

SUSTAINABLE PATHWAYS TO REPRODUCTIVE CHOICE

HOW THE WISH PROGRAMME HAS SUPPORTED
NATIONAL EFFORTS TO IMPROVE SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS IN WEST
AND CENTRAL AFRICA



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INTRODUCTION

The Women's Integrated Sexual Health (WISH) programme is the UK Foreign Commonwealth and Development Office's (FCDO) flagship sexual and reproductive health and rights (SRHR) programme. Working across 27 countries in Africa and Asia, the programme delivers a comprehensive, integrated approach to ensuring equitable access to family planning and sexual and reproductive health and rights that prioritises the most underserved women and girls.

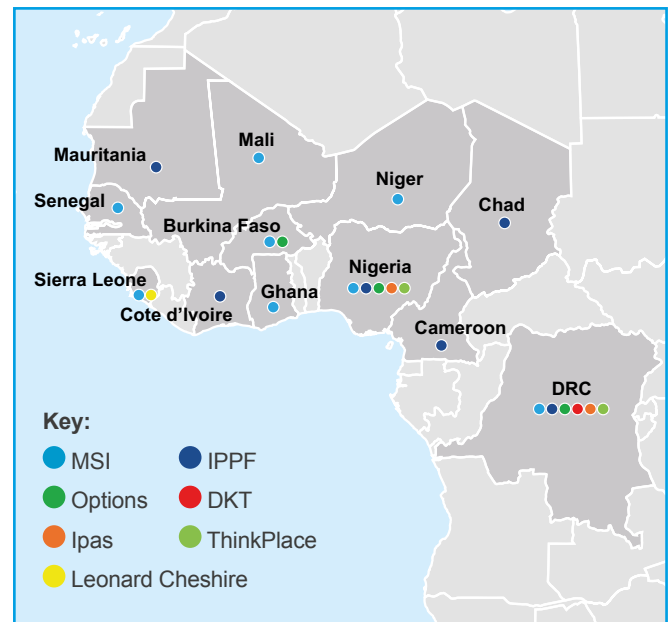


WISH is implemented through two different awards/Lots. This report focuses on Lot 1, which operates in 12 countries in West and Central Africa.¹ Lot 1 is led by MSI Reproductive Choices, with consortium partners International Planned Parenthood Foundation (IPPF), DKT International, Ipas, Leonard Cheshire, Options Consultancy and ThinkPlace. Working together with national actors, including Government Ministries, civil society organisations, media representatives, faith-based organisations, organisations of persons with disabilities and youth organisations – amongst others – the WISH programme has significantly increased access to SRHR since the programme started in August 2018.

Strongly committed to *'Leaving No One Behind'*, WISH consortium partners have enhanced and expanded individual and community choice; contributed to long-term, sustainable, systemic change to the supply of, and demand for, SRHR; significantly increased access to services – especially for young people; the very poor and marginalised populations – including people with disabilities; and developed and shared evidence-based innovations and practices to increase women's access to choice and SRH services. By the end of 2021, the WISH Lot 1 programme had reached more than 4.2 million people with a method of family planning (FP), contributed more than 2.2 million additional users of modern methods of FP and generated more than 12.5 million couple years of protection (CYPs). 23% of clients were adolescents. In 2020, 9% of clients identified as having a disability.

As detailed in this report, WISH consortium partners have also supported national actors as they work to create a more enabling environment for the respect, protection and fulfilment of SRHR. In just three years the programme has had a significant impact – contributing to measurable improvements in national laws and policies in eight countries, improvements to domestic financing in five countries and greater accountability in all 12 countries. Many of these achievements build on years of preceding advocacy efforts and benefitted from the financial injection and technical support the WISH programme brought.

WISH LOT 1 PARTNERS



The programming approach that was developed allowed consortium partners the flexibility to successfully and swiftly adapt to unexpected events such as the COVID-19 pandemic; rising opposition to SRHR in many countries; violence and insecurity; and government reshuffles. Consortium partners managed to contribute to long-term changes because their focus was not only on achieving “quick wins” but on strengthening the systems, skills and structures necessary to ensure changes are sustained and expanded on following the end of the programme.

This report provides an overview of the progress that has been achieved. The results are impressive. However, if the gains of the last three years are to be secured, both national and international actors must continue to prioritise SRHR and recognise their importance to both health and broader human development.

STRONGLY COMMITTED TO ‘LEAVING NO ONE BEHIND’, WISH CONSORTIUM PARTNERS HAVE ENHANCED AND EXPANDED INDIVIDUAL AND COMMUNITY CHOICE; CONTRIBUTED TO LONG-TERM, SUSTAINABLE, SYSTEMIC CHANGE TO THE SUPPLY OF, AND DEMAND FOR, SRHR; SIGNIFICANTLY INCREASED ACCESS TO SERVICES – ESPECIALLY FOR YOUNG PEOPLE; THE VERY POOR AND MARGINALISED POPULATIONS – INCLUDING PEOPLE WITH DISABILITIES; AND DEVELOPED AND SHARED EVIDENCE-BASED INNOVATIONS AND PRACTICES TO INCREASE WOMEN’S ACCESS TO CHOICE AND SRH SERVICES.

¹From August 2018, the WISH Lot 1 award included Burkina Faso, Chad, Cameroon, Côte d'Ivoire, DRC, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone. Activities in Cameroon and Côte d'Ivoire closed out in August 2021. Ghana was included from September 2019 to August 2021.

THE WISH APPROACH TO SUSTAINABILITY

Working with national stakeholders to support greater prioritisation and stronger national ownership of sexual and reproductive health and rights is at the heart of the WISH programme. In order to ensure this prioritisation and ownership lasts beyond WISH, consortium partners developed a sustainability approach, which draws together the three pillars of the programme: the supply of quality, integrated services; demand for those services; and an environment that enables, rather than prevents, the respect, protection and fulfilment of SRHR.

FIGURE 1: THE WISH SUSTAINABILITY PILLARS



This approach to sustainability captures the activities, expertise and synergies of different partners, ensuring that the WISH Lot 1 consortium's impact is greater than the sum of its parts. As service providers, DKT, Ipas, IPPF and MSI focus on supporting more sustainable supply and demand, whilst also ensuring their insights, experiences and expertise are captured and used to effectively advocate for the existence and implementation of supportive laws, policies and regulations. Consortium partners working to support more sustainable demand for SRH services have benefitted from ThinkPlace's expertise in participatory approaches and social behaviour change communication.

All partners are engaged in advocacy to help support a more enabling environment, with Options leading on health financing and accountability work and Ipas supporting country stakeholders and local movements to advance advocacy agendas that strive to expand access to comprehensive SRHR. Leonard Cheshire has provided technical assistance and leadership across the consortium to develop disability inclusive SRH services and support the meaningful participation of organisations of persons with disabilities (OPDs) in policy and planning processes.

In order to reflect the different challenges and opportunities for change in each country, "pathways of change" were developed for each pillar. Each pathway of change has a specific goal as well as the steps and a range of possible activities, or 'milestones', necessary to reach that goal. The pathway of change approach is flexible and non-linear, allowing partners to adapt and change their strategic approaches and activities when faced with opportunities as well as unforeseen and unpredictable events, risks and threats. In early 2020, as the magnitude of the COVID-19 pandemic became clear, the flexibility of the pathway of change approach – together with

the skills and expertise within the consortium – meant that WISH partners were able to successfully pivot and adapt their activities. The approach also provided space for WISH partners to invest in 'holding the line' and work to ensure that progressive and rights-based policies and previous policy wins were not overturned during the pandemic, or as a result of targeted, anti-rights opposition campaigns.

This report focuses on the specific achievements of consortium partners, working in close collaboration with a diverse set of national actors, and their contributions towards strengthening the enabling environment to increase equitable access to SRHR services and expand choice under the three enabling environment pathways of change.



© Larry Tucker / Leonard Cheshire. Aminata Kamara, the chairlady for the disability community in Makeni, speaks to Zainab, an MSI volunteer, in Sierra Leone.



© Ruth McDowall / MSI. Distribution of National Health Insurance Cards in Ghana.

