2020–2025), which builds on a previous plan to address the region's high teenage pregnancy rate. The roadmap was adopted in August.



In August, the director of nursing and midwifery services in the Ministry of Health, Community Development, Gender, Elderly and Children agreed to include adolescent sexual and reproductive health and rights content in the national midwifery curriculum beginning in 2022.



The student government leaders of five higher learning institutions in the Dodoma Region and four in Zanzibar adopted activity plans in July to champion access to contraceptive information and services for students on their campuses. The Tanzania Association of Higher Learning Institutions Students' Organizations committed to share these plans with other member organizations.



In July, the Ministry of Health in Zanzibar approved a joint plan to integrate family planning in four of their 13 HIV care and treatment centers to increase the accessibility of family planning services for people living with HIV and AIDS. The ministry has initiated capacity strengthening activities for family planning providers.



In Zanzibar, Pemba North and Unguja North council health management teams committed to mainstream youth-friendly services in two health facilities per district, increasing the number of facilities offering services from one to eight in July.



Pemba North and Unguja North regions in Zanzibar began scaling up youth-friendly services in July by including expansion plans in LGAs' annual plans to ensure adequate resource allocation.



In July, the North B District Council in Zanzibar's Unguja North Region supplied land for a youth-friendly service building near Mahonda Hospital. The Ministry of Health Zanzibar committed to fund its construction.



Despite the demands of the COVID-19 pandemic on the health system, in June the Government of Tanzania maintained a budget allocation of 14 billion TZS (\$6,085,495) for family planning in FY 2020-21. In Zanzibar, the government increased the family planning budget allocation by 22% to 1.9 billion TZS (\$823,631) in FY 2020-21, from 1.5 billion TZS (\$677,362) the previous year.



On June 11th, the Tanzania Parliamentary Association on Population and Development launched Promote, Prioritize and Invest in Family Planning during COVID-19: A Call to Action. The report calls on government leaders and other stakeholders to ensure that family planning services remain essential during the COVID-19 pandemic.



The government of Tanzania procured 90% of the contraceptives needed for FY 2019–20 by June. The commodities were procured with disbursements from the family planning budget along with donor funding.



2019

LGAs in the nine Global Financing Facility focus regions enhanced their performance on key project targets in reproductive maternal newborn child and adolescent health including family planning, which secured performance-based disbursements of additional funds through June 2021.



The Tanzania Broadcasting Corporation TV, Star TV, E-FM TV and Radio, and East Africa Radio channels and stations dedicated weekly time slots, between 15 and 45 minutes, for open discussions with policymakers, key actors, and the public on family planning and reproductive health issues. This coverage has an estimated value of 4.7 million TZS (\$203,428) for a period of eight months (March to October).



The Katavi and Manyara regional health management teams issued circulars in September to all health facility managers to make family planning a compulsory budget item in the direct health facility financing system. Inclusion of family planning in this system will ensure that individual health facilities include family planning commodities and services in their facility budgets.



In June, the Government of Tanzania allocated 14 billion TZS (\$6,086,496) for family planning in FY 2019–20. This funding level has been maintained in annual allocations since FY 2017–18.



Twenty-nine LGAs allocated a total of 1.04 billion TZS (\$452,140) for family planning in June.



In June, the Zanzibar Ministry of Health approved and began implementing an annual action plan to increase access to long-acting and permanent contraceptive methods in nine hospitals on Pemba and Unguja islands.



Sixty-eight LGAs from the nine Global Financing Facility focal regions committed to accelerate family planning performance through increased funding and adoption of high-impact family planning practices in June to access 37 billion TZS (\$16.2 million) through results-based financing.



The President's Office - Regional and Local Government issued a directive in April to all LGAs in the country to develop action plans with specific targets to reduce teenage pregnancy rates and increase family planning uptake through postpartum family planning services at the facility level. As a result, Kigoma, Manyara, Pwani, and Tabora regions created action plans to increase uptake.



On April 7th, the Minister of Health committed to employ two community health workers for every village in FY 2019–20.



The Dar es Salaam regional administrative secretary issued a directive in March to the region's five municipalities to increase family planning funding to attain the region's modern contraceptive prevalence goals. In the directive, the secretary also instructed all the municipal councils to prioritize postpartum family planning during the FY 2019–20 budget development and review process.



By March, Dar es Salaam, Geita, Kagera, Katavi, Mara, and Simiyu regions adopted regional actions plans to increase uptake of postpartum family planning.



Following the revision of the Public Procurement Act of 2016, which allowed fast-tracking of life-saving health commodities, structural reforms in the government agencies involved in commodity procurement and clearance were not yet implemented. In March, the Tanzania Food and Drugs Authority was renamed the Tanzania Medicines and Medical Devices Authority, and made solely responsible for regulating the safety, quality, and effectiveness of medicines, medical devices, and diagnostics, including family planning commodities.



The Ministry of Health incorporated postpartum family planning and adolescent and youth sexual and reproductive health indicators in the National Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard. Family planning indicators were also added to the Revised One Plan II Indicators Framework in February.



2018

Manyara Region initiates the development of a regional strategic plan to enhance PPFP coverage with a focus in five areas in October: contraceptive security; capacity building; service delivery; advocacy and strategic communication; and health systems management, monitoring, and evaluation.



