Framework for Monitoring and Evaluating Efforts to Reposition Family Planning

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MEASURE Evaluation PRH

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Background

Since 2001, USAID's Office of Population and Reproductive Health (PRH), in collaboration with the Africa Bureau, USAID Missions, the World Health Organization and other partners, has engaged in an initiative to reposition family planning in sub-Saharan Africa. In an era in which HIV/AIDS, malaria, and tuberculosis programs dominate the global health agenda and receive a majority of the global health resources, the initiative was established to ensure family planning remains a priority for donors, policy-makers, and providers in sub-Saharan Africa.

The stated goal of USAID's Repositioning Family Planning initiative is to increase political and financial commitment to family planning in sub-Saharan Africa, which will lead to expanded access and help meet women's stated desires for safe, effective modern contraception.[1] The initiative has identified three key approaches or intervention areas for achieving this goal: advocating for policy change, strengthening leadership, and improving capacity to deliver services. Many tools and approaches have been developed in the research, policy, contraceptive security, and service delivery arenas to support these efforts, such as the Repositioning Family Planning Advocacy Toolkit,[2] SPARHCS,[3] and Reality √.[4] As a result, countries are in various stages of repositioning family planning. Currently, however, there is a gap in the ability of countries to assess the success of efforts to reprioritize family planning.

As a result, there is a need for a framework by which countries and programs can monitor and evaluate their progress toward repositioning family planning. The results framework includes illustrative indicators, which maximize the use of existing information. This framework for monitoring and evaluating (M&E) the repositioning of family planning services can ultimately be used by international donors, governments, and programs to assess their efforts, identify gaps in strategies to reposition family planning in countries, and to inform funding, program design, policy and advocacy, and program planning and improvement.

MEASURE Evaluation Population and Reproductive Health (PRH) adopted the following participatory approach to developing the framework:

- key informant interviews with members of the USAID Repositioning Family Planning Working Group
- key informant interviews with implementing partners outside of USAID
- key informant interviews with USAID missions from nine African countries
- synthesis of key informant input into conceptual background for framework

[1] U.S. Agency for International Development (USAID). (2009). Repositioning family planning operational plan 2008-2013 [unpublished]. Washington: USAID.
[2] Academy for Educational Development (AED), World Health Organization (WHO) Regional Office for Africa. (2008). *Repositioning Family Planning: Guidelines for Advocacy Action*. Washington: AED and WHO.
[3] Hare, L., Hart, C., Scribner, S., Shepherd, C., Pandit, T. (ed.), and Bornbusch, A. (ed.). 2004. *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation.* Baltimore, MD: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.
[4] EngenderHealth. (2007). *Reality Check: Family Planning Forecasting Tool*. New York: EngenderHealth.

- compiling, reviewing, and refining indicators from interviewee organizations
- draft framework review by USAID

Information Gathering

To learn from the efforts of USAID'S implementing partners, MEASURE Evaluation PRH consulted members of the USAID's Repositioning Family Planning Working Group to discuss the development of this framework. MEASURE Evaluation PRH conducted telephone interviews with key informants from the following projects:

- PSP-One and HS2020 Projects, Abt Associates
- AIM Global Health
- DELIVER Project, John Snow, Inc.
- Extending Service Delivery (ESD), Pathfinder
- Health Policy Initiative (HPI), Futures Group
- Leadership, Management, and Sustainability (LMS) Project, Management Sciences for Health
- BRIDGE Project, Population Reference Bureau
- RESPOND Project, EngenderHealth

This group of implementers provided information and insights about their respective projects' efforts to reposition family planning. Many of these organizations also contributed literature and indicators used to create the following results framework.

After interviewing each of the implementing partners (IPs), an effort was made to understand repositioning outside of the USAID context. Key informants were interviewed from

- Population Action International
- Urban Reproductive Health Initiative
- Futures Institute
- Bill and Melinda Gates Institute for Population and Reproductive Health of the Johns Hopkins Bloomberg School of Public Health
- World Health Organization (WHO)'s Implementing Best Practices Initiative

Finally, representatives from the USAID missions of the following nine priority countries were interviewed to provide the country perspective on repositioning family planning efforts amidst the current health priorities:

- Democratic Republic of Congo
- Kenya
- Madagascar
- Malawi
- Namibia
- Nigeria
- Senegal

- Tanzania
- Uganda

Defining Key Components of Repositioning Family Planning

During these key informant interviews, conducted from October 2009 through February 2010, many respondents from USAID missions were unsure of the definition of repositioning. A frequent request from missions that arose at the beginning of the interview was: "Please tell us your understanding of repositioning family planning." Upon an initial explanation, though, respondents provided a rich description of efforts to reposition family planning in their country and elements that are involved in repositioning family planning. In some cases, these included elements that extend beyond the strategies and approaches described in USAID's Repositioning Family Planning Initiative's Operational Plan:[1]

- resources allocated to family planning
- successful advocacy to different influential groups
- inclusion of family planning in national policy documents and plans
- country-level stewardship or ownership of family planning
- gaining the support of a leader to champion family planning
- section in the Ministry of Health dedicated to reproductive health (RH) and family planning (FP)
- community support or demand for the use of family planning, including support of men, traditional and religious leaders
- demand among the population—individuals and families
- including a strong communication component across communities and facilities
- reaching those most in need of family planning services
- commodity security and local procurement and distribution
- providing long-acting methods at the community level

There was disagreement on whether or not integrated services promote family planning or hinder efforts to reposition family planning. Some respondents felt that integration was essential, while others lamented that vertical family planning programs had been much more successful than integrated programs.

Representatives of USAID IPs often accurately described the overall goal of repositioning family planning, but consistently focused on the contributions of their own project or organization to the initiative. Admittedly, these respondents were asked to talk primarily about their own work, while USAID missions were asked about the country context and situation with family planning in general. Nearly all respondents from USAID missions, IPs, and international organizations underscored the importance of "evidence of action." Documents and statements of commitment are not sufficient for repositioning, but real action, funding, and implementation are evidence of action.