THE ENABLING ENVIRONMENT PILLAR AND THE THREE PATHWAYS OF CHANGE

PILLAR 1: AN ENABLING ENVIRONMENT FOR SRHR

through the approval, protection, and implementation of supportive policies, laws and regulations, improved public sector investment in FP/SRHR and systems to track commitments and policies

Pathway 1.

Supportive SRHR policies, laws and regulations exist and are implemented and / or are protected from regression

Pathway 2.

Improved public sector investment in FP/SRH

Pathway 3.

Accountability systems to influence and track commitments and policies

In the first year of the WISH programme, Options carried out political economy analyses in all 12 Lot 1 countries. WISH partners used this analysis, together with their own in-depth understanding of their operating environments, identification of opportunities for change and understanding of available resources, to select which sustainability pillars and pathways of change they would prioritise. IPPF, Ipas, MSI and Options identified opportunities to work together with national stakeholders, including government representatives, civil society organisations (CSOs), international and national non-governmental organisations (I/NGOs), community groups and the media, in order to contribute to a more enabling environment for SRHR. Together they developed country-specific pathways of change, which detailed the advocacy, health financing and accountability goals they would be working towards and the necessary steps and milestones needed to achieve them.

Although each pathway was adapted to its specific issue and context, they were all founded on the principles of country ownership, participative approaches, inclusivity, accountability and evidence-based advocacy.

Country ownership goes beyond a “mere” commitment to policies and includes the actual leadership governments exercise over systems change, policy choice, design, and implementation, as well as the degree to which they can be held accountable for their policy commitments and changes. Yet it also goes beyond national/government ownership. Country ownership involves a wide variety of actors within the country, particularly those most affected by the lack of access to SRHR such as poor, marginalised, and excluded communities, being involved in decision making processes, taking shared responsibility and contributing to greater accountability.

As such, consortium partners put in place strategies to ensure marginalised groups, such as adolescents and people with disabilities, had a strong say in the design and implementation of approaches. Consortium partners intentionally created, strengthened, led, contributed to and/or facilitated collaborative partnerships that brought together diverse stakeholders to drive equitable change, informed by high-quality data and evidence.

PATHWAY OF CHANGE ONE:

SUPPORTIVE SRHR POLICIES, LAWS, AND REGULATIONS EXIST AND ARE IMPLEMENTED AND/OR ARE PROTECTED FROM REGRESSION

The West and Central Africa region is home to some of the lowest contraceptive prevalence rates, highest levels of unmet need and highest levels of maternal mortality in the world. Laws, policies and regulations that restrict, rather than uphold, people's sexual and reproductive health and rights contribute to these stark health statistics. For example, laws which require a parent or spouse to agree to a contraceptive method act as a barrier to women, particularly young women and adolescents, choosing how many children they want to have and when they want to have them. Policies that restrict the provision of contraceptive methods to doctors and nurses prevent people, particularly those in rural communities where health facilities and health staff can be scarce, from accessing family planning. Sustainable improvements to SRH cannot be achieved through service delivery alone, removing these restrictions and addressing systemic political, economic, cultural and social barriers that prevent women, men and young people from accessing services is also required.

Working with national counterparts, consortium partners implemented a range of strategies and approaches to advocate for the existence and implementation of more supportive SRHR laws, policies and regulations. For example, consortium partners created or strengthened civil society coalitions, supported and trained networks of champions, engaged with the media, organised bilateral and multilateral advocacy meetings, hosted visits with key influencers and decision makers, organised workshops and developed advocacy tools. The strategy and tools used were context specific, yet always focused on mobilising civil society and changing political processes to include previously marginalised groups.

This work resulted in a wide range of successes, such as ensuring that national strategies became more equitable and inclusive. Often for the first time, adolescents and people

with disabilities were officially recognised within existing governmental and/or civil society structures in certain countries. Programming is more inclusive and progress has been made towards ensuring access is being tracked through validated indicators. In other Lot 1 countries, as a result of new laws or changes to existing laws, service providers are no longer at risk of arrest or imprisonment when they provide lifesaving SRH services. In certain countries, women and girls no longer need spousal or parental consent to access comprehensive abortion care. In others, youth and vulnerable groups have access to vital, high-quality SRHR information in schools and health clubs and can be referred to high quality, confidential services in case of need. Women are better protected from sexual and gender-based violence (SGBV) and survivors have access to comprehensive SRH services.



LAWS, POLICIES AND REGULATIONS PATHWAY OF CHANGE – COUNTRY ACHIEVEMENTS AT A GLANCE:

Chad, IPPF/ASTBEF – promotion of decree implementing Reproductive Health Law 006

On 14th October 2020, the Chadian President and Minister of Health and Solidarity signed a decree to implement the 2002 Reproductive Health Law. This decree is a critical step to ensuring that Chadian women's SRHR are recognised and respected and that healthcare providers offering FP/ SRH services are supported and legally protected. The decree protects the right of service providers to decide which procedure is required for a patient without having to wait for spousal or family consent. As such, it will help to prevent unintended pregnancies as well as unnecessary illness and death resulting from unsafe abortions or childbirth complications.

DRC, Ipas – approval of national Standards & Guidelines for comprehensive abortion care

On 16th December 2020, DRC's Minister of Public Health validated the Standards & Guidelines (S&Gs) for comprehensive abortion care (CAC). These guidelines permit termination up to 14 weeks of pregnancy and remove the requirements for spousal or parental consent and for survivors of SGBV to prove they have been raped. The S&Gs open the way for the widespread scale up of safe abortion services, meaning that women and girls will no longer have to risk their lives seeking unsafe services. They are also a pivotal step in fully domesticating the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (known as the Maputo Protocol). As the DRC progresses towards recognising the rights of women and providers around CAC, the S&Gs can be used by providers when they face legal challenges in order to prove that they are operating well within the confines of the Maputo Protocol.

Ghana, MSI Ghana – Reproductive Health Education (RHE) guidelines for out-of-school youth³

In 2019, anti-choice movements halted work to roll out comprehensive sexuality education in Ghana's schools. MSI Ghana adapted its approach and worked with the Ghana Health Service and the Ghana Education Service to develop guidelines for the operation of adolescent health clubs, as well as national guidelines and protocols for peer support services with guidelines on RHE. These guidelines were finalised in June 2021 and disseminated in August.

Mali, MSI Mali – Inclusive 2020-2024 Reproductive, Maternal, Neo-natal, Child, Adolescent Health and Nutrition (RMNCAH+N) Plan

Mali's 2020-2024 Reproductive, Maternal, Neo-natal, Child, Adolescent Health and Nutrition (RMNCAH+N) Plan was validated in December 2020. As a result of advocacy by MSI Mali and other national actors, it recognises the sexual and reproductive health needs of people with disabilities and includes a strategic objective on adolescents and adolescent indicators. This creates a framework for more inclusive programming and monitoring of results.

Mauritania, IPPF/AMPF – Act on Gender-Based Violence (GBV) approved by Minister's Council

On 6th May 2020, the Council of Ministers approved draft legislation to prevent gender-based violence. This legislation will create a legal framework to prevent violence against women and girls, as well as legal procedures to protect victims, compensate them for harm and punish perpetrators. It will also help to address social and cultural norms that contribute to discrimination and violence against women and girls and support further research and evidence to support the development of policy principles in this area. Following approval by the Council, the legislation must now be reviewed and approved by Members of Parliament.

Niger, MSI Niger – Decree for Reproductive Health (RH) Law & inclusive 2021-2025 Budgeted National FP Action Plan

On 26th July 2019, the President of Niger signed a decree to implement the 2006 Law on Reproductive Health. Article 2 of the RH Law allows youth and adolescents to access SRH services. The decree means that health workers can now provide services to youth and adolescents without fear of being prosecuted. It also outlines the methods of contraception authorised in Niger; expands provision of some methods to lower-level providers and establishes the conditions for the provision of post-abortion care. In December 2021, the 2021-2025 Budgeted National FP Action Plan (PANB) was validated by Niger's Minister of Health. The objective of the plan specifically mentions the right of all couples, individuals, adolescents and youth, including people with disabilities, to access a full range of affordable, quality family planning services.