In October, the Katavi Region develops a Reproductive, Maternal, Newborn, and Child Health Costed Regional Strategic Plan with a focus on improving delivery of PPFP services.



The National Museum of House and Culture embarks on a dedicated arts campaign to increase awareness of the high rate of teenage pregnancy based on media coverage. The campaign leveraged \$20,000 in donor funds from the Swiss government.



Building on previous advocacy wins to strengthen and expand method mix, the Zanzibar Integrated Reproductive and Child Health Program implemented its commitment to train 50 government family planning providers in a broad range of family planning methods, with an emphasis on LARCs. As of August, these providers have been deployed in four out of the nine referral hospitals in Zanzibar.



Beginning in mid-July 2018, the state-owned TBC TV and radio stations have dedicated 30 minutes every Tuesday from 7 to 7:30 am for family planning stories. This airtime has an estimated value of around 16.2 million TZS (\$7,177) for 14 weeks of the program through October 30th.



In July, the government of Tanzania abolished donation fees (0.5% per shipment) charged on reproductive health commodities, including contraceptives imported by development partners.



The national budget allocation for family planning for the Tanzania mainland increases from 14 billion TZS (\$6.44 million) in FY 2017–18 to 22.5 billion TZS (\$9.97 million) in FY 2018–19. Zanzibar allocates 1.3 billion TZS (\$575,939) in FY 2018–19, an increase over the FY 2017–18 budget of 1 billion TZS (\$460,291).



2017

In December, Geita's Regional Commissioner issues a directive to all local government authorities requiring them to allocate adequate resources for PPFP in their comprehensive council health plans.



The family planning referral system for long acting and permanent methods is reviewed and revised to strengthen family planning access in nine hospitals in Zanzibar in October.



In October, the National Health Insurance Fund integrates family planning information and referral services into its country-wide 'Going Rural Program' to strengthen community understanding of family planning benefits and reduce myths and misconceptions.



31 local governments across six regions (Geita, Kagera, Katavi, Manyara, Mara, and Simiyu) commit to increase resources to strengthen PPFP programming in October.



Six member organizations of the Tanzania Association of Pharmaceutical Industries pledge financial support to facilitate provision of family planning education through skilled community volunteers in September.



On September 15, Tanzania's Katavi Region announces a new regional action plan and campaign, endorsed by the national government, to reduce teenage pregnancy. The plan aims to reduce the current teen pregnancy rate of 45% to 20% by 2020.



The Zanzibar government allocates one billion TZS (\$460,291) for family planning in FY 2017-18, representing an increase from 800 million TZS (\$373,914), which they allocated in FY 2016-17.



On May 2, Tanzania's government shows strong support for maternal and child health by increasing the annual family planning budget by 180% --from five billion TZS (\$2,336,962) in FY 2016-17 to 14 billion TZS (\$6,444,070) in FY 2017-18.



In March, the Tanzania Parliamentary Association on Population and Development signs a Declaration of Commitment to promote universal access to family planning and reproductive health services.



The East African Legislative Assembly committee conducted public hearings on the draft East African Community Sexual and Reproductive Health and Rights Bill 2017 in its five member countries (Burundi, Kenya, Rwanda, Tanzania, and Uganda). The committee, which held public hearings for Tanzania on February 22nd in Dar es Salaam, agreed to integrate key recommendations from civil society groups regarding youth and accountability.



2016

In June, the national family planning FY 2016–17 budget increases to five billion TZS (\$2.3 million) from 1.6 billion TZS (\$1.1 million).



In June, Tanzania's Parliament moves to endorse a special provision in the Public Procurement Act (2016) that will fast-track life-saving health commodities including contraceptives in the procurement and distribution process. The Tanzania Law Reform Commission chairman had endorsed the special provision on March 22.



In May, AAR Insurance Tanzania Limited, the country's largest private health insurance company, follows up on integration of family planning services into their wellness service program by adding family planning into its benefits package. As a result, AAR Health Care Tanzania clients renewing after May 2016 have coverage for family planning services worth up to 300,000 TZS (approx. \$138) annually.



In April, 30 Local Government Authorities allocate a total of 2.15 million TZS (\$98,000) for family planning in four regions in the Lake and Western zones, with some increasing their previous family planning allocations.



2015

AAR Insurance Tanzania Limited, one of the main private health insurance companies in the country, integrates family planning into its Wellness Services Plan in September.



Three rural districts make budget allocations for family planning in the Lake Zone. Serengeti District and Tarime Town Councils allocate \$10,600 and \$2,500, respectively, from their own sources for the first time and Musoma Rural District Council more than doubles its family planning allocation from the previous year to \$7,600.



2014

The government initially allocates two billion TZS (\$1.15 million) for family planning for FY 2014–15 from its own funds, an increase of 100% (\$577,000) from FY 2013–14. At the end of FY 2014–15, the government confirms it released more than twice this amount—a total of five billion TZS (\$2.2 million)—on procurement and distribution of family planning commodities and supplies.



The Family Planning 2020 Costed Action Plan (FY2013–14) launches.



Three private insurance schemes agree to include family planning in their insurance packages for 2014.



Biharamulo District approves its first-ever budget allocation for family planning, allocating 30.1 million TZS (\$17,500) of its own funds for the FY 2014–15 budget.