Barriers to Repositioning Family Planning

Respondents from USAID missions were asked about potential barriers or challenges to repositioning family planning in their country. Some representatives of IPs and international organizations also provided insight into challenges that they face across countries. Missions specifically cited *demand* for family planning as a barrier to securing commitment to and resources for family planning. For example, USAID mission representatives stated:

> "Family planning is still a taboo subject."
>
> "The issue of cultural and religious barriers is strong…"
>
> There are "no communication programs in this country to generate demand."

Not surprisingly, USAID missions consistently revealed an interest in and understanding of the broader context within a country and its impact on family planning. Many cited the importance of maintaining a focus on *gender and family planning*. One respondent from a USAID mission stated, "We need to see men more strongly involved in repositioning family planning. When it focuses on women, it's a woman's problem and gets no attention."

Representatives of implementing partners and international organizations also discussed barriers to repositioning family planning, including:

- turnover and "brain drain" of health workers moving away from family planning and reproductive health to U.S. President's Emergency Fund for AIDS Relief (PEPFAR)-funded programs or to other higher paying donor-funded positions;
- insufficient resources for supporting consistent follow-up, which makes it difficult to know the extent of commitments;.
- capacity of individuals and organizations are sometimes insufficient to sustain efforts;
- country stewardship is often weak, which results in competing donor/IP efforts, poor coordination, and few synergies; and
- information produced for advocacy and policy-making may not be used once the international organization has moved on to another initiative.

Information from each set of interviews, as well as documents and project performance monitoring plans (PMPs), were compiled and reviewed as the basis for the results framework. The interviews provided insight into the key factors and components involved in repositioning family planning, potential barriers to repositioning, and provided key themes for measuring progress in repositioning family planning. These key components and themes informed the structure of the framework and the relationships between the intermediate results (IRs) described below.

Respondents noted some important facilitating factors or barriers to repositioning family planning, which are not specifically captured in the results framework and list of illustrative indicators. In some cases, these factors are functional areas, such as contraceptive security or

human resources for health. The illustrative indicators can be used to monitor efforts in these areas, but may require additional indicators to address the range of efforts in these areas completely.

Results Framework for Strengthening the Enabling Environment for Family Planning

When is a country *"repositioned"?* And how does a country know that it is going down the right path in its efforts to increase access to and demand for quality family planning services? Assessing and measuring the extent to which a country has repositioned family planning in the broader health and development agenda will involve a focus on documenting results at the national and subnational levels, monitoring change in traditionally monitored family planning indicators, as well as sharing and replicating best practices. Monitoring and evaluating many of these indicators will require baseline data in order to demonstrate an improvement or increased focus on technically sound family planning programs.

The results framework is a planning, monitoring and management tool that links the conceptual design of a program intervention to the reality of program implementation. It allows the user to understand linkages between program interventions and potential results, and monitor progress. At a country level, the breadth and range of indicators presented in this framework may be used to assess the overall effort to reposition family planning. On the other hand, organizations may select key indicators that are relevant to the types of programs being implemented by their team.

Strategic Objective: Increased Stewardship of and Strengthened Enabling Environment for Effective, Equitable and Sustainable Family Planning Programming

Based on the goal of USAID's repositioning family planning initiative, we propose the overarching strategic objective (SO) in the results framework (figure 1) be: *Increased stewardship of and strengthened enabling environment for effective, equitable and sustainable family planning programming*. The initiative's operational plan notes a goal of increasing both political and financial commitment to family planning in sub-Saharan Africa. MEASURE Evaluation PRH, with input from key stakeholders in the Repositioning Family Planning Working Group, has chosen to broaden the language in the strategic objective.

To assess whether strengthening has occurred, a baseline in addition to a set of criteria should be established in advance.

Stewardship in this framework is defined as the responsible and attentive management of something entrusted to your care. Respondents in the missions, as well as respondents from projects addressing policy and financing issues, noted that a sustainable repositioning of family planning would not take place without leadership and stewardship of family planning from

within the country. Respondents cited successes in Rwanda and Madagascar as clear examples of true changes being made only after public officials took over responsibility for family planning. In particular, these respondents noted that in these countries a specific individual became a "champion" for family planning in the country. Family planning and reproductive health programs are often the responsibility of the public sector; however, family planning may not be a priority in the country. Strengthened stewardship within and between any sectors involves leadership and active management from within the country to provide family planning services.

Stewardship is one of the six building blocks in the World Health Organization's health systems framework.[5] The principles defining stewardship for the overall health system may be adapted to family planning and map clearly to this results framework, for example:

- overseeing and guiding the overall provision of family planning services, provided by private as well as public sources, in order to protect the public interest (SO);
- formulating strategies and also specific technical policies for family planning which define goals, directions and spending priorities across services, and identify the roles of public, private and voluntary actors and the role of civil society (IR1 and IR3);
- intelligence and oversight, including measuring trends in population and family planning measures, including access to services (IR4);
- collaboration and coalition building across sectors in government and with actors outside government, including civil society, to influence action on key determinants of population and access to family planning services (IR2);
- regulation and the design of performance measures, and ensuring they uphold the principles of voluntariness and informed choice in family planning (IR3 and IR5);
- ensuring a fit between strategy and structure and reducing duplication and fragmentation in the organization and delivery of services (IR3); and
- ensuring accountability and transparency in the delivery of family planning services (SO).

Strengthened enabling environment for family planning is an observable improvement in the conditions that facilitate the efforts of all sectors to implement FP programs. Key elements of an enabling environment are described in greater detail through the IRs in this framework. The enabling environment may include such elements as an increase in financial support for FP; appropriate curricula for health workers, including international best practices in FP; or a regulatory environment favorable for procurement of a variety of different FP methods.

Equitable refers to ensuring that all segments of a country's population—especially the poor, children and adolescents, women, men, and inhabitants of rural areas—have fair and equal access to services.