Nigeria, Ipas – Violence Against Persons Prohibition (VAPP) Law and Protocol in Jigawa State

On 24th February 2021, the Jigawa State Executive Governor passed the VAPP Bill into law. This new law provides the legal framework to both punish perpetrators of sexual and gender-based violence and provide survivors with comprehensive sexual and reproductive health services. The Standards and Guidelines for Medical Management of Victims of Violence (VAPP Protocol) was passed by a cross-Ministerial technical working group on 21st September 2021 and launched on 14th December.

Sierra Leone, MSI Sierra Leone – Comprehensive Sexuality Education (CSE) modules approved

On 20th May 2021, the Ministry of Basic and Senior Secondary Education (MBSSE) confirmed its validation of the integration of CSE modules into six subjects in the national school curriculum. These modules provide an essential framework to enable discussions with children and adolescents in schools about issues including modern contraception; STI/HIV prevention; gender-based violence; gender norms and roles; and female genital mutilation.

³In Ghana Comprehensive Sexuality Education (CSE) is known as Reproductive Health Education (RHE)



© PPFN. An advocacy visit to a community leader in Nigeria to agree upon a date and time for community engagement activities.



© ASTBEF. A community leader expresses his thanks to the ASTBEF team for the services provided.

SPOTLIGHT ON CHAD (IPPF/ASTBEF)

In 2002, the Government of Chad passed a reproductive health (RH) law that enshrined the right to SRH services. However, the impact of this new law was limited by the failure to pass a decree of application to establish the framework for its implementation. The absence of the decree created a significant gap between the law and its implementation, contributed to misunderstanding and a lack of knowledge, limited reproductive rights and meant that many healthcare providers felt at risk and unprotected when providing critically needed SRH services.

For 18 years, the IPPF member association in Chad known as the “Association Tchadienne pour le Bien-Etre Familial (ASTBEF)” worked with other national partners to engage with key stakeholders, including community members, religious leaders, service providers, media representatives and government authorities, to advocate for the decree. In 2018, the decree was passed by the Council of Ministers – marking a key step in the legislative process and a window of opportunity for further advocacy. The support from the WISH programme allowed Options and ASTBEF to carry out a political economy analysis (PEA), which helped them to identify, engage with and strengthen the capacity of local partners, including organisations of persons with disabilities, to carry out an evidence-based and effective advocacy campaign.

The WISH programme supported the creation of a coalition of civil society organisations for SRH advocacy, whose objective is specifically to advocate for the implementation and monitoring of the Chadian government’s commitments to SRHR. ASTBEF and the coalition carried out a number of activities including: the creation of a champions network and advocacy trainings for the champions; meetings with regional authorities; and press briefings. For example, in May 2020 on International Day of Midwives, the Executive Director of ASTBEF and the coordinator of the civil society coalition held a press briefing in front of the national media to highlight the Government’s commitments in terms of SRHR and particularly those taken in the framework of the [FP2020 Partnership](#). During the briefing they advocated for the urgent need to issue a decree for the application of Law 006.

Thanks to the efforts of the coalition and numerous other national and international actors, the implementing decree was signed by the President of the Republic and the Minister of Health and National Solidarity on 14th of October 2020. The law and implementing decree protect the rights of women to make essential decisions about their sexual and reproductive health without requiring the consent of a spouse or a parent or other family member, requirements which can compromise choice, waste valuable time and endanger lives. In family planning, the decree protects the right of women to receive family planning methods without the consent of their husband or family members – putting choice squarely back in women’s hands, where it belongs. In obstetric care, it allows healthcare providers to carry out emergency caesarean sections without having to wait for consent from the spouse or family. In abortion care, the decree establishes the legal parameters for the provision of abortion in cases where the life of the foetus or the pregnant woman is in danger. By upholding women’s rights and also protecting service providers and ensuring they will not be arrested or prosecuted when they provide care based on medical needs, this legislation has the potential to save thousands of lives.

However, this potential will only be realised if the decree is well understood, accepted and owned by women and girls, service providers, religious leaders, communities and other key national stakeholders. In 2021, ASTBEF has focused its efforts on advocacy, public information, and popularisation campaigns for the implementation decree and on the promotion of SRH in the media and in the areas of Moundou, Goré, Doba, Koumra, and Sarh.

SPOTLIGHT ON NIGER (MSI NIGER)

Niger has the highest fertility rate in the world, as well as the lowest age for marriage and childbearing. According to analysis from the World Bank, approximately 58% of Niger's population is aged under 18 and early marriage and childbearing have been identified as key contributors to maternal mortality in the region. In recent years, great progress has been made in developing adolescent friendly policies and strategies, however the SRHR of adolescents, particularly unmarried adolescents, remain stigmatised and adolescents are not meaningfully included in decision making processes. People with disabilities are also excluded from most policy and planning processes and their SRH needs are often overlooked and ignored. With funding from the WISH programme and other donors, MSI Niger worked with government actors, national civil society organisations, international organisations and other stakeholders to address this.

In September 2021, the 2021-2025 Budgeted National FP Action Plan (known as the PANB) was validated by the national technical working group, of which MSI Niger is a key member. Its validation by the Minister of Health in December 2021 marks a critical step forward in supporting a more enabling and inclusive environment for SRHR in Niger. The objective of the plan is to "Increase the modern contraceptive prevalence rate (mCPR) from 21.8% in 2021 to 29.3% in 2025 by ensuring that all couples, individuals, adolescents and youth, including people living with disabilities, have access to a full range of affordable, quality family planning services." The recognition and prioritisation of the FP needs of adolescents and persons with disabilities, in particular, are ground-breaking and reflect the advocacy efforts of MSI Niger and other national partners.

The WISH programme provided critically needed financial and technical support for these advocacy efforts. In 2019, Options and MSI Niger carried out a PEA in order to identify and analyse the dominant ideologies and power dynamics which determine SRH policy and service delivery in Niger. MSI Niger then used the findings and analysis from the PEA to carry out a power analysis, which mapped decision making processes related to the development of the 2021-2025 FP PANB and created a list of actors involved, along with an influence/ interest matrix, to develop their advocacy strategy. However, the outbreak of the COVID-19 pandemic in early 2020 meant that many of the planned advocacy activities had to be adapted or put on hold for many months.

MSI Niger is a key partner to the Niger Ministry of Health and a member of the Inter-ministerial technical committee, which brings together all the government ministries (Health, Population, Education, Youth), the Prime Minister's office and technical and financial partners, in order to work together and validate RH/FP national strategies which require cross-

Ministerial engagement. In August 2020, MSI Niger was formally named as a member of the FP technical working group for the review of the 2013-2020 National FP Plan and the development of the new 2021-2025 National FP Plan.

MSI Niger leveraged its presence on the committee to advocate for the inclusion and prioritisation of adolescents and persons with disabilities in the 2021-2025 FP Plan. Together with other partners and with co-funding from other donors, MSI Niger also worked to strengthen the capacity of youth organisations so that they could advocate for their inclusion in the development of the new plan and developed tools, such as a budgeted roadmap, which could be used to support and monitor this inclusion. MSI Niger supported the FP Directorate to establish a task force of journalists for the promotion of family planning. The task force aims to promote the SRH of women and girls by facilitating access to quality information. It will develop the communication strategy for the 2021-2025 FP Plan, as well as providing support to other civil society and non-governmental organisation with their communication plans. In order to ensure political support, both for the FP Plan and for the importance and prioritisation of FP and SRH, MSI Niger also held advocacy sessions with members of the National Assembly's Finance and Social and Cultural Affairs Commission and hosted visits by the Commission's members to service delivery sites in Maradi and Tillabéri. During these visits, decision makers witnessed first-hand the importance of, and demand for, high quality SRH services.

This engagement and momentum must not stop now that the plan has been validated. Continued support for the plan, inclusive governance and accountability structures, robust monitoring and evaluation systems, and strong community engagement and ownership are critical if the objectives of the plan are to be achieved.