Chato District approves its first-ever budget allocation for family planning, allocating 5.6 million TZS (\$3,300) of its own funds for the FY 2014–15 budget.



Ngara District increases its yearly family planning budget allocation by 7% to 14.7 million TZS (\$8,500).



Five Higher Learning Institutions in Shinyanga sign a memorandum of understanding to provide sexual and reproductive health information and services for their students.



2013

The government endorses Framework Contract to ensure timely procurement and supply of contraceptives in the country.



New guidelines allow non-governmental organizations to directly access the Medical Stores Department for contraceptive commodities.



Parliament of Tanzania approves the FY 2013–14 Ministry of Health and Social Welfare request of \$621,700 for family planning equipment, a 50% increase from \$310,900 in FY 2012–13.



2009–2012

The national government increases FY 2011–12 family planning budget 3.5-fold from FY 2010–11.



The government includes family planning as a target in the Mid-term Expenditure Framework.



Vodacom provides a small grant to the Kisarawe District Council to support skills building of long-acting and permanent methods service providers.



A Tanzanian gold mine agrees to integrate family planning referrals into existing healthcare services for staff.



Media houses provide free space and airtime for family planning issues.



Two districts increase their family planning budgets.

- Kinondoni from 0.07% to 1% of its health budget
- Kisarawe from 0% to 5% of its health budget



Kisarawe District integrates family planning into their strategic plan (2012–2016) for the first time.



The government develops operation guidelines on integration of family planning, HIV, and maternal and child health services.



The government updates national Family Planning Guidelines and Standards of 1994 that places emphasis on family planning integration and quality of services.



PARTNERS: Partners in Population and Development Africa Regional Office and Reproductive Health Uganda

2020

By October, six districts (Apac, Bushenyi, Dokolo, Kyankwanzi, Nebbi, and Sironko) developed district costed implementation plans for family planning and included DMPA-SC.



AFP secured 23 free radio talk shows worth an estimated 29.7 million UGX (US \$8,050) between 2020 and early 2021. The spots aired in six districts and focused on family planning access during COVID-19, teenage pregnancy, adolescent access to family planning, and male involvement.



Four district resident commissioners in Kabale, Kabarole, Lamwo, and Rukungiri districts offered radio airtime to mobilize the community to use family planning services in September.



In September, leaders from the Lango Kingdom signed a resolution to support and promote family planning. The resolution, which impacts all eight districts in the region, focuses on educating communities about family planning and integrating family planning into the kingdom's budget and development plan.



Parliamentarians incorporated civil society recommendations on family planning services in the draft report for the National Health Insurance Scheme bill in May. AFP and other family planning partners shared their expertise with the health committee at the invitation of the Parliamentarians.



In February, the Kamwenge district passed a resolution announcing the provision of youth-friendly services every last Wednesday of the month.



Lira district committed to budget for and recruit adolescent focal people at their health facilities in January.



2019

The Lamwo district introduced youth-friendly services at health center IIIs and IVs in December.



In October, 22 districts allocated a total of 9.7 million UGX (\$263,117) in domestic funds for family planning in their FY 2019–20 budgets.



The Iganga District Council passed an ordinance in July to provide routine information on family planning and sexual and reproductive health and rights to all young people in- and out-of-school in a move to address high levels of teenage pregnancy.



In June, the Apac, Bushenyi, Dokolo, and Kapchorwa subnational governments effectively implemented the Uganda National Redistribution Strategy for Prevention of Expiry and Handling of Expired Medicines and Health Supplies. This strategy allows local officials to directly share medicine and health supplies, including family planning commodities, with one another to prevent both overstock and understock.



On May 30th, the Kabale District Council approved a 2019–20 consolidated annual work plan. This work plan ensures family planning remains a funding and policy priority for the entire district government, not only the health department.



The Mbale Resident District Commissioner issued a directive in April to all 18 media houses in the district to allocate part of the government's airtime for health issues, particularly family planning.



The Soroti District Council passed a motion in March to revive youth-friendly corners and provide reproductive health information and services in all health center IIIs. This will include creation or restoration of a dedicated space and the assignment of a health worker to provide services to young people.



The Ministry of Health issued a commitment letter in March to pilot drug shop operators accessing family planning commodities, including DMPA-SC, from the alternative distribution strategy. The strategy allows the public and private sectors to share commodities.



In March, the Ministry of Health adopted a family planning district costing tool, including for the development of district-specific costed implementation plans.



2018

The Ministry of Health approves inclusion of PPFP indicators into the Health Management Information System in September.



Between December 2017 and September 2018, three districts (Bushenyi, Mbarara, and Nebbi) pass resolutions to improve adolescent access to family planning and reproductive health services and information. The resolutions focus on dedicating specific hours and days for adolescents to access services and information.



In September, the Kibaale district dedicates one hour a month of radio programming to address family planning and reproductive health service information and services among young people.



In August, the National Drug Authority approves an extension of the drug shops pilot to March 2019, after the delayed implementation of the initial pilot.



Twenty-nine districts allocate a total of 508 million UGX (\$137,809) to family planning between June and July, a 34% increase over subnational family planning allocations the previous year.