Sustainable refers to the ability of host country entities to strengthen or maintain the enabling environment and meet established objectives for family planning over a period of time, and to

[5] World Health Organization (WHO). (2007). *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. Geneva: WHO.

do so in spite of the strength or weakness of external funding and/or focus on family planning. This framework's definition of "sustainable" loosely builds on the Africa Bureau Office of Sustainable Development's definition, which states that sustainability is "the ability of host country entities (community, public and/or private) to assume responsibility for programs and/or outcomes without adversely affecting the ability to maintain or continue program objectives or outcomes."[6]

Strengthened stewardship and enabling environment for family planning described in the SO helps contribute to a positive change in country-level, long-term outcome indicators for family planning. These long-term outcome indictors include the contraceptive prevalence rate, shift in method mix to long-acting and permanent methods of contraception, and unmet need. However, because these indicators are also highly dependent on service delivery and other program variables, they have not been included in the framework as a direct measurable and manageable outcome of repositioning family planning efforts. It is important to monitor these and other established outcome/impact indicators, but weakness may or may not be directly attributable to the repositioning efforts.

Through the series of IP and mission interviews, a review of current literature and prevailing indicators used by USAID-funded projects, MEASURE Evaluation PRH has identified five IR areas:

IR1: Resources for Family Planning Increased, Allocated and Spent More Effectively and Equitably

This IR describes improvement in a key element of an enabling environment. As described above, nearly all respondents interviewed by MEASURE Evaluation PRH underscored the importance of "evidence of action." One representative of an international organization asserted, "It doesn't make sense to bump up something to the forefront without thinking about whether or not there are resources to pick it up when you leave." Increased resources for family planning is evidence to document that action.

Representatives from missions and IPs alike described the allocation and actual expenditure of resources on family planning commodities and services as a key measure of repositioning. One respondent noted that even if family planning is included in country plans or policies, this "still requires financial support to be repositioned."

In this framework, increased resources does not refer to only financial resources, but can also be material such as additional doctors, new facilities, furniture, and vehicles. Resources can derive from many sources including, national/subnational governments, nongovernmental organizations (NGOs), donors, individuals, foundations, etc. There are several possible mechanisms to increase the pool of resources available for health-related activities: line items

[6] USAID Africa Bureau, Office of Sustainable Development (AFR/SD). (1999). *Health and Family Planning Indicators: A Tool for Results Frameworks*. Volume I. Washington: USAID AFR/SD.

in budgets, money from government budgets, donor funds, taxes, user fees, privatization, community-based financing, and health insurance schemes, among others. This selection of indicators can help to track sustainability of family planning in a country.

Allocation refers to the assignment of resources to a specific purpose. Financial, human, and other types of resources may be allocated to different activities/needs/clinics/geographical locations based on evidence and information, modeling, advocacy and policy dialogue, a costing exercise, or part of a policy or operational plan.

Equitably refers to ensuring that all segments of a country's population—especially the poor, adolescents, women, men, and inhabitants of rural areas—have fair and equal access to services.

IR 2: Increased Multisectoral Coordination in the Design, Implementation, and Financing of Family Planning Policies and Programs

Sector refers to a subset of institutions, organizations, or body of knowledge. For instance, at the institutional level, sectors can be defined in relation to government or the private sector. Within the private sector, institutions can further be defined as for-profit entities or nonprofit entities, such as NGOs/community-based organizations, civil society groups, religious groups, etc. Sectors may also be defined in relation to the discipline or body of knowledge under which the entity operates (e.g., education, agriculture, health, and the environment).

Multisectoral structures can be any entities, bodies, partners that are made up of groups or individuals from different sectors (government, nongovernment, civil society) and/or different disciplines (health, education, environment, etc.).

Coordination is an effort, process, or system of operating that involves bringing together multiple parties to work toward a unifying objective or output. The parties involved may include ministry of health (MOH) representatives, NGOs, parliamentary committees, U.S. government representatives, donors, leaders from various sectors in a country, etc.

Demand for FP or social acceptability of FP can be influenced by efforts to reposition family planning. For instance, the framework includes indicators that reflect multisectoral involvement in strengthening the enabling environment for FP (IR2). Multisectoral involvement, including entities representing community and religious groups, can reflect existing acceptance and interest in family planning in the community.

IR 3: Policies that Improve Equitable and Affordable Access to High-Quality Family Planning Services and Information, Adopted and Put into Place

Policies include laws and plans that provide the broad vision and framework for action within an enabling environment for family planning. One of the first components of repositioning

family planning mentioned by each respondent was a strong family planning policy and inclusion of family planning in national and subnational documents and plans. Based on country examples conveyed by missions and implementing partners, as well as through the document review, it is clear that merely the existence of a policy, document, or plan is insufficient to ensure commitment to and resources for family planning. This IR also includes indicators to measure the essential steps from policy to practice, including the existence of an operational plan, measures to address barriers to policy implementation, and evidence of policy implementation.

Adoption and implementation of policies often occur at different points in time. In some contexts, a policy will first need to be adopted, which would be reported using one indicator. If a policy is already in place and a plan is developed, a result corresponding to another indicator can be claimed.

Put into place refers to various implementation mechanisms such as adopting operational policies, establishment of monitoring bodies, training on how to use/implement policy or guidelines, etc.

As mentioned above, equitable refers to ensuring that all segments of a country's population—especially the poor, children and adolescents, women, or inhabitants of rural areas—have access to services.

IR 4: Evidence-Based Data or Information Used to Inform Policy Dialogue, Policy Development, Planning, Resource Allocation, Budgeting, Advocacy, Program Design, Guidelines, Regulations, Program Improvement and Management

Nearly every implementing partner interviewed by MEASURE Evaluation PRH shared their project's performance monitoring plan (PMP). Each of these PMPs included an indicator to monitor the use of information generated by the project. These sources of information included national health accounts and-sub accounts information, documented best practices, modeling information for advocacy purposes, and program evaluation or information produced through a model for strategic planning.