“WE REPRESENT CLOSE TO 60% OF THE NIGERIEN POPULATION. TO DEVELOP A STRATEGIC DOCUMENT LIKE THE BUDGETED NATIONAL FP ACTION PLAN WITHOUT INCLUDING US WOULD BE TO FALL BACK INTO THE MISTAKES OF THE PAST. BEING IN THE WHOLE PROCESS OF ELABORATING THE NEW PANB 2021-2025 IS A GREAT OPPORTUNITY FOR US TO REPRESENT YOUNG PEOPLE, BECAUSE IT IS A FRAMEWORK THAT WILL ALLOW US TO EXPRESS OURSELVES AND BRING DECISION MAKERS TO TAKE INTO ACCOUNT OUR NEEDS SO THAT OUR PEERS CAN ACCESS INFORMATION AND RH SERVICES.”

MAHAMADOU ABDOUL-FATAH, PRESIDENT OF THE NIGER YOUTH AMBASSADORS

SPOTLIGHT ON NIGERIA (IPAS)

In Nigeria, the Violence against Persons Prohibition (VAPP) Bill was signed into law by the former President, Jonathan Goodluck, in 2015. Prompted, in part, by the high levels of sexual and gender-based violence in Nigeria – where the [2018 Demographic and Health Survey](#) estimates that 30% of girls and women aged 15-19 have experienced sexual abuse – the VAPP Law is designed to tackle “all forms of violence against persons in private and public life” and provide “maximum protection and effective remedies for victims and punishment of offenders.” Due to Nigeria’s federal government system, each of the country’s 36 States is required to domesticate the law. When the WISH programme started in 2018, four States had assented the VAPP Bill into law.

Ipas Nigeria supported a coalition of ten civil society organisations, including the International Federation of Women Lawyers (FIDA), faith-based organisations, community-based organisations, organisations of people with disabilities and two government agencies in Jigawa State, to work on women’s rights issues and advocate for the passage of the VAPP Bill. In 2018 and 2019 the coalition members worked with key government stakeholders to draft the Bill and engaged with 96 key stakeholders mapped across the 27 Local Government Areas (LGAs) to secure their support for the passage of the Bill.

The outbreak of the COVID-19 pandemic in 2020 presented both challenges and opportunities. Reports of sexual violence spiked, prompting the declaration of a state of emergency on rape and sexual violence in all thirty-six states and heightening calls for state-level protections. In response Ipas Nigeria and the WISH-supported coalition adapted their advocacy strategy, partnering with an expanded network of civil society partners and increasing their emphasis on media campaigns and engagement. Ipas Nigeria sponsored radio and TV programmes in Jigawa State on SGBV and the need to pass the VAPP Bill. Advocates seeking legislation to protect survivors of SGBV in Jigawa State joined medical and legal practitioners and a representative of the state’s Sexual Assault Referral Centre to discuss the issue during these programmes.

Ipas Nigeria also supported the coalition to host media programmes that addressed misinformation campaigns by opponents of SRHR. These media programmes included legal experts well versed in Shariah law who held influence and respect with key stakeholders. This was important for clarifying misconceptions on the VAPP Bill’s contents that had been

spread by the opposition and re-building trust amongst the public and within the Jigawa State House of Assembly that the Bill’s provisions did not conflict with Shariah Law.

The state of emergency and media coverage helped to influence Jigawa State’s Executive Governor to change the VAPP Bill from a Private Member Bill to an Executive Bill, which greatly facilitated its speedy passage through the State Assembly. In February 2021, the VAPP Bill was assented into Law in Jigawa State. If successfully implemented, this new law will help to ensure that victims get the quality care that they need — and that their right to such care is protected by law. It ensures access to comprehensive SRH care for survivors of SGBV and expands SRHR, including access to safe abortion and contraception. Since February 2021, the coalition has supported the dissemination of the law to key stakeholder groups in all 27 LGAs and three constituencies, reaching more than 1,800 influential community members.

A cross-ministerial technical working group has also been established to develop the VAPP protocol that will guide the implementation of the law in the health system. This group oversaw the swift development and validation of the protocol which was launched on 14th December 2021. The protocol can now be implemented through dissemination, trainings and partnership with stakeholders on monitoring. There is a window of opportunity to replicate the WISH-supported success in other states and use the experience as an example of how governments can protect and expand the rights of SGBV survivors, including vulnerable groups such as persons with disabilities.



© Larry Tucker / MSI. An MSI staff member runs an information session on sexual and reproductive healthcare for women with disabilities in Freetown, Sierra Leone.

SPOTLIGHT ON ADAPTING TO UNEXPECTED EVENTS

The flexibility of the pathways of change approach allowed consortium partners to adapt their activities when faced with unforeseen barriers or windows of opportunity. At the national level, consortium partners adapted to the impact of violence and insecurity, economic shocks, as well as elections and frequent changes of government and key Ministers. The outbreak of COVID-19 in early 2020 and the rise of anti-choice movements and growing political opposition to SRHR across Africa also created considerable challenges for national actors and WISH consortium partners as they endeavoured to support a more enabling environment for SRHR.

As COVID-19-related infection and death rates rose; health systems struggled to respond to the pressures of the worldwide emergency; countries went into lockdown; misinformation and fear of health facilities and health workers spread; livelihoods and incomes were disrupted; and the likelihood of high risk sexual behaviours, exploitation and sexual and gender based violence (SGBV) increased – there was an urgent need for clear, accurate, accessible information about COVID-19 and SRHR and high-quality SRH services. At the same time, national and international measures to prevent the spread of the pandemic, including requirements to adhere to new infection, prevention and control measures; supply chain disruptions; restrictions on movements and gatherings; directives to work from home; and the closure of educational facilities, threatened WISH partners' ability to respond to those needs.

Governments around the world prioritised the emergency response and there was a significant risk that FP and SRH resources would be diverted and/or de-prioritised and that critical policy and advocacy processes would be delayed. WISH consortium partners responded by supporting national governments with their emergency response, advocating for the importance of access to SRHR information and services during the crisis, and adapting their planned activities to reflect the changing priorities of national governments. For example, in DRC the WISH consortium successfully advocated for FP and CAC/PAC services to be part of the Government's National COVID-19 response strategy. This achievement pre-empted any potential pushback from facilities or health zones on deprioritising SRH services as the DRC health system responded to the pandemic. Additional information on other adaptations to the pandemic can be found in the health financing and accountability sections of this report.

Since 2017, the amplification and normalisation of anti-SRHR voices at global levels, prompted in part by the US Administration's "Global Gag Rule", has had a chilling effect on advances towards right-based laws and policies across Africa. In Ghana, the impact has been particularly stark in relation to issues concerning adolescents and comprehensive sexuality education (CSE), which is known as Reproductive Health Education (RHE). In 2017, MSI Ghana, the Planned Parenthood Association of Ghana (PPAG) and other partners developed CSE guidelines and a teaching manual. The manual was supported by the then Minister of Education and the Director-General of the Ghana Education Service (GES), who created a national technical working group to develop age appropriate RHE teaching and learning materials for basic to senior high schools. By July 2019, final drafts of the age appropriate RHE TLMs were pre-tested in some schools, a report submitted to the Ministry of Education and the TWG was awaiting final approval from the Ministry to further test the materials. However, in August 2019, a vociferous media campaign, supported by anti-choice movements, forced the Ministry of Education to indefinitely halt all plans for further roll-out.

In order to ensure adolescents were still able to access non-biased, accurate information about their SRHR, MSI Ghana adapted its objective and worked with the Ghana Health Service and the GES to develop RHE tools and guidelines for non-school settings, such as health clubs for adolescents and peer support services. Although access is currently limited to those adolescents that can access the health clubs, it has reopened a pathway for heads of schools to be receptive to RHE with members of the clubs permitted to offer peer education services with referral linkages to designated facilities.

“WE AT THE JIGAWA STATE ASSEMBLY ARE WORKING TOWARDS ESTABLISHING TWO ADDITIONAL SEXUAL ASSAULT REFERRAL CENTRES (SARCS), SO WE CAN HAVE THREE SARCS IN THE THREE SENATORIAL ZONES OF THE STATE TO PROVIDE SERVICES TO VICTIMS OF GENDER-BASED VIOLENCE.”