In June, the Government of Uganda allocated more than 2.9 billion UGX (\$786,579) toward its national health insurance scheme, which includes coverage of family planning and reproductive health services. These funds will be used to support continued development of the scheme.



The Government of Uganda increases the family planning and reproductive health commodity budget to 16 billion UGX (US \$4.3 million) for FY 2018–19 in June, doubling the allocation of 8 billion UGX (\$2.2 million) from FY 2017–18.



In follow-up from last year, 115 drug shop operators are actively providing family planning services to the community and 3,381 clients were served by these providers from March to June. Approximately 80% of their family planning clients from April to June received injectable contraception.



The Ministry of Health issues a directive to the National Medical Stores to procure a variety of family planning commodities to attain family planning commodity choice in April.



In April, the Kyegegwa district issued a directive to all health facilities to include family planning as a separate intervention in their facility work plans.



On March 9, 2018, the Uganda Ministry of Health approved and adopted a civil society organization engagement strategy for the implementation of the country's Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Investment Case for the Global Financing Facility. Over 150 CSOs endorsed the strategy, which allows them to meaningfully coordinate with RMNCAH stakeholders and represent citizens across subnational and national levels.



2017

Two districts (Bushenyi and Kibaale) allocate funds towards improving provision of adolescent and youth-friendly services and information, including family planning, in December.



In December, Uganda's Bushenyi district chief administrative officer directed sub-county governments to allocate one percent of their total budgets to providing youth-friendly services, including family planning.



The Kanungu District local government, launched its first ever five-year strategic plan for family planning in November. The plan outlines the district's priorities for improving family planning from 2016–2020.



On November 6, the Mbarara district chief administrative officer, Fred Kalyesubura, issued a directive to all health facilities to dedicate a specific day to provide youth friendly health services, including family planning.



The local Global Financing Facility allocated \$11 million to family planning and reproductive health commodities, with a two-year commodity budget of \$4.7 million. Almost 90% of the commodity budget will go to procurement of family planning methods and supplies, including pills (\$2.5 million earmarked), IUDs, implants, and cycle beads (\$25,000). This represents a significant improvement over early plans, which included \$65,000 for cycle beads as the only investment in family planning. By November, the procurement process included about \$3.4 million for implant and IUD insertion and removal kits.



In June, the Ministry of Health agrees to pay the 3.2 billion UGX (\$898,330) arrears on handling fees to the Uganda Health Marketing Group (UHMG). The ministry made an initial payment of 300 million UGX (\$84,218) and included payment of the balance in the budget for next year. The handling fees are the result of implementation of the Alternative Distribution Strategy, whereby the National Medical Stores (public sector) and UHMG (private sector) can exchange commodities with one another in order to avert stock-outs across both public and private sector health facilities.



Between November 2016 and May 2017, 19 districts make financial allocations for family planning in FY 2017–18 totaling 355 million UGX (\$99,914).



2016

The Ministry of Health added DMPA-SC to the Essential Medicines List in December, allowing Uganda's National Medical Stores to procure it.



Mukono district inaugurates a 30-member District Family Planning Advocacy Committee on September 14. Ten family planning advocacy working groups are established and trained in AFP SMART.



In August, the Dokolo district local government decrees that health facilities dedicate one day per week to provide adolescents with sexual reproductive health information and services, including family planning. Kabarole district commits to invest in the redistribution of family planning commodities from low demand areas to high demand areas.



In a letter co-signed by local political, religious, technical, and cultural leaders on August 17, Arua district commits to prioritize and advance family planning by scaling up family planning activities and increasing district funding for family planning.



The Government of Uganda prioritizes family planning in its five-year Global Financing Facility business investment plan. Through the National Population Council, the government agrees to host a comprehensive family planning tracking framework.



Seven districts allocate funds for family planning.

- Mayuge increases its FY 2017–18 family planning allocation to five million UGX (\$1,392) from two million UGX (\$557)
- Mbale allocates 4% of locally generated revenue, which was 460 million UGX (\$136,095) the year prior
- Mubende district allocates 15 million UGX (\$4,438)
- Kanungu district allocates 30 million UGX (\$8,875)
- Rakai allocates 30 million UGX (\$8,352) of its local revenue for FY 2017–18 to family planning
- Soroti allocates six million UGX (\$1,775)
- Zombo allocates five million UGX (\$1,479)



In addition, Kibaale and Kamwenge districts commit to have family planning reflected in each of their work plans and 2017/18 budgets.

2015

African Women Leaders Network and Reproductive Health Uganda's advocacy on May 26 results in an immediate allocation of ten million UGX (\$4,000) in FY 2015–16 by Nebbi District leaders.



In March the Ministry of Health endorses three family planning indicators to be included in the Output Budgeting Tool for prioritizing family planning at the subnational level.



The Ministry of Health signs a memorandum of understanding on January 30 to implement an alternative distribution strategy of family planning commodities to the private sector.



2014

Government of Uganda launches a \$235 million Costed Implementation Plan 2015–2020 to scale-up family planning on November 27.



Gulu District leadership passes a policy resolution for uniform messaging on family planning.



District leaders in Gulu, Mbale, and Mubende commit to increase family planning allocations from their local revenue base following the National Conference on Family Planning.