Projects and missions alike underscored the importance of "using evidence to inform decision making and resource allocation," "institutionalizing the collection" of important routine information, and "using information from advocacy models to increase visibility of family planning." Respondents also noted that resources may be spent on "producing information for advocacy, policymaking or planning, but the information may not be used." It is important to monitor efforts to reposition family planning by considering the evidence behind certain decisions. Through the process of mapping indicators, MEASURE Evaluation PRH discovered that this result area is fundamental to achieving IR 1, IR 2, IR 3, and the SO, and, thus, have

depicted this IR as well as IR 5 as foundational elements of the repositioning family planning initiative (figure 1).

IR 4 links the collection of data, development of tools, such as models, and the application of these sources of evidence. Achievement of this indicator occurs when a policy-maker (such as a minister of health) or a representative from an NGO, on his or her own initiative, uses evidence-based information for policy dialogue, planning, or advocacy. Evidence of achievement for this indicator does not include dissemination (printing and distributing reports), but rather actual use of the information for advocacy, policy dialogue, planning, resource allocation, and program improvement.

IR 5: Individual or Institutional Capacity Strengthened in the Public Sector, Civil Society, and Private Sector to Assume Leadership and/or Support the Family Planning Agenda

This result area measures strengthened capacity to support the family planning agenda and assure sustainability of family planning. Forms of capacity may include leadership, management, monitoring and evaluation, advocacy, policy development, program content, etc. The result area also reflects the importance of the involvement of varied sectors. During interviews with missions, respondents expressed the concern that capacity to sustain efforts to reposition family planning and keep it on the agenda is lacking. Many also asserted that well-positioned, prepared champions throughout the public, private, and NGO sectors play a vital role. One respondent expressed concern that without strong local capacity, the initiative would not continue to promote family planning once donor support has shifted to competing priorities or left the country.

This result area also includes an indicator (IR5.3) that can be used to monitor social acceptability of FP. As many interviewees noted, FP champions can create social acceptability of contraception, and statements by community leaders in support of family planning can reflect existing acceptance and interest in family planning in the community.

Through the process of mapping indicators, MEASURE Evaluation PRH discovered that this result area is fundamental to achieving IR 1, IR 2, IR 3, and the SO, and thus have depicted this IR as well as IR 4 as foundational elements of the initiative (figure 1).

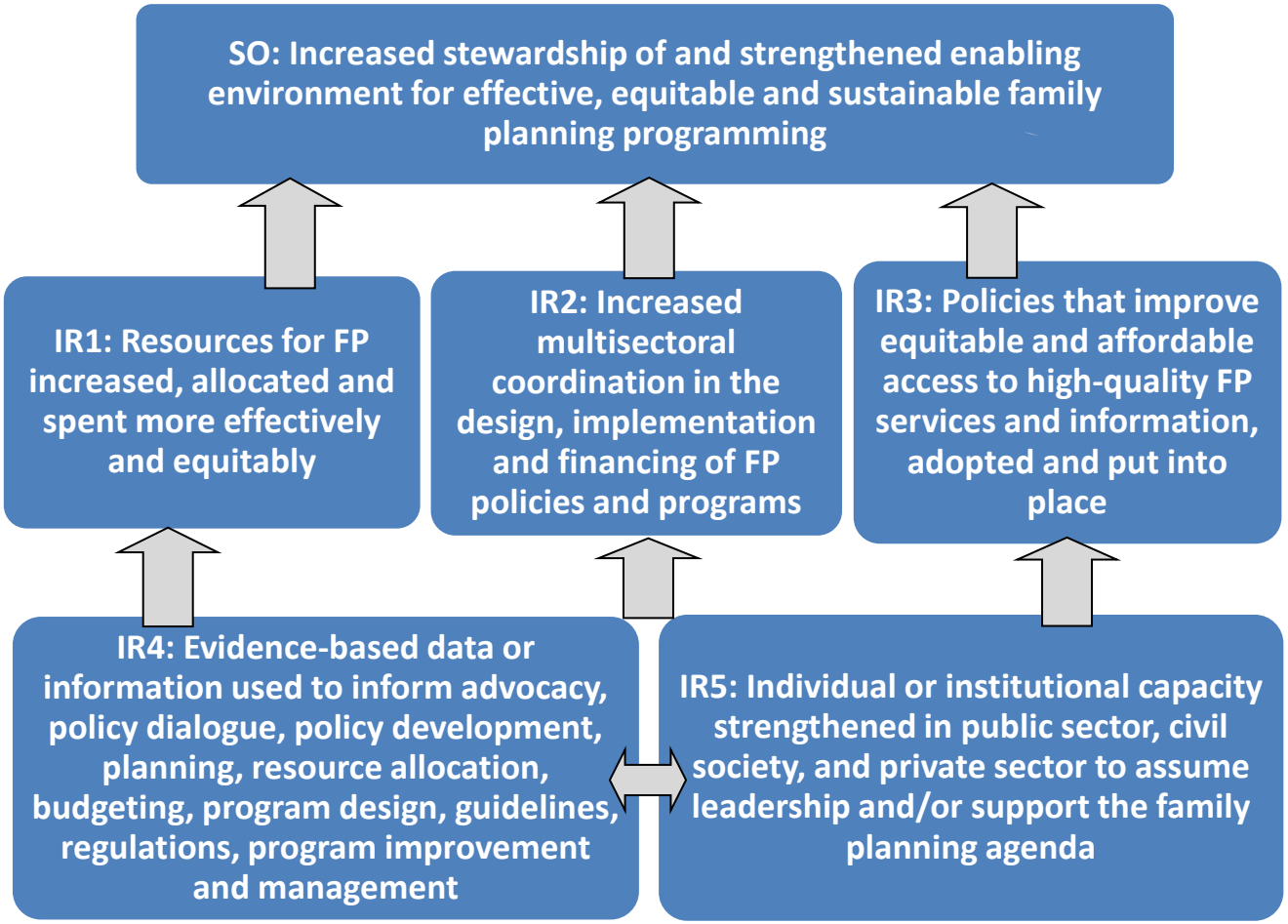

Figure 1. Results framework for strengthening commitment to and increased resources for family planning.

Linkages to the Global Health Initiative

The framework for M&E efforts to reposition family planning links directly to the principles of the Global Health Initiative and can be used to help monitor implementation of those principles.