STATEMENT FROM THE CHIEF WHIP OF THE JIGAWA STATE HOUSE OF ASSEMBLY AT AN EVENT TO LAUNCH THE VAPP PROTOCOL ON 14TH DECEMBER 2021



PATHWAY OF CHANGE TWO:

IMPROVED PUBLIC SECTOR INVESTMENT IN FP/SRH

Over the last decade, the importance of FP/SRH and their contribution to improved health outcomes, stronger economies and development more broadly has become more widely recognised and accepted at both global and regional levels. Through their Ouagadougou Partnership and FP2020 commitments, West and Central African governments have pledged to improve public sector investment in FP/SRH. Yet, despite these commitments funding levels remain critically low in many countries.

In order to address this, WISH partners worked to strengthen government's leadership and stewardship – supporting governments to have the skills and systems in place to make evidence-based programmatic and financial decisions to improve SRHR coverage and outcomes in their countries. The health financing work was led by Options Consultancy Services and focussed on building the foundations of aligned planning and budgeting cycles. It was supported by the accountability mechanisms for FP/SRH services, whose role was influencing and tracking governments' financial commitments.

Working closely with national actors and stakeholders, Options' technical expertise contributed to impressive results. Budget lines for FP commodities were created for the first time ever in DRC's Kinshasa province and in Jigawa State in Nigeria, meaning that governments could procure and supply contraceptives for health facilities and track expenditure. In Nigeria and Ghana, FP services were included in the benefits packages of national health insurance schemes, increasing access to services for people living in poverty. In Burkina Faso, increased visibility of the health budget and stronger

accountability meant that the budget was protected during the first phase of the COVID-19 pandemic and the government's commitment to increase its commodities budget by 10% each year was upheld. In Chad the government made its first ever commitment to fund FP commodities.

Financial commitments and increased budgets will help to increase the provision of SRH services, including contraceptives, supplies and health worker salaries, which will directly impact the health and well-being of women, girls, and vulnerable groups. In addition, it is well documented that investing in FP results in a reduction in health care costs. Every dollar spent on contraceptive services could reduce the cost of pregnancy-related and new-born care by three dollars. The focus on systems change – building technical capacity, using evidence-based arguments and analysis, creating and using tools to monitor and evaluate and supporting robust and transparent processes – is equally important. These will enable government and multi-sectoral platforms to independently protect and prioritise SRHR investments in the future, including during emergencies such as the COVID-19 pandemic.



© Simi Vijay / MSI. A maternal and child health clinic in Bauchi State, Nigeria.

HEALTH FINANCING PATHWAY OF CHANGE – COUNTRY ACHIEVEMENTS AT A GLANCE:

Burkina Faso, Options – Protection of the FP budget line and respect of the government's commitment to increase its commodity budget by 10% each year

Despite increasing security concerns, the government maintained its commitment to increase funding for FP, committing an overall 1,3 billion FCFA for FP in their 2020 budget and increasing the budget line for commodities from 700 million in 2019 to 800 million FCFA in 2020. With Options' support, the accountability mechanism (the Burkinabe reproductive health working group, known as the GT-SR) now has visibility and better understanding of FP funding flows and budgeting structures and processes to hold the government to account for financing commitments made. As a result, they were able to protect the 2020 budget for FP commodities that was at risk of being reduced and successfully advocated for the annual 10% increase. The 2021 Financial Law shows an amount of 900 million FCFA allocated to the purchase of contraceptives.

Chad, IPPF / ASTBEF – First-ever commitment to fund FP activities and contraceptive products

Following years of advocacy and engagement by WISH partners and other civil society coalitions, the government made its first-ever commitment to fund contraceptive activities and contraceptive products – committing 30 million FCFA in its 2021 budget. This is a significant and unprecedented achievement for the SRH community in Chad. It allows stakeholders to now work to ensure the funding is allocated, spent, and increased. The dedicated budgets for SRHR align with national priorities and increase country ownership.

DRC, Options – Creation of a budget line for commodities and creation of a budgeted action plan that prioritised areas at risk of stock outs

With Options' support, FP/SRH was recognised as one of the top five health priorities for the country. The national budget allocations for FY 2019 and FY 2020 were CDF 2,330 million (c. 1.2 million USD) and CDF 12,139 million (c. 6.2 million USD) respectively. The National Permanent Technical Multisectoral Committee (national CTMP) was involved in advocating for and obtaining the budget allocation. It was also involved in the follow-up of the implementation of the 2021 budget which allowed the disbursement of CDF 4,000 million (just over two million US dollars) in the second quarter of

2021. Options has been supporting the financial management processes necessary to secure the release and expenditure of these funds. During 2020 and the COVID-19 crisis, Options supported the prioritisation of spending in the plan for the FP commodities budget line by updating the FP needs analysis, to ensure health zones most at risk of stock outs would be covered. In 2021, Options supported work to update the FP needs analysis for the health zones with the lowest contraceptive prevalence.

Ghana, MSI Ghana – Inclusion of FP in the benefits package of the National Health Insurance Scheme (NHIS)

MSI Ghana and other partners supported the National Health Insurance Authority (NHIA) to undertake a two-year pilot to test the inclusion of family planning services on the NHIS benefit package. The findings of the pilot demonstrated that, if accompanied by other supply and demand side interventions, including family planning would save the scheme more than four times the initial cost in direct health care costs. On 15th November 2021, the Ghanaian First Lady announced that FP would be included in the benefits package for free from 1st January 2022 – creating the conditions for hundreds of thousands of women and girls, in particular those living in poverty, to be able to access services.

Nigeria, Options – Creation of a budget line for FP and inclusion of FP in the benefits package of the Jigawa Health Insurance Scheme

Options supported the Jigawa State government to create a budget line to fund FP/SRH services in the State budget (with a commitment of 10M Naira in 2020 and 20M in 2021). In addition, Options supported the establishment of a new insurance agency, the Jigawa Contributory Health Management Agency (JICHMA), which will be able to access the Federal Government's Basic Healthcare Provision Fund (BHCPF) that was set up to accelerate progress towards Universal Health Coverage. Once the insurance scheme was created, Options was well placed to successfully advocate for the inclusion of FP/SRH services in its benefit package. The BHCPF funding mechanism can be leveraged to secure adequate and sustainable financing for FP and to ensure that financial barriers to quality FP services for poor households in Jigawa state are mitigated.

“WHAT IS KEY IN THE APPROACH IS THAT IT GOES WAY BEYOND ‘JUST’ GENERATING A ONE-OFF WIN, LIKE A BUDGET INCREASE. INSTEAD THE APPROACH FOCUSES ON STRENGTHENING THE SYSTEMS AND THE NECESSARY SKILLS, TOOLS AND PROCESSES TO ENSURE ADVANCES CAN BE SUSTAINED.”

ALICE SABINO, SENIOR TECHNICAL LEAD. OPTIONS, UK

SPOTLIGHT ON THE DEMOCRATIC REPUBLIC OF CONGO (OPTIONS)

Despite the high political commitment for FP in DRC, the financing landscape is characterised by major challenges including: low government budget allocated to health; poor integration of FP/SRH in provincial government budgets; very high external funding (93% of the national FP/SRH budget coming from external donors and 7% from internal sources); low disbursement of the government budget allocated to FP/SRH; and the lack of a monitoring system within the National FP/SRH programme to track FP/SRH disbursement and budget expenses.

With the start of the WISH programme in DRC, Options carried out an FP/SRH health financing landscape analysis and a Political Economy Analysis (PEA) to identify key bottlenecks and reform opportunities to improve public sector investments for FP/SRH and to strengthen the role multi-stakeholder platforms play in accountability for FP/SRH commitments. This analysis helped to identify key partners at country level and develop the programmatic approach. The PEA highlighted the need to (i) network with platforms including civil society organisations, representatives of ministries, partners, and influential figures with the potential to facilitate decision-making by reducing barriers between civil society and government programmes; (ii) identify public figures who have the power to change political priorities in health, and (iii) build an argument in favour of FP to influence decision making.