2013

Parliament of Uganda passes bill establishing a National Population Council to provide strategic direction on population policy and commodity security.



The Ministry of Health permits trained clinical officers in private non-governmental organizations and public facilities in five districts to perform tubal ligations, increasing access to family planning services in rural areas.



2009–2012

The government increases its family planning budget allocation by approximately \$600,000 in FY 2009–10 to \$3.3 million in FY 2011–12.



National Medical Stores allows private family planning providers to access contraceptive supplies.



Ministry of Finance waives taxes on contraceptives in 2012.



Registration of Norigynon on the national essential medicines list to increase family planning method mix.



Ministry of Health incorporates community-based distribution of injectables into policy guidelines.





OPPORTUNITY FUND

The Opportunity Fund is a small grants program that helps advocates seize opportunities to accelerate Family Planning 2020's success at district, state, national, and regional levels.

PARTNER:

PAI

Icons with “FWA” indicate wins that were achieved as a part of AFP's Francophone West Africa regional approach

BENIN

In November 2020, government and civil society partners (including youth) disseminated the adolescent and youth sexual and reproductive health and rights content from four policies to inform stakeholders and the community of the rights they grant to adolescents and young people.



In August 2018, the national socio-medical training school incorporates modules on provision of DMPA-SC at the community level into their training curriculum, beginning in September 2018.



The Benin Ministry of Health adopts a national plan of action for the introduction of injectables in August 2018, including DMPA-SC, at the community level in all 34 health districts of the country by the end of 2019.



In August 2014, the Ministry of Health allocates 100 million XOF (\$193,000) for contraceptives in the 2015 budget, more than doubling the 2014 budget.



BURKINA FASO

Burkina Faso submitted an investment case to the Global Financing Facility in April 2019 that includes access to all modern contraceptive methods by rural youth and adolescents, behavior change communication, youth-friendly service provision, and the integration of youth and adolescent sexual and reproductive health in the reproductive, newborn, maternal, and child health package.



The government's new three-year costed implementation plan for family planning increases activities dedicated to adolescents and young people to 30% of all outlined activities—compared to the 14% of activities in the 2013-2015 plan. The plan officially launches in November 2017.



The rural communes of Gorgadji and Seytenga include funding for family planning activities in their 2017 annual communal investment plans—a first for communes in Burkina Faso—totaling 2.2 million XOF (\$3,722).



For the first time, municipalities in the Sahel region allocate for family planning in their five-year development plans (2015–2019): Kelbo (3.7 million XOF or \$5,500) and Dori (2.3 million XOF or \$4,600) on February 13, 2015. Inspired by Kelbo and Dori, the municipalities of Tin-Akoff and Boundore budget for family planning in their 2015–19 development plans, allocating 1.2 million XOF (\$2,400) and 1.3 million XOF (\$2,660), respectively.



CÔTE D'IVOIRE

In May 2020, Côte d'Ivoire's Ministry of Health and Public Hygiene approved free family planning for women, including young women and girls, throughout the country, including immediate postpartum and post abortion family planning.



In December 2017, the Government of Côte d'Ivoire allocated 500 million XOF (approximately \$930,000) toward purchasing contraceptives in its 2018 budget. Based on Côte d'Ivoire's commitment made at the Family Planning 2020 London Summit in July 2017, the allocation should increase by 10% each year—helping to achieve unprecedented consistent funding in the coming years.



ETHIOPIA

Amhara Regional Health Bureau increases budget for health from \$7.6 million to \$9 million in November 2013.



Tigray Regional Health Bureau increases budget for health and family planning in November 2013.



GUINEA

In September 2020, the Ministry of Health validated a strategy and action plan for a last mile, health facility-led commodity distribution system and a commodity tracking dashboard.



The Ministry of Health revises the training package for community health agents to incorporate DMPA-SC in August 2018.



The Guinea Ministry of Health approves a costed action plan for the introduction of DMPA-SC into its national family planning program as part of the method mix package in December 2017.



KENYA

In August 2020, Kisumu County launched its first-ever family planning costed implementation plan (2019–2023) prioritizing reproductive health supplies management and family planning integration across the health sector.



Kisumu County allocated 60 million KES (\$576,336) in June for reproductive, maternal, child, and adolescent health services, including family planning, in its FY 2020–21 health budget.



In June 2020, Laikipia County released and spent 500,000 KES (\$4,803)—the remaining unspent portion of their FY 2019–20 family planning, maternal and child health budget—to implement national reproductive health and COVID-19 guidelines and distribute family planning supplies.



Nakuru County allocated 4.3 million KES (\$42,626) for health care worker training on long-acting reversible contraceptive methods in May 2019 as part of the county's 2019–20 operational work plan—an increase of 1.1 million KES (\$10,094) over the 2018–19 allocation.



Bungoma County develops and approves a costed implementation plan for family planning in September 2018.



In September 2018, Bungoma County incorporates family planning into their new four-year County Integrated Development Plan (2018–2022).



Trans Nzoia County allocates 15 million KES (\$145,500) for family planning in their FY 2018–19 health budget in July 2018.



Machakos County allocates 30 million KES (\$295,000) for family planning in their FY 2018–19 health budget in July 2018, a ten million KES increase over their FY 2017–18 allocation.