The GHI principles are:

- implement a woman- and girl-centered approach
- increase impact through strategic coordination and integration
- strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- encourage country ownership and invest in country-led plans
- build sustainability through health systems strengthening
    - improved health financing strategies that reduce financial barriers to essential services, including increased government and/or private sector funding for health and reduced out-of-pocket payments for health services where appropriate
    - increased numbers of trained health workers and community workers appropriately deployed in the country
    - improved functioning of health management information and pharmaceutical management systems to reduce stock-outs
- improve metrics, monitoring, and evaluation
- promote research and innovation

Table 1 provides a mapping of GHI principles and the framework results areas.

Table 1. Matrix on Repositioning Family Planning Linkages to the GHI Principles

GHI Principles	IR1 Increased Resources	IR2 Multi-sectorial	IR3 Policy	IR4 Information	IR5 Capacity Built	Notes
1. Implement a woman- and girl-centered approach						Maps with the overall focus on equity in the framework
2. Increase impact through strategic coordination and integration		X				
3. Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement	X	X			X	
4. Encourage country ownership and invest in country-led plans		X		X	X	
5. Build sustainability through health systems strengthening						The overall purpose (SO) of the framework is to create a sustainable future for family planning
a. Improved health financing strategies that reduce financial barriers to essential services	X					
b. Increased numbers of trained health workers and community workers appropriately deployed in the country	X		X			
c. Improved functioning of health management information and pharmaceutical management systems to reduce stock-outs			X	X		
6. Improve metrics, monitoring and evaluation						The framework was created to provide a means for countries to monitor their own progress in repositioning FP
7. Promote research and innovation				X		

Potential Gaps and Limitations of the Framework

The results framework does not address specific functional areas of family planning, rather it provides a framework for monitoring progress across these functional areas. Examples of a functional area include management, commodities supply and logistics, human resources, performance improvement, and behavior change communication. Thus, specialists in a specific area may wish to adapt these indicators to reflect nuances of their functional area. Also, as mentioned below, many projects and organizations that concentrate their efforts on a specific functional area have developed their own tools, approaches, and frameworks. These specific tools and approaches provide more detail about that functional area than is required to understand progress in repositioning family planning overall.

Strengthened stewardship and enabling environment for family planning described in the SO helps contribute to a positive change in country-level, long-term outcome indicators for family planning. These long-term outcome indictors include the contraceptive prevalence rate, shift in method mix to long acting and permanent methods of contraception, and unmet need. However, because these indicators are also highly dependent on service delivery and other program variables, they have not been included in the framework as a direct measurable and manageable outcome of repositioning family planning efforts. It is important to monitor these and other established outcome/impact indicators, but weakness may or may not be directly attributable to the repositioning efforts.

Likewise, it is important to acknowledge that other non-program factors are involved in the achievement of the SO. Non-program factors are interventions, issues, or contextual characteristics that are unrelated to the elements of repositioning family planning highlighted in the framework. These non-program factors may include a family's socio-economic situation, efforts to improve the quality of family planning commodities and services, or actual components of service delivery.

For instance, while conducting the interviews with IPs and international organizations, several respondents discussed the status of women and gender norms as a barrier to repositioning. The status of girls and women in society, girls' education, and gender-based violence can influence demand for family planning as well as perceived importance of FP/RH issues in society. Thus, programs that address issues outside of family planning can have an effect on repositioning family planning. This was such a common issue raised in the interviews that a question was included in the mission interviews to gather more input on the subject. In creating the results framework, the word "gender" was not explicitly included; however, several of the illustrative indicators can be amended to include language about gender in policies, plans, resources, and program implementation. The term "equitable," used throughout the framework, implies gender equity in family planning programming.

In addition, during the interviews with the missions, several respondents and at least one reviewer view behavior change communication (BCC) strategies and advocacy at the

community level as crucial to repositioning. These individuals posited that demand generation and greater social acceptability for FP result from these activities and are a key component of the enabling environment for FP. BCC was not specifically covered in the USAID strategy, and therefore was not covered in the results framework. Demand for FP or social acceptability of FP can be influenced by efforts to reposition family planning. Although not covered in depth, the framework includes indicators that reflect the importance of supportive statements from community and government leaders and multisectoral involvement in strengthening the enabling environment for FP (IR2, IR5.3).

Selection of Indicators

MEASURE Evaluation published guidance on the steps involved in selecting indicators in the *Compendium of Indicators for Evaluating Reproductive Health Programs*.[7] In keeping with that guidance, we used the following steps to select indicators in this framework:

- Clarifying the objectives of repositioning family planning by learning what programs and donors expect to accomplish;
- Developing a list of possible indicators;
- Assessing each possible indicator; and
- Selecting the "best" indicators for repositioning family planning.

To the extent possible, the indicators selected have been tested and applied by other organizations and projects. The project/organization that provided the indicator has been listed in the last column of the Indicators table (Table 2). It is important to note that the selection of indicators provided here for measuring progress in repositioning family planning does not include indicators specific to each functional area or in each element of family planning. Rather, one could substitute a focus on a particular functional area, such as expanding human resources for FP, for the phrase "Family Planning" in many of the indicators.

Projects and experts in specific functional areas, such as Contraceptive Security, have developed indicators and tools that are appropriate for a detailed examination of that specific functional area. For instance, the USAID DELIVER Project has identified and tested a comprehensive set of indicators for measuring contraceptive security.[8] For countries and organizations interested in exploring a specific functional area or a certain aspect of repositioning family planning in detail, these comprehensive sets of indicators should be used.

Sources of Data

To the extent possible, the data sources for each of the indicators included in table 2 include routinely-collected programmatic data or evidence rather than findings from large, population-based surveys or special studies.