To support advocacy efforts for increased domestic investment, Options worked on an investment case for FP/SRH and related advocacy brief targeting key decision-makers at both national and provincial levels. At the national level, the National Ministry of Budget and Options staff trained members of the Senior Management Team of the National SRH Programme on the budget process. Using the evidence and data cited in the FP investment case, Options supported the National Permanent Technical Multisectoral Committee (known as the CTMP-National) to advocate with government agencies, including the Ministries of Health and Budget. These efforts succeeded in enabling the release of funds against the national budget line in the second quarter of 2021 of CDF 4,000 million (just over USD 2 million) which were directed to UNFPA for the purchase of contraceptives.

At the Kinshasa level, the financial and technical assistance provided by the WISH programme supported the creation of

a dedicated budget line in the Kinshasa province's budget for contraceptives and FP commodities. In November 2019, the Kinshasa National Permanent Technical Multisectoral Committee (known as the CTMP-Kinshasa) hosted an advocacy meeting which was attended by the Ministers of Health, Budget and Finance of Kinshasa Province. Following this meeting, the three Ministers made a formal commitment to the creation of a budget line for FP and allocated CDF 6.57 billion to this line for purchase of contraceptives in Kinshasa province for the period 2020-2024. Approximately CDF 1,43 billion (approx. 725,520 USD) were allocated for FP for the FY2020. During 2021, the CTMP-Kinshasa has worked to try and secure the release and expenditure of these FP funds. A contract with a third-party procurement agency has recently been signed for the purchase of contraceptives and it is expected that the funds will be released (for the first time against this budget line) in the first quarter of 2022.

These commitments and the prioritisation of family planning within the health financing agenda in the country will make modern contraceptives more accessible for women and girls in DRC. The return-on-investment analysis provided evidence to demonstrate that effectively implemented FP services have beneficial health and socio-economic effects, including improved health for Congolese women and children, women's rights and broader economic development. The costs of these services are limited compared to the benefits they bring. Influencing public sector investment in family planning and strengthening accountability for public investment has thus increased the informed and efficient use of already scarce resources, contributing to increasing demand for modern contraceptives as they become more accessible.



© Options. WISH consortium partners meet with government representatives to discuss the WISH transition plan.



© Simi Vijay / MSI. Women in the waiting area of a maternal and child health clinic in Bauchi State, Nigeria.

SPOTLIGHT ON NIGERIA (OPTIONS)

Jigawa state in northwest Nigeria has a total fertility rate (TFR) of 8.5, far higher than the national average of 5, and a contraceptive prevalence rate (CPR) of 4%, compared to the national average of 27%. Yet, public sector investment in FP in Jigawa was insignificant before the WISH Programme. Since public and private providers charge user fees for FP services and commodities, women and adolescents from poor households face major financial barriers to access.

The Nigerian Basic Healthcare Provision Fund (BHCPF) is a federal and state funded initiative, which was signed into the fiscal budget in 2018. It aims to support better investment within the health sector and provide free minimum basic healthcare to the poorest and most vulnerable Nigerians through accredited Primary Health Centres (PHCs) in each of the country's 36 states and federal capital territory. Jigawa State did not have a functioning State insurance scheme, which meant they were not eligible to receive federal funding through the BHCPF. Working with other key actors in Jigawa State, Options supported the creation of the scheme. It provided technical support to the newly established State Health Insurance Agency, the Jigawa Contributory Health Management Agency (JICHMA), to leverage this funding mechanism to secure adequate and sustainable financing for FP and to ensure that financial barriers to quality FP services for poor households in Jigawa state were mitigated (e.g. reducing out-of-pocket payments, which account for over 80% of total health expenditure in Jigawa state). Options supported the Jigawa authorities to strengthen the skills of staff of JICHMA on health system financing (including resource mobilization, risk pooling and strategic purchasing). This led to the inclusion of FP in the benefits package of the State Health Insurance Scheme.

So that the FP services are not just covered “on paper”, Options worked with religious and traditional rulers through townhall meetings to secure their buy-in and support the smooth roll-out of the insurance scheme. Support was provided to the Ministry of Health and other actors as they developed the necessary systems and processes for the smooth running of the insurance scheme, including the creation of a facility accreditation process; operational guidelines; and a monitoring and evaluation plan.

“FP IS NOT A SILO; IT IS PART OF A BROADER HEALTH SYSTEM. THE FLEXIBILITY OF THE WISH PROGRAMME ALLOWED US TO GO BEYOND FP AND SUPPORT THE CREATION OF A HEALTH INSURANCE SCHEME FIRST AND THEN INCLUDE FP IN THE BENEFITS PACKAGE. THIS WAS A MAJOR ACCOMPLISHMENT.”

MICHAEL OLAWUYI, HEALTH FINANCING SPECIALIST. OPTIONS, NIGERIA.

PATHWAY OF CHANGE THREE:

ACCOUNTABILITY SYSTEMS TO INFLUENCE AND TRACK COMMITMENTS AND POLICIES

Governments in all WISH Lot 1 countries have made strong commitments to improving access to integrated, comprehensive and equitable SRH/FP services. At the global level these commitments are outlined in the FP2020 pledges, and at national level these pledges are accompanied by numerous health and development policies, budgets and action plans. Yet progress on these commitments has been slow in many countries. A lack of knowledge and awareness about these commitments at community levels and the absence of systems, skills and resources to hold governments accountable to their commitments has contributed to this. Accountability is at the very heart of an environment that enables women's SRHR, it is essential to make governance systems strong and ensuring that words are not empty promises, but actually translate into real change on the ground and tangible improvements in people's health and wellbeing.

WISH partners identified and supported existing civil society coalitions or accountability platforms to hold governments to account. Where necessary, new accountability platforms or mechanisms were established and existing structures were adapted to become more inclusive and representative of adolescents and people with disabilities. Key stakeholders, including media representatives and faith-based leaders, were also represented and mutual accountability among national and international stakeholders reinforced. WISH partners provided training on effective advocacy and communications approaches to members of the accountability mechanisms, as well as training and capacity building on FP/SRH to key gatekeepers, influencers and decision makers such as journalists, religious and community leaders, healthcare professionals and others.

WISH partners worked with these accountability mechanisms to gather, understand and use evidence emerging from service delivery partners and other sources to help track progress against commitments, with a specific focus on financial commitments. Tools such as budget monitoring tracking tools, scorecards, infographics, policy briefs and investment cases were developed, validated and used to influence those in a position to influence progress. WISH partners also supported the MoH in using SRH/FP evidence to influence health plans and budgets, particularly in reviewing costed implementation plans and action plans. WISH also advocated for developing evidence-

based budgets according to SRH/FP need. This evidence was used to encourage dialogue between different ministries (such as health, finance and planning), demonstrate the barriers faced by adolescents, people with disabilities and people living in poverty, and support advocacy efforts with evidence on the importance and cost-benefits of increased funding.

The support provided helped to increase and improve the involvement of civil society representatives in decision making spaces. Across the WISH countries, Options' support has contributed to equip civil society representatives with the knowledge and tools necessary to engage and advocate successfully with governments and other FP stakeholders. For example, the CTMP in DRC has been able to build and deepen alliances across ministries (i.e. between the Ministry of Budget and the Ministry of Health).

In Nigeria, the JIMAF has learned to work more politically, using evidence to inform discussions with the governments, tracking execution and advocating for increased allocation, as well as taking a more adaptive approach to its advocacy strategy that is updated regularly. The impact of the accountability work in Nigeria is evident in the creation of a FP TWG in line with national guidelines; a stronger and confident RH focal person who better understands how to navigate the process for writing and submitting requests for budget allocations to be released; and increased political support for investing in family planning.

ACCOUNTABILITY PATHWAY OF CHANGE – COUNTRY ACHIEVEMENTS AT A GLANCE:

Burkina Faso, Options – the sexual and reproductive health technical working group (known as the GT-SR) can influence and monitor spending on FP/SRH and now has a wider, more inclusive membership including representatives from organisations of persons with disabilities

DRC, Options – the Kinshasa permanent multisectoral technical committee (known as the CTMP) has a strengthened mandate and ability to influence budget allocations and monitor spending. Options secured government support for a rapid analysis of the readiness of health facilities to maintain continuity of essential SRH / FP services during the COVID-19 crisis and the use of the study findings to improve the emergency response.