In July 2018, Turkana County allocates 80 million KES (\$778,000) in its FY 2018–19 budget to pay community health volunteers providing family planning and reproductive health counseling, services, and referrals.



Kajiado county launches its four-year family planning costed implementation plan in February 2018 and allocates 10 million KES (\$97,000) to family planning services in their FY 2018–19 budget.



On June 6, 2017, the Kajiado County Assembly approved a first-time budget allocation of two million KES (\$19,000) for family planning services in the FY 2017–18 health budget. In May 2017, Kenya’s Machakos County approved a first-time budget allocation of 20 million KES (\$200,000) for family planning in FY 2017–18.



On March 1, 2017, Kenya’s Machakos County launched its first family planning CIP (2017–2021). The plan lays the groundwork for family planning prioritization, coordination, and budgeting in the county, and will help guide resource mobilization efforts. Kajiado County also launched a family planning CIP.



Two counties approve multi-year, costed family planning and reproductive health strategies in April–May 2015. Busia County’s is a three-year, 2.3 billion KES (\$24 million) reproductive health strategy (2015–2017). Homa Bay County’s is a five-year family planning strategic plan (2015–2019) of 1.8 billion KES (\$20 million).



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 14 million KES (\$162,000) for family planning for the first time in its FY 2015–16 budget.



MADAGASCAR

The National Assembly and Senate approve a revised reproductive health law in July 2017 promoting adolescent and youth access in accordance with Madagascar's Family Planning 2020 commitments.



MALI

The Council of Bougouni commune and ten communes therein allocate for family planning for the first time in the 2016 budget for a combined total of 25 million XOF (\$50,000).



In August 2014, 15 districts expand provision of tubal ligations at the community level, in accordance with Mali's new national procedures for reproductive health.



MAURITANIA

In January 2020, Mauritania's Ministry of Secondary Education issued a circular authorizing three districts to provide free reproductive health information and services, including family planning, for in-school adolescents.



Mauritania approved a new reproductive health law on January 10, 2017. The law's passage is a great victory for women in Mauritania: it is the first time that a national policy recognizes reproductive health as a right.



On October 6, 2016, the Council of Ministers of the government of Mauritania approves the text of a new Reproductive Health Bill submitted by the Minister of Health.



The government of Mauritania increases the reproductive health supplies budget allocation by one-third to 20 million MRO (\$63,000) in 2015.



In May 2014, the government approves the first-ever budget allocation of 15 million MRO (\$50,715) for reproductive health supplies, including contraceptives, for the 2014 health budget.



NEPAL

Nepal's Ministry of Health and Population approved Levoplant as an additional contraceptive method to expand contraceptive choice in December 2020.



In September 2019, the family welfare division director issued a memorandum to the Director General of the Ministry of Health recommending registration of the Levoplant (2-rod implant), which has not previously been available to Nepalese women or girls.



NIGERIA

In July 2020, Lagos State's Ministry of Health released nine million NGN (\$23,999) for family planning activities, a small portion of its FY 2020 family planning budget largely earmarked for procuring contraceptives and consumables.



Kaduna State released 100 million NGN (\$266,659) for procurement of contraceptives and family planning consumables, spending 100% of its FY 2020 budget allocation in March 2020. Another two million NGN (\$5,333) was released in June 2020 for distribution of supplies and creation of family planning information, education, and communication materials.



Kebbi State's Ministry of Health increased its FY 2019 budget allocation for family planning by four million NGN (\$11,066) in September 2019 and approved the release of the full FY 2019 allocation of 19 million NGN (\$52,565) in October 2019.



In August 2018, the Ekiti State Ministry of Health develops and approves a family planning costed implementation plan for 2019–2021.



Kano State releases 28.2 million NGN (\$77,546) or 68.3% of its approved family planning budget allocation for FY 2017–18 in December 2017.



On April 28, 2017, the Nigerian Minister of Health released an updated training curriculum for community health extension workers to include guidance on providing LARCs. The revision builds on Nigeria's 2014 task sharing policy that authorizes community health extension workers to provide women with implants and IUDs.



THE PHILIPPINES

In one Davao province, mayors of three municipalities adopted the provincial executive order that resulted in first-time allocation of 600,000 PHP (\$11,969) in October 2017. In SOCKSARGEN, the Regional Department of Health allotted 1.5 million PHP (\$29,923) to accelerate and sustain the reduction of unmet need for modern family planning at provincial, city, and municipal levels.



On March 8, 2017, the Regional Development Council XI of Davao, Philippines approved and signed two resolutions that will spur the local implementation of President Duterte's Executive Order (EO) No. 12 that mandates "Zero Unmet Need for Modern Family Planning by 2018."



SENEGAL

On June 12, 2015, the Ministry of Health and Social Action authorizes the first prescription of the pill by community health workers (relais communautaires) serving in ten out of the 14 regions in Senegal.



SOUTH SUDAN

On February 8, 2017, Imotong State of South Sudan formally designates 1.5 million SSP (\$21,000) to their first budget allocation for family planning services. The new allocation is a result of a resolution passed in September by the state's legislative assembly to increase funding for family planning by establishing a dedicated budget.



In September 2016, the health committee of Imotong state approves a new budget for family planning within the Ministry of Health. The local government awaits the national and state budget allocations in November 2016.