[7] Bertrand, J.T., Escudero, G. (2002). *Compendium of Indicators for Evaluating Reproductive Health Programs: Volume 1*. Chapel Hill, NC: MEASURE Evaluation.
[8] USAID | DELIVER PROJECT, Task Order 1. 2010. *Measuring Contraceptive Security Indicators in 36 Countries.* Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

Testing of the Framework

Overview

In July 2011, MEASURE Evaluation PRH and the Advance Family Planning (AFP) project funded by the Gates Foundation conducted a field test of the *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning* in Tanzania. The objectives of the field test were:

- To apply the framework through semi-structured interviews with key informants representing government, donors, international organizations and local NGOs;
- To collect documents that would serve as evidence for Tanzania's efforts toward achieving the indicators in the M&E Framework for Repositioning FP;
- To pilot test the framework and make revisions and additions to indicators and indicator guidance.

Methods

MEASURE Evaluation PRH collected information defined in the framework indicators through desk review prior to travel and in-country through key informant interviews. For the key informant interviews, a semi-structured discussion guide was developed. The discussion guide had six sections – an introductory section, and a section for each of the Intermediate Result (IR) areas in the framework. In the framework, IR 1 captures resources available for FP, IR 2 concerns multisectoral engagement in repositioning FP, IR 3 addresses policy, IR 4 is related to use of evidence to strengthen the FP agenda, and IR 5 is related to capacity to support the FP agenda. The introductory section was designed to gather general background information, and to help the interviewers understand which subsequent sections of the discussion guide to complete with that specific informant. The guide was structured as such with the understanding that few interviewees could address comprehensive information relevant to each of the IR areas.

In addition to using preliminary questions to decide which questions the informant would most likely be able to address, MEASURE Evaluation PRH and AFP realized that the first few interviews provided insight into the history and status of repositioning FP efforts in Tanzania. This basic introduction to repositioning FP in Tanzania allowed the team to better understand which key informants would be most appropriate to answer specific questions based on a description of their roles, responsibilities, and activities. Prior to an interview, the team would select key questions that either had not been fully addressed through other interviews or were intended to gain additional viewpoints. The key informants provided evidence of achievement of repositioning indicators through documents, presentations, analyses and spreadsheets. MEASURE Evaluation PRH requested that key informants bring any relevant documents or publications related to repositioning FP to the interview, but in some cases evidence was discussed during the interview and then shared in a follow-up email communication.

It is important to note that the objective of gathering this evidence was not to ask a series of questions to collect generalizable knowledge from the key informants. Rather, the objective was to collect evidence of achievement for each of the indicators listed in the framework. Once appropriate evidence

had been collected for a given indicator, the team did not persist in asking the same questions, but rather focused efforts on gaining evidence that had not yet been collected.

MEASURE Evaluation PRH and AFP conducted in-person; semi-structured interviews with 31 key informants either at their place of work or in a public space, and obtained agreement to meet as well as specific dates and times for each key informant through email exchanges. These key informants represented government, donors, international organizations and local NGOs, and were able to provide both historical and more recent insight on repositioning FP.

Limitations

Each country situation will present unique challenges and limitations to implementing the framework.

In Tanzania in July 2011, repositioning FP efforts had been solidly led by international donors and organizations rather than by the government. Thus, most of the key informants were representatives from international organizations. Two of the key informants represented the Tanzanian government, five represented local NGOs (from a total of three different NGOs), and one respondent was an independent consultant formerly employed by both government and international organizations. The objective of applying the framework in Tanzania was to gather evidence of achievement of indicators rather than ensure equal representation from different types of stakeholders; however, diverse sources of information are important to ensure a more complete picture of progress toward repositioning FP in the country.

The interviewers provided the framework to key informants in advance. Some informants had read the framework in advance, but many had not. At the beginning of each discussion, the interview team took a few minutes to describe the process of developing the framework, and briefly mentioned the Strategic Objective and the five IR areas. Most of the key informants were familiar with the concept of repositioning family planning, and immediately began addressing the IR areas as they described the work that they had been involved in to reposition family planning. In a few cases, elements of repositioning FP were confused with service delivery, and the questions included in the interview guide were essential to keep the discussion on track and focused on gathering evidence of indicator achievement.

Each country has different levels of achievement for indicators in the framework, and while there is documented evidence of achievement for some indicators, for other indicators there may only be a key informant's independent assessment of the situation. In some cases, documented evidence may only be available in hard copy or may not be available for the interviewer to take for records. In each situation, the organization applying the framework will have to make judgments about the range of opinions and viewpoints provided by key informants, and may have to identify creative ways to document evidence.

While most documents in Tanzania related to repositioning FP are developed in English, transcripts from Parliamentary hearings and debates are in Kiswahili. In two cases, these transcripts serve as evidence of achievement for one or more indicators related to public statements of support for FP and new

commitments of resources for FP. It is important to note that translation may be required for full documentation of the framework in English.

Findings

In terms of stewardship **(SO)** there is a National FP Technical Working Group which advocates for resources, oversees planning, policy development and revision, and monitoring. The head of FP for the Reproductive and Child Health Section (RCHS) of the Ministry of Health is the chair of the working group. Interviewees indicated that the group is effective, but "donor-driven," and several felt that a "challenge remains in political leadership for FP."

There have been significant successes in Tanzania related to FP funding (**IR1**) including Members of Parliament (MPs) demanding higher budget allocations, and a line item specifically for FP. In addition the field test revealed that there are also challenges, including the erratic release of funds, and procurement and supply management difficulties. In addition, the funding levels have been increasing for contraceptives, but this is primarily a donor driven. As one interviewee said, "much of what we're celebrating as increase in funds is really from the basket funds…not really from government's own money."

Multisectoral engagement (**IR2**) is an area of both strength and challenge in Tanzania. The Poverty Reduction Strategy Paper (PRSP) in Tanzania and other national strategic papers/plans do include FP, but it is not adequately considered as economic issue across sectors. The National FP TWG is multisectoral structure, but is still focused on health. Finally, there are few barriers to private sector involvement in FP, but the "government could do more to support private sector role."

Tanzania has strong plans and policies related to FP (**IR3**). There is an adequate high-level policy framework, and the costed implementation plan has been used to help mobilize additional resources. There is also strong assistance at the district level with developing Comprehensive Council Health Plans (CCHPs) and advocacy. One noted remaining policy barrier is to the community based distribution of injectables.