Nigeria, Options – support for the development and launch of Costed Implementation Plans in Kano, Adamawa and Taraba States; the creation of FP/SRH technical working groups in key states and the active participation of state led accountability mechanisms in Kano and Jigawa in FP/SRH planning and financing.

SPOTLIGHT ON BURKINA FASO (OPTIONS)

Over the last decade the government of Burkina Faso has demonstrated strong political will and pursued enabling policies for sexual and reproductive health. In 2010, the government committed to removing financial barriers by offering free emergency obstetric care. Eight years later, in 2018, it extended this commitment to FP services. In 2011, Burkina hosted the launch of the Ouagadougou Partnership, which aimed to reach at least 2.2 million additional FP users in the nine West African countries by 2020. The 2016-2020 National Economic and Social Development Plan (PNDES) includes the acceleration of the demographic transition among its priorities. The 2017-2020 National Plan for Accelerating Family Planning (known as the PNAPF) is one of the specific tools for operationalising the PNDES in order to accelerate this demographic transition.

In 2019, the Ministry of Health, with the support of technical partners, initiated a participatory review process of the PNAPF with the objectives of assessing the level of achievement, the relevance of the strategies, the effectiveness and efficiency of the PNAPF and formulating recommendations for the development of the new 2021-2025 PNAPF. One of the findings of Options' PEA in Burkina Faso was that, despite its participatory nature, previous review processes of the PNAPFs in Burkina Faso had not provided adequate opportunities for civil society members of the GT-SR (Groupe Technique de la Santé Sexuelle et Reproductive) to input. For example, civil society actors had not been able to share their assessments of what had and had not been achieved and to make recommendations for key objectives and activities in the new national FP Plans. As such, Options focused its support on strengthening the GT-SR institutionally to function optimally as an accountability mechanism, building capacity and knowledge and creating tools and systems to gather evidence and monitor progress.

Options supported the GT-SR to develop and populate an electronic scorecard aimed at monitoring the government's SRHR commitments, in particular its financial commitments. In September 2020, the GT-SR held a workshop to provide training on budget planning, execution and monitoring and conduct a quarterly review of the progress made by the Burkina Faso's government in implementing its FP2020 commitments. Representatives of government ministries, the network of parliamentarians on Health and Population, research institutes, the National Association of Mayors, youth groups, religious groups and National Federation of People with Disabilities (known as FEBAH) participated in the workshop.

The discussion was helped by the use of the scorecard summarising the performance against 17 selected SRH/FP indicators. Participants developed targeted recommendations to improve the lowest scoring indicators. The GT-SR advocated with the Ministry of Finance and the Ministry of Health for several systemic changes, which were accepted. These changes included

the institutionalisation and adaptation (if necessary) of the budget monitoring tool to serve as the interface between the GT-SR and the Government at all levels of the health system; dedicated budget lines for the purchase of contraceptive products; an increase in the financial envelope for FP; and the disbursement of funding every quarter for the improved monitoring of the availability and distribution at the health facility level.

In 2021, Options supported the GT-SR to hold a stakeholders' workshop to discuss progress made by the Government in relation to its FP 2020 commitments based on the evidence generated by the scorecard. Participants agreed on recommendations, as well as next steps to strengthen the process of formulating the country's FP 2030 vision and commitments. Following on from the work already documented during 2019 – 2020 (i.e. the development of the budget monitoring and tracking tool and FP scorecard), Options supported GT-SR members during the first two quarters of 2021 to further familiarise them with using the budget monitoring and tracking tool developed by WISH and to document the processes for using the tool. Stakeholder workshops in March and July 2021 resulted in the development of a roadmap setting out how the GT-SR will use the budget monitoring and tracking tool going forward, as part of efforts to institutionalise the knowledge and skills acquired during the WISH programme and to ensure that advocacy activities aimed at holding the government to account for commitments made (i.e. Ouagadougou Partnership and FP2020) will continue beyond WISH.

Although challenges remain, the GT/SR was able to advocate effectively to the government for i) the institutionalisation of the budget monitoring tool as an interface between the GT/SR and the government; ii) maintaining the FP commodity budget line; iii) an annual increase in the funds allocated to FP; and iv) for more efficient disbursement and monitoring of these funds. Government representatives agreed to use the budget monitoring results during the sessions of the thematic group in charge of resource mobilisation and in the financial analyses the PNAPF 2021-2025.

“THIS IS AN EXCELLENT TRAINING THAT WE ARE TAKING FOR THE FIRST TIME. I REALLY APPRECIATE THE SIMPLICITY OF THE FACILITATOR'S LANGUAGE AS WELL AS THE CONCRETE EXAMPLES TO ALLOW A BETTER UNDERSTANDING OF THE BUDGET CONCEPTS, ALSO THE FACT THAT PEOPLE WITH DISABILITIES WERE INVITED TO ATTEND THIS TRAINING. THIS TRAINING WORKSHOP MOTIVATES US TO ADVOCATE AT THE LEVEL OF THE MINISTRY OF WOMEN'S PROMOTION TO GET FROM THEM HEALTH AND TRANSPORT BENEFITS AS DEFINED IN THE DISABILITY CARD. ALSO, WE HAVE ARGUMENTS TO LEAD ADVOCACY INITIATIVES WITH DEVELOPMENT PARTNERS TO SUPPORT THE SUBSIDIES RELATED TO PEOPLE WITH DISABILITIES AND MONITOR THE GOVERNMENT OF BURKINA FASO'S COMMITMENTS.”

M.S., A MEMBER OF THE NATIONAL FEDERATION OF PEOPLE WITH DISABILITIES



© Dareck Tuba / MSI. A community mobiliser shares information about SRH services with the communities in Kinshasa, DRC.

SPOTLIGHT ON NIGERIA (OPTIONS)

Prior to the WISH programme, family planning was rarely discussed in health sector policy discussions in Kano and Jigawa States. Funds for FP were lumped with other primary healthcare services, meaning that FP services were poorly funded and out-of-pocket payments were the mainstay for financing services. In addition, civil society organisations lacked capacity to influence the prioritisation of FP using evidence.

In order to address these challenges, Options carried out a PEA, which identified the Jigawa Maternal and New-born Child Health Accountability Forum (JIMAF) – a State Level Accountability Mechanism (SLAM) in Jigawa State – as a key advocacy partner. Options supported JIMAF to carry out a self-assessment so that members could reflect on, and identify, the mechanism's strengths, weaknesses and areas for improvement. JIMAF used the results of this assessment to develop an SRH/FP accountability and advocacy capacity strengthening plan. Options supported JIMAF to build the capacity of its members in using evidence-based data for advocacy and accountability, budget processes and budget tracking. Options also supported the development of monitoring frameworks, including relevant indicators for tracking Jigawa State's FP/SRH commitments.

The need for a state level FP technical working group was also identified. Options in collaboration with WISH consortium partners, advocated for the establishment of a FP Technical Working Group (TWG) in Jigawa State, which facilitates discussions on Family Planning thematic areas including human resources for health, health financing, service delivery and health information systems. The TWG was created in July 2019 and is composed of several stakeholders, including Ministry of Health agencies, development partners and civil society organisations.

JIMAF and the TWG were critical to securing the creation of a budget line in Jigawa State's health budget and a financial allocation to this budget line, as was the use of evidence-based advocacy. In August 2019, Options developed an investment

case for FP and presented it to the TWG. This helped to secure the agreement, in September 2019, that a budget line would be created. JIMAF engaged with the Ministry of Budget and Planning to ensure allocation of budget, participated in the bilateral budget discussions to make sure there was no back tracking on decisions made, and engaged with parliamentarians to increase the budget allocation from N5m to N10m in 2020 and, in 2021, to N20m.