TANZANIA

In June 2018, the Kilombero, Masasi, and Mkinga council health management teams allocate a total of 35.7 million TZS (\$15,520) for the procurement of 85 IUD insertion and removal sets as part of their FY 2018–19 comprehensive health plans. TOGO



Between September 2017 and March 2018, 17 communes in Togo signed commitments to allocate 5% of their annual health budgets for sexual and reproductive health and family planning. As of May 2018, 16 have already allocated funds totaling nearly 18.3 million XOF (\$32,000). The funds will go toward family planning promotional campaigns, sensitization of religious leaders on family planning, and recruitment of additional midwives to offer services.



Minister of Health approves the Manual of Procedures for implementing this task sharing policy in June 2016.



The Government of Togo passes a revised Community-Based Intervention National Policy on February 13, 2015, which includes the first prescription of the pill and distribution of injectables at the community level.



UGANDA

The Bukedea district allocated an additional 33 million UGX (\$8,941) in May 2020 for family planning services in its FY 2019–20 budget for the second year in a row. Development partners committed to aligning their family planning resources with the district's costed implementation plan and upcoming annual workplan.



In July 2018, Pallisa district allocates 2% of primary health care funds to family planning activities in their FY 2018–19 budget as well as 10 million UGX (\$2,625) to family planning training for health workers



Between March and July 2018, Yumbe district government establishes a family planning advocacy working group and allocates 30 million UGX (\$7,827) in the FY 2018–19 budget for district family planning costing implementation plan development and family planning training for health workers.



Kapchorwa district council in Uganda approved a framework developed entirely by local community stakeholders to monitor and track family planning supplies to the last mile in June 2018. The first of its kind, the plan does not require funding and involves all stakeholders in the commodity supply chain to ensure that each one safeguards access to family planning and reproductive health commodities.



The Ministry of Health amends the essential medicines kit for level III health centers in June 2018 to include implants and IUDs for consistency with the national policy.



Between February and May 2018, Bukedea district establishes a family planning working group and develops and approves district family planning costing implementation plan for 2018–2021.



In January 2018, the Pallisa district government establishes a family planning advocacy working group and creates a family planning budget allocation in the FY 2018–19 budget.



In July 2017, the Ugandan National Drug Authority Board authorizes the stocking of injectable contraceptives in private drug shops in 20 select districts following the advocacy efforts of FHI 360 and Reproductive Health Uganda.



Mubende District Health Officer implements the National Reverse Redistribution Strategy for Prevention of Expiry and Handling of Expired Medicines and Health Supplies (“Reverse Distribution Strategy”) to redistribute contraceptives in December 2016.



ZAMBIA

In January 2020, the Zambian government announced a universal health coverage benefits package that covers contraceptive pills, implants, injectables, intrauterine devices, and emergency contraception. It is the first financing reform in the region to cover family planning.



Chipata and Petauke district governments in Zambia’s Eastern Province allocated 413,600 ZMW (\$32,113) and 429,400 ZMW (\$33,340), respectively, in August 2019, for adolescent health and integrated reproductive health and family planning.



In October 2017, the Government of the Republic of Zambia allocates 11.4 million ZMW (\$1.2 million) of its FY 2018 budget for reproductive health supplies. Contraceptives now make up the bulk of its procured supplies under the reproductive health budget, which the government pledged to create and fund at the 2012 London Summit.



Family planning technical working groups established in Monze and Mazabuka Districts, Southern Province in August and September 2017. Both districts have costed and budgeted at total of 134,375 ZMW (\$14,200) for family planning programming, including community-based distribution training and family planning outreach in FY 2018.



Eastern Province costed and allocated a total of 573,600 ZMW (\$56,600) for the training of community-based distributors in three districts (Chipata, Katete, and Petauke) in their FY 2018 budget.



The Ministry of Health launches the Adolescent Health Strategy 2017–2021 in August 2017 with an emphasis on reducing the teen pregnancy rate by one-third by 2021. This is embedded within the broader Zambia National Health Strategic Plan 2017–2021, launched the same week.



In December 2017 the new Global Fund program is officially approved and includes \$12 million for adolescent sexual and reproductive health.



Eastern Province allocated 284,000 ZMW (\$28,000) for strengthening the contraceptive supply chain in its FY 2017 budget; however, this was eventually nullified by a Ministry of Health agreement USAID committed \$1.1 million for supplies logistics, covering Eastern province and a few other geographies.



The Zambian Ministry of Health (MOH) creates an adolescent health budget in its FY 2017 budget to strengthen the capacity of district level adolescent health technical working groups. They also made an initial allocation of 332,600 ZMW (\$35,000) for adolescent health.



Between February and May 2018, Bukedea district establishes a family planning working group and develops and approves district family planning costed implementation plan for 2018–2021.



In 2016, for the second year in a row, the government increases its allocation by five percent from its own funds for reproductive health supplies, including contraceptives. In FY 2014, the government allocates 12 million ZMW (\$2 million) for the procurement of reproductive health supplies. Funds have been fully spent each year since.



In March 2016, the Ministry of Local Government commits to review guidelines for use of constituency development funds for family planning and youth programming at district level.



Ministry of Health approves a task sharing policy in January 2016, allowing community health workers to provide injectable contraception.