Another area of noted strength is in evidence-based decision making (**IR4**). Data was used to develop the costed implementation plan and other key FP documents. One implementing partner was working with the MOH in mid-2011 to revise and publish clinical training manuals and FP guidelines, and to build country capacity in research. Other partners are working to build capacity in M&E and evidence informed decision making within the MOH. One noted challenge is that Tanzania does not currently have a defined research agenda on FP.

An area of identified challenge is in the capacity to support the FP agenda (**IR5**). Interviewees noted weak local NGO and government capacity to advocate for and deliver FP services, and the fact that only a few indigenous NGOs were actively working on FP within Tanzania. In addition, it was noted that the culture of advocacy by CSOs is not strong, thereby contributing to the lack of advocacy for FP. Despite these weaknesses, there are strong examples of donor funded programs strengthening the capacity of stakeholders to support the FP agenda. In July 2011, the Parliamentary FP Club, a group of Parliamentarians interested in supporting a strong policy environment and increasing resources for FP,

was established. Religious leaders, the National Council of Muslims, the Council of Bishops, and the Christian Council of Tanzania, have also been engaged to discuss and support FP in Tanzania.

While each of the strengths and weaknesses presented refers to Tanzania specifically, the findings provided general insights into the Framework, indicators, and tool requirements. Several lessons learned should be considered when applying the Framework. First, flexibility is required. The indicators are broad by design, and should be used to capture the work in country. It will be necessary, however, to use discretion in deciding which indicators have been satisfied. A team approach to data collection is helpful for this reason. Secondly, it is important that those implementing the key informant interviews have a strong understanding of FP. Because so much discretion is needed – both during the interviews and in data compilation it is important that the interviewer(s) be able to make quick decisions about the process and be familiar enough with FP to do so. Finally, the Framework testing in Tanzania was done at the country level. The indicators could be modified and used to monitor a specific program, but one program may not be able to address each aspect of the framework. Indicators should be selected and adapted for program use. In addition, even at the country level, indicators may require different monitoring schedules. For example, a country could decide to use the indicators to track progress every six months or even annually, but should select which indicators to monitor at what frequency. It is unlikely, for example, that a country would develop a new FP policy every six months.

Changes to the Indicators

Following the in-country data collection, MEASURE Evaluation revised the framework indicators and interview guide. Factors involved in making revisions have included the availability of the data required for each indicator, appropriateness of the data for measuring efforts to reposition FP, and appropriateness of the indicators and terminology used in the framework. Changes are listed below, and reflected in Table 2.

- One indicator was added – IR3.2 *Existence of national or subnational policies or guidelines that promote access to FP services and information for underserved populations* to meet the need for information about improving equity in access to FP services. In turn, the team chose to remove language about equity from several other indicators because it was unlikely that the information required to meet the conditions of the indicators were available.
- Indicators IR1.4.1 and IR 3.4.1 were removed in the draft framework, and instead language was added to the reference sheets for IR 1.4 & 3.4 explaining how to use those indicators to track either national or subnational information (or both if you wanted). Also, IR 4.3 was removed, as it was rarely collected and less applicable to a country program than to an individual organization or project.
- Significant changes were made to indicator 2.4 to incorporate both the promotion of mechanisms for private sector participation as well as the removal of barriers.
- In almost all instances where the original indicator began with the language “number of” it was changed to “evidence of.” It is not realistic to assume that we will collect a representative “number of” and instead preferred to show “evidence of” movement in the right direction.
- The language of several indicators was streamlined. The meaning of the indicators did not change, but the wording is now more concise. Questions that had been developed as a part of the discussion guide were streamlined and rephrased to ensure the right information is collected.

Table 2. Repositioning Family Planning Results and Illustrative Indicators

Results	Illustrative Indicators	Illustrative Data Sources	Original Indicator Source
Strategic Objective: Increased stewardship of and strengthened enabling environment for effective, equitable and sustainable family planning programming	**SO.1**: Instances of a government-led council, coalition or entity that oversees and actively manages the family planning program	• Council/ coalition or entity's mission statement; • Key informant interviews • Policy Environment Score, Family Planning Program Effort Score, Contraceptive Security Index conducted as baseline and at least 2 years later	Adapted from LMS, WHO
	SO.2: Evidence of documented improvement in the enabling environment for family planning using a validated instrument	• Policy Environment Score, Family Planning Program Effort Score, Contraceptive Security Index conducted as baseline and at least 2 years later • Copies of other instruments and pre- and post-tests	HPI
	SO.3: Evidence of FP policies implemented, resources allocated and subsequently used in relation to the same FP policies.	• Refer to data sources used to document related results • % of allocated budget spent • Budgets, line items, invoices, other evidence of allocations and expenditures	HPI
IR1: Resources for family planning increased, allocated, and spent more effectively and equitably	**IR1.1**: Total resources spent on FP (by source and by activity/program area)	• Budgets, line items, invoices, donor records, expenditure records, orders, other evidence of commitment/new resources • Donations, letters, records, or other data sources to capture non-monetary donations	ESD and HPI
	IR1.2: Number of new financing	• Documents and meeting minutes	MEASURE

	mechanisms for family planning identified and tested	• pilot tests • study results	Evaluation Compendium
	IR1.3: Total resources allocated to FP (by source and by activity)	• Budgets, line items, invoices, donor records, orders, other evidence of commitment/new resources • Donations, letters, records, or other data sources to capture non-monetary donations	ESD and DELIVER
	IR1.4: New and/or increased resources are committed to FP in the last two years	• Budgets, line items, invoices, donor records, expenditure records, orders, other evidence of commitment/new resources, human resources records, procurement records • Donations, letters, records, or other data sources to capture non-monetary donations	HPI
IR 2: Increased multisectoral coordination in the design, implementation, and financing of family planning policies and programs	**IR2.1**: Evidence of family planning programs incorporated into national strategic and development plans	• SWAP or PRSP	HS2020
	IR2.2: Evidence of governments engaging multiple sectors in family planning activities	• Report from government and participants • Meeting minutes • Program evaluation	LMS and HPI
	IR2.3: Evidence of multisectoral structures that are established or strengthened to promote FP policy		
	IR2.4: Documentation of identified barriers to private sector participation in	• Report from government and participants • Meeting minutes, membership list, scope of	HPI and DELIVER