In 2020 and 2021, Options shifted its goals to focus more on increasing the allocation for FP and ensuring its timely release. In order to achieve this, Options supported JIMAF as it continued to engage with the FP TWG and carried out targeted advocacy and follow up on budget discussion meetings. Options supported the development of a budget tracking tool and trained JIMAF in its use so that they could carry out quarterly budget tracking. An advocacy brief was developed and presented to the TWG and JIMAF representatives attended all budget discussion meetings. In addition, high level advocacy meetings were held with parliamentarians and senior government official and civil servants for the release of the 2020 budget and an increase in the 2021 allocation. In 2021, Options supported JIMAF to engage directly with the Governor of Jigawa State and secure his approval for the release of the FP budget in tranches. The process of engaging with the State Ministry of Health and the governor's office to achieve these positive developments is complex and requires the RH focal person to repeatedly develop and submit memorandums for budget allocations to be released as a follow up/to track each step.

SPOTLIGHT ON THE DRC (OPTIONS)

In DRC, women have an average of six children and maternal mortality rates are high. Mechanisms for delivering FP services differ by province and health zone, largely influenced by external donor support, leading to a patchwork of services. The government has in the past decade committed to improving the SRH/FP in the country and different initiatives and reforms have been launched. In 2009, DRC's First Lady chaired a national conference for the repositioning of FP. One of the outcomes of the conference was the creation of national and regional level FP Permanent Technical Multisectoral Committees (known as CTMPs), which were set up in order to implement the conference's recommendations. The CTMP play a critical role in ensuring accountability. Membership includes government representatives, INGOs, public sector actors and local civil society organisations. The participation of government representatives means that actions of the committee are validated and embraced. From 2009 until 2018, the CTMP (including representatives from civil society, the Ministries of Health and Finance) played a key role in advocating for FP, and particularly for the development of a national FP strategy. The PEA conducted by Options identified the opportunity to strengthen the CTMP at the regional level, in particular in the Kinshasa region, while also working with the national CTMP.

At the start of the COVID-19 pandemic, Option's support helped the Kinshasa CTMP to successfully advocate for the importance of SRH services and their inclusion in the national response plan. In response to the pandemic, the DRC Ministry of Health developed guidelines to ensure continuity of sexual and reproductive health and family planning services in health facilities. However, in meetings with WISH partners, the MoH highlighted the challenges posed by the lack of data and the absence of an overview of the capacity of health facilities to provide continuous, quality and safe services to patients and medical staff against the virus and requested support. In response, Options proposed carrying out a rapid analysis of health facilities' ability to offer integrated SRH/FP services during the pandemic. An external consultant was recruited from the Kinshasa School of Public Health and the study protocol, which was initially developed by Options and the Geneva Centre of Humanitarian Studies, was reviewed, adapted and validated by a working group including the CTMP and the MoH.

The study found that the guidelines and standards for safe and quality service delivery were either inadequate or not available. It also found that the plans for responding to and maintaining SRH/FP services did not take into account the reality on the ground in terms of equipment and human resources, because they were developed with little consultation and no data to draw on. These findings point to a structural problem of communication and dissemination of policies, standards and guidelines with centralised decision-making and availability of information.

Options then organised a workshop with the Ministry of Health, other ministries and the CTMP to discuss the findings and address any sensitivities. This also allowed the results to be backed up with government data. A second dissemination workshop was organised with civil society and implementation partners, allowing the recommendations to be enriched with the experience of the different actors. Following these workshops, members of the CTMP and the MoH created a working group to develop an action plan to act on the recommendations.



© Options. Members of the Kinshasa provincial CTMP meet with experts from the provincial Ministries of Budget, Finance, and Health to discuss the creation of a budget line for contraceptive commodities.

“THE RESULTS OF THIS STUDY CLEARLY SHOW THAT WE WERE NOT PREPARED TO RESPOND TO THE NEED FOR FP SERVICE PROVISION DURING THE PANDEMIC DESPITE OUR LONG HISTORY IN MANAGING EPIDEMICS. BASED ON THE RESULTS OF THIS STUDY, WE NOW NEED TO IMPROVE OUR RESPONSE TO THE UPCOMING SECOND WAVE OF THE PANDEMIC BY ADOPTING RELEVANT RECOMMENDATIONS”

DR. YUMA, PERMANENT SECRETARY OF THE MINISTRY OF HEALTH, DRC GOVERNMENT AT CENTRAL LEVEL, DURING A MEETING TO PRESENT THE FINDINGS OF A STUDY ON CONTINUITY OF SERVICES DURING THE COVID-19 PANDEMIC



CONCLUSION

Over the last three years, the WISH programme has provided technical and financial support to nationally led efforts to create a more enabling environment for SRHR in West and Central Africa. With a focus on long-term, sustainable impact, WISH consortium partners developed an approach that allowed them to identify and seize opportunities for change, whilst also drawing on the varied technical expertise, synergies and skills of different partners. This report provides an overview of what has been achieved, including measurable improvements in national laws and policies in eight countries, improved domestic financing in five countries and greater accountability in all 12 WISH Lot 1 countries.

It is beyond this report's scope to detail the many and varied challenges that have been experienced, however a number of learnings can be shared, including the importance and benefits of:

- **country ownership and local leadership** involving government and civil society actors sharing responsibility for creating a more enabling environment for SRHR and holding themselves accountable for their political and financial commitments. Involving groups and individuals who are often excluded from decision making processes, such as adolescents, people living in poverty and people with disabilities, is critical to ensure that policies, planning and prioritisation of scarce resources are directed towards those with the greatest needs. The collaborative partnerships between WISH consortium partners and a wide range of actors including multi-sectoral government partners, local CSOs, OPDs, youth associations and NGOs at country and global levels have been transformative and a powerful delivery mechanism for change.
- Taking a holistic approach which looks at shared opportunities, challenges and intersections related to the **supply** of quality, integrated services; **demand** for those services; and an **environment that enables**, rather than prevents, the respect, protection and fulfilment of SRHR, and draws on the technical expertise of, and synergies between, different institutions and organisations. This holistic approach has been critical to the results achieved.
- **flexible programmatic approaches** which allowed consortium partners to adapt to unexpected and unpredictable events and ensure their support was directed to areas of greatest need and potential impact. This approach also meant that consortium partners could support national efforts to prevent the roll back of women's rights during major shocks such as the COVID-19 pandemic, or when faced with anti-choice opposition. 'Holding the line' of gains made is critical to enabling environment, but not always possible when funding is focused on 'quick' wins.
- In-depth **contextual and political economy analysis** in order to understand how and why power and resources are distributed in a certain way, better understand constraints, identify potential advocates and opponents and develop strategic, high impact activities to engage, influence and advocate.
- Focusing on **equity and inclusivity** and working to ensure greater participation of marginalised groups including adolescents, people living in poverty and people with disabilities in policy and budget processes so that their needs and concerns are heard, reflected and responded to.
- Focusing on **sustainability** and working with governments and other national stakeholders to build and/or strengthen the skills, systems and structures needed to make evidence-based programmatic and financial decisions to improve SRHR coverage and outcomes in their country. Government validated **transition plans**, which outline the core initiatives supported by the WISH programme and set the path for the government or other actors to continue pursuing shared objectives beyond the programme, are critical. They serve as a blueprint for both the sustainability of the WISH programme's results and overarching goals, and for the engagement with national stakeholders during the programme implementation phase.

IT IS IMPORTANT TO CELEBRATE THE ACHIEVEMENTS THAT THE WISH PROGRAMME HAS CONTRIBUTED TO IN WEST AND CENTRAL AFRICA WITH THE SUPPORT OF THE UK GOVERNMENT, BUT ALL THE MORE IMPORTANT TO ENSURE THAT THESE ACHIEVEMENTS LAST. STRONG POLITICAL LEADERSHIP IS NEEDED FROM BOTH NATIONAL AND INTERNATIONAL GOVERNMENTS. SRHR AND ITS FUNDAMENTAL ROLE IN BROADER HEALTH AND ECONOMIC DEVELOPMENT MUST BE RECOGNISED AND PRIORITISED.



We are MSI Reproductive Choices. We believe that everyone should have the right to determine their own future, on their terms. Our work spans 37 countries providing sexual and reproductive healthcare including contraception, safe abortion and post-abortion care. We open doors. Break down stigma. And go further than anyone else to make choice possible for the people who need us. For some, choice means the ability to complete their education or start a career. For others, it means being able to look after their families. For everyone, it means a fairer, more equal world.



**YOUR BODY,
YOUR CHOICE,
YOUR FUTURE.**

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