15 Members of Parliament issue sign a public statement calling for the Ministry of Health to include a budget for adolescent sexual and reproductive health, pledging to support it during the budget debate.



REGIONAL



PARTNERS:

African Women Leaders Network for
Reproductive Health and Family Planning (AWLN),
Partners in Population and Development
Africa Regional Office

REGIONAL

2015

Nyeri County in Kenya launches the Nyeri County Reproductive Health and Family Planning Strategy 2015–2025 on August 24. The County Executive Secretary of Health verbally commits to allocate 10% of the county's health budget to family planning.



2014

The Director of the Central Medical Stores in Zanzibar, Tanzania directs 66 staff at the Ministry of Health across all ten districts to be re-trained in November. Re-training contributed to a 70% drop in family planning commodity forecasting errors.



The outcome document of the 47th Session of the United Nations Commission on Population and Development in April includes strong language on family planning from AWLN recommendations in country and regional position papers.



AWLN members in Zanzibar, Tanzania, successfully advocate the Director of the Central Medical Stores to issue a directive for all family planning service providers at facilities in two districts—Unguja North and Pemba—to undergo re-training in the management of the Zanzibar Integrated Logistics Systems.



The Government of Uganda increases funding for family planning from \$3.3 million in FY 2012–13 to \$6 million in FY 2013–14 (in collaboration with Reproductive Health Uganda).



In line with Family Planning 2020 commitments, the Ministry of Health in Malawi increases the family planning budget 130% to 60 million MWK (\$151,000) in FY 2014-15.



2013

The Network of African Parliamentary Committees on Health (NEAPACOH) align country action plans with Family Planning 2020 to increase budget commitments to family planning and reproductive health.



2009–2012

African country delegates are held to their countries' commitments on family planning, reproductive rights, and the Maputo Plan of Action at the Commission on Population and Development meetings.



Pan-African Parliament pass a motion to work with African governments to meet Abuja Declaration Commitment.



The Ghana National Health Insurance Scheme Bill put before Parliament includes family planning commodities.



The G8 Muskoka Declaration includes family planning (in collaboration with Partners in Population and Development Africa Regional Office).



The Global Strategy on Women's and Children's Health includes family planning in accountability measures.



The World Bank World Development Report adds reproductive health as an area of emphasis.



Ekiti State leaders in Nigeria prioritize family planning and allocate \$50,000 to train antenatal care providers in family planning.



African Union extends Maputo Plan of Action for five years (2011-15).



Organization for African First Ladies Against AIDS adds maternal health and family planning to their mandate.



Eastern Africa Reproductive Health Network (EARHN) mainstreams family planning advocacy in national plans.



The Southern and East African Parliamentary Alliance of Committees on Health (SEAPACOH) develops country-level action plan in line with relevant Family Planning 2020 commitments. (In collaboration with SEAPACOH).



Mukono and Mayuge Districts in Uganda integrate family planning as a cross-cutting issue in their development plans for FY 2011-12 and FY 2012-13.





GLOBAL

2017

On April 24, 2017, the Global Financing Facility Investors Group approved the Global Financing Facility Civil Society Engagement Strategy to meaningfully involve nongovernmental stakeholders across subnational, national, and global levels.



2012

World Health Organization adds contraceptives to priority medicines for mother and children in December.



World Health Organization includes family planning in guidance on task sharing for Maternal, Newborn, and Child Health in December.





AMPLIANDO EL ACCESO

Ampliando El Acceso, or “Expanding Access” was a one-year, independently funded project. The project seeks to expand access to contraceptive information and services for youth in Colombia, the Dominican Republic, and Mexico by strengthening local advocacy efforts.

PARTNER:

International Planned Parenthood Federation/
Western Hemisphere Region

COLOMBIA

In November 2016, the Rionegro municipality establishes and trains a group of youth sexual and reproductive health and rights leaders on advocacy and communication strategies to monitor and evaluate the implementation of a youth-friendly services model.



On May 31, 2016, the Secretary of Health in the municipality of Rionegro formally adopts technical recommendations to implement youth-friendly services in its Development and Health Plan (2016-2020).



In May 2016, Rionegro formed an intersectional technical commission and adopted a youth-friendly services model in the hospitals and colleges of the municipality.



DOMINICAN REPUBLIC

In September 2016, the Minister of Health presents the Contraceptive Counseling Care for Youth Protocol to the National Health Service, the media, and civil society. The protocol will ensure health care providers in all public and private health facilities in the country deliver quality and confidential sexual and reproductive health care for young people and develop an appropriate budget.



In June 2016 the Ministry of Health validates a protocol for adolescent services, which emphasizes sexual and reproductive health and incorporates social monitoring as an accountability mechanism.



MEXICO

On August 17, 2016 health authorities from the states of San Luis Potosi, Oaxaca, and Hidalgo authorize the opening of 13 facilities within health centers for the implementation of the social monitoring tools by youth health promoters.



On June 7, 2016, the Director of the Ministry of Health's National Center of Gender Equality and Reproductive Health endorses implementing a social monitoring model to improve youth access to contraception. Mexfam will pilot the model in three states.



AFP is supported by the Bill & Melinda Gates Foundation, the David & Lucile Packard Foundation, and The William and Flora Hewlett Foundation

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