	FP policy development and/or service delivery identified, addressed, and/or removed	work, meeting schedules • Baseline required for claiming "strengthened" • Actual policy documents with evidence of government approval, or submission for approval	 MEASURE Evaluation PRH Compendium
IR 3: Policies that improve equitable and affordable access to high-quality family planning services and information, adopted and put into place	**IR3.1**: Existence of national or subnational policies or strategic plans that promote access to family planning services and information	• Copy of policy, strategic plan, guidelines signed with evidence of approval (signature) • Official gazette, laws, bills	HPI and MEASURE Evaluation PRH Compendium
	IR3.2: Existence of national or subnational policies or strategic plans that promote access to family planning services and information for underserved populations	• Copy of policy, strategic plan, guidelines signed with evidence of approval (signature) • Official gazette, laws, bills	AFP
	IR3.3: Documentation of instances in which a formal implementation or operational directive or plan is issued to accompany a national or subnational FP policy	• Copy of plan, document • Memos, guidelines, norms, instructions, distribution lists, memorandum of understanding (MOU) • Legal and regulatory reviews	HPI and DELIVER MEASURE

	IR3.4: Evidence that policy barriers to access to family planning services and information have been identified, and/or removed	• Actual old and new policy documents showing evidence of restrictions in the old policy that do not appear in new policy.	Evaluation PRH Compendium
	IR3.5: Evidence of the implementation of policies that promote family planning services and information	• Directive, resolution • Tool to measure policy implementation • Meeting minutes providing evidence of dialogue among national and subnational governments on new guidelines • Evidence of activity plans or reports that show the policy is being used	HPI
IR 4: Evidence-based data or information used to inform advocacy, policy dialogue, policy development, planning, resource allocation, budgeting, program design, guidelines, regulations, program improvement and management	**IR4.1**: Evidence of data or information used to support repositioning family planning efforts	• Key informant interviews, documents with citations highlighted, policies/plans • Citation in a policy or plan • Project records, case studies, mission memos	MEASURE Evaluation, HPI, ESD, DELIVER, HS2020
	IR4.2: Evidence of international family planning best practices incorporated into national health standards	• FP guidelines or standards of care	ESD
	IR4.3: Evidence of a defined and funded research agenda in family planning	• Meeting notes, consensus statements, memoranda detailing research agenda	MEASURE Evaluation PRH
	IR4.4: Evidence of in-country organizational technical capacity for the collection, analysis and communication of FP information	• Reports or briefs produced with data • Evidence of identification of data needs with stakeholder involvement	MEASURE Evaluation PRH

IR 5: Individual or institutional capacity strengthened in the public sector, civil society, and private sector to assume leadership and/or support the family planning agenda	**IR5.1**: Evidence of entities provided with donor assistance that demonstrate capacity to independently implement repositioning family planning activities	• Key informant interviews, copy of action plans, campaign plans • Newspaper articles, published statements, speeches Note: Policy champions/organizations must be identified in advance	HPI, LMS
	IR5.2: Evidence of government departments or other entities established or strengthened to support the family planning agenda	• Existence of RH/FP focused department in Ministries or gov't agencies • Group records, meeting minutes, invitations, protocols • Registration records for entity • Vision statement, charter, membership over time	HS2020, HPI
	IR5.3: Evidence of targeted public and private sector officials, FBO, or community leaders publicly demonstrating new or increased commitment to FP	• List of targeted officials/champions • Newspapers, workshop agendas, published statements, speeches, media reports, political party platforms, clipping service • Increased commitment requires a baseline; new commitment must be documented	HPI
	IR5.4: Number of regional/national centers or collaboratives for shared education and research in family planning	• MOU signed by center/collaborative members	MEASURE Evaluation

List of Interviewees

USAID Mission Interviews

Barbara Hughes
USAID/Madagascar
Benja Andriamitantsoa
USAID/Madagascar
Tim Manchester
USAID/Tanzania
Thibaut Mukaba
USAID/Democratic Republic of the Congo
Akua Kwateng-Addo
USAID/Senegal
Sheila Nyawira Macharia
USAID/Kenya
Lilly Banda-Maliro
USAID/Malawi
Karla Fossand
USAID/Namibia
Megan Rhodes
USAID/Uganda
Janet Mabel Kabarangira
USAID/Uganda
Andrew Namonyo
USAID/Uganda
Sharon Epstein
USAID/Nigeria
John Quinley
USAID/Nigeria

Interviews with Implementing Organizations

Katie Cook, Leanne Dougherty
AIM Global Health

Milka Dinev
Extending Service Delivery Project, Pathfinder International

Joseph Dwyer, Erin Nilon, Sarah Johnson, Cary Perry
Leadership, Management, Stability Program, Management Sciences for Health

Lynn Bakamjian
RESPOND, EngenderHealth

Duff Gillespie
The Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

Suneeta Sharma
Health Policy Initiative Project, Futures Group Global

Barbara Seligman
Health Systems 2020, Abt Associates

Jay Gribble, Rhonda Smith
Population Reference Bureau

Ruth Berg
PSP-One and DELIVER Project, Abt Associates

Paul Dowling and Suzy Sacher
DELIVER Project, John Snow, Inc.

Karen Hardee, Craig Lasher, Wendy Turnbull
Population Action International

Suzanne Reier
Implementing Best Practices Initiative, WHO

John Stover and Emily Sonneveldt
Urban Health Initiative Advocacy, Futures Institute

Ilene Speizer, Lisa Basalla, Anna Schurman
Monitoring, Learning, and Evaluation (MLE) Project, Carolina Population Center

Bridgit Adamou
MEASURE Evaluation Population and Reproductive Health, Carolina Population Center